 

Report on conditionally discharged
restricted patient

**Mental Health Casework Section**

The aim of this report is to provide the Mental Health Casework Section with a comprehensive report on progress of the restricted patient in the community since discharge or the previous report. Reports are due every 3 months following the submission of the initial report 4 weeks after discharge.

The Secretary of State does place great value on the information received in helping to protect the public by helping to ensure that restricted patients are managed safely in the community.

Parts A and B of this form should be completed by the Social Supervisor and then sent to the Clinical Supervisor to complete Part C. Any issues of concern should be discussed and addressed by the Care Team prior to submission. It is recognised that there may be some delays in the submission of this form to take account of any need to discuss issues arising out of its completion. However, the Secretary of State confidently expects that the vast majority of forms will be exchanged between care team members in good time and submitted within the timeframe expected.

If you feel that the patient presents an increased and immediate risk to others since the last report, please contact the Mental Health Casework Section as soon as possible. The MHCS contact details can be found at <http://www.justice.gov.uk/contacts/noms/mental-health-unit>, and the switchboard number is 0203 334 3555 (office hours) or 020 3334 3555 (other times).

**Part A**

***Patient’s Details***

**Please complete and highlight any changes since the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged).**

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| Full Name of Patient |  |
| Any alias(es) by which patient is known |  |
| MHCS Reference Number |  |
| Gender |  |
| Nationality |  |
| Ethnic Origin |  |
| Date of Birth |  |
| Any Alias Date of Birth |  |
| Patient’s Current Address |  |
| Date of Conditional Discharge |  |
| Diagnosis |  |
| Current Discharge Conditions  |  |
| Deprivation of Liberty Safeguards (DOLS): set out date of Order and details of any safeguards (if applicable) |  |
| Index Offence |  |
| Date and Location of Index Offence |  |
| Victim Liaison Officer’s Name, email address and telephone number |  |
| Details of all statutory agencies working with the patient |  |
| MAPPA status – Indicate eligibility and level.  |  |
| Is the patient entered on Sex Offenders’ Register or subject to a Sexual Offences Prevention Order |  |

***Part B***

***Social Supervisor’s Report***

**Information supplied in the following section should concentrate on events since the submission of the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged).**

**Your Details**

Have there been any changes since the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged)? Please detail below.

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**Supervision**

How well has the patient co-operated with supervision? Have there been any issues of concern? If so, please detail any remedial action taken including any changes to the Care Plan.

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What contingency plans does the Care Plan include to deal with issues likely to change the nature or degree of the patient’s risk to the public? When were these last reviewed and revised?

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**Accommodation**

Has the patient changed address? If so, please provide details including any changes in the level of professional support available at the new location.

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Are there any planned changes to the patient’s accommodation or conditions of residence? If so, when will these take place?

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**Relationships**

Have there been any changes in the relationships which are significant to the patient and which may affect their stability? Are any changes likely to take place before the next report is due?

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**Behaviour and Risks**

Have you detected any changes to the patient’s mental state and behaviour which have increased your concerns about public protection issues?

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Has the patient has displayed physical or verbal aggression, violent fantasising, inappropriate sexual behaviour, self-harm or another type on concerning behaviour? Please provide details.

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Substance Use

Have there been any issues of concern relating to drug or alcohol use by the patient? If so, please detail the action taken address any increased risks which may occur because of this

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Victims

Has the patient presented an increased a risk to: victims of his index offence (if known) or any specific individuals or groups? Please give full details and state what action was taken.

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Criminal Activity

Has the patient been involved in any criminal activities including conviction for any offence? If so, please provide details (such as the offence, date of Court appearance and outcome).

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Finance

Are there any financial problems that could affect the patient’s mental state (such as spending significant amounts of money on gambling, legal highs, illegal substances or alcohol? Is the patient in any danger of being financially exploited by others?

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**Activities and Achievements**

What structured activities does the patient partake in including employment, study, or other interests? Have there been any notable achievements or successes?

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**Further Comments**

Provide any further comments from you, your Line Manager or any colleague involved in the patient’s supervision

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| Signature |  |
| Email address and Telephone number |  |
| Date of Report |  |

**Part C**

***Clinical Supervisor’s Report***

**Information supplied in the following section should concentrate on events since the submission of the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged).**

***Your Details***

Have there been any changes since the previous report (or, in the case of the initial report, in the four weeks since the patient was discharged)? Please detail below.

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**Diagnosis**

Has there been any change in the patient’s diagnosis? If so, please explain the nature of the change and what potential it has to affect the patient’s level of risk to the public. Please provide details of what action has been taken in response to this change.

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**Treatment**

Has the patient fully complied with treatment including taking prescribed medication? If not, please detail the action taken to address this.

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Has there been any change to the dosage or type of medication being prescribed? What effect, if any, has this had?

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Has the Care Plan changed or are there any plans to change it as a result of increased/decreased concerns?

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**Physical Health**

Have there been any physical illnesses, or change in existing physical condition, which has impacted upon the patient’s mental health? If so, please detail below.

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**Suicide and Self harm**

Has the patient self-harmed or attempted to commit suicide? Please provide details.

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**Substance Use**

If the patient is known to use alcohol and/or illicit substances, please detail the effect, if any, this has had on the patient’s mental state and consequential potential to increase the risk to the public.

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**Admissions to hospital**

Has the patient had any informal admissions to hospital or admissions under the Mental Health Act 1983 (including s2 and s3)? What were the circumstances and outcome?

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**Supervision**

When was the patient last seen by you or by another clinical professional (e.g. Locum, CPN)?

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Has a CPA meeting been held since the previous report and when is the next one due?

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Detail any planned changes to the patient’s Clinical supervision and explain when these changes are due to take place and provide full name and contact details of the new supervisor(s).

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Provide details of any other specialist practitioner that the patient has seen (e.g. psychologist, drug/alcohol awareness counsellor, specialist nurse) as part of treatment.

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**Further Comments**

Provide any further comments from you or any colleagues involved in the clinical supervision of the patient.

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**I can confirm that I have seen the Social Supervisor’s section of the report and confirm that, to the best of my knowledge, this is an accurate account of the issues which have been involved in the supervision of the patient since the last report.**

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| Clinical Supervisor’s Signature |  |
| Email address and Telephone number |  |
| Date of Report |  |

**The completed report should be submitted to the Mental Health Casework Section by email to:**

* **Casework Team 1 (Patient Surname A to Gile)** MHCSTeam1@noms.gsi.gov.uk
* **Casework Team 2 (Patient Surname Gilf to Nicholl)** MHCSTeam2@noms.gsi.gov.uk
* **Casework Team 3 (Patient Surname Nicholm to Z)** MHCSTeam3@noms.gsi.gov.uk

**Please ensure a final version of this report is also side-copied to the Social Supervisor.**