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| **Discharge from Section 117 Mental Health Act 1983** | | | |
| **Name** | James | **DOB** |  |
| **Address** |  | **NHS Number** |  |

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| **S117 review meeting date** |  |

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| **People present at the meeting** | | | |
| **Name** | **Role** | **Agency** | **Contact details** |
| James | Person receiving s117 aftercare | N/A | James@person.com |
| Jacquie | wife | N/A | jacquie@nearestrelative.com |
| Jenny Slater | Social worker | Best local authority | Jenny.slater@bestlocalauthority.gov.uk |
| Justin Green | Consultant Psychologist Approved Clinician | Best NHS Trust | Justin.geeen@BFT.nhs.uk |
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| **Summary of the Review** |
| S117 after-care reduced over time as a result of progress with recovery and rehabilitation.  After-care in place at last review had reduced to having named contact within local mental health team and social work team just in case any needs arise. Annual review date agreed.  James is content that he has been able to manage for over a year without the need to contact social worker or CMHT staff. He is happy with the progress he has made and is agreeable to being discharged from s117 after-care eligibility. Jacquie agreed that there has been no concern about James’ mental health for many years and does not feel that as a family they need the support of mental health services at all. Neither James nor Jacquie could envisage the potential for any destabilising factors. |

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| **Outcome** |
| James has agreed to be discharged from s117 after-care.  Jacquie is also in agreement with the proposal to discharge from s117 after-care  As key workers involved in James’ after-care we propose that James be discharged from s117 after-care |

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| **Statement by responsible authorities** |
| We are satisfied that the above individual is no longer in need of s117 after-care services. We can confirm that the person and their nearest relative have been involved in the decision to discharge from s117 after-care. |

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| **Signatories of responsible authorities** |

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| **Signature** |  | **On behalf of Lincolnshire County Council** |
| **Name** |  |
| **Title** |  |
| **Date** |  |

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| **Signature** |  | **On behalf of Lincolnshire Integrated Care Boad** |
| **Name** |  |
| **Title** |  |
| **Date** |  |

***Copies to***

* Person
* Nearest Relative
* GP
* social services file
* NHS file
* ICB file
* MHA Administration Team

***Template Letter confirming discharge from s117 after-care – consider if an easy read versions of this letter is required***

Dear [name]

***Re: Mental Health Act 1983 – Aftercare under Section 117 – Notification of discharge***

Our records show that you were detained in hospital under a treatment order of the Mental Health Act [Section] on [date]. At the time of your discharge from hospital section 117 after-care as set out in the after-care plan commenced and your name was added to our list of people who are eligible for s117 after-care.

Section 117 of the Mental Health Act 1983 places a joint duty on local NHS and adult social services commissioners to provide free after-care services for people that have previously been sectioned under the treatment sections of the Mental Health Act. Eligibility for section 117 after-care remains in force until the responsible authorities (the Local Authority and Clinical Commissioning Group/Integrated Care Board), are satisfied that the person concerned is no longer in need of these services.

On [date] you were involved in a review of your circumstances by [team name] and have received a copy of the documentation associated with that review.

This review concluded that you no longer require after-care services under section 117 as you no longer have needs arising from or related to a mental disorder.

I am writing to confirm that this recommendation has been accepted by the responsible authorities and that you are now discharged from the Section 117 after-care. Your name will be removed from the current version of the after-care list that we maintain as of the date of the review.

Yours sincerely

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| *Signature* | *Signature* |
| ***Name*** | ***Name*** |
| ***Position*** | ***Position*** |
| ***For Best Local Authority*** | ***For Best CCG/ICB*** |