

Home

News

Current issues

Events and training

Practice support

- ▶ [Practice notes](#)
- ▶ [Practice Advice Service](#)
- ▶ [Helplines for solicitors](#)
- ▶ [Library services](#)
- ▶ [Legal aid](#)
- ▶ [Anti-money laundering](#)
- ▶ [Legal Compliance Bulletin](#)
- ▶ [Equality and diversity](#)
- ▶ [Membership networks](#)
- ▶ [Migrant lawyers scheme](#)
- ▶ [Joint tribunal service](#)
- ▶ [Surviving the downturn](#)

Careers in law

Promoting solicitors

Membership benefits

Find a solicitor

About us

Representation before mental health tribunals

◀ [Representation before mental health tribunals - 13 August 2009](#)

[Print this practice note](#)

Representation before mental health tribunals – 13 August 2009

Contents

- [1. Introduction](#)
 - [1.1 Who should read this practice note?](#)
 - [1.2 What's the issue?](#)
- [2. Clients' access to legal advice](#)
 - [2.1 Role of the hospital](#)
 - [2.2 Independent Mental Health Advocates](#)
 - [2.3 Facilitating referrals](#)
 - [2.3.1 Change of solicitor](#)
- [3. Role of the legal practitioner](#)
 - [3.1 Communication with the client](#)
 - [3.2 Contact with the client](#)
 - [3.2.1 Client care letters](#)
 - [3.3 The duty to act in the best interests of the client](#)
 - [3.4 Taking instructions](#)
 - [3.5 Acting without instructions](#)
 - [3.5.1 Tribunal powers to appoint a representative](#)

- 3.5.2 Tribunal applications not made by the patient
- 3.6 The Mental Capacity Act 2005
- 3.7 Duty of confidentiality
- 3.8 Non-disclosure of documents
 - 3.8.1 Non-disclosure to the client
 - 3.8.2 Non-disclosure to the solicitor
- 3.9 Avoiding delay at the tribunal
 - 3.9.1 Independent reports
 - 3.9.2 Witnesses
 - 3.9.3 Interpreters
 - 3.9.4 Documents
 - 3.9.5 Applications for postponements
 - 3.9.6 Withdrawing an application to the tribunal
- 4. Representing children and young people before the tribunal
- 5. Other codes of conduct
 - 5.1 NHS Mental health Trusts codes of conduct
 - 5.2 Mental Health Lawyers Association code of conduct
- 6. Mental Health Review Tribunal Accreditation Panel
- 7. More information
 - 7.1 Professional conduct
 - 7.2 Legal and other requirements
 - 7.3 Further products and support
 - 7.3.1 Practice Advice Line
 - 7.3.2 Solicitors Regulation Authority's Professional Ethics helpline
 - 7.4 Status of this practice note
 - 7.5 Terminology in this practice note
 - 7.6. Acknowledgements

1. Introduction

1.1 Who should read this practice note?

All legal practitioners who represent clients before the First Tier Tribunal (Mental Health) in England and the Mental Health Review Tribunal for Wales including those practitioners who are members of the Law Society's Mental Health Review Tribunal Accreditation Scheme. This includes solicitors, legal executives, trainee solicitors and solicitors' clerks who are members of the scheme.

[Top of page](#) ▲

1.2 What's the issue?

The Mental Health Act 1983 (MHA 1983) has been changed by the following instruments, which entered into force in November 2008:

- The Mental Health Act 2007
- The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008
- The Practice Direction issued 30/10/08 (for England)
- The Mental Health Review Tribunal for Wales Rules 2008 (for Wales)
- The Mental Health Act codes of practice (different for England and Wales)

Members of the Law Society's Mental Health Review Tribunal Accreditation Scheme can advise and represent clients who have been detained under the MHA 1983, before the relevant tribunal. You must familiarise yourself with which rules apply, depending on whether you practise in England or Wales.

This practice note provides good practice advice on how to provide effective legal advice to their client and representation before the tribunal. This includes:

- how clients can access your services from hospital including the rules regarding facilitating referrals
- what happens if the client does not have the capacity to instruct you
- what constitutes the best interests of the client
- your duty of confidentiality
- non-disclosure of documents to the client
- avoiding delay at the tribunal

Unless otherwise specified, 'tribunal' refers both to the First Tier Tribunal (Mental Health) in England and the Mental Health Review Tribunal for Wales.

[Top of page](#) ▲

2. Clients' access to legal advice

2.1 Role of the hospital

There is currently no allocation of responsibility for ensuring that all clients who wish to be represented at the tribunal are put in touch with a legal practitioner. The way in which hospitals assist clients to obtain legal representation varies widely. In some, the task is undertaken by the Mental Health Act Administrator, in others by social workers or by ward staff.

A list of mental health legal practitioners can be provided by the ward or the Mental Health Act administrator in each locality. In Wales, the MHRT office in Cardiff maintains a list of accredited solicitors. This can also be accessed via the Law Society's online Find a Solicitor service.

[Top of page](#) ▲

2.2 Independent Mental Health Advocates

From April 2009, qualifying patients must now have access to Independent Mental Health Advocates (IMHA). Qualifying patients are those patients who are:

- detained under the MHA 1983, even if they are currently on leave of absence from hospital, apart from those patients detained under sections 4, 5(2), 5(4), 135 or 136
- conditionally discharged restricted patients
- subject to Guardianship under the Act
- on Supervised Community Treatment (SCT)

The role of IMHAs is to help qualifying patients understand the legal provisions to which they are subject under the MHA 1983, and the rights and safeguards to which they are entitled. The IMHA may also assist patients to exercise their rights.

Legal practitioners can increasingly expect referrals from IMHAs, as the role of the IMHAs becomes more established.

[Top of page](#) ▲

2.3 Facilitating referrals

You are free to:

- contact the Mental Health Act administrator of the hospitals in their area to express willingness to accept referrals for tribunal representation
- enquire about the procedures for appointing representatives for clients who lack the capacity to apply to the tribunal or to instruct a solicitor

You should not:

- approach clients on hospital wards without prior appointments to obtain referrals
- offer any form of remuneration for referral of work

If a client approaches you on a ward seeking representation then you should check with the nurse in charge whether the client already has representation. If the nurse does not know, you are free to leave your details and invite the client to contact you for an appointment.

You are free to take instructions immediately in emergency situations after first checking that no other legal practitioner has been approached. Examples of emergency situations include Section 2 patients where a date has already been set for a hearing or the time limit for appealing is very close.

[Top of page](#) ▲

2.3.1 Change of solicitor

You may not provide legal help to a client who has received legal help for the same matter from another supplier within six months preceding the application. This is stated in the [Legal Services Commission Funding Code \(June 2009\)](#).

The exceptions to this are where this has been permitted under a contract or where either:

- There is a gap in time and circumstances have changed materially between the first and second occasions when the legal help was sought, eg a reconciliation which has failed

- The client has reasonable cause to be dissatisfied with the service provided by the first supplier
- The client has moved a distance away from the first supplier and communication is difficult
- The first supplier has confirmed that they will be making no claim for payment for the legal help

Where a patient requests a change of solicitor, you should record brief reasons as to why the patient is seeking to change their legal practitioner.

[Top of page](#) ▲

3. Role of the legal practitioner

3.1 Communication with the client

To communicate well, you should:

- be alert to, and seek to overcome communication challenges which the clients faces, including those arising from:
 - lack of capacity or use of medication
 - hearing difficulties
 - learning difficulties
 - language barriers or other cross-cultural issues
- present information in a clear and straightforward manner, avoiding complicated forms and overly legalistic language

[Top of page](#) ▲

3.2 Contact with the client

You should make initial contact with the client in a timely manner, to take instructions and give initial advice. You should advise clients on all of the following:

- the strengths and weaknesses of their case
- timescales
- tribunal powers

- hearing procedures

You should refer a client to another specialist legal adviser if you lack expertise on other significant issues for which they might need legal advice. Examples of common significant issues include welfare benefits, debt, housing and crime.

You should maintain regular contact with the client, and be willing to adjust the level of contact depending on the client's mental health condition. The client's clarity may change during the case as a result of changing mental health or medication.

In addition, you should aim to make contact with clients in person as much as possible, rather than relying on telephone or written communication.

[Top of page](#) ▲

3.2.1 Client care letters

Rule 2.02 of the Solicitors' Code of Conduct provides that solicitors must both

- clearly identify the client's objectives in relation to the work to be done for them
- give the client a clear explanation of the issues involved and the options available to them

Your initial letter to the client, attaching terms of business is often called the client care letter. It acts as:

- a clear record for you and the client of the instructions they gave and what will happen next
- a vital tool for focusing the client on the exact parameters of a retainer
- evidence against complaints of insufficient information or inadequate professional service

You should tailor such letters to the individual needs of the client reflecting their communication needs and whether they are likely to be distressed by correspondence. In the example of clients who lack capacity it may be inappropriate to send the client a client care letter. Instead, you should retain the letter on file, and go through the letter in person with the client when appropriate and as far as their comprehension allows. In this instance, you should also record the client's capacity at that time.

If an IMHA or independent mental capacity advocate (IMCA) is involved, you may wish to make them aware of the contents of the client care letter.

Read more about client care in our [client care practice note](#).

[Top of page](#) ▲

3.3 The duty to act in the best interests of the client

Solicitors must at all times act in the best interests of each client, under rule 1.04 of the Solicitors Code of Conduct 2007. This duty includes:

- advising clients of the likelihood of being discharged
- advising clients on possible steps towards discharge
- representing the client's views or wishes to the tribunal
- advising on aftercare
- advising on other related issues, for example compulsory treatment provisions, alternatives to detention such as Community Treatment Orders (CTOs) and Guardianship
- advising on the possibility and consequences of the patient withdrawing their application to the tribunal

[Top of page](#) ▲

3.4 Taking instructions

The MHA 1983 does not provide for a person to be appointed to represent the client's best interests in tribunal proceedings.

The client can choose to:

- authorise a representative to act for them in the proceedings
- reject advice provided
- conduct their own case, putting their own views and representations to the tribunal

You must act in accordance with your client's instructions, where these can be ascertained even when these instructions are inconsistent, unhelpful to the case or vary during the preparation of the case, or during the hearing itself.

Where you believe your client's instructions are unrealistic, you should discuss with the client an

alternative and more realistic line of challenge if the initial approach chosen by the client does not appear to be succeeding. You may only pursue this alternative line if the client agrees.

[Top of page](#) ▲

3.5 Acting without instructions

You act without instructions when:

- the tribunal appoints a representative
- the tribunal application was not made by the patient

When asked to represent the client in such cases, you are not instructed by the tribunal or the relevant persons who made the application. In such cases, you should:

- seek to take clear instructions from the patient as best you can and act in accordance with those instructions, however simply they may be expressed
- advocate the client's views and wishes, even if those may be considered bizarre or contrary to the client's best interests
- ensure that the tribunal receives all relevant material so that it can determine whether the criteria for continued detention are satisfied
- remember the patient's right to treatment in the least restrictive setting and alert the tribunal to possible alternatives to detention under the MHA 1983 such as CTOs and Guardianship

You should not automatically argue for discharge if you are unable to ascertain the patient's wishes.

The threshold for providing instructions is not high, and people severely disabled by a mental disorder may still be able to provide instructions if you explain matters simply and clearly.

It is for the tribunal to decide whether the criteria in the MHA 1983 are met, on the basis of the evidence before it from the client, and from all the professionals purporting to act in the client's best interests.

[Top of page](#) ▲

3.5.1 Tribunal powers to appoint a representative

You act without instructions where the tribunal appoints a representative. The tribunal has the power

to do this:

- in England under [Rule 11\(7\) of the Tribunal Procedure \(First-tier Tribunal\) \(Health, Education and Social Care Chamber\) Rules 2008](#)
- in Wales under [Rule 13\(5\) of the Mental Health Review Tribunal for Wales Rules 2008](#)

The tribunal may exercise this power when a patient either:

- states they want to be represented or does not want to conduct their own case
- lacks the capacity to appoint a representative but the tribunal believes that being represented is in the patient's best interests

[Top of page](#) ▲

3.5.2 Tribunal applications not made by the patient

Applications can be made to the tribunal without the patient choosing, or when they lack capacity to decide in the following instances:

- when their case is automatically referred to the tribunal by the hospital managers under section 68 of the MHA 1983
- when the patient's nearest relative applies to the tribunal following a barring order
- when the Secretary of State or the Welsh Ministers (for Wales) refers to the tribunal

Personal welfare attorneys or deputies appointed under the Mental Capacity Act 2005 may exercise the patient's various rights to apply to the tribunal for discharge from detention, guardianship or Supervised Community Treatment (SCT) if all of the following are true:

- they have the relevant authority (in the case of an attorney, under the Lasting Power of Attorney or, in the case of a deputy, under the order of the Court of Protection; and
- the patient concerned lacks the capacity to do so themselves. See paragraph 9.6 MHA1983 Code of Practice or, [paragraph 13.16 MHA 1983 Code of Practice for Wales](#).

[Top of page](#) ▲

3.6 The Mental Capacity Act 2005

Solicitors should familiarise themselves with the Mental Capacity Act 2005 (MCA 2005)

Further advice on helping people to make their own decisions can be found in [Chapter 3 of the Mental Capacity Act 2005 Code of Practice](#).

You must work in accordance with the guiding principles in:

- section 1 of the MCA 2005
- the test for capacity in sections 2 and 3 MCA 2005
- the best interests checklist in section 4 MCA 2005

[Top of page](#) ▲

3.7 Duty of confidentiality

Rule 4.0 of the [Solicitors' Code of Conduct](#) requires solicitors to keep the affairs of clients and former clients confidential except where disclosure is required or permitted by law or by the client or former client.

Exemptions to Rule 4.0 are set out in the [guidance to the code](#). These include the ability for solicitors to reveal confidential information where:

- they believe it is necessary to prevent the client or a third party committing a criminal act that they reasonably believe is likely to result in serious bodily harm
- a child is the client and they reveal information indicating continuing sexual or other physical abuse but they refuse to allow disclosure of such information
- the client discloses abuse of a child either by themselves or by another adult, but refuses to allow any disclosure

Solicitors must consider whether the threat to the client, another person or the child, is sufficiently serious to justify a breach of the duty of confidentiality.

Where solicitors consider that they need to disclose confidential information, they should seek advice from the [Solicitors Regulation Authority's Professional Ethics helpline](#).

Following this, if the solicitor decides to disclose the confidential information, they should first try to

obtain the client's agreement to disclosure.

If the client does not agree, but the solicitor still feels that it is necessary to disclose the information, the solicitor should:

1. inform the client that they intend to make the disclosure
2. explain the client's right to withdraw instructions
3. make the disclosure
4. provide the client with written details of what has been disclosed to whom and why

[Top of page](#) ▲

3.8 Non-disclosure of documents

3.8.1 Non-disclosure to the client

Rule 4.02 of the Solicitors' Code of Conduct states that a solicitor must disclose to their client all information of which they are aware which is material to that client's matter regardless of the source of the information.

This rule does not apply where the solicitor reasonably believes that serious physical or mental injury will be caused to any person if the information is disclosed to the client.

The responsible authority (NHS Trusts and other authorities holding patients' medical records) can withhold disclosure of documents from a patient if disclosure is likely to cause serious harm to the patient or another person and it is proportionate to do so. In England, this is possible under Rule 14, Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008. In Wales, this is possible under Rule 17, Mental Health Review Tribunal for Wales Rules 2008.

Under these rules, the information can be disclosed to the solicitor on the basis that they do not disclose it to anyone else, including the client.

Dorset Healthcare NHS Foundation Trust v MHRT (2009) UKUT 4 (AAC) gives guidance on when a responsible authority can resist disclosure of confidential third-party information or when a solicitor wishes to disclose such information to their client.

If a solicitor requests full access to their client's medical records, the responsible authority should disclose all documents to the patient's solicitors subject to an undertaking, if necessary not to

disclose certain specific third-party documents to the patient.

Solicitors should seek disclosure to their client if they consider that it may improve the chance of a successful outcome. In this instance, they should submit an argument to the tribunal office setting out their reasons.

If the responsible authority refuses to disclose certain information to the solicitor, they must show that it is appropriate to do so by serving a skeleton argument to the tribunal office.

Where a request or refusal for request is not resolved, both parties can apply to the tribunal. This can be heard as a preliminary issue on the day of the hearing or in more complex cases a decision can be taken before the hearing following written or oral submissions.

The Upper Tribunal stressed the desirability of dealing with disclosure issues as between the parties without the need to involve the tribunal.

This process may affect the client-solicitor relationship and be difficult for the solicitor to manage. A solicitor to whom documents are disclosed on this basis should either:

- consider requesting an earlier hearing which the client does not attend
- consider dealing with disclosure as a preliminary issue without the client on the day of the hearing but should consider first whether the issues can be resolved by correspondence with the responsible authority

[Top of page](#) ▲

3.8.2 Non-disclosure to the solicitor

The responsible authority should disclose all documents to the patient's solicitor, if a solicitor requests full access to their client's medical records.

Where the responsible authority refuses such access, the solicitor should both:

- make an application to the tribunal for disclosure
- ask the responsible authority to clarify why access has been refused

If necessary, the solicitor should be willing to sign an undertaking not to disclose the information to the patient. The solicitor should also consider the [First Tier Tribunal Rules](#) and the [MHRT for Wales](#)

Rules and the COP on disclosure and the guidance given in the Dorset case.

[Top of page](#) ▲

3.9 Avoiding delay at the tribunal

The tribunal's overriding objective is to deal with cases fairly and justly, avoiding delay so far as compatible with proper consideration of the issues. These objectives are stated in Rule 2, the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 and Rule 3 Mental Health Review Tribunal for Wales Rules 2008.

You should take all appropriate steps to ensure that tribunal hearings are not delayed.

[Top of page](#) ▲

3.9.1 Independent reports

You should only request independent reports where this is required in your professional judgement. You should request any copies of independent report(s) as soon as possible and send them to the tribunal office no later than seven days before the hearing.

[Top of page](#) ▲

3.9.2 Witnesses

You should confirm in advance the availability of all witnesses, including experts, who are expected to attend the tribunal.

[Top of page](#) ▲

3.9.3 Interpreters

Hospital administration staff should notify tribunal staff of any special requirements such as the need for an interpreter for the patient. You should also identify whether an interpreter will be required at the hearing as soon as possible.

3.9.4 Documents

You should send all documents to the tribunal office no later than ten days before the hearing, and limit the bundle to relevant documents only.

3.9.5 Applications for postponements

You should avoid applications for postponements wherever possible, and only make them on the client's instructions. The tribunal frequently refuses applications for postponement especially those made at the last minute.

If you consider that a postponement is in the best interests of the client, you should advise the client accordingly, but leave the final decision to the client.

If a postponement appears unavoidable, you should apply as early as possible, setting out the reasons. Where the delay is caused by late reports from the responsible authority, solicitors should request the tribunal for directions immediately after the breach of the time limits on submission of statutory reports.

If the client lacks capacity to provide instructions, you should discuss the matter with whoever is instructing on behalf of the client, such as an attorney or deputy, or notify the tribunal office in writing.

3.9.6 Withdrawing an application to the tribunal

An application can be withdrawn at any time by the client if the tribunal accepts the withdrawal.

If the client wants to withdraw their application to the tribunal, you should notify the tribunal office immediately in writing, giving the reasons.

Early notification allows for other cases to be rescheduled and maximises the use of the tribunal's

time.

Where the withdrawal is received directly from the patient and that patient is represented, the solicitor will be approached by the Tribunal and encouraged to make contact with their client to discuss the request.

The patient may apply again for a hearing within the same period of detention.

[Top of page](#) ▲

4. Representing children and young people before the tribunal

The tribunal has established a Child and Adolescent Mental Health Service (CAMHAS) panel. Its purpose is to ensure that at least one of the tribunal members has special expertise in dealing with cases where a child is either detained under the Mental Health Act 1983 or subject to another order under the Act. For the purposes of the CAMHS panel a child is treated as any person under the age of 18 at the time of the application or reference.

Although the Tribunal Rules do not make any specific provision in relation to child patients, the solicitor representing a child should always consider the following:

- the wishes and feelings of the child
- the need to ensure that the child is able to fully participate in the proceedings by, for example, requesting that the proceedings are dealt with in as informal manner as appropriate
- any legal issues that are specific to the child, eg the impact of the Children Act 1989 on decision making in relation to the child and the need to identify the child's entitlement to aftercare services under children's legislation and mental health legislation.

[Top of page](#) ▲

5 Other codes of conduct

5.1 NHS Mental health Trusts codes of conduct

Some NHS Mental Health trusts and private hospitals have developed voluntary codes of conduct

for solicitors. These include Central and North West London, North East London NHS Foundation Trust, City and Islington, and South London and Maudsley NHS Foundation Trust. The London Mental Health Act Network has devised a [code of conduct for mental health trusts in London](#).

These codes ask solicitors to:

- contact the ward in advance to inform them of their intention to visit
- produce identification when visiting
- report to the ward office when visiting
- inform a member of staff if they wish to hold an informal meeting with another client to whom they are visiting
- respect the operational needs of the unit/ward
- leave the ward following the completion of their appointment with a client

Solicitors are asked not to:

- make unsolicited visits or telephone calls as these are not permitted
- talk to or approach other patients
- hand out publicity materials
- offer gifts or money to service users other than existing clients
- offer gifts to staff

You should find out whether there is such a code in place at the relevant hospital. If you have any concerns about the code, you should contact the relevant trust.

[Top of page](#) ▲

5.2 Mental Health Lawyers Association code of conduct

The Mental Health Lawyers Association has adopted a [Code of Conduct](#) which covers: quality of service; making appointments; behaviour on the wards; disputes over representation; seeking clients; gifts; and hospital procedures.

[Top of page](#) ▲

6. Mental Health Review Tribunal Accreditation Panel

The Law Society operates the [Mental Health Review Tribunal Accreditation Scheme](#). Solicitors and solicitors' employees who are on this scheme can, at tribunal hearings, advise and represent patients who have been detained under the Mental Health Act 1983. Only legal practitioners who meet the Law Society's strict requirements are permitted to join the scheme.

[Find out more about eligibility and membership.](#)

[Top of page](#) ▲

7. More information

7.1 Professional conduct

The following sections of the Solicitors' Code of Conduct 2007 are relevant to this issue:

- [Rule 2.02 - client care](#)
- [Rule 4.0 - confidentiality and disclosure](#)
- [Rule 4.02 - duty of disclosure](#)

[Top of page](#) ▲

7.2 Legal and other requirements

- The Mental Health Act 1983 as amended by Mental Health Act 2007
- The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008
- The Practice Direction issued 30/10/08 (for England)
- The Mental Health Review Tribunal for Wales Rules 2008 (for Wales)
- The MHA codes of practice (different for England and Wales)
- Mental Capacity Act 2005

[Top of page](#) ▲

7.3 Further products and support

7.3.1 Practice Advice Line

The Law Society provides support for solicitors on a wide range of areas of practice. Practice Advice can be contacted on 0870 606 2522 from 09:00 to 17:00 on weekdays.

[Top of page](#) ▲

7.3.2 Solicitors Regulation Authority's Professional Ethics helpline

Solicitors may obtain further help on matters relating to professional ethics from the Solicitors Regulation Authority's Professional Ethics helpline (0870 606 2577).

[Top of page](#) ▲

7.4 Status of this practice note

Practice notes are issued by the Law Society for the use and benefit of its members. They represent the Law Society's view of good practice in a particular area. They are not intended to be the only standard of good practice that solicitors can follow. You are not required to follow them, but doing so will make it easier to account to oversight bodies for your actions.

Practice notes are not legal advice, nor do they necessarily provide a defence to complaints of misconduct or of inadequate professional service. While care has been taken to ensure that they are accurate, up to date and useful, the Law Society will not accept any legal liability in relation to them.

For queries or comments on this practice note contact the Law Society's Practice Advice Service.

[Top of page](#) ▲

7.5 Terminology in this practice note

Must - a specific requirement in the Solicitor's Code of Conduct or legislation. You must comply, unless there specific exemptions or defences provided for in the code of conduct or relevant legislation.

Should - good practice for most situations in the Law Society's view. If you do not follow this, you must be able to justify to oversight bodies why this is appropriate, either for your practice, or in the particular retainer.

May - a non-exhaustive list of options for meeting your obligations. Which option you choose is determined by the risk profile of the individual practice, client or retainer. You must be able to justify why this was an appropriate option to oversight bodies.

Legal practitioner - solicitors, legal executives, trainee solicitors and solicitors' clerks who are members of the Law Society's Mental Health Review Tribunal Accreditation Scheme.

Tribunal - either the First Tier Tribunal (Mental Health) in England , or the Mental Health Review Tribunal for Wales , depending on jurisdiction.

[Top of page](#) ▲

7.6 Acknowledgements

This practice note has been prepared by the Law Society's Mental Health and Disability Committee, which is made up of senior and specialist lawyers from across the country, who volunteer their time. The committee would like to thank Anthony Harbour for his input into the practice note.

[Top of page](#) ▲

◀ [Representation before mental health tribunals - 13 August 2009](#)
