



**For Royal College of Psychiatrists'**

**Results from a collaborative survey between the Mental Health Tribunal, the Royal College of Psychiatrists' and South London and Maudsley NHS Foundation Trust**

**Patient and Clinician Feedback about remote Mental Health Tribunal hearings**

**1. Clinicians' Experiences of giving evidence at remote Mental Health Tribunal hearings – A quantitative study**

This is the first survey of Clinicians' experiences of giving evidence at Mental Health Tribunal hearings. The survey focussed on remote hearings.

223 Clinicians responded. The ethnic group of responders (BAME 42%; White UK/Irish/other 58%) is equivalent to the BAME membership of the Royal College of Psychiatrists which is 39%.

The survey dispelled anecdotal reports as follows:

- That only the most dissatisfied doctors would be the ones who would respond: in fact, 33% thought that remote hearings were better for them – typically stating they were a more efficient use of clinical time.
- That technological issues make remote hearings unworkable; 29% of hearings had no disruption, and 58% had some disruption
- Tribunal members give junior doctors a difficult time – not the case, though the younger group of clinicians were more concerned about their patients' experience
- That Tribunal members complain that often the patients' Responsible Clinician does not attend hearings - 79% of this sample were RCs.

Clinicians gave examples of situations when they thought remote hearings would be helpful: these included if the patient had indicated they would not attend, or could not attend (due to behaviour, being in seclusion or segregation) and also that the patient was in a more familiar environment on the ward than in the tribunal room.

There were comments on the length of the hearing being too long and the clinician being required to repeat evidence already given in the reports.

The results lead to the following recommendations to continue to improve the experience for the clinicians (bearing in mind the 33% of clinicians are already positive) – and patients:

For the Tribunal panels and patient representatives to reduce length of hearing:

1. The panel to meet the Responsible Clinician(RC)/deputy and the patient's representative before the hearing to discuss which aspects of the statutory criteria are being challenged
2. The panel to confirm order of evidence and reasonable adjustments with the RC and patient's representative

For Trusts and Independent organisations:

3. Organisations to invest in technology to reduce delay due to difficulties in connection
4. Clinicians to make recommendation for reasonable adjustments for their patient at the hearing – this was reported as done in only 33% of patients.
5. Information leaflets about remote hearings written by the Tribunal to be given to patients.

The responses from clinicians relating to advantages of remote hearings for some patients/situations will inform the Tribunal's future strategy.

## **2. Making remote Mental Health Tribunal hearings fair for the patient – A qualitative study**

Despite the considerable efforts made to obtain views from as large a sample of possible by contacting many organisations including user-focussed charities, responses were obtained from 30 patients.

The age and gender of the patients were consistent with that of detained patients: ethnicity was less representative.

It is encouraging that the patient satisfaction with the remote hearing was similar to that given by a different representative group of patients from their face-to-face hearings in October 2019, such as being treated politely and treated with respect. Also, that most patients are being asked when they wished to speak at the hearing. Only one patient referred directly to the experience of a video hearing making them uncomfortable. The hypothesis that many patients' will feel paranoid in front of a video screen does not appear to have been borne out by this patient group. Although there were technological issues in some hearings, 40% of patients reported no problems.

Comments showed that not all patients were aware of the process of a remote hearing.

The results lead to the following recommendations to continue to improve the experience for patients: there is overlap between those from the clinicians' feedback survey

1. The panel to continue to ask order of evidence and reasonable adjustments from the RC, patient and patient's representative
2. Patients to be offered breaks during the hearing
3. Information leaflets about remote hearings written by the Tribunal to be given to patients

The responses from patients about their remote hearing will inform the Tribunal's future strategy.

Both study results will be included in Tribunal Members' training during 2021-2022, for further discussion on potential changes in practice to improve experience for patients.