Caroline Jones
Assistant Coroner
Cambridgeshire & Peterborough Coronial Service
Lawrence Court, Princes Street, Huntingdon, PE29 3PA



Dear Ms Jones

Royal College of Psychiatrists response to Coroner's Report into the death of James Nowshadi

Purpose of response

To respond to the issues raised in relation to the tragic death of James Nowshadi, particularly regarding the awareness of psychiatrists on how to respond if they are made aware of the use of by one of their patients.

We would first like to take the opportunity to extend our sincere and deepest sympathies to James's family, friends and all who knew him.

<u>Background</u>

at

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers, and their organisations.

Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies. While these are extremely tragic circumstances on which to have to communicate, we hope that the information we provide in this note responds to the issues raised that are relevant to the College and that it may contribute to minimising the risk of similar events occurring in the future. If you have any questions or would like to discuss any aspect of our response, please do not hesitate to contact us

Guidance to psychiatrists on the harms associated with the use of Sodium Nitrate

On reviewing national data associated with deaths by suicide, we have not been	
able to identify	as a noted contributory factor to these tragic
incidents. We would welcome any additional information that might be available	
on this particular substance and its role in any deaths. We are happy to raise this	
matter with those bodies who	have responsibility for such data reporting and
collection, although appreciate you might have already directly raised it with	
them.	

Where we think the College can have more direct effect is ensuring psychiatrists understand how to effectively explore and respond to issues associated with medications and substances that they are aware their patients are taking or have access to. It is crucial that clinicians use any such information, provided by the patient or elsewhere and make an evaluation of risk, taking action where needed. In reinforcing some of the key risk advice around this, we can specifically refer to but hope you will agree it would be good to focus on this in a broader way to optimise the impact of any such communication. We will look for opportunities to do this in the near future.

In relation to the Emergency Department aspect of your Report, while we do not directly control this, we would be happy to ask those with responsibility for treatment in this setting if they might consider adding where needed and enhancing where reference might already exist, mention of example on the toxicology sites that clinicians might refer to in an Emergency Department.

Please do not hesitate to contact me if I can be of any assistance.

Yours sincerely,

Registrar Royal College of Psychiatrists