Preparing for an MHRT Hearing
Checklist for Clinicians

Have you:

- ☐ noted the date, time and location of the hearing and identified which members of the treating team will be attending?

  The AMHS is notified by the MHRT 7 weeks in advance for FO and TSO reviews and 3 weeks in advance for TA reviews via the draft hearings list.
  The list is finalised 3 weeks before a hearing day for FOs and TSOs and 2 weeks before for TAs.
  The Administrator Delegate is the contact within the AMHS regarding MHRT hearings.

- ☐ spoken with the person about whether they will be attending the hearing and how they would like to attend?

- ☐ accessed the clinical report form on CIMHA?

  Be sure to use the correct template – there are separate templates for forensic order (mental health), forensic order (disability), treatment support order, treatment authority and fitness for trial.

- ☐ noted the specific information requirements of the MHRT?

  Check the criteria in the *Mental Health Act 2016* for the type of review and provide information about the criteria in the clinical report and be prepared to answer questions at the hearing.

- ☐ conducted a recent examination of your patient?

  The MHRT will want current information about the patient.

- ☐ completed the clinical report with up to date information (including summarising historical information where needed)?

  Make sure all sections of the clinical report have been completed. If a previous version of the clinical report is being updated, all existing content should be checked and edited as appropriate. Also ensure that any listed attachments are attached (the MRHT cannot access CIMHA).

- ☐ provided a detailed clinical report at least 7 days prior to the hearing to the MHRT and the person?

'At least 7 days' means 7 clear days. See the MHRT Practice Direction No 1/2017 for guidance on how to calculate this timeframe.

Make a note in CIMHA of the date that the clinical report was provided to the person as the MHRT is likely to request this information if it does not appear on the report.

☐ identified if your clinical report (all or part) or any attachments should be subject to a Confidentiality Order?

The MHRT may only make information or a document confidential from the person if satisfied disclosure would cause serious harm to the health of the person or put the safety of someone else at risk. Speak to your Administrator Delegate if you think information or a document should be confidential from the patient.

If the Confidentiality Order relates to a CFOS report, have you liaised with a CFOS representative for information so you can answer questions about the Confidentiality Order criteria at the hearing.

☐ discussed the contents of the clinical report and forensic dossier (where relevant and not confidential) with the person?

☐ encouraged the person to prepare a self report?

☐ consulted your AMHS Administrator Delegate with any questions?