 

Report on conditionally discharged   
restricted patient

**Mental Health Casework Section**

Guidance for social and clinical supervisors when completing the report can be found at: [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]](#footnote-1)

Parts A and B of this form should be completed by the Social Supervisor and then sent to the Clinical Supervisor to complete Part C. The annex seeking the patient’s views can be completed with the support of either supervisor. Seeking the patient’s views should not delay the submission of the report and they can be sent, separately, at a later date.

Any issues of concern should be discussed and addressed by the Care Team prior to submission.

**General enquiries**

**For enquiries about conditions, supervision requirements or general questions then please contact:**

[**MHCSmailbox@justice.gov.uk**](mailto:MHCSmailbox@justice.gov.uk)

**Or call**

07812 760 274

07812 760 582

07812 760 523

07812 760 356

07812 760 230

**Recall to hospital**

If you feel that the patient presents an increased and immediate risk to others since the last report, which necessitates a consideration for recall please contact the Mental Health Casework Section as soon as possible.

07812 760 248 Mon-Fri 9:00am to 5:00pm

0300 303 2079 evenings, weekends and public holidays

**Part A**

***Patient’s Details***

**Please complete and highlight any changes since the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged).**

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| Full Name of Patient |  |
| MHCS Reference Number |  |
| Gender |  |
| Nationality |  |
| Ethnicity |  |
| Date of Birth |  |
| Date of Conditional Discharge |  |
| Diagnosis |  |
| Current Discharge Conditions  (Including patient’s current residential address) |  |
| Deprivation of Liberty Safeguards (DOLS): set out date of Order and details of any restrictions and safeguards (if applicable) |  |
| Index Offence(s) |  |
| Details of any further offending or convictions since the patient was discharged |  |
| Victim Liaison Officer’s Name, email address and telephone number |  |
| MAPPA status – Indicate eligibility, the level and last review if a Level 2 or 3, with contacts of the relevant MAPPA  (for category 4 patients, we will need details of any other agencies involved, no matter the level) |  |
| Is the patient entered on Sex Offenders’ Register or subject to a Sexual Offences/Sexual Harm Prevention Order or any other criminal or civil orders of a court which are relevant? Whether the patient is a ViSOR nominal? |  |
| Details of the MDT members and organisations involved in supporting the patient, name, role and contact details | Include here.   * who is MHA responsible Authority? * other MDT members including care coordinator or community nurse. * support provider * GP * IMHA * Court of Protection Rule 1.2 representative * Legal representatives |

***Part B***

***Social Supervisor’s Report***

**Information supplied in the following section should concentrate on events since the submission of the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged).**

Set out any changes since the previous report or since the patient has been discharged where there are concerns about changes in the patient’s mental state or risk profile? Please use the relevant section to elaborate further.

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**Supervision**

When was the last time you saw the patient and was this in person? Where did you last see the patient? How often do you or other members of the team see the patient and has contact been more frequent or less frequent over the reporting period?

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Does the patient cooperate with supervision? Can the cooperation with supervision be described as active or are they passively engaging with supervision? Have they historically cooperated and what have been the barriers to effective supervision either now or in the past?

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**Accommodation**

What type of accommodation is the patient’s residence:

* 24-hour supported accommodation
* Care Home
* 9-5 staffed accommodation
* Local Authority accommodation
* own flat/house
* with family
* with partner
* other (please specify)

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Set out the suitability of the accommodation and its appropriateness for monitoring of compliance with treatment and risk?

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If accommodation is being changed, please set out the reasons for the changes and what level of support the new accommodation will entail? Please also detail any specific risk assessment/review activity and any changes to risk mitigations. Has there been formal notification through the following process [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)?

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**Relationships**

Have there been any changes in the relationships which are significant to the patient, and which may affect their stability? Are any changes likely to take place before the next report is due?

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If the case has a specific condition relating to relationships or reporting relationships how is this condition monitored?

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In relation to the above question have you asked the patient directly about relationships and what was the response? How do you vary your supervision to monitor compliance with this condition outside of self-reporting?

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**Behaviour and Risks**

Please report any changes or variation of the patient’s mental state and behaviour which have increased your concerns about the appropriateness of the conditional discharge continuing? Please include if the case has been referred to MAPPA or a MARAC has been arranged.

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Please set out the patient’s historical risks, how they are being managed now and what has been done to manage them in the past?

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Has the patient displayed any signs of extremist / terrorist risk ideology or behaviour and if so, how is this being managed? Has the patient been referred to Prevent or are other agencies engaged with managing this risk?

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**Substance Misuse Risks**

Have there been any recent issues of concern relating to drug or alcohol use by the patient? Is the patient being targeted by local drug users or dealers? If so, please detail the action taken to address any increased risks which may occur because of this.

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Is the patient a habitual user of controlled drugs? If, yes how is this risk managed?

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**Past and Potential Victims**

Historically does the patient pose a risk to specific individuals or groups? Are those risks likely to re-emerge on discharge?

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Has the patient been adhering to any victim related conditions, such as non-contact conditions or exclusion zones? Have they sought changes to victim related conditions? Are you in contact with the Victim Liaison Officer?

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**Financial Risk**

Is the patient financially independent or are they reliant on third parties for financial support, such as family or friends? Is the patient in any danger of being financially exploited by others?

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**Activities and Employment**

What structured activities does the patient partake in including employment, study, or other interests? If the patient has no structured activity, how do they occupy their time and will this pose a problem from a risk perspective in the long term? Have they been supported in disclosure of their offending history (where appropriate?)

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**Further Comments**

Provide any further comments or any colleague involved in the patient’s supervision.

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| Signature |  |
| Email address and Telephone number |  |
| Date of Report |  |

**Line Manager Comments**

This section is for the line manager of the social supervisor to add any comments or highlight any concerns that have arisen out of this report.

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| Signature |  |
| Email address and Telephone number |  |
| Date of Report |  |

**Part C**

***Clinical Supervisor’s Report***

**Information supplied in the following section should concentrate on events since the submission of the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged).**

Please set out any clinical changes or concerns around risk since the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged)? Please use the relevant section to elaborate further.

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**Diagnosis**

What is the patient’s diagnosis? Has this changed over the course of their time in the community?

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What are the primary factors that affect the stability of the patient’s mental state and how does this effect their risk?

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**Treatment**

Please set out the medication prescribed to the patient to treat their mental disorder and how this is administered and monitored?

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Does the patient self-medicate? Has there been any change to the dosage or type of medication being prescribed and what insight does the patient have?

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Has the patient fully complied with treatment including taking prescribed medication? If not, please detail the action taken to address this.

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Has the Care Plan changed or are there any plans to change it as a result of increased/decreased concerns?

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**Physical Health**

Have there been any physical illnesses, or change in existing physical condition, which has impacted upon the patient’s mental health or compliance with treatment?

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**Risk Concerns**

Please set out any recent events or behaviours which have required interventions or raised concerns with supervisors?

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**Admissions to hospital**

Has the patient had any informal admissions to hospital or admissions under the Mental Health Act 1983 (including s2 and s3)? What were the circumstances and outcome?

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**Supervision**

When was the patient last seen by you or by another clinical professional (e.g. Locum, CPN)? Please give dates of the last CPA or professionals meeting in relation to the patient, inclusive of MAPPA meetings.

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Provide details of any other interventions the patient is undertaking, why these interventions are necessary and how they affect risk?

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**Consideration for further action**

**If you are seeking advice or requesting any of the following:**

* 1. **Request Absolute Discharge/Lifting of restrictions**
  2. **Change of conditions**
  3. **Request a reduction in reporting frequency**

**Then please refer to our guidance and application forms at:**

[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)

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| --- | --- |
| Clinical Supervisor’s Signature |  |
| Email address and Telephone number |  |
| Date of Report |  |

**The completed report should be submitted to the Mental Health Casework Section by email to: MHCSmailbox@justice.gov.uk**

**Please ensure a final version of this report is also side-copied to the Social Supervisor.**

Annex: Patient’s comments to support this report:

For the patient:

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| Explain what progress you think that you have you made since your discharge or since the last report submitted to the Ministry of Justice. |  |

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| How do you think you have complied with your treatment and your risks have reduced since your discharge from hospital? |  |

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| Anything else you like to tell Ministry of Justice (MoJ) |  |

For the social and clinical supervisors:

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| Please confirm that the patient has had sight of this report and/or had an opportunity to add their comments, if appropriate or necessary. |  |

**The patient’s views can be submitted alongside the report or separately to** [**MHCSmailbox@justice.gov.uk**](mailto:MHCSmailbox@justice.gov.uk)

1. <https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report> [↑](#footnote-ref-1)