

# Appendix A: First Tier Tribunal data

The First-Tier Tribunal (Mental Health) has provided its activity and outcome statistics for the year 2023/24.

The Tribunal is responsible for handling applications to discharge patients detained in psychiatric hospitals. It also handles applications to change community treatment orders and the conditions placed on a 'conditional discharge' from hospital.

The overall activity of the Tribunal remains relatively constant year on year.

Rates of discharge are consistent with past years. Comparing the data for 'total discharge by Tribunal' against 'no discharge', the Tribunal discharged patients in about 10% of its decisions relating to detention overall. Around 30% of appeals by restricted patients resulted in some form of discharge decision – in most cases using the powers given to the Tribunal to order the conditional discharge of restricted patients. For detentions other than those subject to restriction orders, patients detained under the assessment and treatment power (section 2) continue to be roughly twice as likely to successfully appeal as patients detained under treatment powers (section 3 and unrestricted hospital orders) (figure 10).

Initially in response to Covid-19 restrictions on movement, from 2020 the Tribunal has heard cases primarily using video technology rather than sitting in person at the relevant hospital setting. The use of remote hearings has shown no effect in rates of discharge. There is likely to be a major increase in Tribunal activity as a result of the proposals of the Mental Health Bill 2025, as these reduce the length of time that must pass before a patient can make an application, and will create much more frequent automatic applications for some patients. It is likely that continued and potentially increased use of remote hearings will be key to the Tribunal ever meeting this increased demand, which will enable the Bill's proposals to be implemented.

**Figure 10: Outcomes of applications against detention to the first-tier Tribunal (Mental Health), 2023/24**

Activity of Mental Health Tribunal

	Section 2	Other unrestricted	Restricted	All detained patients
Applications	9,804	15,474	3,079	28,357
Withdrawn applications	1,155	3,695	1,013	5,863
Discharges by clinician prior to hearing	3,522	5,649	14	9,185
Cleared at Hearing (a,b)	7,054	11,035	2,273	20,362
Heard (c)	6,472	8,046	2,275	16,793

## Decision of Mental Health Tribunal

	Section 2	Other unrestricted	Restricted	All detained patients
Absolute Discharge	373	320	84	777
Delayed Discharge	223	112	1	336
Conditional Discharge	0	0	364	364
Deferred Conditional Discharge	0	0	91	91
Total discharge by Tribunal	596	432	540	1,568
No Discharge	4,703	8,221	1,260	14,184

- a. The number of hearings and the number of applications will not match as hearings will be outstanding at the end of each financial year.
- b. Mental Health Tribunal is unable to distinguish CTO hearings disposed from the total number of other unrestricted hearing disposals.
- c. Includes all cases heard irrespective of outcome including adjourned in the reporting period.
- d. This data is based on all decisions both before and after the hearing.

Source: HM Courts and Tribunal Service

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Just under 4 percent of decisions in relation to CTOs discharge the patient. This is generally less successful than detained patients overall, but only marginally less when compared with the 'other unrestricted' detained group, which may be the most appropriate comparison.

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**Figure 11: Outcomes of applications against CTOs to the first-tier Tribunal (Mental Health), 2023/24**

- Applications: 4,438
- Withdrawn applications: 827
- Hearings: 4,168
- Oral Hearings (a): 3,616
- Paper Reviews (considered on papers and therefore patient not present): 552
- Discharges by Tribunal: 129
- No discharge by Tribunal: 3,173

a. The category 'oral hearings' is based on the total number of hearings less the manual count of paper reviews.

Source: HM Courts and Tribunal Service

Note: Although care is taken when processing and analysing the data, this can change over time as the information is taken from a live system.