The Mental Health (After-care under Supervision) Regulations 1996

Made - - - 14th February 1996

Laid before Parliament 15th February 1996

Coming into force 1st April 1996

The Secretary of State for Health, in exercise of powers conferred on him by section 16(1) of the National Health Service Act 1977(a), and sections 32(1), (2) and (3) of the Mental Health Act 1983(b) and of all other powers enabling him in that behalf, hereby makes the following Regulations:—

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Mental Health (After-care under Supervision) Regulations 1996 and shall come into force on 1st April 1996.

(2) In these Regulations unless the context otherwise requires—

"the 1977 Act" means the National Health Service Act 1977;

"the 1983 Act" means the Mental Health Act 1983.

(3) In these Regulations unless the context otherwise requires any reference—

(a) to a numbered regulation or a numbered Schedule is a reference to the regulation or Schedule bearing that number in these Regulations; and

(b) in a regulation to a numbered paragraph is a reference to the paragraph bearing that number in that regulation; and

(c) to a numbered form is a reference to the form bearing that number in Schedule 2.

Exercise of functions relating to After-care under Supervision

2.—(1) The "relevant provisions" for the purposes of this regulation are the provisions specified in column 1 of Schedule 1 to these Regulations, the subject matter of which is specified in column 2 of that Schedule.

(a) 1977 (c.49); see for the definition of "regulations" and "prescribed" section 128(1); section 16(1) was substituted by paragraph 7 of Schedule 1 to the Health Authorities Act 1995 (c.17).

(b) 1983 (c.20); section 32(2) is amended by paragraph 2 of Schedule 1 to the Mental Health (Patients in the Community) Act 1995 (c.52) ("the MH 1995 Act"); section 32(3) has been amended by paragraph 24(5) of Schedule 9 to the National Health Service and Community Care Act 1990 (c.19), paragraph 107(4) of Schedule 1 to the Health Authorities Act 1995 and section 1(4) of and paragraph 15(4) of Schedule 1 to the MH 1995 Act.
(2) Subject to paragraph (5), where a Health Authority, which has or will have a duty under section 117 of the 1983 Act(a) to provide after-care services to a patient, makes an arrangement under section 23 of the 1977 Act(b) or section 4 of the National Health Service and Community Care Act 1990(c) for the provision, by another person or body, of services consisting of or including psychiatric and related services for that patient, it may authorise that other person or body to perform on its behalf its functions under the relevant provisions in respect of that patient.

(3) Subject to paragraph (5) a Health Authority may make arrangements for its functions under the relevant provisions to be exercised on its behalf by any of the persons or bodies specified in section 16(1)(a)(i) to (v) of the 1977 Act.

(4) Subject to paragraph (5), where a local social services authority has or will have a duty under section 117 of the 1983 Act to provide after-care services to a patient, and where the Health Authority which also has or will have a duty with respect to the patient has given an authorisation to, or made arrangements with, a person or body under paragraph (2) or (3), the local social services authority may authorise the same person or body to perform all of that local social services authority’s functions under the relevant provisions in respect of the patient.

(5) Nothing in this regulation shall permit a Health Authority or local social services authority to authorise a person or body to exercise the functions under section 25E(1) and (3) of the 1983 Act(d) so far as they relate to review and modification of after-care services provided (or to be provided) to a patient under section 117 of the 1983 Act.

Procedure for and acceptance of supervision applications and related matters

3. For the purposes of after-care under supervision under Part II of the 1983 Act(e)—

(a) any supervision application under section 25A shall be in the form set out in Form 1S;

(b) any written recommendation of a registered medical practitioner under section 25B(6)(a) shall be in the form set out in Form 2S;

(c) any written recommendation of an approved social worker under section 25B(6)(b) shall be in the form set out in Form 3S;

(d) any report furnished under section 25F(1) (reclassification of a patient subject to after-care under supervision) shall be in the form set out in Form 4S;

(e) any report furnished under section 25G(3) (medical recommendation for renewal of after-care under supervision) shall be in the form set out in Form 5S;

(f) any renewal of after-care under supervision under section 25G(7) shall be recorded in the form set out in Part II of Form 5S;

(g) any direction under section 25H(1) (ending of after-care under supervision) shall be in the form set out in Form 6S.

Signed by authority of the Secretary of State for Health

John Bowis
Parliamentary Under Secretary of State,
Department of Health

14th February 1996

(a) Section 117 is amended by paragraph 107(8) of Schedule 1 to the Health Authorities Act 1995 (c.17) and paragraph 15 of Schedule 1 to the MH 1995 Act.

(b) Section 23 was amended by Schedule 7 to the Health Services Act 1980 (c.53).

(c) Section 4 is amended by paragraph 68 of Schedule 1 to the Health Authorities Act 1995 (c.17).

(d) Section 25E was inserted in the 1983 Act by section 1(1) of the MH 1995 Act.

(e) Sections 25A to 25J were inserted in Part II by section 1(1) of the MH 1995 Act.

ISSUE No. 15
### SCHEDULE 1

**Regulation 2(1)**

**Provisions of the Act Conferring Functions on Health Authorities and Local Social Services Authorities**

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### SCHEDULE 2

**Regulations 1(3)(c) and 3**

**FORM 15**

**SUPERVISION APPLICATION**

**Mental Health Act 1983**

**Section 25B or Section 25J**

**PART I**

[COMPLETE EITHER SECTION A OR SECTION B: SECTION A IF PATIENT IS LIABLE TO BE DETAINED AND SECTION B IF PATIENT IS SUBJECT TO A COMMUNITY CARE ORDER UNDER THE MENTAL HEALTH (SCOTLAND) ACT 1984]

**Section A**

[COMPLETE IN BLOCK CAPITALS]

<table>
<thead>
<tr>
<th>(full name and professional address of responsible medical officer)</th>
<th>I, ........................... ..............................</th>
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<td>of ....................................................................</td>
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am the responsible medical officer of

| (full name and address of patient) | ........................................................................|
|...........................................|
|...........................................|
|...........................................|
|...........................................|
|...........................................|

who is currently liable to be detained in pursuance of an application for admission for treatment in

| (name and address of hospital) | ........................................................................|
|...........................................|
|...........................................|
|...........................................|
|...........................................|
|...........................................|

(a) The patient's date of birth is ..............................................

(b) The patient's exact date of birth is unknown but the patient is believed to have attained the age of 16.

(a) Sections 25A to 25H are inserted in the Act by section 1(1) of the MH 1995 Act.
(b) This is subject to the exception provided for in regulation 2(5).

**ISSUE No. 15**
I hereby apply for the above named patient to be subject to after-care under supervision in accordance with the terms of Part II of the Act.

MENTAL DISORDER

In my opinion the patient is suffering from—

(i) mental illness
(ii) severe mental impairment
(iii) psychopathic disorder
(iv) mental impairment

This opinion is founded on the following grounds:—

NEED FOR AFTER-CARE UNDER SUPERVISION

I am of the opinion that after-care under supervision is necessary for this patient because

(a) the patient is suffering from mental disorder, as specified above; and
(b) if the patient did not receive section 117 after-care there would be a substantial risk of—

(i) serious harm to the patient's health
(ii) serious harm to the patient's safety
(iii) serious harm to the safety of other persons
(iv) serious exploitation of the patient

because

and

(c) such supervision is likely to help secure that the patient receives section 117 after-care services because

CONSULTATION

The following people have been consulted about the making of this application and I have taken account of the views they expressed:—

(Names, addresses and designations of those consulted)
AFTER-CARE DETAILS

I attach details of the after-care services to be provided for this patient.

I consider that the patient should be subject to the following requirements:—

(specify proposed requirements)

The following person will be the patient's community responsible medical officer and will be in charge of the medical treatment to be provided for the patient as part of the after-care services to be provided under section 117:—

(a) myself, or

(b) .................................................................................................

and a written statement from this person to that effect is attached at Part II.

The following person will be the patient's supervisor and will supervise the patient with a view to ensuring that the patient receives the after-care services provided under section 117:—

(a) myself, or

(b) .................................................................................................

or .................................................................................................

and a written statement from this person to that effect is attached.

This application is accompanied by two recommendations in the prescribed forms from an approved social worker and a registered medical practitioner.

Signed ................................................................. Date .................................

Section B

(COMPLETE IN BLOCK CAPITALS)

(full name and professional address of applicant)

I, .................................................................................................

of .................................................................................................

am the proposed community responsible medical officer of

.................................................................................................

who is currently subject to a community care order under the Mental Health (Scotland) Act 1984.

ISSUE No. 15
The patient's address in Scotland is

(proposed address of patient in England or Wales)

(a) The patient's date of birth is

(b) The patient's exact date of birth is unknown but the patient is believed to have attained the age of 16.

I hereby apply for the above named patient to be subject to after-care under supervision in accordance with the terms of Part II of the Act.

MENTAL DISORDER

I am satisfied that the patient is suffering from—

(i) mental illness
(ii) severe mental impairment
(iii) psychopathic disorder
(iv) mental impairment

This opinion is founded on the following grounds:—

NEED FOR AFTER-CARE UNDER SUPERVISION

I am of the opinion that after-care under supervision is necessary for this patient because

(a) the patient is suffering from mental disorder, as specified above; and
(b) if the patient did not receive section 117 after-care there would be a substantial risk of—

(i) serious harm to the patient's health
(ii) serious harm to the patient's safety
(iii) serious harm to the safety of other persons
(iv) serious exploitation of the patient

because

and

(c) such supervision is likely to help secure that the patient receives section 117 after-care services because
CONSULTATION

The following people have been consulted about the making of this application and I have taken account of the views they expressed:—

(names, addresses and designations of those consulted)

(Any separate sheet on which this statement is continued shall be deemed to be part of the application.)

AFTER-CARE DETAILS

I attach details of the after-care services to be provided for this patient.

I consider that the patient should be subject to the following requirements:—

(specify proposed requirements)

The following person will be the patient's supervisor, and will supervise the patient with a view to ensuring that the patient receives the after-care services provided under section 117:—

(delete whichever does not apply)

(a) myself, or

(b) ........................................................................

(full name, professional address and profession of proposed supervisor)

a........................................................................

and a written statement from this person to that effect is attached at Part II.

This application is accompanied by two recommendations: one from the patient's special medical officer in Scotland or a registered medical practitioner and the other from the patient's after-care officer in Scotland or an approved social worker.

Signed .................................................. Date ..................................
PART II
[COMPLETE IN BLOCK CAPITANS]

A. STATEMENT BY THE PROPOSED COMMUNITY RESPONSIBLE MEDICAL OFFICER

[THIS MUST BE COMPLETED IN ALL CASES INCLUDING WHERE THE APPLICANT IS TO BE THE PATIENT'S COMMUNITY RESPONSIBLE MEDICAL OFFICER]

(full name and professional address of practitioner)
I, ........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

am a registered medical practitioner approved for the purposes of section 12 of the Mental Health Act 1983 as having special experience in the diagnosis or treatment of mental disorder. I will be the community responsible medical officer of the patient specified in Part I of this form and will be in charge of the medical treatment provided for him as part of the after-care services provided under section 117 of the Mental Health Act 1983.

Signed ................................................. Date ......................................

B. STATEMENT BY THE PROPOSED SUPERVISOR

[THIS MUST BE COMPLETED IN ALL CASES INCLUDING WHERE THE APPLICANT IS TO BE THE PATIENT'S SUPERVISOR]

(full name, professional address and profession of proposed supervisor)
I, ........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

will be supervisor of the patient specified in Part I, and will supervise the patient with a view to ensuring that the patient receives the after-care services provided under section 117 of the Mental Health Act 1983.

Signed ................................................. Date ......................................
THE MENTAL HEALTH (AFTER CARE UNDER SUPERVISION)  
REGULATIONS 1996

PART III
(To be completed on behalf of the Health Authority)

This application was received by me on ........................................... (date) 
accompanied by the required recommendations.

The local social services authority 
................................................................. (name) 
has been consulted about this application.

The patient was informed orally about the acceptance of this application 
and the effect in his case of becoming a person subject to after-care under 
supervision by ................................................................. (name) 
on ........................................ and in writing on .................................. (dates)

(a) The patient's nearest relative

................................................................. (name) of

.................................................................

.................................................................

.................................................................

was informed in writing on ....................... (date)

(b) The patient's nearest relative has not been informed because

(i) this was not practicable

(ii) the patient objected

(c) The patient has no known nearest relative

The following person(s) (not being professionally concerned with the after-
care services to be provided) is believed to play a substantial part in the 
care of the patient:

.................................................................

.................................................................

.................................................................

.................................................................

and has been informed about the acceptance of this application.

The bodies responsible for the patient's after-care under section 117 of the 
Act are

.................................................................

.................................................................

They were informed about the acceptance of this application on

............................... and .........................(dates) respectively.

The patient's RMO ....................................................... (name) 
was informed on ....................................................... (date)

The patient's community RMO ........................................ (name) 
was informed on ....................................................... (date)

The patient's supervisor ............................................ (name) 
was informed on ..................................................... (date)

The patient's GP ...................................................... (name) 
was informed on ..................................................... (date)

Signed .................................................. Date

Name ........................................ Position
RECOMMENDATION

(full name and professional address of practitioner) 
I, ...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

a registered medical practitioner, recommend that

(full name and address of patient) 
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

who is currently liable to be detained in

(name and address of hospital) 
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

be subject to after-care under supervision in accordance with Part II of the Act.

MENTAL DISORDER

In my opinion the patient is suffering from—

(delete whichever does not apply)

(i) mental illness

(ii) Severe mental impairment

(iii) psychopathic disorder

(iv) mental impairment

(Give a clinical description of the patient's conditions;)

This opinion is founded on the following grounds:—

...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

NEED FOR AFTER-CARE UNDER SUPERVISION

I am of the opinion that (having regard in particular to the patient's history) after-care under supervision is necessary for this patient because

(a) the patient is suffering from mental disorder, as specified above; and

(b) if the patient did not receive section 117 after-care there would be a substantial risk of

(delete whichever does not apply)

(i) serious harm to the patient's health

(ii) serious harm to the patient's safety

(iii) serious harm to the safety of other persons

(iv) serious exploitation of the patient

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(state reasons) because

and

(c) such supervision is likely to help secure that the patient receives section 117 after-care services because

Signed... Date...
FORM 3S

APPROVED SOCIAL WORKER'S
RECOMMENDATION FOR AFTER-CARE
UNDER SUPERVISION Mental Health Act 1983
Section 25B

[COMPLETE IN BLOCK CAPITALS]

I, ..............................................................................................
of ................................................................................................

am an officer of ..............................................................................

appointed to act as an Approved Social Worker under the Act.

I recommend that

I last interviewed the patient on ...................(date)

I am of the opinion that (having regard in particular to the patient's history) after-care under supervision is necessary for this patient because (a) if the patient were not to receive section 117 after-care there would be a substantial risk of—

(i) serious harm to the patient's health

(ii) serious harm to the patient's safety

(iii) serious harm to the safety of other persons

(iv) serious exploitation of the patient

because........................................................................................

and

(b) such supervision is likely to help secure that the patient receives section 117 after-care services because ........................................................................................

Signed .............................................. Date .................................
THE MENTAL HEALTH (AFTER CARE UNDER SUPERVISION) REGULATIONS 1996  
FORM 4S  
Regulation 3

RECLASSIFICATION OF A PATIENT SUBJECT TO AFTER-CARE UNDER SUPERVISION  
Mental Health Act 1983  
Section 25F

PART I  
[COMPLETE IN BLOCK CAPITALS]

(full name and professional address of responsible community medical officer)  
I, ........................................................................................................

(full name and address of patient)  
........................................................................................................

(original classification as amended by any previous reclassification)  
(Delete whichever does not apply)  
I last examined the patient on ............................................. (date)

It appears to me that the patient who is recorded on the supervision application as suffering from

is now suffering from—

(i) mental illness
(ii) severe mental impairment
(iii) psychopathic disorder
(iv) mental impairment

This opinion is founded on the following grounds:—

(give a clinical description of the patient's condition)

(delete (a) or (b))

(a) I have consulted the following person(s) professionally concerned with the patient's medical treatment:—

(name(s), designation(s) and professional address(es) of person(s) consulted, if any)

(b) There is no one other than myself professionally concerned with the patient's medical treatment.

Signed .............................................. Date .........................

ISSUE No. 15
PART II

(To be completed on behalf of the responsible after-care bodies)

This reclassification report was received by me on ...................... (date)

The patient was informed orally about the reclassification on .......... (date)
by ................................................................. (name) and in writing on ............(date)

(a) The patient's nearest relative

.............................................................................................................. (name) of
..............................................................................................................
..............................................................................................................
..............................................................................................................

was informed in writing on ......................................................... (date)

(b) The patient's nearest relative has not been informed because

(i) this was not practicable

(ii) the patient objected

(c) The patient has no known nearest relative

Signed ................................................................. Date .........................

Name .................................................. Position ........................................
PART I

[COMPLETE IN BLOCK CAPITALS]

(full name and professional address of community responsible medical officer)

I, ...........................................................................................................................

am the community responsible medical officer of

(full name and address of patient)

...........................................................................................................................

I last examined the patient on ........................................... (date)

MENTAL DISORDER

In my opinion the patient is suffering from—

(delete whichever does not apply)

(i) mental illness

(ii) severe mental impairment

(iii) psychopathic disorder

(iv) mental impairment

This opinion is founded on the following grounds:—

(give a clinical description of the patient's condition)

...........................................................................................................................

NEED FOR AFTER-CARE UNDER SUPERVISION

In my opinion it is necessary that this patient should continue to be subject to after-care under supervision for the following reasons:—

(a) the patient is suffering from mental disorder, as specified above;

and

(b) if the patient did not receive section 117 after-care there would be a substantial risk of—

(delete whichever does not apply)

(i) serious harm to the patient's health

(ii) serious harm to the patient's safety

(iii) serious harm to the safety of other persons

(iv) serious exploitation of the patient
(state reasons) because

and

(c) such supervision is likely to help secure that the patient receives section 117 after-care services because

CONSULTATION

The following people have been consulted and I have taken account of the views they expressed:

(names, addresses and designations of those consulted)

(full name, professional address and profession of supervisor)

(Any separate sheet on which this statement is continued shall be deemed to be part of this renewal report)

The patient's supervisor is

Signed .................................................. Date ......................................

PART II

(To be completed on behalf of the responsible after-care bodies)

This renewal report was received by me on ......................... (date)

The patient was informed orally about the renewal of after-care under supervision and its effect in his case by ......................... (name) on ......................... and in writing on ......................... (dates)

(delete whichever does not apply)

(a) The patient's nearest relative

(b) The patient himself

was informed in writing on .........................

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THE MENTAL HEALTH (AFTER CARE UNDER SUPERVISION) REGULATIONS 1996

(b) The patient’s nearest relative has not been informed because
   (i) this was not practicable
   (ii) the patient objected

(c) The patient has no known nearest relative

The following person(s) (not being professionally concerned with the after-care services provided) is believed to play a substantial part in the care of the patient:

(name(s) and address(es))

and has been informed about the renewal of after-care under supervision.

The bodies responsible for the patient’s after-care under section 117 of the Act are

(name of health authority)

(name of local authority)

(dates)

and

who have agreed to continue to provide such care.

They were informed about the renewal of after-care under supervision on

(date)

The patient’s supervisor was informed on

(date)

Signed

Date

Name

Position
PART I

[COMPLETE IN BLOCK CAPITALS]

(full name and address of community responsible medical officer)

I, .........................................................................................
of .........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................

am the community responsible medical officer of
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................

(full name and address of patient)
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................

(give reason)

I hereby direct that this patient shall cease to be subject to after-care under supervision because
.........................................................................................
.........................................................................................
.........................................................................................

The following people have been consulted about the giving of this direction and I have taken account of the views they expressed:—
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................

(names, addresses and designations of those consulted)
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................
.........................................................................................

(Any separate sheet on which this statement is continued shall be deemed to be part of this direction.)

Signed ................................................................. Date .........................
PART II
(To be completed on behalf of the responsible after-care bodies)

This direction was received by me on ......................................... (date)

The patient was informed orally about the ending of after-care under supervision by ........................................ (name) on ....................................... and in writing on ........................................ (dates)

(a) The patient’s nearest relative

................................................................. (name) of

.................................................................

.................................................................

.................................................................

.................................................................

was informed in writing on ........................................ (date)

(b) The patient’s nearest relative has not been informed because

(i) this was not practicable

(ii) the patient objected

(c) The patient has no known nearest relative

The following person(s) (not being professionally concerned with the after-care services provided) is believed to play a substantial part in the care of the patient

.................................................................

.................................................................

.................................................................

.................................................................

and has been informed about the ending of after-care under supervision.

The bodies responsible for the patient’s after care under section 117 of the Act are

........................................................................

and

........................................................................

They were informed about the ending of after-care under supervision on ........................................ and ......................... (dates) respectively.

The patient’s supervisor ........................................ (name) was informed on ........................................ (date)

The patient’s GP ........................................ (name) was informed on ........................................ (date)

Signed .............................................. Date ..................

Name ............................................. Position ...........................................
The Secretary of State for Health, in exercise of powers conferred on him by sections 11(1), (2) and (4), 126(4) and paragraph 9(7)(b) of Schedule 5 to the National Health Service Act 1977(a) and of all other powers enabling him in that behalf, hereby makes the following Order:—

Citation, commencement and interpretation

1.—(1) This Order may be cited as the Authorities for the Ashworth, Broadmoor and Rampton Hospitals (Establishment and Constitution) Order 1996 and shall come into force on 1st April 1996.

(2) In this Order—

“Authority” unless the context otherwise requires, means a Special Health Authority established by this Order;

“direct” and “directions” refer to directions given in exercise of a power conferred by the National Health Service Act 1977;

“the Schedule” means the Schedule to this Order.

Establishment of the Authorities

2. There are hereby established three Special Health Authorities which shall be known by the names specified in column (1) of the Schedule.

(a) 1977 c.49; section 11 was amended by paragraph 31 of Schedule 1 to the Health Services Act 1980 (c.53), Schedule 10 to the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act") and paragraph 2 of Schedule 1 to the Health Authorities Act 1995 (c.17); section 126(5) was amended by section 65(2) of the 1990 Act and paragraph 9(7) was inserted into Schedule 5 by paragraph 7(2) of Schedule 1 to the 1990 Act.