PE1627/DD
Liz de Oliveira submission of 13 February 2018

My daughter, Lucy, took her own life on 27th February 2017 aged 22. She had, of course unbeknown to me, been prescribed anti-depressant drugs sometime in the previous 6 months before she killed herself. I believe that she was prescribed some antidepressant that was a SSRI but which was NOT Fluoxetine and Propranonol. I say "believe" because as she was 22 I had no way of knowing precisely what she was prescribed, when, and in what dosage. Even at the inquest those questions remained unanswered.

Lucy and I had an extremely close relationship and we confided in each other a great deal. We had an extremely positive relationship. The first hint that she might have been prescribed anti-depressants actually came about when I was prescribed Fluoxetine after I suffered anxiety brought on as a result of a severe assault on me by my neighbour. When I mentioned the fact to Lucy she actually told me to be very careful taking them and warned me that they could actually make me worse and more depressed - even to the point of becoming suicidal - before they started making me better. I assumed that she had this knowledge as she was a second year paediatric student nurse at John Moore University and attached to Liverpool's Alder Hey Hospital. However she mentioned, almost in passing, that she was on an anti-depressant because of the stress she was under trying to combine her studies with her employment. At some point she mentioned Propranonol but again almost in passing. I did not question her closely about them and how they were being prescribed and monitored and that will remain one of the greatest regrets of my life. It appears that Lucy was basically just given these tablets in a short consultation, probably the standard 6 minutes, without any other type of treatment being considered. Had she been under 18 NICE guidelines should have ensured that she would have had at least three months of "specific interpersonal therapy" before doctors would have been permitted to prescribe her such medication. As far as I am aware very little monitoring of Lucy appears to have been undertaken. Lucy had never had any diagnosis of depression before and I am not convinced that she was clinically depressed but rather was under a great deal of stress from various sources in her extremely busy life.

It came as huge shock to discover that she had made an unsuccessful attempt on her life in August 2016. This was brought to light, totally by chance when, after her death, whilst examining her laptop, her older brother, found a suicide note on it. He questioned her boyfriend at that time and he admitted that Lucy had made an attempt on her life by taking an overdose but that he had managed to prevent her from taking enough medication to do any real harm after which she had begged him not to tell anyone. No doubt she was concerned about the potential impact it might have on her career. This would appear to coincide with the time when she was first prescribed the medication and now I can fully understand why she was warning me about the possible effects of Fluoxetine- because she told me in the knowledge of the effect it had had on her and that she had attempted to take her life when first prescribed them. Her second, successful, attempt came at a time when she told me that the doctors were altering her medications and dosages because they also wanted her to take an anti-epileptic medication as she was suffering from a "tic" and as there was a history of epilepsy in the family they were concerned that this too might be epilepsy –related. (The post mortem found this not to be the case and that it was likely due to the stress she was under).

I understand that many young people are "Gillick competent" and able to make informed decisions about their health on their own without any input from their parents. I also agree that in general they should be able to do so in confidence and that if their parents were to

be informed as a matter of course this might actually deter them from seeking assistance. However I do feel that mental health is one area where perhaps this should not be the case. Indeed even with adults it would appear that often patients do not understand the full potential impact of the medication they are being prescribed, especially the potentially negative side-effects that they might cause. Of course this is not assisted by the fact that they are usually prescribed when a patient is in a highly emotional state and unable to comprehend as well as they would in normal circumstances. This was certainly the case with me on the two occasions that I was prescribed anti-depressants both after the assault and after Lucy's death. I am an intelligent woman, I am a barrister by profession, and yet on both occasions I was so emotionally traumatised I have little, if any, recollection of what instructions or warnings I was given when the medications were prescribed. This is of huge concern given that one of the side effects appears to be a heightened risk of suicide!

My views are that in respect of mental health all young people, possibly up to the age of at least twenty five, should have somebody informed about their diagnosis, medication etc. This might not need to be a parent. It could be another relative or someone who is in a position to monitor the young person in the knowledge of the difficulties they are experiencing and the medication they are on. This would ensure that there was a safety net-someone who could note any significant changes in mood, any possible side effects of the drugs that might manifest themselves. In this area of medicine, when the consequences of not being informed and having the young person properly monitored can be absolutely catastrophic; it is imperative that someone close to the patient should be informed and this should be permitted to overrule the young person's autonomy. If Lucy's doctor had been permitted to inform me even in the very briefest of detail about the fact Lucy was on various anti-depressants, the cause and the possible side effects I feel I may very well have been able to keep her safe. The fact that I was robbed of a chance to save her because I was unaware of the situation will haunt me for the rest of my life.

In order to prevent other families suffering the never-ending devastation that a suicide inflicts upon those close to the victim I would seek to persuade you that this should be an exception to the general rule in respect of young people's human rights and that there should be a duty on the medical profession to disclose such diagnoses and treatment. In order to highlight the various issues surrounding mental health I took part in a BBC3 Documentary called "Death on Campus-Our Stories" which featured Lucy's story. I hope that you will take the time to watch it and see the devastation such deaths cause. For that reason I support this petition.

http://www.bbc.co.uk/iplayer/episode/p05lyqp9[1]

[1] At the time of this submission being published, it is understood that this link will be available for 8 months from 12 November 2017.