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New mental health detention plans

Plans to extend powers of compulsory detention to English mental health patients deemed a risk to themselves or others have been unveiled by ministers.



Mental health campaigners have raised objections

The proposals also include measures to force patients to comply with community treatment orders or face detention.

Anyone detained under the laws, or who has a problem with their treatment order, will have a right of appeal.

The plans come in an amendment to mental health laws after ministers had to abandon plans for a new bill.

The controversial draft Mental Health Bill was dropped after eight years of planning because of criticism from mental health charities and civil rights groups.

It was also thought unlikely ministers would be able to get the plans, which included allowing the detention of patients for 28 days without appeal, through Parliament.

Launching the revised plans on Thursday, health Minister Rosie Winterton said: "The introduction of supervised treatment in the community will make a very real difference to patients and carers and will make sure that what has been the revolving door syndrome is dealt with."

If the new proposals do become law, someone who had been detained or sectioned under the Mental Health Act, who medics believed was at risk of causing harm to themselves or others, could be forced to comply with supervised community treatment orders.

If they refused they would be taken to a clinical setting and given the treatment against their will.

The other change involves widening the definition of who is treatable.

'Treatability'

Currently, anyone deemed a risk to themselves or others cannot be detained in hospital for treatment unless they pass a "treatability test" - ie their condition has to be one that can be treated.

This was the problem the authorities faced in the case of dangerous psychopath Michael Stone, who was convicted for

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Under the new plans, anyone for whom an "appropriate treatment" is available could be held for treatment purposes if their doctors feel they pose a risk to themselves or others.

Mental health tsar Professor Louis Appleby said that treatments which could lessen the symptoms of the personality disorders, such as behavioural or cognitive therapies, were available even though they may take a long time to work.

This would hold true for someone who was at risk of suicide as much as someone who was deemed a risk to others.

But many other mental health experts disagree and believe personality disorders are simply untreatable.

“ An important principle must be that we only deprive people of their liberty when we can offer treatment that will be of benefit to them ”

Chairman of the Mental Health Alliance Paul Farmer warned:

Dr Tony Zigmond
Royal College of Psychiatrists

"The decision to abolish the treatability test risks increasing compulsory powers unnecessarily for people who will have no therapeutic benefit from being deprived of their liberty."

Marjorie Wallace, chief executive of mental health charity Sane, said she was disappointed the changes do not include more positive rights for patients.

Exemptions

Dr Tony Zigmond, honorary vice-president of the Royal College of Psychiatrists, said: "An important principle must be that we only deprive people of their liberty when we can offer treatment that will be of benefit to them."

The proposed amendments will retain the rules on detention which exist now.

Patients detained for the first time would be able to appeal after 14 days.

Those who are detained on subsequent occasions automatically have a hearing in front of a mental health tribunal after six months of being held.

Ministers have pledged to bring this length of time down but not to the 28-day limit originally proposed in the Mental Health Bill.

Those on supervised community treatment orders would still be able to appeal against their treatment once every six months, even from the community.

The new Bill, which ministers hope will be introduced into Parliament this session, would amend the Mental Health Act 1983 and the Mental Capacity Act 2005.

It applies to England but is likely to be rolled out to Wales if it becomes law.

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