

GUIDANCE NOTES ON THE PREPARATION OF MEDICAL REPORTS FOR THE MENTAL HEALTH REVIEW TRIBUNAL

In essence this guidance proposes that the medical report should comprise copies of the standard case history, the risk assessment and the treatment plan. It is recommended that the author of the report should specifically address the main issues to be determined by the Tribunal namely:-

REFER SPECIFICALLY TO ARTICLE 77 –discharge of patients

whether the patient is suffering from mental illness or severe mental impairment of a nature or degree which warrants his detention in hospital for medical treatment; **and** whether his discharge would create a substantial likelihood of serious physical harm to himself or to other persons

or:-

whether he is suffering from mental illness or severe mental handicap of a nature or degree which warrants him remaining under Guardianship; **and** whether it is necessary in the interests of the welfare of the patient that he should remain under Guardianship.

Information to be withheld from the patient should be submitted in a separate document, setting out the reasons for believing that disclosure of such information would adversely affect the health or welfare of the patient.

The medical report should include: -

The date of the report

The patient's name, date of birth, current ward/address, and key worker's name.

The date of admission for assessment or reception into Guardianship, and the expiry date of the authority for detention/guardianship.

A standard case history under the following headings:-

- a) presenting complaints
- b) family history – social circumstances (if not covered in the social circumstances report)
- c) previous psychiatric history
- d) previous medical history
- e) personality (including alcohol and/or drug misuse)
- f) medication
- g) mental state assessment
- h) diagnosis
- i) investigations

Ensure you include a copy of the risk assessment when available –see |Appendix

Good Practice Guidance on Risk

DHSSPSNI Promoting Quality Care –May2010 revised-Good Practice Guidance on the assessment and Management of Risk in Mental Health and Learning Disability Services

RCPSYCH There is currently a re-draft due in October 2011 –which combines Royal College of Psychiatrists Council report **CR 53** Risk to others- Royal College of Psychiatrists Council Report **CR 80** April 2000 - “Good Medical Practice in the Psychiatric Care of Potentially Violent Patients in the Community” and **CR 41** –Strategies for the management of disturbed and violent patients

Sources

Specify whether any statements in this report derive from sources outside the author's personal experience and where appropriate name the source of the information.

Attachments

Copies of any earlier reports referred to in **this** report should be attached.

Copies of incident forms should be available, if required at hearing.

Second opinions particularly forensic assessments

Further consideration should also be given to the attached Appendix, particularly when preparing reports on restricted patients.

APPENDIX

GUIDANCE ON THE PREPARATION OF MEDICAL REPORTS FOR THE MENTAL HEALTH REVIEW TRIBUNAL - (RESTRICTED PATIENTS)

If patient's discharge is restricted it is important to recognise that the Dept of Justice is legally represented at hearing

The guidance given in this appendix is in addition to the guidance set out at page one.

Any risk assessment submitted should be dated.

The Tribunal when making its decision on an application by a restricted patient, or a referral of the case of such a patient to it, needs to take into account:-

- a) Why a patient has been high risk in the past;

- b) Whether the patient is still high risk and/or in what circumstances might he/she be high risk again and;

- c) What is the treatment plan?

- d) Was a risk assessment completed? (If so, include details)

To fully inform the Tribunal the report should be as comprehensive as possible. The list of points to consider below is not exhaustive and, in any one case, all may not apply; but those that do apply should be covered.

The report should, where possible, reflect the multi-disciplinary team's views. It should include the date of any multi-disciplinary review and details of its conclusions.

Any other relevant reports should be attached.

POINTS TO CONSIDER

For all patients

1. Should the patient remain detained and for what reasons?

2. If yes, which level of security does the patient need?

3. What is the team's current understanding of the factors underpinning the index

offence and previous high risks behaviour

4. What change has taken place in respect of those factors?

(i.e. to affect the perceived level of risk)

5. What are the potential risk factors in the future?

(e.g. compliance with medication, substance abuse, potential future circumstances)

6. What is the patient's current attitude to the index offence, other high risk behaviour and any previous victims?

7. What is the outward level of change?

(i.e. behaviour in hospital, on leave, attitude towards staff, patients and potential victim groups?).

How has the patient responded to stressful situations? Describe any physical violence or verbal aggression.

8. Have alcohol or illicit drugs affected the patient in the past and did either contribute to the offending behaviour? If so, is this still a problem in hospital and what is the patient's current attitude to drugs and alcohol? What specific therapeutic approaches have there been towards substance abuse?

9. Which issues still need to be addressed, and what are the short and the long-

term treatment plans?

10. What is known about the circumstances of the victim, or the victim's family?

Patients with mental illness

11. How is the patient's high risk behaviour related to his/her mental illness?

12. Which symptoms of mental illness remain?

13. Has stability been maintained under differing circumstances? Under what

circumstances might stability be threatened?

14. Has medication helped and how important is it in maintaining the patient's stability?

15. To what extent does the patient have insight into his/her illness and the need for medication?

16. Does the patient comply with medication in hospital? Is there any reluctance?

Would he/she be likely to comply outside hospital? Please give the reasons.

Patients with severe mental impairment

17. How has the patient benefited from treatment/training?

18. Is his/her behaviour now more acceptable? Please give evidence.

19. Is the patient's behaviour explosive or impulsive? Please give evidence.

Is the patient's conduct likely to be abnormally aggressive or seriously irresponsible if discharged?
Please give reasons.

20. Does the patient now learn from experience and take into account the consequences of his/her actions? Please give evidence.

Patients with high risk sexual behaviour (all forms of mental disorder).

21. Does the patient still show an undesirable interest in the victim type?

22. Describe any access to the victim type and the patient's attitude toward this group.

23. What form has sexual activity in hospital taken?

24. What do psychological tests or other evaluations indicate?

25. What is the current content of fantasy material?

Patients who set fires (all forms of mental disorder).

26. What interest does the patient still have in fires?

27. Has he/she set fires in hospital?

28. What access does he/she have to a lighter or matches?

29. In what way do fires appear in fantasy material?

30. Does the patient have any insight into previous fire setting behaviour?

And finally

31. If a conditional discharge is contemplated, that is, if it is considered that the patient should remain liable to be recalled to hospital for treatment, specify the conditions that the multi-disciplinary team consider appropriate.

32. Please give any other information that you feel would be useful to the Dept of Justice

PLEASE SIGN AND DATE YOUR REPORT

Remember enclosures or reports not accepted as a legal document otherwise

If other expert reports referenced :--for example forensic opinions-ensure authors , contributors are clearly identified and acknowledged –signed and dated

**Guidance prepared by the Mental Health Review Tribunal in liaison with the Northern Ireland Division of the Royal College of Psychiatrists and the DHSSPS.
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