



Mental Health Tribunal for Scotland

Members' Newsletter

September 2022

INSIDE

Return to in person hearings

New in-house conveners

Compulsion Orders – Ten top tips

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Message from Laura J Dunlop KC

Dear Members,

The photo above is detail from a stained glass window, created by users and staff of Stepping Stones, an Edinburgh University Settlement mental health project. The window was completed in 1998, and can now be seen within the Chaplaincy building at Edinburgh University. A photo of the whole window, with more information about its themes, appears at the end of this foreword.

In our training this year, we are spending some time on legal issues. One of the principles of Article 5 of ECHR (which protects the right to liberty) is that there should be compliance with domestic legal rules regarding detention. In our system, missteps do occur, both within operations and at hearings. I hope we can learn from them. Given the relative infrequency of cases involving compulsion orders, together with some recent errors in this area, I thought it would be helpful for us to remind ourselves that, though similar, compulsion orders and compulsory treatment orders are not identical in background, nor are the provisions governing them the same. Key features of compulsion orders are therefore set out on page 12.

Afternoon workshops at training will relate to topics such as improving a service user's experience at hearings, new international classification of mental disorders, provision of social care and the prevalence of CTOs in the community. Speakers at the workshops which have taken place to date have offered much interesting material and we are grateful to all our speakers, who have so willingly agreed to attend. Our trips to Dundee and Stirling went well, although it would have been good to have had a slightly higher number of attendees in Dundee. We look forward to the remaining days, in Glasgow and Edinburgh (where, in both cases, we are trying new venues) and online. Mirroring the position regarding hearings, offering a mix of online and in person events seems to be the best overall approach.

That leads me to hearings where, as you will know, a research project is underway to ascertain the views of participants in remote hearings in the past year. There is still time to complete this survey, available at

[https://surveys.ipsosinteractive.com/mriweb/mriweb.dll?i.project=S22029533&id=.](https://surveys.ipsosinteractive.com/mriweb/mriweb.dll?i.project=S22029533&id=)

Please do, so that we have a high number of responses on which to base our thinking for the future. As matters stand, we can now offer in-person hearings regularly at 15 venues, with another four set to be introduced in October. More detail about this is provided on page 9. We are also working to achieve a sustainable position at

Leverndale, where there are building-related issues, and where we have some access to in-person hearings on the basis of a shared space. In non-time critical cases, caseworkers are now asking about patient choices if no preference form is submitted with the application and the patient is in a location where we can offer in-person tribunals. And for those locations, we are asking members who are sitting on a teleconference which is being adjourned for a further hearing to raise the question of whether the patient would want an in-person tribunal next time. Please keep an eye on the news page of the website for further developments.

The recent good practice guide from the Mental Welfare Commission on LGBT inclusive mental health services is highlighted on page 13 and, given the importance of participation in MHTS proceedings, I would urge you to read this and the guide. One of our general members, Jenny Henderson, with one of her colleagues, has provided an interesting article on the work they and others have undertaken in the training of professionals in the assessment of capacity (page 14). Jennifer Whyte has prepared a reminder on the correct completion of orders in relation to Advance Statements (page 16). I am very grateful to Jane Patrick, newsletter editor, and Jenna Swan, in-house publisher, for all their work in putting our newsletter together.

Finally, I need to let members know that August 2022 was our busiest month on record, with 521 applications arriving in our inboxes. There were 572 hearings and 961 forms were dealt with by the Scheduling Team. Much credit is due to our operations colleagues, who kept calm and carried on during this period of unprecedented busyness, all at a time of year when people are on annual leave – both in casework teams and among those they are trying to contact to arrange hearings. We are very glad to have been joined in recent months by new members of staff, who are progressing through training and gaining experience in how MHTS works. Within the President's office, we are sorry to say goodbye to Jennifer Whyte, who has been our legal secretary since the Autumn of 2018. Jennifer is returning to the Scottish Government Legal Directorate, from where she is a secondee. We are delighted that she has completed the work on Volume 2 of our Case Digest, which is being distributed at in person training days and will be delivered in other ways to those attending remote training. For this, and for all her work with MHTS, we are very grateful to Jennifer. We hope to be able to confirm the new arrangements for the provision of an in-house solicitor to MHTS shortly. As ever, I am very grateful to members for their unstinting efforts on behalf of the Tribunal and the people it serves. I look forward to seeing all of you at training events this Autumn.



Themes

The theme or themes of the window came from initial discussions with members of the group, during the first few sessions. The ideas that people wanted to work with were nature and growth, water, rainbows, sun and moon - very much life affirming images.

On either side of the window a tree, or strong plant, is growing from a watery crystalline world of gemstone rock and microlife. Each person could create a leaf expressing their own particular individuality, which is symbolically linked in community by being part of the growing tree and its potential to recreate itself. One tree is growing towards sunlight and is surrounded by glowing light. The other is growing through a deep, mysterious darkness towards the moon, which takes its light as a reflection from the sun. Stars glow from the night sky and give glimpses of other worlds far away.

Through the light and dark the colours of the natural world come into play. The most ephemeral and elusive display of colour is shown through the rainbow, a vision of great majestic beauty created by sunlight and droplets of water. This is shown as a bridge of colour between the light and the dark. A family of dolphins are leaping in the foaming waters, where the river, emerging from the hills, meets the ocean.

The dove, traditionally symbolic of the soul or holy spirit, is seen descending in spirals into the world of dark and light. The whole window is a visionary world where opposing forces interplay; day and night, light and dark, male and female, yin and yang, positive and negative. Through the constant interchange of opposites the cycle of the world is always renewing itself and bringing us new hope and life.

Gary Smith Group Leader, March 1998

Dedication (written by one group member and painted on the sun)
To grow, everything needs the sun - without it we all perish and die. Let us remember those who have not been given the chance to flourish, and may we never forget - but hope that one day the sun will shine on everyone.



EDINBURGH UNIVERSITY
SETTLEMENT
 Established 1905

Laura J Dunlop KC
 President

News

New in-house conveners



Deirdre Hanlon

Deirdre started her career as a trainee solicitor within a specialist mental health legal project in a law centre in 1999 where she progressed to partner level and covered a broad range of civil legal matters until 2017. Deirdre was added to the Safeguarders' list at Glasgow Sheriff Court in 2004 and has acted in a number of cases representing the interests of adults.

Prior to her appointment as convener at MHTS in 2013, she was on the list of curators *ad litem* for patients subject to proceedings before the tribunal. Deirdre also served as HM Legal Commissioner to the Mental Welfare Commission for Scotland (MWC) from 2006 to 2011. She was appointed as a legal member to the Additional Support Needs Tribunal in 2015, which now sits within the Health and Education Chamber, where she also edits the Tribunal Members' Bulletin.

Deirdre is currently a member of the Law Society of Scotland's Mental Health and Disability Sub-Committee and guest lectures at Strathclyde University on the MHO post-graduate training course. She has also contributed to a number of publications including, most recently, the good practice guidance "Consenting Adults" published by the MWC which considers mental disorder, capacity and consent to sexual relations. This was published in April 2021.

Since March 2020 Deirdre has been a partner at Kirk Hanlon, solicitors.

In her spare time Deirdre likes to walk her dogs and swim - but not at the same time.



Collette Gallagher

Collette qualified as a solicitor in 2011. After qualifying Collette practised as a mental health and incapacity law solicitor for nearly 6 years regularly appearing in tribunal proceedings before the MHTS. Collette specialised in forensic cases and represented patients throughout the secure estate as well as child and adolescent cases. In 2013 Collette was appointed to the list of curators *ad litem* held by the MHTS.

In addition to her mental health practice Collette also represented clients in relation to adults with incapacity proceedings. In 2015 she was appointed as a Safeguarder at Glasgow Sheriff Court.

In April 2016 Collette joined the Scottish Children's Reporter Administration where she has held various roles including Children's Reporter and Locality Reporter Manager. Most recently, in October 2021, she was appointed as the organisation's 'Keeping the Promise' Operational Change Lead. Within this role Collette is working on a number of improvement projects with the aim of realising the Promise, Scotland's commitment to implementing the findings of the Independent Care Review published in February 2020.

In January 2018 she was appointed as a legal member to the First Tier Tribunal for Scotland and assigned to the Health and Education Chamber. Collette continues to sit in this jurisdiction. In January 2022 she was appointed as a convener to the MHTS.



Introducing SEO Mary Chatham



I took up post as Senior Operations Manager in August 2021. It has been a busy year which is why I am only now getting round to introducing myself! I will have met many of you over the years as I have worked in MHTS for 16 years, starting as a temporary member of staff back in 2006 when MHTS was an agency as part of the Scottish Executive.

I have had many roles in MHTS over the years, and I am delighted to have now taken up post as the Senior Operations Manager. I have seen a lot of change in my time working for MHTS but what has remained is the focus on the patient. There is a one team approach - whether that's our dedicated and hardworking staff who are based throughout Scotland as well as in our offices in Hamilton, the President's Office who offer guidance and support on a daily basis, our stakeholders with whom we work to improve the service for patients, and you, the members. All working together.

The hearing model looks different now. However I do believe we are shaping this to meet the needs of the patients. There will be challenges ahead and I look forward to working with some of you through these as well as meeting you soon.



Edinburgh Napier University study

This study carried out by Professor Jill Stavert, Michael J Brown and Aimee McDonald into the views and experiences of patients, named persons, practitioners and MHTS members was published on 5 September 2022 - <https://napier-repository.worktribe.com/output/2913607/the-mental-health-tribunal-for-scotland-the-views-and-experiences-of-patients-named-persons-practitioners-and-mental-health-tribunal-for-scotland-members>.

It features as one of the workshops in our Autumn training.

Return to in person hearings

The Tribunal is now able to schedule **in person hearings** at the following venues:

- Carseview Centre, Dundee
- Dykebar Hospital, Paisley
- Gartnavel Royal Hospital, Glasgow
- George House, Edinburgh
- Hamilton House, Hamilton
- Langhill Hospital, Inverclyde
- Lynebank Hospital, Dunfermline
- Midpark Hospital, Dumfries
- Murray Royal Hospital, Perth
- Royal Edinburgh Hospital
- St John's Hospital, Livingston
- Stobhill Hospital (Nevis building), Glasgow
- Stratheden Hospital, Cupar
- Wishaw General Hospital
- Woodland View, Irvine

From 10th October 2022, it is planned that in-person hearings will also be available at the following venues:

- Dr Gray's Hospital, Elgin
- Glasgow Tribunal Centre
- New Craigs Hospital, Inverness
- Royal Cornhill Hospital, Aberdeen

WebEx hearings are routinely available at:

- Forth Valley Royal Hospital, Larbert
- Royal Cornhill Hospital, Aberdeen
- The State Hospital

The Tribunal continues to request that a Hearings Preference Form is submitted with all applications in relation to a patient in one of these hospitals or in the community in Edinburgh or Lanarkshire. Members are reminded that when adjourning a case or making an interim order in respect of a patient at one of these venues they should ascertain the patient's preference for the type of the next hearing and ensure the clerk is aware of this.

The Tribunal will continue to introduce revised arrangements for hearings on a venue by venue basis, and will post details of these developments in the news section of our website.

With regard to in person hearings and precautions against infection, we have been asked to draw to the attention of members the need for a robust hand hygiene regime at venues, to include:

- Washing or sanitising hands before entering and when leaving the hearing facilities;
- Avoid touching hard surfaces where it is unnecessary to do so;
- Carry anti-bacterial wipes for self-clean, if required; and
- Please respect each other's personal space when entering, moving around and exiting the hearing room.



Members' Forums

Tayside Members' Forum

You are invited to attend a "virtual" online forum on Thursday 6 October 2022 at 630pm.

Topic: National eating disorders review implementation group.

The presentation and discussion will be led by Dr Karen McMahon, Clinical Lead Connect Eating Disorders Team, NHS Greater Glasgow and Clyde.

Those wishing to attend should email David Gilling at:

Grampian Members' Forum

The Grampian Members' Forum will meet online on Thursday 3 November 2022, at 630pm.

Topics being discussed are:

- Eating disorders and mental health law, Dr A. Louise Johnston, Consultant Psychiatrist & Clinical Lead, The Eden Unit, Royal Cornhill Hospital, Aberdeen.
- Recent developments in mental health law and practice, Professor Derek P. Auchie, MHTS Legal Member and Chair in Dispute Process Law, University of Aberdeen.

Please register your attendance with Professor Derek Auchie

Fiona Queen

PA to the President and Member Liaison Officer

Survey on remote hearings

A reminder that, as stated in the President's foreword, Ipsos Scotland and the University of Glasgow, are carrying out research on behalf of the Scottish Government about the impacts of measures introduced during the pandemic, particularly remote (video/telephone) hearings, on the civil justice system in Scotland. The research focuses specifically on experiences of justice sector professionals (including tribunal members, solicitors and advocates, court and tribunal staff, providers of independent advocacy services, and lay representatives/advisors /support workers) and judicial office holders and parties in four types of case. MHTS cases are one of the four. If you have experience of an MHTS hearing over the last year, they would like to hear from you. The survey will remain open until 7 October 2022. It will take around 15 minutes to complete and all responses are confidential.

Please click on the link to take part in the online survey and share your views:
<https://surveys.ipsosinteractive.com/mriweb/mriweb.dll?i.project=S22029533&id=>



Judicial Hub - Reminder

This is a reminder that tribunal members should sign up to and access the Judicial Hub on a regular basis to remain abreast of the latest news and learning opportunities
[Judicial Hub: Log in to the site.](#)

The Hub's news section is updated throughout the week and provides articles on recruitment; welfare resources; changes in legislation; publications; events; and guidance relevant to all judicial office holders. For example, recently a Trauma Informed Judging Resource Kit has been launched.

Judicial Communications also provides a guide which includes sections on social media, security and community engagement.

The Hub hosts a Tribunals' section which includes relevant information for each Chamber, such as guidance on claiming expenses.

The platform provides essential information about judicial training, and offers useful advice from all of the units within the Judicial Office for Scotland.

Information on the Hub is updated frequently and can be accessed from any computer or profile. If you do not yet have log-in details, or if your email address changes, please contact the Hub team at Judicialhub@scotcourts.gov.uk

Valerie MacGregor
Head of Judicial Communications

Articles

Compulsion Orders – Ten top tips

A compulsion order is imposed on an individual by a criminal court. It is made following conviction of a criminal offence. It lasts for an initial period of six months, after which it can be extended, initially for a further six months and then on an annual basis. In this respect, it is the same as a compulsory treatment order. The two orders share other common features, but there are also important differences. These are explained below.

1. Compulsion orders are **not** made under the Mental Health (Care and Treatment)(Scotland) Act 2003. They are made under the Criminal Procedure (Scotland) Act 1995. The relevant section is section 57A of that Act.
2. Under section 57A, the criteria for making a compulsion order are the same as for the making of a compulsory treatment order, with the exception of SIDMA. There is no need for impairment of decision making ability before a compulsion order can be made (or extended).
3. The measures which can be included in a compulsion order are almost identical to those that can be in a CTO. They are set out in section 57A(8) of the 1995 Act. References are to ‘the offender’ rather than ‘the patient’ and a requirement to reside at a specified place (measure (e)) can only be imposed in relation to a care home service if the court is satisfied that the service provider is willing to receive the person.
4. The expiry of the first six months of a compulsion order is at the end of the same day of the month as the day on which the order was made. So an order made on the 15th of month 1 will last until midnight at the end of the 15th of month 7. Thereafter, the rules for extension will be the same as for CTOs. That means that longer lasting compulsion orders will have a renewal day which is the day **after** the day on which they were made, unlike CTOs, which have a renewal day which is the same day of the month as the day on which they were made.
5. Anyone interested in how point 4 works with asymmetrical month combinations (all of them, apart from January and July) should ask the PO.
6. A first extension of a compulsion order is made by the Tribunal (under section 149 of the 2003 Act or section 158 if variation is sought), not by the RMO. **This is a crucial difference.** It means that a compulsion order which is close to expiry will lapse if a tribunal adjourns without making an interim order.
7. Compulsion orders can be extended or varied on an **interim basis**, as provided for in sections 168 and 169 of the 2003 Act.
8. Once lapsed, a compulsion order cannot be revived.
9. At a hearing considering first extension (with or without variation, or variation alone within the first six months) of a compulsion order, there are papers which should be provided to the Tribunal. These are listed in the Mental Health (Compulsion Orders – Documents and Reports to be Submitted to the Tribunal) (Scotland) Regulations 2005 (SSI 2005/365) and include court-related reports.
10. It is not possible to insert a recorded matter into a compulsion order.

Laura Dunlop KC
President

LGBT inclusive mental health services

As part of their work to progress a diversity and equality agenda across the mental health sector, the MWC has partnered with LGBT Health and Wellbeing to produce a good practice guide.

The guide can be found [here](https://www.mwcscot.org.uk/sites/default/files/2022-08/LGBT-InclusiveServices-GoodPractice_2022.pdf) (https://www.mwcscot.org.uk/sites/default/files/2022-08/LGBT-InclusiveServices-GoodPractice_2022.pdf). Many of us are likely to be familiar with the terminology and information set out in the guide, but there may be things that we aren't all aware of, and it's always helpful to make sure we're up to date with how we speak of and to people belonging to groups vulnerable to implicit (as well as explicit) bias. You'll recall from last year's training that this is not always as straightforward as it might seem. Heteronormative assumptions in particular are intuitively difficult for some of us to properly understand and avoid, and the guidance shows ways of improving understanding and practice here.

The guide highlights the issues of hate crime and higher prevalence of poor mental health amongst those who identify as part of the LGBT population. This means that Tribunal members are likely to see a disproportionately high number of LGBT people at hearings (although of course, professionals, named persons, primary carers and other stakeholders may also be either part of the LGBT population themselves, or affected by issues encountered by those they care for). It's essential that we don't inadvertently display bias or use out-dated or inappropriate terminology at any hearing; a clear barrier to inclusiveness and of course, to meaningful participation.

In particular, I would be grateful if all members could read the section headed 'What you can do as a practitioner...' to make sure that as a Tribunal, we are contributing to positive engagement and reducing bias. The case studies and practical advice sections in the guide are clearly written and helpful and I hope you'll use them to reflect on how you can improve your own practice and understanding of what does and does not support LGBT people in their interactions with the Tribunal.

Jennifer Whyte
Legal Secretary

Assessment of Capacity: Preparing nurses and allied health professionals in a time of change

The best possible approach to assessment of capacity comes from engagement and empowerment of all practitioners to support the person and their family faced with this situation. There is increasing momentum to prepare non-medical professionals to assess capacity as legislation continues to prepare for change. The Alzheimer Scotland Centre for Policy and Practice (ASCPP) at the University of the West of Scotland (UWS), other Scottish higher education centres and NHS Education for Scotland (NES) have recognised this need. Over the last few years, modules have been developed in Universities in Scotland and in NES to equip the health and social care workforce with the necessary knowledge and skills to feel confident and competent to take part meaningfully in decisions about capacity. Some of these also lead to the practitioner becoming a signatory.

The initial impetus for these courses was requests from the NHS to enable advanced practice nurses to complete Section 47 certificates and a treatment plan for physical healthcare when a patient lacked capacity to consent: Part 5 Adults with Incapacity (Scotland) Act 2000 (AWI). The Act was amended in 2010 to allow registered nurses and other specified groups of health professionals to be designated groups able to assess capacity and complete the certificate 'but only if they have undergone the necessary training on the assessment of incapacity and the issuing of Section 47 certificates and only for treatment that they are primarily responsible for'. There has arguably been confusion and widespread lack of understanding of the application of these certificates and accompanying treatment plans. The advice notes from the Mental Welfare Commission: *The Scope and Limitations of the Use of Section 47 certificates*, (October 2021) highlight this lack of understanding.

Following the pandemic, wider gaps in knowledge and skills relating to assessment of capacity have been identified by the Mental Welfare Commission. In their report *Authority to Discharge* (May 2021), they concluded: 'When we set out to undertake this report, we intended to make inquiries in relation to how the law was used to protect the most vulnerable adults in our community during the significant challenges of the pandemic period. During the course of this work, we found examples of poor practice and a lack of knowledge of the law that were presented as more longstanding and endemic'.

This lack of knowledge has also been our experience when working with care homes and NHS staff and the impact of incapacity has become a focus in all aspects of teaching within the centre. At UWS a team from ASCPP (Dr Margaret Brown, Dr Raymond Duffy and Jenny Henderson) wrote an MSc level module called Assessment of Capacity. This course was designed following consultation with practitioners from a range of settings and disciplines. The module has been active and busy for over 3 years, including during the pandemic. The aim is to provide the underpinning knowledge and understanding of approaches to assessing capacity. This includes human rights, ethical, legal, and professional principles that underpin consideration of decisions about another person's capacity. The objective is to develop practitioners to engage fully throughout the decision making and to nurture the involvement of the individual concerned.

Students come from a wide variety of health and social care disciplines and undertake the module as part of their wider post graduate degree or as a stand-alone module simply to improve their knowledge in this complex area of care. The hybrid approach

uses an online platform that is interactive and discursive. There is a weekly online session of guided independent study spread over 12 weeks and supported by interactive online discussions twice a month throughout the module. In person seminars were disrupted by the pandemic and may resume next year.

The students complete two assignments, the first a discussion forum, where using a case study they work together to develop their arguments. The second part of the assessment is a case study where students describe a situation where capacity has been an issue for a person they have cared for, how capacity was assessed and what consideration was given to the legal, ethical, and human rights of the individual.

We have found this course interesting and stimulating to teach and students have described their experience of the course as shifting their perspective, empowering them in daily practice and deepening their critical skills.

Jenny Henderson
General member
Dip. N., RGN

Retired Associate Lecturer Alzheimer Scotland Centre for Policy and Practice
University of the West of Scotland

Dr Margaret Brown
PhD., MSc., BA (hons)., Dip. N., RNT., RMN.
Senior Lecturer, University of the West of Scotland
Depute Director: Alzheimer Scotland Centre for Policy and Practice

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1. <https://www.gov.scot/publications/adults-incapacity-scotland-act-2000-code-practice-third-edition-practitioners-authorized-carry-out-medical-treatment-research-under-part-5-act/>
 2. https://www.mwcscot.org.uk/sites/default/files/2021-10/Scope-Limitations-S47_advice2021.pdf
 3. https://www.mwcscot.org.uk/sites/default/files/2021-05/AuthorityToDischarge-Report_May2021.pdf

Advance Statements and MWC's statistical analysis

As you will be aware, part 5c of the CTO order asks whether the patient has made an advance statement. When either no advance statement has been made, or where an advance statement has been made and complied with, box A should be shaded. Where an advance statement has been made but the treatment authorised by the order conflicts with this, then box B should be shaded, and a short narrative provided in the text box below. The tribunal should provide the clerk with the narrative to be inserted in this text box.

Please do ensure that you complete part 5c, as I'm advised by the MWC that this section is sometimes either omitted, or completed incorrectly. From their perspective, the shaded box is the only means they have of analysing patient uptake of advance statements, and thereafter of analysing the extent to which they are capable of being complied with. As you are of course aware, the Tribunal, along with professionals and patient representative bodies would very much like to see more advance statements being made. If part 5c is not completed, it is possible that there is generally some under-reporting of the number of advance statements. Ensuring that this is completed correctly would help us to develop a clearer picture of the number of statements and when they aren't complied with, the reasons for this.

Please do make sure that you fill in this section of the order, and if you have any queries, contact the President's office. I say this because it's not always entirely straightforward, for example where part of an advance statement has been complied with but another part has not. If you feel that you would like guidance in any particular case, an IHC or the Legal Secretary will be available to provide advice.

**Jennifer Whyte
Legal Secretary**

Useful Information

Mental Welfare Commission Publications

- **Characteristics of compulsory treatment orders in Scotland – An analysis to inform future law reform, Statistical Monitoring June 2022**
https://www.mwscot.org.uk/sites/default/files/2022-06/CharacteristicsOfCTOs_June2022.pdf

MHTS information

- **MHTS Caselaw**
https://www.mhtscotland.gov.uk/mhts/Legislation_and_Caselaw/Legislation_and_Caselaw
- **MHTS Decisions** (This contains decisions which have been made by the MHTS)
https://www.mhtscotland.gov.uk/mhts/Legislation_and_Caselaw/Legislation_and_Caselaw - *click on this link and scroll to the bottom of the page to find the decisions table.*
- **MHTS Website - News**
<https://www.mhtscotland.gov.uk/mhts/News/News>

Other information

- **Creating Hope Together – suicide prevention strategy 2022 to 2032**
[Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot \(www.gov.scot\)](https://www.gov.scot/creating-hope-together-suicide-prevention-strategy-2022-to-2032)
- **National Care Service and co-design**
[National Care Service and co-design - gov.scot \(www.gov.scot\)](https://www.gov.scot/national-care-service-and-co-design)
- **Institute of Psychoanalysis: Maudsley Lecture - Psychosis and premature mortality: Closing gaps**
<https://psychoanalysis.org.uk/civicrm/event/info?id=1308&reset=1>

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

Clerks' Contact Details

Allan	Jean	07917 898792	<p>Please email clerks on the following generic email address and not on their individual email address:</p> <p style="text-align: center;">MHTSHearingsOps@scotcourtribunals.gov.uk</p> <p>Post hearing paperwork to be uploaded to:</p> <p style="text-align: center;">MHTS_FFR_Order</p> <p style="text-align: center;">on members' website</p> <p>Hearing Team Leaders:</p> <p>Team 1: Leanne Paterson – 07471350730 lpaterson@scotcourtribunals.gov.uk</p> <p>Team 2: Sandra Devlin – 01698 291013 sdevlin@scotcourtribunals.gov.uk</p> <p>Team 3: Jeanette Thomson – 01698 390004 jthomson3@scotcourtribunals.gov.uk</p>
Armstrong	Grant	07917 898818	
Barclay	David	07917 898806	
Barnes	Gemma	07423 779555	
Bradley	Nicola	07917898809	
Bruce	Ian	07876 884046	
Colquhoun	Michael	07825 009020	
Cowie	Paul	07917 898801	
Douglas	Alex	07393783336	
Ferguson	Elaine	07917 898813	
Finlayson	Claudia	07423770707	
Higgins	Margaret	07884 655912	
Hussain	Hanaf	07919199538	
Kilpatrick	Hannah	07884 664658	
Krummins	Martin	07393799214	
Lithgow	Anne	07917 898823	
McLagan	Stuart	07584 158127	
Miller	Mandy	07385950477	
Mooney	Audrey	07876 884044	
Paterson	Chris	07715 463790	
Paterson	Ellen	07423 779977	
Richardson	Callum	07884 655908	
Shearer	Jennifer	07423 778698	
Singh	Tajinder	07919199569	
Swan	Alan	07557484869	
Tough	Kirsten	07943237266	
Sinnett	Stephanie	07786 028852	
Zachary	Margaret	07917 898796	

Useful Contacts

Scheduling Team

(including re-setting Webroster passwords)

schedulingmhts@scotcourtribunals.gov.uk

❖ Telephone: 01698 390034

e-Expenses Helpdesk

❖ webrosterexpenses@scotcourtribunals.gov.uk

Finance Team

opsfinancetribunals@scotcourtribunals.gov.uk

❖ Telephone: 01698 390054

President's Office

(including re-setting Website passwords)

mhtspresidentsoffice@scotcourtribunals.gov.uk

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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

The following timescales will apply for contributions*:

January edition: contributions by the end of November

May edition: contributions by the end of March

September edition: contributions by the end of July

***Contributions may require to be edited**