



Our response to ideas about the new Mental Health Bill

What we are going to do



This is an Easy Read version
of the government response
to the Joint Committee on
the draft Mental Health Bill



Easy Read



This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.



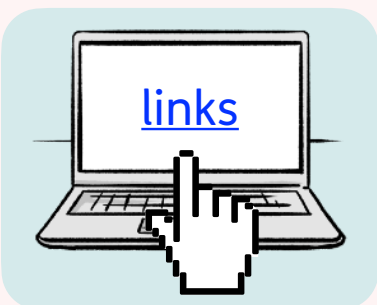
This Easy Read booklet uses easier words and pictures. You may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker.



These are words that some people will find hard. When you see a bold word, we will explain it in the next sentence.



Blue and underlined words show links to websites and email addresses. You can click on these links on a computer.

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About this report



The government is writing a new law called the Mental Health Bill. In this document, we will call this 'the Bill'.



A group in **Parliament** looked at the Bill and gave us ideas to change it.



Parliament is where politicians meet to talk about the work of the government and making changes to the law.



You can read an Easy Read version of the group's ideas here:

tiny.cc/committee-Report-on-MHB



This report is the government's response to their ideas. It explains what we will change, and what we will not change in the Bill.

What the law is about

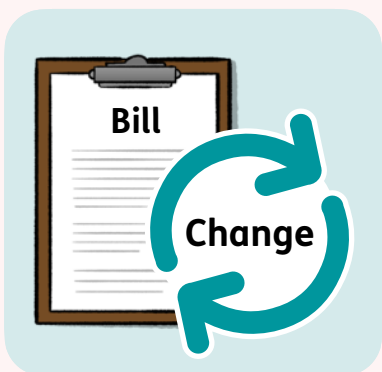
In 2018, a group wrote a report that looked at:



- Why more people are being kept in hospitals than before.



- Why there were more black people than we would expect being kept in hospital.



After looking at this report, we made a new **draft** Mental Health Bill.

A **draft** means it is not finished, and we might make changes to it.



We asked a group in Parliament, called a Committee, to think of any ideas to make it better.

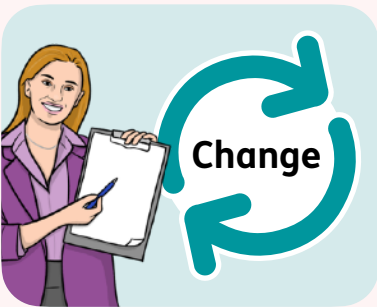
They thought the draft Mental Health Bill was good, especially the changes to:



- Give people more choice about their care.



- Making sure people are not kept in hospital if they do not need to be or if it will not help them.



But they also had a lot of ideas for changes.

Principles



A **principle** is an idea or rule that explains or informs how something happens or works.

The Committee said that:



- There should be 4 main principles.



- The Bill should change the law to make sure that these principles are in the **Code of Practice**.



The **Code of Practice** is a document that explains to services and people, like hospitals and social workers, how to follow the new law.

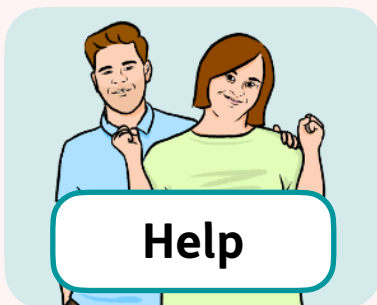
The principles are:



1. Respect people's views and choices.



2. Limit people's freedom as little as possible.



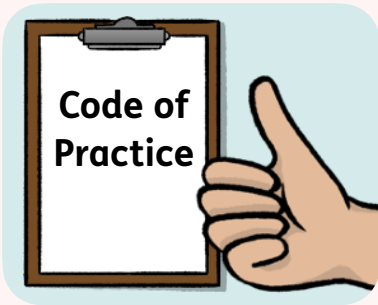
3. Giving people the help they need to get better.



4. Respect people as individuals.



We have thought about these principles in everything we have done in this Bill.



We will make sure that the principles are included in the Code of Practice.



But we do not think we need to change the law to do this.

Treating people from black and ethnic minorities fairly



The Committee has 4 ideas to change the Bill on this topic.

Respecting people from black and ethnic minorities



The Committee said that we should write in the Bill that people making decisions about patients should respect people from black and **ethnic minorities**.

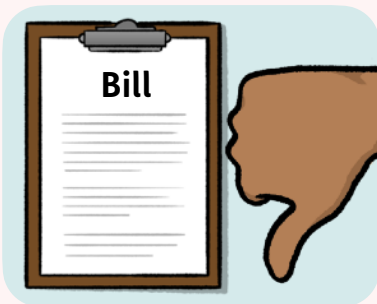


An **ethnic minority** is a small group of people of the same race, in a place where most other people are a different race.



But respect for people from black and ethnic minorities is already part of a different law, called the **Equality Act 2010**.

The **Equality Act 2010** aims to make sure that people from different backgrounds are treated fairly.



So we do not think we need to write it into this Bill.

Responsible person



The Committee said that each health service should have a member of staff called a '**responsible person**'.



The **responsible person** would collect information on how people are treated, and make sure staff have training and guidance that makes sure everyone is treated fairly



We think that this is a good idea. But we need to think about it more before we make changes to the Bill.

Community Treatment Orders (CTOs)



When a patient leaves hospital, they might be given a **Community Treatment Order (CTO)**.



A **Community Treatment Order (CTO)** is an order from a court or doctor that says someone should follow certain rules, like taking medicine.



But black people are 8 times more likely than white people to be given a CTO.



The Committee said that only mental health patients who have been in trouble with the law should be given CTOs.



They said that, for this small group of people, CTOs should be looked at, to see if they work.



We agree that most people should not be given CTOs.



We think that CTOs should be available for all patients, but in our plans, patients will only get CTOs if they really need one.

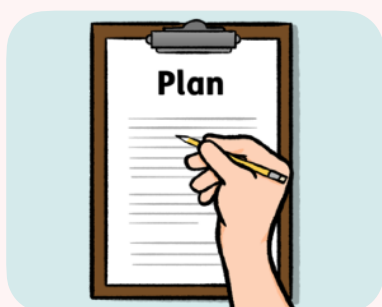


We think that if patients stopped getting CTOs, some might need to stay in hospital instead.



But we will check how CTOs are used in the future, to make sure that it is fair.

Working with the NHS to write plans



The Committee said that we should write plans explaining how we will make these changes.



We have already written some plans about this, and will work with the NHS to write more.

Money and change



The Committee said that there needs to be enough money and staff to make these changes happen.

They had 2 ideas for change:

Write a plan



The Committee said that we should write a plan showing how much money and staff we will need to make these changes happen.



We agree with this idea.



We will write a plan about how we are going to make our changes happen.



We will work with other organisations, like the NHS, to make sure that our plans will work.

Mental Health Commissioner



The Committee said that we should make a new job, called the Mental Health Commissioner. They would do a lot of things, including:



- Checking how changes to the Act are working, and looking at what else needs to change.



- Speaking up for patients and families, and helping people to complain.



But this job is already done by the **Care Quality Commission (CQC)**.

Care Quality Commission (CQC) is a government organisation that checks the standard of health and social care services in England.



There are also other organisations that speak up for patients, like Healthwatch England.

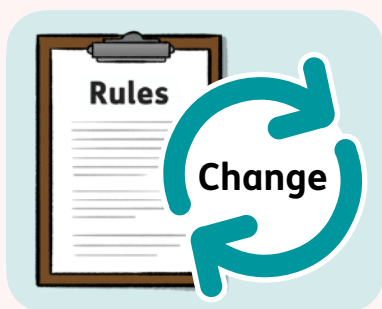


So we do not think that we need a Mental Health Commissioner.

Being made to stay in hospital



Sometimes, people need to be made to stay in hospital, to keep themselves and others safe.



The Bill contains changes to the rules on when people can be made to stay in hospital.

The Committee said that:

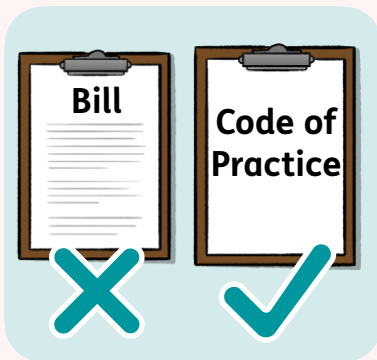


- Our changes to the rules needed to be clearly explained in the Code of Practice.



- The Code of Practice should make it clear that the new rules will not stop anyone from getting help when they need it.

The Committee also said that:



- Some of the rules in the Bill on when people can be made to stay in hospital should not be written in the Bill, but should be in the Code of Practice instead.



We will think about whether we should take the rules out of the Bill, as the Committee suggested.

People in the criminal justice system



People in the criminal justice system are people who have been in trouble with the law.



The Committee said that the new rules on keeping people in hospital should be the same for people in the criminal justice system as they are for everyone else.



Different

But we think that it is better to treat people in the criminal justice system differently to other patients.



This is so that they can get the help they need in hospital, instead of in prison where they might become more unwell.



We spoke to experts about this, and they agreed with our plans.

People with a learning disability and autistic people



We want to change the law so people with a learning disability or autistic people cannot be kept in hospital for longer than 28 days unless they also have a mental illness.



They will get community support in their local area instead.



These changes are only for people who are not in the criminal justice system.



The Committee had 3 ideas for change.

Community care



Community care is care and support in a person's local area.



The Committee said that community care must get better before we change the law.



We agree that people need the right community care.

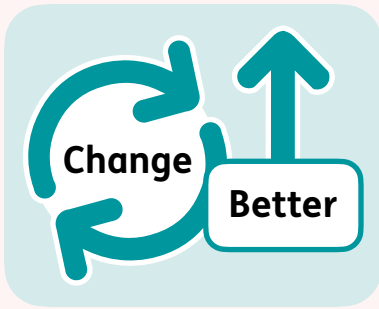


We will write more information about how we will make sure community care is good enough.



We will do this when the Bill is in Parliament.

Improving community care



The Committee had some ideas for changes to make care better in the community, including:



- Making sure Councils and **Integrated Care Boards** do what is said in a **Care (education) and Treatment Review**.



An **Integrated Care Board** is an NHS organisation that plans and pays for services.



A **Care (education) and Treatment Review** is a meeting to see how an autistic person or a person with a learning disability is being cared for, so they do not need to be in hospital.

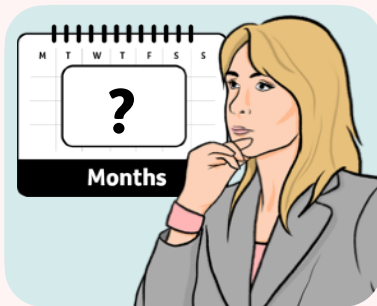
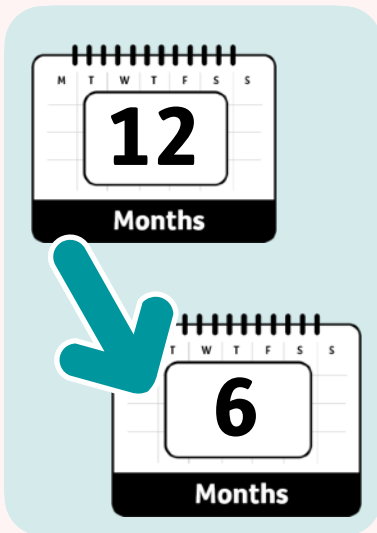


We agree with this idea. We think the Bill will already make sure that Integrated Care Boards do what is said in Care (education) and Treatment Reviews.

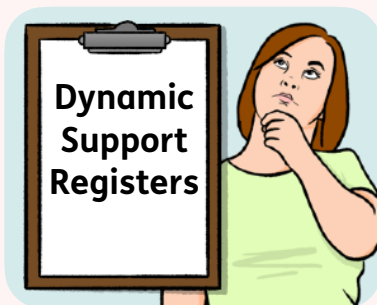
The Committee's ideas also included:

- Having a shorter gap between Care (education) and Treatment Reviews.

The Committee said that the gap should be cut, so that people have a Care (education) and Treatment Review 6 months, instead of every 12 months.



We will think about how to make sure people get Care (education) and Treatment Reviews at the right time.



- We should work with people with a learning disability and autistic people to help them trust **Dynamic Support Registers**.



People on the **Dynamic Support Register** are at risk of going into hospital if they do not get the right care and treatment in the community.



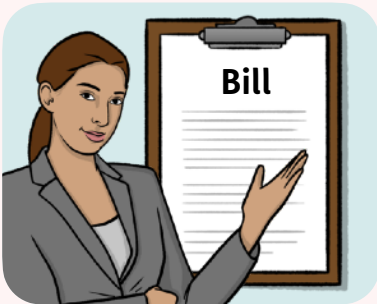
We will listen to people with a learning disability and autistic people to help them trust Dynamic Support Registers.

The Committee's ideas also included:



- Giving Councils and Integrated Care Boards more **duties** to make sure there are enough local services for people with a learning disability and autistic people, using information on the Dynamic Support Register.

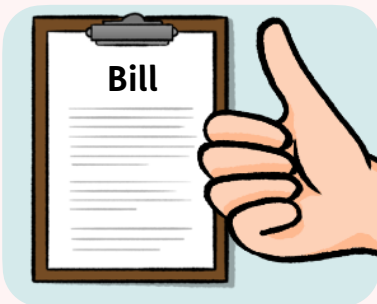
Duties are things that Councils and Integrated Care Boards must do.



We think that the duties that are already in the Bill are enough.



- Giving more people who have left hospital care and support.

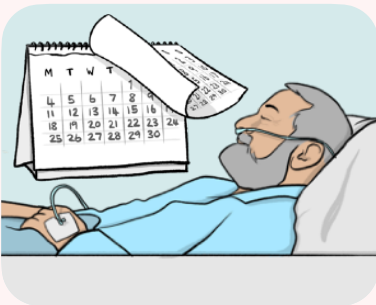


We think the Bill will already make sure that the right people have the care and support they need.

Keeping people in hospitals for more than 28 days



The Committee was worried that people might be kept in hospital for a long time in other ways. They had these ideas to stop this:



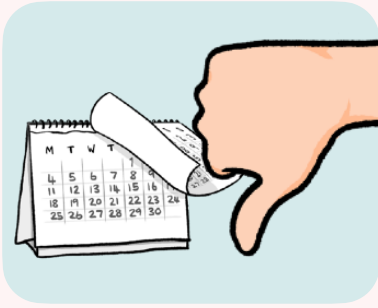
- For a few people who have more complicated problems, they might need to stay in hospital for more than 28 days to be assessed.



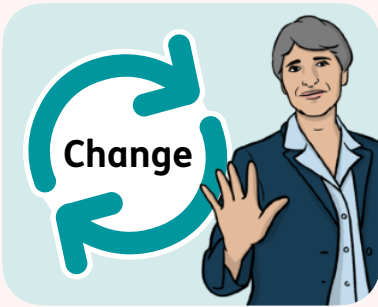
But there should be a lot of rules about this, and a **tribunal** that knows a lot about learning disabilities or autism should decide.



A **tribunal** is where a legal professional, medical professional and social worker looks into a disagreement and decides what should happen.



We agree that it is important that people do not stay in hospital for too long.



But we think this change would create new chances to keep people in hospital for longer.



Instead, we want to make sure that people can get the help they need quickly, so they can leave hospital sooner.



We will also do more to help stop people needing to go to hospital at all.



- The **Mental Capacity Act** could be used to keep people in hospital for longer. The Committee said it should not be used to do this.



The **Mental Capacity Act** is a law about what to do if someone cannot make decisions for themselves.



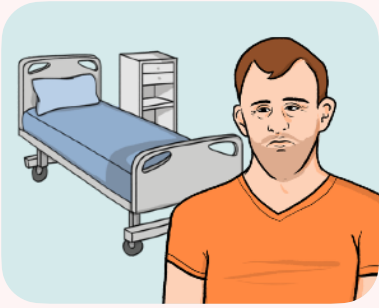
Less



We want to reduce the number of people who are kept in hospital.



We will check to see if more people are kept in hospital because of the Mental Capacity Act.



- The Committee is worried that the part of the Mental Health Act that is used for people in the criminal justice system could be used to keep other people in hospital too.



It should only be used for people in the criminal justice system.



They said that we should find ways to make sure that this does not happen.



We will think about whether we need to do more to make sure this does not happen.



We will give better support to all patients, including people in the criminal justice system.

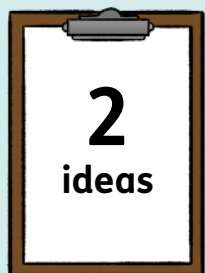


The right support will help people not to get into trouble with the law.



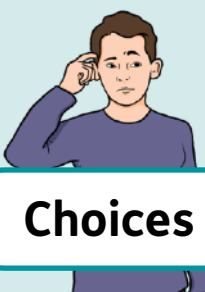
This will mean that they are not kept in hospital under the part of the Act for people in the criminal justice system

Children and young people



The Committee had 2 ideas for changes to the Bill.

Choices



The Bill gives people more choices, but children cannot make these choices unless their doctor thinks they understand them.



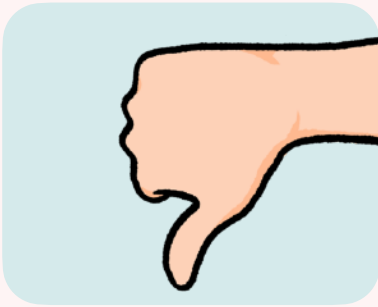
Doctors do a test to decide whether children can understand these choices.



The Committee does not think this test is very clear.



The Committee said we should include a better test in the new law.



We do not think it is right to add a new test to this Bill.



But we will include guidance for doctors in the Code of Practice to help them understand how to test if children can make these choices.

In hospital



The Committee said that there should be stronger rules to stop children from being kept in:



- Parts of hospitals that are for adults.



- Places that are far from their families.



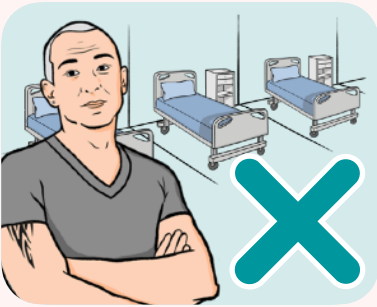
We agree that children should not be kept in these places.



We already have laws to stop this.



We are already spending money on more places for children inside and outside of hospital.



This is so they do not have to go to places that are wrong for them.



We will look at what else we can do.

Having choice



We know that when people have more choice about their care:



- They are less likely to need to be kept in hospital.



- It is fairer for everyone.

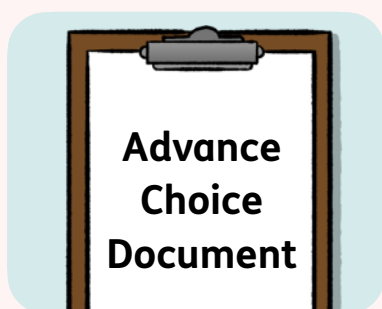


The Committee had 2 ideas for changes on this topic.

Advance Choice Documents



The Committee said that every patient should have the right to ask for an **Advance Choice Document**, with support if they need it.



An **Advance Choice Document** lets patients say what care and treatment they want before they get ill.

People would be able to use an Advance Choice Document to say:



- What treatment they do and do not want if they became ill.

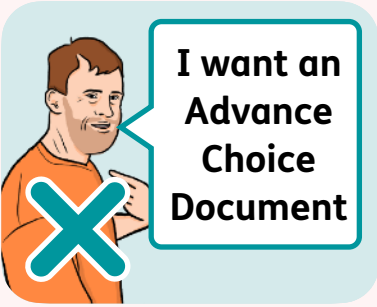


- Who they would want as their **Nominated Person**.

Nominated Persons are people who help protect the patient's rights.



We think it would be better if services supported people to make Advance Choice Documents.

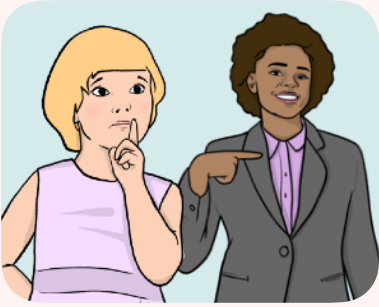


This would mean that people would not have to ask for one.



We are thinking about how to make sure services do this.

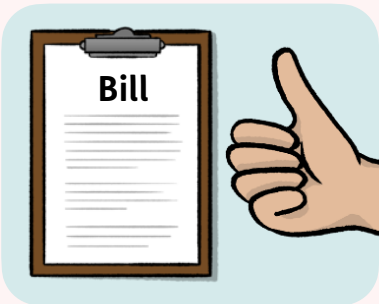
Children



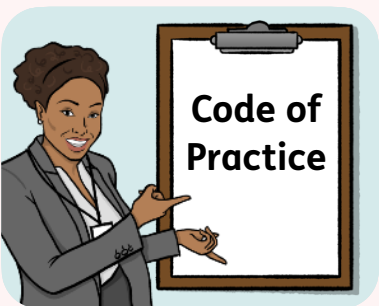
The Committee said that we should think more about how children can choose Nominated Persons.



We have thought about this and listened to what people said.



People have told us that our plan in the Bill is right, so we are not going to change it.



We will have a lot of information about who can help children make choices in the Code of Practice.

Advocates



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



The new Bill allows most mental health patients in hospital to have an **Independent Mental Health Advocate** if they want one.

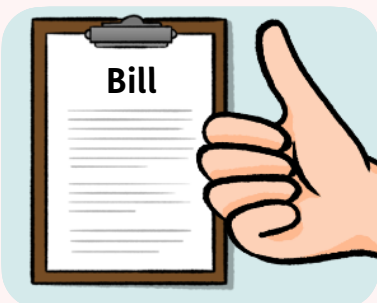


An **Independent Mental Health Advocate** is an advocate who speaks up for the person in hospital.



All patients

The Committee said that all patients should get an advocate, unless they do not want one.



The Bill will allow all patients to have an advocate.



But services will tell all patients that they have a right to an advocate.

Advocates from the same background



The Committee said that people should have a right to have an advocate from the same cultural background as them.



We are testing the idea to give people an advocate from the same background as them, to see if it will help people from different backgrounds.



We want to see what our tests say, and think about the idea more, before we give people a right to this.

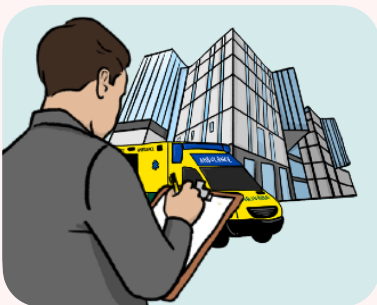
People in the criminal justice system



The Bill has changes for some people in the criminal justice system.



For some of these patients who are not getting better in hospital, these changes would let them leave hospital with added support that will protect them and others from harm.



The Committee said that we should check that services use these changes in the right way, so that they do not treat anyone unfairly.



We cannot always give the public information about who has left hospital.



But we will closely check this information and share it when we can.

Emergencies



There have been problems supporting people with their mental health when they go to hospital in an emergency.



The Committee had 2 ideas for change.

Support in hospital



The Committee said that there should be more **places of safety** and mental health support for people going to hospital in an emergency.



A **place of safety** is somewhere a police officer can take someone in a mental health emergency where they can see a doctor.



We agree with this idea. We will carry on spending money on places of safety.

Keeping people safe



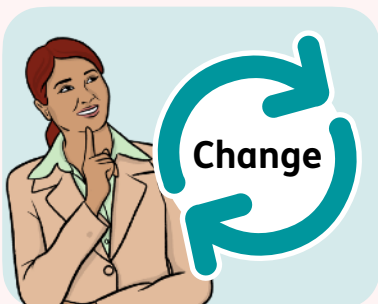
The Committee said that we should think more about which law doctors should use when they think people need to be kept safe in hospital.



We think doctors should be able to choose whether to use the Mental Capacity Act or the Mental Health Act to treat some people in hospital for their mental health conditions.



But we will think more about what our changes to the rules on keeping people in hospital will mean for doctors who decide which law to use.



We will think more about whether or not we need to make changes to the Bill.



The Committee said that we should think more about how we can keep people safe in **accident and emergency departments**.

Accident and emergency departments are in hospitals and help people in an emergency



This might include keeping people in accident and emergency departments for a short time, if they might hurt themselves or others if they leave.



This would keep people safe and give them the help they need.

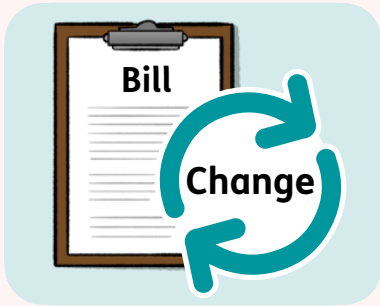


We are already spending money and working with others to make sure people are kept safe and get the help they need in an emergency.



We will look at what else we can do, including whether new laws are needed.

What happens next

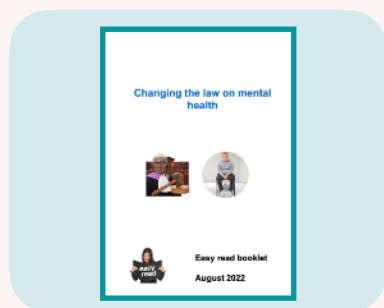


We will make changes to the Bill.



When the Bill is ready, it will go to Parliament to become a law.

Find out more



You can read the Easy Read version of the draft Bill here:

tiny.cc/draft-Bill-Easy-Read



You can read the Easy Read version of the Committee's report here:

tiny.cc/committee-Report-on-MHB

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