

# Mental Health Bill [HL]

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FIFTH MARSHALLED  
LIST OF AMENDMENTS  
TO BE MOVED

IN COMMITTEE OF THE WHOLE HOUSE

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*The amendments have been marshalled in accordance with the Instruction of 25th November 2024, as follows –*

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]*

**Amendment  
No.**

**After Clause 50**

LORD SCRIVEN

**130** 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  
LORD BRADLEY  
BARONESS BENNETT OF MANOR CASTLE

**131** 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

132 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  
LORD SCRIVEN

133 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**

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 must publish a policy on how the unit plans to reduce racial disparities and other disparities based on protected characteristics in that unit or service.
- (2) The policy published 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 (making treatment decisions);
  - (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 based on protected characteristics 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 Annual report by the Secretary of State**

- (1) As soon as reasonably practicable after the end of each calendar year, the Secretary of State must conduct a review in consultation with relevant bodies with commissioning functions on the use of treatment and detention measures contained in the Mental Health Act 1983 broken down by race and other demographic information.
- (2) Having conducted a review under subsection (1), the Secretary of State must publish a report on the progress made in reducing inequalities in treatment outcomes and the use of detention measures in the use of this Act on people who have protected characteristics under the Equality Act 2010.””

BARONESS TYLER OF ENFIELD  
LORD SCRIVEN  
BARONESS BENNETT OF MANOR CASTLE

134 After Clause 50, insert the following new Clause –

**“General duty to secure sufficient resources for services in the community**

- (1) It is the general duty of integrated care boards to ensure, insofar as is reasonably practical, that services in the community responsible for delivering care, treatment, or detention provisions under the Mental Health Act 1983 and this Act have the necessary resources, including financial support, to meet service demands.
- (2) Additional forms of resource may be determined by integrated care boards in consultation with relevant local authorities or health care service providers and may include –
  - (a) sufficient numbers of trained medical professionals;
  - (b) purpose-built facilities for patient care;
  - (c) community services responsible for out-patient care.”

*Member's explanatory statement*

*This amendment places a general duty on integrated care boards to ensure that services in the community have the necessary level of resource to meet demand on services to ensure that the provisions of the bill function as intended.*

LORD DAVIES OF BRIXTON  
BARONESS TYLER OF ENFIELD  
BARONESS BENNETT OF MANOR CASTLE  
BARONESS NEUBERGER

135 After Clause 50, insert the following new Clause –

**“Mental Health Crisis Breathing Space**

Any person detained under sections 3, 37, 41 or 47 of the Mental Health Act 1983 must be offered support from the mental health crisis breathing space debt respite scheme.”

*Member's explanatory statement*

*This amendment ensures that MHCBS, a debt respite scheme, is offered and available to patients detained under sections 3, 37, 41 and 47 of the Mental Health Act 1983.*

BARONESS TYLER OF ENFIELD

136 After Clause 50, insert the following new Clause –

**“Report: statutory competency test for under-16s**

Within 12 months of day on which this Act is passed, the Secretary of State must undertake a review of whether a statutory competency test for under-16s would be expedient for the purposes of this Act or the Mental Health Act 1983.”

**Member's explanatory statement**

*This amendment requires the Secretary of State to undertake a review of whether a statutory competency test for under-16s would be expedient for the purposes of this Bill and the Mental Health Act 1983.*

LORD KAMALL  
EARL HOWE

137 After Clause 50, insert the following new Clause –

**“Duty to report on systems to prevent illegal drug use in mental health units**

- (1) The regulatory authority must publish a report on the efficacy of systems designed to prevent the introduction of illegal drugs into mental health units in hospitals under their inspection.
- (2) The report under subsection (1) must be published within twelve months of the day on which this Act is passed, and annually thereafter.”

LORD KAMALL  
EARL HOWE

138 After Clause 50, insert the following new Clause –

**“Report on the potential over-representation of black men in secure mental health units and among patients subject to CTOs**

- (1) The Secretary of State must publish a report to assess the factors underlying the potential over-representation of black men –
  - (a) in secure mental health units, and
  - (b) among patients subject to community treatment orders.
- (2) The report under subsection (1) must be published within two years of the day on which this Act is passed.
- (3) The report under subsection (1) must be laid before both Houses of Parliament.”

LORD KAMALL  
EARL HOWE

139 After Clause 50, insert the following new Clause –

**“Report: community-based services**

- (1) The Secretary of State must publish a report to assess whether there should be more community-based services for community patients in order to prevent detention under the Mental Health Act 1983.
- (2) The report under subsection (1) must include consideration of staffing requirements for community-based services, in particular the need for mental health nurses.

- (3) The report under subsection (1) must be published within two years of the day on which this Act is passed.
- (4) The report under subsection (1) must be laid before Parliament.”

LORD KAMALL  
EARL HOWE

**140** After Clause 50, insert the following new Clause –

**“Report on alternative places of safety for patients liable to be detained under the Mental Health Act 1983**

- (1) Within one year of the day on which this Act is passed, the Secretary of State must publish a report to assess alternative places of safety for patients liable to be detained under the Mental Health Act 1983.
- (2) The report under subsection (1) must include consideration of –
  - (a) community care, including community crisis houses, and
  - (b) placing a duty on NHS England to establish a plan to offer alternative places of safety.”

EARL HOWE  
LORD KAMALL

**141** After Clause 50, insert the following new Clause –

**“Meaning of “serious harm”**

- (1) The Mental Health Act 1983 is amended as follows.
- (2) In section 34(1) (interpretation of Part II), at the appropriate place insert –
 

““serious harm” means death or serious personal injury, whether physical or psychological.””

***Member's explanatory statement***

*This amendment probes the Government's intended definition of “serious harm”*

EARL HOWE  
LORD KAMALL

**142** After Clause 50, insert the following new Clause –

**“Accessibility for children with physical disabilities**

- (1) The Mental Health Act 1983 is amended as follows.
- (2) In section 131A (Accommodation etc for children), after subsection (4) insert –
 

“(4A) Where a child who is accommodated under this section has needs arising from a physical disability, the managers, in determining the suitability of

the environment in which the child is accommodated, must ensure that such reasonable adjustments to the environment are made as they consider necessary.””

***Member's explanatory statement***

*This amendment seeks to ensure improvements in accessibility for children with physical impairments who are accommodated in mental health inpatient units.*

EARL HOWE  
LORD KAMALL  
BARONESS TYLER OF ENFIELD

**143** After Clause 50, insert the following new Clause –

**“Transparency and notifications of children placed on adult wards**

- (1) The Mental Health Act 1983 is amended as follows.
- (2) In section 131A (Accommodation etc for children), after subsection (3) insert –
  - “(3A) If –
    - (a) the person consulted under subsection (3) considers that it is in the child’s best interests to be detained in a part of a hospital simultaneously occupied by an adult patient (“an adult ward”) and a child is then so accommodated, or
    - (b) the child is detained in a hospital situated outside the local authority area in which the child is ordinarily resident,
 

the managers of the hospital must inform such persons in the employ of the local authority in whose area the hospital is situated as they consider appropriate for ensuring the child’s welfare.
  - (3B) If, after being detained on an adult ward for a total of 28 days (whether continuous or not), or after each successive 28 days as the case may be, a child continues to be detained, the managers of the hospital, having again consulted a person appearing to them to be suitable to be consulted –
    - (a) must make a further determination that the environment in which the child is accommodated continues to be in their best interests, and
    - (b) must notify such persons as they consider appropriate in the employ of the local authority in whose area the hospital is situated that the child continues to be so detained.
  - (3C) In subsections (3A) and (3B) “local authority” means “unitary county council, two tier county council or metropolitan borough”.”
- (3) In section 131A, after subsection (4) insert –
  - “(4A) Where during the period covered by a hospital’s published report a child has been accommodated in an adult ward, the hospital must publish in the report –
    - (a) the number of children so detained during the period, and

- (b) the number of children so detained for a total of more than 28 days.
- (4B) The regulatory authority must publish annually statistics showing –
  - (a) the number of children accommodated on an adult ward in hospitals in England and Wales during the relevant period, and
  - (b) the number of children so detained for a total of more than 28 days.
- (4C) In this section “the relevant period” means a period which the regulatory authority shall deem appropriate.””

***Member's explanatory statement***

*This amendment would ensure that there is both transparency and clinical rigour in any decision to accommodate a child in a hospital environment in which adults are simultaneously accommodated.*

EARL HOWE  
LORD KAMALL  
BARONESS TYLER OF ENFIELD

**144** After Clause 50, insert the following new Clause –

**“Appropriate treatment for children**

- (1) The Mental Health Act 1983 is amended as follows.
- (2) In section 131A (Accommodation etc. for children), after subsection (2), insert –
  - “(2A) Sleeping accommodation simultaneously occupied by an adult shall not be deemed suitable for a patient who has not attained the age of 18 years unless this is demonstrably in their best interests and the child, being of sufficient age and understanding, agrees to this.
  - (2B) For the purpose of determining the child’s best interests, the managers shall in particular have regard to –
    - (a) the ascertainable wishes and feelings of the child concerned (considered in the light of their age and understanding);
    - (b) the ascertainable wishes and feelings of the child’s parents or anyone else who has parental responsibility for them;
    - (c) the child’s physical, emotional and educational needs;
    - (d) the likely effect on the child of the sleeping accommodation proposed or provided;
    - (e) the child’s age, sex, background and any other personal characteristics which affect the suitability of the sleeping accommodation proposed or provided;
    - (f) any harm which the child has suffered or is at risk of suffering;
    - (g) the likely duration of the proposed or provided sleeping accommodation;
    - (h) the distance between the hospital and the child’s home area;
    - (i) any other matters relating to the rights of the child.””

***Member's explanatory statement***

*This amendment would prohibit placing a child in an adult ward unless demonstrably in the child's best interests.*

EARL HOWE  
LORD KAMALL

145 After Clause 50, insert the following new Clause—

**“Consultation on mandatory training**

- (1) Within twelve months of the day on which this Act is passed, the Secretary of State must publish a review on mandatory training for persons who treat patients with learning disabilities and autism under provisions of the Mental Health Act 1983.
- (2) The Secretary of State must consult such persons as they consider necessary to determine the extent to which appropriate training has been delivered to such persons.
- (3) The Secretary of State must lay the review under subsection (1) before Parliament.”

***Member's explanatory statement***

*This amendment seeks to ensure that there is transparency over the extent to which mandatory training on the needs of those with autism or a learning disability is being delivered to relevant healthcare staff who are treating them for a mental disorder.*

EARL HOWE  
LORD KAMALL

146 After Clause 50, insert the following new Clause—

**“Recording of use of force on mental health patients**

- (1) Each NHS facility must keep a record of any use of force on a patient who is at that facility for the purpose of treatment for mental disorder or assessment for mental disorder, by staff who work in that facility and in relation to the patient's diagnosed or suspected mental disorder, in accordance with this section.
- (2) Subsection (1) does not apply in cases where the use of force is negligible.
- (3) Whether the use of force is “negligible” for the purposes of subsection (1) is to be determined in accordance with guidance published by the Secretary of State.
- (4) The record must include the following information—
  - (a) the reason for the use of force;
  - (b) the place, date and duration of the use of force;
  - (c) the type or types of force used on the patient;
  - (d) whether the type or types of force used on the patient formed part of the patient's care plan;

- (e) name of the patient on whom force was used;
  - (f) a description of how force was used;
  - (g) the patient’s consistent identifier;
  - (h) the name and job title of any member of staff who used force on the patient;
  - (i) the reason any person who was not a member of staff in the facility was involved in the use of force on the patient;
  - (j) the patient’s diagnosed or suspected mental disorder;
  - (k) the relevant characteristics of the patient (if known);
  - (l) whether the patient has a learning disability or autistic spectrum disorders;
  - (m) a description of the outcome of the use of force;
  - (n) whether the patient died or suffered any serious injury as a result of the use of force;
  - (o) any efforts made to avoid the need to use force on the patient;
  - (p) whether a notification regarding the use of force was sent to the person or persons (if any) to be notified under the patient’s care plan.
- (5) The facility must keep the record for 3 years from the date on which it was made.
- (6) In subsection (4)(g) the “patient’s consistent identifier” means the consistent identifier specified under section 251A of the Health and Social Care Act 2012.
- (7) This section does not permit the facility 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.
- (8) In subsection (7) “the data protection legislation” has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act).
- (9) In subsection (4)(k) the “relevant characteristics” in relation to a patient mean—
- (a) the patient’s age;
  - (b) whether the patient has a disability, and if so, the nature of that disability;
  - (c) the patient’s status regarding marriage or civil partnership;
  - (d) whether the patient is pregnant;
  - (e) the patient’s race;
  - (f) the patient’s religion or belief;
  - (g) the patient’s sex;
  - (h) the patient’s sexual orientation.
- (10) Expressions used in subsection (9) and Chapter 2 of Part 1 of the Equality Act 2010 have the same meaning in that subsection as in that Chapter.”

***Member's explanatory statement***

*This amendment would require NHS facilities to keep a record of any use of force on a patient who is at that facility for the purpose of treatment for mental disorder or assessment for mental disorder.*



LORD MESTON  
BARONESS BERRIDGE  
BARONESS BENNETT OF MANOR CASTLE

147 After Clause 50, insert the following new Clause –

**“Determination of ability to decide for persons under 16**

- (1) For the purposes of this Act and the Mental Health Act 1983, a person aged under 16 (referred to in this section as a child) is able to make the relevant decision if they can –
  - (a) understand the information relevant to the decision;
  - (b) retain the information;
  - (c) use or weight that information as part of the process of making the decision;
  - (d) communicate their decisions (whether by talking, using sign language or any other means).
- (2) Where a child is able to decide in accordance with paragraph (1) above, that child will be competent for the purpose of this Act.
- (3) A child is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).
- (4) A person determining a child’s ability to decide under this section must –
  - (a) have due regard to Article 12 of the United Nations Convention on the Rights of the Child adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 (“the Convention”), and
  - (b) must be able to show reasonable grounds for their belief that the child is or is not able to make the relevant decision.
- (5) When considered by any appropriate court or tribunal, any question whether a child is able to make the relevant decision within the meaning of this Act must be decided on the balance of probabilities.”

*Member's explanatory statement*

*This amendment inserts a test for determining a child’s ability to make decisions (competence) under the Mental Health Act.*

LORD CRISP  
BARONESS HOLLINS

148 After Clause 50, insert the following new Clause –

**“Withdrawal treatments for dependency on psychiatric medication**

- (1) The Mental Health Act 1983 is amended as follows.

(2) After section 142B insert –

**“142C Withdrawal treatments for dependency on psychiatric medication**

- (1) Each integrated care board must provide local, in-person, specialist withdrawal treatments for patients dependent on psychiatric medication prescribed during the course of their treatment by services under this Act, consisting of –
  - (a) personalised tapering plans produced by clinicians,
  - (b) psychosocial support, including peer-led groups, and
  - (c) specialist withdrawal counselling and psychological therapies.
- (2) Each integrated care board must ensure that relevant healthcare professionals are aware of, and trained in, services offered under subsection (1).
- (3) Each integrated care board must make an annual report to the Secretary of State on the availability, uptake and outcomes of treatments provided under subsection (1).
- (4) The Secretary of State must lay before Parliament any report made under subsection (3).
- (5) The Secretary of State must establish a 24-hour helpline and an online platform offering evidence-based guidance and support for patients receiving treatment under this Section.”

BARONESS KEELEY  
BARONESS BARKER

**149** After Clause 50, insert the following new Clause –

**“Human Rights Act 1998: provision of treatment for a mental disorder as a public function**

- (1) This section applies where –
  - (a) a patient is receiving after-care under section 117 of the Mental Health Act 1983,
  - (b) a patient is accommodated in a hospital for the purpose of being given medical treatment for mental disorder, or
  - (c) a person’s health or social care arrangements in connection with their mental disorder give rise to a deprivation of their liberty, within the meaning of that term as under Article 5(1) of the European Convention on Human Rights.
- (2) The provider of treatment or care under subsection (1) is to be taken for the purposes of section 6(3)(b) of the Human Rights Act 1998 (acts of public authorities) to be exercising a function of a public nature, if the treatment or care is arranged by or paid for (directly or indirectly, and in whole or in part) by a local authority in England, Wales or Scotland, or by an NHS Health Board, an NHS Integrated Care Board, or by a Health and Social Care Trust.”

***Member's explanatory statement***

*This amendment ensures the Human Rights Act 1998 applies when people receive outsourced mental health treatment or after-care, or are deprived of their liberty in connection with a mental disorder. It addresses a gap in human rights protection exposed by Sammut & Ors v Next Steps Mental Healthcare Ltd & Anor [2024] EWHC 2265 (KB).*

LORD ADEBOWALE

150 After Clause 50, insert the following new Clause –

**“Costed plan to ensure community provision for individuals with learning disabilities and autism who are at risk of detention**

- (1) Within 18 months of the day on which this Act is passed, the Secretary of State must publish a fully costed plan which will show how Integrated Care Boards and Local Authorities will ensure provision of adequate community services for individuals with learning disabilities and autistic people who are at risk of detention under Part 2 of the Mental Health Act 1983.
- (2) As part of the development of that plan, a formal consultation process must take place to determine how the decision to enact the relevant parts of this Act will be made.
- (3) The consultation must include input from –
  - (a) relevant stakeholders, including individuals with learning disabilities and autistic people;
  - (b) carers for people with learning disabilities and autistic people;
  - (c) healthcare professionals;
  - (d) advocacy groups.”

***Member's explanatory statement***

*This amendment requires a costed plan to ensure that ICBs and LAs are able to provide adequate community services for individuals with learning disabilities and autistic people at risk of detention under Part 2 of the 1983 Act, informed by a consultation with a range of stakeholders.*

BARONESS BENNETT OF MANOR CASTLE

151 After Clause 50, insert the following new Clause –

**“Requirement to report on provision of resources for services in the community**

Two years after the day on which this Act is passed, and every three years thereafter, the Secretary of State must report to Parliament on –

- (a) the level of staffing and other resources available to, and outcomes for, community care services provided for treating mental disorders in England;
- (b) the development and piloting of innovations in community services for mental disorders (including early interventions that prevent the need to deploy the provisions of this Act), their effectiveness and the degree to which successful pilots have been rolled out across services;

- (c) the level of resources, nature and outcomes of relevant programmes working to reduce the social stigma and social disadvantage suffered by individuals affected by the Mental Health Act 1983.”

***Member's explanatory statement***

*This amendment seeks to create a mechanism by which parliament can have a continuous assessment of the degree to which adequate resources are being delivered to and attention paid to community care services.*

BARONESS BENNETT OF MANOR CASTLE

152 After Clause 50, insert the following new Clause –

**“Requirement to report on research and training resources**

Two years after the day on which this Act is passed, and every three years thereafter, the Secretary of State must report to Parliament on –

- (a) the resources available within England to support research into mental health care for people with autism and learning difficulties, and care for people with autism and learning difficulties who are liable to be detained under the Mental Health Act 1983, and
- (b) the adequacy of training provided to relevant staff in new understandings and methods in relation to mental health care for people with autism and learning difficulties, and care for people with autism and learning difficulties who are liable to be detained under that Act.”

***Member's explanatory statement***

*This amendment seeks to probe ways in which the Government intends to make provision for, and monitor the progress of, research and transfer of research findings into clinical and community practice.*

BARONESS BENNETT OF MANOR CASTLE

*This amendment is intended to replace Amendment 71*

153 After Clause 50, insert the following new Clause –

**“Prohibition of delivery by for-profit companies**

- (1) Any new facilities or organisations created to deliver the provisions of this Act must not be operated by for-profit companies.
- (2) Within five years of the day on which this Act is passed, the Secretary of State must ensure that all facilities or organisations delivering the provisions of the Mental Health Act 1983 in the control of for-profit companies are transferred to not-for-profit or state entities.”

***Member's explanatory statement***

*This amendment seeks to remove the profit motive from services covered under this Act.*

## BARONESS BENNETT OF MANOR CASTLE

154 After Clause 50, insert the following new Clause –

**“Powers of tribunals to determine challenges against treatment decisions**

After section 77 of the Mental Health Act 1983 (general provisions concerning tribunal applications) insert –

**“77A Powers of tribunals to determine challenges against treatment decisions**

- (1) The Secretary of State may by regulations make provision about the powers of the appropriate tribunal to –
  - (a) consider and determine questions relating to care and treatment during the course of an application or reference made under sections 66 to 71 (applications and references relating to discharge);
  - (b) consider and determine questions relating to care and treatment other than during the course of an application or reference made under sections 66 to 71 (applications and references relating to discharge).
- (2) Regulations may make provision about pilot schemes relating to either paragraph (1)(a) or (1)(b).”

***Member's explanatory statement***

*This amendment would allow the Minister to set up pilots under which the Mental Health Tribunal could determine challenges against treatment decisions.*

BARONESS HOLLINS  
LORD CRISP  
BARONESS RAMSEY OF WALL HEATH  
BARONESS BROWNING

155 After Clause 50, insert the following new Clause –

**“Notification of long-term segregation**

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

**“142C Notifiable event**

- (1) A notification of any use of long-term segregation (LTS) for a patient detained under this Act must be issued to the Care Quality Commission, the hospital's Board of Directors and the relevant NHS Commissioner within 72 hours of the person being placed in LTS.
- (2) If LTS is used in the following circumstances an investigation must be initiated by the Care Quality Commission –
  - (a) a person's LTS exceeds 15 consecutive days,
  - (b) a person's LTS takes place in multiple periods totalling more than 15 days within a 30-day period,
  - (c) LTS is used for a person under the age of 18, or

- (d) LTS is used for a disabled person, including a person with learning disabilities or an autistic person when their condition would be exacerbated by such measures.
- (3) The code of practice provided for by section 118 must be revised within four months of the day on which the Mental Health Act 2025 is passed to modify the processes involved in using LTS to include the following –
- (a) minimum standards for the accommodation of those in LTS, which must include furniture for eating, sleeping and activities, access to separate toilet and washing facilities, natural light, a clock, digital and communication technology and direct access to outside space;
  - (b) minimum requirements for meaningful and therapeutic human contact;
  - (c) maximum duration and frequency of use for LTS;
  - (d) mandatory training in autism and learning disability in the context of LTS for clinical staff, administrative staff and NHS Commissioners;
  - (e) the requirements for notification set out in subsection (1);
  - (f) requirements for registering safeguarding concerns.
- (4) LTS will be reclassified as “solitary confinement” if it fails to meet the minimum standards prescribed in the code of practice provided for by section 118, and any use of solitary confinement in this context must be investigated by the Secretary of State.
- (5) Any organisation detaining patients under this Act must appoint a Responsible Officer to –
- (a) review all cases of long-term segregation and prolonged detention,
  - (b) report their findings to the Care Quality Commission, and
  - (c) ensure ongoing compliance with recommendations from Independent Care (Education) and Treatment Reviews as they relate to LTS.””

***Member's explanatory statement***

*LTS involves social isolation and enforced separation from peers and can contribute to an increase in mental distress and behaviour that challenges both the person themselves and others making rehabilitation difficult. The amendment aims to legislate for minimum standards and limit its use.*

BARONESS HOLLINS  
LORD CRISP  
BARONESS RAMSEY OF WALL HEATH  
BARONESS BROWNING

156 After Clause 50, insert the following new Clause –

**“Mandatory Independent Care (Education) and Treatment Reviews for all patients detained in long-term segregation**

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

**“142D Mandatory ICETRs for all patients detained in long-term segregation**

- (1) Upon receipt of notification of the use of long-term segregation (LTS) under section 142C (notifiable event), the Care Quality Commission must appoint a qualified professional to conduct an Independent Care (Education) and Treatment Review of its use.
- (2) The independent reviewer must –
  - (a) conduct a face-to-face assessment of the patient,
  - (b) consult with the patient’s family or carers, where appropriate,
  - (c) review the patient’s care and treatment plan, including the rationale for continued segregation, and
  - (d) assess whether alternatives, including ward or community-based alternatives, were explored prior to the implementation of LTS, and evaluate the rationale provided for not utilising such alternatives, if applicable.
- (3) Where the assessment under subsection (2)(d) reveals that alternatives were not adequately considered, the independent reviewer may require the detaining organisation to –
  - (a) provide justification for this omission, and
  - (b) outline steps to ensure that alternative options are considered in future cases.
- (4) The independent reviewer has authority equivalent to a Second Opinion Appointed Doctor to –
  - (a) confirm the appropriateness of the LTS,
  - (b) recommend amendments to the treatment plan, and
  - (c) require alternative interventions if LTS is deemed inappropriate.””

***Member's explanatory statement***

*This amendment seeks to ensure that therapeutic alternatives are considered by requiring independently chaired reviews for any person detained in LTS.*

## LORD DAVIES OF BRIXTON

157 After Clause 50, insert the following new Clause –

**“Arrangements for finding beds for patients**

- (1) Section 140 (notification of hospitals having arrangements for special cases) of the Mental Health Act 1983 is amended as follows.
- (2) After “authority” insert “, ambulance authority and chief constable”.
- (3) After paragraph (a), insert –
  - “(aa) for the reception of patients who require admission to hospital and are currently under detention by the police service;”.
- (4) At end insert –
  - “(2) It shall be the duty of every integrated care board and Local Health Board to ensure that patients who are assessed as requiring admission to hospital under this Act are admitted in a timely and appropriate manner.
  - (3) It shall be the duty of every integrated care board and Local Health Board to appoint a designated officer that is responsible for ensuring the arrangements required in subsections (1) and (2) are functional.”.

***Member's explanatory statement***

*This amendment seeks to clarify the responsibilities of integrated care boards and Local Health Boards to find beds for patients in a timely manner.*

## LORD DAVIES OF BRIXTON

158 After Clause 50, insert the following new Clause –

**“Removal etc of mentally disordered persons without a warrant**

- (1) Section 136 (removal etc of mentally disordered persons without a warrant) of the Mental Health Act 1983 is amended as follows.
- (2) In subsection (1) –
  - (a) for “a constable” substitute “an authorised professional”;
  - (b) for “the constable” substitute “the authorised professional”;
  - (c) after “persons” insert “detain that person for a period no longer than one hour for the purpose of consultation with any of the following”;
  - (d) for paragraphs (a) and (b) substitute –
    - “(a) a registered social worker or mental health nurse that has received appropriate training on mental health detentions,
    - (b) a medical practitioner who has received appropriate training on mental health detentions,
    - (c) an approved mental health professional, or
    - (d) a person of a description specified in regulations made by the Secretary of State.”



- (3) After subsection (1) insert –
- “(1ZA) If an authorised professional, after discharging their duties under section 136(1), is satisfied that a person continues to meet the threshold for detention specified in section 136(1), they may –
- (a) remove the person to a place of safety within the meaning of section 135(6), or
  - (b) if the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.”
- (4) In subsection (1A) –
- (a) for “a constable” substitute “an authorised professional”,
  - (b) after “(1)” insert “and (1ZA)”.
- (5) In subsection (1B) –
- (a) after “(1)” insert “and (1ZA)”,
  - (b) for “a constable” substitute “an authorised professional”.
- (6) For (1C) substitute –
- “(1C) An authorised professional is –
- (a) a registered paramedic,
  - (b) a registered social worker,
  - (c) a registered midwife,
  - (d) a registered nurse,
  - (e) a registered medical practitioner,
  - (f) an approved mental health professional,
  - (g) a police officer, or
  - (h) a person of a description specified in regulations made by the Secretary of State.”
- (7) In subsection (2A), for paragraphs (a) and (b) substitute “the period of 24 hours beginning when a person is informed that they are detained under section 136(1) and the person is no longer free to leave.”
- (8) After subsection (2A), insert –
- “(2B) Once a person detained under section 136(1) arrives at a place of safety, it is the responsibility of the place of safety to take over the detention of the individual.”
- (9) In subsection (3), for “A constable” substitute “An authorised professional”.
- (10) After subsection (4), insert –
- “(4A) A person detained under this section may be released at any time during the permitted period of detention, if it is apparent to an authorised professional that the person no longer requires immediate care and control.
- (4B) The authorised professional must consult with a practitioner specified in section 136(1) before releasing the individual under subsection (4A).”

***Member's explanatory statement***

*This amendment seeks to improve the rules relating to processing of mentally disordered persons without a warrant.*

BARONESS BERRIDGE

159 After Clause 50, insert the following new Clause –

**“Notification to local authorities of children detained or admitted as voluntary patients**

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

**“142C Notification to local authorities of children detained under this Act or admitted as voluntary patients**

- (1) The approved mental health practitioner must notify local authorities of children detained under this Act or admitted as voluntary patients in situations where a child has been –
  - (a) detained in or admitted to a hospital for more than 28 days,
  - (b) placed in a part of a hospital simultaneously occupied by an adult patient (“an adult ward”), or
  - (c) detained in a hospital situated outside the local authority area in which the child is ordinarily resident.
- (2) The approved mental health practitioner must make the notification under subsection (1) within 28 days of any of the conditions in paragraphs (a) to (c) being met.”

***Member's explanatory statement***

*This amendment seeks to amend the Mental Health Act 1983 to introduce a statutory notification of local authorities about children detained or admitted as voluntary patients to hospital for more than 28 days, in adult wards or outside the local authority area in which they usually reside.*

BARONESS BERRIDGE

160 After Clause 50, insert the following new Clause –

**“Children detained under the Mental Health Act 1983 taken to be in need**

- (1) Section 17 of the Children Act 1989 (provision of services for children in need, their families and others) is amended as follows.
- (2) In subsection (10), after paragraph (c) insert –
  - “(d) they are detained under the Mental Health Act 1983,”

***Member's explanatory statement***

*This amendment would ensure that any child who is detained under the Mental Health Act 1983 is taken to be a child in need under section 17 of the Children Act 1989.*

## BARONESS FOX OF BUCKLEY

**160A** After Clause 50, insert the following new Clause –

**“Review: impact of this Act on the prison estate**

- (1) Within 12 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 in youth offender institutions,
  - (b) IPP prisoners,
  - (c) female prisoners, and
  - (d) 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 prison 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 prisons and to assess whether the Act provides for adequate support for ongoing treatment and care in these settings.*

## BARONESS TYLER OF ENFIELD

**160B** After Clause 50, insert the following new Clause –

**“Duty to promote mental health well-being**

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

**“Duty to promote mental health well-being**

- (1) It is a general duty of local authorities and any body in carrying out functions under this Act or the Mental Health Act 2025 to promote mental health well-being.
- (2) In carrying out the duty under subsection (1), local authorities and commissioning bodies must have regard to –
  - (a) the prevention of mental illness,
  - (b) the promotion of positive mental health,
  - (c) the reduction of stigma and discrimination associated with mental health conditions, and
  - (d) the provision of accessible and appropriate support services to individuals experiencing mental health challenges.
- (3) Local authorities and commissioning bodies must publish an annual report outlining the steps taken to discharge their duty under subsection (1), including an assessment of –
  - (a) progress in improving mental health well-being in their area for persons affected by the provisions of this Act, and

- (b) any barriers to promoting mental health well-being for such persons and proposed actions to address them.
- (4) The Secretary of State may issue guidance on the discharge of the duty under subsection (1), and local authorities and commissioning bodies must have regard to such guidance.”

EARL HOWE  
LORD KAMALL

**160BA** After Clause 50, insert the following new Clause –

**“Duty to publish investigations**

- (1) The Mental Health Act 1983 is amended as follows.
- (2) After section 54A insert –

**“54B Duty to publish the outcome of investigations**

- (1) Integrated care boards, hospital managers and the relevant authority must, if requested to do so by the court, publish any report, review or investigation that they have undertaken in relation to a relevant patient.
- (2) For the purposes of this section, a “relevant patient” is a patient who–
  - (a) has received treatment under this Act,
  - (b) is currently receiving treatment under this Act, or
  - (c) has been detained under this Act, and
 has been sentenced for a “specified offence” under section 306 of the Sentencing Act 2020.”

EARL HOWE  
LORD KAMALL

**160BB** After Clause 50, insert the following new Clause –

**“Report: continuity of care**

- (1) The Secretary of State must publish a report laying out a plan to ensure greater continuity of care for those captured by the provisions of this Act who are discharged from secondary care and mental health facilities into primary care or community services.
- (2) The report under subsection (1) must include an assessment of whether integrated care boards or hospital managers or both should have a duty to ensure primary mental health care providers, and community care providers, maintain contact with patients known to have a mental disorder.
- (3) The report under subsection (1) must be published within one year of the day on which this Act is passed and laid before Parliament.”

EARL HOWE  
LORD KAMALL

**160BC** After Clause 50, insert the following new Clause –

**“Detention powers outside a mental healthcare setting**

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

**“142C Detention powers where delivery of clinical treatment is necessary outside a mental healthcare setting**

Where –

- (a) a patient has been detained under the provisions of this Act,
- (b) the patient has been assessed as lacking capacity to take decisions about their own health and welfare,
- (c) the patient requires urgent and necessary treatment for a physical illness or injury,
- (d) it is not possible, or not deemed to be in the patient’s best interests, to deliver the treatment in the hospital or registered establishment where they are being detained, and
- (e) in order to deliver the treatment it is necessary to take measures which, taken together, deprive the patient of their liberty,

the powers of detention contained in this Act may, for the purposes of delivering the treatment to that patient, be held to apply to a registered clinical setting other than the hospital or registered establishment in which the patient is being detained.””

**Clause 51**

LORD SCRIVEN

**160C** Clause 51, page 63, line 29, at beginning insert “Other than provision mentioned in subsection (5),”

LORD SCRIVEN

**160D** Clause 51, page 63, line 30, at end insert –

- “(5) Where a statutory instrument amends or revokes primary legislation under this section, the statutory instrument may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.”

***Member's explanatory statement***

*This amendment ensures that when primary legislation is amended or revoked, regulations follow the affirmative procedure.*

### After Clause 51

BARONESS MERRON

161 After Clause 51, insert the following new Clause –

**“Power of Welsh Ministers to make consequential provision**

- (1) The Welsh Ministers may by regulations made by statutory instrument make provision that is consequential on this Act.
- (2) The only provision that may be made by virtue of this section is provision that would be within the legislative competence of Senedd Cymru if contained in an Act of the Senedd.
- (3) Regulations under this section may amend, repeal or revoke provision made by or under primary legislation passed –
  - (a) before this Act, or
  - (b) later in the same session of Parliament as this Act.
- (4) In this section “primary legislation” means –
  - (a) an Act, or
  - (b) an Act or Measure of Senedd Cymru.
- (5) A statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of Senedd Cymru.”

*Member's explanatory statement*

*This confers a regulation-making power on the Welsh Ministers to make consequential provision that is within devolved legislative competence. The Secretary of State has an equivalent power under Clause 51.*

### Clause 53

BARONESS MERRON  
LORD TIMPSON

162 Clause 53, page 64, line 2, leave out “33, 34,” and insert “29(2), 31, 33, 34(1) and (3)(b),”

*Member's explanatory statement*

*This amendment would provide for certain provisions currently commenced by regulations to be commenced two months after Royal Assent (and vice versa).*

LORD STEVENS OF BIRMINGHAM  
BARONESS TYLER OF ENFIELD  
LORD KAMALL  
BARONESS NEUBERGER

163 Clause 53, page 64, line 7, at end insert “but not later than five years after the day on which this Act is passed”

***Member's explanatory statement***

*This amendment ensures that the Act will come into force no later than five years after Parliament has agreed it. This allows flexibility for phased implementation, while ensuring that the measures in the Act cannot be deferred excessively or indefinitely.*

LORD BRADLEY

**163A** Clause 53, page 64, line 7, at end insert “subject to subsection (3A).

(3A) Before section 35 comes into force, the Secretary of State must –

- (a) publish guidance on the definition of “exceptional circumstances” specified in section 35 and,
- (b) lay this guidance before both Houses of Parliament.”

***Member's explanatory statement***

*This amendment seeks to ensure that Clause 35 only comes into force once the Secretary of State has clarified the meaning of “exceptional circumstances” used in that Clause.*

LORD BRADLEY

**163B** Clause 53, page 64, line 7, at end insert “subject to subsection (3A).

(3A) Section 46 comes into force 12 months after this Act is passed, if not previously commenced by regulations under subsection (3).”

***Member's explanatory statement***

*This amendment seeks to ensure that Clause 46 comes into force a maximum of 12 months after the date on which the Bill is passed.*

LORD BRADLEY

**163C** Clause 53, page 64, line 7, at end insert “subject to subsection (3A).

(3A) Section 47 comes into force 12 months after this Act is passed, if not previously commenced by regulations under subsection (3).”

***Member's explanatory statement***

*This amendment seeks to ensure that Clause 47 comes into force a maximum of 12 months after the date on which the Bill is passed.*

LORD STEVENS OF BIRMINGHAM  
BARONESS TYLER OF ENFIELD  
LORD KAMALL  
BARONESS NEUBERGER

**164** Clause 53, page 64, line 16, at end insert –

- “(9) Until all sections of this Act have come into force, the proportion of the expenditure incurred by NHS England and integrated care boards during each year (taken together) that relates to mental health must not fall as a share of their expenditure (taken together) on all health services.
- (10) The Comptroller and Auditor General must certify after each financial year whether the requirement in subsection (9) has been met, taking account of reports produced in accordance with section 3(3) of the Health and Care Act 2022.”

***Member's explanatory statement***

*This amendment ensures that mental health funding is not cut as a share of overall health service funding until this Act is fully implemented. The amendment supports the principle of “parity of esteem” by putting a “floor” under aggregate mental health services funding shares in England.*





# Mental Health Bill [HL]

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FIFTH MARSHALLED  
LIST OF AMENDMENTS  
TO BE MOVED  
IN COMMITTEE OF THE WHOLE HOUSE

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*20 February 2025*

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PUBLISHED BY AUTHORITY OF THE HOUSE OF LORDS