

## S30-01

### NEW WORLD OF MENTAL HEALTH LEGISLATION ENGLAND AND WALES DAVID JOLLEY AND REINHARD HEUN

D. Jolley<sup>1</sup>, R. Heun<sup>2</sup>

<sup>1</sup>PSSRU, Manchester University, Manchester, <sup>2</sup>Birmingham and Solihull Mental Health Foundation Trust, Birmingham, Birmingham, UK

After eight years of tortured negotiations between government, professional psychiatrists and lay pressure groups, England and Wales will begin to use new Mental Health Legislation November 2008. This will not be a new Mental Health Act, but a substantial modification of the 1983 act. There are nine key changes:

1. A single definition of mental disorder: 'any disorder of mind or brain'.
2. Criteria for compulsion: 'appropriate medical treatment' test.
3. Age-appropriate services: special arrangements for under 18 years.
4. Professional roles: approved clinicians and responsible clinicians (non-medical).
5. Nearest relative: recognises Civil Partnerships, allows displacement.
6. Supervised Community Treatment Orders.
7. Mental health Review Tribunal: unified.
8. Advocacy: Independent Mental Health Advocates.
9. ECT: new safeguards.

The Code of Practice identifies five key principles:

1. Purpose - to minimise adverse effects of Mental Disorder.
2. Least Restriction.
3. Respect - diverse needs, values and circumstances.
4. Participation - involving patient in planning, developing and reviewing treatment and care.
5. Effectiveness, efficiency and equity - optimal use of resources.

Earlier drafts had been described as: 'little more than a Public Order Bill dressed up as Mental Health legislation'; 'ethically unworkable and practically unworkable'. Much of the dissent related to suggestions that people with Personality Disorder behaving in a dangerous or antisocial way should be subject to compulsory detention. Fears included breach of liberties and Human Rights and transformation of Mental Health Services disadvantaging people with major mental illnesses.