

Mental Health Bill [HL]

RUNNING LIST OF ALL AMENDMENTS IN COMMITTEE OF THE WHOLE HOUSE

*Tabled up to and including
5 December 2024*

The amendments are listed in accordance with the following Instruction –

Clauses 1 to 3	Clauses 24 to 38
Schedule 1	Schedule 3
Clauses 4 to 23	Clauses 39 to 54
Schedule 2	Title

[Amendments marked ★ are new or have been altered]

Clause 1

BARONESS WHITAKER

Clause 1, page 1, line 19, at end insert –

“(2) In section 118 of the Mental Health Act 1983 (duty to prepare code of practice, including principles which the person making it thinks should inform decisions under the Act), after subsection (2B) (inserted by subsection (1)) insert –

“(2BA) The statement of principles must set out how in fulfilling the principles and addressing the matter specified in the table, a patient's communication disability, difficulty, or difference will be identified and supported.”

Member's explanatory statement

This amendment ensures that a patient's communication disability, difficulty, or difference is identified and supported as communication skills or support for communication difficulty is essential to deliver the four principles to inform decisions and fundamental and foundational to the matters to be addressed.

Clause 3

BARONESS MURPHY

Baroness Murphy gives notice of her intention to oppose the Question that Clause 3 stand part of the Bill.

Member's explanatory statement

The purpose of this clause stand part notice is to explore the definitions of mental disorders, to highlight the divergence between these and other UK jurisdictions and internationally accepted criteria in the Diagnostic and Statistical Manual of Mental Disorders 4 and 5 and the WHO International Classification of Diseases, and to challenge the use of the term “psychiatric disorders” as a specific entity.

Schedule 1

BARONESS MURPHY

Baroness Murphy gives notice of her intention to oppose the Question that Schedule 1 be the first Schedule to the Bill.

Member's explanatory statement

The purpose of opposing Schedule 1 is to enable all people with mental disorders, including autism and/or learning disabilities, who comply with the other criteria for admission for assessment in Part 2 of the MHA 1983 to benefit from care and treatment under section 3 of that Act.

Clause 4

BARONESS BARKER

Clause 4, page 4, line 41, at end insert –

“(iv) housing”

Member's explanatory statement

This amendment ensures that housing needs are considered as part of care, education and treatment review meetings.

LORD SCRIVEN

Clause 4, page 5, line 23, at end insert –

“(v) the patient,
 (vi) the patient’s nominated person, and
 (vii) the patient’s independent mental health advocate.”

Member's explanatory statement

This amendment ensures that nominated persons and independent mental health advocates receive copy of a care, education, and treatment review meeting report for children and young people with autism or a learning disability.

LORD SCRIVEN

Clause 4, page 5, line 29, leave out “12” and insert “six”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven's name shortens the length between care and treatment reviews from 12 months to six months.

BARONESS BARKER

Clause 4, page 7, line 2, at end insert –

“(iii) housing”

Member's explanatory statement

This amendment ensures that housing needs are considered as part of care and treatment review meetings.

BARONESS TYLER OF ENFIELD

Clause 4, page 7, line 12, at end insert –

“(v) ensuring communication needs are met where the patient may have additional or alternative communication needs”

Member's explanatory statement

This amendment ensures that the communication needs of patients are considered as part of a care and treatment review meeting.

LORD SCRIVEN

Clause 4, page 7, line 28, at end insert –

“(v) the patient,
(vi) the patient's nominated person, and
(vii) the patient's independent mental health advocate.”

Member's explanatory statement

This amendment ensures that nominated persons and independent mental health advocates receive a copy of a care and treatment review meeting report.

LORD SCRIVEN

Clause 4, page 7, line 34, leave out “12” and insert “six”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven's name shortens the length between care and treatment reviews from 12 months to six months.

LORD SCRIVEN

Clause 4, page 8, line 6, leave out “must have regard to” and insert “have a duty to carry out”

Member's explanatory statement

This amendment ensures that integrated care boards and local authorities responsible for a patient's treatment and care have a duty to implement recommendations arising from a care and treatment review.

LORD SCRIVEN

Clause 4, page 8, line 7, leave out “in accordance with that section” and insert “unless a compelling reason is provided for why a recommendation cannot be carried out”

Member's explanatory statement

This amendment ensures that integrated care boards and local authorities responsible for a patient's treatment and care have a duty to implement recommendations arising from a care and treatment review.

BARONESS TYLER OF ENFIELD

★ Clause 4, page 8, line 21, at end insert –

“(ba) the person is under 18 years old and satisfies the conditions in (b)(i) and (b)(ii).”

Member's explanatory statement

The amendment inserts a new subsection that extends the duty on integrated care boards to establish and maintain a register for those at risk of detention to all children and young people under the age of 18.

LORD SCRIVEN
BARONESS BROWNING

Clause 4, page 8, line 30, at end insert –

“(1A) Each local authority must take reasonable steps to assist the integrated care boards in its duties set out in subsection (1) by informing the integrated care board where it considers a person ordinarily resident in its area to have –

- (a) autism or a learning disability;
- (b) risk factors for detention under Part 2 of this Act.”

Member's explanatory statement

This amendment ensures that local authorities assist integrated care boards in identifying residents who may have autism or a learning disability and present relevant risk factors under the 1983 Act.

LORD SCRIVEN

Clause 4, page 9, line 17, leave out “regard to” and insert “a duty to consider”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven's name impose duties on commissioning services and local authorities regarding the care provisions for people with autism or a learning disability.

LORD SCRIVEN

Clause 4, page 9, line 20, leave out “seek” and insert “have a duty”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven's name impose duties on commissioning services and local authorities regarding the care provisions for people with autism or a learning disability.

LORD SCRIVEN

Clause 4, page 9, line 21, leave out “under Part 2 of this Act” and insert “unless there is a compelling reason for why this is not possible”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven's name impose duties on commissioning services and local authorities regarding the care provisions for people with autism or a learning disability.

BARONESS TYLER OF ENFIELD

Clause 4, page 9, line 22, at end insert –

“(c) seek to ensure that the needs of children and young people can be met without detaining them under Part 2 of this Act.”

Member's explanatory statement

This amendment extends the duty on integrated care boards and local authorities to exercise their commissioning functions in a way that seeks to ensure that children and young people's needs can be met without detaining them.

BARONESS BROWNING

★

Clause 4, page 9, line 23, after “market function” insert “and commissioning functions”

Member's explanatory statement

This amendment ensures the LA commissioning duties to provide care and support under the Care Act is more specific.

LORD SCRIVEN

Clause 4, page 9, line 24, leave out “regard to” and insert “a duty to consider”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven’s name impose duties on commissioning services and local authorities regarding the care provisions for people with autism or a learning disability.

LORD SCRIVEN

Clause 4, page 9, line 26, leave out “seek” and insert “have a duty”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven’s name impose duties on commissioning services and local authorities regarding the care provisions for people with autism or a learning disability.

LORD SCRIVEN

Clause 4, page 9, line 27, leave out “under Part 2 of this Act” and insert “unless there is a compelling reason for why this is not possible”

Member's explanatory statement

This amendment and other amendments related to this issue in Lord Scriven’s name impose duties on commissioning services and local authorities regarding the care provisions for people with autism or a learning disability.

BARONESS TYLER OF ENFIELD

Clause 4, page 9, line 28, at end insert –

“(c) seek to ensure that the needs of children and young people can be met without detaining them under Part 2 of this Act.”

Member's explanatory statement

This amendment extends the duty on integrated care boards and local authorities to exercise their marketing functions in a way that seeks to ensure that children and young people’s needs can be met without detaining them.

LORD SCRIVEN

Clause 4, page 9, line 40, at end insert –

“125FA Report: sufficient commissioning services for people with autism or learning disabilities

- (1) Within four months of the day on which the Mental Health Act 2025 is passed, the Secretary of State must lay before Parliament a plan to allocate

sufficient resources for commissioning services regarding the treatment and detention of autistic people and people with learning disabilities to ensure operability of provisions in this Act.

- (2) The plan must include –
 - (a) revised assumptions of the number of autistic people and people with learning disabilities who may require detention under this Act;
 - (b) the actions that the Secretary of State will take to ensure community services are available to meet demand after the 28-day detention period;
 - (c) plans for data collection to support commissioning sufficient services;
 - (d) plans to allocate appropriate resource to ensure operability of services, including, but not limited to, financial resource;
 - (e) plans to ensure that responsible bodies and individuals receive the necessary training to carry out support, diagnostic, and treatment plans.”

Member's explanatory statement

This amendment requires the Secretary of State to present a plan within four months to ensure sufficient services, resources, data, and training are in place to support autistic people and those with learning disabilities under the Act.

BARONESS BARKER

Clause 4, page 9, line 40, at end insert –

“125FA Mandatory training in diagnosis of autism and learning disabilities

- (1) Bodies with commissioning functions under this Act and the Mental Health Act 2025 must create and implement a mandatory training programme, on the diagnosis and treatment of individuals with autism or a learning disability, for all mental health professionals responsible for the diagnosis and such individuals.
- (2) Training programmes created by commissioning bodies must be undertaken by –
 - (a) approved Mental Health Professionals;
 - (b) Independent Mental Health Advocates;
 - (c) NHS staff responsible for treating mental health patients;
 - (d) General Practitioners with responsibility for referring or managing patients with suspected autism or learning disabilities in relation to mental health;
 - (e) social workers involved in assessments or care planning for individuals with autism or learning disabilities in relation to mental health;
 - (f) educational psychologists contributing to diagnostic processes or support plans in relation to mental health;
 - (g) private sector or charity-employed professionals providing commissioned mental health services.

- (3) Training programmes must –
- (a) be developed in consultation with relevant stakeholders, including autism advocacy groups, learning disability organisations, and clinical experts,
 - (b) include specific guidance on the identification of autism and learning disabilities, effective communication strategies, and the provision of reasonable adjustments,
 - (c) be subject to periodic review to ensure alignment with the latest clinical standards and practices.”

Member's explanatory statement

This amendment ensures that relevant persons and bodies with treatment and diagnostic responsibilities connected with the provisions of the Mental Health Act 1983 and this Bill are required to undertake mandatory training for the diagnosis and administering of treatment for patients with autism or a learning disability.

Clause 5

LORD SCRIVEN

Clause 5, page 11, line 18, at end insert –

“(2A) In section 2 (admission for assessment), after subsection (2) insert –

“(2A) Where the patient does not meet the grounds for detention as set out in subsection (2), detention may not be authorised under the Mental Capacity Act 2005.””

Member's explanatory statement

This amendment prevents patients from being detained under the Mental Capacity Act 2005 where they would not meet the criteria for detention under the Mental Health Act 1983.

BARONESS BROWNING

★ Clause 5, page 11, line 29, at end insert –

“(f) the patient meets the criteria for detention due to the degree of psychosis.”

Member's explanatory statement

This amendment seeks to ensure that detention is for needs associated with the degree of psychosis, not unmet needs for autism/learning disability.

LORD SCRIVEN

Clause 5, page 11, line 29, at end insert –

“(aa) after subsection (2) insert –

“(2A) Where the patient does not meet the grounds for detention as set out in subsection (2), detention may not be authorised under the Mental Capacity Act 2005.””

Member's explanatory statement

This amendment prevents patients from being detained under the Mental Capacity Act 2005 where they would not meet the criteria for detention under the Mental Health Act 1983.

BARONESS BROWNING

★ Clause 5, page 11, line 32, at end insert –

“(iii) after paragraph (b) insert –

“(c) if the patient is autistic or has a learning disability, a statement declaring that the registered medical practitioners are satisfied that detention for treatment is necessary for the purposes of treating the psychiatric disorder alone.””

Member's explanatory statement

This amendment seeks to ensure that Autism/learning disability is not cited as the reason for detention, which should be for psychosis alone.

BARONESS BROWNING

★ Clause 5, page 11, line 32, at end insert –

“(c) after subsection (3) insert –

“(3A) If the patient concerned is diagnosed with autism, or a learning disability is suspected, every effort must be made to ensure that one of the two registered medical practitioners providing a recommendation for admission for treatment has experience in learning disability and autism.””

Member's explanatory statement

This amendment seeks to ensure that one of the two registered medical practitioners who recommend someone be admitted for treatment is an expert in autism/learning disability where these are diagnosed or suspected.

Clause 6

LORD SCRIVEN

Clause 6, page 12, line 34, at end insert –

“(2A) In section 17B (conditions) after subsection (7) insert –

- “(8) The responsible clinician must ensure that community treatment orders align with the code of practice as set out in section 118(2B).
- (9) A community treatment order shall have a maximum duration of 12 months, subject to the following provisions –
 - (a) the responsible clinician may extend the duration of a community treatment order beyond 12 months only after –
 - (i) consulting the patient, the patient’s nominated persons, and any relevant mental health care professional involved in the patient’s treatment or care planning;
 - (ii) undertaking a review process to evaluate the ongoing necessity and therapeutic benefit of the community treatment order;
 - (iii) consulting a second medical professional regarding the conditions of the community treatment order and determining whether an extension of the order is necessary and is in accordance with the principles set out in section 118(2B);
 - (b) community treatment orders with a duration of less than 12 months are not subject to the review process outlined in subsection (9)(a)(ii);
 - (c) a tribunal may recommend that the responsible clinician consider whether to extend, vary, or terminate the duration and conditions of a community treatment order.
- (10) Where a community treatment order is extended beyond a period of 12 months, the order shall be subject to review at intervals not exceeding six months, in accordance with the procedure set out in subsection 9(a).
- (11) At the conclusion of the default period or any extended period, the responsible clinician must undertake a review to assess the effectiveness of the community treatment order in aligning with the code of practice stipulated in section 118(2B).”

Member’s explanatory statement

This amendment ensures that community treatment orders align with the principles of therapeutic benefit outlined in the code of practice and establishes a maximum duration of 12 months. It introduces safeguards for extensions beyond 12 months, requiring consultation, review, and oversight to evaluate their necessity and effectiveness.

Clause 8

BARONESS TYLER OF ENFIELD

Clause 8, page 14, line 13, at end insert “including the setting in which treatment takes place”

Member's explanatory statement

This amendment ensures that the definition of appropriate medical treatment includes the setting in which treatment takes place.

BARONESS TYLER OF ENFIELD

Clause 8, page 14, line 22, at end insert –

“(c) appropriate medical treatment must also have regard for the principle of therapeutic benefit stipulated in section 118(2B).”

Member's explanatory statement

This amendment incorporates the principle of therapeutic benefit, as outlined in section 118(2B), into the framework of appropriate medical treatment principles.

Clause 10

BARONESS WHITAKER

★ Clause 10, page 16, line 13, at end insert –

“(ii) at the end of paragraph (b) insert –”

“and may include a speech and language therapist.”

Member's explanatory statement

This amendment would enable a speech and language therapist to act as a responsible clinician.

Clause 11

BARONESS TYLER OF ENFIELD

Clause 11, page 17, line 6, at end insert “including the full range of non-drug-based interventions”

Member's explanatory statement

This amendment ensures that non-drug based forms of medical treatment are identified as options for patients.

BARONESS TYLER OF ENFIELD

Clause 11, page 17, line 6, at end insert –

- “(aa) consider whether non-drug-based interventions may be more appropriate in place of, or in addition to, drug-based therapies for patients who are diagnosed with autism or a learning disability, or where autism or a learning disability is suspected, who are –
- (i) hospitalised under the relevant sections in Part 3 of this Act, and
 - (ii) do not have a co-existing psychiatric disorder.”

Member's explanatory statement

This amendment ensures that non-drug-based interventions are considered for patients with autism or a learning disability that are detained.

BARONESS WHITAKER

Clause 11, page 17, line 33, at end insert –

- “(g) consider and adjust for a patient's communication disability, difficulty, or difference.”

Member's explanatory statement

This amendment would ensure effective and meaningful participation by patients in their treatment and care by ensuring any communication, difficulty, or difference they had was considered and adjusted for as part of the treatment decision process.

BARONESS MURPHY

Baroness Murphy gives notice of her intention to oppose the Question that Clause 11 stand part of the Bill.

Member's explanatory statement

The purpose of this clause stand part notice is to probe whether it is appropriate to give detailed instructions on clinical assessment to professionally qualified clinicians, and whether instead it may be more appropriate to strengthen guidance in the Code of Practice.

Clause 20

BARONESS WHITAKER

Clause 20, page 29, line 20, at end insert –

- “(4A) The information authorised or required to be included in, or attached to, a care and treatment plan by virtue of regulations under subsection (3) must include –
- (a) information about a patient's communication disability, difficulty, or difference;

- (b) information about how any communication disability, difficulty, or difference will be identified and supported.”

Member's explanatory statement

This amendment would ensure a patient's communication disability, difficulty, or difference would be included in care and treatment plans.

BARONESS TYLER OF ENFIELD

Clause 20, page 30, line 2, at end insert –

- “(g) following the patient turning 18 years of age during the course of a care and treatment plan.”

Member's explanatory statement

This amendment ensures that individuals turning 18 during a care and treatment plan have their plans reviewed to maintain continuity of care while transitioning from child to adult services.

BARONESS WHITAKER

Clause 20, page 30, line 5, at end insert “and provide information in a culturally appropriate manner.”

Member's explanatory statement

The appropriate practitioner must provide culturally appropriate information when preparing or reviewing a care and treatment plan.

After Clause 22

BARONESS TYLER OF ENFIELD

After Clause 22, insert the following new Clause –

“Reporting: racial disparities relating to Community Treatment Orders

- (1) Within a period of 12 months following the day on which this Act is passed, the Secretary of State must undertake a review of racial disparities which relate to the use and administering of Community Treatment Orders.
- (2) The review under subsection (1) must include, but is not limited to –
 - (a) an assessment of whether certain racial or ethnic groups are disproportionately represented among individuals subject to Community Treatment Orders compared to their representation in the general population;
 - (b) a review of the outcomes and effectiveness of Community Treatment Orders across different racial groups, including health outcomes, and patient experiences.
- (3) The Secretary of State must lay a report of the findings of the review before Parliament within 18 months of the day on which this Act is passed.”

Member's explanatory statement

This probing amendment seeks to gauge the Government's view on prevalent racial disparities as they relate to the use of Community Treatment Orders under the Act.

Clause 34

BARONESS MURPHY

Clause 34, page 47, line 13, leave out subsection (2)

Member's explanatory statement

The purpose of the amendment is to query the necessity of expanding on "appropriate medical treatment".

Clause 38

BARONESS WHITAKER

Clause 38, page 52, line 11, at end insert –

“(d) provide culturally appropriate services for those patients when needed.”

Member's explanatory statement

To require providers of advocacy services to provide culturally appropriate services for patients who need them.

Schedule 3

BARONESS TYLER OF ENFIELD

Schedule 3, page 86, line 29, after “patient” insert “or English qualifying informal patient under 18”

Member's explanatory statement

This amendment extends the provision of opt-out advocacy services in England to informal inpatients under 18

BARONESS TYLER OF ENFIELD

Schedule 3, page 87, line 2, after “patient” insert “or English qualifying informal patient under 18”

Member's explanatory statement

This amendment extends the provision of opt-out advocacy services in England to informal inpatients under 18

BARONESS WHITAKER

Schedule 3, page 87, line 3, leave out the second “the” and insert “culturally appropriate”

Member's explanatory statement

To require providers of advocacy services to provide culturally appropriate services for patients who need them.

Clause 39

BARONESS WHITAKER

★ Clause 39, page 52, line 25, at end insert –

“(2AA) Any information, verbal or written, given to a patient under subsections (2) and (2A) must be provided in an accessible and inclusive format.”

Member's explanatory statement

This amendment would ensure any information given to a patient about how to complain was in a format they could understand.

Clause 40

BARONESS WHITAKER

Clause 40, page 53, line 6, at beginning insert “provide culturally appropriate information on”

Member's explanatory statement

To ensure that information provided for community patients is culturally appropriate to ensure they fully understand their rights.

Clause 41

BARONESS WHITAKER

Clause 41, page 54, line 4, at end insert –

“(6) Any information, verbal or written, given to a patient under subsection (1) must be provided in accessible and inclusive format.”

Member's explanatory statement

This amendment would ensure any information given to a patient was in a format they could understand.

Clause 42

BARONESS WHITAKER

Clause 42, page 54, line 15, after “documents” insert “in a culturally appropriate manner.”

Member's explanatory statement

To ensure that when ICBs, NHS England and Local Health Boards (Wales) are helping people to make an Advance Choice Document they do so in a culturally appropriate manner.

BARONESS BARKER

Clause 42, page 54, line 15, at end insert –

- “(c) providing access to advance choice documents and related information to patients and relevant parties in both physical and electronic formats, and other formats deemed appropriate by the Secretary of State.”

Member's explanatory statement

This amendment ensures that patients receive advance choice documents and relevant information in electronic format.

BARONESS WHITAKER

Clause 42, page 54, line 15, at end insert –

- “(c) making the advance choice document available in an accessible and inclusive format.”

Member's explanatory statement

This amendment would ensure that the advance choice document was made available in a format that the patient could understand.

BARONESS WHITAKER

Clause 42, page 54, line 15, at end insert –

- “(c) providing help to people with communication disability, difficulty, or difference to create advance choice documents.”

Member's explanatory statement

This amendment would ensure that a patient with communication disability, difficulty, or difference was supported to create an advance choice document.

BARONESS BROWNING

★ Clause 42, page 55, line 8, at end insert –

- “(5) When conducting their duties under this section, NHS England and integrated care boards must have regard to the information included in risk registers.
- (6) For the purposes of subsection (5) a “risk register” means the register in section 125D.”

Member's explanatory statement

This amendment seeks to help facilitate the creation of Advance Choice Documents for those enrolled onto a risk register, by requiring the relevant authorities to have regard to the information in risk registers.

BARONESS WHITAKER

Clause 42, page 55, line 15, after “documents” insert “in a culturally appropriate manner”

Member's explanatory statement

To ensure that when ICBs, NHS England and Local Health Boards (Wales) are helping people to make an Advance Choice Document they do so in a culturally appropriate manner.

BARONESS BARKER

Clause 42, page 55, line 15, at end insert –

- “(c) providing access to advance choice documents and related information to patients and relevant parties in both physical and electronic formats, and other formats deemed appropriate by Welsh Government.”

Member's explanatory statement

This amendment ensures that the provisions in another amendment by Baroness Barker on advance choice documents extend to Welsh services.

BARONESS WHITAKER

Clause 42, page 55, line 15, at end insert –

- “(c) providing help to people with communication disability, difficulty, or difference to create advance choice documents.”

Member's explanatory statement

This amendment would ensure that a patient with communication disability, difficulty, or difference was supported to create an advance choice document.

After Clause 45

BARONESS BROWNING

★ After Clause 45, insert the following new Clause –

“Power of Tribunals to require a report

In section 72 of the Mental Health Act 1983 (Power of Tribunals), after subsection (7) insert –

- “(8) The Tribunal may require a local authority, or an NHS body, to arrange for a report regarding such matters relating to a patient as the tribunal may direct to be made –
- (a) by one of its officers or employees;
 - (b) by such other person as the authority, or the NHS body, considers appropriate.”

Member's explanatory statement

This amendment would recreate the powers the Court of Protection has under section 49 of the Mental Capacity Act 2005, in section 72 of the MHA 1983 to assist discharge.

After Clause 50

BARONESS TYLER OF ENFIELD

After Clause 50, insert the following new Clause –

“Review: impact of this Act on schools

- (1) Within six months of the day on which this Act is passed, the Secretary of State must publish a review of the impact of provisions in this Act related to the treatment and care of mentally disordered persons on –
 - (a) under 18s,
 - (b) state-funded schools, and
 - (c) any other such persons they deem appropriate.
- (2) In the review, the Secretary of State must assess whether, in their view, the Act provides adequate support for ongoing treatment and care of mentally disordered persons in a school setting.”

Member's explanatory statement

This amendment requires the Secretary of State to publish a review of the impact of the provisions of the Act on under-18s and those in state funded schools and to assess whether the Act provides for adequate support for ongoing treatment and care in these settings.

LORD SCRIVEN

After Clause 50, insert the following new Clause –

“Cost and implementation reporting

- (1) The Secretary of State must lay a report before Parliament four months after the passage of the Act, and annually thereafter, assessing the costs and implementation dates of provisions in the Act.
- (2) The report must include details on –
 - (a) the monetised and non-monetised costs to the health and social care system;
 - (b) the monetised and non-monetised costs to the justice system;
 - (c) costs associated with additional training for NHS staff responsible for treatment provisions;
 - (d) costs related to community care services and infrastructure;
 - (e) costs for additional training for approved mental health practitioners and independent mental health advocates;
 - (f) additional costs incurred by local authorities;
 - (g) housing and care-related costs for individuals with autism or learning disabilities;
 - (h) additional costs incurred by the Care Quality Commission;
 - (i) costs for training responsible clinicians and other relevant parties involved in patient care.
- (3) The report must also include a monitoring and evaluation strategy for the reforms introduced by the Act, including –
 - (a) commencement timelines for the Act’s provisions;
 - (b) an assessment of the Act’s impact on patient outcomes including user feedback;
 - (c) relevant data to evaluate whether the reforms are being delivered as intended;
 - (d) assessments of the impact of new safeguards and support mechanisms on patient and carer experiences.
- (4) Following the publication of the first report, the Secretary of State must arrange for the tabling of –
 - (a) a motion for resolution on the report in the House of Commons moved by a Minister of the Crown, and
 - (b) a motion for the House of Lords to take note of the report moved by a Minister of the Crown.
- (5) If the report is rejected by the House of Commons, the Secretary of State must deliver a statement to Parliament within a period of three months which addresses the contents of the report.
- (6) Subsequent reports are not subject to the provisions of subsection (4).”

Member's explanatory statement

This amendment requires the Secretary of State to present a report to Parliament detailing the costs and implementation assessments of the Act after one year, and annually thereafter. The first report published under this provision must be subject to a resolution motion in both Houses of Parliament.

BARONESS TYLER OF ENFIELD
BARONESS MURPHY

After Clause 50, insert the following new Clause –

“Mental Health Commissioner

After section 142B of the Mental Health Act 1983, insert –

“Mental Health Commissioner

142C Independent Mental Health Commissioner: establishment

- (1) There is to be an office known as the Office of the Mental Health Commissioner.
- (2) The Office in subsection (1) must be established by the Secretary of State three months after the day on which the Mental Health Act 2025 is passed.
- (3) The Office of the Mental Health Commissioner will be led by an individual appointed by the Secretary of State titled the “Independent Mental Health Commissioner”.
- (4) The role in subsection (3) is referred to as the “Mental Health Commissioner”.

142D Functions of the Commissioner

- (1) The Mental Health Commissioner is responsible for overseeing the implementation and operability of functions discharged by relevant bodies and persons under the provisions of this Act and the Mental Health Act 2025, particularly regarding the provision of treatment, care, and detention of people with a mental disorder.
- (2) The Mental Health Commissioner is also responsible for overseeing the implementation and operability of functions discharged by relevant bodies and persons under this Act which relate to the Mental Capacity Act 2005 and the Mental Health Act 2007.
- (3) The Mental Health Commissioner must publish an annual report on the use of functions discharged under this Act, which must assess –
 - (a) the quality of mental health care treatment provided by relevant services;
 - (b) the accessibility of mental health care treatment services;

- (c) the relationship between mental health and the criminal justice system;
 - (d) inequalities of mental health care provision regarding protected characteristics under the Equality Act 2010;
 - (e) the use and effectiveness of detention measures under this Act, including but not limited to Community Treatment Orders, for the purposes of therapeutic benefit outlined in section 1(2B);
 - (f) challenges surrounding stigma of mental health conditions;
 - (g) the accessibility of advice and support to mental health service users, their families and carers on their legal rights;
 - (h) other issues deemed appropriate by the Mental Health Commissioner.
- (4) In fulfilling their duties under subsection (1), the Mental Health Commissioner may review, and monitor the operation of, arrangements falling within subsection (1), (2) and (3) for the purpose of ascertaining whether, and to what extent, the arrangements are effective in promoting the principles in section 118(2B) of this Act.

142E Appointment and tenure of office

The Secretary of State may make regulations which make provision as to –

- (a) the appointment of the Mental Health Commissioner (including any conditions to be fulfilled for appointment);
- (b) the filling of vacancies in the office of Commissioner;
- (c) the tenure of office of the Mental Health Commissioner, including the circumstances in which they cease to hold office or may be removed or suspended from office.

142F Remuneration of role

The Secretary of State may –

- (a) pay the Commissioner such remuneration and allowances, and
- (b) pay, or make provision for the payment of, such pension or gratuities to or in respect of them, as may be provided for under the terms of their appointment.

142G Appointment of staff

- (1) The Commissioner may appoint any staff they consider necessary for assisting in the exercise of their functions, one of whom must be Deputy Commissioner.
- (2) During any vacancy in the office of Commissioner or at any time when the Commissioner is for any reason unable to act, the Deputy Commissioner may exercise their functions (and any property or

rights vested in the Commissioner may accordingly be dealt with by the deputy as if vested in them).

- (3) Any member of the Commissioner's staff may, so far as authorised by them, exercise any of their functions.
- (4) The duties of the Deputy Commissioner must be determined by the Commissioner.
- (5) Regulations may provide for the Commissioner to make periodic or other reports to the Secretary of State relating to the exercise of their functions and may require the reports to be published in the manner required by the regulations.

142H Examination of cases

- (1) The Secretary of State may, by regulations, make provision for the examination by the Mental Health Commissioner of the cases of those who are detained under this Act receiving treatment by authorised mental health care providers.
- (2) The regulations may include provision about—
 - (a) the types of case which may be examined;
 - (b) the circumstances in which an examination may be made;
 - (c) the procedure for conducting an examination, including provision about the representation of parties;
 - (d) the publication of reports following an examination.
- (3) The Secretary of State may, by regulations, provide for the Office of the Mental Health Commissioner to access and examine relevant data on mental health treatment provision held by NHS England and any other authorities the Secretary of State considers appropriate.
- (4) In cases under subsection (3), reasonable steps must be taken to ensure that data provided to the Office of the Mental Health Commissioner is anonymised.
- (5) Regulations may, for the purposes of enabling the Mental Health Commissioner to examine or determine whether any recommendation made in a report following an examination has been complied with, make provision for—
 - (a) requiring persons to provide the Mental Health Commissioner with information, or
 - (b) requiring persons who hold or are accountable for information to provide the Mental Health Commissioner with explanations or other assistance, for the purpose of an examination or for the purposes of determining whether any recommendation made in a report following an examination has been complied with.

- (6) For the purposes mentioned in subsection (3), the Mental Health Commissioner has the same powers as the High Court in respect of –
 - (a) the attendance and examination of witnesses (including the administration of oaths and affirmations and the examination of witnesses abroad), and
 - (b) the provision of information.
- (7) No person may be compelled for the purposes mentioned in subsection (5) to give any evidence or provide any information which they could not be compelled to give or provide in civil proceedings before the High Court.
- (8) The regulations may make provision for the payment by the Mental Health Commissioner of sums in respect of expenses or allowances to persons who attend or provide information for the purposes mentioned in subsection (5).

142I General powers

- (1) Subject to any directions given by the Secretary of State, the Commissioner may do anything which appears to them to be necessary or expedient for the purpose of, or in connection with, the exercise of their functions.
- (2) This may include –
 - (a) collaborating with health services, public authorities, charitable organisations, and other entities deemed necessary by the Mental Health Commissioner that are responsible for the provision of mental health care across the United Kingdom, including, but not limited to NHS bodies, the Care Quality Commission, and the Parliamentary and Health Service Ombudsman;
 - (b) making recommendations to the Secretary of State regarding treatment and detention provisions contained in this Act;
 - (c) ensuring that authorities and public bodies with responsibilities for enforcement under the Mental Health Act 1983 have the necessary capacity and resources to undertake duties;
 - (d) promoting mental health wellbeing;
 - (e) ensuring access to treatment;
 - (f) safeguarding the rights and welfare of patients;
 - (g) other duties deemed to be necessary by the Secretary of State.

142J Accounts

- (1) The Mental Health Commissioner must keep accounts in such form as the Secretary of State may determine.

- (2) The Mental Health Commissioner must prepare annual accounts in respect of each financial year in such form as the Secretary of State may determine.
- (3) The Mental Health Commissioner must provide copies of the annual accounts to the Secretary of State and the Comptroller and Auditor General within such period after the end of the financial year to which the accounts relate as the Secretary of State may determine.
- (4) The Comptroller and Auditor General must examine, certify, and report on the annual accounts and must lay copies of the accounts and of their report before Parliament.
- (5) In this paragraph “financial year”, in relation to the Mental Health Commissioner, means—
 - (a) the period beginning with the date on which the Mental Health Commissioner is established and ending with the next 31st March following that date, and
 - (b) each successive period of twelve months ending with 31st March.

142K Regulations

- (1) Regulations under section 142E or 142H are to be made by statutory instrument.
- (2) A statutory instrument containing regulations under section 142E or 142H may not be made unless a draft of the instrument containing them has been laid before, and approved by a resolution of, each House of Parliament.””

BARONESS PARMINTER

After Clause 50, insert the following new Clause—

“Notification of specialist eating disorder units having arrangements for special cases

In section 140 (Notification of hospitals having arrangements for special cases) of the Mental Health Act 1983, after “hospitals” insert “or specialist eating disorder units””

Member's explanatory statement

This amendment seeks to extend the provisions related to the reception of patients in cases of special urgency and the accommodation of under-18s in specially suitable facilities which apply to hospitals under section 140 of the 1983 Act to include specialist eating disorder units.

BARONESS TYLER OF ENFIELD

★ After Clause 50, insert the following new Clause –

“Addressing and reporting on racial disparities and other inequalities in the use of the Mental Health Act 1983

(1) After section 120D of the Mental Health Act 1983, insert –

“120E Mental health units and services to have a responsible person

- (1) A relevant health organisation that operates a mental health unit or community mental health service for qualifying patients must appoint a responsible person for that unit or service for the purposes of addressing racial disparities and other disparities based on protected characteristics related to functions discharged under the Mental Health Act 1983.
- (2) The responsible person must –
 - (a) be employed by the relevant health organisation, and
 - (b) be of an appropriate level of seniority.
- (3) Where a relevant health organisation operates more than one mental health unit or service, that organisation must appoint a single responsible person in relation to all of the mental health units or services operated by that organisation.
- (4) A patient is a qualifying patient if they are –
 - (a) liable to be detained under this Act, otherwise than by virtue of section 4 or 5(2) or (4) or section 135 or 136;
 - (b) subject to guardianship under this Act;
 - (c) a community patient.

120F Policy on racial disparities and other disparities based on protected characteristics

- (1) The responsible person publish a policy on how the unit plans to reduce racial disparities and other disparities in that unit or service.
- (2) The policy provided under subsection (1) must cover the following topics –
 - (a) the application of the guiding principles to all aspects of operation of this Act;
 - (b) staff knowledge and competence in connection with promoting equality and anti-discriminatory practice in relation to this Act;
 - (c) workforce demographics, recruitment, retention and progression;
 - (d) implementation of the patient and carer race equality framework (England only) and any other requirements of relevant national policies;
 - (e) care planning and decision-making in the use of this Act including section 56A;
 - (f) the availability of alternatives to detention and involuntary treatment;

- (g) take-up of independent mental health advocacy;
 - (h) the cultural appropriateness of independent mental health advocacy;
 - (i) access to and use of advance choice documents;
 - (j) what steps will be taken to reduce racial disparities and other disparities in that unit or service.
- (3) Where a responsible person is appointed in relation to all of the mental health units operated by a relevant health organisation, the responsible person must publish a single policy under subsection (1) in relation to those units or services.
- (4) Before publishing a policy under subsection (1), the responsible person must –
- (a) consult any persons that the responsible person considers appropriate;
 - (b) have regard to the following matters –
 - (i) the views, wishes and feelings of people from racialised communities who have been detained;
 - (ii) the views, wishes and feelings of people with other protected characteristics who have been detained.
- (5) The responsible person must keep under review any policy published under this section.
- (6) The responsible person may from time to time revise any policy published under this section and, if this is done, must publish the policy as revised.
- (7) If the responsible person considers that any revisions would amount to a substantial change in the policy, the responsible person must consult any persons that the responsible person considers appropriate before publishing the revised policy.

120G Training in racial disparities and other disparities based on protected characteristics

- (1) The responsible person for each mental health unit or service must provide training for staff that relates to addressing racial disparities and other disparities based on protected characteristics in that unit or service.
- (2) The training provided under subsection (1) must include training on the topics covered in section 120F(2).
- (3) Subject to subsection (4), training must be provided –
- (a) in the case of a person who is a member of staff when this section comes into force, as soon as reasonably practicable after this section comes into force, or
 - (b) in the case of a person who becomes a member of staff after this section comes into force, as soon as reasonably practicable after they become a member of staff.

- (4) Subsection (3) does not apply if the responsible person considers that any training provided to the person before this section came into force or before the person became a member of staff—
 - (a) was given sufficiently recently, and
 - (b) is of an equivalent standard to the training provided under this section.
- (5) Refresher training must be provided at regular intervals whilst a person is a member of staff.
- (6) In subsection (5) “refresher training” means training that updates or supplements the training provided under subsection (1).

120H Recording of use of the Mental Health Act 1983 broken down by race and other demographic information

- (1) The responsible person for each mental health unit or service must keep a record of the use of functions discharged related to the this Act, broken down by race and other demographic information.
- (2) The record must include the following information—
 - (a) the number of people admitted (including as informal inpatients);
 - (b) the number of people received into Guardianship;
 - (c) the number of community patients;
 - (d) the reason for each admission, Guardianship or in the case of a community patient, the community treatment order;
 - (e) the duration of each admission, Guardianship or in the case of a community patient, the community treatment order;
 - (f) the protected characteristics of the patient (if known);
 - (g) the patient's mental disorder (if known);
 - (h) whether the patient has a learning disability or autistic spectrum disorders;
 - (i) whether patient choice was overridden (in relation to admission or treatment);
 - (j) where the patient is detained, what alternative to detention were considered.
- (3) The responsible person must keep the record for 3 years from the date on which it was made.
- (4) This section does not permit the responsible person to do anything which, but for this section, would be inconsistent with—
 - (a) any provision of the data protection legislation, or
 - (b) a common law duty of care or confidence.
- (5) In subsection (4) “the data protection legislation” has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act).

120I Statistics prepared by mental health units and services

- (1) The appropriate national authority must ensure that at the end of each year statistics are published regarding the data captured in section 120H (recording) of use of this Act broken down by race and other demographic information.
- (2) In this section “the appropriate national authority” means –
 - (a) in relation to services or unit whose area is in England, the Secretary of State;
 - (b) in relation to units or services whose area is in Wales, the Welsh Ministers.

120J Annual report by the Secretary of State

- (1) As soon as reasonably practicable after the end of each calendar year, the appropriate national authority must conduct a review of the data collected under section 120H (recording) of use of this Act broken down by race and other demographic information.
- (2) Having conducted a review under subsection (1), the appropriate national authority must publish a report that includes their conclusions on the progress made in reducing inequalities in the use of this Act on people who have protected characteristics with particular reference to race.
- (3) In this section “the appropriate national authority” means –
 - (a) in relation to services or unit whose area is in England, the Secretary of State;
 - (b) in relation to units or services whose area is in Wales, the Welsh Ministers.””

Mental Health Bill [HL]

RUNNING LIST OF ALL
AMENDMENTS IN COMMITTEE OF THE WHOLE HOUSE

Tabled up to and including

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