

Ms J Kearsley
HM Senior Coroner
Greater Manchester North
Floors 2 & 3
Newgate House
Newgate
Rochdale
OL16 1AT



Dear Ms Kearsley,

Re: Stanislav Mucha (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, apologies for the delay in responding. I would like to extend my deepest sympathies to Stanislav Mucha's family and loved ones.

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 Stanislav Mucha.

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

Facilities to make notes in relation to an assessment.

The College is very clear that it is good practice to document all clinical contacts, and this is a routine expectation of healthcare professionals across a spectrum of practice. While we are happy to use appropriate communication mechanisms to remind our members of this, in this case the Section 12 doctor seems to assert that there was no facility for them to do so. This being the case, it would seem to be an issue that needs to be addressed as an operational issue in the specific area so that there are the opportunities in place for the details of the interaction to be recorded.

Outcome of the Assessment

Our initial thoughts on this are that the way the system is designed means that there should not be a lack of clarity or ability to come to a clear outcome. Outcomes of MHA assessments are decided by any one of the 3 assessors (1st rec doctor, S12 doctor, AMHP) not recommending compulsory powers and then the AMHP having a final veto on the application.

The MHA works by generating outcomes where there may be disagreements between the assessors. That's a key objective of the system and is an intended safeguard. We would be happy to comment further on this aspect if there is more detail to be provided in relation to this aspect of the Report.

Actions to be taken by RCPsych

RCPsych will use communication opportunities to:

- Remind them of the need for consistent and comprehensive recording of all clinical contacts, including those which emerge through the Mental Health Act.

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

Yours sincerely,



Registrar
Royal College of Psychiatrists