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| **Change of Conditions Application for Discharged Restricted Patients**  **Mental Health Casework Section (MHCS)** |  |

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| **This form is primarily designed for use by a patient’s Social Supervisor or Responsible Clinician but can be used by patients themselves or their representatives (Legal or Independent Mental Health Advocates). The exception would be for the reduction in reporting requests which can only fall to the Social Supervisor and Clinical Supervisor to request.**  ***Please note, however, that the Social Supervisor’s and Responsible Clinician’s views on changing conditions of discharge will be sought prior to any decision being made by MHCS.*** |

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| Change of Condition that is being sought:  Change of address.  Change of conditions relating to supervision or compliance with treatment.    Removal or amendment to abstinence/testing conditions relating to illicit substances, alcohol or other such conditions.  Removal or amendment to victim specific conditions, such as exclusion zones or non-contact.  Removal or amendment of conditions relating to the disclosure or reporting of relationships.  Removal or amendment of other conditions  Request to change the frequency of reporting. (**Go to Section 4**) |

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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. This application form should be read in conjunction with the guidance Conditionally Discharged patients: Supervision and Reporting and the 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)  [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)  **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.** |

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: |  |  |

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| 1. MHCS reference: |  |  |

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| 1. Date of discharge: |  |  |

1. **Applicant’s Details**

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| 1. Full name: | * Your name |

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| 1. Relationship to Patient | * Please give brief details. Please note applications can be made by the patient (or their legal representative or IMHA) or by their Responsible Clinician * Applications made by third parties will not be considered |

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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. **Change of Condition Proposal**

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| 1. Please set out the current condition in full you wish to change or remove, where applicable. |  |

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| 1. Please set out the proposed wording for a new or amended condition. |  |

1. Please advise MHCS if the change of condition(s) is intended to be permanent or temporary? If it is proposed that the change of condition(s)
2. Please set out why the condition(s) had originally been imposed and why these should be changed or varied:

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1. Please set out what has been considered to mitigate the removal of a condition(s) or why, now, the condition needs to be varied or a new condition added:

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1. Please set out whether the change of condition(s) has been discussed with MAPPA, the police or where appropriate a victim liaison officer. If there has been no involvement of other agencies please set out why:

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|  | MAPPA:  Police:  VLO:  Other: |

1. Please set out any concerns raised by other agencies or the victim liaison officer over the change or variation of conditions:

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1. Has the patient asked for the condition to be removed or varied?

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1. Please confirm whether the change of condition is being requested to remove a restrictive condition?[[1]](#footnote-1)

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# Variation of discharge reporting frequency

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| The majority of conditional discharge reports are submitted four weeks after the patient is first discharged and then reports are to be submitted on a quarterly basis, thereafter. Therefore, any variation of reporting frequency is likely to change from quarterly to six monthly reports.  Community Teams can also request an increase in the frequency of reporting.  In exceptional cases the Secretary of State may consider a further reduction to annual reporting on a discharged patient. For further information about what the Secretary of State will consider for implementing annual reporting please refer to the **Guidance: Setting and Changing Conditions of Discharge.** |

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| 1. Please set out the current frequency of discharge reports: |  |

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| 1. Please set out what you are proposing in terms of future reporting frequency: |  |

1. Please explain why you are seeking to vary the reporting frequency and whether this will have any effect on how much contact the patient has with the Community Team or the level of patient supervision, in the future:

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1. Please confirm that the request to vary the reporting frequency has been agreed across the Community Team and, where appropriate other agencies:

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1. If other agencies or members of the Community Team have raised concerns about the variation of reporting frequency please set out those concerns:

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

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| 1. Applicant’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 |

1. Please refer to our guidance for further information on restrictive conditions that amount to a deprivation of liberty: <https://www.gov.uk/government/publications/discharge-conditions-that-amount-to-a-deprivation-of-liberty> [↑](#footnote-ref-1)