



## **Mental Health Bill Committee**

House of Commons

London

SW1A 0AA

Dear Committee members,

We are writing to share our views on the Mental Health Bill as you begin the important task of examining this legislation in detail. While we warmly welcome the Bill, it must be strengthened to ensure that it truly delivers transformative change for the thousands of people who are detained under the Mental Health Act each year. In particular, we want to see the Bill work better for people from racialised communities.

Currently 54,000 people are sectioned under the Act every year. Yet, people still have a limited say in their care and treatment and there are huge racial injustices in the use of the Act. We know that Black people are over 3.5 times more likely to be detained under the Mental Health Act than white people and over 7 times more likely to be put on a Community Treatment Order (CTO).

Beyond the higher rates of detention, Black people also face longer periods of hospitalisation, repeat admissions, and are more likely to be subject to police force and restraint compared to white people. CTOs have also been proven to be restrictive and ineffective in reducing hospital readmissions and improving recovery.

At the second reading of the Mental Health Bill, many MPs spoke out about the racial disparities in the use of the Mental Health Act. But right now, the word 'race' doesn't appear once in the Mental Health Bill. The Bill in its current form risks continuing these disproportionate outcomes for racialised communities.

If the UK government want to tackle the racial disparities in the use of the Mental Health Act, solutions to end racial discrimination need to be included in this Bill. It must address key issues like the lack of access to culturally appropriate care and delays in early support, which produce these disparities.

Mind is urging the committee to prioritise debating the following amendments under the Bill in order to reduce racial disparities:

- Establishing a designated 'responsible person' within each hospital at a local level to oversee race equity in the application of the Mental Health Act
- Introducing a duty for the Secretary of State to annually review and report on progress in reducing inequalities in the use of the Mental Health Act.
- Abolish CTOs completely due to their harmful impact. In their place, we want to see the Bill introduce rights to assessment and treatment in the community, and community mental health services to be resourced to provide intensive, tailored care that meets people's needs.



This Bill is a once in a generation opportunity to improve the experiences of people sectioned under the Act and achieve a more progressive mental health system. We therefore urge the committee to consider these amendments and further evidence submitted by Mind for the purpose of this scrutiny stage.

Yours sincerely,

**1,000 (and counting) Mind Campaigners**

**[You can track the latest number of signatures here](#)**

**Mind** (The National Association  
for Mental Health)  
2 Redman Place, London,  
E20 1JQ  
t: 020 8519 2122

**Mind Infoline: 0300 123 3393**  
mind.org.uk  
supporterrelations@mind.org.uk  
 mindforbettermentalhealth  
 MindCharity

**We are Mind. We're here to fight for mental health  
and to make sure that everyone gets the support  
and respect that they deserve.**

**[mind.org.uk/privacy](#)**

Registered charity in England (no. 219830) and a  
registered company (no. 424348) in England and Wales

Registered with



FUNDRAISING  
REGULATOR

# Mind recommended amendments to the Mental Health Bill

## Tackling racial disparities

### Community Treatment Orders (CTOs)

**Rationale:** CTOs are ineffective, coercive and discriminatory. Black or Black British people are over 7 times more likely to be placed on a Community Treatment Order than white people. CTOs were supposed to provide a route out of disproportionate sectioning but have perpetuated and exacerbated Black people's subjection to compulsion under Act. The Joint Committee on the draft mental health bill also concluded that CTOs should be abolished for people under part II of the Act (civil sections).

#### **Amendment option one – abolish CTOs**

**Explanatory statement:** This clause amends the Mental Health Act 1983 and removes the responsible clinicians' s power to discharge a detained patient onto a community treatment order and other associated powers relating to CTOs.

#### **Legal text:**

After Clause 4, insert -

Clause 4A Abolition of Community Treatment Orders

- (1) Part 2 of the Mental Health Act 1983 is amended as follows -
- (2) omit section 17A

#### **Option two – introduce a statutory periodic review of Community Treatment Orders (CTOs)**

**Explanatory statement:** This amendment requires the Secretary of State to initiate a review of the continued use of community treatment orders and their impacts, and to repeat such review every 5 years.

#### **Legal text:**

After Clause 22

insert the following new Clause—

“Duty to review community treatment orders

- (1) Within two years of the day on which this Act is passed, the Secretary of State must arrange for a review of the continuing use of community treatment orders.
- (2) Thereafter the Secretary of State must arrange for a review of the continuing use of community treatment orders every five years.
- (3) The review in subsections (1) and (2) must include—
- (a) the impact of community treatment orders on people from different ethnic minority backgrounds,
  - (b) the effectiveness of the continued use of community treatment orders in preventing readmission to hospital and detention under the 1983 Act,
  - (c) an assessment of whether community treatment orders provide net therapeutic benefits to patients, and
  - (d) a recommendation on whether the use of community treatment orders should continue.
- (4) The review in subsections (1) and (2) must be published in a report.
- (5) The Secretary of State must lay any report published under subsection (4) before both Houses of Parliament.”

## **Responsible person role**

**Rationale:** A primary driver of the review into the Mental Health Act was the shocking racial injustices in the use of the Act. Black people are over 3.5 times more likely to be detained under the Mental Health Act than White people, and over 7 times more likely to be placed on a Community Treatment Order. Experiences and outcomes are also on average worse for people from racialised communities. Black or Black British people are more likely to be detained for longer and to experience repeated admission. They are also more likely to be subject to police powers under the Act and experience higher levels of restraint compared to White people.

The Mental Health Bill should introduce a new ‘responsible person’ role at the hospital level to oversee race equity in the operation of the Mental Health Act. The person in the role would have responsibility for monitoring data and overseeing workforce training and policies to address bias and discrimination in the use of the Mental Health Act.

**Explanatory note:** This amendment introduces a new responsible person who will be responsible for addressing racial disparities (and other inequalities) for people admitted to inpatient wards or subject to compulsory powers in the community and introduces a new duty on the Secretary of State/Welsh Ministers to publish an annual report on the progress made in reducing inequalities in the use of the Act.

**Legal text:**

After Clause 54, insert -

**Clause 55 – Addressing and reporting on racial disparities and other inequalities in the use of the Act**

In the Mental Health Act 1983, after Part 9, section 120D, insert -

**Part 9A**

Addressing and reporting on racial disparities and other inequalities in the use of the Act

**Section 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

(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 he is—

(a) liable to be detained under this Act (otherwise than by virtue of section 4 or 5(2) or (4) above or section 135 or 136 below);

(b) subject to guardianship under this Act

(c) a community patient

### **Section 120F Policy on racial disparities and other disparities based on protected characteristics**

(1) The responsible person publish a policy on how the unit plans to reduce racial disparities and other disparities in that unit or service

(2) The policy provided under subsection (1) must cover the following topics—

- a) the application of the guiding principles to all aspects of operation of the Act
- b) staff knowledge and competence in connection with promoting equality and anti-discriminatory practice in relation to the Mental Health Act
- c) workforce demographics, recruitment, retention and progression
- d) implementation of the PCREF (England only) and any other requirements of relevant national policies
- e) care planning and decision-making in the use of the Act including section 56A
- f) the availability of alternatives to detention and involuntary treatment
- g) take-up of independent mental health advocacy
- h) the cultural appropriateness of independent mental health advocacy
- i) access to and use of advance choice documents
- j) what steps will be taken to reduce racial disparities and other disparities in that unit or service.

(3) Where a responsible person is appointed in relation to all of the mental health units operated by a relevant health organisation, the responsible person must publish a single policy under subsection (1) in relation to those units or services

(4) Before publishing a policy under subsection (1), the responsible person must -

(a) consult any persons that the responsible person considers appropriate;

(b) have regard to the following matters -

- (i) the views, wishes and feelings of people from racialised communities who have been detained
- (ii) the views, wishes and feelings of people with other protected characteristics who have been detained

(5) The responsible person must keep under review any policy published under this section.

(6) The responsible person may from time to time revise any policy published under this section and, if this is done, must publish the policy as revised.

(7) If the responsible person considers that any revisions would amount to a substantial change in the policy, the responsible person must consult any persons that the responsible person considers appropriate before publishing the revised policy.

### **Section 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 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).

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

(1) The responsible person for each mental health unit or service must keep a record of the use of the Mental Health Act 1983, broken down by race and other demographic information

(2) The record must include the following information—

- (a) the number of people admitted (including as informal inpatients)
- (b) the number of people received into Guardianship
- (c) the number of community patients
- (d) the reason for each admission, Guardianship or in the case of a community patient, the community treatment order
- (e) the duration of each admission, Guardianship or in the case of a community patient, the community treatment order
- (f) the protected characteristics of the patient (if known);
- (g) the patient's mental disorder (if known);
- (h) whether the patient has a learning disability or autistic spectrum disorders;
- (g) whether patient choice was overridden (in relation to admission or treatment)
- (j) where the patient is detained what alternative to detention were considered

(3) The responsible person must keep the record for 3 years from the date on which it was made.

(4) This section does not permit the responsible person to do anything which, but for this section, would be inconsistent with—

- (a) any provision of the data protection legislation, or
- (b) a common law duty of care or confidence.

(5) In subsection (4) “the data protection legislation” has the same meaning as in the Data Protection Act 2018 (see section 3 of that Act).

### **Section 120I Statistics prepared by mental health units and services**

(1)The appropriate national authority must ensure that at the end of each year statistics are published regarding the data captured in Section 120H Recording of use of the Mental Health Act 1983 broken down by race and other demographic information

(2)In this section “ the appropriate national authority ” means—

(a)in relation to services or unit whose area is in England, the Secretary of State;

(b)in relation to units or services whose area is in Wales, the Welsh Ministers

### **Section 120J Annual report by the Secretary of State**

(1)As soon as reasonably practicable after the end of each calendar year, the appropriate national authority must conduct a review of the data collected under Section 120H Recording of use of the Mental Health Act 1983 broken down by race and other demographic information

(2)Having conducted a review under subsection (1), the appropriate national authority must publish a report that includes their conclusions on the progress made in reducing inequalities in the use of this Act on people who have protected characteristics with particular reference to race

(3)In this section “ the appropriate national authority ” means—

(a)in relation to services or unit whose area is in England, the Secretary of State;

(b)in relation to units or services whose area is in Wales, the Welsh Ministers