



[REDACTED]
Honorary Secretary of Council

Ms K Skerrett
His Majesty's Senior Coroner for Gloucestershire
Sent by email to: [REDACTED]

26 February 2025

Dear Ms Skerrett

Regulation 28 Report to Prevent Future Deaths - touching on the death of Thomas Henry Robin Kingston

Thank you for sharing a copy of your report touching on the tragic death of Thomas Henry Robin Kingston. I am responding on behalf of the Royal College of General Practitioners as Honorary Secretary to Council. Firstly, can I convey our sincere condolences to the family and friends of Thomas.

You asked me to specifically comment on two matters of concern:

1. Whether there is adequate communication of the risks of suicide associated with the selective serotonin reuptake inhibitor (SSRI) medications, and
2. Whether the current guidance to persist with SSRI medication or switch to an alternative SSRI medication is appropriate when no benefit has been achieved and/ or especially when any adverse side effects are being experienced.

General comments

The GP Curriculum includes within its Clinical topic guides a section on Mental Health mentioning a role of the GP to specifically communicate effectively, professionally, and sensitively with patients, relatives and carers, recognising potential difficulties in communicating with people with mental health conditions and the importance of generating and maintaining rapport. There is a recognition to assess risk to make the patients safety a priority and offer patients relatives and carers advice and support regarding prevention, prescribing monitoring, and self-management of both mental and physical multimorbidity. The curriculum recognises the emerging issue of suicide prevention in mental health care.

Shared Decision making

10 years ago, the RCGP recognised that GPs were leading the way in shared decision making and called for more guidance on [shared decision making](#). The College has pioneered the development of a Person-Centred Care toolkit which includes support for shared decision making and in 2023 RCGP Scotland's joint chair Chris Williams Commenting on the prescription of antidepressants by GPs, RCGP Scotland Joint Chair Dr Chris Williams said:

"Depressive illness affects many adults and causes a huge burden of disease worldwide.

"When prescribed appropriately, evidence shows that antidepressants can be an effective treatment for many patients suffering from mental health conditions such as depression and anxiety. As with any medication, GPs carefully consider the benefits and risks when prescribing antidepressants, the various factors relevant to the individual patient, alongside new clinical guidance as it is published.

"Shared decision-making is an evidence-based health communication framework that is commonly used in general practice. A person with mild to moderate depression may have more than one treatment option, including where medication might be used on its own or in combination.

"GPs are highly trained to have frank and sensitive conversations with our patients, and this includes any potential side effects which may occur from taking antidepressants. Once a prescription has been made, follow-up appointments and ongoing medication reviews can assist GPs to assess whether a patient's symptoms have improved, any side effects they may have experienced as well as if additional support is needed.

"Improved access to alternatives to anti-depressant medication, such as talking therapies and CBT, may be beneficial, but resourcing and access issues persist for these treatments. Improved access to these treatment pathways through further resourcing may be beneficial for patients."

The Royal College of Psychiatrists published a Position statement in 2019 on [antidepressants and depression](#). They mentioned the importance of shared decision making.

'To ensure informed consent and shared decision-making, the use of antidepressants should always be underpinned by a discussion with the patient, and family/carer (as appropriate), about the potential level of benefits and harms, including withdrawal, and concordance about initiation and continuation. Greater emphasis is also required on regularly reviewing antidepressant use (supported by adequate resourcing and better use of technology) to monitor how well the treatment is working and any side effects, as well as to ensure that long-term use remains clinically indicated'.

They also raised the issue of risk of suicide when using antidepressants looking at the current evidence at that time.

The Royal College of Psychiatrists have also published comprehensive information for patients on [how to stop antidepressants](#) which is as important as starting them.

Specific comments

In answer to the two specific questions:

Is there adequate communication of the risks of suicide with SSRI medication?

There can always be more effective communication of risk and in General Practice we use a personalised care approach with an emphasis on the domain of shared decision making. Shared decision making is a process where effective communication between the GP and the patient reaches a decision based on a shared understanding of the risks and benefits of different treatment options. [Shared decision aids have been produced to help patients in managing depression](#). This shared decision aid (SDA) is not specific to particular medication such as SSRIs and does not highlight suicide risk. An SDA for SSRIs which balances the benefits and risks for patients would be an effective basis for a discussion between the GP and their patient before starting treatment.

Is current guidance to persist with SSRI medication or switch to an alternative SSRI medication appropriate when no benefit has been achieved and/ or especially when any adverse side effects are being experienced?

There are specific guidelines for [Depression produced by NICE](#) and most GPs shall follow NICE CKS (Clinical Knowledge Summaries). The guidance specifically covers the consideration of antidepressant drug treatment (using shared decision making to agree an appropriate treatment plan). The guidance includes advising *'that symptoms of anxiety, agitation, hopelessness, or suicidal ideas may increase when starting treatment, and advise when to seek urgent review'*. Advice is also given regarding review and [switching antidepressant medication](#). This does mention considering a switch to a drug that the person has previously found helpful or prefers. In this case it is not clear whether there was a previous preference for a particular SSRI. It is however usual to switch to a different class if there has not been a benefit or side effects and there are recommendations in the guidance on how to switch drugs safely between classes due to interactions and different bioavailability. It is also important to be clear on the indication for an SSRI and use of diagnostic criteria for both anxiety as well as depression, as the conditions can be separate or mixed and this can guide various treatment options. The RCGP also has a [Mental Health toolkit](#) which provides evidence-based guidelines for medical and psychological treatments for both depression and anxiety.

I trust that this reply is helpful and if you have any questions, please do not hesitate to contact me. Our sincere condolences are with Thomas' family.

Yours sincerely

[Redacted signature]

[Redacted name]

RCGP Honorary Secretary