



Date: 24 June 2025

Dear Dr Brittain

Re: Nicholas J'Dourou (Regulation 28: Report to Prevent Future Deaths).

Thank you for sending this Regulation 28 Report to the Royal College of Psychiatrists regarding the death of Nicholas J'Dourou.

We are grateful for the opportunity to comment upon this report but before doing that, we would like to extend our deepest sympathies to the family and loved ones of Nicholas.

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 are therefore not able to comment on the specific circumstances surrounding the case of the death of Nicholas J'Dourou.

However, we have considered your findings and have the following comments to make in relation to the two issues that you raise.

1. On the issue of cross titration, the College recognises that an effective understanding of how to do this by clinicians is crucial as part of a safe prescribing regime. While not necessarily consolidated as part of one specific document on the topic, the College has provided advice to clinicians and patients on this issue, particularly in the context of antidepressants and anti-psychotics. Examples of publications that do cover this to some extent include:
 - The risks and benefits of high dose anti-psychotic medication [college-report-cr190.pdf](#)
 - Stopping Antidepressants, a resource for patients [Stopping antidepressants](#)

In addition, we have supported, promoted and fed into a number of other pieces of relevant work, the most prominent of which are probably the Maudsley Prescribing Guidelines, which we know many clinicians and trusts use, these for example have cross-titration tables for many years, particularly antidepressants.

However we are always looking at ways that we can improve the quality, standards and the safety of care within mental health services.

That is why we have indicated that we intend to increase our visibility in the space of safe medication and prescribing. Work we are currently doing around Clozapine, which started with learnings from a death elsewhere in the country is an example of this. Although the concerns in that case were not directly aimed at the College, we recognised our responsibility to provide evidence-based advice on the safe prescribing and monitoring of Clozapine. The output of this work is due later this year.

Please be assured that we will also use mechanisms to communicate any risks and best practice to our members through our College Newsletters, Faculty specific communications and any other opportunity where we can make this issue more widely known.

We will also, where possible, raise it with mental health organisations themselves as well as those who have responsibility and oversight for the mental health system and who will have routes by which this information can be disseminated.

This PFD will be added to the range of material we use to inform our priorities in this area.

2. On the second point around the use of video technology when observing patients, we do believe that more needs to happen in the context of research to understand when such technology might have a positive impact and what safeguards are needed. For example, in a short statement we made in January this year we made clear such technology must always be based on what is in the clinical interests of the patient, never to be used to address things like staff shortages.

While advocating for such an approach and calling for more research in this area, we believe that it is for those with the levers to drive consistent practice in this area as well as having access to the technical expertise which is needed as part of understanding the role of this technology.

That is why we have over the last year sought through work with NHS England to provide more advice in this area and were delighted earlier this year that they published principles which all trusts should use when considering this and other

technologies [NHS England » Principles for using digital technologies in mental health inpatient treatment and care](#).

I do hope that this response is helpful, please come back to us if you would like to discuss any aspects of it.

Yours sincerely,

[Redacted Signature]

[Redacted Name]

Senior Policy and Standards Manager
Royal College of Psychiatrists