

Annex A: Consultation questions

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1. Are you responding as an individual or representing the views of an organisation? If you are responding on behalf of an organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled.	
Details of organisation (if applicable)	Royal College of Psychiatrists Northern Ireland Devolved Council & Royal College of Psychiatrists (UK)

Question 1: Do you agree with the proposed purpose of the scheme?	Yes	No
<p>If you answered 'no', what would you change or what do you think the purpose of the scheme should be?</p> <p>See Reply 16</p> <p>Beyond that, we ask a question regarding paragraph 33 which opens with: “This scheme would sit <i>alongside, rather than replace</i>.....Troubles.” Does this not conflict with the proposal that compensation already received will be taken into account?</p> <p>We highlight that there is ambiguity between paragraph 32 which refers to “a <i>severe</i> Troubles-related injury”, whereas paragraph 34 does not mention the descriptor “severe” at all, but instead uses the word “<i>permanent</i>”. This ambiguity must be cleared up.</p>		

Question 2: Do you agree with the underpinning principles set out above?	Yes	No
<p>If you answered ‘no’, what principles do you think should be removed, added or amended?</p> <p>See Reply 16</p>		

Question 3: Does the proposed approach to payments - including scaling awards in proportion to the severity of injury, level of awards, and adopting degrees of disablement methodology - seem fair and appropriate?	Yes	No
<p>If you answered ‘no’, what changes do you think would be needed to make the proposed approach fair or proportionate?</p> <p>Yes, but we would raise/make the following points:</p> <p>Paragraph 42: What is meant by “impact” must be clarified as it is too nebulous a concept to be left undefined. We say that impact must include impairment of quality of life in all aspects of living. For example, a person may be functioning at work, but may not be functioning in their home life/interpersonal relationships. All domains of functioning must be included in the concept of impact – eg social, family/interpersonal/home, work etc.</p> <p>Paragraph 43: Both because this involves complex decisions regarding causation, relevance and prognosis and also in order to ensure justice is done, the mental health impact must be assessed by professionals who have sufficient expertise in weighing up mental health and mental injury - and we say that they must be at the level therefore of Consultant Psychiatrists or Clinical Psychologists.</p> <p>Paragraphs 44 and 48: We ask how exactly these 2 tables are to be mapped onto one another? This must be clarified to avoid confusion.</p> <p>Paragraph 46: We consider it reasonable to say that “permanent” in this context would mean 5 or more years duration and this should be spelled out here.</p>		

Question 4: Based on the examples set out, do you consider 14-20% degree of disablement to be an appropriate entry point for the ongoing support to be provided through the scheme?

Yes

No

If you answered 'no', what would you consider to be an appropriate entry point?

There appears to be an entry point of 14-20% for physical injuries, yet the entry point for psychiatric injuries is not made so clear. Is it 11-20%? This must be clarified.

Also needing clarification is how awards are handled where someone has both physical and psychiatric injuries. Do they receive for both? This needs clarified.

Question 5: Do you agree with the proposed approach to backdating initial awards to the date of the Stormont House Agreement?

Yes

No

If you answered 'no', please tell us what backdating arrangements you would like to see in place.

See Reply 16

Question 6: Do you agree with the proposed approach to providing a lump sum option?

Yes

No

If you answered 'no', what alternative approach would you prefer?

See Reply 16

Question 7: Do you support the arrangements for the payments to continue, for ten years following the death of the injured person, to a nominated spouse, civil partner, cohabiting partner or registered carer?

Yes

No

If you answered 'no', what arrangements would you like to see in place to make provision for those surviving primary beneficiaries?

See Reply 16

Question 8: Do you agree that we should allow applications from surviving spouses/carers who would have been provided for if the scheme had been established in 2014?	Yes	No
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If you answered 'no', please tell us what different arrangements you would like to see in place.

See Reply 16

Question 9: Should the suggested time frame be those injured 1 January 1966-10 April 1998?	Yes	No
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If you answered 'no', what alternative dates would you propose to determine eligibility?

See Reply 16

Question 10: Do you agree with the proposed approach to who will benefit from the scheme?	Yes	No
<p>If you answered ‘no’, please tell us what alternative approach you would like to see to ensure terrorists injured by their own hand do not benefit from the scheme.</p> <p>See Reply 16</p> <p>Beyond that, we regard Paragraph 57’s definition of “secondary victims” as unnecessarily restrictive. Psychiatrists frequently encounter, in their practice, family members who are suffering from a permanent and severe psychiatric injury as a result, for example, of a Troubles related death of a loved one – and who would be excluded by this definition as they did not witness the event, yet they are living with its consequences ever since. This seems to contradict the spirit and intent of Paragraphs 30-34.</p>		

Question 11: Do you agree with the proposed approach based on residency and location of incidents?	Yes	No
<p>If you answered ‘no’, what approach would you like to see taken to location of incident and residency in determining eligibility?</p> <p>See Reply 16</p> <p>Beyond this, it is worth pointing out that there may be a potential gap if the RoI scheme only applies to RoI residents, thereby excluding NI residents injured in RoI – and the same point may apply to other countries and their schemes – so further research on this in order to avoid unjust gaps for UK residents injured in other countries may be necessary. Troubles related injuries occurred in RoI, Germany etc.</p>		

Question 12: Do you agree with the proposed approach to evidence and assessment?	Yes	No
<p>If you answered ‘no’, please tell us how you would amend this approach or an alternative approach you would like to see taken.</p> <p>We would make the following points:</p> <p>Paragraph 61: It is more difficult to prove a psychiatric injury than a physical injury - and it would be absolutely essential to avoid any stigmatisation of psychiatric injuries. Physical injuries are more likely to have documentary evidence as the Victim is likely to have attended the A&E Department for immediate treatment, whereas this may not be the case for psychiatric injuries – so it may be appropriate to accept a lower standard of documentary evidence for psychiatric injuries.</p> <p>Paragraph 64: Both because this involves complex decisions regarding causation, relevance and prognosis and also in order to ensure justice is done, the mental health impact must be assessed by professionals who have sufficient expertise in weighing up mental health and mental injury - and we say that they must be at the level therefore of Consultant Psychiatrists or Clinical Psychologists.</p>		

Question 13: Do you agree with the proposed approach of taking account of other compensation/payments?	Yes	No
<p>If you answered ‘no’, please tell us what approach you would like to see taken to other compensation/payments received.</p> <p>See Reply 16</p> <p>Beyond this, we would question in respect of Paragraph 65 (while appreciating the point being made) how it is congruent with Paragraph 33 - which speaks of an ethos that “this scheme would sit alongside, rather than replace.” Clarity is needed on this. So, too, is a definition of what “adjust” means in Paragraph 65 – in order to avoid potentially painful ambiguity.</p>		

Question 14: Do you agree with the proposed approach to disagreeing with or reviewing decisions?	Yes	No
<p>If you answered 'no', what process do you think should be used to deal with disagreements or reviews?</p> <p>See Reply 16</p> <p>Beyond this, in respect of Paragraph 69, great vigilance must be exercised in this regard concerning the potential fluctuating nature of psychiatric injury – as it would be absolutely essential to avoid any stigmatisation of psychiatric injuries.</p>		

Question 15: Do you support the proposed support arrangements?	Yes	No
<p>If you answered 'no', please tell us what additional or alternative support arrangements you would like to see in place.</p> <p>See Reply 16</p> <p>Beyond this in relation to Paragraph 72, we would point out:</p> <ul style="list-style-type: none"> a) Recognition of the need to support victims is most welcome b) -but- Access to mental health services must continue to be via Primary Care or other health provider; we do not consider it appropriate that a panel constituted to assess payment for Troubles related injuries be in a position to refer directly into services c) -and- It must be pointed out that there is a shortage of Clinicians currently available to deliver psychological therapies, so provision for such needs addressed in advance in order to avoid cruelly raising expectations against unmet need. 		

Question 16: Have you any other comments you wish to make about the proposed approach to the scheme?

Further comments:

We are **strictly** confining our response throughout to matters within our defined area of expertise – ie psychiatric injury, its nature and required treatment.

If possible, we would be grateful for this form to be returned to us electronically as an email attachment. The email address for responses or queries is: vpconsultation@nio.gov.uk

Postal responses can be sent to:

Victims Payments consultation
Northern Ireland Office
Stormont House
Stormont Estate
Belfast
BT4 3SH