

***CAUSE NI Response to Department of Health NI Public Consultation on the Introduction of a Statutory Duty of Candour in Northern Ireland***

## **1. Introduction**

Established 1995, CAUSE NI provides peer- led advocacy and support based services to carers in a range of acute and community Mental Health settings across NI. We provide specialist regional services for carers whose loved ones are in the criminal justice system at Shannon Clinic and the families of young people being treated in the acute in patient CAMHS unit at Beechcroft in Belfast.

Our vision is a society that recognises, respects, values and actively supports the central role of families, partners and friends who are impacted by a loved one's serious and complex mental illness. We work collaboratively within our own sector and across sectors to achieve better outcomes for families, partners and friends supporting loved ones with a serious mental illness, regularly linking carers we work with to other services (statutory and voluntary) within their communities.

CAUSE NI welcomes the opportunity to respond to the consultation.

## **2. Scope of Response**

CAUSE is of course primarily concerned with the treatment and care of those who are mentally unwell and does not seek to comment on the full gamut of health and social care provision.

We would note that since the initial tragic events which stem as far back as 1995, there have been great strides made in promoting openness and involvement with carers and families in the provision of care and treatment of those with serious mental illness both at policy and service delivery level, including DHSSPS (2007) Caring for Carers. Recognising, valuing and supporting the caring role • The Royal College of Psychiatrists (2004) – Carers and confidentiality in mental health – issues involved in information sharing • Social Care institute of Excellence (SCIE) Guide 30 – Think

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Child, Think Parent, Think Family – a guide to parental mental health and child welfare, July 2009 • DHSSPS (2008) – Improving the Service User and Client Experience • Code of Practice on Protecting the Confidentiality of Service User Information (DoH, 2019) • HSCB/PHA (2014) regional mental health care pathway for adults, You in Mind section 7.0 and 7.1 • National Institute of Clinical Excellence (NICE) • Consensus Statement on Information Sharing and Suicide Prevention Jan 2014 Co-Production Guide for Northern Ireland - Connecting and Realising Value Through People, Towards Zero Suicide and many other initiatives.

### **3. Breadth of Concerns**

CAUSE has some concerns about the breadth of the duty of candour, in situations other than when things go wrong. Noting that the concept of openness and candour has already been well established in recent years- patients, families and the general public experience that services are delivered in an open and honest manner in the vast majority of cases. While not endorsing a paternalistic health care system, there are many situations in psychiatric care when, for example, diagnoses and prognoses are far from certain. Distress, fear and worry can be visited upon service users and family who may not be adequately psychologically prepared to cope with the enormity of certain diagnoses and possible prognoses. It is our experience in supporting families and carers that outcomes are often uncertain and in these circumstances it is not clear to us how candour would be supportive of a good therapeutic relationship, particularly if the interpretation of same leads to a worst case scenario being depicted. It is important to instil hope and to have a focus on recovery. This can get lost when serious mental illness is diagnosed.

CAUSE also has some concerns about the breadth of the scope of the proposals, which would extend to small organisations which hold service level agreements with HSC Trusts to provide services. Introducing specific training, policies and procedures for the Duty of Candour requirements would add a heavy burden to smaller charitable organisations, who are already subject to scrutiny and oversight by other regulatory

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bodies and professional bodies. Most have robust policies and procedures in place to cover e.g. whistleblowing, duty of care etc

Regulation, contractual obligations and professional ethical guidance presently exist. Inspections occur. Investigations into Serious Adverse Incidents take place (and as every suicide in N. Ireland is currently counted as a SAI, a large proportion of SAI's are psychiatric). It is difficult to understand how the imposition of another type of accountability on an already complex system will improve patient care and safety. CAUSE believes that involving interested, expert stakeholders in designing a framework to strengthen the voice at every level to monitor client experience is a much more effective way of driving improvements in the quality of services. We would prefer to see time, energy and resources going into creating a healthcare system which embraces a "just and learning culture" rather than developing another system which has the potential to lead to defensive practices, to impact on staff morale and to make N. Ireland a less attractive place to work, compared to our near neighbours in republic of Ireland, England, Wales and Scotland.

While CAUSE supports making large health and social care organisations more accountable up to and including the imposing of criminal sanctions, we do not support imposing a criminal sanction on an individual. We believe that the current criminal justice system can adequately hold to account and punish those whose behaviour is wilfully reckless and / or dangerous and /or leads to harm or those whose intention is to pervert the course of justice.

Investing in Family Liaison/Advocacy and Support Services to increase helpful communication with families and certainly not only around self-harm and suicides is more likely to contribute to a culture of openness and strengthen current systems. Serious incidents can be identified through various existing routes, including through formal Complaint processes. Recognising that complaints matter and seeking to identify and remove barriers and fears of people raising concerns, and working diligently to address these is likely to contribute to culture of openness and ultimately better outcomes for all.

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On behalf of CAUSE***

***Valerie Sullivan, CEO***

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