



Royal College of Psychiatrists NI (RCPsych NI) Response to: Independent Commission for Reconciliation and Information Recovery Consultation on Operational Design

1.0 Introduction about RCPsych NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 440 members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

2.0 General Comments:

We welcome the opportunity to comment on this Consultation. However, we must make clear as a professional Medical Royal College that we are not offering any comments whatsoever on the nature of the proposed legislation either in favour or against - and our Response should not be interpreted in any other way. We are offering comments solely on and limited to mental health aspects.

The Consultation principle of being "trauma – informed" is to be welcomed as is that of putting the victims at the centre of this process.

Terminology is also important and the term "Severe psychiatric damage.... " in Fig. 7 page 20 should be replaced with, for example, "severe mental disorder".

There needs to be a recognition that many victims will have suffered psychological injury even when the main impact may be of a physical nature. This will apply not only to the victims directly, but also potentially to their family and friends. Although someone may be mentally well, when they start to talk about their experiences, this may reactivate very negative experiences/mental disorders or precipitate

new mental disorders. It is important that the Case Support Worker is aware of this. Specialist input may be necessary for people with a Learning Disability.

The role of the Case Support Worker in providing support throughout the process: 1) Support 2) Information Recovery and 3) Findings - is to be welcomed. When a person makes an initial contact with the Commission and is in the process of going into the Support phase, it would be useful to enquire, with the person's agreement, as to whether they have had any previous or current psychiatric history. If this is the case, then a letter should be sent from the Case Support Worker informing the General Practitioner and if appropriate, to the professional in the secondary care Mental Health Services, that the person is engaging with the Commission.

The Case Support Worker, the Senior Investigative Officer and other Commission staff who have direct contact with victims and their families should have training in basic mental health first aid and mental health awareness. They need to have an ability to recognise warning signs of a possible deterioration in a person's mental health. They also need to be able to know more than how to signpost a person for help - but when and how to contact someone in an emergency. In addition, they need to be aware that there is a limitation to "confidential information" if someone's life is at risk.

These Commission staff need to have access to a support structure and to a mental health professional who can advise them on what they should do for a specific client, if necessary. They also need to be aware of their own mental health needs, as many clients' histories which they will be dealing with, will be very traumatic. There would need to be a detailed policy about all of these processes.

It is difficult to identify at this stage if there will be a significant increase in referrals to Mental Health Services of people who have been victims of the Troubles (and their families) who are participating in this process. It would be envisaged that initially referrals for help would be through the usual processes - namely the General Practitioner and if necessary, the involvement of the Community and Voluntary sector or secondary care Mental Health Services based in the HSC Trusts. However, this would need to be kept under review, in case additional resources may be needed.

Dated: 10 May 2024



**Dr Richard Wilson Chair RCPsych NI & Vice President RCPsych
- on behalf of RCPsych NI**