Amendments to the Mental Health Act: progress in Parliament?

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Original proposals of amendment Bill

1. Abolish categories of mental disorder
2. Replace “treatability” test with “appropriate treatment” test
3. Introduce Community Treatment Orders
4. Introduce “Bournewood” safeguards
5. Replace ASW with AMHP, RMO with RC etc
6. Address ECHR incompatibility of Nearest Relative provisions
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Changes during the Commons’ debate

1. Advocacy services for detained patients
2. Age-appropriate treatment
3. SOAD required for ECT to under-18s
4. Limits to CTO conditions
5. Victims’ right to information
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1. Exclusions

2. Criteria for Community Treatment Orders

3. Renewal of detention & ‘objective medical evidence’
House of Lords yesterday

Exclusions

“dependence upon alcohol or drugs is not to be considered a disorder or disability of mind for the purposes of [this Act]”

The Code’s statement of principles must address “…respect for diversity generally including, in particular, diversity of religion, culture, sexual orientation (within the meaning of s.35 of the Equality Act 2006)”
House of Lords yesterday

Criteria for Community Treatment Orders

1. It is necessary to be able to exercise a power of recall to hospital …

2. “In determining whether the criterion above is met, the responsible clinician shall, in particular, consider, having regard to the patient’s history of mental disorder and any other relevant factors, what risk there would be of a deterioration of the patient’s condition if he were not detained in a hospital (as a result, for example, of his refusing or neglecting to receive the medical treatment he requires for his mental disorder).”
House of Lords yesterday

Renewal of detention & ‘objective medical evidence’

Renewal requires responsible clinician AND “one other person who has been professionally concerned with the patient’s medical treatment but belongs to profession other than that to which the responsible clinician belongs” to state in writing that conditions are met.
ASW Leads Network concerns

1. Independence / social focus of AMHP
2. Access to beds for MHA (& informal) admissions
3. Police / ambulance interface
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