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| **Mental Health Casework Section**  Guidance:  CHANGING CONDITIONS OF DISCHARGE FOR RESTRICTED PATIENTS |
|  |
| June 2023 |

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**Section 1 – Introduction**

1. This guidance sets out the new process for requesting changes to conditions of discharge set by the First-tier Tribunal (Mental Health), the Mental Health Review Tribunal of Wales, both of which will be referred to in this guidance as ‘the Tribunal(s)’ or the Secretary of State for Justice. The guidance formalises a process of requesting changes to conditions by way of an application to the Secretary of State for Justice. Additionally, the guidance will set out what will be considered by the Secretary of State for any requests to reduce the frequency of the conditional discharge reports submitted by the community supervisors to the Ministry of Justice.
2. The Mental Health Casework Section (MHCS) discharges the Secretary of State for Justice’s public protection function for those patients who are subject to section 41 restriction orders under the Mental Health Act 1983. MHCS will therefore be responsible for making decisions on changes to conditions of discharge requested by the community supervisors, the patient or other government agencies who have an interest or role in the conditional discharge of a restricted patient.
3. This document should be read in conjunction with following documents:

‘Mentally Disordered Offenders – The restricted patient system’ which provides an overview of the restricted patient system and is available at the following link;

[Mentally disordered offenders: The Restricted Patient System 2017 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/mentally-disordered-offenders-the-restricted-patient-system)[[1]](#footnote-2)

Mental Health Casework Section Guidance: Section 42 Discharge:

[Submit a discharge request for restricted patients - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/submit-a-conditional-discharge-request-for-restricted-patients)[[2]](#footnote-3)

Conditionally Discharged patients: Supervision and reporting:

[Submit a conditional discharge report for restricted patients - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report)[[3]](#footnote-4)

**Section 2 – Legislative background for changing conditions of discharge**

1. Patients who are subject to restriction orders under section 41 of the Mental Health Act 1983 (The 1983 Act) can only be discharged either absolutely or conditionally from hospital by the Secretary of State under section 42[[4]](#footnote-5) of the 1983 Act or the Tribunal under section 73 of the 1983 Act. The majority of restricted patients who are discharged from hospital are subject to a conditional discharge.
2. Section 73[[5]](#footnote-6) of the 1983 Act, gives a power of discharge to the Tribunal, when certain criteria for lawful detention set out in that section are not satisfied. Again, the Tribunal may discharge a patient absolutely or subject to conditions. Section 73(4)(b) states that ‘the patient shall comply with such conditions (if any) as may be imposed at the time of discharge by the Tribunal or at any subsequent time by the Secretary of State’.
3. When a patient is conditionally discharged by the Secretary of State or the Tribunal, conditions will be imposed which are to facilitate the supervision and safe return of a restricted patient to the community. Section 73(5) of the 1983 Act states that ‘The Secretary of State may from time to time vary any condition imposed (whether by the Tribunal or by them).’ The Mental Health Casework Section (MHCS) exercises this power under delegated authority from the Secretary of State.
4. MHCS can, on behalf of the Secretary of State, add, remove or vary a condition of discharge with or without a request being submitted. MHCS will only do so when there are concerns about the patient’s risk to themselves or others. MHCS are not required to consult with the community supervisors when undertaking such action but will ensure that the clinical and social supervisors are aware of any impending changes to conditions and that such conditions can be effectively monitored.
5. The Secretary of State has the power under section 42(3) of the 1983 Act to recall a patient from the community to hospital and this power will normally be exercised for the patient to receive treatment in hospital for their mental disorder or, in the absence of medical evidence, for urgent assessment. Further, the clinical and social supervisors of the patient have a statutory requirement under section 41(6)[[6]](#footnote-7) of the 1983 Act to submit regular reports on the progress of the patient in the community.

**Section 3 – Conditions of Discharge**

1. The conditions of discharge that are set by the Tribunal or Secretary of State will broadly fall into four categories:
2. Standard conditions; will generally be imposed in all cases and these are conditions that relate to where the patient lives, compliance with treatment, compliance with supervision and other conditions where the Secretary of State or Tribunal takes the view that such conditions are essential for the maintenance of an effective and safe discharge.
3. Victim related conditions; the majority of the patients will have committed offences that are either violent or sexual in their nature and these offences will have a victim. The victim can be the person directly affected by the offence, the partner of the victim or the family of the victim, in the case of a homicide[[7]](#footnote-8). These conditions will seek to prevent a chance or intentional encounter between the patient and the victim so victims can go about their daily lives The conditions will also have a broader role in preventing future victims such as future partners for patients convicted of offences involving domestic violence or vulnerable groups in the community who have historically been harmed by the patient.
4. Risk related conditions: These will not necessarily appear in all cases as they may relate to risks that individual patients have displayed in the past, such as through substance misuse, risk of fire setting, carrying weapons, association or interest with extremist groups…etc. The list is not exhaustive.
5. Bespoke conditions are ones that will be imposed which are very specific to the circumstances of the patient and where there may be limited read across to other standard, victim or risk related conditions.
6. When setting conditions the Secretary of State and Tribunal must be cognisant of setting proportionate and relevant conditions of discharge. Unlike conditions imposed for post-custodial prison licences the contravention of conditions of discharge do not automatically result in the recall of patients to hospital. However, where conditions are contravened, this will always lead to consideration of whether the actions of the patient are indicative of a change in their mental state and a proportional increase in their risk to themselves or others. Such consideration may result in a recall to hospital by MHCS or other actions by the community supervisors, such as closer monitoring of the patient’s presentation and risk in the community.
7. Circumstances will arise where conditions that were set at the point of discharge may need to be varied, added to or removed. The removal of conditions can reflect the success of a discharge through the removal of conditions that are no longer required to aid the management of the patient in the community. Conversely, it may be prudent to add conditions where a patient’s presentation in the community is such that further conditions will aid the community supervisors in identifying emerging risks and clearly report concerns to the Secretary of State. Finally, the variation of conditions may be required when the conditions are still necessary, but the wording or parameters of the conditions will need to be amended to reflect the patient’s current position rather than the position at the point of discharge.
8. As indicated in paragraph 7, above, MHCS can and will add, vary or remove conditions, including those changed by the Tribunals, where it is deemed necessary to protect the public. Such actions will be appropriately considered through a risk assessment conducted by MHCS.

**Section 4 – Requesting a Change of Conditions**

1. The annex to this guidance contains the application form which should be completed and submitted to MHCS when seeking a change of conditions. If a request to change a condition of discharge is not submitted on the application form then it will not be processed. Consideration will be given to changes of conditions requests not submitted using the application form where the request is very urgent and pertains directly to the management of the patient’s risk to themselves or others, but where a recall to hospital is not appropriate.

**Section 5 – Standard Conditions**

Conditions of residence

1. MHCS will consider changes of conditions relating to where the patient will reside, but it is highly unlikely that agreement would be given to the complete removal of a condition of residence. It is important that MHCS knows where a restricted patient resides to properly exercise his public protection function and power to recall the patient to hospital.
2. MHCS may refuse to agree to changes of conditions of residence where these potentially bring a patient into or very near to an extant exclusion zone imposed to protect the victims of the patient’s offending. It is therefore incumbent on the community supervisors to account for why such a move is being planned and that the Victim Liaison Officer involved in the case has been consulted. The community supervisors will also need to set out whether such a move is likely to impinge on an area where the victims reside and what planning has been undertaken to mitigate any potential contact between the patient and the victims. MHCS cannot prevent such a move but may ask for this to be delayed, considering the impact on the patient or any victims.
3. MHCS understands that patients who have been discharged for a considerable period may step down to less supported or independent accommodation. However, this does not mean that MHCS will endorse such a move if there remain doubts about how the patient’s compliance with supervision, treatment or presentation will be monitored in the future. Where such moves are being considered it is appropriate to contact MHCS for a view on whether a move to less supported accommodation would be endorsed through a change of conditions.
4. MHCS understands that circumstances may arise where emergency moves of accommodation are necessary due to safeguarding concerns, the accommodation closing or the accommodation no longer being considered suitable for the patient. In such circumstances the urgency of the request must be highlighted both on the application form and the email in which the form is sent.
5. All residence conditions should have the following wording ‘to notify the Ministry of Justice at least 14 days in advance of any move’. MHCS would not agree to remove this wording on a condition of residence without a clear rationale as to why MHCS would not need to know, in advance, of a patient changing their place of residence.

Compliance with supervision and/or treatment

1. For a conditional discharge to operate effectively and safely it is essential that the patient complies with both the clinical and social supervision. Further, given the nature of the conditional discharge there will be patients who require ongoing treatment through either medication or interventions and their compliance with treatment very much goes in hand with the supervision.
2. MHCS will consider the removal of such conditions where the patient has a long history of discharge and a pattern of compliance with treatment and supervision. However, MHCS will be less inclined to approve the removal of conditions for patients who have been recalled where a relapse through non-compliance with treatment or the subversion of/non-compliance with supervision was clear. In addition, MHCS will not simply remove conditions on the basis that the patient or supervisors do not believe they are necessary because the patient does not comply with the conditions. Supervisors should report contravention of conditions at the earliest point and outside the discharge reporting schedule for MHCS to consider if recall is appropriate.
3. MHCS will expect that supervisors are clear what benefit the removal of these conditions will have for the patient and what effect the removal of the conditions will have on their compliance with supervision and treatment and how this would be monitored in the future. Where such conditions are being added then MHCS will need to know why they are being added now, if they had not been part of the conditions in the past.

**Section 6 - Victim related conditions**

Relationships

1. For patients who have a history of domestic violence or domestic homicide it is an expectation that a condition relating to relationships is imposed at the point of discharge and MHCS may consider adding such conditions at a later date if there is intelligence to suggest this is necessary. The operation of such a condition should not simply rely on the patient disclosing a relationship and supervisors should consider a variation or addition of a condition which facilitates them accessing a greater array of information sources rather than relying on the patient to disclose the existence of a relationship, if such conditions were not imposed at the point of discharge. Examples of such conditions can be found in the following link:

[Submit a discharge request for restricted patients - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/submit-a-conditional-discharge-request-for-restricted-patients)

1. Where conditions relating to patient’s relationships are being added and the proposed conditions will seek access to the patient’s electronic devices, then the supervisors will need to be clear to MHCS how the conditions will be monitored and when breaches will be reported. It is important that such supervisors operate with a heightened level of professional curiosity in regard to the patient’s compliance with this type of condition. Supervisors will also need to set out if the conditions have been discussed with MAPPA and/or the police if the case is managed at level 1.
2. Any request for the removal of relationship related conditions will need to be clear why that condition should be removed. MHCS will carefully consider what led to the condition being originally imposed and the simple passing of time without any concerns from the patient would, alone, be insufficient to warrant the removal of such conditions. The clinical and social supervisors should also consider seeking the views of MAPPA or convening a MAPPA meeting to ensure an appropriate multi-disciplinary approach is taken when seeking to remove or vary a potentially important risk management condition.

Conditions requested by or on behalf of the victim

1. The Domestic Violence Crime and Victims Act (DVCVA) 2004 sets out the statutory boundaries of the Victim Contact Scheme (VCS), and the victims who statutorily qualify for the VCS[[8]](#footnote-9). These are;

* victims of offenders who have been made subject to a hospital order with restrictions for a specified sexual, violent or terrorism offence[[9]](#footnote-10), under the Mental Health Act (MHA) 1983 (restricted patients)
* the next of kin or close family member(s) of a victim, who died as a result of the restricted patient’s offence; and

the parent, guardian or carer of a child or vulnerable adult who was a victim as specified in one of the above categories (unless this is not considered to be in the victim’s best interests). Once the child turns 18, contact must either be provided to them directly or their consent obtained to continue providing information to the parent/guardian or carer on their behalf.

Non-contact conditions.

1. Conditions requested by or on behalf of the victim or their family are ordinarily related to non-contact conditions or exclusion zones. Both types of conditions are primarily imposed to prevent a chance or intentional encounter between the patient and the victim(s). Whilst it may be assessed and confirmed through the authorisation of a conditional discharge that the patient does not pose a specific risk to the victim this does not therefore render victim related conditions unnecessary. The victims of restricted patients are not party to the detail of the patient’s progression through the hospital system or how the risk of re-offending has reduced by virtue of that treatment. However, the victim may still suffer from the psychological trauma of the original offence which means any contact with the patient or concerns about contact with the patient will be a source of constant anxiety which affects their day to day lives.
2. It is rare for non-contact conditions to be removed by MHCS where it is clear, in the past, that this condition was required by the victims However, MHCS understands that in some exceptional cases the victim, who may be related to or know the patient well, is in contact with the patient even where such a condition exists to prevent that contact. In such circumstances MHCS will request the supervisors to set out why the non-contact condition is no longer required and what is the potential risk of lifting such a condition for the victim or the patient.

Exclusion zones

1. Exclusion zones can cover a specified area or a number of areas depending on what the victim or their family have requested through their Victim Liaison Officer. It is common that such conditions will be imposed at the point the patient is first considered for community leave when they are still detained in hospital. Consequently, the exclusion zones will be well known and in operation long before the patient is discharged. Additionally, it is highly likely that the question of the proportionality of any exclusion zone will have been addressed prior to the discharge of the patient from hospital and at the point they are being considered for community leave.
2. If a patient is seeking to vary or reduce an exclusion zone MHCS will expect that the Victim Liaison Officer is consulted prior to any request being submitted. It is unlikely MHCS will approve such a condition change without the view of the Victim Liaison Officer and thereby the victim(s). MHCS will also need to know if the variation of an exclusion zone is a temporary measure, allowing the patient to enter the exclusion zone for compassionate or compelling reasons, such as seeing an ill or incapacitated close relative, or a permanent request.
3. Permanent changes may include a reduction of the exclusion zone or seeking request for transit through the zone, which may sit across major transport hubs. Variations to exclusion zones to permit travel will be viewed objectively and in consideration of the effect on the patient if they cannot travel or use the transport links in the exclusion zone. However, the community supervisors will need to specifically set out the effect in terms of time, expense and alternatives, or lack thereof, if the patient cannot travel through the exclusion zone.
4. Requests for a permanent reduction in exclusion zones are potentially more complex, especially when it has been in place for an extended period. The reductions in the extent of the exclusion zones will only be considered where evidence is submitted that there has been a substantive change in the victim and the patient’s circumstances during the discharge for MHCS to consider a change in the exclusion zone. As indicated previously, the passing of time since discharge is not, in itself, a sufficient reason to reduce or remove the exclusion zone when this is still considered necessary by the victim(s) or their family.
5. MHCS may re-impose exclusion zones that have been previously removed by either the Tribunal or this Department. The re-imposition of exclusion zones that have previously been removed will only be done after thorough consideration of the impact this will have on the patient or the victim and the social and clinical supervisors will be required to engage with this process.

**Section 7 – Risk Related Conditions**

Substance misuse and testing conditions

1. MHCS will consider the removal of conditions specifying that the patient should be abstinent from alcohol or illicit substances where there is no clear history of substance misuse either prior to detention, when detained and following discharge into the community.
2. The removal of conditions which require a patient to be abstinent from and to be tested for the use of substances where they have a history of substance misuse, either intermittently or a dependence, will be carefully considered. Where a removal of these conditions is requested MHCS will expect to receive a clear picture of what has changed since discharge to warrant the removal of these conditions and whether there will be any form of monitoring to ensure the patient does not revert to substance misuse in the future.
3. It is unlikely MHCS will look favourably on a request to remove these conditions simply because the patient seeks to deliberately contravene the conditions.
4. Where MHCS receives a request to remove an abstinence condition related to alcohol it will be for the supervisors to set out why the condition should be removed and what plans are in place to monitor the future consumption of alcohol. To that end, MHCS will be required to see a plan to monitor or limit the consumption of alcohol in the future. It would additionally be helpful for the supervisors to specify the outcome if such a request is refused. For example, would a refusal lead to the patient covertly consuming alcohol and thereby subverting supervision which could lead to concerns about a potential increase in risk?
5. The use of drug or alcohol tests is a primary monitoring tool for confirming that a patient remains abstinent from these potential destabilisers. The removal of such conditions would normally go in hand with the removal of any substance misuse related condition. Where requests for removing the testing condition, but not an abstinence condition, is made MHCS will request information about how the monitoring of continued abstinence will continue. It is of note that the frequency of substance misuse testing is rarely, if ever, specified in conditions and this is left to the social and clinical supervisors to determine in line with the patient’s presentation of risk.

Weapons

1. Conditions related to weapons are generally imposed where the patient has a previous conviction for firearms offences, carrying knives or any implement that could harm others. It will ordinarily be the case that such conditions are added over the course of a discharge to manage or monitor an escalating risk.
2. Requests may be submitted for patients to possess bladed articles where this is required as part of a profession, such as a ‘Stanley knife’ for a carpet fitter. Information will be required for any scenario where a patient requires to be in possession of or carrying a knife or bladed article outside their accommodation or their professional business.
3. Possession of any form of firearm be that a replica, deactivated or a licenced firearm by a restricted patient would be rare and concerning. However, MHCS will consider the removal of such a condition where the possession of a firearm is for the purposes of a regulated sport (target shooting or paint-balling) or for other purposes such as historical re-enactment. MHCS will expect the local police to be consulted about or alerted to any restricted patient being in possession of any firearm or the case referred to MAPPA, where the patient is managed at Level 2/3.

Terrorist/Extremism Related conditions

1. Conditions which require additional and heightened levels of monitoring due to an extremist or terrorist risk are likely to have been subject extensive discussion prior to any discharge. Therefore, any request to remove or amend such conditions should not be submitted unless MAPPA have been informed of the request or other agencies who are responsible for the oversight of terrorist convicted or connected patients.
2. Conversely when such conditions are being requested for the first time MHCS will wish to see that MAPPA are consulted or where the request originates from MAPPA a meeting is convened discuss those conditions.

Arson/Fire setting

1. Where these conditions remain relevant they should remain in place. MHCS accepts that patients who are living independently cannot have access to fire-setting materials restricted as easily as those in supported accommodation. However, the community team should consider obvious signs of the accumulation of fire setting materials or accelerants as a sufficient concern to seek the imposition of such a condition or advice from MHCS about whether recall is necessary.

**Section 8 – Bespoke Conditions**

1. These conditions tend to be very specific to the patient’s situation and are therefore relatively uncommon. The types of conditions listed below are examples and are clearly not exhaustive. MHCS will consider the addition of any necessary and proportionate condition which is specific to the patient which aids the community team in the supervision and risk management of a restricted patient.

Travel

1. The travel restriction/notification conditions are put in place to ensure that some planning can be undertaken prior to a patient travelling abroad or to another UK jurisdiction[[10]](#footnote-11). MHCS cannot physically prevent a patient from leaving England and Wales unless they are reaching the threshold for a recall to hospital under section 42(3) of the 1983 Act. The conditions are primarily in place for those who have family ties that live in another country, or they are a national of another country (including a dual UK/foreign national) and are more likely to remove themselves from the jurisdiction of the 1983 Act. Consideration can be given to adding such a condition or removing this when or if it is relevant.
2. As is set out in the MHCS guidance ‘Conditionally Discharged patients: Supervision and reporting’ if a patient were to travel abroad without notifying the Community Team MHCS would actively consider a recall for urgent assessment, especially where the patient has given no indication of their return to the UK. Where the patient has travelled to another UK jurisdiction without notifying the community team the same consideration for recall can be undertaken if the patient has indicated they will not return to England and Wales and are therefore subverting supervision.

Electronic Devices

1. Conditions which restrict access to, or the monitoring of electronic devices are normally imposed following a consultation with MAPPA or other competent agencies, such as the police. It will also be necessary to set out the infrastructure or planning for such restrictions or monitoring to ensure this is justifiable. In most cases the conditions will be related directly to the risk of re-offending, but in practice such conditions can be sought to manage or monitor any potential or emerging risk of harm to the public.
2. The removal of such conditions should only be sought following consultation with MAPPA or other agencies who are involved with the monitoring of the condition(s).

Gambling

1. Conditions related to gambling can be difficult to monitor as ultimately there are many ways to gamble which do not involve entering betting shops and can include online platforms which by their nature seek to attract patrons through financial enticement and prizes. Consequently, any monitoring will be reactive as far as the patient being short of money or accruing debt will be the primary indicators that the condition is being contravened. If supervisors are seeking to introduce such a condition it would assist MHCS in knowing what plans will be in place to assist a patient who is gambling to a pervasive level.

Employment

1. Patients who are subject to a conditional discharge should be disclosing their status as a restricted patient and previous offending to a prospective employer. Employment disclosure conditions are therefore not necessarily put in place only for certain types of offences, such as sex offenders, but can be used more broadly where there are concerns about a patient’s activities or honesty or they are seeking employment in a profession which could raise concerns about their risk to others.

Electronic Tagging

1. Tagging for a restricted patient would amount to the patient wearing an ankle bracelet which can monitor their location. The imposition of such conditions is very rare for restricted patients but can be considered where they are a necessary and proportionate response to the management of risk. It will be the case that such conditions are likely to be requested by MAPPA or other agencies and MHCS will wish to see why the request is being made and that the infrastructure is in place to bring such a condition into effect.
2. Conversely, if a condition of this nature is being varied or removed MHCS will wish to see that the other agencies involved in its original imposition agree to the variation or removal of the condition.

**Section 9 - Requesting a variation in Conditional Discharge Reporting**

1. Section 41(6) of the 1983 Act makes it a statutory requirement that the Responsible Clinician should provide the Secretary of State with a report on a restricted patient under their care at least once every 12 months; ‘and every report shall contain such particulars as the Secretary of State may require.’
2. In the case of detained restricted patients, the in-patient Responsible Clinician should provide an annual statutory report. For those patients that have been conditionally discharged MHCS, on behalf of the Secretary of State, expect conditional discharge reports (CDR) to be submitted four weeks after the discharge has come into effect and every three months thereafter. The conditional discharge report forms and guidance on their completion can be found in the document ‘Conditionally Discharged Patients: Supervision and reporting’ which can be found at:

[Submit a conditional discharge report for restricted patients - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report)

1. The social and clinical supervisors can apply for a reduction in the frequency of reporting from every three months to six monthly, and in exceptional cases annual reporting. MHCS will not usually consider a reduction in reporting frequency until the patient has been in the community for at least three consecutive years without any concerns. Exceptions may arise where a reduction in reporting can be considered at an earlier point and supervisors can contact [MHCSMailbox@justice.gov.uk](mailto:MHCSMailbox@justice.gov.uk) to seek advice on whether this is appropriate.
2. Where supervisors are seeking a reduction in reporting frequency to six monthly reporting, they will be required to set out to MHCS what effect this will have on the level of supervision or monitoring of the patient in the community. MHCS will be less inclined to agree to a reduction in reporting frequency if there is a corresponding reduction in supervision for those patients who have a history of committing violent offences, sexual offences or have a discharge history which has led to recalls to hospital due to the risk they have posed in the past.
3. Notwithstanding the fact MHCS will have at its disposal all the previous CDRs the supervisors should summarise the progress of the patient since discharge and the past and potential risks the patient may pose if they were to relapse. This summary should also include any previous problems with adhering to the conditions of discharge, recalls and involvement with the criminal justice system, even if this is not directly attributable to the patient’s mental disorder. MHCS will not agree to a reduction in reporting simply because a discharged patient is also subject to a community sentence or a post-custodial licence following a prison sentence.
4. Where a patient is a MAPPA Level 2 or 3 case, or a MAPPA category 4 (Terrorism convicted or connected), MHCS will not consider a reduction in reporting frequency without a MAPPA view. For patients who are subject to notification orders or Sexual Offences Act 2003 prevention orders police views must be sought even when the patient is a Level 1 MAPPA case.
5. As indicated in paragraph 55, MHCS can exceptionally consider annual reporting for patients who have been conditionally discharged for a considerable number of years without concern or recall. MHCS can also consider annual reporting for those patients who are by virtue of age, the nature of their mental disorder or physical deterioration are discharged into highly supported accommodation or care home settings, where any future re-emergence of risk is highly unlikely but where an absolute discharge is not being sought or is deemed appropriate.
6. In cases where MHCS have agreed to reduce the reporting frequency and the position of the patient changes, supervisors can ask to revert back to three monthly reporting. MHCS may also request a reversion to three monthly reporting where concerns have been raised about the patient’s adherence to conditions, changes in presentation or an increase in risk behaviours.
7. If MHCS agrees to a reduction in the frequency of discharge reporting there is still a requirement that supervisors must contact MHCS outside of that schedule to highlight any new or emerging risk.

Annex: The most up to date application form can be found on this link:

[Submit a conditional discharge report or request a change of discharge conditions - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report)

1. https://www.gov.uk/government/publications/mentally-disordered-offenders-the-restricted-patient-system [↑](#footnote-ref-2)
2. https://www.gov.uk/government/publications/submit-a-conditional-discharge-request-for-restricted-patients [↑](#footnote-ref-3)
3. https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report [↑](#footnote-ref-4)
4. Section 42 can be found on the following link: https://www.legislation.gov.uk/ukpga/1983/20/section/42 [↑](#footnote-ref-5)
5. Section 73 of the 1983 Act is set out here: <https://www.legislation.gov.uk/ukpga/1983/20/section/73> [↑](#footnote-ref-6)
6. Section 41 can be found on the following link:

   https://www.legislation.gov.uk/ukpga/1983/20/section/41 [↑](#footnote-ref-7)
7. The eligibility for the Victim Contact Scheme is set out here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/974376/victims-code-2020.pdf [↑](#footnote-ref-8)
8. The full eligibility criteria for VCS is set out here: [MoJ Victims Code 2020 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974376/victims-code-2020.pdf) [↑](#footnote-ref-9)
9. Specified offences are listed in Schedule 18 of the Sentencing Act 2020 as found here: <https://www.legislation.gov.uk/ukpga/2020/17/schedule/18> [↑](#footnote-ref-10)
10. UK jurisdictions refers to Wales, Scotland, the Channel Islands and the Isle of Man. It does not include the Republic of Ireland. [↑](#footnote-ref-11)