

MENTAL HEALTH REVIEW TRIBUNAL

Practice and Policy Guideline #7

VIDEO CONFERENCE HEARINGS

Practice and Policy Guidelines provide general direction and assistance to the members and secretariat of the Review Tribunal. They may be departed from or supplemented by the Review Tribunal as circumstances require. They do not constitute legal opinions.

Introduction

1. The Review Tribunal may conduct hearings by video conference in order to efficiently utilise financial and human resources.
2. Video conferencing should not be utilised if that would be contrary to the rights or welfare of patients, or appreciably limit the effectiveness of the hearing process.
3. It should only occur if the Review Tribunal members are together at one venue.
4. The decision as whether or not hearings should proceed by video conference is that of the Review Tribunal. The views of interested parties should be sought and taken into account, but none has the right to decide.
5. The possibility of video conferencing should be considered at the pre-hearing telephone conference.
6. Should it be apparent to the secretariat that video conferencing might be appropriate they should notify the member due to conduct the pre-hearing telephone conference.

Relevant considerations

7. Considerations which may be relevant to the determination of whether or not a hearing should proceed by videoconference include:

- The views of the patients and other participants in the hearing;
- The number of previous hearings involving the patient;
- The proximity of the most recent hearing involving the patient;
- Whether there has been an appreciable change in the patient's circumstances since the previous hearing;
- Whether there appear to be sound arguments in support of the application;
- The level of risk that the application will be withdrawn at a late stage;
- Whether there are other Review Tribunal hearings being set down in the centre concerned for that day;
- The extent to which the video conference would achieve savings in relation to financial and human resources;
- The degree of risk of disruption to transport to a hearing venue;
- Whether previous hearings for the patient have been conducted by video conference;
- The number of persons expected to attend the hearing;
- The need for the Review Tribunal to peruse the clinical files before the hearing;
- Whether the case involves a special or restricted patient;
- The expected technical quality or reliability of the videoconference link;
- The availability of technical support during the videoconference;
- The degree of familiarity of participants with video conferencing.

General

8. The format of hearings conducted by videoconference should not differ from that of in-person hearings. During initial examinations, all persons other than those involved in the examinations leave the rooms involved.
9. The Review Tribunal should take care to ascertain that no-one present at the other venue is unidentified and cannot be seen on camera.
10. Video conferences should not be recorded without the prior permission of the Review Tribunal.

11. Should a hearing commence by videoconference and on that account be found to be unsatisfactory, it is open to the Review Tribunal to adjourn the hearing part heard and reconvene on a later date in person.
12. The written decision following a videoconference hearing should record the fact of the video conference and identify the venues concerned.

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Convener