Marjorie Wallace, CEO: The ditching of the Mental Health Bill is a victory for compassion over coercion. We should now concentrate on the thousands who suffer quietly.

Sunday, 26 March 2006

"If seven maids with seven mops Swept it for half a year. Do you suppose," the Walrus said, "That they could get it clear?"

It has taken more than seven years and many a bitter tear and tangled mop to force the Government to sweep away its much-heralded Mental Health Bill. Such was the climate of fear and suspicion created by its initial proposals that almost all those in the mental health field united in opposition, with the backing of The Independent on Sunday. The main concerns were that the so-called reforms were being driven by a Home Office agenda to allay public fears about the care in the community policy and not about improving the rights and safeguards of those in need of treatment. Coercion not compassion was seen to be the essence of the draft legislation.

Last week, in a surprise move, frustrated ministers from the Department of Health and the Home Office, together with the mental health tsar, Professor Louis Appleby, announced "a fresh approach to radically overhaul the law". This climbdown was greeted with relief by most in the mental health field, but it was also an expensive and missed opportunity to bring the 1983 Mental Health Act into the 21st century.

The Government has not given way totally to its critics. The simplified proposals include at least two of the most controversial measures: the introduction of supervision treatment orders, compelling people detained under the Mental Health Act to continue to take medication when discharged; and the removal of the treatability test, which currently results in some people deemed to have untreatable personality disorders being excluded from possible treatment. The limitation on the former has gone some way to acknowledge fears of people being forcibly given jabs across the kitchen table. Such orders would now only apply to a few patients who have been already detained in hospital (and may otherwise have to stay there). They will be welcomed by families who have long had to witness the deterioration of a loved person who stops taking medication, spirals into delusions and disappears into a Bermuda triangle of care, all too easily becoming lost between services.

Our belief is that given safeguards, such treatment orders could provide more incentive to community health teams to better monitor and protect both patients and families. Take the recent case of Ismail Dogan. If anyone in the mental health services had acted when it became apparent that he was missing outpatient appointments and not taking the medication that enabled him to lead a reasonable life in the community, then he might not have become so ill that "a bird in his ear" commanded him to go out and kill English people. No change in legislation would have forced the GP or crisis services to respond to a mother's plea for help. Nor do they go out to families in crisis if the patient - even temporarily - is not at home. This is the Catch 22.

The second of the retained proposals is to remove the "treatability test". At Sane we take the view that this may prevent some of those who fall between conflicting diagnoses from being left outside mental health services. We have come across too many people who are being refused the help they seek on the decision of one psychiatrist that is not always upheld by another.
Daniel Gonzalez, months before his final breakdown, wrote to his doctor pleading to be given medical help. So did Michael Stone. But despite both having had at some time a diagnosis of schizophrenia, dispute as to whether they were "bad" not "mad" was the determining factor in their treatment, not the risk they posed to themselves or others.

No one is in favour of long-term preventive detention for a person who has not committed a crime and who is unable to benefit from current medical treatment. But as Professor Appleby has pointed out, some people with mental illness do not benefit from current medical treatment, yet are detained against their will. Nor have there yet been sufficient efforts to provide psychological therapies and, if all else fails, sanctuary. With safe use, these proposals could salvage lives that may otherwise be wrecked by exclusion and neglect.

The most disappointing omissions are the lack of improved rights for carers and access to advocacy for patients. Nor has any way yet been found to include positive rights to care and treatment. But our main concern remains that to match compassion with coercion will require not only huge increases in resources, but a culture change in the way mentally ill people are respected and the concerns of families taken seriously.

There is little point in detaining someone in overcrowded and squalid wards where staff morale is low and where so little is provided in the way of occupational and psychological therapy. There is equally little purpose in maintaining people in the community if life becomes so bleak that they are driven to suicide.

The new Bill should concentrate not only on the rare tragedies involving public safety, but on the many thousands who suffer quietly and desperately until they become so ill that they need protection for their health and safety - and those who care about them need a night's sleep.

**Marjorie Wallace is chief executive of the mental health charity Sane**

**The Bill has been dropped but has the battle been won?**

Four years of fighting the Government's controversial mental health proposals have paid off, but it's not over yet. By Sophie Goodchild, Chief Reporter, Sunday, 26 March 2006

Campaigners are vowing to continue their fight for greater recognition of the rights of psychiatric patients, despite forcing ministers to abandon controversial mental health reforms.

They have given a cautious welcome to the news that the draft Mental Health Bill - the subject of a four-year campaign by The Independent on Sunday - is being ditched after attracting the opposition of psychiatrists, politicians, lawyers and patients.

Ministers finally realised that they would face a struggle to get MPs and peers to pass the measures, including forcing treatment on people in the community.

Andy Bell from the Sainsbury Centre for Mental Health said he was delighted the Government had listened to concerns from campaigners but said the battle was far from over. "What we need now is a proper process of consultation. We have to have watertight legislation and it has to be of benefit to people."

When it was introduced in 2002, the draft Mental Health Bill was condemned as "unethical" and "unworkable" by the Mental Health Alliance. A special parliamentary committee also said it breached civil liberties. One of the measures that provoked most outrage was the extension of powers of psychiatrists to detain against their will people who had not committed a crime.
David Blunkett, then Home Secretary, insisted that the public needed greater protection from people with personality disorders who could not be locked up because they were considered untreatable. The new reforms changed the criteria for psychiatrists so that anyone who was considered a risk to the public could be detained even if they were "untreatable".

However, campaigners argued that this would lead to thousands of people being locked up against their will, even alcoholics and people with learning disabilities. They said the measures were biased towards protecting the public and not focused on providing therapeutic environments. Another controversial measure was the plan to impose treatment on anyone living in the community, regardless of whether they had a history of being sectioned.

The Government now plans to table a series of amendments to the existing Mental Health Act 1983. This will still include treatment orders but these will apply only to people who have had a history of hospital treatment. Ministers are still insistent on abolishing the treatability criteria but have stated that people with learning disabilities and alcohol problems will be exempt.

Alan Franey, former chief executive of Broadmoor, said he "cautiously" welcomed the decision but had some "serious" concerns. "This should not be taken at face value," he said. "I have serious concerns that the Government may now try to introduce some of the more unsavoury aspects of the draft Bill."

More to Do: What we are still demanding

Although the Bill has now been dropped, we still believe that:

- Mentally ill people should be given treatment that suits their individual needs.
- Hospital trusts should provide enough psychiatric beds so that patients who are eligible for transfer do not have to spend years locked up in high-security hospitals.
- People suffering from mental illness who are able to make their own decisions should have the right to refuse treatment, unless this poses a risk to the public.
- Psychiatrists should lock up people only as a last resort and detain only those who have committed a crime or who would personally benefit from therapy.
- Men and women suffering from mental illness who live in the community should not have treatment forced on them. Instead, they should be offered safe and comfortable sheltered accommodation and the chance to talk to mentors who can offer care and understanding.

Opinion: What our supporters think

*Following the Government’s decision last week to drop the Bill, we asked professionals in the mental health field for their reactions*

This shows that sustained campaigning by the Mental Health Alliance and the 'IoS' won through

*Paul Farmer, chair, Mental Health Alliance*

The draft Bill was unworkable and unethical. There is an enormous sense of relief

*Professor Sheila Hollins, president, Royal College of Psychiatrists*

We recognise the law has to change, but the question is: are they really going to change it for the better?
Campaign Against Draft Mental Health Bill

Julia Neuberger, ex-chief executive, King’s Fund

Now society works partly in terms of celebrity, if mental health got its Geldof it would be a major thing

Philip Dodd, former director of the ICA

The 'IoS' has been not only supportive but also has helped to highlight the more complex issues

Dr Tony Zigmond, Royal College of Psychiatrists

Leading article: Out of sight, not out of mind

Sunday, 26 March 2006

Let restrained celebrations break out. When you have been banging your head against a brick wall for several years, the removal of the wall produces a pleasant sensation. The institutional obduracy of the Department of Health has meant that every time successive ministers were forced to reconsider the Mental Health Bill its worst features survived, to be fought another day. Last week, the Bill was finally abandoned altogether.

We feel entitled to congratulate ourselves - and the many people and organisations that campaigned against the draconian powers in the Bill. Pre-eminent among them was Marjorie Wallace of Sane, who writes on the opposite page. This newspaper's opposition to the Bill was central to our campaign, launched four years ago, to draw attention to the scandalous state of provision for mentally ill people in our rich and supposedly compassionate and tolerant society.

We hope that our campaign, and its success last week, should act as a rebuke to those who take a cynical view of newspaper campaigns as populist bandwagons designed to achieve objectives that can be easily attained. Mental health is a subject that makes people feel uncomfortable. Newspapers are generally not much interested in the policy questions of dealing with the prevalent problems of everyday mental illness. Hence the domination of coverage by the extremely rare cases of violent and especially homicidal behaviour. Hence, too, the skewing of ministerial priorities towards trying to reassure the public that such dangerous people will be kept off the streets.

It is that distortion of priorities that shaped this bad Bill. In their eagerness to tell people that they would be safe from the kinds of headline-grabbing murderers of Lin and Megan Russell and Jonathan Zito, ministers went too far. The Bill would have extended the powers of doctors to lock up patients who had committed no crime. The Independent on Sunday opposed this not only on civil libertarian grounds, but also because it would be counter-productive. Indeed, we accept that there may be a very small number of tightly defined cases in which it makes sense to detain people who have not been convicted of crimes. It may be possible to identify some violent predatory paedophiles in this category.

But the Bill was drawn far too widely. It could have allowed indefinite detention without good safeguards, in a way that could only too easily have been abused in an atmosphere where public opinion is fearful of mentally ill people. In a field where even professionals cannot agree on the definition of words such as schizophrenia, this was unacceptable.

Further, there was the problem that such powers could deter people or their carers from seeking help, thus making it more rather than less likely that dangerously disturbed people would be on the streets.
The ditching of the Bill is welcome, therefore. But our joy is bounded. The punitive and fearful impetus behind the Bill remains, amplified earlier this month by the case of Daniel Gonzalez, who murdered four strangers. But the lessons of that case, as so often, are not that more mentally ill people should be locked up, but that they should be better cared for at lower levels of psychological disturbance, and that warning signs should be picked up and acted upon.

We hope that ministers have been impressed by the unanimity of those who work with mentally ill people and that they will proceed with caution and precision in their continuing attempts to improve the old 1983 Act, which is certainly not perfect.

We shall remain vigilant, and shall press on with our unfashionable campaign to secure better and more humane provision for people with mental health problems.