Ten Tips for giving evidence at Mental Tribunal Hearings: Quality Improvement ideas

Speciality: **Adult** ☐ . **Old Age**. ☐. **CAMHS**. ☐. **Forensic**. ☐ . **Other** . ☐

Grade: **FY** ☐ **CT** ☐ **ST**. ☐ **SAS**. ☐ . **RC**. ☐

Medical Student. ☐

Tip	Already do/ have done	May do in future Yes/No	Will do in future Yes/No	Evidence of reflection after 6 weeks	Evidence of change in practice after 6 weeks
1.**Be informed! By reading about the process of a hearing and by observation** **-** Read 'Guidance for trainees' leaflet a-guide-for-trainees-observing-tribunals-updated-sept-2019.pdf (rcpsych.ac.uk) - Observe a tribunal hearing early in your training- Guidance on how to arrange observation is on leaflet mhtcorrespondence@Justice.gov.uk - Watch this e-learning: devised by tribunal members and South West London and St George's MH Trust trainees http://tron.rcpsych.ac.uk/otherresources/mentalhealthtribunalsgivin.aspx					
2**. Read the guidance (Practice Direction) about writing evidence** https://www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/Practice+Directions/Tribunals/statements-in-mental-health-cases-hesc-28102013.pdf					

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3. Do report early and ON TIME ***Make sure you sign it and have the report co-signed by the RC*** State for how long you have worked with the patient Add sources of your information (MDT notes, MDT reviews, interviews with patient **Writing a report with supervision is good preparation for giving verbal evidence**					
4. Base your report around the <u>statutory criteria</u> (Content not format) Disorder, Nature, Degree - emphasise the patient's insight in both Assessment & Treatment/ Appropriate treatment Risks: health, safety, protection of others – see p 7 of document **Give a clear Management Plan both medical and nursing (numbered) ***it saves you effort at the hearing*** - see p 6 Have an 'Embryonic' CPA: is your ward round a '***discharge planning round***'? (Planning needs to start as soon as patient admitted to hospital (Code of Practice Chap 33 Aftercare)					

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5. Be fair to the patient Has the patient a legal representative? – if not assess capacity and tell MHA admin Is an interpreter required? Should the hearing be booked for more than a half day? What reasonable adjustments are required? Ensure the patient knows their management plan – if not discharged **Review the patient –however briefly- on the day/day before the tribunal hearing** AND be prepared to give an update on mental state to the panel Avoid challenging the patient at the hearing What plans has the team made if the hearing does not go the way the patient hopes for?					
6. Read the other professionals' reports - So you are not wrong footed at the hearing and you are prepared to explain any differences of opinion					
7. Prepare a verbal update Include the most recent mental state so you can discuss the degree of the patient's illness Know the date and plan from the most recent discharge planning meeting – see Tip 9.					

8. Estimate timescales of the assessment and/or the aims of the treatment plan Approximate is good enough e.g. days/weeks for medication, months for psychology If proposing further detention: -suggest for how long and **spell out/list what would need to change for you to revise plan (both Inpts/CTO)** e.g. stable mental state for x weeks, no incidents for x weeks, compliance with medication by coming to clinic room, uneventful s17 leave, engagement with ADL assessment etc.					
9. Have a backup plan in case of discharge by tribunal e.g. Home treatment team **State the risks of such a plan in the community by describing risks to the patient's** -health -safety -and concerns about safety to others *Estimate timescale of these risks: hours/days/weeks/months Have an 'Embryonic' CPA : easier if your ward round is called a '***discharge planning meeting*** (Planning needs to start as soon as patient admitted to hospital (Code of Practice Chap 33 Aftercare) *The Tribunal will wish to know when the most recent discharge planning meeting was.held. If the ward round is renamed 'discharge planning meeting' the answer is easy*					

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10. KEEP CALM. Number the pages and/or paragraphs so you can easily find information Don't be afraid to concede points You can only give evidence on aspects you know If you have urgent clinical matters to deal with, make sure the panel and legal representative is made aware **before** the start of the hearing, and leave contact details – not your personal mobile in the chat room You may have to duplicate answers but do flag up that this is happening…… 'As I said earlier' ***For Trainees and Educational Supervisors – there is agreement between the RCPsych and the MHT on the experience required for a trainee to present evidence*** https://www.rcpsych.ac.uk/training/curricula-and-guidance/specialty-guides?searchTerms=detaining%20authorities					

Suggestions for a Management Plan in a Medical report for a Mental Health Tribunal

1. Medical treatment (chapter 24 Code of Practice CoP) includes nursing, psychological intervention and specialist mental health treatment ….with strong evidence base (24.7)
2. Medication: give details, and ***estimate how long time to reach a therapeutic level and so to be effective***

   Also - when reduction is planned e.g. if using Clonazepam etc

- Comply with NICE guidelines (CoP 24.7) /BAP guidelines
- Compare with BNF maximum dosages and state why required and for how long
- SOAD input (Section 58 CoP 24.9)

3. Physical health – monitoring especially if complications with medication
4. Nursing: level of observation, monitoring, compliance, relapse prevention work, assessment of response to leave, ADL, Social skills feedback. *Refer to nursing report*.
5. Occupational therapy: ADL, social skills, concentration, managing budgets
6. Psychological treatment; *is available daily*…….
    - monitoring of mental state – includes psychoeducation, medication compliance, relapse prevention
    - engagement with 1-1 – useful measure of likely engagement with formal psychology
    - If specific psychology -CBT, (explain what, how long treatment likely to be to have an effect)
7. S17 leave status and how reviewed
8. Input from other teams e.g. drug and alcohol team
9. Accommodation (may be in social circs report)
10. Benefit advice, employment support, Carer's support (Section 10 The Care Act 2014: assessment of the needs of carers)- *Refer to social circs report*
11. Emergency plan: suggest reference to the Crisis/HTT teams *and risks

12. Deferred/delayed discharge?

Giving evidence about risk in a Medical Report for the Mental Health Tribunal

1. Risk to patient's **<u>health:</u>**

: mental (distress of current relapse and effect of relapse on long term prognosis)

: physical health (self-care, neglect of medical conditions*)

* ***Why be concerned with this? 'men with mental disorders still live 20 years less, and women 15 years less, than the general population'***

(new section CoP 24.57 on promoting physical health)

1. Risk to **<u>safety</u>**: self harm, suicide attempts, putting self in risky situations, road safety:

   include vulnerability from others; retribution from others, sexual vulnerability

   any safeguarding concerns?

2. **<u>Protection of others</u>**: tolerance of 'ward' behaviour in community - give specific examples - (Judges and Forensic MM and Specialist Lay Members with forensic experience may have different thresholds.....)

× Examples from both medical and nurse witnesses:

'Risk is ***being managed*** in hospital by: PICU, Observation level and/or staff intervention

High dose antipsychotic, Prn antipsychotic or benzodiazepines,

× Detail the scores and explain relevance of any risk scale used

****Do give timescales of risks on discharge: hours/days/weeks/months****