



Glenda Jackson MP

Mental Health Bill 5th March 2007

The first debate on our return from the Easter recess, was the second reading of the Mental Health Bill in the Lords. This is a much truncate version of the two previous attempts by the Government to modernise the existing 1983 Mental Health Act. Every time such an attempt has been made, opposition from users and providers of mental health services, the medical profession, the voluntary sector and carers, as been vociferous and consistent.

And in fairness, the Government has listened to the consensus but as the debate on Monday last made clear, many concerns still remain.

The central issues are those relating to Community Treatment Orders and Supervised Community treatment. The former carries with it the element of compulsion, but the Government argues hat the changes in treatment that have taken place over the past 10 years - namely less hospitalisation and more care at home - needs to expanded.

This inevitably raised the question of resources and despite the extra finance – an additional £1 billion over the last five years, 9000 more psychiatric nurses, 1000 more consultant psychiatrists, 3000 more clinical psychologists. Since 1997, the Secretary of State said, “Of course there is more to be done. There always will be”.

There was a consensus from all sides of the House that the majority of people who suffer mental illness are no danger to others, but they can sometimes be a danger to themselves. Despite the fact that the number of suicide is at the lowest since records began, it is still around 11300. .

Another issue which has reappeared every time a mental health bill has been postponed, examined and debated, is that if the treatment available for suffers from personality disorder, a definition within the 1983 Acts which too often carried with it the medical definition of being ‘untreatable’. Today the clinical view and practice is that it is possible for those who suffer personality disorder to be treated. But we are still left with the difficulties presented by those who refuse to accept treatment and acknowledge they may be ill, which is what the bill, in part, is attempting to address.

The second reading went through without a vote and is now in committee. But members from all parties raised doubts over the efficacy of the proposals. They ranged form the elements of compulsion, treatment of children and adolescents on adult mental health wards, failures in the treatment of black and ethnic minority patients, the right of the mentally ill to have an advocate and many many more.

This bill, as was the case for its predecessors, has been of much concern to my constituents and continues to cause anxiety. I have put these concerns to the relevant ministers, and will continue to do so. We must get the balance right, because the law can sometimes be a somewhat blunt instrument. Furthermore, this particular bill is dealing with not only some of the most vulnerable people in our society, but also their families and who care for them.