

Infected Blood Psychology Service
Psychology in Healthcare
Royal Victoria Infirmary
Queen Victoria Road
Newcastle Upon Tyne
NE1 4LP

Tel: 0191 2824081

www.newcastle-hospitals.org.uk

Email: nuth.healthpsychology@nhs.net

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Statement of concern regarding Infected Blood Compensation Scheme Severe Health Award for people suffering severe psychological distress

The Infected Blood Psychological Service (IBPS) is finally being established across England to provide much needed specialist psychological care to people both infected and affected as a result of the Infected Blood Scandal.

IBPS operates separately from the Infected Blood Compensation Authority but is aware of the significant psychological impact of the compensation process on beneficiaries.

It is positive that past, present and future psychological sequelae of infected blood have been recognised within the core aspect of the Infected Blood Compensation Scheme. Within the scheme regulations, it is noted that psychological distress is not formally referred to but is alluded to within terms such as mental injury, emotional distress and injury to feelings.

The tariff-based core route is not designed to make provision for different levels of psychological distress. IBPS is therefore increasingly concerned that the supplementary route of the scheme does not adequately make provision for the full range of severe psychological distress experienced by both infected and affected people.

IBPS is concerned about the way in which the severe health conditions award of the supplementary route has been drafted in relation to mental distress. The severe health condition award indicates that this route can only be claimed if a person received psychiatric care lasting over six months which may have involved an in-patient stay.

However, IBPS believe that access to services would have been significantly impacted by issues such as a lack of understanding of the psychological and psychiatric sequelae of infected blood, stigma of accessing mental health services and indeed psychiatric service thresholds, leaving thousands of people without access to much needed care.

Furthermore, over past decades, beneficiaries are much more likely to have been assessed and treated by psychologists and counsellors in specialist services funded by Infected Blood Support services, rather than by core mental health services. It is these



professionals who would have assessed and treated the severe psychological harm experienced by beneficiaries.

It is unhelpful and unfair to expect a consultant psychiatrist to have provided a formal psychiatric diagnosis together with in-patient treatment, in order for supplementary compensation to be considered. We recommend that the severe health category is reworded to accept both a diagnosis made by a psychiatric professional *and* a formulation-based opinion of all qualified psychological and counselling professionals as supporting evidence of severe harm within a supplementary compensation claim.

To summarise, IBPS strongly recommends that the supplementary regulations are operationalised to allow for evidence from *any qualified doctor, counsellor or mental health professional* to support an application for the supplementary award related to severe mental distress.

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Dr Sarah Helps (she/her)
BSc, MSc, DClinPsy, DSys, FHEA
Consultant Clinical Psychologist and Systemic Psychotherapist
Head of Service, Psychology in Healthcare
Chief Psychological Professions Officer
Interim Professional Clinical Lead - Infected Blood Psychology Service
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Sarah.Helps1@GRO-C

