

The Mental Health Bill

Plans to amend the Mental Health Act 1983

Supervised Community Treatment (SCT)

The Government wants to introduce Supervised Community Treatment (SCT) for patients following a period of detention in hospital. It will mean a small proportion of patients with mental disorder can live in the community under the powers of the Mental Health Act, to ensure they continue with the medical treatment that they need.

Tackling the problem of patients disengaging from services

SCT will address the specific problem where patients – who leave hospital – do not continue with their treatment, their health deteriorates and they require detention again – the so-called ‘revolving door’.

Providing a positive alternative to detention in hospital

Increasingly, treatments for mental disorder can safely be given in the community. For patients who do not need to be detained in hospital, SCT will provide a positive alternative and an opportunity to minimise the disruption to their lives. This will help to reduce the risk of social exclusion that can result from detention under the Act.

Setting the scene

The Government has put in place a comprehensive strategy to reform and modernise mental health care to deliver high quality, accessible services that meet the mental health needs of the whole community. Updating the Mental Health Act 1983 is part of this strategy.

The Mental Health Act allows the small number of patients with mental health problems who are at risk of harming themselves or, more rarely, others, to receive compulsory treatment. The Government’s forthcoming Bill aims to reform and modernise this legislation so that the law better supports the way services are delivered to these patients.

It proposes changes in six key areas:

- Supervised community treatment;
- Definition of mental disorder;
- Criteria for detention;
- Mental Health Review Tribunal;
- Professional roles and Nearest relative.
- The Bill will also amend the Mental Capacity Act to fill the Bournewood gap.

How it will work

Not all patients who are detained under the Act will be suitable for SCT. It will benefit primarily those with a chronic mental disorder that has stabilised following treatment in hospital. Only people who would be a risk to their own health or safety or that of others if they did not continue to receive their treatment when discharged from hospital can be considered for SCT.

Decisions as to whether a patient should be subject to SCT will be based on a clinical judgement of the person's condition and circumstances. They will have to meet criteria set out in the Bill which are similar to those for admission for treatment under Section 3 of the Act. The Code of Practice will offer guidance on best practice.

Anyone going on to SCT will have been assessed and treated in hospital first. They must be under Section 3 of the Act or detained under a Part III power without restrictions. A patient's clinical supervisor will decide if, and when, SCT is appropriate. The clinical supervisor must obtain a second opinion from the Approved Mental Health Professional (AMHP) before a patient can be placed on SCT. An appropriate package of treatment and free support services will be put into place by the NHS and local authority social services before a patient leaves hospital on SCT.

There may be requirements on patients in the community to ensure that they stay in contact with mental health services and practitioners can monitor them for signs of deteriorating health, and if necessary decide that they must be recalled to hospital. The clinical supervisor must agree these requirements with the AMHP.

There will be clear criteria as to the circumstances in which people may be recalled to hospital for compulsory treatment. The clinical supervisor must obtain a second opinion from an AMHP in order to redetain a patient. Hospital managers must refer a patient's case to

the tribunal if the patient is detained in hospital again for more than 72 hours.

Compulsory treatment

Patients who refuse to consent will not be treated against their will in the community, but may be recalled to hospital for treatment where clinically necessary.

Renewal of SCT and discharge from SCT

Renewal of SCT occurs along the same timeframe as renewal of detention under section 3 – that is, after six months from the time a patient leaves hospital, at one year and then at yearly intervals. Renewal is via report to the Hospital managers.

Safeguards for Patients

Patients on SCT will receive the same safeguards as patients detained in hospital including Nearest Relative rights. All patients on SCT will also have their treatment (if it involves giving medicines) reviewed and certified by a Second Opinion Doctor (SOAD) after three months.

People on SCT will have their case regularly reviewed in the same way as detained patients, and will be discharged when they no longer meet the criteria.

Access to a Mental Health Review Tribunal

Patients on SCT will have the same access to a tribunal as patients who are detained under section 3. The tribunal will be able to discharge patients from SCT in the same way as it can discharge them from detention in hospital.

Further information

For further information on the Mental Health Act 1983 and the amending Bill, links to statistics on the use of the current Act and additional briefing sheets on key policy areas visit:

<http://www.dh.gov.uk/MentalHealth>

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Email: MentalHealthBill@dh.gsi.gov.uk

For an on-line version of the Mental Health Act 1983 visit: www.imhap.co.uk

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