

## **ASK NIMHE – FREQUENTLY ASKED QUESTIONS ABOUT SUPERVISED COMMUNITY TREATMENT (SCT)**

### **What is the difference between Supervised Community Treatment (SCT) and Community Treatment Order?**

Supervised Community Treatment (SCT) is the name given to the overall legal system for managing patient care and treatment in the community with the power to recall the patient to hospital if necessary.

A Community Treatment Order (CTO) provides the authority for the patient to go onto SCT.

A person receiving treatment under a CTO will be referred to as an “SCT patient”.

### **Will SCT enable people to be discharged from hospital sooner?**

It may be possible for a patient who meets the criteria for SCT to be discharged earlier than they would otherwise have been, if a CTO is in place.

Community resources will have to meet the needs of SCT patients. It will be important to plan for beds to be available for recalled patients.

## **SETTING UP**

### **Who decides the conditions of the CTO and will carers be involved?**

The Responsible Clinician (RC) and the Approved Mental Health Professional (AMHP) will set the conditions of the CTO. The patient and the care team should be involved in the process. Carers and other interested parties will also be consulted and involved if the patient agrees.

### **How does SCT fit in with the Mental Capacity Act?**

As a general rule, if a patient can be safely treated under the Mental Capacity Act (MCA) then the compulsory powers of the Mental Health Act (MHA) should not be necessary.

A patient being treated under SCT will already have been treated under the MHA and should continue to be treated under the MHA. Patients on SCT who lack capacity to consent to treatment will be entitled to a donee or deputy under the MCA; but they cannot be *treated* under the MCA.

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**How does SCT fit as an option for the clinical team?**

SCT is a treatment option for patients who can only be treated safely in the community if the responsible clinician can recall them to hospital if necessary. Each case must be viewed individually when looking at the options for a patient's future care and treatment.

**When is a Second Opinion Appointed Doctor (SOAD) certificate needed?**

A SOAD certificate under Part 4A of the MHA is needed if the patient is to be treated with medication. But this does not apply for the initial period, which is

- one month after the patient goes onto SCT; or
- if later, three months after medication was first administered to the patient in hospital under Part 4.

**Can SCT be used for Forensic Patients?**

Unrestricted Part 3 patients can go onto SCT if they meet the criteria and that is the right option in the light of the patient's circumstances and the other options available.

**Should the Responsible Clinician be based in a hospital or in the community?**

Hospital managers should set up local protocols for who the Responsible Clinician (RC) will be. It is envisaged the RC will change depending on which service is taking care of the person.

**Will SCT patients have to be former section 25A patients?**

No, SCT will be an option for patients who are not expected to need more inpatient treatment, and who the RC needs to be able to recall to hospital if necessary. Some former section 25A patients may be suitable for SCT. See the DH guidance on transitional arrangements for patients on after-care under supervision (ACUS) available on the DH website.

**RECALL**

**How will the recall process work?**

It will depend on locally developed protocols but it likely to work in a similar way to the AWOL protocol (N.B. there will be no power of recall until a notice of recall has been served on the person). See the MHA Code of Practice 25.54 - 25.64.

**Does the person have to be informed of their recall in writing by the RC?**

Yes. The RC can recall a patient by completing the statutory form (CTO3) and serving it on the patient. This should be given to them by hand wherever possible.

**How do you recall someone whose whereabouts are not known?**

The recall notice must be delivered to the patient's last known address. This situation is covered in the new Mental Health (Hospital, Guardianship and Treatment) Regulations 2008 and in the MHA Code of Practice paragraph 25.58.

The recall notice has to be served on the patient before AWOL powers can be used or a section 135 (2) warrant issued.

**What happens if an SCT patient gets sectioned in another area because no-one knows they are on SCT?**

It depends on whether they are on section 2 or section 3. A new application under section 3 invalidates the CTO, so even if it's discovered that the patient was on SCT then the new detention under section 3 still stands. However, if the patient is detained under section 2 that detention doesn't invalidate the CTO. It would continue to be valid if the patient's SCT status is unknown. But if it's then discovered that the patient is an SCT patient, that would call into question the continuing need for detention under section 2 - the patient's clinical needs are likely to be well established and it would be difficult to justify the need for detention for assessment. So if it becomes known that a patient detained under section 2 is also on SCT the correct processes of recall and revocation, if appropriate, should be followed.

For the same reason there should be no question of using section 2 if the patient's SCT status is known at the outset.

**How does SCT differ from section 25A?**

SCT includes the power to recall and detain a patient in hospital for 72 hours, and where necessary, provide medical treatment (subject to this being authorised by the Act - see "Can treatment be given on recall" below). Section 25A allows the patient to be "taken and conveyed" to a place of treatment but does not give the power to detain the patient once there.

## LEAVE OF ABSENCE

### What is the difference between SCT and section 17 leave?

SCT offers a different option to section 17 leave. SCT patients will be ready for discharge from inpatient treatment provided that they can be recalled to hospital if necessary. Section 17 leave means that a patient still needs in-patient treatment and allows for possible readmission in the future and means a bed may be needed in the future.

The Code of Practice (chapter 28) gives guidance on deciding between SCT, leave of absence and guardianship.

### Will SCT prevent the use of long term section 17 leave?

No, but leave of longer than 7 days will need to be considered (unless the patient is detained under section 2, as they will not be eligible for SCT). A note should be entered in the patient's notes giving the reason that SCT is not being used.

## NEAREST RELATIVE

### Can a nearest relative discharge a patient from SCT?

The rules about the nearest relative (NR) are the same for SCT patients as for detained patients:

- They can discharge a Part 2 patient from SCT, but the RC can block the discharge by making a “dangerousness” report.
- They can apply to the Tribunal if the RC does make a “dangerousness” report to remove the block.
- For Part 3 SCT patients, they can apply to the Tribunal for discharge once during each six-month period in which the patient is allowed to apply but not in the first six months after the hospital order has been made.
- The NR cannot formally object to the revocation of a CTO.

## TREATMENT

### Can a patient be treated in the community?

Part 4A of the Act applies to treatment of SCT patients in the community. Broadly, this means that the patient can be treated in the community if they consent (or do not object). And for medicines to be given to an SCT patient a SOAD “Part 4A” certificate is needed unless the one

month period before this requirement applies is still running. See the Code of Practice paragraphs 23.11 - 23.25 and 24.25 - 24.27.

#### **When can compulsory treatment happen?**

If an SCT patient needs treatment, which they are refusing or objecting to, they will have to be recalled to hospital for the treatment to be given. Except in **very limited** emergency situations (see below) compulsory treatment can only happen after recall.

#### **Can a patient ever be treated by force in the community if it is in their best interests?**

An SCT patient can only be treated by force in the community in **very limited** emergency situations where the SCT patient lacks capacity, and only if the treatment is immediately necessary and proportionate to the risk of harm to the patient.

The best interest test from the MCA **does not** apply to treatment for mental disorder if the SCT patient falls under Part 4A of the MHA.

#### **What if the patient consents to treatment but the SOAD Part 4A certificate is not ready?**

It is essential the SOAD Part 4A certificate is ready on time. SCT patients cannot be treated without the certificate, even if they consent.

#### **How does Part 4A relate to the MCA?**

The MCA cannot be used to treat Part 4A patients.

#### **Can treatment be given on recall?**

Treatment can be given on recall even if the patient does not (or cannot) consent, provided that it is authorised by the Act (see below).

Treatment is authorised by the Act for an SCT patient on recall if one of the following applies:

- it doesn't involve giving medicine (or ECT) and is given under the direction of an approved clinician in charge of treatment (s.63)
- it's authorised on the Part 4A certificate
- discontinuing treatment would cause serious suffering to the patient (62A(6))
- the patient went onto SCT less than a month ago(64B(4))
- it's less than 3 months since the medication was first given(58(1)(b))
- a certificate under Part 4 (s58(3)(a) or (b)) is put in place
- the treatment is immediately necessary (s62).

**What happens if the Part 4A certificate does not cover treatment on recall?**

If a Part 4A certificate does not cover treatment on recall then one of the other ways treatment can be authorised by the Act must apply. See “Can treatment be given on recall?” above

**What happens when an SCT patient enters hospital voluntarily?**

An SCT patient who enters hospital voluntarily is still an SCT patient, not a detained patient, and the CTO still applies.

**SAFEGUARDS**

**What safeguards will SCT patients have?**

A SCT patient has the same rights as a detained patient and they also have the following safeguards:

- The right to apply to the Tribunal as they go onto SCT
- The right to apply to the Tribunal if the CTO is revoked (and the hospital managers must refer the patient to the Tribunal then too)
- The need for a SOAD Part 4A certificate before medication can be given (after the first month)
- The AMHP and RC must agree to the extension or revoking of the CTO.

**How often must SCT be reviewed?**

All CTOs must be reviewed and extended, if appropriate, at 6 months and then every 12 months. At each review the SCT patient must meet the criteria for SCT before the CTO can be extended. The AMHP must agree to each extension, and the SCT patient has a fresh right to apply to the Tribunal every time it is extended.

**What is the difference in safeguards between SCT and section17 leave?**

Patients on section17 leave have the same safeguards as apply to detained patients. SCT safeguards are mentioned above.

**How can a patient be discharged from SCT?**

- The RC must discharge the patient if they no longer meet the criteria for SCT.
- By the Tribunal. The patient can apply when going on SCT, once in each extension, and if a CTO is revoked.
- By the hospital managers, as with detained patients.
- By the nearest relative (Part 2 patients only), if the RC does not make a blocking report.

**ABBREVIATIONS**

(AMHP)	Approved Mental Health Professional
(CTO)	Community Treatment Order
(MCA)	Mental Capacity Act
(MHA)	Mental Health Act
(NR)	Nearest Relative
(RC)	Responsible Clinician
(SOAD)	Second Opinion Appointed Doctor
(SCT)	Supervised Community Treatment

## **ADDITIONS 17.9.08**

**Q** If a person on SCT is brought in by the police on a s136, are they treated as if they are being recalled i.e. there is a 72 hour period to decide whether they need to be sectioned or returned to the community?

**A** No, you can't "treat someone as" being recalled. You're either recalled or not.

If you know the person is on SCT to start with, you should recall rather than use s136. In the case where someone is brought in under s136 because no-one knows they are on SCT, the s136 rules apply until, or unless, it's found that the person is on SCT. It would be sensible then to revert to using the SCT regime. This is covered in the Code of Practice (see para 10.54).

**Q** If a patient on SCT is relapsing and wishes to come into hospital of their own accord, can they remain in hospital informally for however long they agree/is necessary, or would they have to be re-detained under the previous Section 3?

**A** Yes they can go into hospital informally for any length of time, and will remain an SCT patient throughout that time. Obviously the Responsible Clinician would need to think about suspending the conditions etc. There is no need to recall the patient and revoke the Community Treatment Order if the patient's needs are being met by voluntary admission.

**Q** For patients who are currently on Section 25A and move onto SCT under the transition arrangements, their original Section 3 has already ceased to be. If a patient is in this category and needs to be recalled, is the original previously rescinded Section 3 reactivated or would they be reassessed for a fresh Section 3?

**A** A patient formerly on ACUS (S25A) who goes onto SCT and is recalled is treated as any other SCT patient. If the CTO is revoked, they are treated as if detained under section 3. The ACUS Transitionals Order makes special provision to allow this to happen. A new renewal period starts again as for other SCT patients whose CTO has been revoked. This is covered in the ACUS Transitionals Guidance-see para 7.10

**Q** Does Paragraph 25.63 of the Code ("the RC may allow the patient to leave the hospital at any time within the 72 hour period") mean (a) a patient could go out for some leave while under the 72 hour recall or (b) the period of recall can end sooner than 72 hours and the patient allowed to leave hospital and return to the SCT?

**A** The latter is correct, people on SCT can't actually be given leave, because (even on recall) they are not "liable to be detained" in the terms of the Act.