

What you said about our plans to improve mental health law

Easy Read version of: Reforming the Mental Health Act - Government Response to Consultation



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In this easy read document, hard words are in **bold**. We explain what these words mean in the sentence after they have been used.

Introduction



The Government and NHS are improving care for people with mental health conditions.



We want to change the law so that patients can have more control over their treatment and get the respect they deserve.



We want people with a learning disability and autistic people who have a mental health condition to get proper treatment in hospital if they need it.



We asked people what they thought about our ideas for changing the law.



This Easy Read report explains what people said, and what we plan to do next.

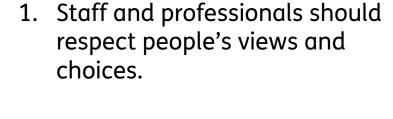
4 principles



A **principle** is a way of doing things.



We plan to change the law so that it follows these 4 principles:





2. Sometimes we have to keep people in hospital so everyone is safe. We should do this as little as possible.



3. People should be helped to get better.



4. People should be treated with respect as an individual person.

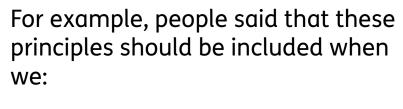


People said

People generally agreed with these principles.



People suggested ways to make sure staff followed these principles.











Next steps

We will take these ideas forward.



Reasons for keeping people in hospital



We want to make sure that people are only kept in hospital if:

- it is good for the person
- there is a very big chance that they would hurt themselves or someone else.



People said

Most people agreed with these ideas.



Some people said we should explain what we mean by 'good for the person'.



Some people said that it is very stressful to be kept in hospital. We should only do it if it is really necessary.



Next steps

We will carry on looking at the reasons that people can be kept in hospital.

Your right to go to a tribunal



A **tribunal** is like a court of law. It is where an official person makes a final decision about something.



A tribunal will decide if you should be kept in hospital or a safe place in the community, or not.



We want patients to have more regular tribunals to check whether they need to stay in hospital or not.

People said



Most people agreed with this idea.

Some people said that you should have these tribunals very often.



Some people said that this would cause a lot of extra work.



Some people said that hospital managers can already ask for tribunals if they want.



Next steps

We will hold these tribunals sooner.

We will think about the best way to organise these tribunals.

People who have gone back into hospital



This part is about people who have come out of hospital so they can continue with treatment in their local community.



Sometimes things don't go well, and they have to go back into hospital.



In these cases, we think they do not need to go to a tribunal, because they will probably soon be able to go back to carry on their treatment in the community.



People said

Most people agreed with this.



A lot of people were not sure.



People thought that patients should have the right to a tribunal, to check that they really need to be kept in hospital.



Some people thought that patients would not get the choice and control they should have.



Other people were worried about the cost of all these tribunal meetings.



Next steps

We will make this change gradually.



We will talk to different organisations about how to do this.

Giving tribunals more power



We think that local councils and health services should do what the tribunals say within 5 weeks.



People said

Most people agreed.



Some people said that 5 weeks was not long enough for people who needed a lot of complicated support.



Some people said that the tribunal should make it clear who should do what.



Some people said that the tribunal should not be able to make different decisions to doctors.



Some people said that the Government should make sure there is enough money to arrange the support that the tribunal orders.



Next steps

We are going to think about these points.

Hospital manager's panel hearings



We think that **hospital manager's panel hearings** should not be able to release people from their treatment.

Hospital manager's panel hearings are a bit like going to the tribunal, but a group of volunteers, who do not work for the hospital, decide if you should stay in hospital or not.



People said

Some people agreed. Some people were not sure.



Some people said that the hospital manager's panel worked well enough.



Other people said that the hospital panels were not really independent.



Some said that there should be better rules about how the hospital panels should be run.



Next steps

We will think about this some more.

Choosing your care and treatment



We want people to be able to choose what care and treatment they want.



We want people to be able to write these choices down in a document.

People should fill in the document when they are well enough to make their own choices.



Mental health staff would then have to follow the document where possible if the person got too ill to make their own choices.



We asked what should be included in the document.



People said

The document should include:

any medicines that you don't want



- how you want treatment to be given
- how you want to communicate with people
- what should happen if you suddenly become ill
- who should be involved in your care
- where you want to be treated.



Some people said that these documents should be written in the same sort of way, so it was easy to understand them.



Next steps

We will think more about what should be in these documents.

Making sure your choices are listened to



We do not think a doctor should have to agree that the person is well enough to make the choices they want to include in their document.



People said

Most people agreed.



It would sometimes be good if the doctor checked that the person was well enough to make the choices in their document, but this should not be a requirement.



Next steps

We will think more about how we can make sure mental health staff follow the choices made in a person's document.

Care and Treatment Plans



We think that the law should say that people must have a care and treatment plan.



People said

The patient and members of the family should be involved in making the plan.



The plan should link with the rest of your health plan.





We will talk with more people about what should be in the care and treatment plan.

Refusing treatment



We think that you should not be forced to have treatment if you are well enough to refuse it, even if your doctor thinks it is urgent.



People said

Most people agreed.



Some people said that it is horrible being forced to have treatment.



Some people said that people with certain mental health conditions may not be able to make their own decisions.



Next steps

We will look at making clear rules about this issue.

Asking a tribunal to stop your treatment



We think that people should have the right to ask a tribunal to stop certain treatment being given to them by their doctor.



People said

It would be a better way for patients to **appeal** against any treatment they did not like.

An **appeal** is when you don't agree with a decision and ask for it to be changed.



Some people were worried that officials who make decisions at a tribunal, are not qualified to make decisions about medical treatment.



Some people thought it was better if only doctors make decisions about medical treatment.



Some people said that the officials who make decisions at a tribunal, should be trained to make decisions about medical treatment.

Next steps



We want to protect people's rights.



We think the tribunal can help support the patient to refuse treatment that is being given them.



We will think more about the tribunal's role in treatment decisions.

Agreeing to go into hospital



We think the law should give you the right to say if you would want to go into hospital, if your health became worse.

People said



Some people said this would mean you'd get into hospital quicker, to get the treatment you need.



Other people said you should have to say how long this agreement would last. Patients should understand their rights when they agree to do this.



Some people said that there should be a way of checking if someone has agreed to go into hospital or not.

Next steps



We need to think some more about how this would work.

Nominated person



A **nominated person** is a person who can make decisions and speak for you if you can't make decisions for yourself.



We want the law to let you choose the nominated person you want, not just have your nearest relative.



We want the law to say that your nominated person must be asked about treatment and anything that happens to you in hospital.



People said

Most people agreed.



You need to choose who you want to be your nominated person.



It's good to have a nominated person if you don't get on well with your family.



Next steps

In the law we want to change 'nearest relative' to 'nominated person'.

Advocacy



We want the law to say that you can have an **advocate** to help you make decisions about your care and treatment.

An **advocate** is someone who helps you to speak up, or speaks up for you.



An advocate would be able to help you to:

- be involved in writing your care and treatment plan
- choose what you want
- go to a tribunal.



People said

Most people agreed.



Some people were worried that advocates would not be able to help you decide about treatment because they had no medical training.



Others said they don't need medical training. They are only there to give guidance.



Mental health advocates already have to have training so they know how to do their work.



Next steps

We will include this idea in the new law.

The Mental Capacity Act



The Mental Capacity Act is a different law that has rules about what should happen if someone is not able to make decisions for themselves.



Sometimes it is not clear whether people should be covered by the Mental Capacity Act or the Mental Health Act. We want to make this clearer.



People said

Most people were not sure how to do this.



Next steps

We will think some more about how to make this clearer.

Accident and emergency departments



Accident and emergency departments deal with emergencies. They are in main hospitals.



Often people who become very ill with a mental health condition, first go to an accident and emergency department.



We think that staff in accident and emergency departments should have the power to keep people in hospital for a short time.



This would be if someone needs to be kept safe while the doctors check their mental health condition.



People said

Most people agreed.



Some people wondered if accident and emergency departments would need more staff.



Next steps

We will look at how best to do this in the new law.

Going to a mental health hospital from prison



We want to have an independent person to watch over and help when someone has to move from a prison or an **Immigration Removal Centre** to a mental health hospital, and back again.



An **Immigration Removal Centre** is a place used for holding people who are then removed from the country, who have no legal right to be in the UK and have not left on their own.



We want the law to say that this transfer to hospital has to be done within a certain amount of time.



People said

Most people agreed.



Some people said that the independent person would need special experience.



Next steps

We will continue with these changes.

People who have been in trouble with the law



We want certain patients who have been in trouble with the law and are high risk to be able to come out of hospital and live in the community under strict conditions and management.



People said

Most people agreed.



Next steps

We will include this in the new law.

The Social Supervisor



A **Social Supervisor** is someone who checks on people who have come out of a mental health hospital to live in the community.



They work with the local mental health team.



They are able to order the person to go back into hospital if needed.



People said

Some people said that that Social Supervisors should have proper training.



Some people said that Social Supervisors should see their patients more often.

Next steps



The Government will work with others to decide exactly what Social Supervisors should do and what support and training they need.

People with a learning disability and autistic people



Learning disabilities and autism are not mental health conditions.



So, people with a learning disability and autistic people don't always have to go to a mental health hospital.



People may have to go to a mental health hospital if they do have a mental health condition and their behaviour may cause harm to themselves or other people.

People said



Most people agreed that people with a learning disability and autistic people should not always have to go to a mental health hospital.



People were worried that people may be kept in mental health hospitals when they shouldn't be.



Some people thought that a mental health hospital was never a good place for people with a learning disability or autistic people.



There should be other places in the community for people with a learning disability and autistic people who were having problems with their mental health or behaviour.



Next steps

We will carry on thinking about the best way to deal with this.

People with a learning disability who get into trouble with the law



We want people with a learning disability, who get into trouble with the law, to be able to go to a mental health hospital instead.



This would be instead of having to go to court and maybe prison.



People said

Some people agreed with this idea.



Some people were worried by this idea.



They thought that people might be kept in a mental health hospital for a long time without getting their rights.



Next steps

We will look at this idea more with a group of experts.

Care (Education) and Treatment Reviews



A Care (Education) and Treatment Review is where professionals look at your situation when you are living in the community, after having come out of hospital.



We want the law to say that professionals should do what is written in these reviews.



People said

Most people agreed with this.



Next steps

We will look at what should be included in the reviews.

The Care Quality Commission (CQC)



The Care Quality Commission (CQC) checks on all health and care services for the Government.



We want the Care Quality Commission to look at all professionals who set up services for people with mental health conditions.



People said

Some people said the CQC would need more money to take on extra work.



Next steps

We will look at what should be included in the work of the CQC.

Community Treatment Orders (CTOs)



A Community Treatment Order (CTO) explains what treatment you should have in the community after you have come out of hospital.



The law says you have to follow the CTO.



We are worried that CTOs have not been used properly. Black people are 10 times more likely to be given a CTO than white people.



People said

People had different ideas about CTOs.



Some people thought they helped. Other people thought they need to change.



Next steps

We want to change CTOs. We will carry on looking at ways to improve them.