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Mr Peter Sigee
Assistant Coroner for Cheshire
HM Coroner's Office for Cheshire
West Annexe
Town Hall
Sankey Street
Warrington
Cheshire WA1 1UH

By email only

Your Ref: PS/LR/15863/CR

Our Ref: TSELL-PETERS/2022854/257

Please quote this when replying

Date: 31 January 2020

Please ask for: [redacted]
Ext: 498869
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Dear Mr Sigee

Inquest into the death of Sam Spooner

I act for Mrs [redacted] upon instructions from her Insurers and have been instructed in this matter since you issued your Report into Preventing Future Deaths (dated 8.11.19). I have been asked to assist Mrs [redacted] with a response to your Report and, in particular, your concerns as below:-

1) There was a lack of multi-agency information sharing cooperation, coordination and effective communication both within and between healthcare providers which meant that:

   a) The private counsellor who provided treatment to Mr Spooner did not have adequate information from other health care providers as to his medical/mental health history, diagnosis and treatment by other healthcare professionals.

   b) There was a failure to adopt an effective multi-agency approach to the care for Mr Spooner from 20 August 2018 when it was known that he was actively considering ending his life.

   c) There was a failure to adequately intervene from 30 August 2018 when it was known that:

      i) Mr Spooner had recently attempted to take his life; and

      ii) Mr Spooner had subsequently undertaken additional research and made further preparations to enable him to do so.

2) There was an excessive and unreasonable reliance placed upon Mr Spooner's family by health care providers to keep him safe when those providers knew that Mr Spooner's family were not in a position to do so. Health care providers lacked awareness and/or failed to adequately involve other agencies who may have been able to keep Mr Spooner safe, for example the police who may have been able to exercise their powers under section 136 of the Mental Health Act 1983 to take Mr Spooner to a place of safety.

You have asked that any response from Mrs [redacted] must contain details of actions taken or proposed to be taken, setting out the timetable for action. Otherwise, we must explain why no action is proposed.

It may be helpful if I set out some of the factual background to this matter. Mrs [redacted] was unrepresented at this Inquest and this is the only inquest which she has ever attended. She works entirely privately as a psychotherapist and as a private practitioner, *never* has access to clients' clinical records, detailed (or sometimes any) mental health history or any other psychiatric evaluations or input. In this case, the situation was even more difficult because Mrs [redacted] had only seen Mr Spooner twice, on 21 August 2018 and then on 30 August 2018.

It was Mr Spooner's mother who arranged for Mr Spooner to have private counselling with Mrs [redacted]. She understood that Mr Spooner's mother did not consider that the input he was receiving from the NHS was helping him. As to the nature of the input which Mr Spooner was receiving from NHS Mental Health Services, Mrs [redacted] had no information whatsoever, nor did she have any direct access to Mr Spooner's GP or any records of his treatment, either GP or mental health.

In these circumstances, any information which Mrs [redacted] had in relation to Mr Spooner was taken either directly from him or from his mother, to whom she spoke over the phone when she first made contact and with whom she also had some text dialogue. The priority for Mrs [redacted] in these two initial sessions was to establish a rapport with Mr Spooner, but the therapeutic process is just that and this was the beginning of a process in which she hoped to establish a relationship with, and hopefully help, Mr Spooner.

In the initial session, Mr Spooner made it clear that he did not want to be there. Mrs [redacted] found it difficult to engage with him, which meant that taking any information from Mr Spooner in those circumstances was very difficult indeed.

Mrs [redacted] shares the Coroner's concerns about the outcome in this case and was extremely saddened to hear that Mr Spooner had indeed committed suicide the day after she saw him. Mrs [redacted] was unaware of the extent of Mr Spooner's interaction with NHS Mental Health Services until she heard the evidence herself at the Inquest. She has taken the opportunity to investigate in some considerable detail the options available to her as a private psychotherapist in these circumstances. It should be made clear that this is not a situation which Mrs [redacted] has encountered in the past.

She has spoken to other private psychotherapists and her Clinical Supervisor about their respective practices. Mrs [redacted] always asks clients whether they have ever been under Mental Health Services, but she has now amended her assessment and consent forms (which are attached) so that she asks more particular questions about previous psychiatric history. It is also the case that NICE issued guidelines on 10 September 2019 (i.e. after Mr Spooner's death) in relation to multi-agency suicide prevention partnerships and Mrs [redacted] has both considered those guidelines and thought about how she might implement some changes in her practice, both as a result of those guidelines and as a result of this case. Mrs [redacted] has included a specific question on her consent form, if the client indicates that they have been under the care of a mental health practitioner, to ask for the client's consent to <u>contact</u> that mental health practitioner.

Her intention in so doing is to establish contact with the NHS Mental Health Service, where relevant, in order that she has the ability to have some dialogue with that professional if needs be.

Mrs [redacted] has also made extensive investigations locally to ascertain what the options might have been which were open to her on 30 August 2018 to secure further support for Mr Spooner . Mrs [redacted] has found some notes from a public engagement event between March and May 2018 which outlines the provision of Adult Mental Health Support Services in Macclesfield, principally via the Millbrook Unit. She has also spoken with as many contacts as she can within the local Mental Health Services and has ascertained a number of telephone numbers for crisis home treatment teams in her immediate area, including the following:

- The Congleton Crisis Home Treatment Team, although this is not an out of hours service;
- The Out of Hours Mental Health Support Service for East Cheshire, based in Macclesfield, which is open from 5pm to 9am;
- The Community Mental Health Team in Macclesfield;
- The Crewe Out of Hours Psychiatry Service.

Mrs [redacted] considers that she is now much more informed about local mental health services and, should these events arise again, she would be in a better position to deal with a similar scenario.

In terms of the engagement with the GP, Mrs [redacted] believes that it was appropriate to contact the GP who is the route into an NHS Mental Health Services referral. She now appreciates that there may be circumstances in which the involvement of the police would be appropriate, given their powers under the *Mental Health Act*. Mrs [redacted] has of course taken on board the Coroner's indications in this regard and does bear in mind that, if there were a question of an immediate danger to someone's life because of suicidal ideation, contacting the police may also be an appropriate course of action.

Finally, in terms of a practical example of changes in her practice, Mrs [redacted] has recently dealt with a suicidal client and, on this occasion, in fact drove the client to her GP practice herself because of her particular circumstances. She also engaged directly with the Community Mental Health team, with the client's consent, as well as with the GP's surgery to request a referral for a further Community Mental Health assessment. Much of how she dealt with this client was informed by lessons learned from Mr Spooner's case.

We trust this this is of assistance to the Coroner in response to the report but would be of course willing to assist further if the Coroner requires any further information.

Yours sincerely

[redacted]

Head of Healthcare Litigation & Healthcare Sector
DWF Law LLP

Name:	D.O.B:
Address:	Contact Number:
Special needs:	Relevant Medical Considerations:
Emergency Contact Person/ Number:	GP:
Have you accessed counselling/psychotherapy before Yes / No? If yes, when was this?:	Are you currently accessing a mental health provider? Yes / No? If yes, do you agree to me contacting your provider to make them aware you're accessing my counselling service? Yes / No Please complete the additional consent form.
What went well?:	What was not useful?
What are you hoping to gain from counselling?	
What are your current goals?	
What questions do you have?	
The above information is correct, and I can access or amend it when necessary. Signed Client…… Date……..	The above information is to aid the process of counselling supervision and in some cases multi agency working where appropriate. Signed Counsellor…… Date……..

Revised Dec 2019

Consent to Share Information Form

CMG Counselling - [redacted] will comply with relevant confidentiality legislation standards set for dealing with personal information outlined in our signed confidentiality agreement, privacy statement; and in line with the ethical framework of the British Association of Counsellors and Psychotherapists (BACP).

I, [redacted] ***will contact your current mental healthcare provider / professional to make them aware I am working with you in a private counsellor capacity. This will allow a communication line to be opened in the best interest of you, the client.***

Your informed consent for the sharing of information will be sought and respected in all situations unless it is unsafe or impossible to gain consent or consent has been refused, and, without information being shared, it is anticipated you pose a risk to your own or public health or safety.

Consent to Share Information Form

Primary Purpose Consent

The primary purpose of this form has been explained to me and I consent to the sharing of my personal information to assist in achieving the primary purpose. ☐ YES ☐ NO

Proposed Use and Disclosure of my personal information

I confirm that the following service(s) listed below is/are whom I am currently a patient of and relevant information about me may be forwarded to the agency(s) that provide these services in order that I receive the best possible service.

Service Type	Name of Agency	Type of Information *(including limits as applicable)*

Record of Client Consent

Written Client Consent

My private counsellor has discussed with me how and why certain information about me may need to be provided to other multi agency service providers.

I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed:

Date: / /

Signed by: Client

Name:

Witnessed:

Or

Verbal Consent

Workers Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

Signed:

Name (Worker):

Date: / /

Position:

To ensure the client is able to make an informed decision about consent to the disclosure of their information, (tick when completed)

1. Discuss with the client the proposed information to be disclosed to their healthcare professional/provider ☐
2. Explain that the client's information will only be released if the client has agreed and advise that services will still be provided even if the client does not want information disclosed. ☐
3. Explain that information will be shared without consent if there is a serious threat to the health or safety of person(s), to report illegal activity or is required under law. ☐