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| **Mental Health Casework Section**  Guidance:  The Designation and Management of High Profile Restricted Patients |
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| April 2024 |

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**1 Introduction**

This document sets out what criteria are considered when designating a restricted patient ‘high profile’ and what effects that has on the management of that patient whilst detained in a hospital or in the community, following a conditional discharge. This document should be read in conjunction with the briefing titled ‘Mentally Disordered Offenders – The restricted patient system’ which is available on the following link;

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/670671/RP_Background_Brief_v1_Dec_2017.pdf>

**2 High Profile Criteria**

The Mental Health Casework Section (MHCS) is responsible for making certain key decisions on behalf of the Secretary of State for Justice for the management of restricted patients. These decisions include the authorisation of community leave, transfers between secure hospital, transfers from and remission to prisons, the discharge of restricted patients from hospitals and the variation or removal of certain conditions of discharge. Therefore, the purpose of designating certain restricted patients as high profile is to ensure that an increased level of scrutiny is given to any decision or action that will affect the patient or the wider public.

MHCS can determine whether or not a restricted patient will be considered high profile at any point of their detention and that decision will be taken by a senior manager in MHCS. However, it is more likely that the patient’s status will be considered at the first point of entry into the hospital system, such as following a transfer from prison or the imposition of a hospital order, in conjunction with a restriction order, by a Crown Court.

Certain cases will automatically be assigned high profile status due to the potential risk they pose to the security of the detaining hospital or the wider public in general. Those who are automatically assigned high profile status are as follows:

* Terrorists or those who have committed terrorism related offences.
* Category A prisoners (or equivalent for females and under 18s).
* Remand prisoners charged with an offence of murder and who have been transferred to hospital.

Examples of what may be considered when designating a restricted patient as high profile or not are as follows:

* The offence committed by the patient has certain aggravating features such as age of the victim(s) or offender (e.g. child committing a very serious offence), relationship with victims, excessive use of violence, multiple victims, serious further offence while subject to formal supervision be that under the criminal justice system or the Mental Health Act.
* Where the victim is a member of the Emergency Services or Armed Forces.
* Media interest –the coverage extensive with complex media campaigns which are likely to mean that the patient will remain well known throughout their detention in or discharge from hospital.
* Complex victims matters – Whether the victim was known to the patient, the nature of the offence and if the patient’s progression through the hospital system is likely to have a direct or indirect impact on the victims.
* Risk to the patient – they are notorious and therefore likely to be at risk or they may be potentially at risk of retaliation attacks due to the nature of the index offence.
* Is the person subject to an additional judicial process, such as extradition proceedings or further criminal proceedings that might mean that senior management oversight of the case is necessary so that those judicial processes are given due weight when making any decisions.
* Serious Organised Crime – This will take into consideration patients with previous gang affiliations or affiliations with an Organised Crime Group.
* Any other issues that are relevant and that require additional scrutiny by a Senior Manager such as complex legal issues around the ongoing detention of a patient or the conditions of their discharge.

This list is not exhaustive and each case will be considered on an individual basis.

**3 The Management of High Profile Patients**

Those patients designated as high profile will be referred to senior managers in MHCS when key decisions are required to be made or at other points in the patient’s progression through the hospital system and in the community. Those decisions are be based on an assessment of risk, the evidence of which will be provided in reports from hospitals and other criminal justice agencies. Senior managers will take decisions that would not have ordinarily required their involvement in a patient’s case. Examples of the decisions or actions that senior managers will take include, but are not limited, to the following:

* Community leave and medical leave
* Transfers between hospitals
* Remitting a sentenced person from hospital to prison
* Request for conditional discharge
* Removal or variation of conditions of discharge
* Request for absolute discharge

The involvement of senior managers in MHCS is not intended to further restrict or inhibit a patient and their progress in the hospital system or in the community. Instead, the increased level of scrutiny is to ensure that the appropriate level of consideration is given to cases that are more complex and where the risks to the public or the restricted patient system are heightened. When making any decision that may affect a high profile patient MHCS is required to ensure that those decisions are made within the targets agreed in the

‘Mental Health Casework Section and NHS England - joint performance management framework and target timescales’, which is set out in the following link;

<https://www.gov.uk/government/publications/mhcs-performance-management-framework-and-target-timescales-202122>

**4 The Removal of the High Profile Designation**

Patients who are designated as high profile will have that designation reviewed on an annual basis but in practice a review can be made at any point. The removal of the high profile marking will be made by a senior manager in MHCS and they will record the reasons why the designation is no longer required. When the high profile marking is removed the MHCS will write to the patient’s responsible clinician notifying them of the removal.

A high profile marking can be re-imposed at any point but the expectation would be that there has been a material change in the circumstances of the case to warrant the designation’s re-imposition.