



Department
of Health &
Social Care

*From the Lord Kamall
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By email

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My Lords,

Thank you for attending the briefing on the Draft Mental Health Bill hosted by my ministerial colleague Gillian Keegan and me on 5th July.

I am now writing to respond to questions that we were unable to answer fully at the time. In the interests of transparency, and to help inform future discussions, I have addressed this letter to all Noble Lords and will place a copy in the Library.

Lord Foulkes asked why the general provisions in the draft Bill (clauses 45-49) are treated as UK wide and extend to Scotland and Northern Ireland.

Clause 45 – ‘power to make consequential provisions’ - has UK extent in case there is a need in future to make consequential provisions to legislation that applies to the UK as a whole, for example the Armed Forces Act 2006.

Clauses, 46, 47, 48 and 49 have UK-wide extent because some of the provisions of the draft Bill have UK extent.

Baroness Tyler asked how the reforms will apply to children and young people, and whether there is scope for all of the reforms to apply to this group.

There are considerations and sensitivities involved in caring for children and young people who are suffering from mental health problems so severe that they may need to be detained for treatment. We have worked closely with stakeholders and service users to develop our proposals so that, where appropriate, adjustments are made in recognition of the needs and vulnerabilities of this patient group. In light of this, there are some reforms which do not apply to children and young people, or do not apply in the same way.

Baroness Browning asked whether the Government has plans to make genetic testing for suitability of medical treatment more widely available to patients.

We are committed to supporting everyone’s mental health and wellbeing and to ensuring that the right support is in place, including for those with physical health conditions. We recognise that people with different health conditions may also need emotional and psychological support.

Baroness Finlay asked if there is crossover between the revised MCA Code of Practice and the Mental Health Act reforms.

The policy and legal teams within the Department responsible for the Mental Health Act and for the Mental Capacity Act's Liberty Protection Safeguards worked closely together on the chapter on the interface between the two frameworks that is currently contained in the draft Mental Capacity Act Code of Practice. We will be required to update the Mental Health Act's own Code in due course, and this work will take account of changes made to the interface by these reforms.

Baroness Finlay also asked what safeguards are in place to protect patients from a nominated person (NP) if they are/were to become coercive.

When someone is making a nomination, it should be witnessed by a health or care professional to ensure the decision is being made freely and not under coercion. If behaviour of a coercive nature is later identified, then the NP can be removed by the county court, most likely on the grounds of unsuitability. Where an NP has been removed by the court, they are prevented from being re-appointed as an NP for the duration of a disqualification period set by the court. In these instances, hospitals will also follow their own safeguarding policies as set out in the Care Act, which will be explained in the Code of Practice.

Finally, Baroness Finlay asked what plans the Government has to address the link between poor physical health that eventually has an impact upon mental health.

The NHS recognises that two thirds of people with a common mental health problem also have a long-term physical health problem. It also recognises that integrating Improving Access to Psychological Therapies (IAPT) services with physical health services can provide better support to this group of people and achieve better outcomes.

The NHS' priorities for developing the IAPT services include a focus on people with long term conditions. IAPT - Long Term Conditions services have been established across the country to support integrated pathways between IAPT services and physical health pathways for people with long term conditions, including neurological conditions. All clinical commissioning groups are expected to expand IAPT services locally by commissioning IAPT services integrated into physical healthcare pathways.

I hope this letter answers the outstanding questions. Please do get in touch with me or my officials if you have further questions on the Draft Mental Health Bill.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Syed', with a large, stylized initial 'S'.

LORD KAMALL