dd/mm/yyyy

Patients name

Patients address 1

Patients address 2

SUBURB VIC Postcode

Statewide UR number:

Date of birth:

Preferred pronouns:

Dear [Patients name]

**Report for your Tribunal hearing to review my decision to refuse to grant you a leave of absence**

This report is for your Mental Health Tribunal hearing on dd/mm/yyyy. It explains why I refused to grant you the leave of absence you requested as a security patient.

We will give the Tribunal a copy of this report and information from your clinical file, including any advance statement of preferences you have made. You can ask to see that information.

The Tribunal members who will attend your hearing are independent of our health service. They will:

* read this report and information from your clinical file
* have a discussion with you, members of your treating team and your support people who attend the hearing, and
* decide whether or not to direct me to grant you a leave of absence.

To make its decision the Tribunal must consider your views as well as the views of your carer, nominated support person or guardian. The Tribunal must also consider the purpose of the leave and whether or not the health and safety of you or another person would be seriously endangered if you were granted a leave of absence.

**Your treating team**

Consultant psychiatrist:

Medical officer:

Case manager:

**Background information for the Tribunal**

**Your strengths, support in the community and things that could help you stay well during leave**

*[Outline the patient’s strengths including their interests, activities and skills, their significant relationships, their support in the community that could help them stay well during leave (such as psychological support) and things that have helped them stay well in the past* ***- delete this prompt****]*

**Your culture, family and accommodation**

*[Provide a short statement about the patient’s culture, family background and where they would stay on leave* ***- delete this prompt****]*

**Your education and work history**

*[Provide a short statement about the patient’s education and employment and how they are financially supported* ***- delete this prompt****]*

**What you have told us about your hopes and goals for your recovery**

*[Summarise the patient’s hopes and goals for their recovery.* ***- delete this prompt****]*

**Your current order that makes you a security patient**

You are currently subject to a *[insert ‘secure treatment order’ or ‘court secure treatment order’* ***- delete this prompt****]* made on *[insert ‘date* ***- delete this prompt****]* which makes you a security patient.

**Your views and preferences**

*[Summarise what the patient has communicated about their views and preferences about their mental illness, treatment and whether you should have been granted leave including the reason for those views. Include any recovery outcomes the patient wants to achieve. Mention if the patient has made an advance statement of preferences and provide the Tribunal with a copy -* ***delete this prompt****]*

**Views of your family, friends, carers or guardians**

*[Identify the patient’s support people, how you have involved them in treatment planning and other discussions, and what they have said about the patient’s treatment and desire for leave. Include the views of a parent or guardian of the patient if they are under the age of 16* ***- delete this prompt****]*

**What led to you receiving mental health treatment**

*[Provide the patient with a short summary of what led to them initially receiving mental health treatment and their most recent hospital admission. Include the dates of their first and most recent admissions and times when they have been a voluntary patient.* ***- delete this prompt****]*

**Your current presentation**

*[Provide the patient with a short description of their current presentation and mental illness. Include specific examples of relevant symptoms and how they experienced them. If you include a diagnosis, include the patient’s views about it.* ***- delete this prompt****]*

**Your current treatment**

**Medication**

*[List the medications currently provided to the patient with their purpose and dosage* ***- delete this prompt****]*

**Other treatment and support**

*[Summarise the non-medical treatment and support you provide to the patient and how it helps them stay well, such as access to psychological support* ***- delete this prompt****]*

**The leave you requested**

*[State the purpose of the security patient's proposed leave, including whether it is for the purpose of receiving treatment or medical treatment:*

### *if the purpose of the proposed leave is for treatment or medical treatment state the period of leave requested (up to seven days) and the details of the proposed treatment*

### *if the proposed leave is for another purpose state the proposed duration of the leave (up to 24 hours) and the purpose of the proposed leave as the patient communicated it* ***- delete this prompt****]*

**Why I did not grant you the leave of absence**

*[Explain why you did not grant the patient leave including the evidence to support your decision such as examples from their past behaviour. If leave was refused on the basis that you were not satisfied that the health and safety of the patient or of another person will not be seriously endangered, explain why you are not satisfied* ***- delete this prompt****]*

Yours sincerely

Dr

Consultant Psychiatrist