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| **Application to Discharge and Repatriate Restricted Patients**  **Mental Health Casework Section (MHCS)** |  |
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| Please use this form only where discharge from ss 37/41 orders are sought to facilitate the repatriation of a restricted patient to their country of nationality under the Mental Health Act 1983 |

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| Please ensure sufficient detail when completing this form: all sections should be completed fully for this application to be considered (unless otherwise specified) including any supporting reports you consider appropriate.  Please note that should MHCS request further information to enable a prompt decision to be taken, it is desirable that this is submitted within 5 working days. Applications may be rejected if all the information needed to make a decision is not submitted despite reminders being sent.  The text in blue can be overwritten. |

1. **Patient’s Details**

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| 1. Full name of patient: | * Please include any aliases or previous names |

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| 1. Date of birth: | * Please enter date of birth |  |

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| 1. MHCS reference: | * Please enter MHCS reference number |  |

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| 1. Detention Authority: | * This will be a S37/41 Hospital Order with Restrictions but the type should be specified (a patient found unfit to plead their offence or not guilty by reason of insanity under the Criminal Procedure (Insanity) Act 1964 (as amended by the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 and the Domestic Violence, Crime and Victims Act 2004) * Some patients may be detained under more than one Order |  |

1. Nationality of patient (Including dual nationality)

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1. State where the patient wishes to be repatriated

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1. Does the patient consent to discharge for repatriation

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1. **Responsible Clinician Details**

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| 1. Full name | * Your name |

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| 1. Address: | * Please include your full address |

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| 1. Telephone number: | * Please give a direct line wherever possible |  |

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| 1. Email address: | * Please give a secure email address. Email is the preferred method of communication and paper copies of correspondence will not be provided unless specifically requested. |

1. **Conditional Discharge Proposal**

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| Please complete this section if you wish to apply for the conditional discharge of the patient from hospital. The evidence period is since the last Tribunal decision; a previous refusal by the Secretary of State; or, if applicable, since recall to hospital where this was primarily for assessment. There is no need to attach any further documentary evidence with this application, but MHCS case managers may request further information from the RC or Multi-Disciplinary Team (MDT). |

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| 1. Please give details of the discharge proposal including: | * The discharge plan including the timeframe * How treatment will continue in the receiving State including administration of required medication * Detail how risk will be managed and how emergencies will be dealt with, based on information from the receiving State. |

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| 1. Discharge Address in receiving State | * Please give the full address of the proposed discharge unit * Give a brief description of the type of accommodation (e.g. home, community unit, nursing home) and level of professional support available in the receiving State |

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| 1. Suggested Conditions | * Bear in mind that any conditions will not be enforceable and difficult to supervise once the patient is outside of the UK. It may be that the sole condition is simply to be detained until removal. |

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| 1. Details of the Doctor or hospital that will be overseeing any treatment when the patient is repatriated (including contact details) |  |

1. Community leave taken: Compassionate (day) Compassionate (overnight)

Medical (day) Medical (overnight)

Escorted (day) Escorted (overnight)

Unescorted community (day) Unescorted community (overnight)

Long Term Escorted Leave of Absence

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| 1. Other: | * Leave taken within the hospital grounds and state whether this was within a secure perimeter or areas of public access; leave to attend Court; |

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| 1. Report on leave: | * Please give a description of the amount, frequency, duration, destination and purpose of the leave taken * Detail any issues of concern which have arisen. |

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| 1. Explain the control measures which will be put in place to address the risks to victims (see section x below): | * Detail which exclusion zone(s)/ non-contact conditions are in place * Explain why you think these measures are sufficient to ensure public safety |

1. **Patient’s Mental Disorder**

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| It is important for the Secretary of State to understand the patient’s current mental state and presentation in order to assess the risks they pose to the public. |

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| 1. Please describe the patient’s mental disorder, including: | * Diagnosis (or diagnoses) * Any secondary conditions * Any symptoms the patient is currently displaying * How long the patient has presented in this way * Please list the medication prescribed for the disorder(s) |

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| 1. Please describe the patient’s attitude and behaviour in hospital and/or the community, including any incidents of: | * Verbal and/or physical aggression or violence (towards staff, visitors, patients, family and friends, others) * Substance abuse * Self-harm * Sexually disinhibited or inappropriate behaviour * Periods of seclusion (detained patients only) * Other anti-social or problematic behaviour including any further offending * Upgrades or downgrades in levels of security (within the hospital or resulting in a transfer from another hospital – detained patients only) |

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| 1. State what effect these have had on the patient and how they have been addressed: | * Describe the work has the patient has done to address the index offence(s) and their risks both with staff and independently * Describe other pro-social activities on the ward (detained patients only) or in the community such as attending education, drug therapy groups etc * Please explain how effective you think that has been and outline any remaining issues of concern * Detail the relapse prevention work undertaken by the patient (either in hospital or continuing in the community) |

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| 1. Describe the patient’s attitude to treatment (and see annex A): | * Please detail how compliant the patient has been with their medication * Please explain any issues surrounding their engagement with treatment * Describe the level of understanding and insight the patient has gained into their mental disorder and offending behaviour through treatment * Confirm that this application has been discussed with the patient and record any issues of concern they had * Please provide the patient’s views (see annex A) |

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| 1. Detail any history of discharge and recall to hospital: | * Please enter the details here including dates of discharge and recall and circumstances behind the latest recall (if known) |

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| 1. Please describe any physical medical conditions or disabilities which may impact upon their mental health: | * Brief details will suffice (if relevant) |

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| 1. Capacity Issues: | * Please state if the patient is thought to lack capacity * If so, detail what action has been taken in terms of an independent capacity assessment * If discharged, is the patient subject to a current Deprivation of Liberty Safeguarding (DOLS) Order? * When was this last authorised by the Court of Protection of Local Authority? |

1. **Managing Risk**

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| It is important for the Secretary of State to understand the clinical assessment of risk. Please explain the current risks and how you have reached your conclusions. MHCS will examine the likelihood and impact of a further offence or adverse event occurring when considering whether or not to grant consent to discharge, mindful that the patient will no longer be in this jurisdiction. |



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| 1. Index offence(s): | * As recorded on the Hospital Order or other detention authority |

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| 1. Details of index offence(s): | * Please include a brief description of the offence(s) as known to you * Did this patient’s offence (or other offences) gain a lot of publicity? |

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| 1. Describe the patient’s key risks factors/indicators: | * Outline the main historic and current risks the patient has presented (both related and unrelated to their mental disorder) |

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| 1. Describe how these risks are these being addressed: | * Describe the progress the patient (either in hospital and/or the community) has made and any issues of concern |

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| 1. Describe the patient’s community leave history | * Please include details of the patient’s escape/abscond history |

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| 1. Please confirm that this patient is subject to Multi-Agency Public Protection Arrangements (MAPPA): | * Nearly all Restricted Patients will be registered under the MAPPA arrangements: see section 26 the [*MAPPA Website*](https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome) for further details * Detail what MAPPA category the patient falls under * Confirm the level at which they are managed |

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| 1. Please give the name and contact details of the MAPPA coordinator | * Please state if the MAPPA agencies have been notified of this application and give reasons why MAPPA have not been notified * Detail any risks or concerns MAPPA agencies have identified in regards to this patient * Detail any request for specific conditions to be added to the discharge to help manage risk: |

1. **Victims**

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| Not all victims will be registered with the Victim Liaison Scheme. It is MHCS policy to take into account any information provided by victims to ensure they feel adequately protected. Multi-Disciplinary Teams (MDTs) should be in contact with Victim Liaison Officers and able to include their views with the application. |

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| 1. Victim Liaison Officer (VLO) name and contact details: | * Please provide full contact details |

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| 1. Details of conditions requested by victim(s): | * Please give details of any previously imposed conditions * Detail any new conditions requested by the Victim Liaison Officer |

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| 1. If there is no VLO or victim contact, are there any victim concerns which you think should be taken into account | * Please explain your assessment of the risk (including further offending) that the patient would present to past victims, specific groups in the community or the public in general * Are their any implications that the victims of the victims’ family are ordinarily resident in the receiving State and what impact this may have. |

1. **Additional Comments**

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| If there is any other information you would like to raise regarding this application please detail this below. |

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| 1. Please consider the following: | * Please detail any other information or views you consider to be pertinent to the application |

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| 1. For patients whose s37/41 order was made after a finding of unfit to plead (under s24 of the Domestic Violence, Crime and Victims Act 2004) only | * This applies to detained patients only * Do you consider that the patient is now fit to plead at Court for the offence which led to the current Order? |

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| 1. Responsible clinician’s signature | * An electronic signature is acceptable | Date: | * The date the application was submitted to MHCS |
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| Please send the completed form to: MHCSmailbox@justice.gov.uk |