

Interim report into the Independent Review of the Mental Health Act

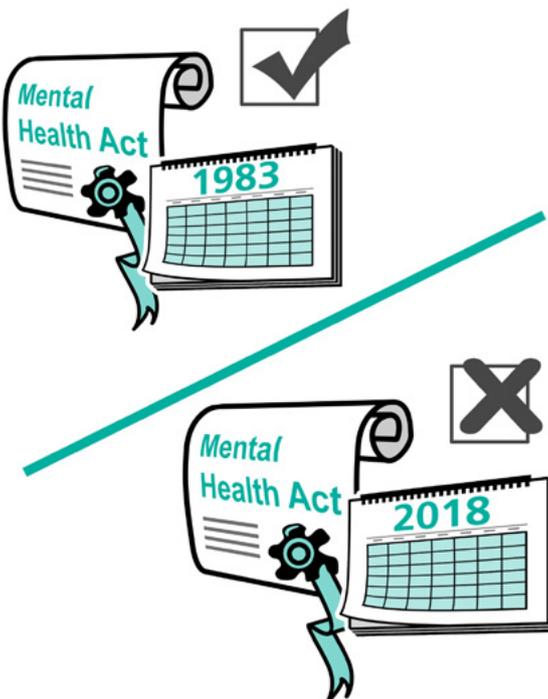
Executive summary



Introduction

This independent review of the Mental Health Act 1983 was commissioned in October 2017.

We were asked to look at the Mental Health Act and how it is used, and suggest improvements in England and Wales.



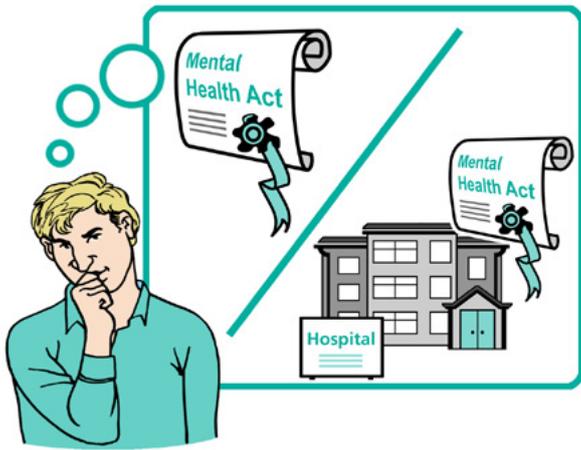
Our aims were to make suggestions on how to improve the Mental Health Act in order to help with problems such as:

- More people being sectioned.

Being sectioned is where someone is made to go into hospital with a mental health problem because they are very ill.

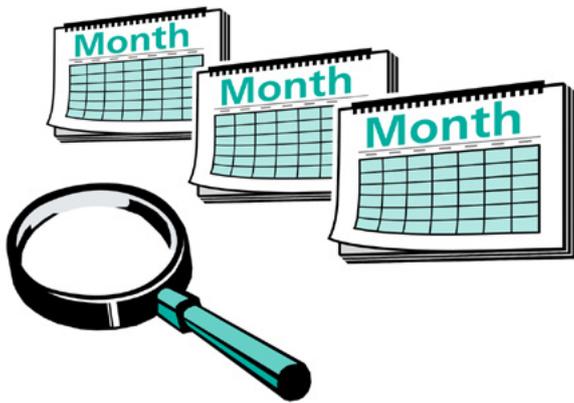
- African or Carribean black people being put into hospital more than white people.

- The Mental Health Act may be out of date with the way that people think the mental health system should work now.



We were asked to look at both the Mental Health Act and the way it is used.

This report says what we have done so far, and the problems we have found that we need to look at.



We have only just started our work. This means that we might find out more things as we do more work.



We want to talk to as many people as possible and look at all the information we have when we put together our final report later this year.

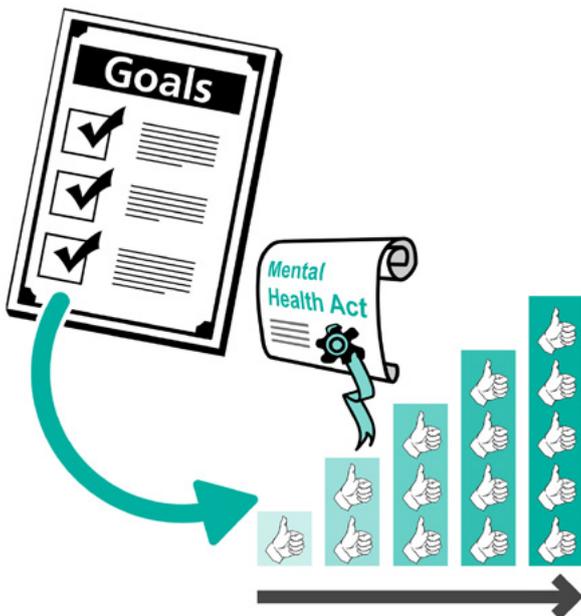
The review's goals

We want to achieve some big goals in this review.

As we work on the review, we will look at different ways we can achieve them.

Our goals will help remind us what we want the review to achieve.

We have put together these goals from feedback from our service user and carers' group, and our advisory panel.





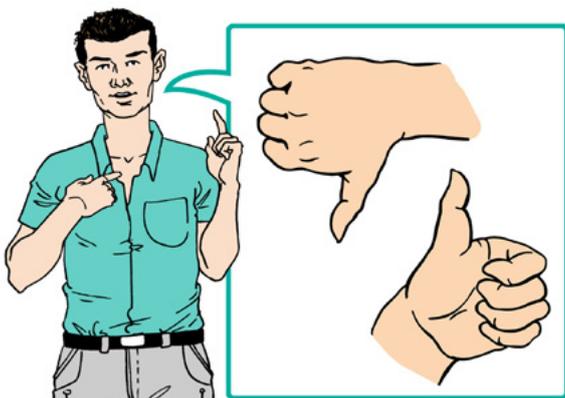
Our most important goal is to make the Mental Health Act work better for everyone.



Our goals are that:



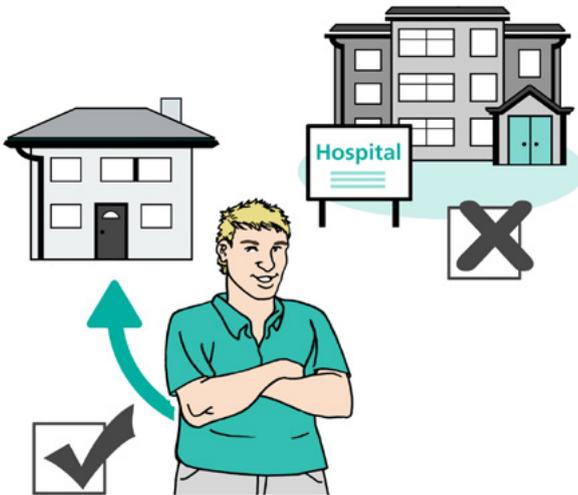
- Service users and carers are treated with dignity and respect.



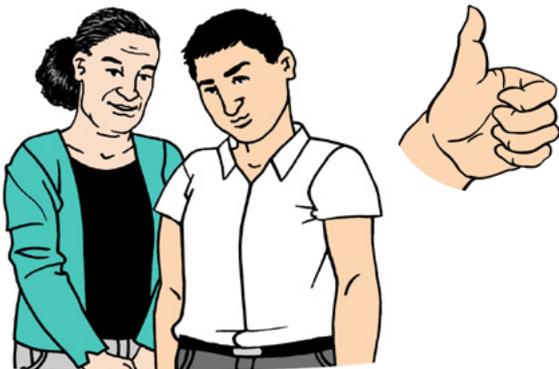
- People who are under the Mental Health Act have more say in decisions about them.



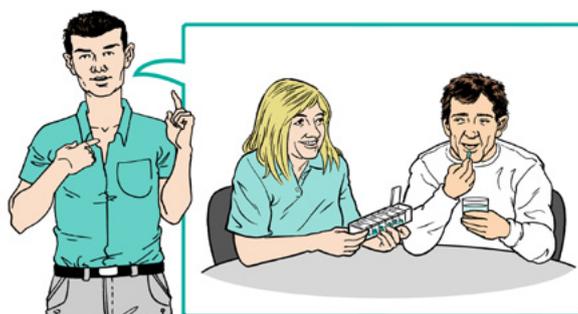
- More people can get the services they need.



- People are given the most freedom possible while still being cared for. For example, someone might be treated at home instead of being put in hospital, if this is safe for them.



- Service users and carers have better wellbeing.



- Service users and carers are supported to be as fully involved in their treatment as they can be.



- More equality for people with protected characteristics.

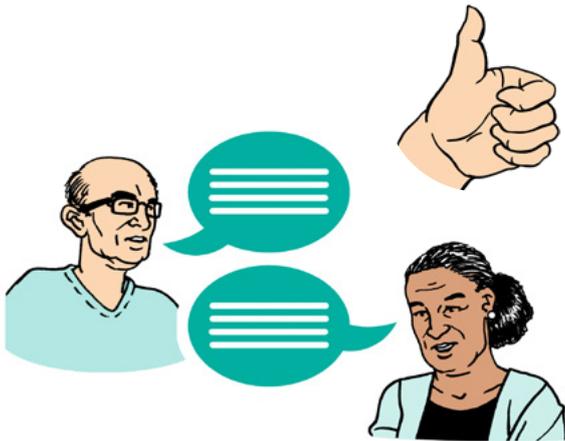
Protected characteristics are things like race, religion, or disability.

- More focus on people's rights.

- Safety is better for everyone, including service users, carers and healthcare professionals.

- Professionals are better able to do their jobs right.

How we are doing the review



The most important thing for us has been to hear from people involved with the Mental Health Act.

We now have:

- Had over 2,000 survey responses from service users and carers.
- Listened to 320 people at our workshops.
- Supported over 30 focus groups of service users and carers.

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- Been to over 70 meetings and events.

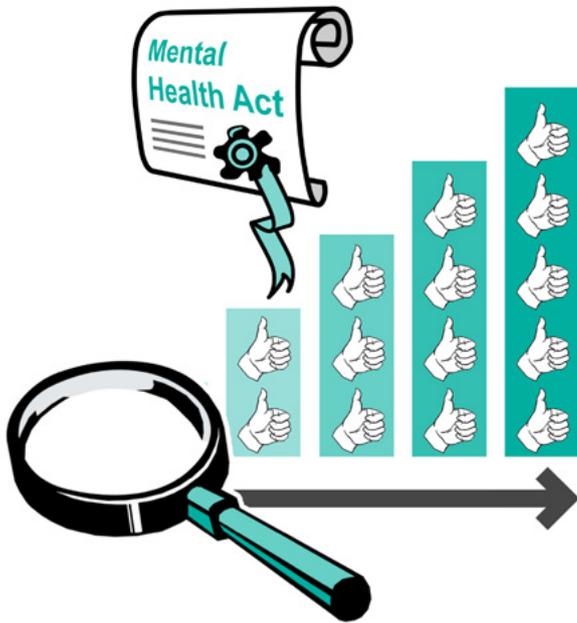
We are grateful for people sharing their experiences and telling us how they think things could be better.

We have also asked specialists and professionals to look at the information we received from this review.

We are still working on the review.

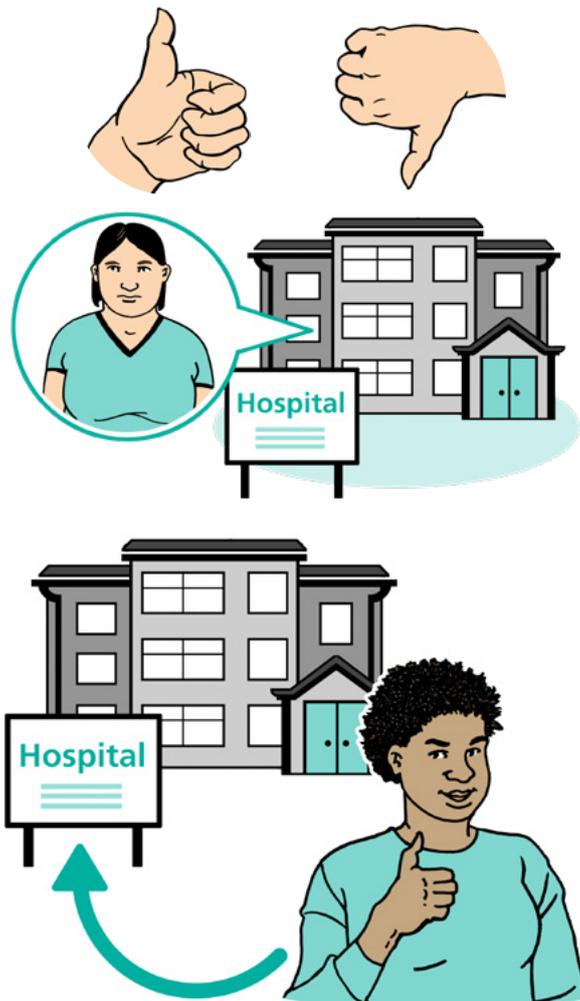
This report will talk about the things we have found out already.

Important things we have found out



We have found a lot of things that we can improve about the Mental Health Act and the way it is used.

This report says what people have said about the Mental Health Act and says what we want to look at more.

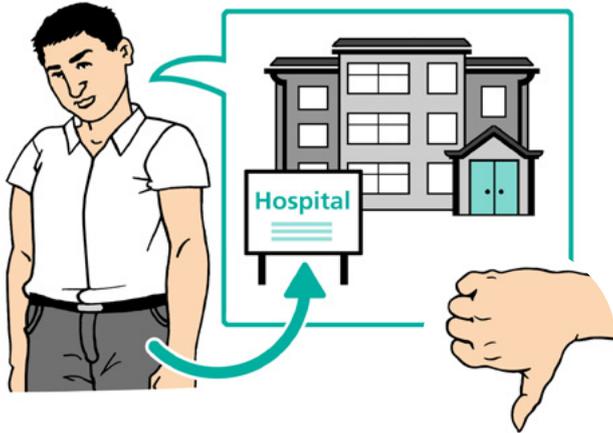


Our survey asked the people who took part if being sectioned was the best way to help with their mental health needs.

Many service users thought that being sectioned was the best way to help them.



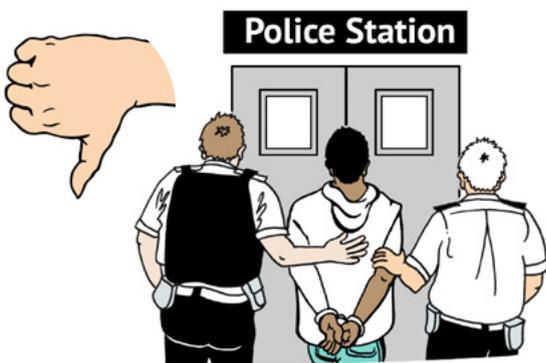
Some service users said that being sectioned saved their life and stopped them from taking their own life.



However just as many people said being sectioned was not the best way to help them.



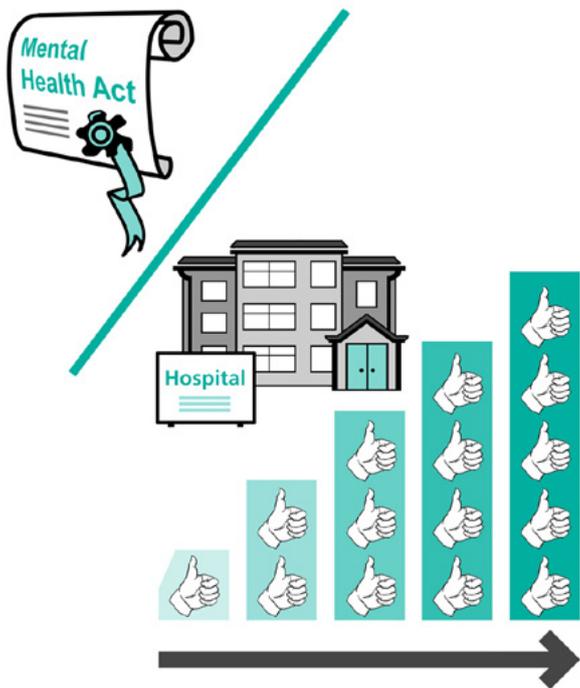
Many service users said that being sectioned was right for them, but the way they were sectioned didn't respect their dignity.



This problem has come up again and again.



It is clear that the Mental Health Act needs to change so people's dignity is respected when they are sectioned. This is one area we are working on.

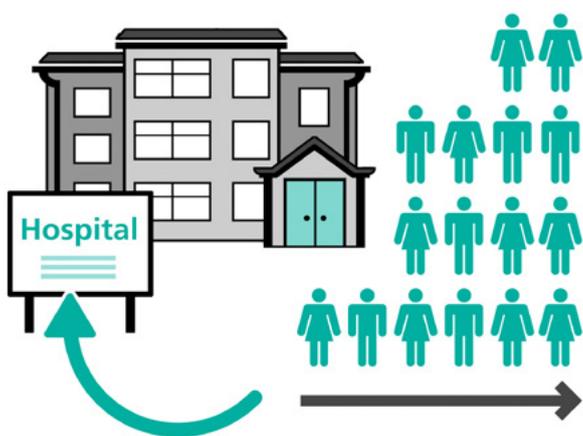


We know that the Mental Health Act cannot achieve this on its own.

Changes to the Mental Health Act are important, but they must happen at the same time as changes to mental health services.



We are looking at the reasons why more people are being sectioned. These reasons are complicated.



We have found that more people are being sectioned.

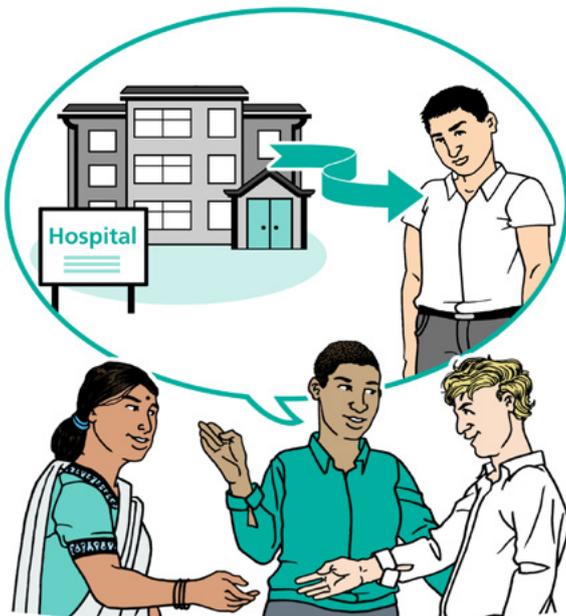
These are people being sectioned for the first time, not people who have been sectioned many times.



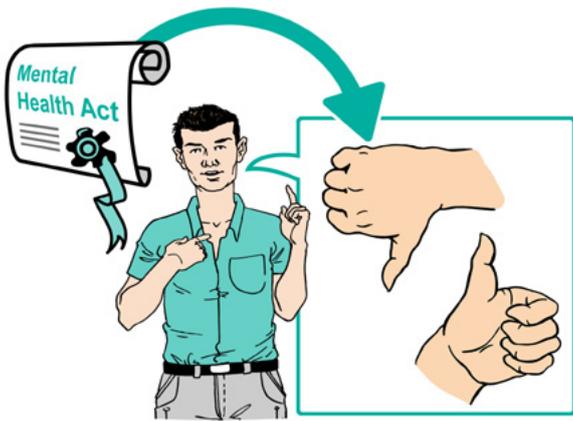
Because of this we will look at the whole of mental health services to try and prevent people being sectioned.



This will include working with other health and care services and organisations like the police.



We will look at ways to improve planning people's care and improve services that support people after they have been sectioned.



We have found that the Mental Health Act can be improved to support people's own choices.

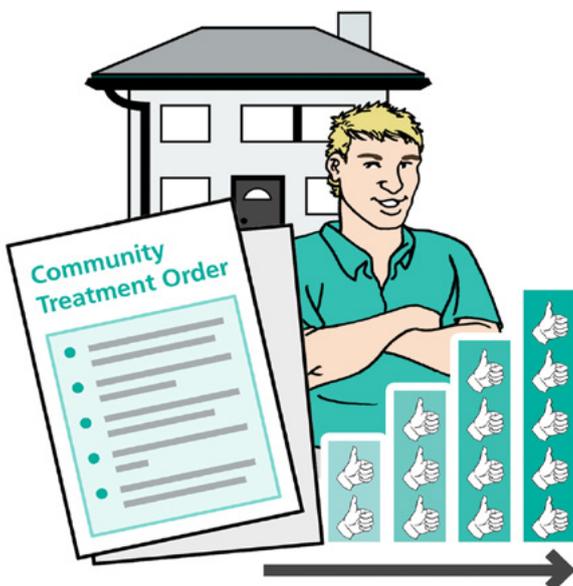


These choices include:

- Planning for the future.



- Changing the rules to include people's families and carers.



- Improve community treatment orders.



Advocacy is where someone helps you have your say.

Service users said that advocacy is very important to them but is not always accessible to them, the service is not always good and the different types of advocates are confusing.



We will also look at ways to improve other safeguards, especially tribunals and managers' hearings, and when consent is needed.

These are meetings where decisions are made about people who have been sectioned.



The experiences of people from black African and Caribbean groups are particularly bad.



They are sectioned more than any other group. They are often sectioned after being involved through the police.



The reasons for this are very complicated, but we have heard that services can be improved by thinking about people's culture and their needs.



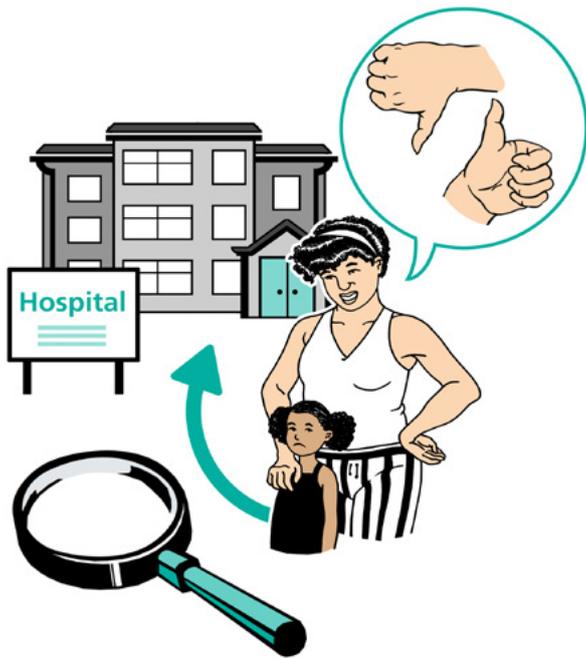
We believe it is important that the Mental Health Act works well for all people.



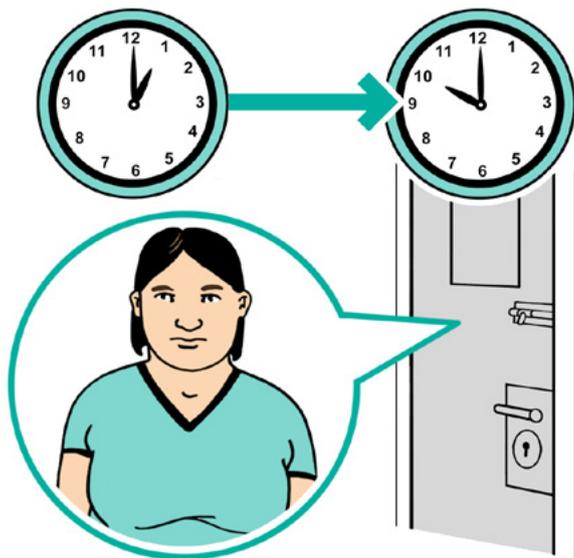
People have told us they were worried the Mental Health Act has been used with people with a learning disability or autism.



This may be because there isn't the right service for people in the community.



We will look at the problems with parents being involved in decision-making when a child or a young person is sectioned.



People told us that the way the Mental Health Act works with the police and criminal justice system can be improved.

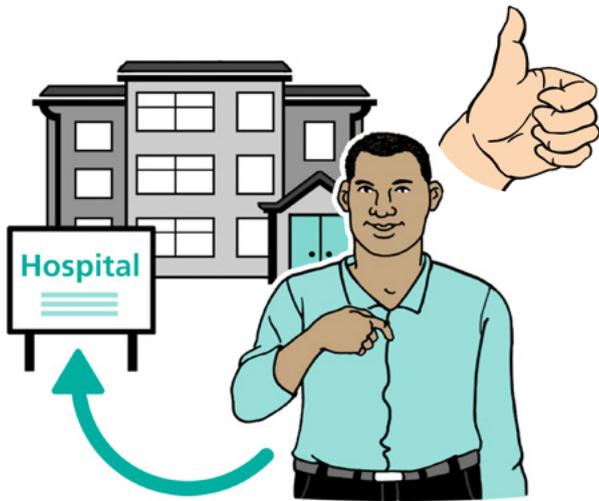
People are kept in prisons for too long when they are waiting to go into hospital.



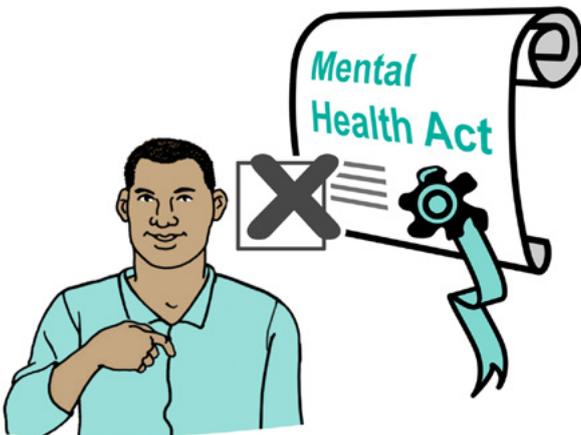
The decisions made about these people are often taking too long.



We are pleased to see a lot of these services want to make improvements in this area.



We want more people to go into hospital voluntarily.



This means going to hospital was their choice and the Mental Health Act does not apply to them.



We are also looking at a law called the Mental Capacity Act. This may apply to some of the same people as the Mental Health Act.



We want to think about what deprivation of liberty should mean. Deprivation of liberty is about what rights and freedoms may be taken away from someone when they are very ill.



The government has already said we need to look at 'Deprivation of Liberty Safeguards'.



This is the part of the Mental Capacity Act that talks about extra safeguards that are needed to protect people if they are being locked in or restrained.



We want people to get in touch and help us with our work.

We hope to make suggestions that will improve the Mental Health Act and make sure it works better for everyone.



This easy read document has
been produced by CHANGE.

www.changepeople.org