

Peter Edwards



Dave Sheppard

<http://www.imhl.co.uk>

Supervised Community Treatment / Community Treatment Orders: A detailed examination

Tuesday 8th July 2008

King's Fund, Cavendish Square, London W1M 0AN

Friday 5th September 2008

The British Empire & Commonwealth Museum, Clock Tower Yard, Temple Meads, Bristol BS1 6QH

Wednesday 15th October 2008

PELT, Hoylake, Merseyside

A detailed examination of the new legislation and its implications for administrators, advocates, lawyers, nurses, psychiatrists, psychologists, social workers and other mental health professionals.

Programme (9.45am – 4.30pm)

Purpose of SCT – who is eligible?

What happens to those on Supervised discharge / long term s.17 leave?

Assessment for SCT. Criteria and procedure for making a CTO

Responsibilities of the Responsible Clinician and Approved Mental Health Professional

Conditions to be included in a CTO. Varying and suspending conditions

Treatment of patients on SCT. Recall to hospital / Revoking the CTO. Renewal of SCT

Mental Health Review Tribunals / Hospital Managers hearings

Rights of the nearest relative. Comparison with s.17 leave / guardianship

Human Rights implications / Likely legal challenge

Fees and booking conditions

£295 + VAT (Total £346.63). Registered charities £195 + VAT (Total £229.12)

DSA subscribers: £50 reduction per booking (excluding VAT) - to subscribe go to: www.davesheppard.co.uk

In addition, reductions for multiple bookings from the same agency for the same course, at the same location, made

at the same time: 2nd person 25% reduction; 3rd person (and above) 50% reduction

Substitutes welcome. No transfers or cancellations within 14 days. Prior to this 20% administration charge.

Accreditation

For solicitors (5-25 hours - Law Society) and barristers (5 hours - Bar Council).

For psychiatrists (5 CPD points - Royal College of Psychiatrists) as part of a Personal Development Plan (subject to peer group approval).

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SUPERVISED COMMUNITY TREATMENT / COMMUNITY TREATMENT ORDERS

Surname _____ First Name _____ Mr/Mrs/Ms/Dr Job title _____

Organisation _____ Tel _____

Address _____

E-mail _____ Special requirements _____

DSA Subscriber Organisation (£50 reduction) Yes / No Delete as applicable Charity Registration (if applicable) _____

I wish to attend the course in: London (8/7/08) / Bristol (5/9/08) / Hoylake (15/10/08) Delete as applicable

I enclose a cheque for £ _____ / Please send me an invoice. Delete as applicable

Please return completed form to IMHL, Ventura House, 8 Market Street, Hoylake CH47 2AE

Phone: 0151 633 2184 Fax: 0151 632 0090 E-mail: bookings@imhl.co.uk