Osprey Approach: Mental Health

This help guide was last updated on
Aug 6th, 2024

The latest version is always online at
https://support.ospreyapproach.com/?p=16402

Osprey™
Approach

A Workflow to assist with client care paperwork for a new matter and precedent letters covering multiple circumstances.

MENTAL HEALTH NEW FILE QUESTIONNAIRE

Please enter the client's name as you would like to address them in correspondence. Do not enter "Dear" before the name, or any spaces.

Client salutation

Surname at birth

Date of birth

Gender

Please Select
Please Select
Male
Female

Job

Marital Status

Please select
Please select
Single
Married/CP
Cohabiting
Separated
Divorced/dissolved CP
Widowed

National Insurance number

Place of birth

Section detained under

Please select
Please select
2
3
35

Notice of Acting

NOTICE OF ACTING

IN THE XXX COURT   Case   No: **{**
MERGEFIELD MH_PROFS_MH_CASENO **}**
B E T W E E N:

XXX

Applicant

-and-

{ MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
First Respondent

TAKE NOTICE that we **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}** of **{**
MERGEFIELD PRACTICEINFO_HOUSE \f", " **}{** MERGEFIELD PRACTICEINFO_AREA
\f", " **}{** MERGEFIELD PRACTICEINFO_POSTAL_TOWN \f", " **}{** MERGEFIELD
PRACTICEINFO_COUNTY \f" " **}{** MERGEFIELD PRACTICEINFO_POSTCODE **}** (**{**
MERGEFIELD PRACTICEINFO_DX_NO **}**) have been appointed to act as Solicitors for the
above-named First Respondent. Limited to the following purposes:

To be represented in respect of an application under Section **{** MERGEFIELD
MH_ADDCLIDETS_MH_SECTION **}** of the MHA 1983. Limited to all steps up to and
including the final hearing.

Our address for service is as above.

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

DATED { DATE \@ "dd MMMM yyyy" }

To the Court Manager of the Court, the Hospital and to the Applicant

SIGNED..
Solicitors for the First Respondent

**{ MERGEFIELD "MATTER_FEE_EARNER_ID" * Upper }/{ MERGEFIELD
MATTER_CLIENT_NO }/{ MERGEFIELD "MATTER_MATTER_NO" }**

Nearest Relative - notify tribunal

outcome

{ MERGEFIELD MH_NREL_MH_NREL_TITLE **} {** MERGEFIELD MH_NREL_MH_NREL_INTS **} {** MERGEFIELD MH_NREL_MH_NREL_SURNAME **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD1 **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD2 **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD3 **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD4 **}**
{ MERGEFIELD MH_NREL_MH_NREL_POSTCOD **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
{ MERGEFIELD   **{** SET LtrDate **{** DATE
"MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_NREL_MH_NREL_TITLE **} {** MERGEFIELD MH_NREL_MH_NREL_SURNAME **}**

RE: { MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**

I write to advise you that **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** has been discharged from **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "his" "her" **}** Section **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** of the Mental Health Act 1983. It is therefore not necessary for a First-Tier Mental Health Review Tribunal to take place.

If I can be of any further assistance to you or **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**, either now or in the future, please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Nearest Relative - blank letter

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{ MERGEFIELD MH_NREL_MH_NREL_TITLE } { MERGEFIELD MH_NREL_MH_NREL_INTS } { MERGEFIELD MH_NREL_MH_NREL_SURNAME }
{ MERGEFIELD MH_NREL_MH_NREL_ADD1 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_ADD2 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_ADD3 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_ADD4 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_POSTCOD }

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD "MATTER_FEE_EARNER_ID" *	{ SET LtrDate { DATE \@ "d MMMM yyyy" }{

Dear **{** MERGEFIELD MH_NREL_MH_NREL_TITLE **}** **{** MERGEFIELD MH_NREL_MH_NREL_SURNAME **},**

RE: **{** **MERGEFIELD** **LINKNAME_FORENAME_1** **}** **{** **MERGEFIELD** **LINKNAME_SURNAME_1 }**

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

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Nearest Relative - basic advice

{ MERGEFIELD MH_NREL_MH_NREL_TITLE **} {** MERGEFIELD MH_NREL_MH_NREL_INTS **} {** MERGEFIELD MH_NREL_MH_NREL_SURNAME **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD1 **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD2 **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD3 **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD4 **}**
{ MERGEFIELD MH_NREL_MH_NREL_POSTCOD **}**

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD	**{** SET LtrDate **{** DATE
	"MATTER_FEE_EARNER_ID" *	\@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_NREL_MH_NREL_TITLE **} {** MERGEFIELD MH_NREL_MH_NREL_SURNAME **}**,

RE: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

I am representing **{** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}** who is currently detained under section **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** of the Mental Health Act 1983.

As a detained patient's Nearest Relative you have a limited power to discharge **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "him" "her" **}** from detention. You can only use this power once every six calendar months.

If you decide to use this power, you should to write to the Hospital Managers at **{** MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}**. I would recommend using wording along the lines of the following.

> *As **{** MERGEFIELD LINKNAME_FORENAME_1 **}**'s statutory Nearest Relative, I wish to exercise my power under Section 23(2) of the Mental Health Act 1983 to discharge **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "him" "her" **}** from liability to detention.*

{ MERGEFIELD LINKNAME_FORENAME_1 **}**'s Consultant Psychiatrist has three days from receiving your letter to bar your application if s/he thinks that **{** MERGEFIELD LINKNAME_FORENAME_1 **}** is likely to be a danger to **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "himself" "herself" **}** or others if discharged. This is a more stringent test than the ordinary test for detention. If your discharge is barred in this way, there will be a Hospital Managers' hearing at which you can challenge the barring order.

I hope this information is helpful, however should you wish to discuss this with me further please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Nearest Relative - act as witness

letter

{ MERGEFIELD MH_NREL_MH_NREL_TITLE } { MERGEFIELD MH_NREL_MH_NREL_INTS **} {** MERGEFIELD MH_NREL_MH_NREL_SURNAME **}**
{ MERGEFIELD MH_NREL_MH_NREL_ADD1 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_ADD2 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_ADD3 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_ADD4 \f"" }
{ MERGEFIELD MH_NREL_MH_NREL_POSTCOD }

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   **{** SET LtrDate **{** DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_NREL_MH_NREL_TITLE **} {** MERGEFIELD MH_NREL_MH_NREL_SURNAME **},**

RE: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

I have been asked to write to you by **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** who would be grateful if you could attend as a witness at the First-Tier Mental Health Review Tribunal for which **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "he" "she" **}** has applied.

I have no date yet for the tribunal but it would almost certainly be held at **{** MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}**. I will confirm this information with you as soon as I am able.

I should be grateful if you would please confirm whether you are willing to act as a witness at the upcoming tribunal. Please kindly confirm this in writing; an email will suffice.

May I stress that you are under no obligation whatsoever to attend nor would **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** wish to put you under pressure to do so.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

MHRT - withdraw app for tribunal

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LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

{ MERGEFIELD MH_PROFS_MH_MHRT_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_dxno **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                                   { MERGEFIELD   **{** SET LtrDate **{** DATE
                                   "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear Sirs,

RE: {   MERGEFIELD   LINKNAME_FORENAME_1   }   {   MERGEFIELD
LINKNAME_SURNAME_1 }
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

Further in the above matter I confirm that our client has requested that **{** IF **{** MERGEFIELD
MH_ADDCLIDETS_MH_GENDER **}** = "Male" "his" "her" **}** application for a Tribunal Hearing
which was due to take place on   be withdrawn.

I enclose a copy of **{** MERGEFIELD "LINKNAME_TITLE_1" **}** **{** MERGEFIELD
"LINKNAME_SURNAME_1" **}**'s signed statement to this effect.

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

MHRT - confirm tribunal outcome

{ MERGEFIELD MH_PROFS_MH_MHRT_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_dxno **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
{ MERGEFIELD   **{** SET LtrDate **{** DATE
"MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}}**

Dear Sirs,

RE: { MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
Case No. { MERGEFIELD MH_PROFS_MH_CASENO **}**

Further to **{** MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**'s First-Tier Mental Health Review Tribunal Hearing, which took place on   we can advise you that

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

MHRT - confirm instructions

{ MERGEFIELD MH_PROFS_MH_MHRT_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_dxno **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
{ MERGEFIELD   **{** SET LtrDate **{** DATE
"MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear Sirs,

**RE: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }**
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

We confirm that we are instructed on behalf of the above named in connection with **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "his" "her" **}** application to the First-Tier Mental Health Review Tribunal.

As contract holders, we have granted Legal Help funding to our client, together with authority to instruct an independent psychiatrist and independent social worker if necessary.

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

MHRT - confirm client discharged

{ MERGEFIELD MH_PROFS_MH_MHRT_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_dxno **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                   { MERGEFIELD   **{** SET LtrDate **{** DATE
                   "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear Sirs,

**RE: {   MERGEFIELD   LINKNAME_FORENAME_1   }   {   MERGEFIELD
LINKNAME_SURNAME_1 }**
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

Further in the above matter, we confirm that we are aware that **{** MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** has been discharged from **{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** = "Male" "his" "her" **}** Section **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}**.

In the circumstances, it will not now be necessary for the Tribunal Hearing to be heard.

We thank you for your assistance in this matter.

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

MHRT - blank letter

{ MERGEFIELD MH_PROFS_MH_MHRT_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_dxno **}**

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD	**{** SET LtrDate **{** DATE
	"MATTER_FEE_EARNER_ID" *	\@ "d MMMM yyyy" **}{**

Dear Sirs,

RE: { MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
Case No. { MERGEFIELD MH_PROFS_MH_CASENO **}**

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

ISW - blank letter

{ MERGEFIELD MH_PROFS_MH_ISW_name **}**
{ MERGEFIELD MH_PROFS_MH_ISW_address **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                                   { MERGEFIELD   **{** SET LtrDate **{** DATE
                                   "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_PROFS_MH_ISW_name **}**

**RE: {   MERGEFIELD   LINKNAME_FORENAME_1   }   {   MERGEFIELD
LINKNAME_SURNAME_1 }**

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Hospital - confirm instructions

{ MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_address **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   **{** SET LtrDate **{** DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear Sirs,

RE: {   MERGEFIELD   LINKNAME_FORENAME_1   }   {   MERGEFIELD
LINKNAME_SURNAME_1 }
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

We have been instructed to represent the above named in connection with **{** MERGEFIELD
"LINKNAME_FORENAME_1"   **}** **{** MERGEFIELD "LINKNAME_SURNAME_1"   **}**
application to the First-tier Tribunal (Mental Health).

We would greatly appreciate it if you would please let us know when the Hospital received
notice from the Tribunal that **{** MERGEFIELD "LINKNAME_FORENAME_1"   **}** **{**
MERGEFIELD "LINKNAME_SURNAME_1" **}**'s application had been issued and also the
latest date by which you understand the statutory papers should be forwarded to the
Tribunal.

In order to avoid us unnecessarily troubling you, we would greatly appreciate it if you would
arrange to let us know when all, or part, of the statutory papers have been forwarded to the
First-Tier Mental Health Review Tribunal.

We would appreciate it if you could please let us have copies of the papers relating to our
client's present detention under the Mental Health Act.

Please find enclosed copies of **{** MERGEFIELD "LINKNAME_FORENAME_1"   **}** **{**
MERGEFIELD "LINKNAME_SURNAME_1" **}**'s signed Form of Authority.

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Hospital - client withdraw

application

{ MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_address **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   **{** SET LtrDate **{** DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear Sirs,

RE: {   MERGEFIELD   LINKNAME_FORENAME_1   }   {   MERGEFIELD
LINKNAME_SURNAME_1 }
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

We write to advise that following a meeting with **{** MERGEFIELD "LINKNAME_TITLE_1" **} {**
MERGEFIELD   "LINKNAME_FORENAME_1"   **}   {   MERGEFIELD**
"LINKNAME_SURNAME_1" **}, {** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_GENDER **}** =
"Male" "he" "she" **}** has instructed us to withdraw **{** IF **{** MERGEFIELD
MH_ADDCLIDETS_MH_GENDER **}** = "Male" "his" "her" **}** application for a Tribunal hearing.

We have advised the First-Tier Mental Health Review Tribunal and await their decision.

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Hospital - blank letter

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{ MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}**
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_address **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                                   { MERGEFIELD   **{** SET LtrDate **{** DATE
                                   "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear Sirs,

RE: {   MERGEFIELD   LINKNAME_FORENAME_1   }   {   MERGEFIELD LINKNAME_SURNAME_1 }
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

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Client Care letter

Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_INITIALS_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
{ MERGEFIELD "CALCULATION_ADDRESS" **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   **{** SET LtrDate **{** DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **}**,

RE: Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal

Thank you for instructing this firm to act on your behalf in connection with your application to the First-Tier Mental Health Review Tribunal to review your detention under Section **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** of the Mental Health Act.

Responsibility for your work

I am **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**, the person who will conduct your matter. I am a **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}** and a member of the Law Society's Mental Health Tribunal Panel. I will endeavour to visit you on a regular basis and keep you personally informed about the progress. I will be supervised by **{** MERGEFIELD CALCULATION_EXECUTIVE_NAME **}**, a STATUS in this firm. In the event of my not being available please contact my colleague XX who will be happy to assist with any query you may have or alternatively they can take a message and I will call you back.

Your Instructions

The Tribunal

{ IF **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** = 2 "The Mental Health Review Tribunal is an independent body which consists of a Lawyer, a Doctor and an ordinary member of the community. The Tribunal procedure is fairly informal. Before the hearing, the Tribunal Doctor will call to see you to enable him to advise the Tribunal as to his/her opinion on your mental health.

As you are detained under Section 2 of the Mental Health Act 1983, in addition to having a general discretion to discharge you the Tribunal must discharge you if they are not satisfied that the provision of Section 72(1)(a) of the Act are met. I have set out below the provisions of that Section.

(i) The Tribunal must discharge you if you are not then suffering from mental disorder or from mental disorder of a nature or degree which warrants your detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; or

(ii) That your detention aforesaid is justified in the interests of your own health and safety or for the protection of other persons.

The Tribunal also have the discretion to defer your discharge to a specified date if they do not order your immediate discharge. Also they can make recommendations about possible leave of absence or your transfer to another hospital, another ward, such as a rehabilitation ward, or even guardianship and if these recommendations are not complied with they can consider your case further.

The Tribunal have not yet contacted me regarding the date upon which your Tribunal Hearing will take place; I will contact you as soon as they do so.

As explained to you, we can make no promises as to the outcome of your application save that we will do our very best to carry out your instructions." "**{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** = 3 "The Mental Health Tribunal is an independent body and consists of a lawyer, a Doctor and an expert lay member. The Tribunal's procedure is fairly informal.
As you are detained under Section 3 of the Mental Health Act, in addition to having a general discretion to discharge you, the Tribunal must discharge you if the provisions of Section 72(1)(b) are met, and I have set out below the provisions of that Section.

1. The Tribunal must discharge you if it is not satisfied that you are then suffering from a mental disorder at all, or not satisfied that you are suffering from a mental disorder of a nature or degree which makes it appropriate for you to be liable to be detained in a hospital for medical treatment or:

2. If it is not satisfied that it is necessary for your health or safety or for the protection of other persons that you should receive such treatment; or

3. If it is not satisfied that appropriate medical treatment is available

The Tribunal also have the discretion to defer your discharge to a specified date if they do not order your immediate discharge. Also they can make recommendations about leave of absence, transfer to another hospital, or about a community treatment order or guardianship, and if these recommendations are not complied they can consider your case further.

The Tribunal have not yet listed this matter for hearing. I will contact you as soon as they do so." "**{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** = 35 "S35 advice" "**{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** = 37 "The Mental Health Tribunal is an independent body and consists of a lawyer, a Doctor and an ordinary member of the community and the Tribunal's procedure is fairly informal.

As you are detained under Section 37 of the Mental Health Act, the Tribunal must discharge you if it is not satisfied that:

1.   You are, on the day of the Tribunal, suffering from a mental disorder of a nature or degree which makes it appropriate for you to be liable to be detained in hospital for medical treatment; or

2.   That it is necessary for your health or safety or for the protection of others you should receive such treatment; or

3.   That appropriate treatment is available.

The Tribunal can also defer your discharge to a future date, adjourn for more information, recommend leave or recommend that your consultant considers a Community Treatment Order." "**{** IF **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** = 47 "s47 advice" "Please select the relevant section from the workflow/dossier to enable this function to work correctly." **}**" **}**" **}**" **}**" **}**

Quality of Service

Our aim is to provide you with the highest standard of professional service at all times. As a firm of Solicitors we owe you a duty to act in your best interests at all times and to behave with independence and integrity.

However, if you have any queries or concerns relating to the work carried out on your behalf or if there are any problems which we cannot resolve between ourselves, then please contact our Client Care Officer, **{** MERGEFIELD CALCULATION_EXECUTIVE_NAME **}** (contact details are set out in the firm's Client Care Guide enclosed). All firms of Solicitors are obliged to attempt to resolve problems that may from time to time arise and it is important, therefore, that you immediately raise any concerns. We value your instructions and wish to ensure that everything proceeds with as few problems as possible.

Costs

The Legal Aid Agency will meet the costs in the case, so costs need not concern you.

Please find enclosed a Client Care Guide, which will contains information in relation to the services which this Firm will be providing. However, should you have any queries, please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Enc.

Client - trib withdraw accept

closing letter

Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
{ MERGEFIELD "CALCULATION_ADDRESS" }

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD	{ SET LtrDate { DATE
	"MATTER_FEE_EARNER_ID" *	\@ "d MMMM yyyy" }{

Dear **{ MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT }**,

RE: Your Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal

I have received confirmation from the First-Tier Mental Health Review Tribunal that your application to withdraw from the tribunal has been accepted. Your tribunal has therefore been cancelled and will not take place.

I confirm that I do not have any documents to return to you.

I confirm that the Firm will keep your case papers in a secure place of storage for a period of six years. Upon your written request, the papers will be retrieved for you. After six years, the papers will be destroyed.

May I take this opportunity to thank you for your kind instructions. May I wish you all the very best. If I can be of assistance to you in the future please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - trib not discharged closing

letter

Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_INITIALS_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
{ MERGEFIELD "CALCULATION_ADDRESS" **}**

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD "MATTER_FEE_EARNER_ID" *	**{** SET LtrDate **{** DATE \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **}**,

RE: Your Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal

Further to your First-Tier Mental Health Review Tribunal Hearing, I confirm that the tribunal decided not to discharge you from your section.

I confirm that I do not have any documents to return to you.

I confirm that the Firm will keep your case papers in a secure place of storage for a period of six years. Upon your written request, the papers will be retrieved for you. After six years, the papers will be destroyed.

May I take this opportunity to thank you for your kind instructions. May I wish you all the very best. If I can be of assistance to you in the future please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - s64G letter

Private & Confidential – Patient's MHRT
correspondence from { MERGEFIELD
PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD
"LINKNAME_INITIALS_1" **} {** MERGEFIELD
"LINKNAME_SURNAME_1" **}**
{ MERGEFIELD "CALCULATION_ADDRESS" **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   **{** SET LtrDate **{** DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **}**,

RE: Section 64G

I have had correspondence from **{** MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}** explaining that your community consultant is proposing to use the emergency provisions of s.64G. I thought you ought to know what these provisions are.

i)   The person giving the treatment has to reasonably believe that you lack capacity to consent to it;

ii) The treatment must be immediately necessary either a) to save your life; or b) to prevent a serious deterioration in your condition; or c) to alleviate serious suffering; or d) to prevent you from behaving violently or being a danger to yourself or others. In the last case it must be the minimum interference necessary; in cases b c and d it must not be irreversible, and in cases c and d it must not be hazardous.

iii) If force is used, treatment a) must be necessary to prevent harm to you and b) must be proportionate.

The Code of Practice at 24.28 says that 64G could be used "where the situation is so urgent that recall is not realistic…" it goes on: "Situations like this should be *exceptional"* (emphasis added).

If you wish to discuss this further, please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - received Tribunal decision

<u>Private & Confidential – Patient's MHRT</u>
<u>correspondence from FIRM</u>
{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD
"LINKNAME_INITIALS_1" **} {** MERGEFIELD
"LINKNAME_SURNAME_1" **}**
{ MERGEFIELD "CALCULATION_ADDRESS" **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
             { MERGEFIELD   **{** SET LtrDate **{** DATE
             "MATTER_FEE_EARNER_ID" * \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **}**,

<u>RE: Your Section 2 – Application to First-Tier Mental Health Review Tribunal</u>

I have today received a copy of the First-Tier Mental Health Review Tribunal's decision papers in respect of your Tribunal which took place on   .

Please find enclosed a copy of these papers; should you wish to discuss these papers with me please do not hesitate to contact me.

Yours sincerely,

FEE EARNER
FIRM

Client - notify of tribunal date

<u>Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }</u>
{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_INITIALS_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
{ MERGEFIELD "CALCULATION_ADDRESS" **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                                   { MERGEFIELD   **{** SET LtrDate **{** DATE
                                   "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **},**

<u>RE: Your Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal</u>

I have today been informed by the First-Tier Mental Health Review Tribunal that they have arranged your hearing date for   at **{** MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}**. I confirm that I will of course see you before the tribunal to discuss the reports from the tribunal and the independent reports.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - discharged no trib closing

letter

Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_INITIALS_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
{ MERGEFIELD "CALCULATION_ADDRESS" **}**

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   **{** SET LtrDate **{** DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" **}{**

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **}**,

RE: Your Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal

I have received confirmation from **{** MERGEFIELD MH_PROFS_MH_HOSPITAL_name **}** that you have been released from Section **{** MERGEFIELD MH_ADDCLIDETS_MH_SECTION **}** under the Mental Health Act and therefore there will not be a tribunal.

I confirm that I do not have any documents to return to you.

I confirm that the Firm will keep your case papers in a secure place of storage for a period of six years. Upon your written request, the papers will be retrieved for you. After six years, the papers will be destroyed.

May I take this opportunity to thank you for your kind instructions. May I wish you all the very best. If I can be of assistance to you in the future please do not hesitate to contact me.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - confirm instructed expert

Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
{ MERGEFIELD "CALCULATION_ADDRESS" }

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD "MATTER_FEE_EARNER_ID" *	{ SET LtrDate { DATE \@ "d MMMM yyyy" }}

Dear **{ MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT },**

RE: Your Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal

I write to advise you that I have instructed   to carry out independent reports. I will be in contact with you as soon as I have further information.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - blank letter

Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
{ MERGEFIELD "CALCULATION_ADDRESS" }

Please ask for:
{ MERGEFIELD

Your Ref: Our Ref: Date:
                             { MERGEFIELD   { SET LtrDate { DATE
                             "MATTER_FEE_EARNER_ID" *   \@ "d MMMM yyyy" }{

Dear **{** MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT **},**

RE: Your Section { MERGEFIELD MH_ADDCLIDETS_MH_SECTION } – Application to First-Tier Mental Health Review Tribunal

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Client - CTO refused depot

<u>Private & Confidential – Patient's MHRT correspondence from { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }</u>
{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
{ MERGEFIELD "CALCULATION_ADDRESS" }

Please ask for:
{ MERGEFIELD

Your Ref:	Our Ref:	Date:
	{ MERGEFIELD "MATTER_FEE_EARNER_ID" *	{ SET LtrDate { DATE \@ "d MMMM yyyy" }

Dear **{ MERGEFIELD MH_ADDCLIDETS_FW_CLI_SALUT }**,

<u>RE: Community Treatment Order – Refusing Depot</u>

I understand that you have refused your depot, or wish to refuse your depot. Your care coordinator may have a 'section 64 certificate'.

The Code of Practice 25.26 which states: "Compulsory treatment cannot be given to a patient on a CTO who has not been recalled [a Part 4A patient] …and who has capacity …to consent or refuse a treatment..."

I refer you to CoP 24.19 which says: "Part 4A patients who lack capacity to consent or refuse a treatment may …be given it …by or under the direction of the approved clinician in charge of the treatment, unless: …force needs to be used in order to administer the treatment and the patient objects to the treatment."

Even if you are deemed to lack capacity, you cannot be forced to accept a depot in your own home.

I refer you to CoP 25.26: "Refusal to consent to treatment in itself does not justify a recall to hospital and fuller consideration of the patient's presentation and circumstances is required when considering whether a recall to hospital is warranted…" You cannot be recalled to hospital because you have refused your depot.

Yours sincerely,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Brief to Counsel

CASE NO: **{ MERGEFIELD MH_PROFS_MH_CASENO }**

IN THE XXX COURT

B E T W E E N:

FIRST-TIER TRIBUNAL (MENTAL HEALTH)

Applicant

-and-

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

First Respondent

BRIEF TO COUNSEL

Counsel will find enclosed:

1. CLS Funding Certificate

Background:

Counsel is instructed, pursuant to the enclosed CLS Funding Certificate, to:

Should Counsel have any questions or wish to discuss anything would he/she please contact **{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }** of Instructing Solicitors on **{ MERGEFIELD ORGANISATION_PHONE_NO }** or **{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }**.

Dated: **{** DATE \@ "dd MMMM yyyy" **}**

CASE NO: { MERGEFIELD MH_PROFS_MH_CASENO }

IN THE XXX COURT

B E T W E E N:

XXX

Applicant

-and-

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD "LINKNAME_SURNAME_1" }

First Respondent

BRIEF TO COUNSEL

LEGAL AID

Counsel:
{ MERGEFIELD MH_PROFS_MH_COUNSEL_name }
{ IF { MERGEFIELD MH_PROFS_MH_COUNSEL_dxno }= "" "{ MERGEFIELD MH_PROFS_MH_COUNSEL_address }" "{ MERGEFIELD ORGANISATION_DX_NO }"}

{ MERGEFIELD ORGANISATION_ORGANISATION_NAME }
{ MERGEFIELD ORGANISATION_HOUSE }
{ MERGEFIELD ORGANISATION_AREA }
{ MERGEFIELD ORGANISATION_POSTAL_TOWN }
{ MERGEFIELD ORGANISATION_COUNTY }
{ MERGEFIELD ORGANISATION_POSTCODE }

{ MERGEFIELD ORGANISATION_DX_NO }

Tel: **{ MERGEFIELD ORGANISATION_PHONE_NO }**

Fax: **{ MERGEFIELD ORGANISATION_FAX_NO }**

Ref: **{ MERGEFIELD "MATTER_FEE_EARNER_ID" * Upper }**/**{ MERGEFIELD client_no }**/**{ MERGEFIELD matter_no }**