

# **MENTAL HEALTH REVIEW TRIBUNAL**

## **Mental Health (Compulsory Assessment and Treatment) Act 1992**

Memorandum to: Directors of Area Mental Health  
Services/Responsible Clinicians

From: Secretary, Mental Health Review Tribunal

### Guidelines for Reports to the Review Tribunal

#### **Introduction**

When reviewing the condition of patients the Tribunal is performing an important statutory function which bears on the rights and interests of both patients and the community at large.

The review process is expensive, often involving Tribunal members travelling from afar for the purpose of only one or two hearings.

The Tribunal places much reliance on responsible clinician reports to assist it make informed and correct decisions.

The Tribunal expects therefore that the standard of responsible clinician reports will reflect the above points.

#### **Scope and level of detail**

The scope and level of detail which should be provided in reports will vary according to the circumstances of each case.

Indicators that reports might be more comprehensive than otherwise include complexity, difficulty, novelty, high risk, political sensitivity and absence of previous reviews.

It is always a matter of judgement however as to what to include in a report. A balance needs to be struck between providing too much or too little information.

#### **Common shortcomings**

The most frequent criticisms made by the Tribunal of reports are:

- (i) Copying and pasting from other documents resulting in disjointed reports featuring jumbled chronology and uncertainty about the date and authorship of cited quotations.
- (ii) Excessive or irrelevant detail rendering it difficult for the Tribunal to obtain a clear overview and to identify key issues and evidence.
- (iii) Failure to alert the Tribunal to special or unusual difficulties, occurrences or issues.
- (iv) Failure to address key legal issues and criteria resulting in time being wasted at hearings in requesting that information.
- (v) Not explaining acronyms or abbreviations not known to those outside the geographical area or not understood by the non-psychiatrist members of the Tribunal.

**Avoid assuming availability of previous reports.**

The Tribunal archives material relating to previous Tribunal reviews. It cannot be readily retrieved. Therefore even if there has been a previous Tribunal review do not assume Tribunal members have seen previous reports. It is acceptable to prepare an updating report annexing previous reports to the Tribunal.

**The typical report**

The responsible clinician's report should take the form of a fairly standard "clinical report", but with a particular focus on legal definitions and criteria.

*In the case of patients subject to compulsory treatment orders, the Tribunal is particularly interested in the responsible clinician's substantiation of why he or she considers the patient is mentally disordered in terms of the definition contained in section 2.*

*In the case of special patients, the legal criteria for continued detention should be addressed and the reasons why or why not the patient should remain a special patient.*

The report will usually include a succinct summary of family and cultural background, occupational and social functioning, clinical and forensic history, risk behaviours, diagnoses, current condition, treatment strategies, compliance and response to treatment and why compulsory treatment or special patient status is deemed necessary.

Wherever possible, facts should be verifiable and substantiated, especially if they are disputed.

Detail which it is often useful to include, whether within the body of the report or in appended material, is:

- A chronology of all admission and discharge dates together with a brief summary as to condition on date of admission;
- A chronology of dates of court orders and changes of status.

### **Appending Material**

The report should be a standalone document, understandable without reference to other documentation.

It is often useful however to append documentation which provides greater detail and serves to verify the contents of the report. Such appended material also enables the report to be more succinct.

The Tribunal finds the following documents to often be of assistance:

- In the case of special patients, a copy of the relevant police caption sheet/summary of facts, order of detention and list of previous convictions;
- In all cases the current order by which the patient is detained or committed;
- Discharge summaries;
- Second opinions;
- Specialist reports (e.g. psychologist, social worker or occupational therapist).

It is not mandatory to provide this material. It is a matter of judgement for the responsible clinician to decide what should be appended. Usually, the Tribunal would expect no more than about 20 pages to be appended.

### **Disclosure of Report**

The rules of natural justice mean that the Tribunal is not permitted to receive evidence that is not disclosed to the patient. The entire report and accompanying material must be made available to the patient. It should therefore be prepared on that understanding.

ENDS