 

|  |  |
| --- | --- |
| **Leave Application for Restricted Patients****Mental Health Casework Section (MHCS)** |  |

|  |
| --- |
| **Please use this form for all forms of leave apart from medical leave for High Profile cases, which should be applied for via email directly to MHCSmailbox@justice.gov.uk** |

|  |
| --- |
| 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**

|  |  |
| --- | --- |
| 1. Full name of patient:
 | * Please include any aliases or previous names
 |

|  |  |  |
| --- | --- | --- |
| 1. Date of birth:
 | * Please enter date of birth
 |  |

|  |  |  |
| --- | --- | --- |
| 1. MHCS reference:
 | * Please enter MHCS reference number
 |   |

|  |  |  |
| --- | --- | --- |
| 1. Detention Authority:
 | * E.g. S37/41, s45A, s47/49, s48/49
* Some patients may be detained under more than one authority
 |   |

1. **Responsible Clinician’s (RC) Details**

|  |  |
| --- | --- |
| 1. Full name:
 | * The Mental Health Act 1983 only allows for the RC to seek consent of the Secretary of State
 |

|  |  |
| --- | --- |
| 1. Job title:
 | * Please give brief details
 |

|  |  |
| --- | --- |
| 1. Address:
 | * Please include the full address of the hospital or unit where the patient is detained (as specified on the detention authority)
 |

|  |  |  |
| --- | --- | --- |
| 1. Telephone number:
 | * Please give a direct line wherever possible
 |  |

|  |  |
| --- | --- |
| 1. 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.
 |

1. **Leave Proposal**

|  |
| --- |
| Please note that any leave taking place outside the designated boundary of the grounds of the unit, ward or hospital named on the current detention authority (court order, transfer warrant, recall warrant or transfer authorisation letter) requires the Secretary of State’s approval. **NB Applications for medical leave for high profile cases should be submitted via email directly to the MHCS mailbox.**  |

1. Type of leave proposed: [ ]  Compassionate (day) [ ]  Compassionate (overnight)

[ ]  Escorted (day) [ ]  Escorted (overnight)

[ ]  Unescorted community (day) [ ]  Unescorted community (overnight)

 [ ]  Extended Leave of Absence (**please read section 6 of the MHCS** [**deprivation of liberty guidance**](https://www.gov.uk/government/publications/discharge-conditions-that-amount-to-a-deprivation-of-liberty)

**before ticking this box to ensure the patient meets the criteria to qualify for this type of leave**)

|  |  |
| --- | --- |
| 1. Please give details of the leave proposal, including:
 | * The purpose of the leave, including context and suggested therapeutic benefit
* The location of the leave (the general area including proximity to any exclusion zone)
* Future leave plans, if the proposal is agreed, including whether the leave will be introduced gradually
* How the proposed leave fits into the patient’s discharge plan
* For overnight leave, the number of nights proposed and why
* Any other relevant factors that provide supporting evidence to your leave request
 |

|  |  |
| --- | --- |
| 1. For Overnight leave:
 | * Please give the full address and a brief description of the type of accommodation (e.g. hospital, home, community unit) and level of professional support available (e.g. 24-hour; day support; independent)
* Outline any issues in relation to the patient’s capacity
 |

|  |  |
| --- | --- |
| 1. For Compassionate leave
 | Please explain the reasons for the applicationState the relationship to the person concerned (if applicable)Detail any other people who may be present and the patient’s relationship to them If leave is to a hospital or nursing home etc confirm that staff there are aware of the patient’s status and able to safely facilitate the visit |

|  |  |
| --- | --- |
| 1. Conditions:
 | * Please detail the conditions you would wish to apply to this leave (if authorised) eg. Random drug testing, exclusion zone, not to use alcohol or illicit substances
 |

1. Previous leave taken: [ ]  Compassionate (day) [ ]  Compassionate (overnight)

[ ]  Medical (day) [ ]  Medical (overnight)

[ ]  Escorted (day) [ ]  Escorted (overnight)

[ ]  Unescorted community (day) [ ]  Unescorted community (overnight)

|  |  |
| --- | --- |
| 1. Other:
 | * Please include any leave taken within the hospital grounds and state whether these are open to the public); leave to attend Court
 |

|  |  |
| --- | --- |
| 1. Report on current leave:
 | * Please give a description of the amount, frequency, duration, destination and purpose of the leave taken and any issues of concern which have arisen.
 |

|  |  |
| --- | --- |
| 1. 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.
 |

|  |  |
| --- | --- |
| 1. Explain the control measures which will be put in place to address the risks:
 | * Identify the number of escorts to be used and security arrangements (please see s17(3) of MHA 1983 for details of requirements)
* List the other security arrangements being made including the means of transport to be used, if any
* Detail which exclusion zone(s)/ non-contact conditions are in place
* Outline how the leave will be introduced
* Explain why you think these measures are sufficient to ensure public safety
 |

# 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 |

|  |  |
| --- | --- |
| 1. 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)
 |

|  |  |
| --- | --- |
| 1. Please describe the patient’s attitude and behaviour in hospital, including any incidents of:
 | * Verbal and/or physical aggression or violence (towards staff, visitors, patients)
* Substance abuse
* Self-harm
* Sexually disinhibited or inappropriate behaviour
* Extremism / terrorism risk ideology or behaviour
* Periods of seclusion
* Other anti-social or problematic behaviour
* Upgrades or downgrades in levels of security (within the hospital or resulting in a transfer from another hospital)
 |

|  |  |
| --- | --- |
| 1. State what effect these have had on the patient and how they have been addressed:
 | * Describe the work the patient has done to address the index offence and their risks both with staff and independently e.g. pro-social activities on the ward'
* 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
 |

|  |  |
| --- | --- |
| 1. 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 their capacity to consent to 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)
 |

|  |  |
| --- | --- |
| 1. 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)
 |

|  |  |
| --- | --- |
| 1. Please describe any physical medical conditions or disabilities which may impact upon their mental health:
 | * Brief details will suffice (if relevant)
 |

1. **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 leave. |

1.

|  |  |
| --- | --- |
| 1. Index offence(s):
 | * As recorded on the Hospital Order or other detention authority
 |

|  |  |
| --- | --- |
| 1. 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
 |

|  |  |
| --- | --- |
| 1. Describe the patient’s key risks factors/indicators:
 | * Outline the main historic and current risks the patient has presented
* Detail any extremism / terrorist risk concerns and explain if these are linked to the patient’s mental disorder, are a fixed ideology or both
 |

|  |  |
| --- | --- |
| 1. Describe how these risks are these being addressed:
 | * Describe the progress the patient has made and any issues of concern
* Please advise if the patient has been referred to Prevent and if so, the outcome of that referral
 |

|  |  |
| --- | --- |
| 1. Describe the patient’s current risk of absconding:
 | * Detail how this risk will be addressed and briefly describe the abscond plan
* Please include details of the patient’s absconding history
 |

|  |  |
| --- | --- |
| 1. 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*](https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome) for further details
* Detail what MAPPA category the patient falls under
* Confirm the level at which they are managed
 |

|  |  |
| --- | --- |
| 1. Please give the name and contact details of the MAPPA coordinator
 | * Please state if they have been notified of this, or previous, leave application
* 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 leave to help manage risk:
 |

1. **Victims**

|  |
| --- |
| 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. |

|  |  |
| --- | --- |
| 1. Victim Liaison Officer (VLO) name and contact details:
 | * Please provide full contact details
 |

|  |  |
| --- | --- |
| 1. 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
 |

|  |  |
| --- | --- |
| 1. 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
 |

1. **Transferred Prisoners or Detainees**

|  |
| --- |
| This part of the form should be completed if the patient is a serving, remand or un-sentenced prisoner or Immigration Detainee transferred to hospital under s47/48/49 or a patient subject to a hospital direction under s45A of the Mental Health Act 1983  |

|  |  |
| --- | --- |
| 1. Please give the name and contact details of the patient’s Offender Manager (Probation Officer):
 | * Not all patients transferred under these sections will have an Offender Manager (Probation Officer). These details are available from the transferring prison.
 |

|  |  |
| --- | --- |
| 1. Detail any issues or concerns they have raised:
 | * For those who do, please confirm that they aware of this application
* Please attach written details of any views
 |

|  |  |
| --- | --- |
| 1. Has remission to prison been considered? When is it expected that the patient will be remitted to prison?
 | * Where possible, please give a prognosis of when the patient will be returned to prison
* If it is considered that the patient is unlikely to be returned to prison, please explain why that is the clinical view
 |

1. **Additional Comments**

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

|  |  |
| --- | --- |
| 1. Please consider the following:
 | * Please detail any other information or views you consider to be pertinent to the application
 |

|  |  |
| --- | --- |
| 1. 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
 | * Do you consider that the patient is now fit to plead at Court for the offence which led to the current Order?
 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Responsible clinician’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 |

Annex A: Patient’s comments to support this application

For the patient:

|  |  |
| --- | --- |
| Explain what progress you think that you have you made since your last application for leave or since your admission if this is your first application for leave | 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 MAPPA agencies have expressed concerns, the patient should not have sight of those either, unless that has been agreed with the MAPPA Chair. |