**Section 61 Review of Treatment – Methodology change.**

Dear Mental Health Act Administrators/Clinicians

As you will be aware, Responsible Clinicians (RC’s), and if appropriate, Approved Clinicians (AC’s), are required under the Mental Health Act 1983 (part IV section 61) as per extract below, to:

“***Provide a report on the treatment and on the patient’s condition …..***

*[*[***F4***](http://www.legislation.gov.uk/ukpga/1983/20/section/61#commentary-c19789281)*by the approved clinician in charge of the treatment] to [*[***F5***](http://www.legislation.gov.uk/ukpga/1983/20/section/61#commentary-c20380271)*the regulatory authority]—*

The regulatory authority at F5 being Healthcare Inspectorate Wales (HIW).

You will be aware that HIW currently makes use of Section 61 (S61) forms which are devised to comply with this part of the act, and the Code of Practice for Wales, specifically paragraphs 25.80-81 and 25.78.

It is important to note that HIW’s S61 forms are not ‘statutory forms’, however, the process of providing a “report” to us, is. To expedite the reception of such forms during the Covid-19 pandemic HIW is now content to receive an email from the RC (or AC), using the template at **Annex A**.

To alleviate any concerns, and in light of the fact we are requesting additional documentation for the SOAD service, we will not require s61 forms to be backdated following the pandemic. It is the section 61 process which is statutory (and is being continued). The form has been designed as an email to alleviate pressure, and provided the information is supplied covering the 5 points at annex A, this will gives HIW sufficient section 61 report information to undertake our statutory duty.

Yours Sincerely

HIW

**(ANNEX A) SECTION 61 REPORT: EMAIL TEMPLATE.**

1. **Basic information concerning the patient**

*Name:*

*Date of birth:*

*Location of patient:*

*The address of the relevant detaining authority:*

*The section of the Mental Health Act:*

*The date of the last CO3 or CO5 or CO6 certificate(s) or (other CO forms) applicable:*

*The date the patient last seen:*

1. **Characteristics of patient’s mental disorder**

(i) Diagnosis (-es)

And

(ii) as to whether detention/liability to detention is based on

(a) *mental disorder*

and / or

(b) *learning disability associated with abnormally aggressive or seriously irresponsible behaviour*

( delete which is inappropriate)

1. **Treatment for mental disorder and the purpose of treatment**

*(i) actual medication prescribed listed with daily divided doses and whether*

*regular or as required and route of administration, and any ECT.*

*(ii) is appropriate treatment available (* ***YES /NO)*** *delete which is inappropriate*)

**An update about the following about progress:-**

(a) Answer the following about whether the patient’s Capacity or lack thereofto make decisions about treatment received?

Concerning medication: ***Capacious / Lacks capacity / Refusing or Objecting*** (delete which is inappropriate)

or

Concerning ECT treatment: ***Capacious / Lacks capacity / Refusing or Objecting*** (delete which is inappropriate)

(b) a very brief indication in relation to each category below of changes in the last detention period in presentation and risks concerning

***To health ( YES / NO )*** *( delete which is inapplicable)* Example:-

***To self****.* ***(YES / NO )*** *( delete which is inapplicable)* Example:-

***To others (YES / NO )*** *( delete which is inapplicable)* Example:-

(c) in relation to potential discharge/transfer , please delete the 2 inapplicable :-

***(Soon, arrangements being made)***

***(Not at the present time)***

***(Long term further admission duration likely).***

**4. Name and status of the professional completing this form.**

**5. The date of completing this form.**