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Ministry
of Justice



HM Prison &
Probation Service

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

Please use this form for all forms of discharge (absolute, conditional or lifting the s41 Restriction Order). This form is primarily designed for use by patients' Responsible Clinicians but can be used by patients themselves or their representatives (Legal or Independent Mental Health Advocates). Please note, however, that the Responsible Clinician's views on discharge will be sought prior to any decision being made by MHCS.

Type of discharge applied for (please tick one):

- Conditional (detained patients only)
- Lifting Restrictions (detained patients only – to discharge the s41 Restriction Order only)
- Absolute (detained patients or those already conditionally discharged)

Please ensure sufficient detail when completing this form: all sections should be completed fully for this application to be considered (unless otherwise specified) including any supporting reports you consider appropriate.

Please note that should MHCS request further information to enable a prompt decision to be taken, it is desirable that this is submitted within 5 working days. Applications may be rejected if all the information needed to make a decision is not submitted despite reminders being sent.

The text in blue can be overwritten.

1. Patient's Details

a) Full name of patient:

- Please include any aliases or previous names

b) Date of birth:

- Please enter date of birth

c) MHCS reference:

- Please enter MHCS reference number

d) Detention Authority:

- This will be a S37/41 Hospital Order with Restrictions but the type should be specified (a patient found unfit to plead their offence or not guilty by reason of insanity under the Criminal Procedure (Insanity) Act 1964 (as amended by the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 and the Domestic Violence, Crime and Victims Act 2004)
- Some patients may be detained under more than one Order

2. Applicant's Details

- a) Full name:
 - Your name
- b) Relationship to Patient
 - Please give brief details. Please note applications can be made by the patient (or their legal representative or IMHA) or by their Responsible Clinician
 - Applications made by third parties will not be considered
- c) Address:
 - Please include your full address
- d) Telephone number:
 - Please give a direct line wherever possible
- e) Email address:
 - Please give a secure email address. Email is the preferred method of communication and paper copies of correspondence will not be provided unless specifically requested.

3. Conditional Discharge Proposal

Please complete this section if you wish to apply for the conditional discharge of the patient from hospital. The evidence period is since the last Tribunal decision; a previous refusal by the Secretary of State; or, if applicable, since recall to hospital where this was primarily for assessment. There is no need to attach any further documentary evidence with this application, but MHCS case managers may request further information from the RC or Multi-Disciplinary Team (MDT).

- a) Please give details of the discharge proposal including:
 - The discharge plan including the timeframe
 - How treatment will continue in the community including administration of required medication
 - Detail how risk will be managed and how emergencies will be dealt with
 - Briefly describe the contingency plan should the patient go missing
- b) Discharge Address
 - Please give the full address of the proposed discharge unit
 - Give a brief description of the type of accommodation (e.g. home, community unit, nursing home) and level of professional support available
- c) Suggested Conditions
 - Please see the list at annex B and select accordingly
 - These are suggestions and can be tailored to the patient as appropriate and other conditions not covered can also be suggested
 - Please note that a condition which would amount to a deprivation of liberty is considered illegal and will not be agreed. This includes implicit conditions where the Care Plan contains an overly restrictive condition
 - See the section on Victims below
 - Please also note that conditions can be added, removed or amended with the agreement of the Secretary of State at future points

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d) Details of the Community Care Team (including contact details)

- Responsible Clinician (including employing organisation)
- Social Supervisor (including employing organisation)
- Other (e.g. Care Co-ordinator; Community Psychiatric Nurse; Residential Manager)

e) Community leave taken:

- Compassionate (day) Compassionate (overnight)
- Medical (day) Medical (overnight)
- Escorted (day) Escorted (overnight)
- Unescorted community (day) Unescorted community (overnight)
- Long Term Escorted Leave of Absence

f) Other:

- Leave taken within the hospital grounds and state whether this was within a secure perimeter or areas of public access; leave to attend Court;

g) Report on leave:

- Please give a description of the amount, frequency, duration, destination and purpose of the leave taken
- Confirm whether or not leave has been used to allow the patient to familiarize themselves with the discharge address/surroundings
- Detail any issues of concern which have arisen.

h) If leave has previously been suspended or rescinded (by either the RC or the Secretary of State) please state why:

- Please detail the circumstances behind any suspension of leave and/or any action taken by the Secretary of State to formally rescind the leave authority.

i) Explain the control measures which will be put in place to address the risks to victims (see section 8 below):

- Detail which exclusion zone(s)/ non-contact conditions are in place
- Explain why you think these measures are sufficient to ensure public safety

j) Supervision

- Please detail how often the patient will be seen by supervisors (in particular, the Social Supervisor and the RC) and whether this contact will be formal or informal

4. Absolute Discharge Proposal

Please complete this section if you wish to apply for the absolute discharge of the patient either from hospital or from the community (if previously conditionally discharged).

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- a) Why do you think this patient should be absolutely discharged?
- Please outline the reasons for seeking absolute discharge at this time
 - If this is for compassionate medical reasons, please include evidence from clinicians responsible for treating the patient including life expectancy
- b) Is the patient currently conditionally discharged?
- Please state the date of discharge and an outline of the experience managing this patient in the community since then
- c) Please give details of the discharge proposal, including:
- Any other relevant factors that provide supporting evidence to your request
 - Please set out a timeframe
- d) Aftercare Arrangements
- Please give details of the arrangements which will apply following discharge

5. Lifting s41 Restrictions

Please complete this section if you wish to apply for s41 Restriction Order to be lifted (leaving the s37 Hospital Order in place). Please note that this is only available to patients currently detained in hospital. For patients already discharged into the community, an application for absolute discharge should be made. The removal of the s41 Restriction Order would result in the patient remaining detained in hospital but no longer subject to the Secretary of State's controls as outlined in the Restriction Order.

- a) Please give details of the proposal, including:
- Why you believe the RO can be lifted
- b) Aftercare Arrangements
- Please detail where the patient will continue to be treated under the Hospital Order (which remains in force)

6. Patient's Mental Disorder

It is important 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. If you are the patient or their representative, please discuss this information with your Responsible Clinician. *Please note that their views on discharge will automatically be sought prior to any decision being made.*

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- a) Please describe the patient's mental disorder, including:
- Diagnosis (or diagnoses)
 - Any secondary conditions
 - Any symptoms the patient is currently displaying
 - How long the patient has presented in this way
 - Please list the medication prescribed for the disorder(s)
- b) Please describe the patient's attitude and behaviour in hospital and/or the community, including any incidents of:
- Verbal and/or physical aggression or violence (towards staff, visitors, patients, family and friends, others)
 - Substance abuse
 - Self-harm
 - Sexually disinhibited or inappropriate behaviour
 - Periods of seclusion (detained patients only)
 - Other anti-social or problematic behaviour including any further offending
 - Upgrades or downgrades in levels of security (within the hospital or resulting in a transfer from another hospital – detained patients only)
- c) State what effect these have had on the patient and how they have been addressed:
- Describe the work has the patient has done to address the index offence(s) and their risks both with staff and independently
 - Describe other pro-social activities on the ward (detained patients only) or in the community such as attending education, drug therapy groups etc
 - Please explain how effective you think that has been and outline any remaining issues of concern
 - Detail the relapse prevention work undertaken by the patient (either in hospital or continuing in the community)
- d) Describe the patient's attitude to treatment (and see annex A):
- Please detail how compliant the patient has been with their medication
 - Please explain any issues surrounding their engagement with treatment
 - Describe the level of understanding and insight the patient has gained into their mental disorder and offending behaviour through treatment
 - 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)
- e) Detail any history of discharge and recall to hospital:
- Please enter the details here including dates of discharge and recall and circumstances behind the latest recall (if known)
- f) Please describe any physical medical conditions or disabilities which may impact upon their mental health:
- Brief details will suffice (if relevant)

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g) Capacity Issues:

- Please state if the patient is thought to lack capacity
- If so, detail what action has been taken in terms of an independent capacity assessment
- If discharged, is the patient subject to a current Deprivation of Liberty Safeguarding (DOLS) Order?
- When was this last authorised by the Court of Protection of Local Authority?

7. Managing Risk

It is important for the Secretary of State to understand the clinical assessment of risk. Please explain the current risks and how you have reached your conclusions. MHCS will examine the likelihood and impact of a further offence or adverse event occurring when considering whether or not to grant consent to discharge.

a) Index offence(s):

- As recorded on the Hospital Order or other detention authority

b) Details of index offence(s):

- Please include a brief description of the offence(s) as known to you
- Did this patient's offence (or other offences) gain a lot of publicity?

c) Describe the patient's key risks factors/indicators:

- Outline the main historic and current risks the patient has presented (both related and unrelated to their mental disorder)

d) Describe how these risks are these being addressed:

- Describe the progress the patient (either in hospital and/or the community) has made and any issues of concern

e) Describe the patient's community leave history

- Please include details of the patient's escape/abscond history

f) Please confirm that this patient is subject to Multi-Agency Public Protection Arrangements (MAPPA):

- Nearly all Restricted Patients will be registered under the MAPPA arrangements: see section 26 the [MAPPA Website](#) for further details
- Detail what MAPPA category the patient falls under
- Confirm the level at which they are managed

g) Please give the name and contact details of the MAPPA coordinator

- Please state if the MAPPA agencies have been notified of this application and give reasons why MAPPA have not been notified
- Detail any risks or concerns MAPPA agencies have identified in regards to this patient
- Detail any request for specific conditions to be added to the discharge to help manage risk
- Has the patient been referred to or had involvement with Prevent?

8. Victims

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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.

- a) Victim Liaison Officer (VLO) name and contact details:
- Please provide full contact details
 - Give date of last discussion/contact with VLO
- b) Details of conditions requested by victim(s):
- Please give details of any previously imposed conditions
 - Detail any new conditions requested by the Victim Liaison Officer or victim
- c) If there is no VLO or victim contact, are there any victim concerns which you think should be taken into account
- Please explain your assessment of the risk (including further offending) that the patient would present to past victims, specific groups in the community or the public in general

Additional Comments

If there is any other information you would like to raise regarding this application please detail this below.

- a) Please consider the following:

- Please detail any other information or views you consider to be pertinent to the application

- b) 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

- This applies to detained patients only
- Do you consider that the patient is now fit to plead at Court for the offence which led to the current Order?

- c) Applicant's signature

- An electronic signature is acceptable

Date:

- The date the application was submitted to MHCS

Please send the completed form to: MHCSmailbox@justice.gov.uk

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Annex A: Patient's comments to support this application

For the patient:

Explain what progress you think that you have made towards your discharge

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

How do you think your risks have reduced since your admission?

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

What would you like the Ministry of Justice (MoJ) to take into consideration when deciding whether to grant this leave request?

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

For the RC:

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 MAPPAs agencies have expressed concerns, the patient should not have sight of those either, unless that has been agreed with the MAPPAs Chair.

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Annex B: Possible Discharge Conditions

The following are examples of conditions which Responsible Clinicians *may* wish to consider when applying for conditional discharge for their patient.

- Reside at [specify address] [24 hour supported/supported/residential accommodation as directed by the RC and social supervisor] [and abide by any rules of the accommodation], and consult with the responsible clinician and social supervisor for any stay of one or more nights at a different address.
- **NB: The Secretary of State also requires a clause whereby the Ministry of Justice and MAPPA should be informed of any change of address at least 14 days prior to the move taking place**
- Allow access to the accommodation, as reasonably required by the responsible clinician and social supervisor.
- Comply with medication and other medical treatment [and with monitoring as to medication levels] [including... [Specify here any particular non-pharmacological medical treatment]], as directed by the responsible clinician and social supervisor.
- Engage with and meet the clinical team, as directed by the responsible clinician and social supervisor.
- Abstain from alcohol [save as directed by the responsible clinician and social supervisor].
- Abstain from illicit drugs.
- Submit to random drugs and alcohol testing, as directed by the responsible clinician and social supervisor.
- Not to enter the area[s] of [specify general location] as delineated by the zone[s] marked on the map[s] supplied by [specify name of person/organisation producing map] [save as agreed in advance by the responsible clinician and social supervisor].
- Not seek to contact directly or indirectly [specify names or use 'victim(s) of the index offence'].
- Disclose to the responsible clinician and social supervisor any developing intimate relationship with any other person.
- Disclose all pending and current [employment, whether paid or voluntary] [all educational activities] [all community activities] to the responsible clinician and social supervisor.
- Not leave the UK without consulting the responsible clinician and social supervisor.