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Mental Health Tribunal for Scotland

# Members' Newsletter

## September 2021



### INSIDE

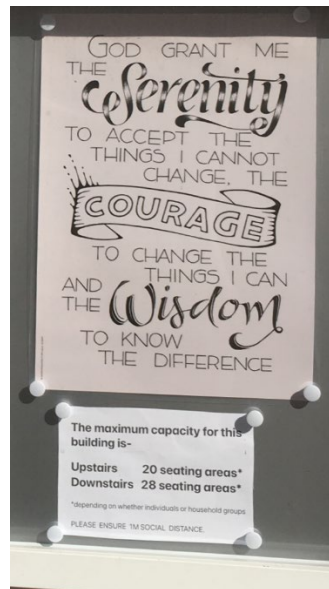
Racial Inequality and Mental Health in Scotland

Persevere by Mr Anthony Kramers

SL v MHTS: Appeal to the Sheriff Principal

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 *Cover photo: Farewell to a Stay-cation Summer, the Isle of Iona.	



Church Noticeboard

## Message from Laura J Dunlop QC

Dear Members,

As I write this, issues directly relevant to members are prominent in my mind. Let me bring you up to date.

Hearings: as members know, some in-person hearings resumed in August. For two of the venues, Gartnavel and Carseview, we are back in our old suites. At the Royal Edinburgh, service provision has changed during the pandemic, and our former suite in the Royal Edinburgh Building has been 'repurposed'. Some thoughts about the situation at the Royal Edinburgh, as well as interesting news about his new role, come from general member Anthony Kramers on page 9. The current rooms are an interim solution, and do allow patients to have an in-person hearing. The Patients' Council at the hospital, as well as individual patients, are keen that people have the chance to attend their own hearings. Though the number of hearings taking place at the hospital has not been large, 67% of them have been attended by the patient. The interim solution is not perfect, but I hope that all of us can continue to try to make it work. With a view to the future, we have also been asked about whether or not an ante-room is needed in a new suite. I consider that it is better that the space be allocated to the hearing room, since that will allow greater physical distancing. **Any member who wishes to make known their views on the topic of an ante-room is asked to get in touch with the PO.**

Training: we began our mandatory training for 2021 on 16 September, with an in-person event at the Stirling Court hotel, part of Stirling University. I very much enjoyed the day, and the feedback forms would suggest that other members did too. It was marvellous to see people again. We followed the university's rules about physical distancing, and there was plenty of space. The afternoon event, in particular, was participative and this worked better in person than it would have online. For those attending a virtual version, we have done our best to make the film of this presentation feel almost as good as being there. There are five virtual training days and one further in-person one, in Dundee (in another new venue). I look forward to seeing all of you at one of them.

Recruitment: I am delighted to say that our recruitment exercise over the summer has led to the selection of 40 candidates who are to be appointed to the Tribunal. The number of applications was high and the quality of applicants impressive. There were more appointable candidates in all three categories than we were able to accommodate. Their new member training will take place in January, and they will be ready to join us on our move into the First Tier Tribunal, which now looks likely to happen in June 2022.

In other news, members may have noticed the report from the Mental Welfare Commission, published on 23 September, concerning **Racial Inequality and Mental Health Services in Scotland**. There is more information about this important report on page 7. Lastly – for now – members may have noticed that **our decision templates were updated** over the summer. The changes are, firstly, to put the setting out of the patient's wishes and feelings near the start of the document, secondly, to prompt inclusion of details about the existence of a named person and, thirdly, to include more space for narrating what the evidence was, to reflect the views which Sheriff Principal Lewis expressed in the Edmond appeal (as intimated in the Legal Secretary's email of 3 August). In passing, can I also make one small point? If you are listing people who attended or did not, **please explain who they are**. Saying that X was present, or that Y was unable to attend, without further explaining who they are (in the absence of that emerging elsewhere in the document), is baffling.

As ever, I am very grateful to Jane Patrick, the editor, and to Jenna Swan, for their work in putting the newsletter together. I hope you enjoy reading it.

**Laura J Dunlop QC**  
**President**



## Guidance for interpreters

The Tribunal has produced a Guidance note for interpreters and this is now on the MHTS website - [https://www.mhtscotland.gov.uk/mhts/files/Guidance\\_for\\_interpreters2021](https://www.mhtscotland.gov.uk/mhts/files/Guidance_for_interpreters2021).

The Guidance explains the role of the Tribunal and how hearings take place. It also outlines what is expected of an interpreter at a hearing and includes a glossary of frequently used expressions. Members will find it helpful to familiarise themselves with the terms of this Guidance.

Members will recall that, in terms of section 261 of the 2003 Act, it is the responsibility of the managers of the hospital, in which the patient is detained or which is specified in the order, to enable a patient to participate in tribunal proceedings. So, it is the responsibility of the hospital to arrange an interpreter for the patient at a tribunal hearing. Other parties at the same hearing may require an interpreter too, for example a named person. Such assistance for other parties at hearings is the Tribunal's responsibility in terms of Rule 53 of the 2005 Rules. In these circumstances there may be more than one interpreter due to attend a hearing. If a booked interpreter fails to attend for a party but there is another interpreter at a hearing, the Tribunal can and should proceed using just the one interpreter for all who need that assistance. While this is not Plan A, Plan B may produce more consistent interpretation.



## New scheduling telephone line

The Tribunal understands that members have had difficulties contacting the scheduling team through the switchboard prior to 9am. To resolve this issue, we have introduced a new direct number for the scheduling team. Members looking to contact the scheduling team should now do so on telephone number 01698 390034.

Members will also be able to leave a voicemail should contact be made out of office hours when there are no schedulers available to take the call. To leave a voicemail, please enter extension number 291043 when instructed to do so. If members could leave their name, contact number and a short message, a member of the scheduling team will be in contact as soon as possible.

# Webroster

Please would members ensure that webroster is kept up to date with availability and any changes in conflicts of interest.

Please ensure when adding your availability onto webroster, that you enter the Shift as 'Day'. If this isn't selected, your availability will appear as a minute and the schedulers will be unable to allocate you dates.

As a reminder:

- Select on webroster the week you are available
- Select New
- At Shift, select the down arrow and select Day
- Then tick the days that week which apply

If your availability changes at any time, please add or remove your days from webroster as soon as possible (this includes unavailability on Tribunal training days).



## Members' Forums update

Two virtual forums were hosted during the summer months.

The Grampian members' forum was well attended on Thursday 8 July. Dr John Callender presented on 'Thinking about SIDMA' and this was followed by a general discussion among members.

The Tayside members' forum was held on Tuesday 7 September and was attended by both Tayside-based members and members from other areas of the country. Joyce Mouriki and Lesley Ward, from the MHTS Members Association, spoke on various matters and then there was informal discussion among members.

Members are encouraged to contact forum organisers directly, or myself, to suggest speakers or to volunteer to speak at members' forums.

The forum organisers are:

### **Moray & Highland**

John Bamber

### **Grampian**

Derek Auchie

### **Tayside**

David Gilling

### **Edinburgh**

Joy Hosie

### **Glasgow**

Maureen Reith

### **Ayrshire**

Martin McAllister

**Fiona Queen**  
**PA to the President and Member Liaison Officer**

# Articles

## **Racial Inequality and Mental Health in Scotland – a report by the Mental Welfare Commission for Scotland; a call for action**

A comprehensive new report examining racial inequality across mental health services in Scotland was published on 23 September by the Mental Welfare Commission. What follows is from the Commission's website, and associated Press Release:

The report called 'Racial inequality and mental health services in Scotland: A call for action' looks at six themes: ethnicity and detention under the Mental Health Act; the views of people with lived experience, the experience and training of Scotland's mental health services workforce; racial equality in that workforce, and recording and reporting of ethnicity across mental health services, including in the Commission's own work.

The report found differences in the ways the Mental Health Act is applied when people from ethnic minorities are detained for mental health care and treatment compared to white Scottish people, particularly between black women and white Scottish women<sup>1</sup>.

Half of the 32 people with lived experience of mental health difficulties who provided views were refugees. They wanted greater awareness in primary care of the impact of the asylum system on mental health. People described the impact of micro-aggressions on their mental health. Many praised third sector organisations for building vital bridges between communities and services.

The report found a real need and desire for training for staff on ethnicity and diversity, with over 70% of staff surveyed saying there were gaps in training available in Scotland's NHS.

The report found a need for better recording and reporting of information on ethnicity, including by the Mental Welfare Commission itself.

Dr Arun Chopra, medical director, Mental Welfare Commission for Scotland, said:

"The murder of George Floyd in the United States in 2020 and the subsequent resurgence of the Black Lives Matter movement focused attention on how people from minoritised ethnic backgrounds continue to be discriminated against across the world. The Covid-19 pandemic has also focused attention on health inequalities and particularly on racial disparities in health outcomes.

With those two global events as drivers, we wanted to explore how well Scotland's mental health sector performs in relation to racial equality.

We spoke to people from diverse ethnic backgrounds including refugees in Scotland and heard that Scotland's mental health and social services must work much more closely with the third sector organisations many people find instrumental in supporting them with access to mainstream services.

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<sup>1</sup> Under the Mental Health Act, 'risk to oneself and/or to others' is one of the criteria that must be met for authorising involuntary treatment. The report found that more people who were black or of mixed or multiple ethnicity were perceived as a greater risk to themselves and others, whereas all categories of white people were more often perceived as a risk only to themselves. Gender exerts a role on risk perception. The greatest difference was between black women, 48.4% of whom were perceived as of risk to themselves and others, and white Scottish women, of whom 33.8% were considered to be both a risk to themselves and to others.

We found that almost a third of our professional survey respondents reported that they had seen or experienced racism directed at their NHS colleagues.

Time and again we found that information on ethnicity had not been recorded and reported. Poor quality data might seem simply a bureaucratic issue, but it is more than that – without gathering accurate information we cannot hope to properly understand whether or not policies are being delivered for people or understand the extent of the disparities in health outcomes and interventions”.

This report makes 30 recommendations across the public sector, including health boards and Scottish Government.

Dr Chopra added:

“The span of recommendations in this report reflects that delivering a service that is truly fair for all will require a collective effort across civil society. We are not there yet.

I hope this report leads to a series of actions within mental health services and is the start of a much wider discussion. We know that Scotland’s mental health services are under enormous pressure but we need them to never lose sight of the importance of serving all of our communities.”

\* \* \*

I would invite you to read the full report [here](#) and to consider your own practices as a Tribunal member. You will see references in the report to ‘micro aggressions’ for example; this is covered in our mandatory training for members this year, as part of a session delivered by Dr Karla Benske on unconscious bias.

The specific recommendations for MHTS are:

- Record and publish the ethnic breakdown of its membership by September 2022.
- Take steps to address any gaps in representativeness and diversity of its membership to meet population norms.

Addressing representativeness of Tribunal membership is something that we have built into our current recruitment exercise, and hope to be able to report on later in the year. A limiting factor for the Tribunal is the number of applicants from minority ethnic groups, although we have taken proactive steps to attract a diverse range of applicants. We will be in a position to publish ethnicity information in advance of September 2022.

The report is detailed and covers a wide range of aspects of mental health care and service provision. It shows that there are still some significant barriers faced by some members of minority ethnic groups in accessing care, and disparities in their experiences of care and treatment. The report highlights the work that needs to be done collaboratively across the public sector and third sector organisations responsible for the delivery of fit for purpose, culturally competent mental health services in Scotland. In that context, we will also be considering the recommendations addressed to other agencies to identify any learning points or potential improvements for MHTS.

If you have any comments or suggestions on how we can address the recommendations, I would be very pleased to hear from you. Please get in touch as soon as possible as this work is a priority for the President’s Office and Administration.

**Jennifer Whyte**  
**Legal Secretary**



# Persevere

## **Anthony Kramers, General member, finds links between his role in spiritual care at the Royal Edinburgh hospital, and the work of Tribunals**

'What helps you keep on going, in the face of all that?' is a question often put by members of the Spiritual care team to patients at the Royal Edinburgh hospital, as well as to relatives and team members.

The range of replies is varied. 'Well, I'm from Leith, and our motto is Persevere - so we do'. Others point to something from their own cultural background, or to some trusted relationship where they feel met as a person, or to their network of belonging. Some mention a local place of worship too.

The fact that the range of supports to persevering is so varied is one reason why the trio on the spiritual care team at the hospital describe what we offer as 'spiritual care' in the first instance. It includes a chaplaincy aspect for some, in terms of the traditional response to people who wish to speak with a faith community representative, or go to a service. We've extensive links with local Ministers, Imams, Priests, Rabbis and Deacons, for those who want that as well as, or instead of, what we can personally offer.

The contemporary vision behind this is that Spiritual care is part of the care the NHS offers. What we believe, value or understand about life can help us cope – especially at times of illness, change or loss. Three chaplains offer spiritual care to people who live here at the hospital for now, or who've moved back home, and to relatives, carers and staff.

On the wards for people with learning disabilities I was pressed for the easy-read version. 'So if you're nae a Minister, nor a Vicar or Priest, what is it you do then?' I said we listen to you, and offer space for reflection. We sit with people who are sad, and celebrate with people and groups. And we went on to look at some photos and images.

So spiritual care is about creating spaces where people can feel met as a person, beyond the constraints of the labels and conditions they may for now be enduring. In that sense, is it not something to which tribunal hearings aspire too? Those I've taken part in since 2005 have at their best created a space where each participant felt met as a person, starting with the individual at the heart of it, and including the relatives, friends - and the professional partners too.

Creating that sort of space does not happen by accident. It takes the contribution of others too, especially the clerk, and the advance work of the caseworker and the rest of the Hamilton team. And that of the venue too.

When I used to do hearings at the Royal Edinburgh hospital, the venue used to be a suite of rooms at the back of the 60's Andrew Duncan clinic. Later they moved to the new-build Royal Edinburgh building, a ten minute walk away at the far end of the hospital, that was built on part of the old orchard of the Victorian hospital's extensive grounds. The new build suite was high-spec in build, even if the design of the communal space had limitations for two hearings due on the same morning.

That's how it was in the BC era. But since Covid, and the temporary suspension of in-person hearings, things changed. A key service that meets and assesses people who may be enduring a first episode of mental illness, or a recurrence, had been located at

the Royal Infirmary 5 km away. Nurse-led, the Mental Health Assessment Service, MHAS, runs 24/7. It was asked to pick up extra duties from the previous out of hours unscheduled GP service to people with mental health needs. Too much footfall at the Royal Infirmary was also not advisable. So MHAS moved into the rooms at the REB, Royal Edinburgh Building, where reception and security personnel are on hand.

The welcome opportunity for MHTS to re-instate in-person hearings this summer meant the Tribunals were offered new rooms – a suite at the front of the Andrew Duncan Clinic. Patients I hear from are quite happy with the switch back to the ADC end of the hospital. It's much closer to Morningside Road, and further from the REB building that is the centre for the 6 acute wards.

Hospital staff are fine with it too. No doubt those walking through the building's corridors to go from the Victorian original or the new-build REB to reach one of the last two wards at the end of the corridor, past the MHTS suite of rooms, will note or have a reaction to the signage request to turn left and go outside in order to re-enter 20m further on to get to where we're going.

We're asked to do this as a noise reduction gesture. I do it, even when I wish I'd remembered my raincoat. Many others do too. A few folk will forget, or not be aware of what's happening in the Tribunal rooms on weekdays, and this will lead to some unwelcome noise just outside the Hearing room. But I'm sure our team of clerks will help us persevere through that risk of disruption too.

The founding story of the Royal Edinburgh was built on persevering. The hospital was founded after the premature and tragic death in the local Bedlam of the poet Robert Fergusson, at the age of 24, who lived with depression and a serious head injury.

Fergusson's doctor, Andrew Duncan, was moved by the poet's death, and he resolved to set up a hospital in the city which would look after people with mental illness with greater dignity and respect. Duncan persevered for years to raise the funds to start a hospital for private patients in 1813. It took another 31 years to build a second house, and take over the care of all Robert Fergusson's successors in the city's Bedlam.

**Anthony Kramers**  
**General Member**

## SL v MHTS: Appeal to the Sheriff Principal

This appeal was about the effect of a failure on the part of a Mental Health Officer to comply with his duties under section 147 of the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the 2003 Act") in the context of an application for an extension of a Compulsion Order. In short, these are duties about interviewing the patient and providing information.

A telephone hearing took place on 21 January 2021, when the patient was represented by a solicitor and supported by an advocacy worker. Preliminary matters considered by the tribunal included discrepancies in the timeline leading to the application and in some supporting documents. The RMO clarified in evidence that she had examined the patient on 16 December 2020. A second AMP carried out an examination on 22 December. Both were satisfied that the Compulsion Order should be extended. Notification was given to the MHO on 21 December.

At the hearing, an interim order was made to permit the patient's solicitor to make further inquiries. The MHO or his substitute was directed to attend a further hearing on 21 February, and the RMO was directed to make 'best endeavours' to attend. The MHO was also directed to submit a written report to the Tribunal, setting out his contact with the patient's RMO and the steps he had taken under sections 139 and 147 of the 2003 Act. This disclosed that a face to face meeting between the MHO and patient had not been possible due to the pandemic restrictions in place at the time. The MHO had thereafter not interviewed the patient as soon as was practicably possible, as required by section 147 of the 2003 Act.

The patient's solicitor submitted that the MHO had therefore not complied with the duties in section 147. Indeed, the tribunal was not satisfied that the exceptions in section 147 (setting out when a face to face assessment of the patient can be waived as a requirement) were relevant and accepted that the MHO had not complied with the statutory requirements in section 147. In essence, these provisions are about ensuring that the patient has an explanation of what is being done, and of their legal rights in consequence. The patient was legally represented and had input from an independent advocacy service. On balance, the tribunal concluded that the patient had not been prejudiced by the MHO's failure to interview him as soon as reasonably practicable after 21 December 2021 and that the application was therefore valid. The tribunal went on to find that the relevant statutory criteria were met in respect of the application and an order was made accordingly. This decision was appealed to the Sheriff Principal.

At the appeal hearing, it was argued for the patient that the application was not competent and should not have been determined by the tribunal. The duties placed on the MHO by section 147(2) and (3) are mandatory and the tribunal erred in finding that non-compliance did not have the effect of invalidating the application. The tribunal was wrong to focus on whether or not the non-compliance caused prejudice to the patient and also erred in concluding that no prejudice arose as the patient was represented. The MHO failed to carry out a positive obligation to interview the patient and ensure the gathering and provision of specified information; the MHO could not have given an opinion to the RMO on the appropriateness of the application without having taken account of the patient's views. It was also argued that the different treatment of aspects of a Compulsion Order and a Compulsory Treatment Order are prejudicial and unfair.

For the Tribunal, it was said that the application was not fatally flawed by the MHO's failure to adhere to the statutory requirements. It was submitted that it is necessary to look at the consequences of failure. Section 147 of the 2003 Act does not provide any statutory consequences, so it cannot fairly be concluded that Parliament intended the consequence to be total invalidity of the applications. The requirement for the MHO to interview is not absolute and taking into consideration the overriding purpose of the Act itself, the intention cannot have been for the Compulsion Order to fail, leaving the patient without care and treatment. The facts show the failure to be of limited consequences; the patient was aware of the application and had legal representation. His views could be represented to the tribunal, and the tribunal took the section 1 principles of the 2003 Act into account in determining that the application could be heard. Their approach was consistent with the objective set out in Rule 4 of the Practice and Procedure Rules. Finally, it was submitted that there was no practical purpose in setting aside the decision. If the application was ultra vires, the Compulsion Order would have ceased to have effect on the 31st January, that being the date on which it would expire (but for the extension), leaving a differently-constituted tribunal with no legal basis on which to reconsider the application.

In refusing the appeal, the Sheriff Principal made some useful comments around the nature of a Compulsion Order, when compared with a Compulsory Treatment Order. She noted that the former is an alternative to a prison or other sentence of the court and there are therefore legitimate differences between the processes to extend the different types of order which are neither prejudicial nor unfair. Section 147 requirements are to be considered in the context of the factual matrix but also in the context of Chapter 2 of Part 9 of the 2003 Act, dealing with mandatory reviews of Compulsion Orders by the RMO. The role of the RMO in determining the need for extension is crucial and the RMO did not fail in any of the statutory duties. The object of the duties placed on the MHO are directed at engagement with the patient. Whilst Parliament clearly intended the MHO to comply with the requirements, it did not intend that this type of failure would result in the order coming to an end. There is no mechanism for the RMO or Tribunal to make a new Compulsion Order if it was allowed to expire whilst care and treatment is still necessary; such an outcome would thwart the intention of the legislature.

The Sheriff Principal was content that the Tribunal addressed the correct question and considered the facts and the evidence and the issue of prejudice in finding that the application was not invalid. Although not specifically addressed on the section 1 principles, the panel did correctly take account of the MHO's failure on the effect of the patient's participation (in line with the purpose of section 147). The tribunal acted fairly, expeditiously and efficiently in granting an interim order and then in continuing the hearing for preliminary matters to be clarified. She went on to say that the tribunal acted fairly and with integrity, ensuring the participation of the patient at the hearings.

In summary, there being no error of law and no unreasonable exercise of discretion, the appeal was refused.

**Jennifer Whyte  
Legal Secretary**

# Useful Information

- Speeches of Lord Carloway, and of the Deputy President of the UK Supreme Court, Lord Hodge, at the recent Tribunals conference:

[Lord Carloway Speech - https://www.youtube.com/watch?v=ZUij29h5XF8](https://www.youtube.com/watch?v=ZUij29h5XF8)

[Lord Hodge Speech - https://www.youtube.com/watch?v=gEBYhlzuOTE](https://www.youtube.com/watch?v=gEBYhlzuOTE)

## Mental Welfare Commission Publications

- Advice note: Cross border transfers, cross border absconding and cross border visits under mental health law, June 2021

<https://www.mwscot.org.uk/sites/default/files/2021-07/Cross-border-guidance AdviceNote 2021.pdf>

- Advice note: Who is the responsible medical officer? June 2021

<https://www.mwscot.org.uk/sites/default/files/2021-06/Who%20is%20the%20responsible%20medical%20officer%20RMO.pdf>

- Mental Health Act Monitoring Report 2020-2021

<https://www.mwscot.org.uk/sites/default/files/2021-09/MentalHealthAct MonitoringReport Sep2021.pdf>

## Cases

SL v MHTS, Sheriff Principal Lewis, 8 September 2021

[https://www.mhtscotland.gov.uk/mhts/files/210909\\_SL\\_judgement\\_Redacted.pdf](https://www.mhtscotland.gov.uk/mhts/files/210909_SL_judgement_Redacted.pdf)

**\*Please note that links to Informative Publications are included for information only. Any views expressed in these publications are those of the authors and not those of the MHTS.**

## Clerk's Contact Details

Clerk		Number	Email
Allan	Jean	07917 898792	<p>Please email clerks on the following generic email address and not on their individual email address:</p> <p><a href="mailto:MHTSHearingsOps@scotcourtribunals.gov.uk">MHTSHearingsOps@scotcourtribunals.gov.uk</a></p> <p><u>Post hearing paperwork to be uploaded to:</u></p> <p style="text-align: center;"><b>MHTS_FFR_Order</b></p> <p style="text-align: center;">on members' website</p> <p><b>Hearing Team Leaders:</b></p> <p>Team 1: Anna Bulloch – 01698 390040 <a href="mailto:abulloch@scotcourtribunals.gov.uk">abulloch@scotcourtribunals.gov.uk</a></p> <p>Team 2: Sandra Devlin – 01698 390013 <a href="mailto:sdevlin@scotcourtribunals.gov.uk">sdevlin@scotcourtribunals.gov.uk</a></p> <p>Team 3: Jeanette Thomson – 01698 390004 <a href="mailto:jthomson3@scotcourtribunals.gov.uk">jthomson3@scotcourtribunals.gov.uk</a></p>
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Barclay	David	07917 898806	
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Bruce	Ian	07876 884046	
Colquhoun	Michael	07825 009020	
Cowie	Paul	07917 898801	
Ferguson	Elaine	07917 898813	
Higgins	Margaret	07884 655912	
Hussain	Hanaf	07919199538	
Kilpatrick	Hannah	07884 664658	
Lithgow	Anne	07917 898823	
McDougall	Julie	07423 778767	
McLagan	Stuart	07584 158127	
Miller	Mandy	07770 645654	
Mooney	Audrey	07876 884044	
Paterson	Chris	07715 463790	
Paterson	Ellen	07423 779977	
Paterson	Kerri	07525257314	
Paterson	Leanne	07471 350730	
Ramsay	Jane	07917 898809	
Richardson	Callum	07884 655908	
Shearer	Jennifer	07423 778698	
Sinnett	Stephanie	07786 028852	
Singh	Tajinder	07919199569	
Swan	Alan	07557 484869	
Webb	Kevin	07917 898793	
Zachary	Margaret	07917 898796	

## Useful Contacts

### Scheduling Team

(including re-setting Webroster and MHTS Website passwords)

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### e-Expenses Helpdesk

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**Fiona Queen, PA to President and Member Liaison Officer**

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**Jenna Swan, President's Office Secretary**

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## Newsletter Contributions

The Tribunal welcomes contributions to the Newsletter from all members.

Members who wish to contribute to the Newsletter should contact Jenna Swan at [MHTSPresidentsOffice@scotcourtribunals.gov.uk](mailto:MHTSPresidentsOffice@scotcourtribunals.gov.uk)

The following timescales will apply for contributions\*:

**January edition:** contributions by the end of December

**May edition:** contributions by the end of April

**September edition:** contributions by the end of August

**\*Contributions may be edited**