SOCIAL CIRCUMSTANCES REPORTS

FOR MENTAL HEALTH REVIEW TRIBUNALS
AND HOSPITAL MANAGERS’ HEARINGS

Guidance
Mental Health Act 1983 / 2007

Implemented - April 2004
Reviewed - February 2007 and September 2008
## Contents

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1. **Introduction**

The Code of Practice 32.20 states that “Where possible reports should be written by the professionals with the best overall knowledge of the patient’s situation.” The author will “need to present the Tribunal with sufficient evidence to support liability to detention or SCT (Supervised Community Treatment). Clinical and social reports form the backbone of this evidence”. (Code of Practice 32.4)

2. **Purpose**

This guidance is intended to:
- assist the relevant authorities (hospital managers and LSSA) to identify which team should be asked to prepare a Social Circumstances Report for the Mental Health Review Tribunal or Hospital Managers, to ensure that the request is made as quickly as possible and
- to provide guidance to the professionals on the preparation of social circumstances reports
- to provide guidance to the professionals on the preparation of facilities reports on patients detained in out of area low, medium and high secure hospital.

3. **Scope**

All members of 2gether and GCC staff who could be asked to prepare a Social Circumstances Report for a Mental Health Review Tribunal or Hospital Managers hearing.

4. **Definitions**

2gether/The Trust – 2gether NHS Foundation Trust in Gloucestershire
AC – Approved Clinician
AMHP – Approved Mental Health Professional
LSSA/GCC – Local Social Services Authority i.e. Gloucestershire County Council in this locality
MHRT/the Tribunal – Mental Health Review Tribunal
RC – Responsible Clinician
SCT – Supervised Community Treatment

5. **Legal Context**

Code of Practice Chapter 32
Draft Guidance to the Mental Health Act 1983 as amended by the Mental Health Act 2007 Chapter 12.101 – 12.116; Chapter 15.99 – 15.111; Chapter 19 (page 208 onwards)
Mental Health Act Manual Eleventh Edition: Author Richard Jones
6. Mandatory Procedures

Chapter 32 of the Code of Practice guides that:

a) All information should be as up to date as possible
b) The Tribunal Rules place a statutory duty on the hospital managers (and LSSAs for guardianship patients) to provide the Tribunal with certain reports. In Gloucestershire, the LSSA function with respect to guardianship is delegated to the 2gether Health Records departments.
c) The reports are required in good time for any Tribunal hearing and within the statutory time frame

d) In the case of restricted patients, if there is a change to the author’s opinion as expressed in the original report, the updated information must be forwarded to the Tribunal office and the Mental Health Unit of the Ministry of Justice to allow them the opportunity to prepare a supplementary statement.
e) If the Tribunal requires further information, the author should, if requested, prepare a supplementary report or answer questions at the hearing
f) If there is a delay between the preparation of the report and the Tribunal sitting, the author should prepare a concise update to the report.
g) If the patient’s status has changed between the date of the report and when the Tribunal sits, e.g. from Section 2 to Section 3 or Section 3 to SCT, the supplementary report will need to provide a justification for continued detention or liability to recall.

h) All professionals attending the hearings should be adequately prepared.

7. Implementation

7.1) Practice Guidance

(1) The Social Circumstances Report

HEADINGS: (Please ensure that the report is printed on headed paper relating to the office base of the report writer see example at appendix 1)

A. FRONT SHEET:

Name, DOB, address prior to admission, G.P., legal status, date of current detention, current hospital, nearest relative, RC, AC, care coordinator (if appointed), guardian, mental health team involved (if known), Home Office number if a restricted patient, nature of meeting for which the report is required, name of report author, date(s) patient interviewed, date of report’s completion.

B. REPORT:

i) Basis of the Report.
ii) **Events (in brief) leading To Admission.**
(Include previous hospital admissions and diagnosis if appropriate.)

iii) **Home and Family Circumstances.**
(E.g. composition, significant relatives, history and background, lifestyle, comments on nature and strengths of relationships, other significant non family relationships /networks.)

iv) **Opportunities for Education, Employment or Occupation which would be available to the Patient if Discharged.**
(Include any relevant history of these issues here too if appropriate.)

v) **Accommodation Issues**
(Pertinent to discharge).

vi) **Financial Circumstances.**

vii) **Views.**
Those of;
   a) Patient, b) Nearest Relative, c) Others
(Carers and other significant individuals, particularly if not represented at the meeting).

*(N.B. a restricted patient under Section 37/41 does not technically have a ‘Nearest Relative’, although the designated ‘Interested Party’ can be interviewed in a similar way)*

viii) **Aftercare**
(i.e. the availability of community support and care and the relevant medical facilities).

For well known patients subject to Sections. 3, 17A, 37, 37/41 or guardianship this should include significant reference to the current care plan. Where there are social care needs for which (further) funding is required, the author should progress the resolution of funding and commissioning the required service(s) as far as possible before the tribunal hearing. The author should be aware that there will probably be questions asked about the likely timescale for implementation of any discharge plan.) *(Include here too, any history of the success or otherwise of previous discharge plans relating to this patient and comment upon his/her previous engagement with services).*

For new patients subject to Section 2, the very limited time scale for the preparation of the report may result in the assessment of social circumstances and social care needs being incomplete. If this is the case, it should be made clear in the report.
ix) **Conclusion and Recommendations.**
(See note 4 below.)

x) **End of Report**
The report should end with the writer’s signature, name, job title and date of report.

C. **ITEMS NOT TO BE DISCLOSED:**

If the author believes there to be information which should not be disclosed to the patient in a report then it should be written on a separate sheet headed; **Rule 6(4) NOT TO BE DISCLOSED TO THE PATIENT** with the name of the patient and time/date of the tribunal/hearing. The Tribunal will ultimately decide what should be disclosed to the patient (See Appendix 5)

7.2) **The Report Process:**

i) The 2gether Trust Health Records Departments at Charlton Lane Centre and Wotton Lawn Hospital receive a request for a Tribunal (MHRT) or Managers’ Hearing.

ii) Alternatively, the Health and Social Care Team Manager (in the Trust), Gloucestershire County Council Team Manager or the current allocated social worker or care coordinator will receive a request for a report from an out of county hospital for whom Gloucestershire is the responsible LSSA.

iii) For in-patients within Gloucestershire, Health Records will notify the relevant Health and Social Care Team Manager as soon as possible. For cases involving an RC from the LD, older people or CAMHS (under 18) care groups, Health Records will urgently fax a report request to the relevant local authority Help Desk. (See Appendix 3)

iv) The Trust Team Manager or County Council Team Manager will be responsible for the provision of the required report.

v) In cases where time allows, the Care Coordinator will consider calling an urgent CPA review / Sect. 117 planning meeting, prior to the hearing to review the care plan and address any funding issues associated with meeting the patient’s assessed health and social care needs.

vi) As a minimum it will be expected that report author will interview the patient and consult the Nearest Relative. *(Should the patient object to you contacting the Nearest Relative, discuss the basis of the objection with other colleagues including the social care specialist. It may be necessary to obtain legal advice for which there could be funding issues.)* The notes
must be consulted as should ward staff and the RC. It would be desirable to speak to the AMHP involved in the admission or at least read his / her report of it.

vii) There are report headings to be followed. However each report will start with a front sheet or preface of basic details (see 7.1 A above and Appendix 1). Make sure that the report is prepared on headed paper for whichever is the office of the report writer. Also ensure that the report ends with the author’s signature, name, job title and date of report.

viii) The expected detail for the report may be less in connection with a sect 2 than for a section 3.

ix) The report author is required to attend the hearing/tribunal in order to provide further up to date information about the patient, including, where relevant, their home circumstances and the after care available in the event of a decision to discharge the patient, (Code of Practice 32.30) If the report writer cannot attend on the proposed date of the hearing/Tribunal and especially if their contribution to the hearing is particularly important, the author should advise Health Records to establish if an alternative date can be set, which it is possible for all parties to attend. In exceptional circumstances, if the author of the report is unable to attend, a team colleague with good knowledge of the case and the report can attend in their place. The replacement worker should be adequately briefed and the Health Records section coordinating the event informed.

x) A MHRT can subpoena any witness to attend.

xi) Social Care Specialists from the Trust will be available to provide support to any new authors of reports and the hearing/Tribunal process until the author becomes familiar with the process.

7.3. AUTHORSHIP:

(a) 2gether NHS Foundation Trust

- The most suitable report author will be a professionally qualified worker who knows the patient well.
- The author should always be from a team of workers that will be responsible for aftercare provision.
- The author is likely to be the care coordinator or otherwise nominated by the Team Manager
- When the case is allocated to an Assertive Outreach Team worker, that worker will normally be the author of the report.
- There is no requirement for the author to be a social worker or an AMHP (although social workers will often be skilled in this particular area of
work and the Tribunal may subpoena an AMHP to attend to contribute particularly from their perspective on the use of the Mental Health Act.

- In cases relating to the Montpellier unit/team, the author will normally be that unit’s social worker

(b) **Gloucestershire County Council**

In circumstances where the County Council is responsible for report provision (i.e. LD, older persons, people under 18), the author will usually be the social worker with closest working links to the health community team involved. Depending on negotiation and agreement it may be possible for the County Council team manager to arrange for another professional (from the health team) with ongoing involvement in the case, to write and present the report.

- **7. 4) MAKING RECOMMENDATIONS:**

There is no official requirement to provide a formal recommendation in a social circumstances report for a MHRT as to whether detention should continue. This is the duty of the ‘**Responsible Authority**’, i.e., Hospital Managers in all cases other than Guardianship when it is the responsibility of the Local Authority. In practice Hospital Managers delegate this to the Responsible Clinician.

_However it is both customary and good practice in a social circumstances report to take the opportunity to draw conclusions and give your opinion of the suitability of the patient for discharge. Particularly important to Hospital Managers and Tribunal Members will be the author’s opinion of the consequences of an immediate discharge._

Though any views given should be based on the content of the report, draw also from conclusions reached in any recent community risk assessment. Additionally, it would be wise to consider the facts of the case against the basic Mental Health Act Assessment criteria of health or safety or the protection of others. Be prepared to justify your conclusions in the meeting.

Remember that the RC may choose to discharge the patient prior to the tribunal/hearing, thus making the report unnecessary. Keep in close contact with the RC, as, it could save a great deal of work.

Hospital Managers are able to delay a discharge they have ordered for up to 7 days.

Try to tie in your work with that of others contributing to the meeting in question, thus avoiding duplication and any differences of opinion unnecessarily receiving their first airing in public. Also discuss with others involved the best time to share the content / conclusions of your report with the patient.
(2) The Facilities Report

- When a patient is detained in a low, medium or high secure hospital, the social care service at that hospital usually prepares the Social Circumstances Report for and attends the Mental Health Review Tribunal hearing as they have on-going contact with the patient. However, as they are not familiar with the mental health services in the home PCT or social care resources in the LSSA with responsibility for assessing and providing the social support and care under Section 117, the hospital social care service requests a Facilities Report from the responsible locality to attach to their report.

- The relevant Recovery Team Manager is expected to ensure that there is a named person within the team who will liaise with the hospital social care service and provide up-dated information on resources.

- While the patient is requiring on-going detention, the Facilities Report will provide an overview of services which could potentially be accessed on discharge. This could go on for some years. During this time it is helpful if the allocated worker up-dates the resource information, taking account of mental health service redesigns, development of resources in the locality and starting to focus on services which are particularly relevant to the patient.

- When consultation with the hospital social care service indicates that the hospital is supporting discharge and that this is likely to be agreed, the author of the facilities report will need to complete the assessment of need under S47 of the NHS and Community Care Act 1990, develop a specific draft after-care plan for the patient and attend pre-discharge meetings in preparation for the Tribunal.

- Appendix 2 provides a pro-forma for the front sheet of the report and suggested headings for the content.

References:
Draft Guidance to the Mental Health Act 1983 as amended by the Mental Health Act 2007 Chapter 12.101 – 12.116; Chapter 15.99 – 15.111; Chapter 19 (page 208 onwards)
Mental Health Act Manual Eleventh Edition : Author Richard Jones

Lead Officer: Steve Dawson
APPENDIX 1

If you call or telephone please ask for:

Tel:
Fax:

e-mail:

MENTAL HEALTH REVIEW TRIBUNAL
SOCIAL CIRCUMSTANCES REPORT

Name:
Date of birth:
Address prior to admission:

GP:
Legal Status:
Home Office Number (if any)
Date of current detention:
Current Hospital:
Nearest Relative:
Responsible Clinician:
Approved Clinician
Care Coordinator:
Guardian
Mental Health Team:
Nature of Meeting:
Name of Author:
Dates patient interviewed:
Date of Report:
Basis of the Report

Events Leading to Admission

Home and Family Circumstances

Opportunities for Education, Employment or Occupation

Accommodation Issues

Financial Circumstances

Views:-

1. Patient
2. Nearest Relative
3. Other

Aftercare

Conclusions and Recommendations

Signature:

Name:
Job Title:
Date:
APPENDIX 2

FACILITIES REPORTS FOR MENTAL HEALTH REVIEW TRIBUNALS

Guidance for the front sheet and content

Front sheet

On headed paper with the address of the author

Name:
Date of Birth:
Address prior to admission:
Nationality:
Legal Status:
Date of Current Detention:
Current Hospital:
Interested Party:
Responsible Clinician:
Responsible Local Authority:
LA Allocated Worker:
Name of Author
Job Title:
Date of Report:

1) Occupational Opportunities

2) Housing Facilities

3) Gloucestershire Mental Health Services and Community Health and Social Care Support

Signature:
Name:
Job Title:

Date:
## APPENDIX 3

2GETHER NHS FOUNDATION TRUST IN GLOUCESTERSHIRE
WOTTON LAWN HOSPITAL AND CHARLTON LANE CENTRE

REQUESTS FOR SOCIAL CIRCUMSTANCES REPORTS FOR
MENTAL HEALTH REVIEW TRIBUNALS AND
HOSPITAL MANAGERS REVIEWS CONCERNING PATIENTS WHO HAVE

| A: For a detained patient under the care of a Psychiatrist working with the | Cheltenham, Tewkesbury & North Cots |
| Adults of Working Age Teams Substance Misuse Service: | CRHT: Gary Sanders |
| Requests for a Social Circumstances Report should be forwarded to the Team Manager copied to the care coordinator for the detained patient. If there is no allocated care coordinator, the request should be forwarded to the Team Manager for the relevant Primary Care and Assessment Team or Crisis Resolution & Home Treatment Team according to which team was working with the patient before admission. | 08454 224845 |
| Gloucester CRHT: Martin Griffiths 01452 891226 | Cheltenham & Tewkesbury Recovery: Esther Pettit – 08454 223970 |
| Gloucester & Forest ACT: Mike Blackburn 01452 891212 | Cheltenham, Tewkesbury & North Cots ACT: Alison Curson – 08454 224812 |
| Forest Recovery: - Jeanette Wright 01594 598200 | Early Interventions Team: Name 01452 364700 |
| Montpellier Unit Wotton Lawn: Layla Jones 01452 891583 | Cheltenham, Tewkesbury, North Cotswolds, Cirencester: Substance Misuse Team, Stroud, Cheltenham, Tewkesbury, North Cotswolds, Cirencester: Nick Stevenson 01242 845616 |
| Glos & Forest: Oliver Bennett 01452 891260 | |
| Stroud & Cirencester CRHT: Trish Butler 01453 562090 |
|-----------------|--------------------------------------------------|
| Stroud & Cirencester Recovery: Julie White 01453 562090 |
| Stroud & Cirencester ACT: Andrea Clarke 01453 562090 |
| Stroud & Cirencester PCAT: Rob Newman 01453 761521 |

**B:** For a detained patient under the care of a Psychiatrist working with the **Learning Disabilities Teams, Older People Mental Health Teams.** Requests for a Social Circumstances Report should be FAXED to the **Adult Help Desk** 01452 427359 using a Standard Request for Report Letter (see attached) and marked URGENT REPORT. (Phone 01452 426868) or e-mail: socialservicesenq@gloucestershire.gov.uk The Help Desk will refer to the Team Managers:

**C:** For a detained patient under the care of a psychiatrist working with the **Child & Adolescent Mental Health Service,** The request should be FAXED to the **Children and Families Help Desk** on 01452 427359 using a Standard Request for Report Letter as for B. (Phone 01452 426565). or e-mail: childrenshelpdesk@gloucestershire.gov.uk

*Version 7 (.6.10.2008)*
APPENDIX 4

Draft Letter Requesting Reports for the Mental Health Review Tribunal or Mental Health Hospital Managers

Patient’s name, d.o.b and address

I am writing to inform you that…………………………………..has made an application for a hearing by the Mental Health Review Tribunal / Mental Health Hospital Managers. The hearing will take place at …………. on ………….at…………/ a date to be fixed. As the Mental Health Review Tribunal / Hospital Managers will require your attendance, (or exceptionally that of a knowledgeable representative), please arrange to be present.

The Medical Report / Social Circumstances Report should be forwarded if possible by e-mail to MHAAdministration@glos.nhs.uk by ………………

All information will be disclosed to the patient applying to the Tribunal / Managers hearing unless there are clear and specific reasons for not doing so. If disclosure of parts of your report would adversely affect the health and welfare of the patient or others, such information should be provided on a separate document, in which you should set out the reasons for asking for the content to be withheld, endorsed with “Not to be disclosed to the patient”. Such information will be disclosed to the patient’s representative, if that person agrees not to disclose it to the patient. The Mental Health Review Tribunal makes the final decision regarding the withholding of information.

Many thanks for your assistance

Yours sincerely

Heather Priestley
Health Records Manager / Mental Health Act Administrator
APPENDIX 5

Reports for the Mental Health Review Tribunal

Reports for the MHRT

In most cases, the MHRT Rules place a statutory responsibility on the “responsible authority” to provide the MHRT with a statement, a medical and social circumstances report. The responsible authority is as follows.

<table>
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<th>Patient</th>
<th>Responsible authority</th>
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<tbody>
<tr>
<td>Patients detained in hospital</td>
<td>The managers of the hospital</td>
</tr>
<tr>
<td>SCT patients</td>
<td>The managers of the responsible hospital</td>
</tr>
<tr>
<td>Guardianship patients</td>
<td>The responsible LSSA</td>
</tr>
</tbody>
</table>

Formally, there is no responsible authority for conditionally discharged patients, but the Secretary of State for Justice is required to provide the necessary reports for the tribunal. The Secretary of State also provides a statement of any relevant additional information in respect of all other restricted patients, having first seen the reports provided by the responsible authority.

Any document not for disclosure to the patient should be annotated clearly and a written explanation attached as to the reasons for requesting non-disclosure. A separate document, which can be shown to the patient, should be submitted.

The tribunal will consider carefully the request for non-disclosure and all the issues involved before deciding whether to override the wishes of the author of the report.

The tribunal will only agree to non-disclosure where there are compelling reasons to do so, and where they are convinced that disclosure would adversely affect the health or welfare of the patient or others. All reports will however be made available to the patient’s legal representative, although that representative will be bound by any ruling of the tribunal.

Detailed guidance on the preparation of medical and social circumstances reports is available on the MHRT website at www.mhrt.org.uk in the section entitled “for professionals” and “guidance and information”.