

Mental Health Alliance all-member meeting
Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG
2pm – 4pm, 8th September 2008

Minutes and action points

- Present:**
- Andy Bell, Sainsbury Centre for Mental Health - Chair
 - Rowena Daw, Royal College of Psychiatrists
 - Neil Balmer, Royal College of Psychiatrists
 - Alison Cobb, Mind
 - Oliver Wood, NUS
 - Corinne Ryan, IMHAP
 - Bill Walden-James, HAFAL
 - Victoria Walsh, Rethink
 - Simon Lawton-Smith, Mental Health Foundation
 - Anna Paige, Revolving Doors
 - Nita Devabhai, Afiya Trust
 - Alex Reeve, Family Action (Family Welfare Assoc.)
 - Margaret Edwards, SANE
 - Christopher Jones, Archbishop's Council
 - Ruth Cartwright, British Association of Social Workers
 - Kate Groucutt, Carers UK
 - Becky Derham, WISH
 - Beth Coyne, Homeless Link
- Apologies:**
- Ruth Farrer-Langton, Mencap
 - Joe Martin, University of London Union
 - Dinesh Bhugra, Royal College of Psychiatrists
 - Emer O'Neill, Depression Alliance
 - Anthony Langan, Samaritans
 - Wendy Mitchell, Turning Point
 - Suzanne Wood, General Medical Council
 - Denise Dupont, Mental Health Media
 - Maggie Gibbons, Mental Health Media
 - Tim Arnold, Richmond Fellowship (Grania Jenkins, Richmond Fellowship)
 - Adam Hyland, NUS (Oliver Wood attended)
 - Vicky Kington, Together
 - Jamal Uddin, Mind
 - Sophie Brannon, BMA
- Minutes:**
- Marise Willis, Richmond Fellowship

1. Welcome and introductions

AB welcomed everyone to the first of the new style all-member meetings. AB noted that the proposal is to hold 2 all-member meetings this year and to review the situation again after that time.

2. Chair of MHA

Andy Bell (AB) noted that he was stepping down as Chair of the MHA. Rowena Daw (RD) proposed that Alison Cobb (AC) be elected Chair, Corinne Ryan (CR) seconded the proposal. AC was elected unanimously.

It was noted that RD had agreed to continue as Vice Chair for a further year – the meeting ratified RD's re-election as Vice Chair. It was agreed that AB would hand over the Chair to AC at the end of the meeting.

The Alliance noted their thanks to AB for all his hard work and outstanding commitment in his role as Chair over the past two years. AC and RD proposed holding a celebration evening/dinner prior to Christmas 2008.

Action - RD and AC will take forward arrangements.

3. Finances

The balance in the account as at end July 2008 was noted - £9,888. AC reported that approximately £2k had been spent since last meeting on a number of items, including consultancy fees. It was noted that there was currently a "contribution holiday" in place and that a decision would be taken at the next all member meeting with regard to what should happen to the balance and whether subscriptions should be requested for 2009/10. The meeting agreed that Jamal Uddin at Mind should take on the role of treasurer in place of Susie Rabin who had left Mind.

Action: AC to ascertain whether any interest on the account goes to MHA.

4. Update

AC spoke to the report which had been circulated.

Code of Practice (COP) - it was noted that the published Code of Practice will come into effect on 3rd November. There was concern among MHA members in relation to training.

It was noted that members of the MHA met with the Minister and raised issues around the COP. BWJ noted that the Welsh COP had been published and was better than the English version particularly in terms of care planning. It was noted that the concerns of the MHA had been noted in the formal consultation process particularly around respect for service users and their carers. Members thanked AC for her contribution in leading on this.

Concerns about the COP centred around its length. There was some concern whether commissioners would "buy into" the COP and what the impact would be on practice.

Members' views were sought on the impact of not having a single consolidated Mental Health Act. It was felt that, whilst it would be desirable to have an integrated act, this was unlikely to be achieved in the short term and therefore was not an area that the MHA should campaign on at present. It was noted that Richard Jones had produced a very helpful book on the Mental Health Act, linking the Act to the COP and relevant precedents.

Secondary legislation – it was noted that IMHAP had formed a small group to feed back comments – the general view was that the proposals need further consideration. This should have been completed by 15th August but it is not yet clear whether the deadline has been met.

Approved clinicians – there was concern that there could be a lack of people competent enough to fulfil the role in the first year of implementation. However, RD noted that Consultant Psychiatrists *will* be able to become approved clinicians. It was noted that the MH Review Tribunal is due to cease on 3rd November to be replaced by a new system of Health and Social Care Panels. There is some concern that responses to the consultation have not been taken on board. Procedures before tribunals are generic and inappropriate for Mental Health Review cases and could deter people as they are not user friendly for Service Users or their families. It was noted that the system is much more "legalistic" with applicants and defendants.

There was some concern that people may not be trained in time with the result that it may not be possible to hold tribunals. It was noted that there is a draft version of the rules on the Tribunal Service Website on which members could still comment.

Action – members were asked to comment online on the proposals. It was agreed that the MHA should monitor the situation closely. MHA members were asked to keep the MHA updated on their experiences.

Advocacy – the update was noted. It was noted that the aim is to commission more advocacy but that things are a bit chaotic at present. It was noted that there is a lot of commissioning underway in the Northwest.

Mental Capacity Act - Deprivation of Liberty Safeguards (DOLS) – the update was noted. Members agreed this was an important issue for the Alliance to monitor.

Supervised Community Treatment – AC asked for updates from members. Concerns were expressed about people transferring from section 25 supervised discharge to SCT: in particular how they could be recalled to hospital. CR noted that that this had been reported to the DH who have indicated that a practice note will be issued. This could affect in the region of 800 people.

Action – CR will produce a note for MHA members.

Action – the Chair will write formally to the DH to ask for clarification.

Training – feedback from MHA members was requested. VW (Rethink) noted that Rethink is currently undertaking staff training across the country. BWJ also noted that training was underway. RD reported that the Royal College was offering training for psychiatrists.

It was noted that the Mental Health Foundation has been commissioned to evaluate the pre-implementation phase of the Mental Health Act – **SLS requested feedback on training.**

Action – CR to circulate the CSIP information on training for Mental Health Act Administrators.

CR noted that feedback is that the training was very poor. Training is now being offered for Mental Health Managers.

RD referred members to the one day conference on the Mental Health Act organised by the Law Society and the Royal College of Psychiatrists (RCP) on 24th September.

Evaluation – the update was noted. It was felt that evaluation of implementation of the Act is very important.

Direct Payments – it was noted that the consultation extending this to people under Mental Health legislation will be open until 11th November.

UN Conventions on the Rights of Persons with Disabilities – the Government has announced that it would ratify this convention with reservations around certain issues possibly including aspects of the mental health legislation. It was noted that this is an opportunity to point out the fundamental discriminatory nature of the legislation.

Options were discussed including the MHA joining up with the Equality and Human Rights Commission to pursue this. It was noted that there could already be a coalition headed up by RADAR.

It was agreed that the MHA should follow this up. Action – AC.

BWJ noted that the focus of the Welsh Assembly is on reciprocal rights and the right to treatment as well as to assessment, treatment and advocacy for people seriously in need of such services - the legislation will be stronger than that passed by the Scottish Parliament and could put Wales in a fairly strong position. It was noted that

this has all Party support in Wales. It was agreed that it would good for MHA members to lobby political parties.

Care Quality Commission – AB sought the general view of MHA members regarding the Care Quality Commission. There is some concern that the Commission will be watered down – it was felt there was a need to monitor developments. It was proposed that the MHA could send a small representative group to meet with Baroness Young to put forward the concerns of the MHA.

RD stressed that the MHA should produce briefings, follow up and monitor.

Action: AC, RD and AB

Special Interest Groups - it was agreed that the MHA should review/monitor 6 key areas of the Mental Health Act.

Action - it was agreed that the Chair should co-ordinate the setting up of special interest groups to monitor/review the key areas agreed, with a view to producing an analysis of the first 12 months of the revised Act. Each group could then produce a brief progress report for the next meeting in 6 months' time.

Members agreed the following shortlist of key areas:

- Mental Health Review Tribunals
- **CTOs/SCT**
- Criteria for being sectioned and definitions
- Professional roles (between clinicians etc.) as these affect service users
- **Care Quality Commission**
- BME
- Children and young people
- **Advocacy**
- **Links with Mental Capacity Act, in particular DOLS**

The groups would be able to bid for a share of existing Alliance funds to pay for any work that was needed to develop our understanding of these issues. Each group should have a nominated lead who will take responsibility for coordinating meetings and any work that follows. **Action: members interested in leading or participating in a group focusing on one of the above topics to contact AC or RD.**

General Discussion/other issues

Making decisions alliance – it was suggested that the MHA could track what they are doing. **Action - SLS agreed to follow up.**

CR noted her concern on what was happening on the legal side in terms of Mental Health Act solicitors and also in care homes in terms of DOLS. It was noted that the Department of Health (DH) are currently consulting. **Action - following discussion, it was agreed that the MHA should contact the DH.**

It was agreed that it would be useful to know what information the DH will be collecting on detained people. This information could be sought via MPs.

Members reported on work they were carrying out individually relating to the Act:

- Sainsbury Centre is undertaking research on the link between mental health and criminal justice legislation – **AB requested that members feed in their views.**
- Mind is looking at Supervised Community Treatment.

- The Black and Minority Ethnic Mental Health Network is looking at the implementation of the COP.
- RCP is lobbying on the Care Quality Commission and the quality of care for detained patients.
- Rethink is looking at Care Quality Commission, CPA and getting feedback on the impact of the changes on the ground.

It was agreed it would be useful to for the Alliance to produce a review of the implementation of the Mental Health Act after 12 months.

3rd November – members discussed whether the MHA would wish to do anything collectively to mark this date. **Following discussion, it was agreed that AC/AB should draft a press release for release prior to 3rd November to be circulated to all members stressing that the MHA will continue to monitor the impact of the Mental Health Act and will be monitoring the implementation of the Act particularly in the first 12 months.** NB suggested that the MHA could seek a meeting with the Minister on 3rd November. **Action – AC will follow up.**

Information specifically for Service Users on the Mental Health Act – it was noted that there is very little information available from the DH. There is not much available in terms of a clear/user friendly summary for Service Users. It was noted that organisations such as Rethink are producing briefings for their Service Users/ members.

Action – VW will check the Rethink website for information which might be shared with other MHA members.

SLS noted that he had produced a briefing for the Kings Fund in lay person language which could be disseminated to members of MHA – action SLS.

It was noted that there was some information available on the DH website. It was noted that information would be available from both the Scottish Parliament and the Welsh Assembly.

It was noted that the DH are producing a draft reference guide.

Action – AC to find out what the DH is planning in terms of information for Service Users.

It would be useful to refer them to what the Scottish Parliament and Welsh Assembly are doing as well as guidance from other countries' guidance.

Agreed should approach/write to the Minister – AC to follow up.

5. Next Meeting

Action - it was agreed that AC would arrange a further meeting in 6 months.