

# Mental Health Bill [HL]

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SECOND MARSHALLED  
LIST OF AMENDMENTS  
TO BE MOVED  
ON REPORT

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*The amendments have been marshalled in accordance with the Instruction of 17th March 2025, as follows –*

Clauses 1 to 3	Clauses 24 to 39
Schedule 1	Schedule 3
Clauses 4 to 23	Clauses 40 to 56
Schedule 2	Title

*[Amendments marked ★ are new or have been altered]*

**Amendment  
No.**

**After Clause 51**

BARONESS TYLER OF ENFIELD  
BARONESS BENNETT OF MANOR CASTLE

**47** After Clause 51, insert the following new Clause –

**“Mental Health Commissioner**

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

*“Mental Health Commissioner*

**142D 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”.

- (5) The Mental Health Commissioner may appoint staff to the Office of the Mental Health Commissioner they consider necessary for assisting in the exercise of their functions in section 142E.

#### **142E 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, the Mental Health Act 1983, and the Mental Capacity Act 2005 particularly regarding the provision of treatment, care, and detention of people with a mental disorder.
- (2) 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.
- (3) 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.
- (4) Subject to any directions from the Secretary of State, the Commissioner may take action necessary or expedient in connection for the purposes of their functions.
- (5) This may include—
  - (a) collaborating with health services, public authorities, charitable organisations, and other relevant entities, including NHS bodies, the Care Quality Commission, and the Parliamentary and Health Service Ombudsman;
  - (b) ensuring enforcement authorities and public bodies under the Mental Health Act 1983 have the necessary capacity and resources to adequately discharge duties under the Mental Health Act 1983 and this Act.

**142F Appointment, Tenure, and Remuneration of the Mental Health Commissioner**

- (1) The Secretary of State may by regulation make provision for the appointment, tenure, removal, and general terms of appointment of the Mental Health Commissioner.
- (2) The Secretary of State may also by regulation determine the Commissioner's remuneration, allowances, and pension entitlements.

**142G 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 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.

**142H Regulations**

- (1) Regulations under sections 142F and 142G are to be made by statutory instrument.””

***Member's explanatory statement***

*This amendment establishes the office of the Mental Health Commissioner and makes provisions for relevant duties and responsibilities.*

BARONESS TYLER OF ENFIELD

48 After Clause 51, insert the following new Clause –

**“Review and reporting on inequalities in Mental Health Act Measures**

- (1) As soon as reasonably practicable after the end of each calendar year, the Secretary of State or appropriate national authority must conduct a review, in consultation with relevant bodies with commissioning functions, on the use of treatment and detention provisions 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 or appropriate national authority must publish a report on the progress made in reducing inequalities in treatment outcomes and the use of detention under the Mental Health Act 1983 on people who have protected characteristics under the Equality Act 2010.
- (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.”

***Member's explanatory statement***

*This amendment requires the Secretary of State or Welsh Ministers to review and report annually on the use of treatment and detention measures under the Mental Health Act 1983, analysing data by race and other demographics to assess progress in reducing inequalities for those with protected characteristics under the Equality Act 2010.*

BARONESS TYLER OF ENFIELD  
BARONESS BENNETT OF MANOR CASTLE

**49** After Clause 51, insert the following new Clause –

**“Addressing and reporting on racial disparities and other inequalities**

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 related to functions discharged under this Act and the Mental Health Act 2025.
- (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.

**120F Policy on racial disparities**

- (1) The responsible person must publish a policy on how the unit plans to reduce racial disparities in that unit or service.
- (2) The policy published under subsection (1) must cover but is not limited to the following topics –
  - (a) steps being taken to reduce racial disparities and other disparities in that unit or service;
  - (b) staff knowledge and competence in connection with anti-discriminatory practice in relation to this Act;
  - (c) disparities in 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 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 and may revise it periodically, publishing the revised version if changes are made.

### **120G Training on racial disparity policy**

The responsible person for each mental health unit or service must provide training for staff that relates to addressing racial disparities in that unit or service and the topics covered in section 120F(2).

### **120H Recording of discharge of functions under this Act 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 under this Act, broken down by race and other demographic information.
- (2) The responsible person must keep the record for three years from the date on which it was made.”

***Member's explanatory statement***

*This amendment requires mental health units and community services to appoint a senior responsible person to address racial disparities in the use of the Mental Health Act 1983, publish a policy on reducing inequalities, and provide staff training on anti-discriminatory practices.*

BARONESS TYLER OF ENFIELD

50 After Clause 51, insert the following new Clause –

**“Workforce sufficiency assessment by Integrated Care Boards**

After section 142C of the Mental Health Act 1983 (inserted by section 51 of this Act), insert –

**“142D Workforce sufficiency assessment by Integrated Care Boards**

- (1) Each Integrated Care Board must conduct a workforce sufficiency assessment every two years to evaluate whether it has sufficient workforce resources to deliver services under this Act effectively.
- (2) The assessment may include –
  - (a) an analysis of current workforce levels across all relevant service areas;
  - (b) identification of workforce shortfalls;
  - (c) an evaluation of the impact of staff shortages on patient care and service delivery;
  - (d) proposals to address workforce challenges.
- (3) Integrated Care Boards may consult any relevant personnel or organisations they deem appropriate when conducting the assessment.
- (4) Each Integrated Care Board must publish a report outlining its findings upon completing the assessment.
- (5) The first reports must be published 12 months after the day on which the Mental Health Act 2025 is passed.”

***Member's explanatory statement***

*The amendment requires Integrated Care Boards to produce a biennial report assessing workforce sufficiency, identifying shortages, and proposing measures to address workforce challenges in delivering services.*

LORD MESTON  
BARONESS BUTLER-SLOSS  
BARONESS TYLER OF ENFIELD  
BARONESS BENNETT OF MANOR CASTLE

51 After Clause 51, 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 weigh 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 subsection (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.*

BARONESS HOLLINS  
LORD SCRIVEN  
LORD CRISP

52 After Clause 51, insert the following new Clause –

**“Segregation: code of practice**

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

- (2) In section 118, at end insert –
- “(8) The Code of Practice issued under this section must be revised to include updated guidance regarding the procedures for the use of long-term segregation (LTS) for patients with learning disabilities or autism or someone awaiting an autism assessment.
- (9) The revised Code of Practice must specifically address –
- (a) the definition of LTS;
  - (b) minimum standards and safeguards for patients subject to long-term segregation.””

***Member's explanatory statement***

*This amendment mandates a timely revision of the MHA Code of Practice (Section 118) to provide clear, updated guidance on the use of long-term segregation (LTS) for patients with learning disabilities or autism. It seeks to ensure that safeguards and procedures governing LTS are consistent and subject to appropriate oversight.*

BARONESS HOLLINS  
LORD SCRIVEN

53 After Clause 51, insert the following new Clause –

**“Accountability for non-compliance with the code of practice**

- (1) The Mental Health 1983 Act is amended as follows.
- (2) After section 118 insert –

**“118A Accountability for non-compliance with the code of practice**

- (1) Where failure to comply with the Code of Practice under section 118 results in a breach of a detained patient’s rights or safeguards, the Secretary of State or a designated body must investigate and ensure corrective action is taken.
- (2) The procedures for compliance enforcement, remedial actions, and regulatory oversight must be specified in the Code of Practice under section 118 this Act.””

***Member's explanatory statement***

*This amendment introduces explicit accountability for hospitals and relevant NHS bodies in situations where non-compliance with the Mental Health Act’s Code of Practice results in harm or breaches of the legal rights of detained patients.*



## BARONESS KEELEY

54 After Clause 51, 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 aftercare 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 a 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).*

BARONESS HOLLINS  
LORD SCRIVEN  
LORD CRISP

55 After Clause 51, insert the following new Clause –

**“Notification of long-term segregation**

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

**“142D Notification requirements for long-term segregation for patients with learning disabilities or autism**

- (1) Where a patient with a learning disability or autism or someone awaiting an autism assessment is subject to long-term segregation under this Act, the responsible clinician must notify the Secretary of State or a body designated by the Secretary of State within 72 hours.
- (2) The contents of the notification under subsection (1) must be specified in the Code of Practice under section 118 of the Mental Health Act 1983.”

***Member's explanatory statement***

*This amendment seeks to increase oversight, transparency, and accountability in the use of long-term segregation for patients with learning disabilities or autism under the Mental Health Act.*

BARONESS HOLLINS  
LORD SCRIVEN  
LORD CRISP

56 After Clause 51, insert the following new Clause –

**“Long-term segregation: independent medical review**

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

**“142D Independent medical review of long-term segregation of patients with learning disabilities or autism**

- (1) Where a patient with a learning disability, autism, or awaiting autism assessment is placed in long-term segregation under section 142D (Notification requirements for long-term segregation for patients with learning disabilities or autism), the Secretary of State or a designated body must arrange for an independent review within 28 days.
- (2) The responsibilities, procedures, and reporting requirements for such reviews must be specified in the Code of Practice under section 118 of the Mental Health Act 1983.””

***Member's explanatory statement***

*This amendment seeks to introduce an independent review process for patients with learning disabilities or autism placed in long-term segregation under the Mental Health Act 1983.*

BARONESS HOLLINS  
LORD SCRIVEN  
LORD CRISP

57 After Clause 51, insert the following new Clause –

**“Segregation: oversight**

- (1) The Mental Health Act 1983 is amended as follows.
- (2) After section 118 insert –

**“118A Hospital managers' oversight of long-term segregation of patients with learning disabilities or autism**

- (1) The hospital managers must appoint a Responsible Officer to oversee the care of any patient with a learning disability or autism or someone awaiting an autism assessment who is subject to long-term segregation within the hospital.

- (2) The role, responsibilities, and review procedures of the Responsible Officer must be specified in the Code of Practice under section 118 of the Mental Health Act 1983.””

***Member's explanatory statement***

*This amendment seeks to introduce mandatory hospital-level oversight of long-term segregation for patients with learning disabilities or autism and patients awaiting an autism diagnosis and ensure independent scrutiny and proactive efforts to reduce restrictive practices.*

EARL HOWE  
LORD KAMALL  
BARONESS BROWNING

58 After Clause 51, insert the following new Clause—

**“Age appropriate treatment for children**

- (1) Section 131A of the Mental Health Act 1983 is amended as follows.
- (2) After subsection (1), insert—
- “(1A) A patient to whom this section applies must not be detained in, or admitted to, an adult ward unless the managers of the hospital consider that—
- (a) there are exceptional circumstances which justify the patient’s detention in, or admission to, an adult ward, and
  - (b) the decision is in accordance with the best interests of the child.”
- (3) After subsection (3) insert—
- “(3A) Where a patient has been detained in, or admitted to, an adult ward, the managers of the hospital must record in writing the reasons for the admission, including—
- (a) the reason, or reasons, why other options for accommodation were not available or suitable for the patient,
  - (b) details of the measures to be taken by the hospital to ensure that while the patient is detained or otherwise accommodated in the adult ward, the patient is provided with care in a safe environment, and
  - (c) unless it has been determined that an adult ward is the most appropriate environment for the patient in accordance with subsection (1A), the steps being taken by the hospital to transfer the patient to more appropriate accommodation.
- (3B) Where a patient is detained in, or admitted to, an adult ward or placed out of area and the detention or admission is of more than 24 consecutive hours’ duration, the managers of the hospital must notify the regulatory authority without delay setting out why they consider that the requirements under subsection (1A) above are met and providing the information set out in subsection (3A).

- (3C) Subsection (3E) applies when the managers of a hospital accommodate a patient for a consecutive period of at least 28 days.
- (3D) Subsection (3E) applies where the managers of a hospital –
- (a) detain a patient in, or admit a patient to, an adult ward, or
  - (b) detain or admit a patient who –
    - (i) was ordinarily resident immediately before being detained or admitted in the area of a local authority other than the local authority within whose area the hospital is situated, or
    - (ii) was not ordinarily resident within the area of any local authority.
- (3E) Where this subsection applies the managers of the hospital must inform the appropriate officer of the responsible local authority without delay –
- (a) of the patient's detention or admission, and
  - (b) when the patient's detention or admission ceases.”
- (4) Leave out subsection (4) and insert –
- “(4) In this section –
- “adult ward” means a ward in a hospital to which persons aged 18 or over are detained in or admitted to;
- “the appropriate officer” means –
- (a) in relation to a local authority in England, their director of children's services, and
  - (b) in relation to a local authority in Wales, their director of social services;
- “hospital” includes a registered establishment;
- “the responsible authority” means –
- (a) the local authority appearing to the managers of the hospital to be the authority within whose area the child was ordinarily resident immediately before being detained or admitted, or
  - (b) where it appears to the managers of the hospital that the patient was not ordinarily resident within the area of any local authority, the local authority within whose area the hospital is situated.””

***Member's explanatory statement***

*Inserted subsection (1A) seeks to ensure that children are only placed on adult wards where there are exceptional circumstances, and it is in their best interests. (3A)-3(E), and (4A) seek to ensure the presence of procedural safeguards, when determining the reasons behind, and suitability of, admitting a child to a hospital environment in which adults are simultaneously accommodated or in an out of area placement.*

LORD STEVENS OF BIRMINGHAM  
BARONESS TYLER OF ENFIELD  
LORD SCRIVEN  
BARONESS BENNETT OF MANOR CASTLE

59 After Clause 51, insert the following new Clause –

**“Funding and reporting**

- (1) For each financial year until all sections of this Act have come into force, of the total health service expenditure by the bodies (taken together) in subsection (2), the proportion which relates to mental health spending –
  - (a) under the Mental Health Act 1983, and
  - (b) under this Act or which, in future, would be made under provision inserted into the Mental Health Act 1983 by this Act,(taken together) must not decrease.
- (2) The bodies are the Department of Health and Social Care, NHS England and integrated care boards.”

*Member's explanatory statement*

*This amendment seeks to ensure that, within whatever overall health service funding is set by Government, the share spent on mental health in England does not fall while the Act is being implemented.*

LORD KAMALL  
EARL HOWE

60 After Clause 51, insert the following new Clause –

**“Duty to review the functions of the regulatory authority**

- (1) Within the period of one year from the passage of this Act, the Secretary of State must carry out a review of the regulatory authority’s role under the Mental Health Act 1983.
- (2) The review under subsection (1) must include an assessment of the effectiveness of the regulatory authority’s role –
  - (a) in carrying out its duties under the Mental Health Act 1983, and
  - (b) in regulating the provision of mental health services under the Mental Health Act 1983.
- (3) The review under subsection (1) must also include an assessment of whether the regulatory authority will be able to effectively carry out its duties under this Act.
- (4) The Secretary of State must publish the results of the review in a report and must lay that report before both Houses of Parliament.”

## BARONESS FOX OF BUCKLEY

61 After Clause 51, insert the following new Clause –

**“Review: causes and consequences of rates of diagnosis of mental disorders**

- (1) Within three months of the day on which this Act is passed, the Secretary of State must commission a review to investigate the effect of –
  - (a) any increase in young people being diagnosed with mental disorders, and
  - (b) unregulated practitioners and online tools which diagnose mental disorders,on the availability of services to treat people with a mental disorder under the Mental Health Act 1983.
- (2) The Secretary of State must publish the review and lay it before both House of Parliament.”

***Member's explanatory statement***

*This amendment seeks to ensure that the Secretary of State undertakes a review of the effect of rates of diagnosis of mental disorder on the availability of services which treat people with mental disorder under the Mental Health Act 1983.*

LORD KAMALL  
EARL HOWE

62 After Clause 51, insert the following new Clause –

**“Report on the racial disparities in secure mental health units and among patients subject to Community Treatment Orders**

- (1) The Secretary of State must publish a report to assess the factors underlying racial disparities –
  - (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 Parliament.”

## BARONESS BENNETT OF MANOR CASTLE

63 After Clause 51 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 BENNETT OF MANOR CASTLE

63A After Clause 51, insert the following new Clause –

**“Duty to implement preventative policies for mental disorders**

- (1) The bodies listed in subsection (3) must implement policies which take a preventative approach to the management of mental disorders which are likely to lead to detainment under the Mental Health Act 1983.
- (2) The policies must be adapted to the needs of the local community that those bodies serve.
- (3) The bodies in subsection (1) are integrated care boards, local health boards and local authorities.”

*Member's explanatory statement*

*This amendment seeks to ensure that ICBs, LHBs and local authorities take a preventative approach to the management of mental disorders which lead to detainment and adapt their approaches to the needs of their local area.*

**Clause 52**

BARONESS MERRON

64 Clause 52, page 64, line 23, at end insert –

“(3A) A statutory instrument containing (alone or with other provision) regulations under this section that amend or repeal provision made by primary legislation may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, each House of Parliament.

(3B) Any other statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament.”

***Member's explanatory statement***

*This amendment and my other amendments to clauses 52 and 53 would ensure that regulations made under the consequential amendment powers in the Bill that amend or repeal primary legislation are subject to the affirmative resolution procedure.*

BARONESS MERRON

65 Clause 52, page 64, line 24, leave out subsection (4)

***Member's explanatory statement***

*See the explanatory statement for amendment 64.*

**Clause 53**

BARONESS MERRON

66 Clause 53, page 65, line 1, at end insert –

“(4A) A statutory instrument containing (alone or with other provision) regulations under this section that amend or repeal provision made by primary legislation may not be made unless a draft of the instrument has been laid before, and approved by a resolution of, Senedd Cymru.

(4B) Any other statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of Senedd Cymru.”

***Member's explanatory statement***

*See the explanatory statement for amendment 64.*

BARONESS MERRON

67 Clause 53, page 65, line 2, leave out subsection (5)

***Member's explanatory statement***

*See the explanatory statement for amendment 64.*



**Clause 55**

BARONESS HOLLINS

- 68** Clause 55, page 65, line 9, at end insert –
- “(A1) Section 3 comes into force no later than two years after the day on which this Act is passed.”

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*1 April 2025*

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