



Department
of Health &
Social Care

From Nadine Dorries MP
Parliamentary Under Secretary of State for Mental Health,
Suicide Prevention and Patient Safety

39 Victoria Street
London
SW1H 0EU

020 7210 4850

Your Ref: ARC/LEH/Lapina-Amarelle/01252-2018
Our Ref: PFD-1186842

Mr Alan Craze
HM Senior Coroner, East Sussex
HM Coroner's Office
31 Station Road
Bexhill-On-Sea TN40 1RG

5th November 2019

Dear Alan,

Thank you for your correspondence of 12 August to Matt Hancock about the death of Mr Reece Lapina-Amarelle. I am responding as Minister with responsibility for mental health and I am grateful for the additional time in which to do so.

Firstly, I would like to say how very sorry I was to read of the tragic circumstances of Reece's death. I can appreciate how devastating his loss, at such a young age and in such circumstances, must be for his family and loved ones and offer my most heartfelt condolences to them.

I note that the Sussex Partnership NHS Foundation Trust conducted a Serious Incident Review into Reece's death that made important recommendations for action, including steps to improve communication with families and carers. I welcome the action taken by the Trust. However, it is vital that the Trust does consider carefully learnings that can be taken from Reece's tragic death to reduce the chance of such a situation from ever happening again.

In view of the serious nature of this case, I have asked my officials to make your report and the circumstances of this case known to the Care Quality Commission, the independent regulator of healthcare services in England.

I will now turn to specific matters of concern in your report about the Mental Health Act and treatment for people with co-occurring substance misuse and mental health conditions. In preparing this response, my officials have made enquiries with NHS England and NHS Improvement to whom you also issued your report. I will not repeat the detail of their response. However, I note that it explains the work that is

taking place to strengthen the provision of integrated care across the NHS, social care and public health, and transform the support for those with severe mental illness and co-occurring substance misuse through the actions outlined in the *NHS Mental Health Implementation Plan 2019/20 – 2023/24*¹. The response also sets out the commitment to improve information sharing in the NHS through digitisation and programmes such as Local Integrated Health and Care Records², which aims to enable the safe and secure sharing of information to support improvements in care.

Drug misuse is common among people with mental health problems and we understand that people with co-occurring substance misuse and mental health conditions can find it difficult to access the care they need. We recognise that we need to do more to tackle this issue and ensure that those affected receive treatment that meets their needs in relation to both mental health and drug dependency.

We are clear that commissioners and providers of services have a joint responsibility to work collaboratively to meet the needs of people with co-occurring conditions. Public Health England has developed guidance³ to support commissioning and provision of joined up services for people with a dual diagnosis of mental health and substance misuse problems. The guidance sets out tangible principles for how services should work, including that each person should have access to a care co-ordinator to help ensure all their needs are addressed.

In addition, the National Institute for Health and Care Excellence (NICE) has published a guideline on '*Coexisting severe mental illness and substance misuse*⁴, that aims to support improvements in the provision of co-ordinated services. A Quality Standard⁵, published in August 2019, provides further guidance to healthcare professionals on the assessment, management and care of those with co-occurring severe mental illness and substance misuse.

The Government continues to support the 'no wrong door' approach when people present to services with co-occurring conditions. Commissioning guidance encourages services to respond collaboratively, effectively and flexibly, offering

¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

² <https://www.england.nhs.uk/publication/local-health-and-care-record-exemplars/>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

⁴ <https://www.nice.org.uk/guidance/ng58>

⁵ <https://www.nice.org.uk/guidance/qs188>

compassionate and non-judgemental care centred around the persons needs which is accessible from every access point.

Turning to treatment, under the Mental Health Act, dependence on alcohol or drugs is not considered to be a disorder or disability of the mind. The Act's Code of Practice⁶ does, however, allow for drug and alcohol treatment to be given "*if that is an appropriate part of treating the mental disorder which is the primary focus of the treatment*" (Mental Health Act Code of Practice, paragraph 2.13) and it also allows for disorders caused by alcohol and substance misuse to be considered as mental disorders for the purposes of the Act.

The Act allows for the detention and treatment of people with a mental disorder when there is a concern for a person's health and safety or that of other people and, where a patient is at risk of suicide, there is an expectation that the Act is used to protect the patient. A practitioner may prefer to try to keep the patient in hospital informally or use the Mental Capacity Act's Deprivation of Liberty Safeguards to detain the patient. The Act does not, however, set out recommendations for therapy or other treatments, as these are matters for healthcare professionals.

More generally, as you are aware, we commissioned a full and independent review of the Mental Health Act. The Independent Review of the Mental Health Act was published on 6 December 2018⁷. The Review made 154 recommendations. If implemented they would give more legal weight to people's choices, make the use of compulsion more targeted and transparent, and modernise services to provide patient-centred care which respects the patient's dignity.

We will publish a White Paper which will set out the Government's response, in full, to the Independent Review of the Mental Health Act, and pave the way for new legislation.

I hope this response is helpful. Thank you for bringing these concerns to my attention.



NADINE DORRIES

⁶ <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

⁷ <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>