

The Mental Health Tribunal: what we do, the BSL project and why we need you...

DTJ JODIE SWALLOW

J SWALLOW 2024

1

1

Who are we?

The Mental Health Tribunal:

Judge, Consultant Psychiatrist and Specialist Member.

We are supported by an administration team.

Our work concerns people with mental disorders who are subject to legal restrictions (in hospital/community) - detained/sectioned

J SWALLOW 2024

2

2

How do patients become detained?

Voluntary patients:

Unrestricted: patients who have been detained from the community following an assessment by a team consisting of two doctors and social worker who apply a legal test. A patient is usually discharged if the doctor in charge of their care says so. A detention may lapse...

Restricted cases: patients who have committed criminal offences. Generally, they are in hospital because the sentencing court has made an order detaining them in hospital for treatment.

Some patients been transferred from prison to hospital.

Restricted patients can only be discharged if the Secretary of State discharges them – the doctor in charge of their care cannot discharge them, nor can they grant the patient leave or transfer them. Never lapse.

Community: both restricted and unrestricted patients can be discharged from hospital to live in the community but have legal restrictions called conditions placed on them.

Patients, and mental disorders

Paranoid schizophrenia

Schizoaffective disorder

Bipolar affective disorder

Depressive disorders

Eating disorders

Dementia

Paedophilia

Autism

Learning disability (associated with abnormally aggressive and seriously irresponsible behaviour)

Personality disorders – dissocial, emotionally unstable personality disorders

Or.... an undiagnosed mental disorder which is still under assessment

Why is our work so important?

J SWALLOW 2024

5

5

What do we do?

- All psychiatric patients who are subject to legal restrictions are entitled to an independent review – Mental Health Tribunal.
- We have the power to discharge patients from these legal restrictions.
- We apply a criteria under the Mental Health Act 1983.
- Some patients make an application to the tribunal – if they don't make an application, then over a passage of time the hospital will make an application on their behalf (a reference).

J SWALLOW 2024

6

6

Where do we do it?

Patients are usually detained in hospital.

Unrestricted patients – acute ward (mixed or single sex), PICU, rehabilitation ward, elderly mentally ill (EMI), eating disorder (ED)

Restricted patients are usually detained conditions of higher security – High Secure: Rampton, Ashworth or Broadmoor, Medium Security, Low Security

We also hear cases where patients are living in the community under restrictions placed on them by the Mental Health Act: Community Treatment Orders or a Conditional Discharge. We might hold their hearing in a venue like a community hub.



Is safety an issue?

How do we do it?

Hearings are private

Face to face or Cloud Video Platform (CVP)

We take evidence: usually the Doctor (RC), Nurse and a Social Worker give oral evidence they must prepare reports in advance.

The patient is usually represented, they usually attend the hearing and give evidence (also family members/expert evidence)

- Most (but not all patients) who are detained in hospital want to be free to leave.
- We make a decision about that, but we can also make recommendations in some cases.
- Some community patients want the restrictions discharged (Community Treatment Orders). In restricted cases, we can discharge or change the conditions – exclusion zones, residence, alcohol testing (Conditionally Discharged patients).

Patients who are Deaf

Patients who are deaf come before the tribunal.

The process:

- The application/reference use a standard form
- When all the reports received the case is listed – time scales can be tight
- The administration team notify Clarion of the patient's requirements – if unfulfilled the tribunal office will try to source 'off contract' .



The problem:

A small pool of interpreters are willing to attend Mental Health Tribunals

As a result....

The BSL project was born



Listen to you...

- No information available in advance (unfamiliar with language used at tribunals such as names of medications etc.)
- Complexity of interpreting for a mentally disordered patient
- CVP unsuitable/not preferred technology
- Safety
- Being asked to do other interpretation work by representative/on the ward
- Locations of units

Listen to other people

- We have met with Mental Health Act Administrators, doctors and other professionals...
- We have arranged meetings with representatives

What we are doing differently

All cases JCM - issuing standard directions to address some of the concerns

Weekly check that all BSL cases have been identified by the admin team

Exploring how we can disclose reports in advance in remote cases

Revisiting start times

Two video rooms

Extending our listing window

Reduce double listing of BSL cases

Some hospitals provide their SALT details

Exploring going off contract sooner and widen off contract pool

What we are doing going forward

- Offering training to Panel members (JOH)

- Finding ways to raise the profile of our issues...

Finally...

I have come here today – tell you about our work, the BSL project, listen to you, learn from you and answer your questions ...

Thank you