



Central and
North West London
NHS Foundation Trust

Vincent Square
Community Eating Disorders Service For Children and Young People
1 Nightingale Place
London SW10 9NG
Tel: 020 3315 3369 / Fax: 020 3315 3363
E-mail: cnw-tr.CEDS-CYP@nhs.net

1st April 2019

Private & Confidential

Dr Fiona Wilcox
HM Senior Coroner
Inner West London
Westminster Coroner's Court
65 Horseferry Road
London SW1P 2ED

14/4/2018
please add to
the file a copy to
Kohler
the coroner

Dear Dr Fiona Wilcox,

Re: Regulation 28 report - Maximilien Kohler

Thank you for your report and recommendations following this tragic event. I sincerely apologise for my delayed response to your regulation 28 report. Understandably, since it had been some time since my involvement with the case, I was not aware of the report.

I am a Child and Adolescent Psychiatrist in the CNWL Community Eating Disorders team, one of the two consultants who assessed this young person prior to his inpatient admission. I would like to provide an account of my involvement and formulation of the case.

16/05/2017 referral made by the community CAMHS team to Community Eating Disorders Service for Children and Young People (CEDS-CYP), for further assessment of a possible co-morbid eating disorder.

Central and North West London, NHS Foundation Trust,
HEAD OFFICE, Argo House, CNWL NHS Offices, Argo House
180 Kilburn Park Road, London NW6 5FA

www.cnwl.nhs.uk

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06/06/2017 Max and his parents were seen for an initial assessment with the CEDS-CYP. The assessment was conducted by me, a senior systemic psychotherapist and assistant psychologist. The assessment followed our standard protocol, lasting, at least two hours.

The first 45 minutes consisted of an interview with Max, his parents and three clinicians. I then interviewed Max alone, to conduct a mental state examination and brief physical examination; whilst our systemic psychotherapist interviewed the parents alone. Following a multi-disciplinary discussion, we provided feedback to Max and his family, explaining that we agreed with the diagnosis of Moderate Depressive Episode, made by the community CAMHS team. We also explained that his symptoms of recurrent episodes of bingeing and recurrent use of purging as an inappropriate compensatory behaviour to prevent weight gain were in keeping with the diagnostic criteria for Bulimia nervosa. In line with the current evidence base for treatment of children and young people with bulimia nervosa, we offered a family based intervention. We also explained to the family that we would discuss the details of joint care and further recommendations, with the community CAMHS. Following the assessment I documented in our electronic notes that the depression could be underpinned by neurodevelopmental factors.

On 08/06/2017 during a telephone discussion with the community CAMHS team, I explained my formulation regarding the possibility of underlying neurodevelopmental factors, namely high functioning Autism Spectrum disorder (ASD), for community CAMHS to consider for further assessment.

Full assessment of high functioning ASD is nuanced, requiring both a structured developmental assessment and semi-structured observational assessment of the young person. As such, these assessments are not carried out within CEDS-CYP, but are referred to the community CAMHS for assessment.

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Underlying ASD traits are recognized increasingly as a contributing risk factor for a number of psychiatric disorders and as such, assessment services are in high demand.

Shortly before our service was due to commence family based treatment; I understand that Max was admitted to hospital for further assessment and treatment following a significant over-dose. The case was closed to our service at that point with no further contact or input.

I do hope this is helpful. Please do contact me if you require further clarification or information

Yours sincerely

Consultant Child & Adolescent Psychiatrist

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