

# Mental Health Act

## First Tier Tribunal (Mental Health) Policy

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Consultation Groups	Mental Health Law Department
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Services	Applicable
Trustwide	Yes
Mental Health and LD	
Community Health Services	

## Version Control Summary

Version	Date	Author	Status	Comment
2.4	20 <sup>th</sup> January 2016	Guy Davis	Final	<ul style="list-style-type: none"> <li>• Added reference to joint Tribunal/RCPsych guidance re medical evidence</li> <li>• Clarified in 4.5, the power of Tribunal to appoint a legal representative for the patient.</li> <li>• Added reference to booking system in 4.11</li> </ul> <p>Minor amendment to Tribunal procedure in 6.0 and contact list in appendix 1.</p>
2.5	14 <sup>th</sup> May, 2021	Guy Davis	Final	<ul style="list-style-type: none"> <li>• 1.4 - Tribunal Procedure (Coronavirus) (Amendment) Rules 2020</li> <li>• 1.4 <a href="https://www.gov.uk/courts-tribunals/first-tier-tribunal-mental-health">https://www.gov.uk/courts-tribunals/first-tier-tribunal-mental-health</a></li> <li>• 4.11 In the event where the legal representative cannot access the premises due to exceptional circumstances the trust should follow the tribunal Direction for disclosure (STJ33) of medical records to legal representatives in all cases for the duration.</li> <li>• 5.2 If there is a dispute about writing a report and attending the hearing for an out of area service user, or first presentation service user with no links to services, then this will be escalated with immediate effect to the relevant Borough Director to resolve.</li> <li>• 5.4 <a href="https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2_0">https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2_0</a></li> <li>• 5.10 The above date will be set out in the report request from the Mental Health Law office and report authors should also upload clinical reports to RIO using code MHRT Reports.</li> <li>• 7.2 In the event where the medical examiner cannot access the premise due to exceptional</li> </ul>

				<p>circumstances such as a pandemic, the Trust should ensure the patient is available to meet with the examiner virtually at a set arranged date and time.</p> <ul style="list-style-type: none"> <li>• 8.3 <a href="https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2_0">https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2_0</a></li> <li>• 10.3 Added, <b>as well as uploading them to RIO.</b></li> <li>• 12. 1 Virtual Hearings: The Trust will ensure to enable the hearing to effectively and smoothly go ahead will provide and support the hearing with the necessary IT equipment i.e.: laptops / smart devices and a quiet room.</li> <li>• 12.2 The Mental Health Law department should be contactable on the day of the hearing to answer any questions about accessibility to the Tribunal from their smart devices and laptops.</li> <li>• Appendix 1 – contacts updated</li> </ul>
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## Executive Summary

This policy sets out the legal requirements in relation to the First Tier Tribunal (Mental Health) and what relevant practitioners are required to do to ensure that the Trust complies with those provisions.

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## 1.0 INTRODUCTION

### 1.1 Article 5 of the European Convention for Human Rights:

“Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:

*.....the lawful detention of persons of unsound mind....*

***Everyone who is deprived of his or her liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of the detention shall be decided speedily by a court and release ordered if the detention is not lawful.”***

The First-Tier Tribunal (Mental Health) is a ‘court’ for the purposes of the European Convention.

1.2 This policy clarifies legislation and direction in respect of preparation and participation in the procedures relating to the First Tier Tribunal (Mental Health), hereafter referred to as ‘the Tribunal’.

1.3 The policy should be read by Responsible Clinicians, doctors, nurses, occupational therapists, social workers and all others who will potentially be giving written and/or verbal evidence in respect of a patient’s care and treatment.

1.4 The policy should be read in accordance with:

- Mental Health Act 1983 and its Code of Practice;
- Tribunal Procedure Rules 2008;
- Tribunal Procedure (Amendment) Rules 2012;
- Tribunal Rules Practice Directions;
- Guidance re Solicitor’s Conduct
- Joint Tribunal and Royal College of Psychiatrists Guidance about Medical Evidence
- Tribunal Procedure (Coronavirus) (Amendment) Rules 2020

All of the above are available from the Mental Health Law offices and on the Trust’s Intranet or from <https://www.gov.uk/courts-tribunals/first-tier-tribunal-mental-health>

1.5 There are important differences in the appeals and referral procedures dependent upon which section of the Act the patient is subject to. The following tables indicate the position in respect of rights and duties to approach the Tribunal<sup>1</sup>:

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<sup>1</sup> Chapter 6 of the Mental Health Act Reference Guide 2015

**APPLICATIONS TO FIRST TIER TRIBUNAL (MENTAL HEALTH) – PART II PATIENTS**

Category of Admission or Circumstance	Maximum Duration	Application to Tribunal by Patient	Application to Tribunal by Nearest Relative	Automatic Reference by the Hospital Managers (delegated to Mental Health Law staff)	Comments
<b>Admission for Assessment (s.2)</b>	Up to 28 days	Once within first 14 days of admission including any period of detention under section 4	No	No (but see comments)	Hospital Managers have a duty to refer after 6 months to the Tribunal those Section 2 patients whose detention has been extended as a result of an application to the County Court for the displacement of the Nearest Relative. Consideration may also need to be given to making a referral earlier via the secretary of state if the patient lacks the capacity to decide to appeal.
<b>Admission for Treatment (s.3)</b>	Up to 6 months, can be renewed for 6 months and 12 months thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter	No	If Tribunal have not heard case in first 6 months (Including any time under section 2). Also if Tribunal has not heard case for 3 years (1 year if a child under 18)	
<b>Emergency admission (s.4)</b>	Up to 72 hours	See section 2 above	No	No	
<b>Doctor's holding power (s.5(2))</b>	Up to 72 hours	No	No	No	
<b>Nurse's holding power (s.5(4))</b>	Up to 6 hours	No	No	No	

<b>Guardianship (s.7)</b>	Up to 6 months, can be renewed for 6 months and every 12 months thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter	No	No	
<b>Patient transferred from guardianship to hospital (s.19)</b>	Remainder of original duration under Guardianship then as section 3 above	Once within the initial period and once in each period thereafter.	No	If Tribunal have not heard case in first 6 months. Also if Tribunal has not heard case for 3 years (1 year if a child under 18)	
<b>Nearest relative barred from discharging patient (s.25)</b>		No	s.2 – No s.3 – within 28 days of barring report	No	
<b>Nearest Relative displaced by County Court (s.29(3) (c) or (d))</b>		No	Once within the first year following displacement and in each subsequent year	No	
<b>Patients subject to Community Treatment Orders (s.17A)</b>	Up to 6 months, can be renewed for 6 months and every 12 months thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter. If the order is revoked, see section 3.	No	If the order is revoked, or on renewal if Tribunal have not heard case in first 6 months (Including any time under detention). Also if Tribunal has not considered case for 3 years (1 year if a child under 18)	

**APPLICATION TO FIRST TIER TRIBUNAL (MENTAL HEALTH) – PART III PATIENTS**

Category of Admission	Maximum Duration	Application to Tribunal by Patient	Application to Tribunal by Nearest Relative	Automatic Reference by the Hospital Managers	Comments
<b>Remand, Interim Hospital and Committal Orders (ss. 35, 36, 38, 44)</b>	Variable	No	No	No	
<b>Guardianship Order (s.37)</b>	Up to 6 months, can be renewed for 6 months and every 12 months thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter	Once within the period of 12 months beginning with the date of the order and once in each 12 month period thereafter	No	
<b>Hospital Order (s.37)</b>	Up to 6 months, can be renewed for 6 months and every 12 months thereafter	Once in second 6 months and once in each 12 month period thereafter	Once in second 6 months and once in each 12 month period thereafter	If Tribunal have not heard case for 3 years (1 year if a child under 18)	
<b>Hospital Order with Restriction Order (ss.37 &amp; 41)</b>	Without limit of time	Once after 6 months and once every 12 months thereafter	No	No	Justice Minister must refer if Tribunal have not heard case for 3 years
<b>Conditionally Discharged Restricted Patient</b>	Without limit of time	Once after 12 months following discharge and once every 2 years thereafter	No	No	



<b>Conditionally Discharged Restricted Patient who has been recalled to hospital under s.42 (ss.37 &amp; 41)</b>	Without limit of time	Once after 6 months and once in each 12 month period thereafter	No	No	Justice Minister must refer to Tribunal within 1 month of recall
<b>Hospital Direction (s.45A)</b>	Dependent on prison sentence	Once after 6 months and once in each 12 month period thereafter	No	No	Justice Minister must refer if Tribunal have not heard case for 3 years
<b>Transfer from Prison to Hospital (ss.47 or 48)</b>	Up to 6 months, renewable for 6 months and 12 months thereafter	Once within first 6 months and once in each 12 month period thereafter	Once in second 6 months and once in each 12 month period thereafter	If Tribunal have not heard case for 3 years	
<b>Transfer from Prison to Hospital with Restrictions (ss.47 or 48 with s.49)</b>	Without limit of time	Once within first 6 months and once in each 12 month period thereafter	No	No	Justice Minister must refer if Tribunal have not heard case for 3 years
<b>Patients remaining in hospital under ss.37, 47 or 45A on expiry of Restrictions</b>	Up to 6 months, renewable for 6 months and 12 months thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter	If Tribunal have not considered case for 3 years	
<b>Patients subject to Community Treatment Orders via a Part III section (S17A)</b>	Up to 6 months, renewable for 6 months and 12 months thereafter	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter. If the order is revoked, within the period of six months starting on the day the order is revoked	Once within first 6 months, once within second 6 months and once in each 12 month period thereafter. If the order is revoked, within the period of six months starting on the day the order is revoked	If the order is revoked or if Tribunal have not heard case in first 6 months (Including any time under detention). Also if Tribunal has not heard case for 3 years (1 year if a child under 18)	



## **2.0 Application to the First Tier Tribunal (Mental Health)**

- 2.1 An application is made to the Tribunal, either via the Trust's Mental Health Law department, or directly by the patient or their legal representative.

## **3.0 Section 117 and Care Programme Approach (CPA)**

- 3.1 An after-care planning meeting should take place subsequent to an application being made and preferably prior to the provision of reports. This will have the effect of applying the professionals' minds to the planning and provision of after-care should the patient be released from compulsory powers by the Tribunal. Equally, it will help the process of providing written and oral evidence to the Tribunal, especially where the nature or degree of the patient's mental disorder is such that the provision of after-care would be unfeasible or likely to prove very difficult.

## **4.0 Legal representation**

Where the patient intends to make an application to the Tribunal, the following must be considered:

- 4.1 There is a list of solicitors who have been awarded legal aid contracts by the Legal Aid Agency to act for patients pertaining to their compulsion under the Mental Health Act 1983. A copy of this list with all the solicitors operating in the Local area, is available from each Mental Health Law office.
- 4.2 If the patient wants to contact a legal representative directly who is already known to them, where practicable they should be given the opportunity to do so.
- 4.3 Where this is not practicable, or the patient asks a member of staff to contact a named legal representative to arrange an appointment, staff should consult the list for contact details and either contact the firm directly or ask a member of the Mental Health Act Law team to do so. If the legal representative's firm is not listed, advice should be sought from the Mental Health Law office.
- 4.4 The patient might ask staff to recommend a legal representative. In this situation, the patient should be provided with a copy of the Solicitor list and encouraged to choose one.
- 4.5 If the patient refuses and lacks the capacity to choose a legal representative, then staff should refer the matter to the Mental Health Law office. They will then refer the matter to the Tribunal, providing a completed MH3 (rule11(7)) by a clinician, who is familiar with the patient.
- 4.6 All discussions and actions should be documented in the patient's medical notes.
- 4.7 Once the legal representative has been appointed, s/he will contact the Trust to arrange a time to see the patient. Where practicable, staff should arrange for a suitable room to be available, which is private, safe and that does not contain any confidential information. In the event of a situation where access on to site the trust must adhere to
- 4.8 Once the patient has instructed the legal representative, s/he will usually give written permission for the legal representative to view their health records to help prepare

the case. This written permission will usually be sent to the Mental Health Law office who will upload to the electronic patient record.

- 4.9 A request for access to view records will be sent to the Responsible Clinician by the Mental Health Law office and once permission has been given by the Responsible Clinician, confirmation of that authorisation will be sent to the legal representative.
- 4.10 Legal representatives have been advised that access to electronic patient records must be obtained through making an appointment on each hospital site. They should not be accessing electronic records in ward areas unless in exceptional circumstances.
- 4.11 In the event where the legal representative cannot access the premises due to exceptional circumstances the trust should follow the tribunal Direction for disclosure (STJ33) of medical records to legal representatives in all cases for the duration.
- 4.12 Though the Trust will have witnesses appearing in a clinical and social care capacity, it will not automatically be represented at a Tribunal. Any person who wishes to act as the Trust's representative must make this known to the Tribunal via the Mental Health Law office as soon as possible prior to the date of the hearing. If it is felt that formal legal representation is required because of the complex nature of the case, the Mental Health Law team should be informed as soon as possible and if appropriate they will then arrange, via the Associate Director for Mental Health Law or the Associate Director for Legal Affairs, for engaging a legal representative for the Trust at the hearing.

## **5.0 Reports**

- 5.1 As soon as the Mental Health Law office are made aware of an application to the Tribunal, requests for reports set out in accordance with the Practice Direction referred to above, will be made to the Responsible Clinician, Care co-ordinator, nurse and managers of the relevant teams together with their respective secretaries/administrators.
- 5.2 If there is a dispute about writing a report and attending the hearing for an out of area service user, or first presentation service user with no links to services, then this will be escalated with immediate effect to the relevant Borough Director to resolve.
- 5.3 The Mental Health Law office will complete and send to the Tribunal office a 'Statement of Information about the Patient' report as set out in the Tribunal Rules Practice Direction referred to above.
- 5.4 If they are not the author, it is the responsibility of the Responsible Clinician or consultant psychiatrist to ensure that the reports in respect of medical issues concerning the patient are of sufficient quality, and they should counter-sign the report. See also the Joint Tribunal and Royal College of Psychiatrists Guidance re junior doctors giving evidence - [https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2\\_0](https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2_0)

- 5.5 If they are not the author, it is the responsibility of the Ward Manager to ensure that nursing reports are of sufficient quality, and they should counter-sign the report.
- 5.6 If they are not the author, it is the responsibility of the relevant manager to ensure that social circumstance reports are of sufficient quality, and they should counter-sign the report.
- 5.7 If a practitioner is aware of a report (or the need for one) written by a professional other than those mentioned above, which the Tribunal might require, the Mental Health Law office should be advised.
- 5.8 Reports must refer to the relevant statutory criteria for the use of the compulsory powers under the Mental Health Act and guidance on the content and quality of reports can be found on the intranet.
- 5.9 Apart from cases where the patient is detained under section 2, there is a statutory responsibility on the Trust to provide the Tribunal with statements within three weeks of the receipt of the patient's application to appeal or the referral notice.
- 5.10 The above date will be set out in the report request from the Mental Health Law office and report authors should also upload clinical reports to RIO using code MHRT Reports.
- 5.11 The clinicians will inform the Mental Health Law department that said report has been uploaded to RIO and the Mental Health Law office will send the report to the Tribunal office via email.
- If reports are not received on time, the relevant practitioner and their line manager will be contacted.
- 5.12 In section 2 cases, the required documents should be prepared as soon as practicable after the patient's application has been made. In any case, these documents must be made available to the Tribunal panel and the patient's representative at least twenty-four hours before the hearing is due to start.
- 5.13 In a Restriction Order case it is essential that copies of all reports are sent directly from the Trust to the Mental Health Unit of the Ministry of Justice; the Trust's Mental Health Law offices will arrange for this to be done.
- 5.14 Practitioners will be vulnerable to legal directions and summons's when the statutory time scales for the provision of reports are not met; particularly where the hearing is delayed or adjourned as a result. This could also put the Trust at risk of legal challenge by the patient.
- 5.15 If the author of the report believes that some information should not be disclosed to the patient, the author/holder of the information must exclude the relevant document or information from any documents that will be provided to the other party, whilst providing the excluded document or information to the Tribunal, together with the reasons for its exclusion. The Tribunal will then consider making a direction prohibiting the disclosure of a document or information to a person if it is satisfied that disclosure would be likely to cause that person or some other person serious harm, and in having regard to the interests of justice that it is proportionate to give such a direction.

- 5.16 In considering whether or not to issue a direction to prohibit the disclosure of a report or information contained in it, the Tribunal may convene a 'disclosure hearing' prior to the appeal hearing, at which the author of the report must attend.
- 5.17 If the patient has recently been or is shortly to be transferred between wards/teams or for any other reason has a different practitioner involved their care or there is otherwise some sort of disagreement, this information must be communicated to the Mental Health Law office. A discussion must take place between the relevant practitioners, and a decision made as to who will be providing the reports and who will be attending the hearing itself. This decision must also be communicated to the Mental Health Law office.
- 5.18 Requests to the Tribunal to extend deadlines for submission of reports and the reasons for the request need to be made by the clinician/s and cc in the Mental Health Law office for information.
- 5.19 In some situations, the Tribunal might consider the case on the evidence of the reports only. In such cases the Mental Health Law office will advise relevant clinicians of any further evidence that might be needed.

## **6.0 Setting the Date of the Hearing**

- 6.1 On receipt of an application from a patient, the Mental Health Law office will submit the application to the Tribunal Applications Team on the day the application is received. The Tribunal Applications Team will identify some dates and request that the detaining authority submits 3 full days or 6 half day slots that the clinicians are available to attend the Tribunal.
- 6.2 There is always a deadline for submitting clinician's availability to the Tribunal and if this deadline is missed, dates will be imposed by the Tribunal and they will generally not be changed. The Mental Health Law office will email the clinicians asking them to identify their availability by a specified date. The Mental Health Law office will then forward these dates to the Tribunal's Listings team.
- 6.3 The Mental Health Law office will ensure that dates submitted to the Listings team do not clash with previously agreed dates for the same clinical team.
- 6.4 In the event that a date cannot be agreed, the Tribunal Listing Team will identify a date where they have a panel, impose a date and all the parties will be informed accordingly. Should any party wish to ask the Tribunal to change the date, the clinician/s will have to contact the Tribunal Service directly to make this request and inform the Mental Health Law office for information.
- 6.5 An application can be withdrawn at any time by the patient/applicant subject to the Tribunal accepting the withdrawal in the case of a referral by the Secretary of State a withdrawal cannot be requested. On notice of an application to withdraw, the Tribunal may contact the Trust to ask for information and once a decision has been made, the Tribunal office will advise if the hearing is to be cancelled. Practitioners should never assume that the Tribunal hearing is cancelled without notification from the Tribunal office being received.

## **7.0 Visiting and examination of patients**

- 7.1 Where the medical panel member of the Tribunal is required to examine the patient prior to the hearing, s/he is entitled to see any patient records as well as taking copies of them for the purposes of the application/reference.
- 7.2 In the event where the medical examiner cannot access the premise due to exceptional circumstances such as a pandemic, the Trust should ensure the patient is available to meet with the examiner virtually at a set arranged date and time.
- 7.3 Section 76 of the Mental Health Act allows for a doctor or Approved Clinician authorised by or on behalf of the patient, to advise on whether an application to the Tribunal should be made, or to provide information on the patient's condition for the purposes of a Tribunal application. Such a person is also allowed to inspect any records relating to the detention or treatment of the patient.
- 7.4 A failure to allow the doctor or Approved Clinician to visit the patient and examine him/her at any reasonable time under section 76, could amount to an offence under section 129.

## **8.0 The Hearing**

- 8.1 The members of a Tribunal panel are a legally qualified Judge, the medical member who is a qualified psychiatrist and a specialist lay member.
- 8.2 The hearing is conducted in private unless the patient requests a public hearing and the Tribunal accepts the request. Normally the patient will be present throughout the hearing, unless one of the parties requests otherwise and the Tribunal agree and accept that the presence of the patient at a particular stage will adversely affect the patient's health or the welfare of the patient or others. The Tribunal has the power to exclude any person from the hearing or part of the hearing if it is in the interests of fairness for the patient.
- 8.3 The Tribunal will expect to see the Responsible Clinician or a deputy who knows the patient and in the opinion of the Responsible Clinician has sufficient knowledge and experience of the patient and psychiatry to represent the Responsible Clinician's case. See also the Joint Tribunal and Royal College of Psychiatrists Guidance re junior doctors giving evidence.

[https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2\\_0](https://www.rcpsych.ac.uk/docs/default-source/events/presentations/ptc-supported-and-valued/dr-joan-rutherford---the-trainee-guide-to-tribunals.pdf?sfvrsn=e74446c2_0)

- 8.4 It is essential that a nurse and an appropriate professional who as far as practicable, knows the patient well, attends the hearing to give further up to date information about the patient, home circumstances and after-care facilities in the event of a decision to discharge. Failure by the hospital to ensure that the appropriate professionals attend the hearing as above, will be treated by the Tribunal as a serious matter, requiring an explanation by a senior manager and potentially directions to or a summons for the absent party.
- 8.5 Requests by the Trust for people to attend as observers must be made to the judge via the Mental Health Law office. The Mental Health Law office will also seek the

permission of the patient (via their legal representative where applicable) for any observers to be present.

- 8.6 On occasion the Tribunal Service may appoint official observers to the panel such as panel member appraisers, who will not participate in the hearing.
- 8.7 Observers are not allowed to take notes in the Tribunal.
- 8.8 Where remote hearings are taking place, services must ensure that the hearing proceeds effectively and smoothly, i.e. the necessary IT equipment and a quiet room are available. Services should contact I.T and/or MHL department if potential problems are identified.

## **9.0 The Decision**

- 9.1 Having deliberated in private, the Tribunal Judge will usually announce the decision immediately after the hearing. On occasions where the patient has gone back to the ward or their community setting, the decision may be conveyed to the solicitor who is expected to communicate this to their client the same day.
- 9.2 Hospital Managers and all parties to the hearing should receive a copy of the written reasons for the Tribunal decision within three days of a Section 2 hearing, and within seven days for all other cases – Tribunal Rule 41(3)(a) and (b). On receipt of the full written decision the Mental Health law office will circulate it to the clinical team and upload it to RIO.
- 9.3 If the Tribunal makes statutory recommendations with a view to facilitating discharge on a future date e.g. for transfer to another hospital or leave of absence, the hospital is not legally obliged to follow them, but the Tribunal can reconvene at a later stage to find out why their recommendations have not been followed, and rehear the matter as appropriate.

## **10.0 Adjournments and Directions**

- 10.1 The Tribunal has the power to adjourn a hearing. This may be for further information in the form of reports or for a witness to attend a reconvened hearing. Directions may be made as to when and how the information should be provided. A Tribunal cannot adjourn to monitor a patient's progress.
- 10.2 If the Tribunal issues Directions, the Mental Health Law Supervisor is responsible for ensuring that the appropriate people are aware of their need to comply, and he/she will also alert that practitioner's line manager.
- 10.3 Details of Directions will also be kept on record by the Mental Health Law Supervisor for follow-up with the relevant practitioner, for monitoring and for identification of common trends, as well as uploading them to RIO.

## **11.0 Challenging decisions of the First Tier Tribunal (Mental Health)**

- 11.1 On application from a party, the First-Tier Tribunal has the power to review a decision if it is satisfied that there was an error of law in the decision.
- 11.2 If the Tribunal decides not to review the decision, or reviews the decision and decides to take no action, it will consider whether to give permission to appeal to the Upper-Tier Tribunal.



- 11.3 If permission to appeal is refused, an application for permission can be submitted directly to the Upper-Tier Tribunal.
- 11.4 If a practitioner is considering challenging a decision of the First-Tier Tribunal, before proceeding they should contact and discuss with the relevant Mental Health Law Manager for that directorate.

**Mental Health Law contact details**

**Tower Hamlets**

Mental Health Law, 1<sup>st</sup> Floor, Tower Hamlets Centre for Mental Health  
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311-315 Green Lanes  
London  
N4 2ES  
Tel: 07391861786  
E-Mail: [Elft.mhlhubappeals@nhs.net](mailto:Elft.mhlhubappeals@nhs.net)

**Newham**

Mental Health Law, Newham Centre for Mental Health  
Glen Road  
London  
E13 8SP  
Tel: 07391 861943  
E-Mail: [Elft.mhlhubappeals@nhs.net](mailto:Elft.mhlhubappeals@nhs.net)

**Luton**

Luton and Central Bedfordshire Mental Health Unit  
Calnwood Road  
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LU4 0FB  
Tel: 01582 709171

E-mail: [mhloluton@nhs.net](mailto:mhloluton@nhs.net)

**Bedfordshire**

Luton and Central Bedfordshire Mental Health Unit  
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LU4 0FB  
Tel: 01234 310516

E-mail: [mhlo.bedford@nhs.net](mailto:mhlo.bedford@nhs.net)