

Dr Michael Gregory Curran

Consultant Psychiatrist - Medical Member of Review Tribunal (formerly Mental Health Review Tribunal)

What attracted you to apply for the role?

I viewed my application to become a member of the Mental Health Review Tribunal (as it then was) some twenty-five years ago as another way of utilising my expertise and accumulated clinical knowledge. Over the years as a consultant psychiatrist I had also developed a familiarity with the Mental Health (Northern Ireland) Order 1986 and the operation of its legal framework and saw this role as a way to contribute more directly to the functioning of the Order.

What is a typical day like?

Usually I set some hours aside the night or morning before a hearing to read, digest and assimilate the clinical information in the various reports and documentation. Any conflict of interest needs to be passed directly to the Secretariat and President for consideration.

On the morning of the hearing I read, peruse and consider the clinical notes, and make further notes for my oral report, which will be given later in the morning to the other Panel Members (Legally Qualified, Experienced Member).

Generally the interview with the patient takes place at 11.30am on morning of the hearing unless there are reasons to do so otherwise. When the clinical interview begins, introductions are made and I inform the patient of my qualifications, role and also the process involved. I offer reassurances about the independence of the Tribunal Panel. Nursing staff or the ward social worker have usually rehearsed such details with the patient beforehand.

The objective of the clinical interview is to inform a preliminary opinion of the patient's current mental condition. I always attempt to make the interview as comfortable as I can for the patient and avoid questions that are too exacting or distressing.

I meet with colleagues on the panel at 1.30pm and deliver my report orally. Following questions from those colleagues, I indicate my preliminary view of the patient's mental condition.

Hearings vary in duration dependent on the amount of evidence adduced by the Health Trust and whether there is any agreement reached relative to diagnosis and risk. Ultimately it is for us as the panel to decide whether the statutory criteria are met.

The discussions to inform the decision follow on from the conclusion of the hearing and are in private. Hearings may extend for hours but usually finish before 5pm.

An oral decision is given to the parties immediately following the hearing. The President then drafts the written decision with reasons usually overnight which I receive via email. I spend time considering that draft decision and suggest any amendments or make comments as I feel appropriate.

What are the biggest challenges you face in the role?

At times it can be challenging because it is imperative to the process to ascertain a comprehensive understanding of the patient's social and medical background. By conducting a rigorous review you can provide valuable insights into the lifestyle of the individual before the onset of the illness and subsequent effects on their personal and family life, occupation and socialization, and this is crucial in arriving at a fair and well-informed decision at the end of the hearing.

Assessing risk to self and others in the event of discharge can be challenging because there can at times be aspects of the witness reports that require clarification. I prepare a list of questions for the witnesses both on reading the papers and during their oral evidence.

A thorough review is also beneficial since, as the medical expert on the Tribunal Panel, it is imperative to be prepared to interpret and answer any specific questions on the diagnosis, prescribed medications and general management of the patient for other Panel Members.

Given the recent unprecedented challenging times arising since the start of the Covid-19 pandemic, tribunal members have had to quickly master the necessary skills in the use of alternative means of communication both by telephone and through the internet in order to facilitate hearings often at short notice to deliberate on applications even during assessment periods.

What do you enjoy most about the role?

I have particularly cherished meeting and cementing working relationships with Panellists both legal and lay. Many enduring and valued friendships have evolved with a sense of shared fellowship, goodwill and respect.

Which aspects of your professional experience have proven most useful when carrying out your role?

Listening to others and encouraging the expression and sharing of opinions is essential to the role of Psychiatrist which are developed during training. However, these skills are also crucial to the role of Medical Member, not only in encouraging the nurturing of colleagues but also arriving at decisions as a panel, for which my time in clinical practice gave me much experience of.

Moreover, throughout the tenure of my career in the NHS I increasingly recognised that I was regularly being tasked to adjudicate on issues pertaining to acute psychiatric care and potential hospital admission or discharge of patients, which has proven to be beneficial in the role.

Is the job what you imagined it would be?

Yes, but initially I don't think I fully appreciated the range of age groups and various sub specialities such as General Psychiatry, Old Age Psychiatry, Forensic Psychiatry, Learning Disability and Child Psychiatry patients that would present before the Review Tribunal for consideration of their detention. Many of the patients appearing in front of Tribunal present with complex mental health conditions and assessing and determining risk to self or others in the event of discharge can be exceptionally challenging.

In addition, The European Convention and Human Rights especially Articles 5 and 8 have an important impact on decision making together with the partial commencement of the Mental Capacity Act (Northern Ireland) 2016.

Do you have any advice for those considering applying for a Consultant Psychiatrist – Medical Member role?

Having strong listening, team working and decision-making skills is crucial to be successful the role, which I can duly advise has been an ongoing learning exercise that requires one to take careful notes and attentively listen to what others are saying in their evidence giving.

It is also important to always appreciate the accumulated wisdom and expertise of fellow panel members particularly during the discussions led by the President prior to the start and completing of the evidence giving at the end of the Tribunal.

In addition, having sound decision making skills is crucial because one has to source pertinent and relevant information in order to confirm the nature of the mental illness and often the past response of prescribed medications for a particular patient.

Would you recommend the role to others?

Yes, I would. I would also say that if you are committed to the continuation of lifelong learning, whilst also having a personal capability to think psychologically then it would be a very satisfying role. The very nature of the role requires that you continue to update your own understanding of available clinical evidence.

September 2020