

Ms Rachael Griffin  
Senior Coroner  
Dorset



Dear Ms Griffin,

**Re: Gaia Kima Pope-Sutherland (Regulation 28: Report to Prevent Future Deaths).**

On behalf of the Royal College of Psychiatrists, I am most grateful for the opportunity to comment upon this report in the context of the aspects you raised in your Regulation 28 Report regarding care for epilepsy. I would like to extend my deepest sympathies to Gaia Kima Pope-Sutherland's family.

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists. 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. The College does not work on the care of individuals and I am not able to comment on the specific circumstances surrounding the case of the death of Gaia Kima Pope-Sutherland.

However, I have considered your findings, and have the following comments to make in relation the concerns that you raise.

The College very much recognise the issues you raise in relation to the lack of effective and consistent communication between services for people with neurological conditions and mental illness.

The particular brisk for this patient group that we believe needs to be addressed through resources, training, increased workforce is that Neurologists and neuroscience services commonly do not have the expertise or resource to manage the neuropsychiatric aspects of neurological disease and community mental health teams will consider that they do not have the expertise to manage people with organic mental illness or neurological comorbidity

A recent paper that outlined the neuropsychiatric problems associated with epilepsy including the increased rate of suicide in people with epilepsy. It also showed a high incidence and prevalence of mood and anxiety disorders, psychosis and suicide in this group.

Whilst neuropsychiatry services can provide assessment, treatment and rehabilitation for the most complex people with neurological and mental illness, there has been no resolution of the longstanding workforce issues for neuropsychiatry despite the hope that a GMC credential could allow for

neurologists and psychiatrists to develop expertise in this area. There is currently no funding for such a credential.

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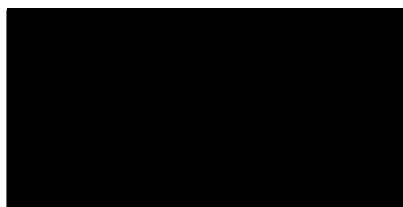
As a College, we have been starting through our Neuropsychiatry Faculty to work on building the relationships in order to start a dialogue about the inequality of access to appropriate health services for people with neurological conditions.

There are some solutions to the poor integration and communication between services that we have been supporting as a Faculty. The NHSE National Neurosciences Advisory Group will be publishing the Optimum Pathways for Neurological Conditions imminently (<https://www.nnag.org.uk/optimum-clinical-pathways>). These include exemplar pathways for epilepsy and also a Mental Health Crosscutting Theme that highlights where the interface between neuroscience and mental health services needs to be considered, what good looks like and some of the evidence for treatment and rehabilitation. It is hoped that these publications will provide support to commissioning of integrated services in neuroscience centres in ICSs.

There is an opportunity as ICSs develop for primary and secondary mental health services to consider how they integrate with community neurorehabilitation and neurology provision so that there is joined up provision when this is required.

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

Yours sincerely,

  
Registrar  
Royal College of Psychiatrists