

Investigating deaths occurring during compulsory care and treatment under mental health legislation in Scotland

Section 2: Summary of revised process proposed by the Commission

Q1. Q1: Do you agree that the Commission should be responsible for initiating, directing and quality assuring the process of investigating deaths during compulsory treatment in all cases?

Yes

Q2. Q1a: Do you foresee any difficulties with this arrangement?

Not so long as there is clear communication with local services who will be responsible for carrying out investigation (stage 3)

Q3. Q1b: How could such difficulties be addressed?

No Response

Section 2: Summary of the revised process proposed by the Commission

Q4. Q2: Do you agree that the Commission should be responsible for producing and disseminating an annual report on the results of the investigations as described in paragraph 30 of the consultation document?

Yes

Q5. Q2a: Do you foresee any difficulties with this arrangement?

No

Q6. Q2b: How could such difficulties be addressed?

No Response

Section 2: Summary of revised process proposed by the Commission

Q7. Q3: Do you agree that the Commission should develop guidance and standards for use by local services when undertaking investigations into deaths during compulsory treatment?

Yes

Q8. Q3a: Do you foresee any difficulties with this arrangement?

standards must be achievable for local services - also not clear who (if anyone) has power to require all relevant services to be involved

Q9. Q3b: How could such difficulties be addressed?

No Response

Section 2: Summary of the revised process proposed by the Commission

Q10. Q4: Do you have any comments on the revised process as set out in Section 2, paragraphs 34 to 43, of the consultation document?

no

Q11. Q4a: Do you foresee any difficulties with this process?

need to be clear where any revised process 'fits' with Healthcare Improvement Scotland (HIS) framework / processes

Q12. Q4b: How could such difficulties be addressed?

No Response

Section 3: Involving families and carers

Q13. Q5: Do you think that the role of the Commission Liaison Officer will help to improve the involvement of, and communication with, families and carers during investigations of deaths?

Not sure

Q14. Q5a: Do you have any concerns about this type of arrangement?

I am presuming that local services (NHS) will also be involving / liaising with families at stage 3 (and often allocated an individual as 'point of contact' with the family / carers) therefore there needs to be clarity about the respective roles

Q15. Q5b: How could your concerns be addressed?

No Response

Section 4: Other matters for consideration

Q16. Q6: Do you agree that the revised process, described in Section 2 of the consultation document, will meet the values and principles set out in paragraph 50?

Yes

Q17. Q6a: Please explain your answer.

however see answer re Commission Liaison Officer

Section 4: Other matters for consideration

Q18. Q7: Do you have any comments on the potential impacts of the revised process on those with protected characteristics?

No

Q19. Q7a: Please explain what you think could be done to minimise any negative impacts on people with protected characteristics.

No Response

Q20. Q8: Do you have any comments on the potential impacts of the revised process on children and young people?

so long as carried out in a sensitive and compassionate way

Q21. Q8a: Please explain what you think could be done to minimise any negative impacts on children and young people.

No Response

Section 4: Other matters for consideration

Q22. Q9: Do you agree that the revised process for investigating deaths during compulsory treatment (as described in Section 2 of the consultation document) is human rights compliant?

Yes

Q23. Q9a: Please explain what you think could be done to ensure that the new process fully complies with human rights standards.

No Response

Section 4: Other matters for consideration

Q24. Q10: Do you have concerns in relation to any financial or administrative impacts the revised process may have, especially for local services?

Local services identified a range of barriers and I do not see how the revised procedure will lessen (and may possibly increase) the financial and administrative impact as the revised process does not address any of the barriers (lack of dedicated resource to liaise with families, a lack of administrative time for recording minutes, and gaps in training and support to staff)

Q25. Q10a: Please explain what you think could be done to minimise any negative financial or administrative impacts.

I do not think that this is within the remit of the Commission however it may be possible for the Commission to escalate any concerns re lack of resources (as noted in a different context in para 43)

Section 4: Other matters for consideration

Q26. Q11: Do you have any other comments or concerns in relation to the revised process?

No Response

Respondent Information Form

Q27. Name of person submitting the response

[REDACTED]

Q28. Email address of person submitting the response

[REDACTED]

Q29. Are you responding as an individual, or on behalf of an organisation?

I am responding as an individual

Respondent Information Form - individual responses

Q30. Are you a family member or carer of a person who has died whilst being treated under mental health legislation in Scotland?

No Response

Q31. Do you wish your response to be published?

Yes, publish response without name