

Minutes of the Joint meeting of the All Party Parliamentary Groups on Mental Health, Ageing and Older People, Autism, Disability, Drugs and the Primary Care and Public Health and the Associate Parliamentary Health Group, 30 January 2006

The Mental Health Bill

Lynne Jones MP opened the meeting and introduced the speakers.

Rt Hon Rosie Winterton MP, Minister of State, Department of Health

The Minister began by outlining the background to the reform of the Act noting that the process had been going on for 8 years. The previous draft bill was criticised for being too long and for having too many workforce implications so the Government had decided to introduce a shorter bill to amend the old Act instead. The Government's motivation is to get treatment to as many people as need it.

The Bill will introduce supervised community treatment (SCT) to England and Wales as has happened in many other countries. This will apply to people who have been detained in hospital previously and will ensure that they take medication at home.

The Bill also amends the treatability test to bring in a concept of appropriate treatment instead to combat confusion over what treatability means and closes the gap which prevents some people receiving treatment.

The Bill aims to reflect modern services by involving a broader range of professionals and to come inline with human rights legislation. The Code of Practice has been published to show how the legislation will work on the ground.

In response to a question the Minister said that principles could not be put on the face of the Act because the Bill was an amending piece of legislation, but principles would be added to the Code.

Paul Farmer, Chief Executive, Mind

Mr Farmer began by saying that he felt everyone was relieved to see the Mental Health Bill in Parliament and he had been impressed by the high quality of debate in the House of Lords. He stated that images of the Barratt and Stone inquiries are ever present when discussing the Bill as well as the recent Confidential Inquiry into suicides and homicides. Service users have told him that they are scared that the focus on risk associated with the Bill will increase the stigma people already hold against people with mental health problems. Mr Farmer said that no legislation could eliminate homicides or suicides, instead services need to be properly funded to ensure that people receive care when they ask for it. Services are improving but are not excellent and it is important that they are supported and that the media's obsession with dangerousness does not overshadow the debate.

Mr Farmer said that when a crisis occurs and compulsory treatment is required, all parties feel there has been a failure, the service users, families and mental health professionals. During your stay in hospital you may well lose your job, your house and your friends so it is important to recognise how disastrous compulsory treatment can be for a person's life.

Mind is many positive amendments which could be made to the Act to improve the service users' rights and safeguards such as principles on the face of the Act and advocacy. Mr Farmer stated that the Government should not miss this opportunity to improve the compulsory system through accepting some of these positive proposals.

Marcel Vige, Co-chair BME Mental Health Network

Mr Vige presented findings from the Mental Health Act Commission's 2005 census which showed a huge disparity between black and white inpatients especially in terms of levels of detention and referral from the police. He noted that the Department of Health has a project called Delivering Racial Equality which is designed to tackle the way practitioners work and reduce inequalities. However he stated that it was important that the legislation backed up what the Government was doing through services and highlighted the smoking ban as a way the Government has used legislation to change practice.

Mr Vige said that principles of equality and non-discrimination should be on the face of the Act to guide professionals. He expressed concern about the Government's proposal on appropriate treatment which could lead to a rise in the level of compulsion and in turn disproportionately affect people from BME backgrounds.

Professor Louis Appleby, National Clinical Director for Mental Health

Professor Appleby stated that the Government was trying to get the system right to help marginalised people. Services are also very important and need to ensure that people receive treatment when they need it. It is hard to talk about mental health and violence but it is an issue and it occurs when people don't receive treatment. Professor Appleby said it was wrong to blame the media for linking mental illness to violence as the public are aware that service failure can lead to violent incidents. He stated that every restriction was a person not treated and noted that the treatability clause put clinicians in a legal grey area. People with personality disorder are excluded because they have the wrong type of mental illness and this needed to be addressed. People with treatment resistant depression were now receiving help which should be extended to others. In response to Marcel Vige, Professor Appleby said that the way to address racial discrimination was through services not legislation.

Baroness Murphy, Member of the Joint Committee on the Draft Mental Health Bill

Baroness Murphy reported that the Bill had received 4.5 days in Committee in the Lords and there had been a lot of good discussion. Amendments had been tabled from all parts of the House largely inline with the Joint Committee's recommendations. Major amendments had been tabled on principles, exclusions, therapeutic benefit, Bournemouth, children's issues and supervised community treatment. Lord Hunt was the new Minister but had got on top of his brief very quickly. Only the amendment on impaired decision making was voted on and at vote was accepted. Baroness Murphy stated that she hoped that service users felt that their concerns had been adequately raised in the debates.

Question and Answer session

A question was asked about why the treatability clause needed to be amended if conditions such as treatment resistant depression could already be treated under the Act. Professor Appleby stated that personality disorder was currently excluded from the Act.

Another questioner asked whether the Code was compulsory reading for mental health professionals and whether it held any weight. Baroness Murphy responded saying that the Code is read and taken note of and Professor Appleby confirmed that it is referred to when there is a problem.

Baroness Howarth spoke about the importance of age-appropriate settings for the treatment of children and the problems that can stem from children being kept on adult wards. Professor Appleby stated that this was an issue for services and that in an emergency sometimes only adult wards are available which could prove a problem if age-appropriate setting was included in the law.

Another questioner asked why the Government was increasing the use of compulsion through treatment in the community when there was little evidence of success elsewhere in the world and that increased compulsion could scare service users away from services. Professor Appleby responded saying it was hard to do gold-standard research on compulsory community treatment but that good results had come from North Carolina and New Zealand. In response to a question from Lynne Jones MP, he said that the Government's report on community treatment orders would be published shortly. Rowena Daw said that she hoped there would be more of a debate on compulsory treatment in the community, the Mental Health Alliance was concerned about the criteria and felt that the new powers would only be suitable for a very small group of people. She reported that John Dawson who had reported on the example of CTOs in New Zealand had pointed out that the Act there was very different with different criteria to the Bill in England and Wales.

Several questioners including Angela Browning MP asked about why there isn't an explicit exclusion for learning disability, Asperger's and autism from the new Bill and also raised the issue of whether the Bournemouth safeguards would be rigorous enough. Baroness Murphy reported that the Government had been very responsive to the issues raised on Bournemouth and Baroness Ashton was looking for solutions. In relation to the exclusions Professor Appleby said that people would not be detained on the basis of their diagnosis alone but only if there was a risk. The abuse in Cornwall was unacceptable but was not an issue for this legislation.

Baroness Darcy de Knayth reported that the amendment on advocacy would be pursued at Report Stage.

Another question related to older people and how over 65 year olds are discriminated against in the health service. Other questioners asked about misdiagnoses and also side effects from treatments and asked how this could be addressed.

Lynne Jones MP brought the meeting to a close and thanked the speakers.

Attendees

Members:

Lynne Jones MP
Sandra Gidley MP
Tim Loughton MP
Baroness Murphy
Baroness Eccles
Lord Turnberg
Baroness Greengross
Baroness Darcy de Knayth
Madeleine Moon MP
Baroness Carnegy
Dr Richard Taylor MP
Paul Burstow MP
Angela Browning MP
Baroness Barker

Baroness Howarth
Brian Iddon MP

Observers:

Neil Balmer (office of the Liberal Democrat whips in the Lords)
Richard Exley – Autism Consultancy Services
Andy Harris – Kent County Consultative Group
Lucy Cork
Libby Whittaker
Rhya Homewood – Kent Able Disabled PWP
Anna Kennedy – Autism Consultants
Mirand Moreland – Bruised UK
Anthony Motyka – Autism Consultants
Mike Shannon – Hospital Liaison Officer
Angela Cheyne – Ageing and Older People APPG
Tom Hamilton – Mencap
Robert Yuille – NAS
Beth Capper – RADAR
Martin Barnes – DrugScope
Ruth Goldsmith – DrugScope
David Evans – DeafBlind UK
Agnes Wheatcroft – Royal College of Psychiatrists
Dr Kim Fraser
Professor John Gunn
Roy Webb – NCIL
Kiran Dattani Pitt – Values into Action
John Trolan – Nelson Trust
M Mikkelson – APHG
Tom Moore – Surrey County Council Autism Project
Roger Painter – Autism West Midlands
Amanda Thomson – Action on Addiction
Dr Caryl Morgan
Eugene Bolduc – ASAP
Cris Bolduc – ASAP
Adrian Hill – IBM
David Shamash – NAS
Dr Rebecca Syed
Fiona McKinstrie – YoungMinds
Kathryn Pugh – YoungMinds
Andy Bell – Sainsbury Centre for Mental Health
Dr Tony Zigmond
Andrew Delemore – Justice in Health