

## Executive Summary: Guidance Paper to support access to Secondary Care Mental Health Treatment Requirements (MHTRs)

This guidance focuses on secondary care MHTRs with a view to assisting clinicians, providers and commissioners to develop clinical pathways (in partnership with other organisations) to support individuals who may be eligible for secondary care mental health services and subject to an MHTR. Secondary care providers are not expected to provide services over and above their current contractual requirements.

This summary may also be used in conjunction with the full Secondary Care Guidance and the Mental Health Treatment Requirement (MHTR) Operating/Commissioning Framework.

There is a national drive to increase the use of MHTRs with a view to reducing reoffending among individuals for whom a mental disorder is a contributory or relevant factor to their offending behavior. *Secondary MHTRs are made for individuals who have the capacity to understand their need to attend for treatment and confirm to the court that they are willing to do so. The order then supports that intent.*

An issue for the Criminal Justice System (CJS) is the high number of individuals who receive short custodial sentences of less than one year, for repeated low-level non-violent crime. A high proportion of these individuals have a clinically significant mental illness, personality or developmental disorders, and/or intellectual disabilities, often with substance misuse problems or full disorders of substance use. They may have associated social problems, which could, if resolved, reduce longer term offending and help support reintegration into society.

### Increasing the use of Secondary Care MHTRs

MHTR assessments would occur as early as possible in the criminal justice process to allow for sound arrangements to be agreed.

#### Pre-Sentence:

- Identification of individuals who may benefit from an MHTR would be highlighted to the registered medical practitioner or registered psychologist (Responsible Practitioner) where the individual is already known to the secondary care service.
- The service will confirm whether the individual is suitable /eligible or not, this is a key part of the secondary care pathway. Where an individual with these levels of needs are identified, but not known to secondary care services, such cases should be treated as an emergency referral.
- The Magistrates' or Crown Court will only include treatment requirements as part of a sentence if they deem it appropriate and are satisfied the individual fully understands the requirement, has given consent to treatment, will keep appointments with support if necessary, and consents to share specified information (such as attendance).
- If a treatment requirement is included as part of a sentence, the individual must receive, at point of sentence, a written/hard copy of information setting out the details of the MHTR including the name of the treatment provider, and the date, time, and place of the first appointment (this will be pre agreed by the secondary care provider and provided to the court by Liaison and Diversion or the Probation Service).
- The individual's secondary care Responsible Practitioner (RP) will oversee and supervise the MHTR and, if not available, the MHTR will not be agreed by the court.

#### Post Sentence Agreement:

- The Probation Practitioner, RP and individual will meet to agree the sentence plan and MHTR specifications
- If RAR days have been agreed as part of the sentence, the Probation Practitioner should discuss with both the individual and the RP how these could be used to address pressing rehabilitative needs.

- If one or more substance misuse diagnoses are thought to be relevant and an ATR or DRR has been ordered then these service providers will also liaise to link or sequence the requirements, as appropriate, to maximize the benefit of the support.
- Everyone involved, including the individual under the order, must be fully appraised of what is expected of him/her. One of the ultimate goals is that the individual will be able to manage his/her own risk(s) without outside input.
- Pre-agreed feedback mechanisms will be put in place between Probation, the health provider, the supervised individual, and the courts where relevant, on the progress of the order. Service-user feedback is vitally important in order to support the increased use of secondary care MHTRs
- The Probation Practitioner has ultimate responsibility for the case, so, if any details of the specified contract need to be amended during the running of the order (e.g., change of clinician, venue etc.), the PP must be informed. It is recommended, however, that detail of treatments be kept to a minimum.

**Non-compliance with the requirement:** the RCs part of the agreement in the sentence plan will be to agree a process in the event of non-compliance with the order. The individual will understand what the RC must/will do in the event of breach by failing to meet the agreed attendance and treatment criteria. The RC must know exactly how to contact the probation office and the form of evidence needed.

On completion of the MHTR, an agreed care plan will be put in place to ensure that treatment may continue, with the same RC in the absence of constraints, or a new one as best fits the needs of the individual.

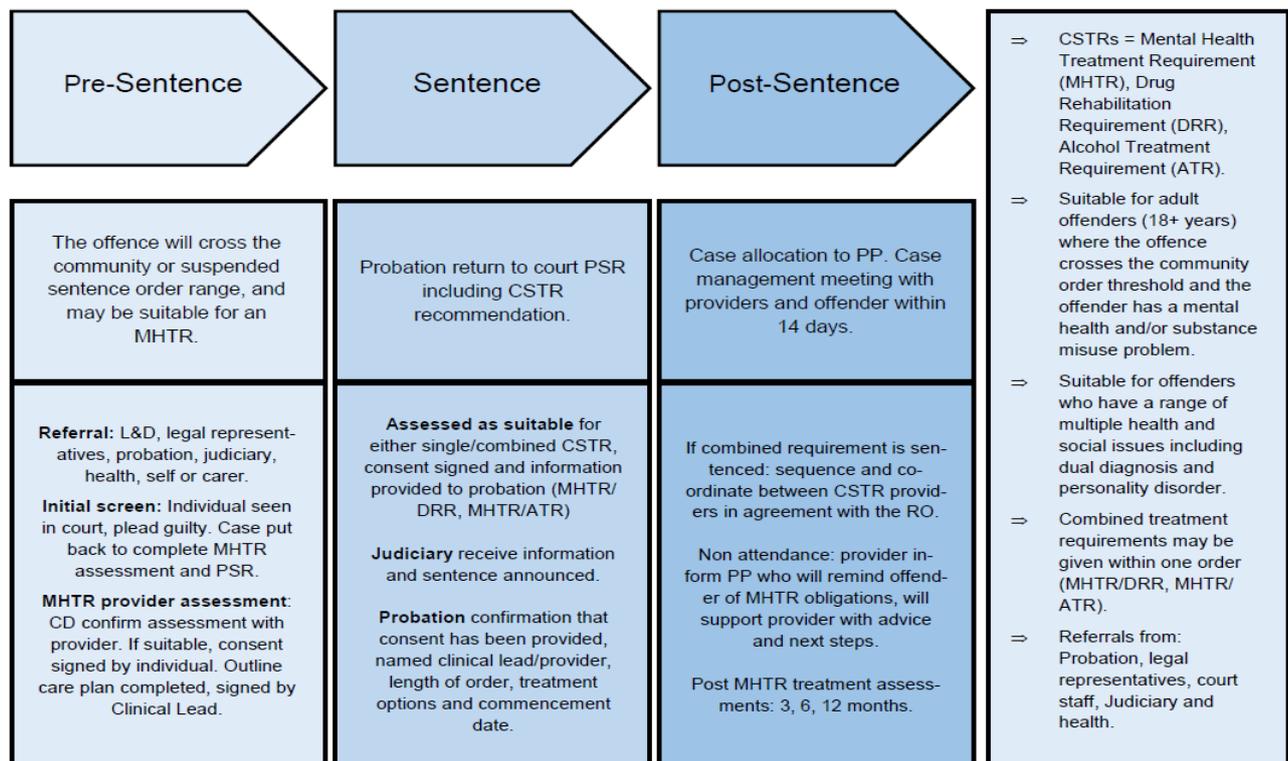
#### **Considerations:**

1. It may be helpful to designate a clinical supervisor for this work as management of the requirements will become simpler.
2. This is likely to be the case if the RC won't be required to go to court in person as the individual will already be known. In general, the Liaison and Diversion Service will provide the necessary clinical report and note any issues which may affect engagement. The prospective RC would be required to agree that she/he would be willing to supervise the case and liaise with the Probation Practitioner supervising the community sentence/court order.
3. Clinical case management should be no different than for any other individual with similar mental conditions, although there may be advantages through extra support for the individual to ensure compliance with the court order.
4. In the rare event of the RC considering that the clinical part of the requirement has broken down (for example, due to persistent non-attendance) then the clinician must report to the Probation Practitioner with a recommendation for how to proceed.

#### **Secondary Care MHTR eligibility includes (but not limited to):**

- 18 years old or above
- Offence crosses the community or suspended sentence order range
- Meets the local criteria for being in the Care Programme Approach (CPA)
- Severe and enduring mental health conditions or a high degree of clinical complexity
- Significant history of severe distress/instability
- Longer term mental health problems characterised by unstable treatment adherence and requiring proactive follow up
- Risk of harm to self or others which exceeds what can be managed in primary care

## Example Pathway and Process:



## Example RP MHTR Guidance

<b>Guidance specification for a Registered Medical Practitioner or Registered Psychologist (RP) for MHTRs based in Secondary Care</b>
<b>Pre-sentence</b>
<ol style="list-style-type: none"> <li>1. RP will be familiar with the locally agreed pre-sentence screening and assessment measures (clinical criteria as defined by the local service) which will define the MHTR threshold criteria with members of the Liaison and Diversion (L&amp;D) team.</li> <li>2. RP/L&amp;D will agree the consent process with the court.</li> <li>3. RP will agree additional information required within the PSR for probation.</li> <li>4. RP will sign off the clinical care plan including the desired outcomes</li> <li>5. Probation/RP/L&amp;D will agree a sign off process if the RP isn't directly taking consent</li> <li>6. The RP will be the named clinician for the purpose of sentencing.</li> </ol>
<b>Post sentence: treatment delivery</b>
<ol style="list-style-type: none"> <li>1. RP will be mindful of NICE recommendations with respect to specific treatments and timescales.</li> <li>2. RP will advise/support the effective sequencing of the requirements (if other treatment requirements have been ordered) to ensure maximum engagement and effectiveness.</li> <li>3. RP to be aware of any non-compliance with the MHTR ensure colleagues know to contact Probation</li> <li>4. RP to ensure clear, prompt communication with the probation officer in the event of non-compliance.</li> </ol>
<b>Sentence completion:</b>
<ol style="list-style-type: none"> <li>1. On completion, the RP will sign the order off and advise if further treatment is required.</li> <li>2. RP (and treatment provider) will review clinical outcome, as specified pre-sentence to ensure assessments and treatments are effective and monitored as locally agreed.</li> <li>3. RP will send an MHTR completion letter to the individual and Probation Practitioner</li> </ol>

**January 2022:** MHTR Programme and RCPsych will review and update this guidance on a regular basis to reflect current practice.