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| **Leave Application for Restricted Patients****Mental Health Casework Section (MHCS)** |  |

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| Please use this form for all types of leave apart from medical leave for High Profile cases and Extended Leave of Absence. Application forms are available from our website:[Working with restricted patients - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/working-with-restricted-patients)**.** Timeframes for leave decisions can be found here: [MHCS\_Targets\_19\_20.pdf (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/5d42e053ed915d09d7280cdd/MHCS_Targets_19_20.pdf).  |

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| The information requested below is essential to our risk assessments, and to assist us in making decisions as quickly as possible in line with our published targets. The application form needs to be completed in its entirety otherwise it will be rejected. MHCS may request supplementary information, which is expected to be received within 5 working days. If this takes longer than 5 working days the application is likely to be rejected. Applications will be rejected if all the information needed to make a decision is either not submitted at the time of the application or after further information has been requested. Please expand the text boxes below to provide full answers to the questions as required. Key:* **Green**: This is the minimum information that needs to be provided as part of the application (this information will assist us in our risk assessment).
* **Blue**: Information to note when completing the application.
* **Red**: Important information to note when completing the application.
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1. **Patient’s Details**

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| Full name of patient including 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. The name of the hospital/unit where the patient is detained:

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1. **Responsible Clinician’s (RC) Details**

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| 1. Full name:
2. Direct phone number:
3. Email address:
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1. **Leave Proposal**

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| Please note that any leave taking place outside the designated boundary of the grounds of the unit, ward or hospital named on the current detention authority (court order, transfer warrant, recall warrant or transfer authorisation letter) requires the Secretary of State’s approval.  |

1. Type of leave proposed: [ ]  Compassionate (day) [ ]  Compassionate (overnight)

 [ ]  Escorted community (day) [ ]  Escorted (overnight)

 [ ]  Unescorted community (day) [ ]  Unescorted community (overnight)

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| 1. Provide details of the documents you have consulted in developing this application (e.g. CPA minutes, psychology reports, specific risk assessment tools such as HCR-20 or SARA):
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| 1. For all leave. Provide details of the leave proposal, including:
2. The purpose of the leave, including context and suggested therapeutic benefit.
3. The location of the leave (the general area including proximity to any exclusion zone).
4. How the proposed leave fits into the patient’s discharge plan.
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| 1. For Overnight leave:
2. Please give the full address and a brief description of the type of accommodation (e.g. hospital, home, community unit).
3. Is this address linked to the index offence or was it the address prior to any recall? If yes, please explain why it is it still considered appropriate?
4. The level and quantity of professional support available (e.g. 24-hour; day support; independent; qualified carers, qualified mental health nurses).
5. The number of nights proposed per week.
6. Is the address the proposed discharge address? If not, explain why overnight leave is being requested to this address.
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| 1. For Escorted Overnight Leave:

 Is this leave being requested for testing in advance of a possible conditional discharge with a Deprivation of Liberty (DoLs) order for patients that lack capacity?Is this leave being requested for testing in advance of an Extended Leave of Absence for patients with capacity? Please explain how this request for leave fits the discharge pathway. |  |

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| 1. For Compassionate leave:

 Explain why this should be considered a compassionate request, and why alternative arrangements (e.g. virtual attendance) are inappropriate.Detail any other people who may be present or impacted and any safety issues arising.Is this request urgent? |  |

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| 1. Report on use of leave within the last 2 years:

Give a brief description of the amount, frequency, duration, destination and purpose of any leave taken and, if applicable, any issues of concern which have arisen.Detail the circumstances behind any suspension of leave (by either the RC or Secretary of State) and/or any action taken by the Secretary of State to formally rescind the leave authority. Include any leave taken within the hospital grounds, medical leave and leave to attend Court. |  |

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| 1. Please summarise the proposed leave procedures/protocols including before, during and after the leave has taken place:
2. Describe the management (e.g. handcuffs), escorting and transport arrangements.
3. Provide details of any exclusion zone(s) or non-contact conditions which are in place and how these will be managed.
4. Explain why these management strategies are considered sufficient to ensure public protection.
5. Explain how the patient’s use of leave and the risk management plan will be kept under assessment/review.
6. Clarify which of the risk management strategies are routine processes for the detaining unit and which are specific to this patient and their risk profile.
7. Set out if the above are your routine leave procedures or have been amended to be patient and risk specific.
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1. **Managing Risk**

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| It is critical 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 which includes your clinical assessment of risk. Explain the current risks and how you have sought to ameliorate them in the following section.  |

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| 1. Provide brief details of any hospital admissions or contact with community psychiatric services prior to the index offence:
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| 1. Details of index offence(s):

Include a brief description of the offence(s) as known to you. |  |

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| 1. Please describe the patient’s mental disorder, including:
2. Diagnosis (or diagnoses) and how this manifests (e.g. symptoms / presentation).
3. Any secondary conditions.
4. Other factors that exacerbated the mental disorder at the time of the index offence (e.g. psychosocial stressors, substance misuse, non-compliance with treatment plans).
5. Their current mental state (include any symptoms the patient is displaying, their level of insight and how long have they presented this way).
6. Is the patient subject to general or enhanced observations? If the latter, please explain why.
7. Any physical conditions / symptoms which impact the patient.
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| 1. Please describe the patient’s attitude and behaviour in hospital over at least **the last 12 months**, to consider:

Behaviour: to include (but not limited to) any incidents of the following and the dates when they occurred:1. Verbal and/or physical aggression or violence (towards staff, visitors, patients).
2. Substance abuse.
3. Self-harm.
4. Sexually disinhibited or inappropriate behaviour.
5. Periods of seclusion.
6. Subverting security.
7. Other anti-social or problematic behaviour.
8. Upgrades or downgrades in levels of security (within the hospital or resulting in a transfer from another hospital).

Attitude and relationships, in particular:1. The patient’s compliance with ward rules, policies and procedures.
2. The patient’s relationships with staff and peers.
3. The patient’s engagement with ward activities and occupational therapy.
4. The patient’s response to conflict / challenge.
5. The patient’s engagement with family and friends? Describe any additional positive relationships. If relevant, are family in support of this leave request?
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| 1. Describe the patient’s relevant risk and protective factors/indicators:
2. Outline the main historic risks for the patient.
3. What are the current risks the patient presents or has presented in the last few years especially the last 12 months?
4. What are the indicators of the patient’s risk increasing?
5. What are the core stabilizing / destabilizing factors for the patient?
6. Include any heightened risks that were present if the patient has been recalled to hospital.
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| 1. Medication:
2. Set out the medication prescribed.
3. Describe their capacity to consent to treatment e.g. consenting/not consenting, depot, self-medicating.
4. Set out the patient’s response to medication.
5. Provide information on the impact of medication upon their behaviour and risks.
6. Detail the patient’s compliance with medication and insight into the need for medication.
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| 1. Risks and Psychology:

Describe the psychological treatment the patient has completed or is undergoing to address their risks and how they have engaged with this process and whether this has decreased their risk**:**1. The index offence and their offending behaviour.
2. Their risks to others including any specific groups (including any concerns regarding domestic violence).
3. Risk to self.
4. Alcohol and/or substance misuse (if relevant),
5. Relapse prevention and coping mechanisms.
6. Any other risk focussed therapies or interventions.

Please include a summary of any relevant psychological treatments/interventions that have been undertaken in previous settings / hospitals that have reduced the patient’s risks. 1. What are the patient’s outstanding treatment needs?

Outline any relevant outstanding work to be completed prior to any further leave requests or consideration of conditional discharge. |  |

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| 1. Extremist views.

If you are unsure whether your patient is classified as an extremist, please email mhcsextremism@justice.gov.uk*.*Detail any extremism / terrorist risk concerns and explain if these are linked to the patient’s mental disorder:1. Any expression of concerning views, thoughts or beliefs of an extreme nature and any vulnerability to such.
2. Outline whether the patient has contact with counter-terrorism services such as working with police or probation leads.
3. Has the patient been referred to ’Prevent’, and if so, what was the outcome of that referral?
4. Please outline any conditions you feel may be important to manage this risk.
5. Outline any work done to address their extremist risk (such as the Extremist Risk Guidance 22+)
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| For CRITICAL / HIGH risk extremist patients, please include the views of counter-terrorism nominal manager (CTNM). |  |

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| 1. Describe the patient’s risk of absconding:
2. What is the patient’s current risk of absconding?
3. Detail how this risk will be addressed and briefly describe the abscond plan.
4. Please include details of the patient’s absconding history.
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1. **MAPPA**

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| Nearly all Restricted Patients will be registered under the MAPPA arrangements: see section 26 of the [MAPPA Website](https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome) for further details. This guidance also includes full details regarding MAPPA categories and levels at which patients are managed. A list of MAPPA eligible offences is here: [Criminal Justice Act 2003 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2003/44/schedule/15). Please note the application will be rejected if the required MAPPA information is not provided.  |

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| 1. Name and contact details of the MAPPA coordinator:

If the patient has not been convicted of a MAPPA eligible index offence state so here: |  |

**Please refer to the MAPPA guidance for the full descriptions of categories and levels.**

1. What MAPPA category does the patient fall under:

 **The category relates to the type of eligible offences the patient has been convicted of:**

 [ ]  Category 1 [ ]  Category 2 [ ]  Category 3 [ ]  Category 4

1. At what **level** is the patient currently managed:

**The level relates to the risk the patient is considered to currently present:**

 [ ]  Level 1 [ ]  Level 2 [ ]  Level 3

1. **If Level 1**, has the MAPPA I notification of this application been submitted?

[ ]  Yes [ ]  No

If ‘No’, please confirm a MAPPA I notification will be submitted prior to leave being introduced:

 [ ]  Yes [ ]  No

The application will be rejected unless you can confirm that a MAPPA I notification will be made if leave is approved. MHCS requires MAPPA to be informed prior to leave being taken.

1. **If Level 2 and 3**, has the MAPPA I notification of this application been submitted and a response received?

[ ]  Yes [ ]  No

If the patient is managed at level 2 or 3, MAPPA must be notified of the application AND provided with the opportunity to give feedback BEFORE submitting the application to MHCS. Patients at this level are usually assessed as posing high or very high risk of serious harm. It is not sufficient for MAPPA to have just been notified of the application, and it will be rejected unless MAPPA have had the opportunity to provide comments.

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| 1. Detail MAPPA’s response to the leave proposal including any risks or concerns MAPPA agencies have identified in regards to this patient:  This section is mandatory for patients managed at Level 2 and 3.

Briefly inform us why the patient is currently managed at this level. Detail any request for specific conditions to be added to the leave to help manage risk. |  |

**6. Victims**

| 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. This application will be rejected if there have been no meaningful attempts to liaise with the VLO or victim services when there are active victim issues. |
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| 1. The name and contact details of the Victim Liaison Officer/s (VLO/s):
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1. Has the VLO/s been contacted with regard to this application?

[ ]  Yes [ ]  No

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| 1. When did the VLO/s reply?
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If there are active victim concerns, the application will be rejected unless the VLO/s has been informed of this application AND has had the opportunity to consult with the victim and provide any views. If there is no response from the VLO/s after a number of reminders have been sent, we require the email trail so the matter can be addressed by MHCS.

If the hospital was informed that the case is dormant, that the victim/s did not wish to take part or the case is otherwise inactive, then please state this in the box above.

If any new exclusion zones are proposed, these have to be considered reasonable and proportionate, and should include a map showing clearly defined boundaries to ensure compliance.  It is pertinent to consider the discharge pathway with regard to any proposed exclusion zone. Therefore, any concerns should be discussed with the allocated VLO. In the unlikely event the RC and VLO are unable to resolve a dispute over an exclusion zone/s, then please submit the application along with the email trail so the matter can be considered by MHCS**.**

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| 1. Details of any conditions requested by the victim(s) such as non-contact conditions and exclusion zones:

Please copy directly from the VLO/s’s email reply. Include a copy (in word/pdf format or similar) of any exclusion zone map/s in the box provided or as attachments with this application. |  |

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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:

Explain your assessment of the risk that the patient would present to victims (e.g. attitude towards the victims, remorse or empathy, thoughts or plans to meet victims).Are there any clinical considerations relating to victims from previous offending or relationships (including incidents of domestic violence) that you consider relevant to this application? |  |

**7. Transferred Prisoners, S45a sentences or Detainees**

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| This part of the form **must** be completed if the patient is a serving, remand or un-sentenced prisoner or Immigration Detainee transferred to hospital under s47/48/49 or a patient subject to a hospital direction under s45A of the Mental Health Act 1983. This application will be rejected if the required information from the Offender Manager is not provided. |

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| 1. The name and contact details of the patient’s Offender Manager (Probation Officer):

Details of the Offender Manager are available from the transferring prison. |  |

1. Has the Offender Manager been notified of this application?

[ ]  Yes [ ]  No

The application will be rejected if the Offender Manager has not been notified of this application AND had the opportunity to provide views. If there is no response from the Offender Manager after a number of reminders have been sent, we require the email trail so the matter can be addressed by MHCS.

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| 1. Detail their response to the leave proposal including any issues or concerns they have raised. Please ensure that, as part of their response, remission has been considered and rationale for **not** returning to prison is included.
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| 1. Has remission to prison been considered?

Where possible, please give a prognosis of when the patient will be returned to prison: Please outline the factors which mean remission is **not** considered appropriate at this time.Where remission is not considered appropriate please give indicative timeframes and/or treatment requirements before the patient reaches that pointIf it is considered that the patient is unlikely to be returned to prison, please explain why that is the clinical view. |  |

**8. Fitness to Plead**

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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:

Do you consider that the patient is now fit to plead at Court for the offence which led to the current Order and if not explain why. |  |

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:
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| 1. 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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| **Responsible Clinician’s signature****The Mental Health Act 1983 only allows for the RC to seek consent of the Secretary of State.** | * An electronic signature is acceptable
 |  Date: | * The date the application was submitted to MHCS
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***Ensure the application is signed and dated.***

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| Please send the completed form to:MHCSmailbox@justice.gov.uk. Please send any pertinent supporting information with the application.  |

**Annex A: Patient’s comments to support this application**

Please detail any other information or views you consider to be relevant to the application.

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| Explain what progress you think you have you made, and how your risks have reduced since admission to hospital: |  |

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| What would you like the Ministry of Justice (MoJ) to think about when deciding whether to grant this leave request: |  |

For the RC:

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| Please confirm that the patient has had sight of this application and had an opportunity to add their comments:Where the application for leave contains third party information that should not be shared with the patient, for example a victim’s account, the patient should not have sight of the full application for leave. The patient should still have the opportunity to add their comments whether or not they have sight of the full application for leave.NB If MAPPA agencies have expressed concerns, the patient should not have sight of those either, unless that has been agreed with the MAPPA Chair.  |  |