Community Sentence Treatment Requirement (CSTR) Programme Operating Framework Guidance Paper to support access to Secondary Care

Mental Health Treatment Requirements (MHTRs)

A partnership between the Ministry of Justice (MoJ), Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I), Her Majesty's Prison and Probation Service (HMPPS) and Public Health England (PHE)

NHS England and NHS Improvement

Contents

Accessing Secondary Care Mental Health Treatment Requirements

"This guidance paper offers a real opportunity for people with severe mental health conditions *who have committed a low-level offence and who would benefit from safe and effective treatment in the community. The potential benefits of better and safer treatment in this framework are significant, both for the individual and society as a whole."*

Professor Pamela Taylor - Chairperson of the Faculty of Forensic Psychiatry and of the Faculty Chairs of the Royal College of Psychiatrists.

This document provides guidance to Psychiatrists, Community Sentence Treatment Requirement (CSTR) steering groups, Liaison and Diversion services and secondary care mental health providers on facilitating access to MHTRs in conjunction with a community sentence or suspended sentence order for individuals whose mental health needs cross the secondary care threshold. This would form part of a full pathway within the local CSTR service provision. This document is to be used in conjunction with the CSTR Operating Framework 2020.

MHTRs can be split into those provided by:

Secondary care mental health services: When an individual's mental health condition reaches the threshold of secondary care services. It is more likely than not that individuals who are eligible for secondary care MHTRs are already known to secondary care mental health services. They are likely to be eligible within locally commissioned frameworks for secondary care.

Primary care mental health services: When an individual has diagnosed/undiagnosed mental health needs that may be treated in primary care. The description of these services as Primary Care Services is to distinguish them from services which are provided under standard secondary care mental health contracts which are commissioned by local Clinical Commissioning Groups. It does not refer to services provided by GPs under GMS, PMS or APMS contracts. Most MHTRs don't reach the clinical threshold for treatment in secondary care.

In current testbed sites it has been demonstrated that the addition of clinically supervised mental health practitioners providing assessment in court and 1:1 short, individualised psychological interventions has been appropriate and effective in delivering primary care MHTRs. No such service currently exists outside the testbed sites, so many areas have no such service immediately available. These services will be commissioned separately by NHS England and NHS Improvement (NHSE/I)[1].

The MHTR is a provision contained within the Criminal Justice Act 2003 (as amended), completely distinct from mental health legislation.

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, to access services in a timely and efficient way.

To be clear, secondary care providers are not expected to provide services over and above their current contractual requirements.

[1] NHSE/I is the collective name for the National Health Service Commissioning Board, the National Health Service Development Authority and Monitor, acting together in respect of the statutory functions of commissioning services which rest with National Health Service Commissioning Board (known as NHS England), part of the collective body.

Background

The CSTR Programme (the Programme) was launched by the Ministry of Justice (MoJ), Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE/I), Her Majesty's Prison and Probation Service (HMPPS) and Public Health England (PHE) in October 2017. The Programme sets out what is required of health commissioners, providers and justice agencies to ensure that appropriate provision of MHTRs, Alcohol Treatment Requirement (ATRs) and Drug Rehabilitation Requirement (DRRs) is made available.

The aim of the Programme is to increase the use of all three CSTRs with a view to reducing reoffending among individuals for whom a mental disorder is a contributory or relevant factor, through effective and coordinated health and social care treatment requirements. 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.

An MHTR would only be offered as a recommendation at the sentencing stage if the offence that was committed would be likely to attract a community order due to its seriousness.

A key purpose of the Programme is to improve local partnerships and communication across the CJS pathway, along with providing clearly defined treatment pathways. The Programme is supporting on the day sentencing, where possible and appropriate, to help individuals with lower level mental health problems to access psychological interventions through an individualised treatment package provided by primary care mental health workers (e.g. assistant psychologists), clinically supervised by a registered psychologist, with any physical health care or prescription needs provided by the general practitioner. This provision will enable appropriate access to a clinician within the Magistrates or Crown Courts.

However, for individuals with complex and severe mental health conditions, often with social care problems, access to MHTRs through secondary care providers continues to be variable. In many areas it is also difficult to access, resulting in long adjournments and delays in sentencing.

This pathway would require partnership working between NHSE/I Liaison and Diversion services, the probation service, the courts, substance misuse providers and services commissioned by Clinical Commissioning Groups, Local Authorities, PHE and, where appropriate, Housing, Police and Crime Commissioners, and commissioned health services. This is intended to enable "on the day" assessment to enable a swifter secondary care MHTR sentencing decision.

The following specialist Faculties of Royal College of Psychiatrists are most likely to be involved (although other faculties, including the Eating Disorders and the Perinatal Faculties, and the Child and Adolescent Faculty, are supportive in principle)

- Forensic Psychiatry
- General Adult Psychiatry
- Liaison Psychiatry
- Neuropsychiatry
- Intellectual Disability Psychiatry
- Old Age Psychiatry

- Addictions psychiatry
- Rehabilitation and Social Psychiatry
- Medical Psychotherapy

Please note the CSTR programme ensures that the promotion of equality and health inequalities are at the heart of this service and throughout the development of this document:

- Due regard has been given to eliminate discrimination, harassment and victimisation, to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Due regard has been given to reduce inequalities between individuals in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

The elements outlined below are supported for implementation by the Programme Board.

Increasing the use of Secondary Care MHTRs

Liaison and Diversion services (commissioned by NHSE/I) already undertake assessments of mental health and other vulnerabilities for relevant individuals during the court process. One of the outcomes of these assessments may be that the individual is deemed potentially suitable for a secondary care MHTR. The substance misuse service provider will also assess for DRR and ATR as required.

Ideally, assessment for CSTRs would occur as early as possible in the criminal justice process to allow for sound arrangements to be agreed. Thus, they could potentially occur in police custody, at court and/or within another relevant environment (see also page 7).

Identification of individuals who may benefit from an MHTR would then 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.

Where a mental health need is identified but a treatment requirement is not recommended, the probation Court Duty Officer (CDO) must record the reason why and highlight this to the Magistrates' Bench or Crown Court (e.g. no service available, individual did not provide consent). The Liaison and Diversion service will be informed and will be requested to support the individual into appropriate local services

The aim once an individual is convicted is to sentence them on the day of conviction but the courts may adjourn if necessary, for example, where time is needed for further assessment, for a period of up to 14 days.

The Magistrates' Bench 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 either by Liaison and Diversion or CSTR provider).

This information must be made available in the appropriate language/easy read so that the individual fully understands the requirement.

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.

The courts and staff will be made aware of the availability of the MHTR via awareness sessions and information made available to the court.

1.1 General Process to Enable a Secondary Care MHTR to be Added to a Sentence:

Following local agreement of the clinical pathways for MHTRs with probation, HM Courts & Tribunals Service (HMCTS) will be made aware that a local process has been developed to access secondary care MHTRs.

Liaison and Diversion services will work with the probation Court Duty Officer (CDO) and legal representatives (both pre-court and on the day) to identify individuals whose offences fall within the Community Order/Suspended Sentence Order range and who may benefit from a secondary care MHTR.

It is more likely than not that individuals who are eligible for secondary care MHTRs are already known to secondary care mental health services.

Liaison and Diversion may screen within the court to identify individuals who may be suitable (using clinical criteria to be defined by the local clinical service).

Liaison and Diversion would contact the potential Responsible Practitioner (RP), the case would be discussed, and the RP may agree to take on the responsibilities to oversee the MHTR order or, if not suitable, may recommend an alternative solution (Liaison and Diversion will contact the relevant sector clinical lead). Any potential RP would have to be satisfied that the individual has capacity, understands and is willing to give consent for the requirement.

The nature of the MHTR is likely to be explained to the individual first by Liaison and Diversion) who will obtain the individual's preliminary consent to proceed. It is recommended that service user information is made available in the appropriate languages or easy read materials and that the individual clearly understands the requirement that may be recommended to the court.

If the order is agreed, the MHTR recommendation would be included in the pre-sentence report (PSR) for the sentencing court.

If the individual has additional criminogenic needs not met by the CSTR or a history of non-compliance with court orders, Rehabilitation Activity Requirements (RAR) days may be considered to address this issue.

If the order is granted the individual would be given a date to meet with the Probation Offender Manager (OM) for the first appointment, along with a date to meet with the RP (this will be pre agreed with the RP).

It is important that the provider of the MHTR is aware of any access issues which may prevent engagement so that alternative arrangements for treatment are made.

1.2 Service Provision Post Sentence:

The RO, RP and individual will meet to agree the sentence plan and MHTR specifications, including attendance and consequences of any non-attendance; one of the responsible parties may join the meeting by audio or tele-conferencing facilities if a requirement for a face to face meeting would cause undue delay.

If RAR days have been agreed as part of the sentence, the RO should discuss with both the individual and the RP how these could be used to address pressing rehabilitative needs. The RO will also be proactive in supporting the individual to complete the MHTR and sentence appropriately.

If one or more substance misuse diagnoses are thought 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 maximise the benefit of the support.

The RO and the RC must each conduct a risk assessment before discussing the case and agreeing a joint risk management plan. 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, along with advice and feedback on improvements to the court or treatment delivery processes.

The RO 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 RO 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. The RO and RC must agree if the case needs to be returned to court for the purposes of revoking the order and/or resentencing, or whether other actions are preferable. There may, for example, be realistic practical reasons which constitute a barrier to compliance, and therefore the imposition of a new plan of management may remedy the position. Ultimately the RO holds the decision as to whether the case is taken back to court for revocation or resentencing. However, this must be completed in consultation with the clinician.
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.

Most MHTRs will be held by one Community Mental Health Team (CMHT) but may be held between more than one CMHT according to the complexity of needs.

Clinicians who are Unfamiliar with Working with the Probation Service may find the Following Summary Helpful:

Clinical work within this framework is generally very straightforward, but if a service has a number of secondary care MHTR referrals, it may be helpful to designate a clinical supervisor for this work as management of the requirements will become simpler. In this event, the clinician may want to consider whether the appropriate provision of MHTR should be part of the clinical team's job planning process.

RCs considering supervising an individual sentenced to an MHTR are unlikely to be needed in court in person and may not need to see the individual before the court hearing. This is likely to be the case if the RC already knows the individual and/or are familiar with personnel in the Liaison and Diversion team and trust has been established between clinicians. In general, the Court Liaison and Diversion Service will provide the necessary clinical report and note any issues which may affect engagement. The prospective RC would have to sign a form

to the effect that she/he would be willing to supervise the case and liaise with the RO supervising the community sentence/court order.

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.

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 that fact to the RO with a recommendation for how to proceed.

If the problems can be dealt with by additional social support to understand the issues regarding the disengagement from treatment, the RO should be able to help with that.

If the RC considers that the MHTR has irretrievably broken down and the individual is in breach of the court order, then the RO must take the case back to court with a statement from the RC to that effect. This need not be a comprehensive report but should provide a brief account of the evidence that the clinical component of the requirement is unsustainable. Again, it would be unlikely that the RC would have to attend court.

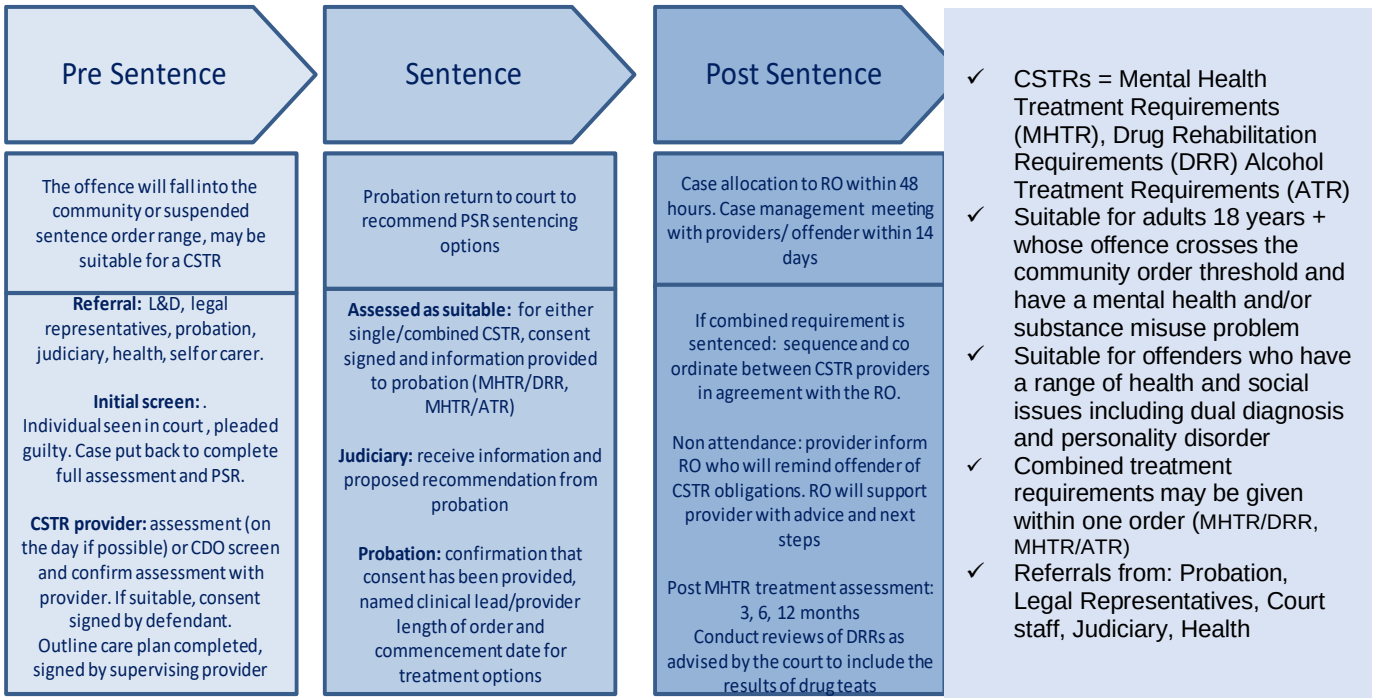
Next Steps:

Planned regular reviews of the impact on the local services will be monitored so that the local teams can feel reassured that if greater access to secondary care MHTRs involves an increased use of local resources there will be a chance to raise and address this issue.

1.3 CSTR Pathway and Process:

The entire pathway is managed by the probation service.

A single point of contact from probation will be made available for all pre-and post-sentence queries along with a telephone number, email address and contact for all relevant services. All parts of the pathway outlined below will be pre-agreed with the RO



1.4 Offence Types which may fall into a Community or Suspended Sentence Order:

A community order or suspended sentence order may be made if the individual has pleaded guilty or been found guilty of an offence, but the court considers that the necessary work can be carried out safely in the community even though in some instances the offence may cross the custody threshold.
This will be determined following risk assessments by the CDO who will provide recommendations to the sentencing court prior to sentencing. The court will also consider previous offending history and patterns of behaviour, lifestyle and character, risk to others and themselves and history of mental health/substance misuse conditions.

A community order may include requirements which directly address the offending behaviours, along with punitive requirements such as unpaid work, also called [2]Community Payback. Community sentences may be given for a wide range of crimes such as, but not restricted to:

- Theft
- Substance misuse offences
- Assault
- Motoring offences
- Benefit fraud
- Public order offences
- Possession

1.5 Secondary Care MHTR Eligibility Includes (but not limited to):

- 18 years or over
- Service user understands the requirement and consents to the treatment component
- Sustained a conviction for any offence which falls into the community or suspended sentence order range
- Meets the local criteria for being in the Care Programme Approach (CPA) (refer to CPA policy)
- 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
- Requires multiple service provisions from different agencies
- Risk of harm to self or others which exceeds what can be managed in primary care
- Requires active treatment
- Degree of mental health difficulties significantly impacts on daily functioning
- Individuals with low levels of symptoms (see HONOS clusters 1, 2 or 3) are, if a community health treatment requirement is thought necessary, probably more likely to benefit from a primary care MHTR. If this proves insufficient a secondary care MHTR may be considered

1.6 Processes, Clinical Guidance, Consent:

Details of the MHTR Clinical Leads guidance can be found in *Appendix 1.*

A suggested form of words for consent to an MHTR to accompany the recommendation to the sentencing court can be found in *Appendix 2.*

Points of engagement: the initial screen may be done by the Liaison and Diversion team in police custody or on the day of the court hearing. Space must be made available for the Liaison and Diversion team to carry out the assessments in private in the court building.

[2] https://www.sentencingcouncil.org.uk/overarching-guides/magistrates-court/item/general-guideline-overarching-principles/

Identification: referral may be made from a number of sources including:

- Police custody
- Probation
- Liaison and Diversion
- Court Staff
- Substance Misuse Services
- Community mental health services
- Self-referrals
- Carers and family members
- Appropriate adults

1.7 Process:

Liaison and Diversion assessment (or locally agreed practitioner) will assess the individual for secondary care MHTR eligibility. The practitioner will also assess for: signs of substance misuse, social problems (housing, finance, relationship issues, work/education) and GP registration.

If initial assessment indicates potential suitability, CDO and a prospective RC will be informed both before and after a plea has been taken.

If the assessment does not indicate suitability for a secondary care MHTR but the individual requires support in other areas such as those outlined above, the Liaison and Diversion team will advise and support diversion to appropriate local services.

The assessment will be supported by use of a standard assessment tool to determine suitability and record the findings. This includes a Community Mental Health Assessment and a Risk Assessment.

A semi-structured interview will be completed which focuses on engagement, motivation, fact-finding and captures a range of data including mental health and forensic history, current involvement in treatment, use of medication, and life issues.

Information from assessments will capture the following information:

- Speech and communication problems, especially if likely to interfere with the process
- Key vulnerabilities
- Drug and alcohol problems
- Identification of cultural and gender-based needs
- Social circumstances (including, safeguarding, relationships, leisure requirements, daily living, educational and occupational needs, employment/vocational needs, housing, finance)
- Physical health needs – with note of any named specialists involved as well as the GP
- Medication – accurate account of current medication and of any important medication history
- Previous clinical risk management

If the Liaison and Diversion practitioner deems the individual suitable for an MHTR, a full explanation of the requirement will be provided to him/her. If the individual consents, the practitioner will contact the potential RP to discuss the case. If the prospective RP is in agreement with the practitioner's findings, the prospective RP will either agree to oversee the requirement or request a brief adjournment for further assessments. If the prospective RP does not agree, she/he should write a brief note of explanation.

1.8 Sentencing:

The outcome of the assessment, consent and RP approval will be discussed with CDO, who will include all this in a pre-sentence report, along with any other treatment or community requirements. The CDO will recommend the MHTR recommendation to the court. If the

sentence includes an MHTR, an appointment will be made with the allocated RP team, who will work with the Offender Manager (OM) to sequence treatments to maximise the benefit of the requirement along with the other providers (i.e. substance misuse).

It is important to ensure that consent is fully understood by the individual and information will be made available in the appropriate language/easy read or interpretation available if necessary.

1.9 Joint Case Management:

The MHTR will be overseen by the RP but the RP may allocate aspects of the care and treatment to others in the clinical team, in line with usual good practice.

Where there are additional needs related to the pattern of offending, such as housing or employment needs, RAR days can be used to address additional criminogenic needs, thus supporting the individual to engage with the MHTR.

In many cases the individual will have more than one diagnosis, particularly substance related diagnoses as well as mental illness. This could require engagement with substance misuse providers. It is important therefore that all service providers hold joint regular case management meetings.

The MHTR

The treatment plan is provided in line with the community order and can last for a period of up to 3 years, depending on the length of sentence. At each treatment session, the practitioner will assess risk and the mental health status of the individual, as in any clinical session.

It is recommended that at least six weeks before the order is completed, appropriate ongoing treatment is discussed between the clinician and Service User and a plan agreed. The plan might include discontinuing treatment, although this is unlikely to be appropriate in most cases; it may require a transfer to another service. The individual needs time to think this through and adjust to new circumstances. The fact that the treatment *requirement* comes to an end should not necessarily mean that treatment within the service also ends.

If the individual is not engaging with treatment and there is a sufficient concern that the individual appeared to be suffering from a mental health disorder, to a nature of degree which the RP considers warrants assessment and/or treatment for the individual's health and safety and/or for the protection of consideration should be given to the powers contained within the Mental Health Act 1983. It is unlawful to deliver compulsory treatment under the Mental Health Act 1983 to an individual under an MHTR.

1.10 Times of Operation:

The Liaison and Diversion team will be available during court operating hours (9am to 5pm, Monday to Friday) and therefore MHTR sentencing support may be required between these hours.

Cases that appear on Saturday morning will be identified by the Liaison and Diversion service, and if appropriate a recommendation to adjourn for assessment and sentencing the following week will be made.

1.11 Interdependence with other Services/Providers:

In line with good practice, services must work in partnership to ensure safe, planned and joined up care. There must be smooth transitions between integrated services to avoid people slipping through the net. Information must be shared with the relevant professionals to ensure

the care plan is agreed and any areas of risk monitored. If data sharing agreements need to be in place following local governance policies and procedures.

The key potentially interdependent agencies are:

- Police
- General Practice
- Primary and Community Care.
- Specialist mental health crisis resolution and home treatment services.
- Specialist mental health accommodation and support providers
- Third sector information, advice, support and advocacy providers
- Housing services
- Substance misuse services
- Learning disability services
- Employment services
- Health and social care locality teams
- Tertiary health providers – forensic and independent
- Out of Hours urgent care and assessment team

Diversity Monitoring:

The promotion of equality and health inequalities are at the heart of this service. Throughout the development of the CSTR service we have:

- Given due regard to eliminate all forms of discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to reduce inequalities between individuals in access to, and outcomes from this CSTR services and to ensure the providers are integrated with other services to reduce health inequalities.

All individuals who engage with the treatment process will be asked to provide equal opportunities/diversity information. This will be monitored to ensure that no groups are disadvantaged. The Provider will record diversity information.

1.12 Safeguarding Issues:

If safeguarding issues are identified, the concerns may relate directly to the individual or the welfare and safety of other adults or children. These other adults or children may reside at the individual's place of residence or may have regular contact with him/her.

There is a duty to follow the Adult & Child Safeguarding polices involving Multi-Agency Safeguarding Hubs (MASH) or Multi-Agency Public Protection Arrangement (MAPPA), as necessary, and ensure they are appropriately trained and updated in line with these policies. Information sharing agreements and confidentiality policies must be in place with the appropriate statutory authorities before the service goes live. All staff employed or engaged in working with individuals in prospect of or under a MHTR must have the appropriate level of Disclosure and Barring Service (DBS) check that is updated annually.

The service must, on request, provide evidence to demonstrate compliance with all statutory requirements.

Particularly relevant to the service include:

- NHS Constitution
- NHS Act 2006
- Mental Health Act 1983 as amended in 2007, Health and Social Care Acts 2008 and 2012 and Care Act 2014

- NHS Community Care Act 1990 and associated guidance
- Health and safety requirements
- Healthy Children Safer Communities (DHSC, 2009)
- Children Act 1989
- Children Act 2004
- Human Rights Act 1998
- Care Programme Approach
- Care Quality Commission Standards
- NHS complaints procedure
- Data protection legislation

Appendix 1: RP MHTR Guidance

Guidance specification for a Registered Medical Practitioner or Registered Psychologist (RP) **for MHTRs based in Secondary Care**
Pre-sentence:
1. The 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, and generally with key members of the Liaison and Diversion team. 2. The RP/Liaison and Diversion will agree the consent process with the court (NPS). 3. The RP will agree the additional information required within the assessment that probation (NPS) will require for the PSR. 4. The RP will sign off the clinical care plan including the desired outcomes from the treatment to be provided. 5. NPS/RP/Liaison and Diversion will agree a sign off process if the RP isn't taking consent from the prospective MHTR user in person. 6. The RP will be the named clinician for the purpose of sentencing.
Post sentence: treatment delivery:
7. The RP delivering treatment, whether in person or not, will be mindful of NICE recommendations with respect to specific treatments and timescales. 8. Where appropriate the RP will advise/support the effective sequencing of the requirements (if other treatment requirements have been ordered) to ensure maximum engagement and effectiveness. 9. The RP must be aware of any non-compliance with the MHTR and, where not directly delivering treatment, ensure that colleagues know about the necessity to inform the RP in the event of relevant difficulties. 10. The RP must ensure clear, prompt communication with the probation officer in the event of non-compliance.
Sentence completion:
11. On completion, the RP will sign the order off and advise if further treatment is required. 12. The RP (and treatment provider) will review clinical outcome, as specified pre-sentence to ensure assessments and treatments are effective and monitored as locally agreed. 13. The RP will send an MHTR completion letter to the individual and RO.

Appendix 2: Example Consent Form

MENTAL HEALTH TREATMENT REQUIREMENT (MHTR)

If you sign this form, you have consented to a Mental Health Treatment Requirement as part of your Community Order/Suspended Sentence Order. This means that if the Court sentences you to an Order with an MHTR you agree to the following:

- Attend all appointments agreed with your Probation Officer.
- Attend all appointments agreed with the Treatment Provider, Dr _____or relevant nominated staff at __(address) _____ as directed.
- Comply with treatment as agreed and outlined in your treatment plan.
- Engage with Drug/Alcohol agencies if directed.
- Attend appointments with Partnership agencies, as agreed; this could include accommodation, Skills for Life, Education/Training and other activities if deemed appropriate.
- Receive home visits as required from Probation, Mental Health Teams and other agreed agencies.
- Inform your Offender Manager and health team in advance of any change in address.
- Attend all Court Reviews as instructed (if required).

Signed: …….. Signed: ……

Print name: …….. Print name: ……..

Dated: ….…… Dated: ……..……

(Offender) (Responsible Clinician)

Signed: ……

Print name: ……..

Dated: ….……

(Probation)

ENFORCEMENT OF AN MHTR

Failure to comply with the conditions of an MHTR may result in breach proceedings, which may have serious consequences including possibly being sent to prison. You must, therefore, act responsibly if there is any risk of not being able to follow any aspect of the court's order. The courts, the probation officer and the clinicians want you to succeed, so if there is good reason why you cannot do something, tell them as soon as you know that you can't or will not be able to do something in the future, explain the difficulties and get their help to sort things out. They will help you. The following are some examples of how to succeed even if you have some problems.

Absences

If you are unable to attend an appointment you must:

- **RING IN ADVANCE** (except in exceptional circumstances – for example a medical emergency) and explain the reason for your absence.
- Provide proof, if requested, of the reason for your absence within 10 working days.
- Any failure to attend will be taken seriously, and if you cannot work in this way, a formal meeting will be held to discuss steps for preventing further unauthorised absences.

- **Breach proceedings may be instigated after an unacceptable absence, and almost certainly so if there is more than one and you have not agreed a new way of working that you can keep to.**
- Breach proceedings will apply if you fail to attend an appointment, without a good and accepted reason, in relation to any requirement that is part of your court order.
- Failure to attend will be deemed as an unacceptable failure to comply with the MHTR.

I have read this form and had an opportunity to ask questions about the arrangements and I understand my responsibilities in relation to an MHTR.

Signed: ……..

Print name: ……..

Dated: ….……

(Offender)

I confirm that I have explained the MHTR

Signed: ……

Print name: ……..

Dated: ….……

(Probation)

I confirm that I have explained the MHTR

Signed: ……

Print name: ……..

Dated: ….……

(Clinician)

MHTR: CONFIDENTIALITY STATEMENT

In accepting being placed on a community order/suspended sentence order with a Mental Health Treatment Requirement I understand that any information I disclose to either the Probation Service or Community Mental Health Team involved in the delivery of the sentence is liable to be discussed between these agencies.

However, I also understand that any such information will not be disclosed to any other outside agencies without my written consent, unless there are overriding concerns as listed below:

- Threat of violence to third parties
- Threat of serious self-harm
- At any time, there is a concern about the welfare of children. This is a requirement of the Children Act 1989.

- Identification as a Prolific and Priority Offender. This is in accordance with the Crime and Disorder Act 1998, and local partnership arrangements.
- In the event of new serious crime.

This agreement is accepted and signed by:

Signed: ……..

Print name: ……..

Dated: ….……

(Offender)

This agreement is countersigned by

Signed: ……

Print name: ……..

Dated: ….……

(Probation)

Appendix 3: Acronyms

Acronyms:

- NHSE/I: NHS England and NHS Improvement
- MoJ: Ministry of Justice
- DHSC: Department of Health and Social Care
- PHE: Public Health England
- NPS: National Probation Service
- L&D: NHSE/I Liaison and Diversion Service
- HMCTS: Her Majesty's Courts and Tribunals Service
- OM: Probation Offender Manager
- CDO: Court Duty Officer
- RP: Responsible Practitioner
- CSTR: Community Sentence Treatment Requirement
- MHTR: Mental Health Treatment Requirement
- ATR: Alcohol Treatment Requirement
- DRR: Drug Rehabilitation Requirement
- RAR: Rehabilitation Activity Requirement
- CO: Community Order
- SSO: Suspended Sentence Order
- PSR: Pre-Sentence Report
- Registered Medical Practitioner or Registered Psychologist: to be registered with the relevant professional bodies
- PCART: Planned Care and Recovery Team

May 2020: The CSTR Programme Board and RCPsych will review and update this guidance on a regular basis to reflect current practice.

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