Leeds Partnerships NHS
NHS Foundation Trust

Supervised Community Treatment: Summary Report to the Health Scrutiny Board 12th December 2008.

Introduction

This is a summary document to the Health Scrutiny Board on the introduction of Supervised Community Treatment with reference to the local protocol for Supervised Community Treatment and guidance for care coordinators, both of which are available on request.

Supervised Community Treatment (SCT) is one of the key amendments to the Mental Health Act (1983) as amended by the Mental Health Act (2007). This amendment to the Mental Health Act (1983) came into force on the 3rd November 2008. SCT introduces compulsory treatment in the community by suspending a detention to hospital for treatment (as described in the body of text).

> *'The purpose of SCT is to allow suitable patients to be safely treated in the community rather than under detention in hospital, and to provide a way to help prevent relapse and any harm-to the patient or to others-that this might cause. It is intended to help patients to maintain stable mental health outside hospital and to promote recovery.' Mental Health Act (1983), Code Of Practice, (25.2)*

Background information

The Mental Health Act (1983), (MHA) enabled Supervised Discharge under Section 25A before the new amendment came into force. Under Section 25 patients discharged from detention could be required to reside at a particular place of residence such as a care home; enable access to professionals; attend for treatment (medication could not be enforced); attend for occupation & education. Within this provision there were no legal powers to recall a patient to hospital for treatment. With the amendment to the Mental Health Act (MHA) Supervised Discharge has been phased out due to being ineffective because of the lack of legal powers within the provision and as such there are very few people in Leeds who are subject to Supervised Discharge.

In both the new and old legislation there is provision for 'Leave of Absence' under Section 17 Mental Health Act (1983). Section 17 leave enables a patients Responsible Medical Officer (now Responsible Clinician) to authorise a period of leave from hospital. This allows for patients detained to hospital for assessment and/or treatment to have periods of leave from hospital, as leave from hospital can be an essential part of an individual patient's treatment plan. With Section 17 leave, a Responsible Clinician can attach conditions to a period of leave and if needs be a patient can be recalled from leave back to hospital. The period of detention remains in place until a patient is discharged from detention or the period of detention is allowed to lapse (therefore the detention is not renewed).

Supervised Community Treatment (Section 17A)

As with Section 25 Supervised Discharge, the lead for the use of the section is the patients Responsible Clinician (RC) (formerly Responsible Medical Officer). The SCT's emphasis is treatment and the focus is on the criteria for use of this Section on those patients:

- Who have an established diagnosed mental disorder(s).
- For whom a treatment is available.
- Who stop or are likely to stop taking treatment on discharge with a resulting decline in their mental state and who may become a risk to themselves or others, or may become a risk even if they do continue treatment.

The revised MHA introduces new provisions that allow some patients with a 'mental disorder' to live in the community while still being subject to residual powers under the MHA. SCT enables patients to return home whilst receiving treatment and care on a compulsory basis similar to being subject to Section 17 leave of absence. SCT provides a framework to assist the support of patients who might otherwise lose contact with services on discharge and subsequently relapse, leading to a cycle of compulsory re-admissions. SCT can promote stability for some 'revolving door' patients.

Patients are put onto SCT by a Community Treatment Order (CTO), which sets out the conditions the patient is asked to comply with to ensure they receive the treatment they need to prevent harm to the patient or to others. The principles underpinning the MHA need to be taken into account when considering SCT, particularly the principles of minimising restrictions on liberty balanced against that of patient and public safety.

Only people already detained for treatment on Section 3 (or similar unrestricted forensic sections) can be considered for SCT. Section 17 (2A) suggests that where longer-term leave is being considered (defined as more than seven days) the Responsible Clinician (RC) should consider whether it is more appropriate to use a CTO (s17A). This order that gives effect to SCT. The order is addressed to the hospital managers. SCT is not only for people who need medication as 'Medical Treatment' goes much wider than medication. Medical Treatment (as defined) in the Act also includes psychological interventions, nursing, habilitation and rehabilitation. Recall to hospital can be for out-patient treatment as well as for in-patient admission. A RC may not necessarily be a hospital clinician though a hospital clinician will be the one who makes the CTO; but after that the RC can change as appropriate.

The process for making a CTO

The order is made in writing by the RC and has to be agreed in writing by an Approved Mental Health Professional (AMHP). Legally the effect is to suspend the treatment section, namely:

- the requirement to take medication under Part 4 of the Act.
- the liability to be detained in hospital.

Therefore, when a patient is recalled, their requirement to take medication and be detained in hospital comes back into effect. People on SCT are subject to Part 4A to take medication.

Criteria

The RC's role in the process: The RC may make a CTO where s/he believes the following criteria are met, provided that this judgement is also held by an AMHP:

- The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment.
- It is necessary for his health or safety or for the protection of other persons that he should receive such treatment.
- Subject to his being liable to recall… such treatment can be provided without his continuing to be detained in hospital.
- It is necessary that the RC should be able to exercise the power…. To recall the patient to hospital.
- Appropriate medical treatment is available.

Nature or Degree

Because SCT is intended to support people who have been in hospital for a while, and have been receiving treatment, it is likely that although the 'degree' (current symptoms or manifestation of mental disorder) will be relevant to the decision to process an order it is the 'nature' of the person's mental disorder that will be more important for making that decision.

Conditions

When on SCT there are requirements or conditions a person will be expected to follow (s17B MHA). These are both 'compulsory' conditions that will apply to all patients on SCT and other 'specific' conditions that can be placed on a particular patient. If imposed, these conditions must be necessary or appropriate to ensure the person receives medical treatment, or to prevent risk of harm to self or to protect others. The additional conditions can only be imposed if an AMHP agrees they are necessary or appropriate for the individual patient's circumstances. The AMHP plays a major role in the SCT process and they provide some of the most significant protections for patients. Neither the CTO nor additional conditions can be made if an AMHP does not agree. They also have to agree to the renewal of an order and for the order to be revoked (revert back to a detention in hospital for treatment).

Safeguards

From April 2009, anyone who is on SCT will have a right of access to an Independent Mental Health Advocate (IMHA) who will be able to provide advice and support. This right continues throughout the time the person is on SCT. Those on

SCT can appeal both to the Mental Health Review Tribunal (MHRT) or the hospital managers for discharge. The Second Opinion Appointed Doctor (SOAD) rules also ensure those receiving section 58 medication have their treatment plan approved. A patient with capacity cannot be forced to accept treatment while in the community. Neither can a patient without capacity except in rare emergency situations. The patient's nearest relative can apply for discharge in the same way as section 2 or 3. A person who is on SCT must also be discharged from the CTO as soon as they no longer meet the criteria for its use.

Summary on Progress of Local Implementation/Local Provision

SCT is a new legal function under the amended Mental Health Act which can be applied from the 3rd November 2008. As a new process it is difficult to predict the numbers of people who may be affected by this piece of legislation due to the number of variables involved in the decision making process. The application of SCT will depend on 'nature' or 'degree' of the disorder and is likely to affect only a small number of people who experience mental health difficulties and the numbers could be as low as 1-2% of the population of people with diagnosed mental disorder. At the time of writing this report there are no patients currently subject to a CTO within Leeds.

In preparation for the introduction of SCT the Leeds Partnerships Foundation Trust (LPFT) has devised a local protocol with inter-agency agreement (as attached) to advise health professionals of the legal and clinical procedure in accordance with the Mental Health Act. Additional supporting guidance has been produced locally (example attached), regionally and nationally to assist professionals in the implementation of SCT. The LPFT and Local Authority (LA) has facilitated mandatory training around the amendment to the Mental Health Act, (which incorporates SCT) to all key professionals therefore all Responsible Medical Officers are authorised to act as Responsible Clinicians. All Approved Social Workers have become authorised to act as Approved Mental Health Professionals and a new course for Approved Mental Health Professional training will be facilitated by the Leeds Metropolitan University commencing in January 2009.

A comprehensive training plan has been undertaken within LPFT across the Trust directorate around the key amendments to the Mental Health Act with plans for further training which will be more specific to SCT. LPFT is involved in the process of the updating and development of further protocols with key stake holders such as West Yorkshire Police, Yorkshire Ambulance Service and the Local Authority. LPFT will remain as an active participant with the Inter-agency Mental Health Act Steering Group which will continue to function as an Implementation Group. Within the LPFT communications strategy is the inclusion of facilitating awareness sessions for service users, carers, GPs and the voluntary/independent sector.

As identified in the local protocol effective care planning will form the guiding framework to provide a care management structure for SCT patients and a care coordinator will need to be identified in addition to the RC. In Leeds the Care Programme Approach (CPA) will provide the structure to ensure a care plan and risk assessment is produced, subject to regular review and involves a multi-disciplinary approach: this will include the patient, nearest relative, any carers and GP. The

Crisis Resolution & Home Treatment Team (CRHT) carries out the functions of: bed management, place of safety and alternative to hospital admission as a 24 hour service. CRHT may be involved in a CPA for a SCT patient and may form the basis of an out of hour's crisis plan which could be accessible to carers and relatives of a SCT patient. CRHT will have access to a data base (including care plan) for all SCT patients and may be involved in the recall process for patients depending on the patient's clinical need. The hospital sites identified for recall are the Becklin Centre for working age adults; The Mount for older people; Parkside Lodge for people with learning disabilities and The Newsam Centre for Intensive Care and specialist services (including forensic and eating disorders). Two full time administrators have been appointed to manage the legal administration of SCT to ensure the legal process is effectively maintained including the monitoring and timely access to the Tribunal system. As a new legal requirement and new care intervention' the process of SCT will initially be closely monitored and evaluated to maintain an effective implementation and aim to minimise any potential or future difficulties that may arise in care delivery.

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