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Dear Sir/Madam

The Royal College of Psychiatrists welcomes this document. While the original ceasefires of the main paramilitary organisations occurred in 1994, mental health practitioners regularly see in their practice the long term and at times devastating impact upon individuals of a quarter of a century of violence. It is also the case that despite the 'ceasefires', the level of violence emanating from the main groups continued well into the 2000's. There has also been a significant increase in activity by smaller paramilitary groups over the last two years. As a society we have a duty to help all those who have suffered, and the Royal College of Psychiatrists commends the tremendous work carried out over the years by the voluntary and statutory sectors. This work must be continued, and indeed developed further.

The Royal College of Psychiatrists believes it to be imperative – not least during a period of economic recession- that agencies work closely together to maximise the clinical, social and economic value of their endeavours. It is therefore very disappointing that the document makes little reference to the statutory sector, which has always provided the great bulk of help for victims and survivors, most particularly in very acute and severe cases, but also for the longer term. Psychiatric nurses, psychiatrists, psychologists and mental health social workers and occupational therapists have made and continue to provide a huge contribution, and any strategy aimed at helping victims and survivors must engage actively with the services being provided in the Trusts. The Royal College of Psychiatrists recognises that there are many things that the voluntary sector is doing and indeed can do more appropriately than the statutory sector; the key issue is that there is shared knowledge of what the other sector is doing, and effective co-ordination of all the effort being put in.

**Paragraph 1.1 and 1.3:** The Royal College of Psychiatrists welcomes the commitment to a new and 'more comprehensive service' which relates to the new Commission for Victims and Survivors.

**Paragraph 1.6:** The Royal College of Psychiatrists agrees that carrying out a comprehensive assessment of need will be a complex exercise, and is essential to the 'creation of a sound basis for funding'. However while reference is quite correctly made to the 'non-statutory groups' it would surely also be helpful to refer to the role of the statutory sector which is very likely to be already involved in complex cases.

**Paragraph 2.3:** There is reference to organisations 'providing professional counselling support services'. However, many victims and survivors have received and currently receive psychotherapy and counselling within the NHS. Waiting times have fallen and the Department of Health has promised significant funding for psychotherapy in its recent Psychological Therapies Strategy. The NHS will doubtless continue to provide professional psychotherapy and counselling for victims and survivors.

**Paragraph 3.2:** The Royal College of Psychiatrists believes that while the vision of the New Victims and Survivors Service must certainly focus on the role of voluntary and community sectors, it must also look at services in a holistic way and have a clear perspective on the work going on in the statutory sector.

**Paragraph 3.5:** There is a clear logic in streamlining the current, rather complex funding arrangements. The vision, aims and objectives are all to be welcomed.

The aim 'to obtain better information on outputs' is reasonable. It would be appropriate also to include the importance of working towards outcome indicators.

**Paragraph 3.7:** There is reference to assessment of needs being carried out by staff in victims and survivors groups under contractual arrangements. The statutory sector's expertise should also be considered.

**Paragraph 5.2:** It is not clear from the document if the 'professionally qualified staff' might include NHS staff. For people with complex needs the skills available within the Service are surely a resource to be used. The NICE Guidelines for PTSD, for example, indicate that the General Practitioner is almost always the person who would provide the initial assessment and co-ordinate referral to specialist services.

The Royal College of Psychiatrists is particularly concerned about para 5.2 (a) which refers to staff 'who are trained in dealing with people who may be suffering from PTSD'.

PTSD is an important condition; however the majority of people affected by violence will have conditions other than PTSD. Many of those with PTSD will also have co-morbid conditions including depression, substance misuse and personality difficulties. Significant clinical conditions such as these require a therapist who is able to manage the person's needs in a professional and competent way.

**Paragraph 5.3:** This paragraph appears to preclude the possibility of services being provided for victims and survivors by the NHS. This does not appear reasonable.

**Paragraph 5.3 (a):** This refers to the 'promotion of collaborative work' and the need to 'ensure against duplication of funding'. The Royal College of Psychiatrists strongly supports both of these objectives, but – as evidenced in our response to a number of paragraphs above - cannot understand why the document makes so little of the great opportunities for effective joint (and cost efficient) working between the voluntary sector and the NHS.

**Paragraph 7.1:** Again it is not clear that the 'network of approved bodies and individuals' will include the expertise available within the Trusts (paradoxically paragraph 5.2 (d) refers to 'purchasing specialist professional support when the need cannot be addressed through existing statutory or voluntary services' !).

**Paragraph 7.4:** While it is reasonable to maintain and enhance existing services, this statement should be qualified by adding a rider about the importance of properly appraising the service provided and any new developments proposed.



Dr Philip McGarry  
**Chair**  
**The Royal College of Psychiatrists**  
**Northern Ireland Division**