

# RCPsych Members' Survey:

Mental Health Act White Paper 2021

April 2021

## Aims and methods

The survey was launched by RCPsych President Dr Adrian James in March 2021 to gauge the opinion of members in helping us respond to the Mental Health Act White Paper launched by the Department of Health and Social Care in January 2021. The survey ran from 5-22 March.

The questions were written collaboratively by RCPsych College Officers and College staff. It focused on the areas of the White Paper that are likely to cause the most impactful changes for patients and clinicians.

The survey also aimed to gather information on the likely requirements for investment/workforce expansion and culture change that will be necessary to ensure any changes made have a positive effect.

There was also an opportunity for free text thoughts from members on areas important to them.

The survey was sent out by email to all RCPsych members in England and Wales with further opportunities and reminders to respond between 5-21 March 2021.

## Limitations

This survey had several limitations including being a self-selecting survey and having a comparatively low response rate with only 5.86% of registered members in England and Wales responding.

## Results

### Response rate

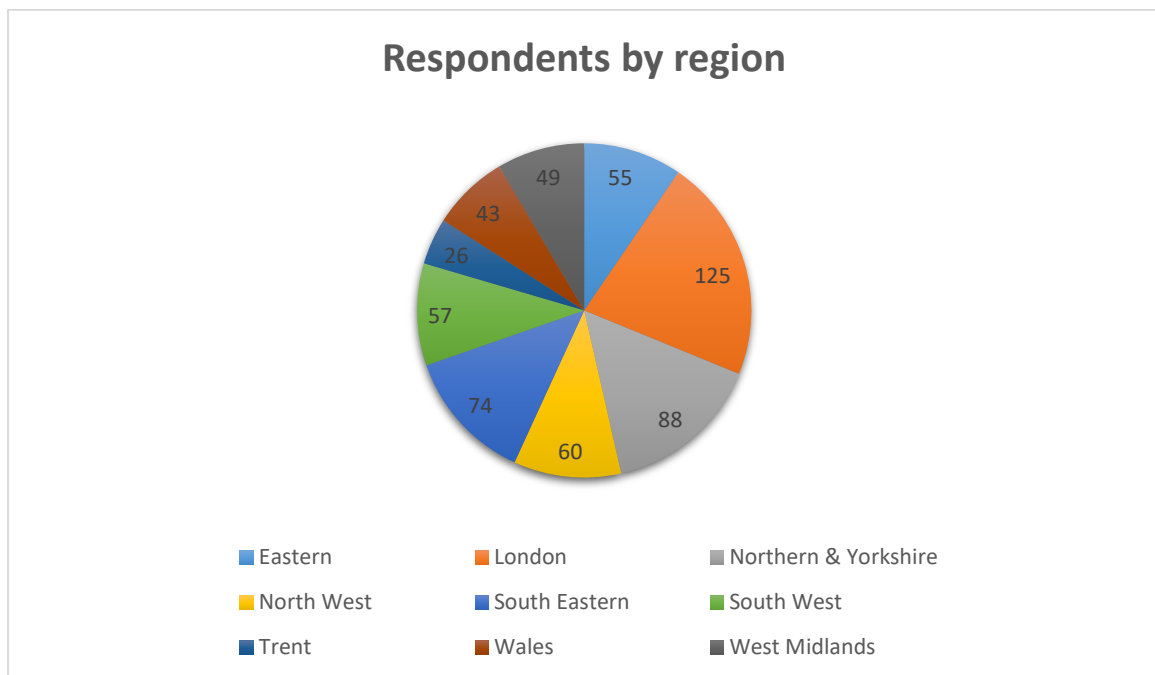
The survey received a total of 811 responses, which equates to 5.86% of all RCPsych members across England and Wales.

### Geographic demographics

Of the 574 respondents that indicated their location (70.7%), 92.5% were from England and 7.5% were from Wales.

The below table provides the individual response rate from each English Division as calculated when compared to RCPsych's registered members in each division.

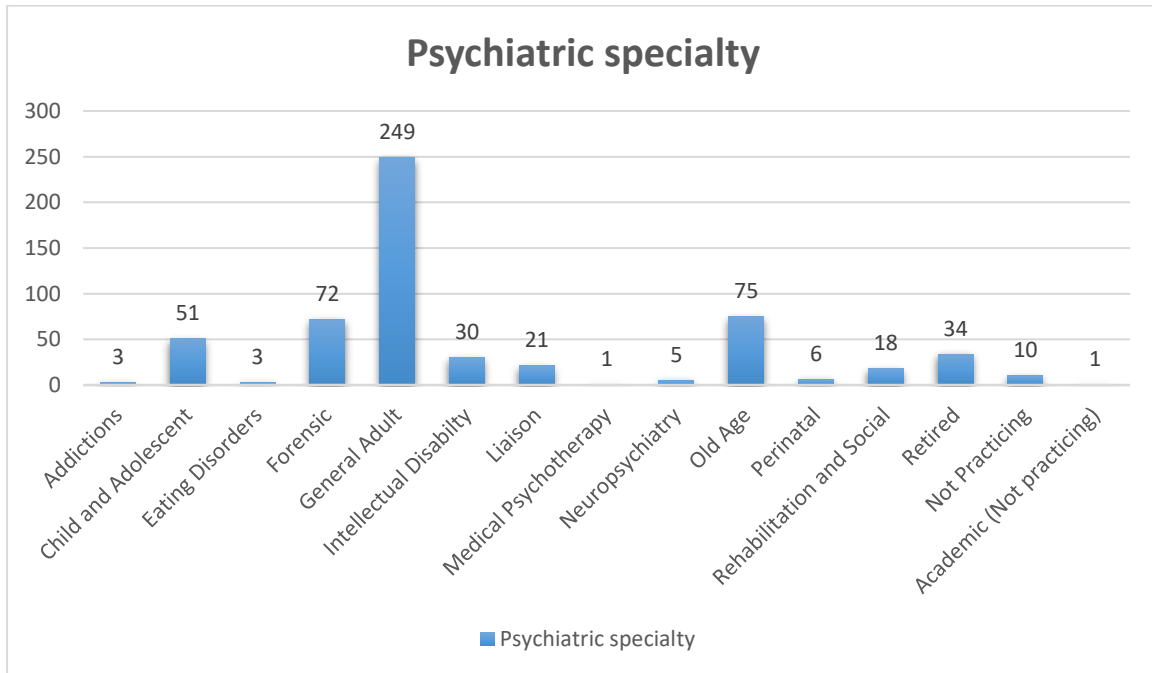
Division	Response rate (as compared to the number of members of the Division)
Eastern	4.68%
London	3.34%
Northern & Yorkshire	5.55%
North West	3.78%
South Eastern	3.85%
South West	4.71%
Trent	2.54%
Wales	7.21%
West Midlands	4.37%



### Psychiatric specialty demographics

All psychiatric specialties were represented in the survey. The responses from each speciality are detailed in the below graph.

## RCPsych Members' Survey: Mental Health White Paper 2021



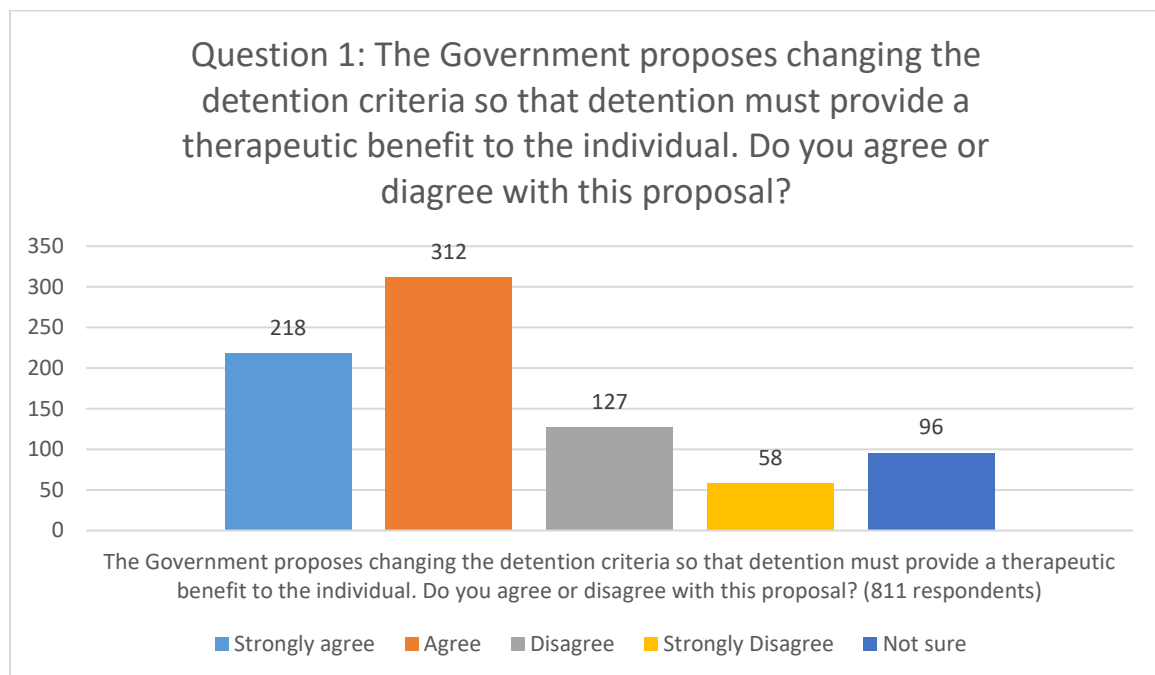
## Part 1: Principles of the Mental Health Act

We asked members their thoughts on changing the detention criteria so that detention must provide a therapeutic benefit to the individual.

### Question 1:

'The Government proposes changing the detention criteria so that detention must provide a therapeutic benefit to the individual. Do you agree or disagree with this proposal?'

- 26.88% of respondents said they strongly agreed
- 38.47% of respondents said they agreed
- 15.66% of respondents said they disagreed
- 7.15% of respondents said they strongly disagreed
- 11.84% of respondents said they were not sure



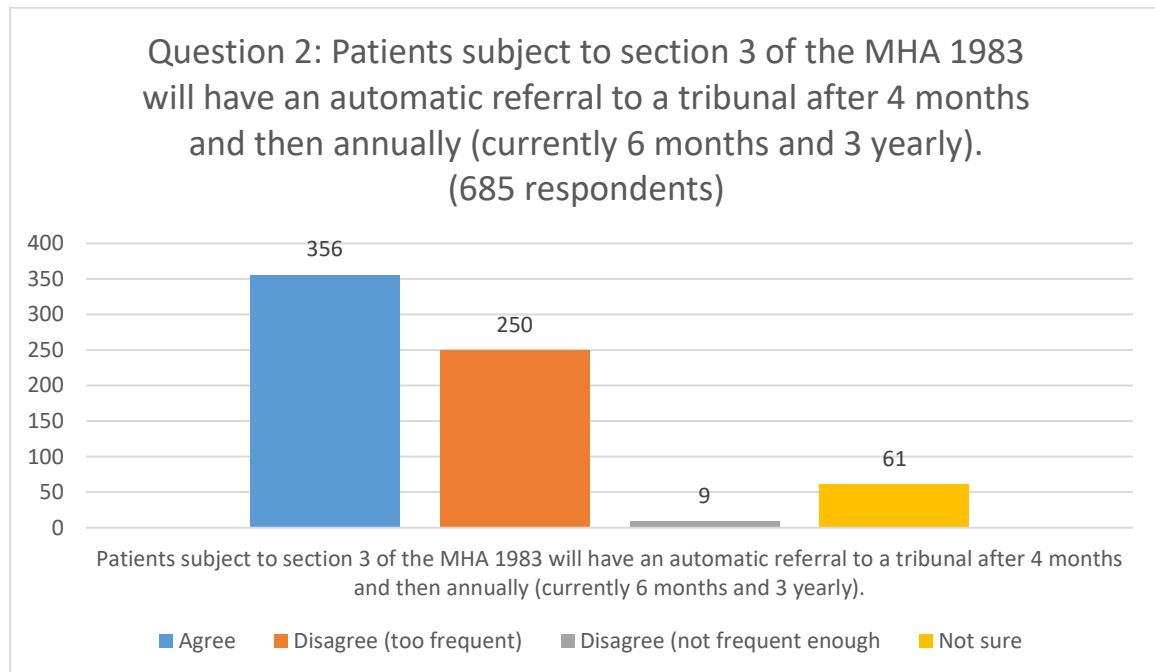
## Part 2: Tribunals – timeframes and powers

We asked members their thoughts on proposals for changing the timeframes for automatic referral to tribunals and the proposed changes to the powers and responsibilities of tribunals.

### Question 2:

'Patients subject to section 3 of the MHA 1983 will have an automatic referral to a tribunal after 4 months and then annually (currently 6 months and 3 yearly).'

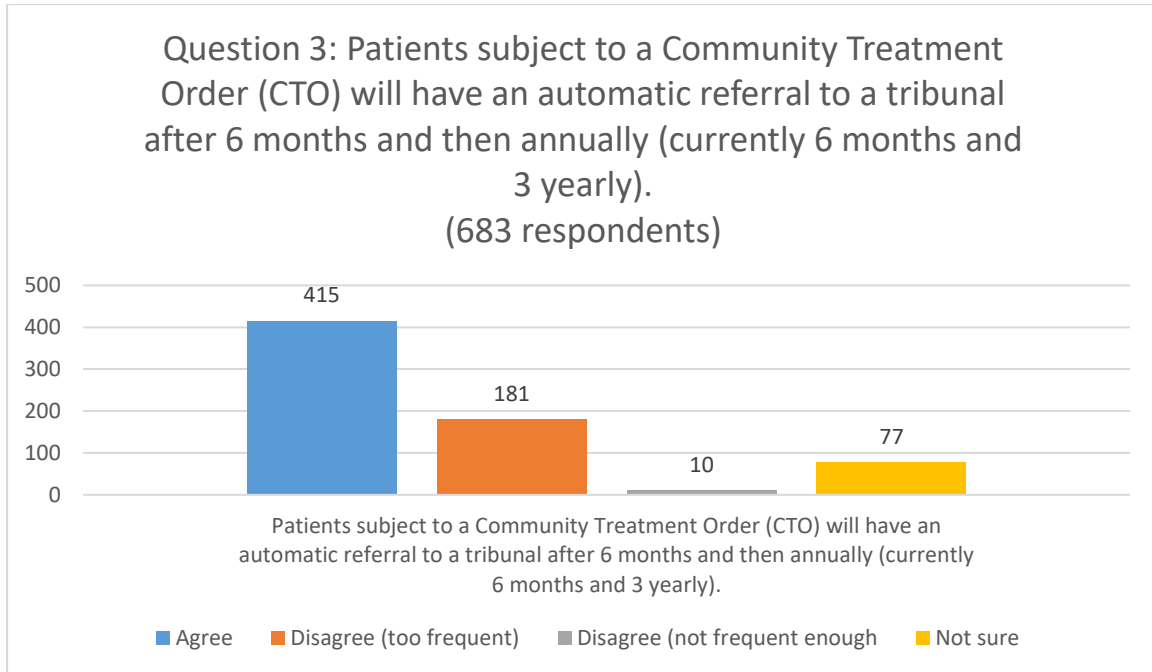
- 53.28% of respondents agreed
- 36.5% disagreed (too frequent)
- 1.31% disagreed (not frequent enough)
- 8.91% were not sure



### Question 3

'Patients subject to a Community Treatment Order (CTO) will have an automatic referral to a tribunal after 6 months and then annually (currently 6 months and 3 yearly).'

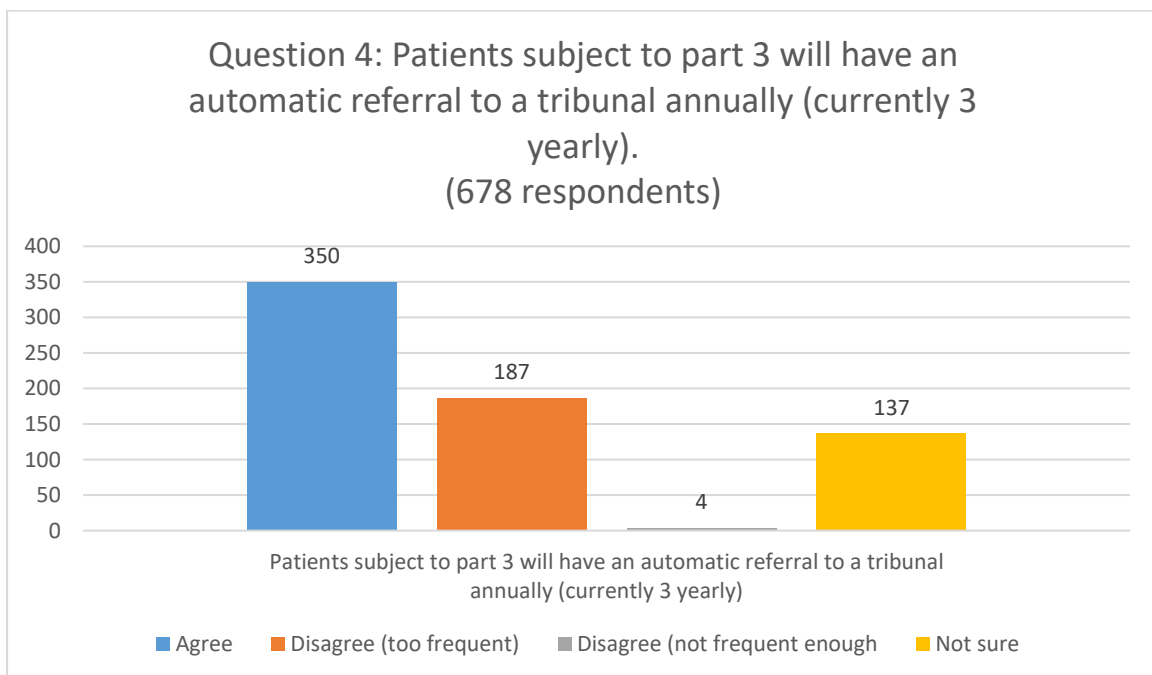
- 60.76% of respondents agreed
- 26.5% disagreed (too frequent)
- 1.46% disagreed (not frequent enough)
- 11.27% were not sure



**Question 4**

Patients subject to part 3 will have an automatic referral to a tribunal annually (currently 3 yearly).

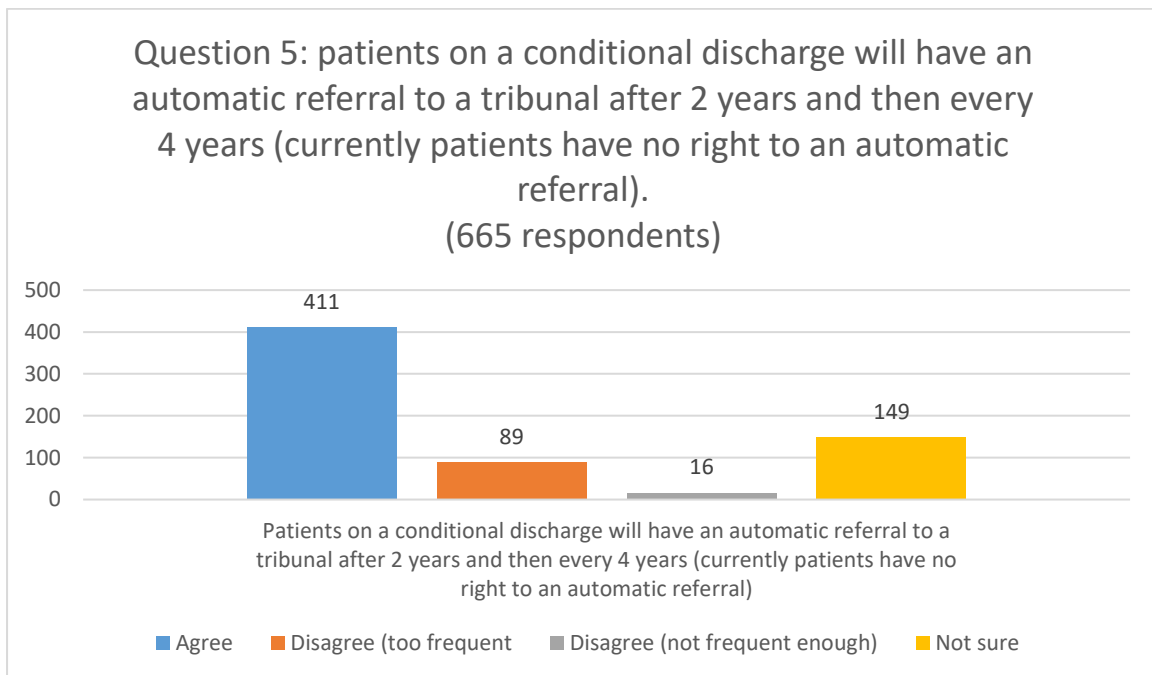
- 51.62% of respondents agreed
- 27.58% disagreed (too frequent)
- 0.59% disagreed (not frequent enough)
- 20.21% were not sure



## Question 5

Patients on a conditional discharge will have an automatic referral to a tribunal after 2 years and then every 4 years (currently patients have no right to an automatic referral).

- 51.62% of respondents agreed
- 27.58% disagreed (too frequent)
- 0.59% disagreed (not frequent enough)
- 20.21% were not sure

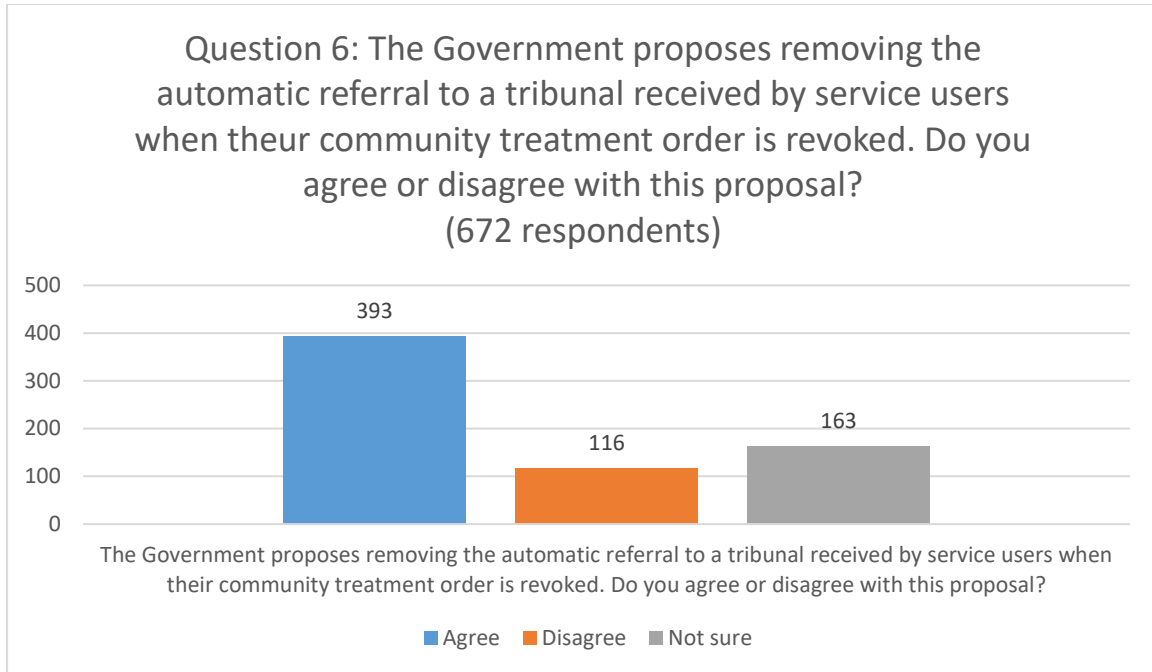


## Question 6

The Government proposes removing the automatic referral to a tribunal received by service users when their community treatment order is revoked. Do you agree or disagree with this proposal?

- 58.48% of respondents agreed
- 17.26% disagreed
- 24.26% were not sure

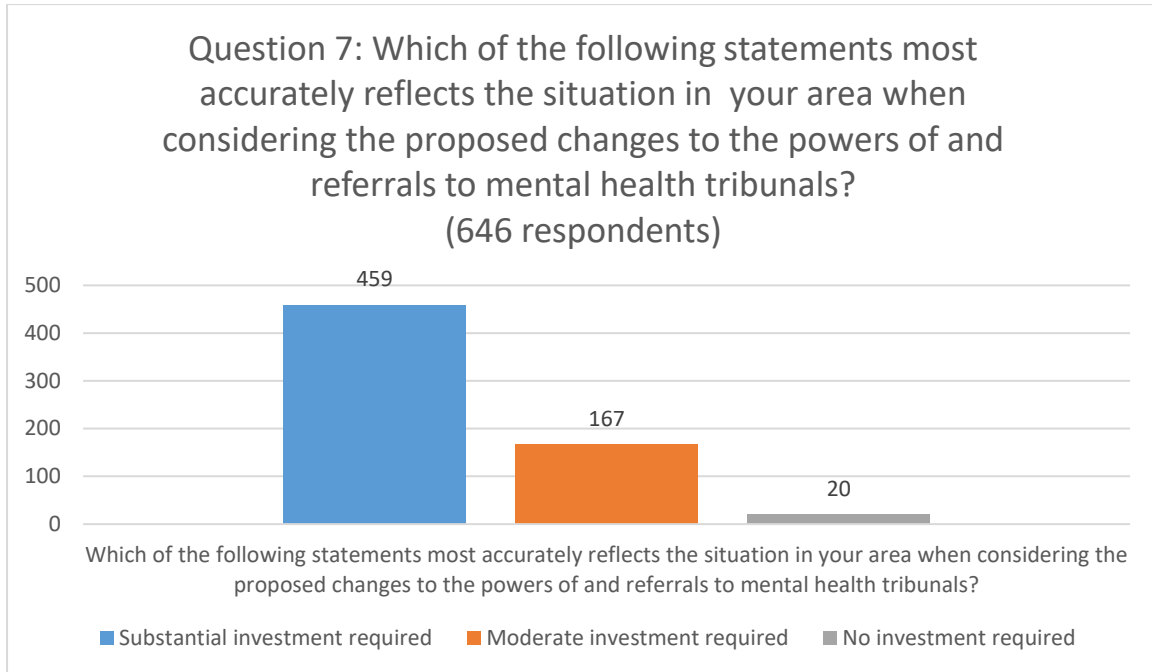




### Question 7

Which of the following statements most accurately reflects the situation in your area when considering the proposed changes to the powers of and referrals to mental health tribunals?

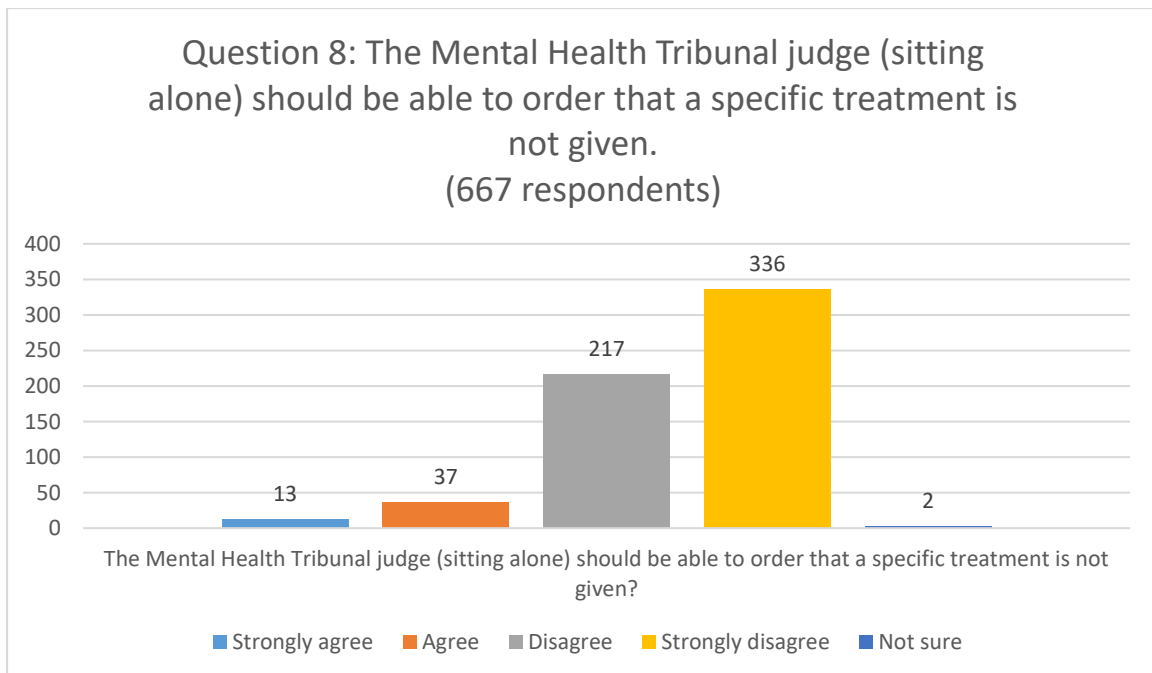
- 71.05% of respondents said to successfully implement the proposed changes to mental health tribunals, substantial investment would be required to ensure sufficient workforce is in place
- 25.85% of respondents said to successfully implement the proposed changes to mental health tribunals, moderate investment would be required to ensure sufficient workforce is in place
- 3.1% of respondents said to successfully implement the proposed changes to mental health tribunals, no investment would be required to ensure sufficient workforce is in place



**Question 8**

The Mental Health Tribunal judge (sitting alone) should be able to order that a specific treatment is not given?

- 1.95% of respondents strongly agreed
- 5.55% of respondents agreed
- 32.53% of respondents disagreed
- 50.37% of respondents strongly disagreed
- 9.6% of respondents were not sure



### Part 3: Patient consent and refusal of medical treatment

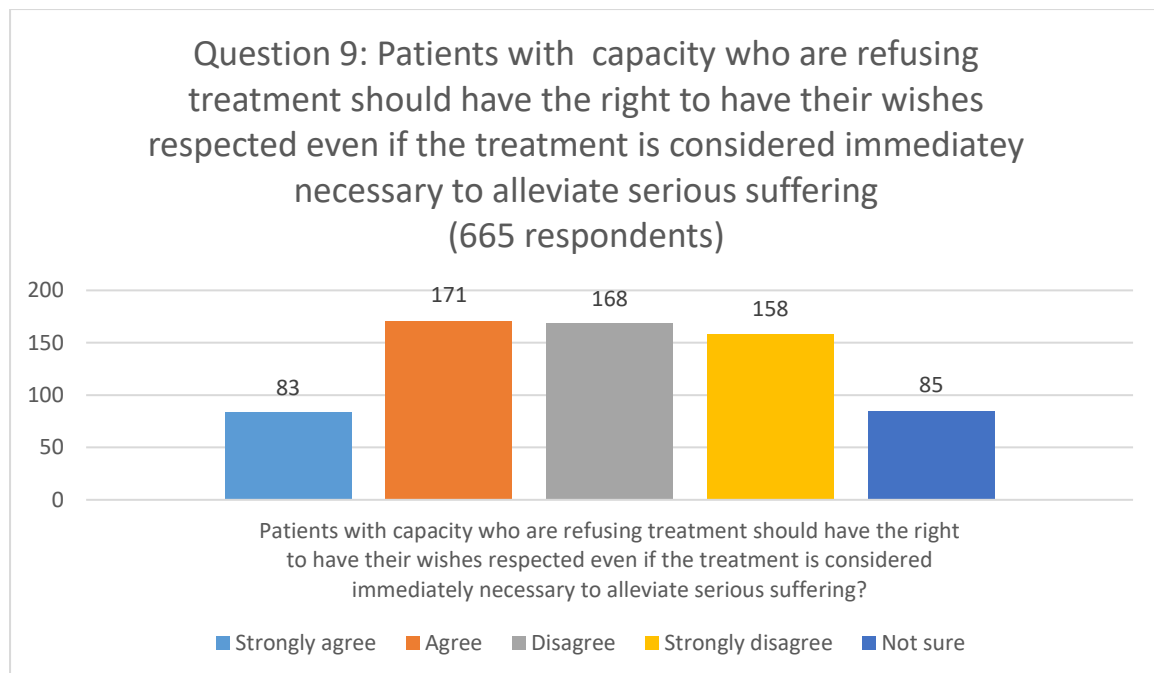
This section was aimed to gauge the opinion of members on a question from the White Paper on whether patients with capacity who are refusing treatment should have the right to have their wishes respected, even if the treatment is considered immediately necessary to alleviate serious suffering.

\*Note: Question 9 was potentially confusing as it does not define what is meant by treatment – answers would likely change whether referring to admission to a safe space or provision of medication. Results should thus be treated with caution.\*

#### Question 9

Patients with capacity who are refusing treatment should have the right to have their wishes respected even if the treatment is considered immediately necessary to alleviate serious suffering?

- 12.48% of respondents strongly agreed
- 25.71% agreed
- 25.26% disagreed
- 23.76% strongly disagreed
- 12.78% were unsure

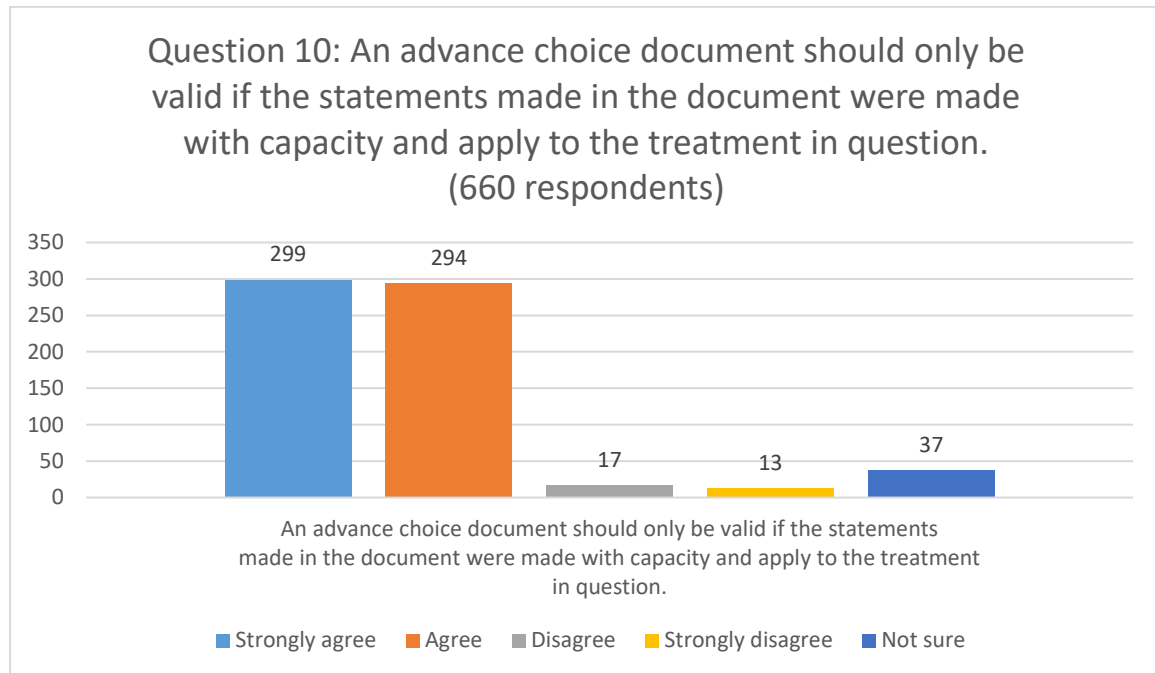


## Part 4: Patient autonomy: Nominated Person, Advance Choice Documents and Care and Treatment Plans

This section was aimed at establishing members' views on various proposals for improving patients' rights and autonomy, including proposals on the new Nominated Person and proposals on Advance Choice Documents and Care and Treatment Plans.

### Question 10

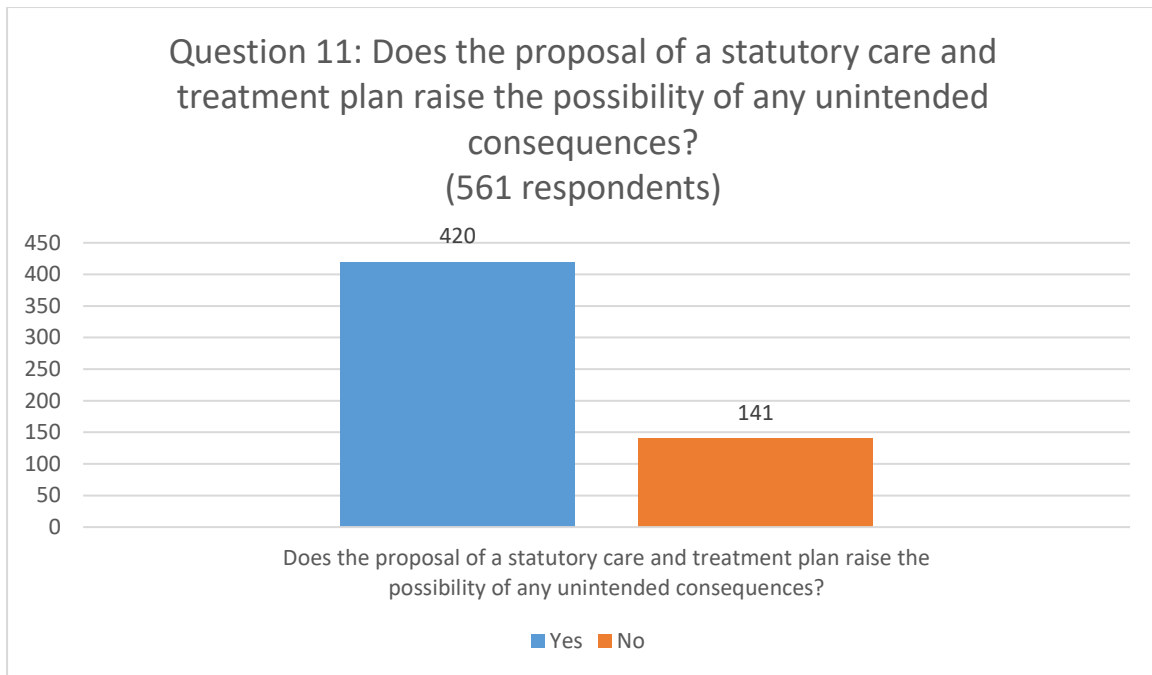
An advance choice document should only be valid if the statements made in the document were made with capacity and apply to the treatment in question.



### Question 11

Does the proposal of a statutory care and treatment plan raise the possibility of any unintended consequences?

- 74.87 of respondents said yes
- 25.13% of respondents said no



**Question 12**

Aside from changes to the law, what other changes would be required to make this proposal successful (please tick all that apply)

- 86.42% of respondents said increased workforce recruitment
- 83.11% of respondents said increased financial resources for services
- 78.64% of respondents said increased training
- 70.2% of respondents said changes to culture of working
- 0.83% said no change required

## Part 5: Intellectual Disability and Autism

This section was aimed at establishing members' views on the proposed changes for how Intellectual Disability and Autism are treated under the Act. Our questions focussed on the proposed changes, the necessary changes in service provision and our members' views on the distinction made between parts 2 and 3 of the Act.

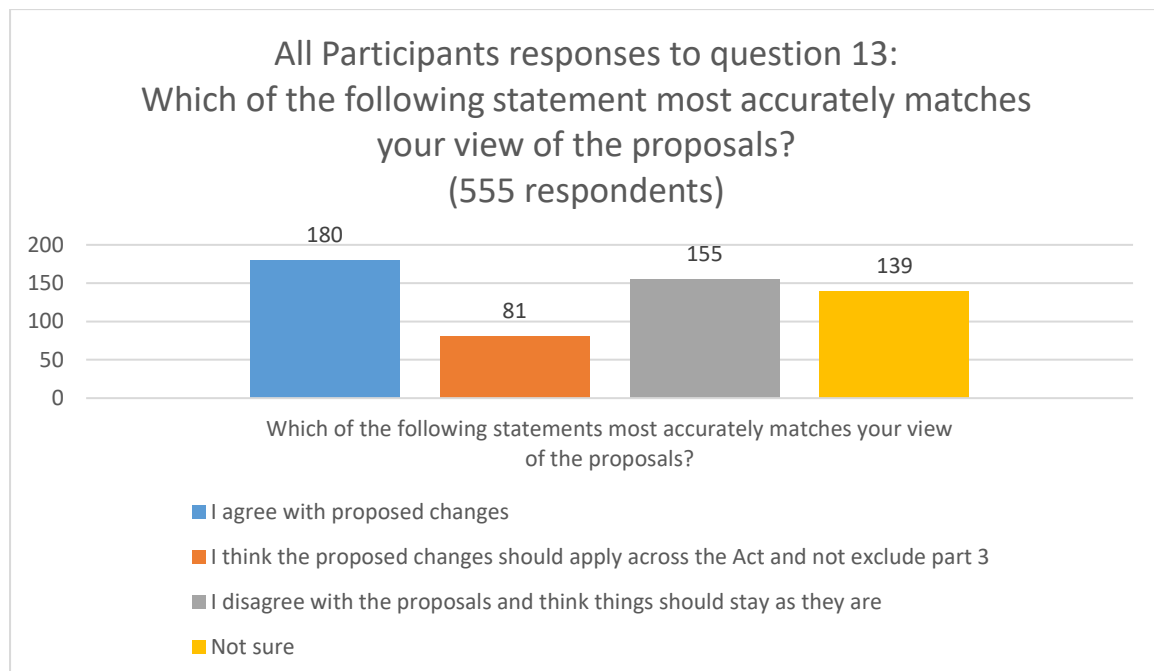
For these questions, we have highlighted the data gathered specifically from Intellectual Disability specialists as this is an area where their insight is essential.

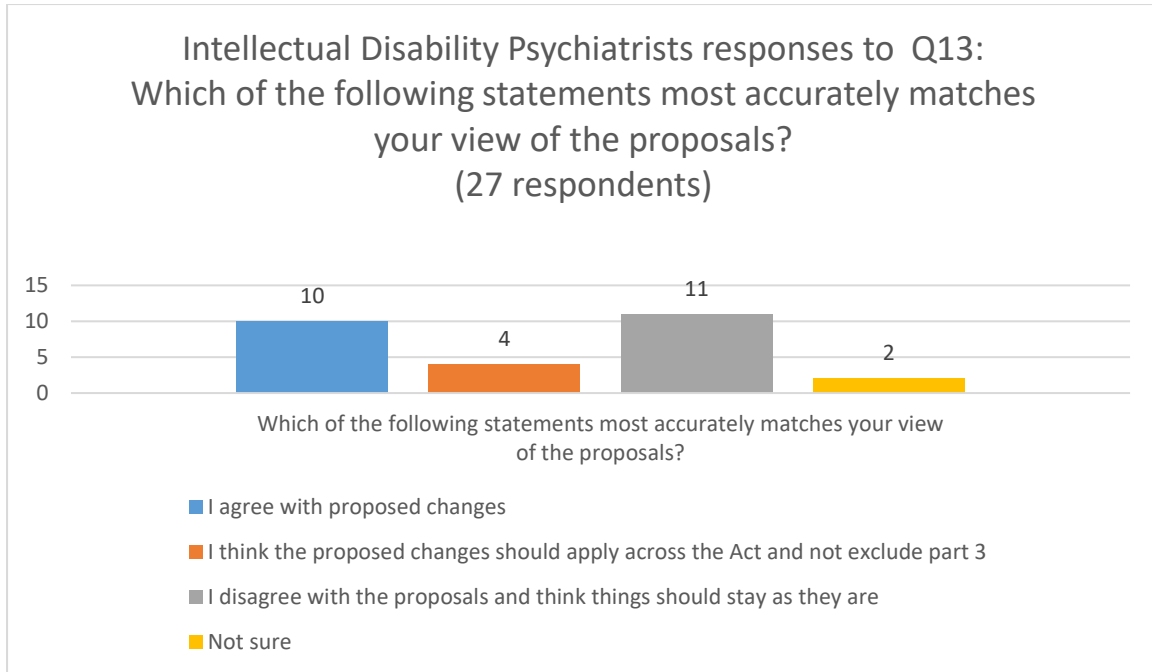
Similarly, some of these questions specifically relate to forensic aspects of Part 3 of the Act, and in those instances, we have included responses just from forensic psychiatrist respondents.

### Question 13

Participants were asked which of a series of statements most accurately matches their view of the proposals?

- 32.43% of all participants said they agree with the proposed changes. This compares to 37.04% of ID specialist respondents.
- 14.59% said they think the proposed changes should apply across the Act and not exclude part 3. This compares to 14.81% of ID specialist respondents.
- 27.93% said they disagree with the proposals and think things should stay as they are. This compares to 40.74% of ID specialist respondents.
- 25.05% were not sure. This compares to 7.41% of ID specialist respondents.

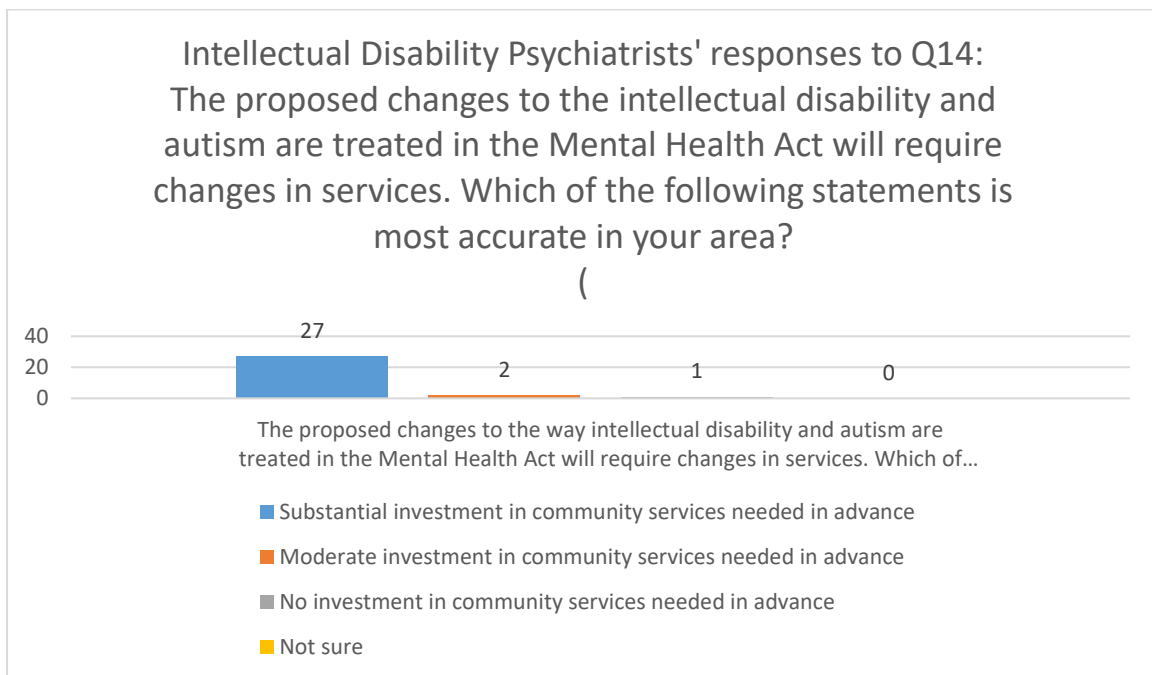
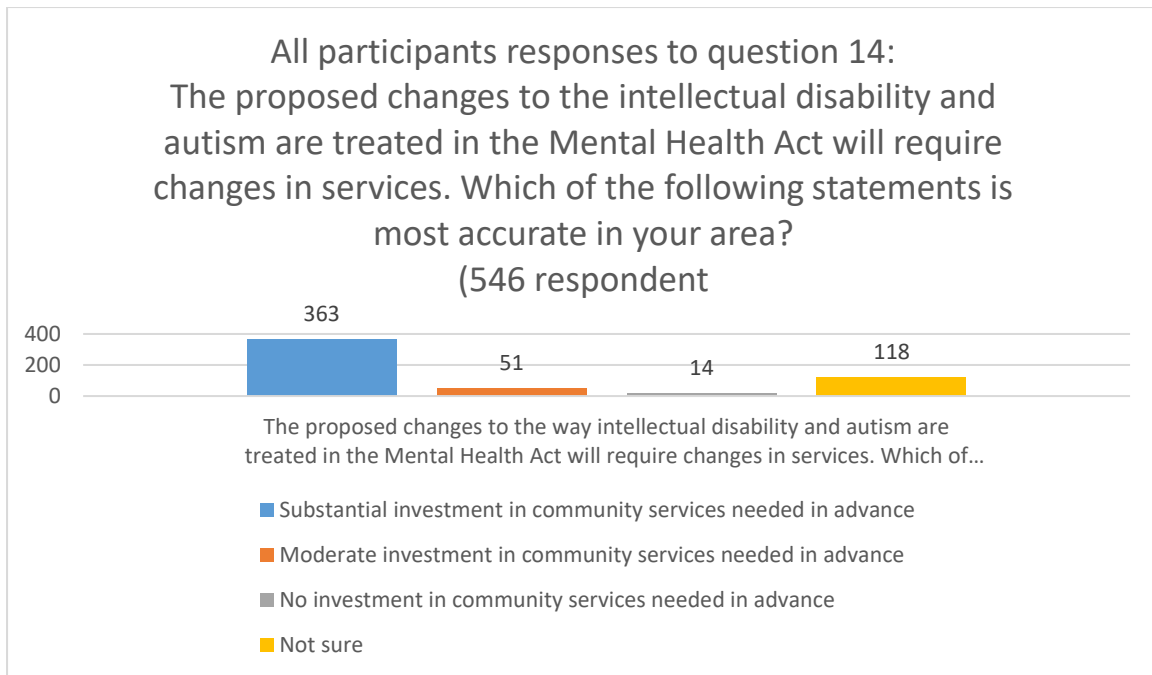




#### Question 14

The proposed changes to the way intellectual disability and autism are treated in the Mental Health Act will require changes in services. Which of the following statements is most accurate in your area?

- 66.4% of all participants said substantial investment in community services and an expansion of the workforce is required in advance of the changes coming into place. This compares to 90% of ID specialist respondents.
- 9.34% of all participants said moderate investment in community services and an expansion of the workforce is required in advance of the changes coming into place. This compares to 6.67% of ID specialist respondents.
- 2.56% of all participants said no investment in community services and an expansion of the workforce is required in advance of the changes coming into place. This compares to 3.37% of ID specialist respondents.
- 21.61% of all participants were not sure. This compares to 0% of ID specialist respondents.



**Question 15**

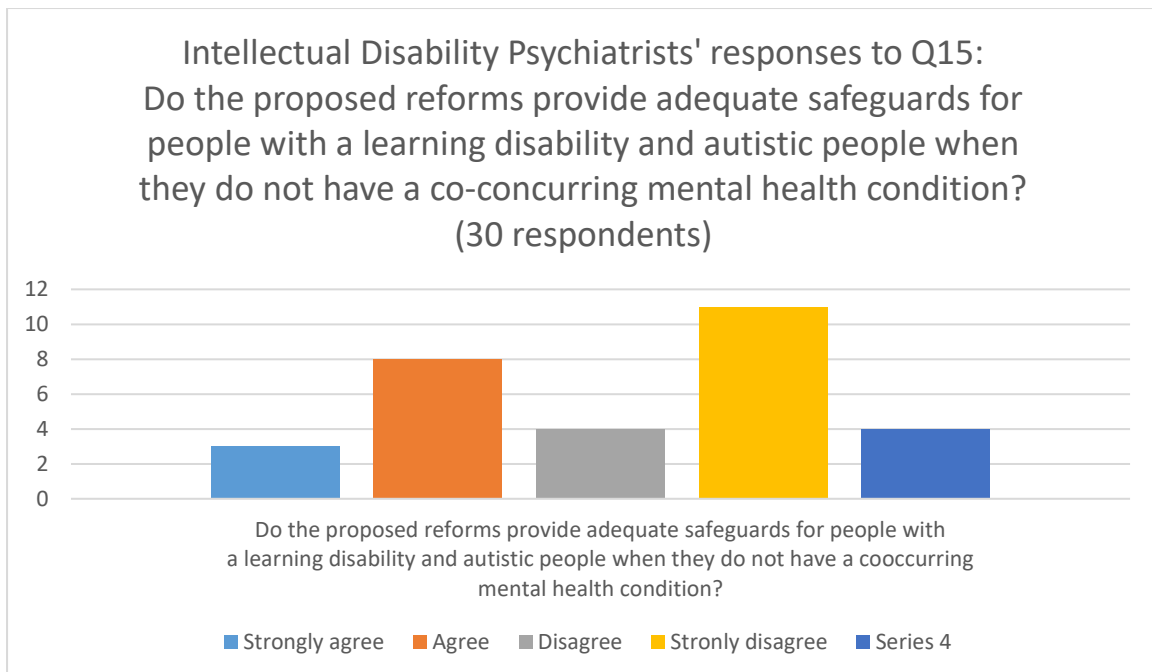
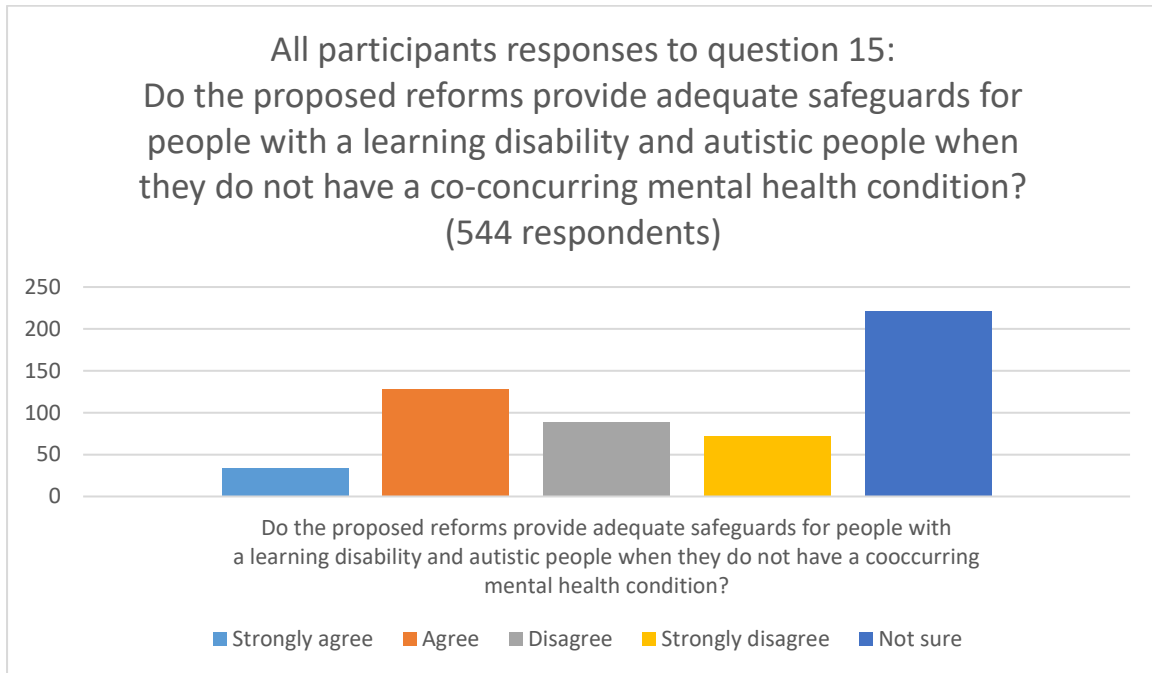
Do the proposed reforms provide adequate safeguards for people with a learning disability and autistic people when they do not have a co-occurring mental health condition?

- 6.25% of all participants strongly agreed. This compares to 10% of ID specialist respondents.
- 23.53% of all participants agreed. This compares to 26.67% of ID specialist respondents.



## RCPsych Members' Survey: Mental Health White Paper 2021

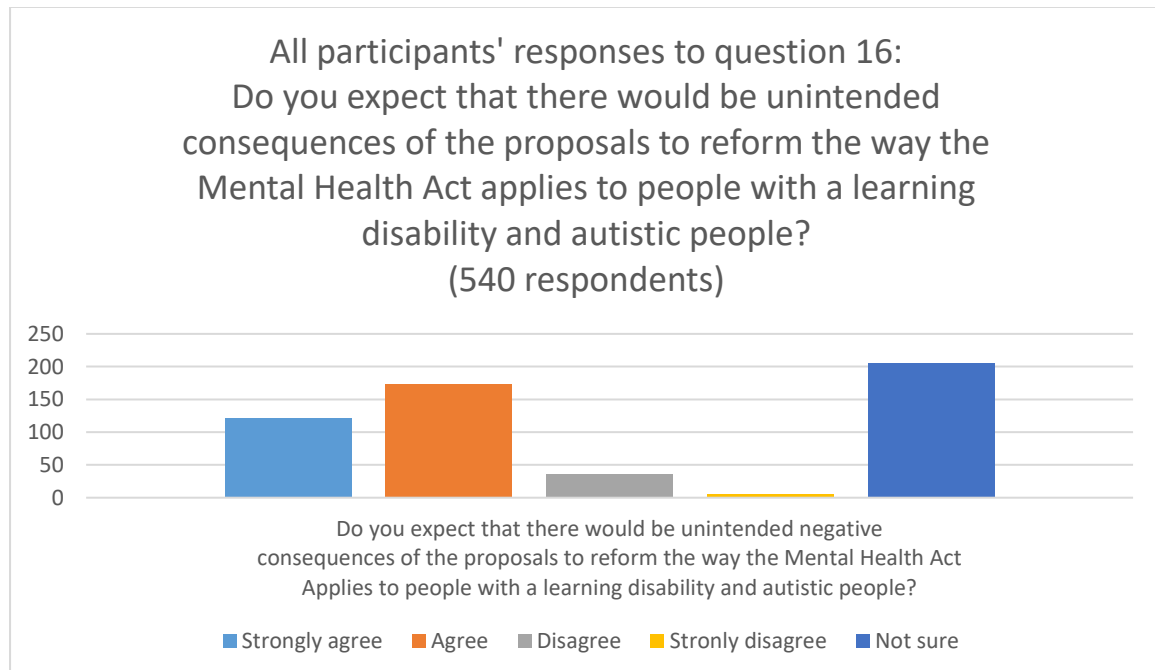
- 16.36% of all participants disagreed. This compares to 13.33% of ID specialist respondents.
- 13.24% of all participants strongly disagreed. This compares to 36.67% of ID specialist respondents.
- 40.63% of all participants were not sure. This compares to 13.33% of ID specialist respondents.

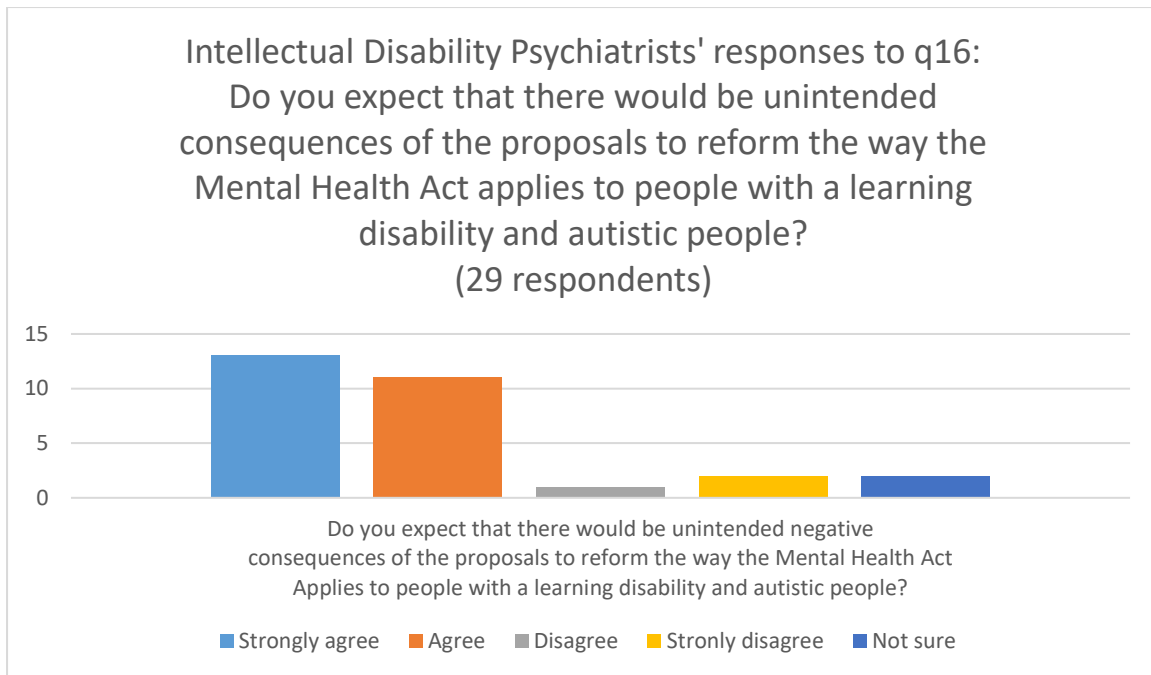


### Question 16

Do you expect that there would be unintended negative consequences of the proposals to reform the way the Mental Health Act applies to people with a learning disability and autistic people?

- 22.41% of all participants strongly agreed. This compares to 44.83% of ID specialist respondents.
- 32.04% of all participants agreed. This compares to 37.93% of ID specialist respondents.
- 6.67% of all participants disagreed. This compares to 3.45% of ID specialist respondents.
- 0.93% of all participants strongly disagreed. This compares to 6.9% of ID specialist respondents.
- 37.96% of all participants were not sure. This compares to 6.9% of ID specialist respondents.

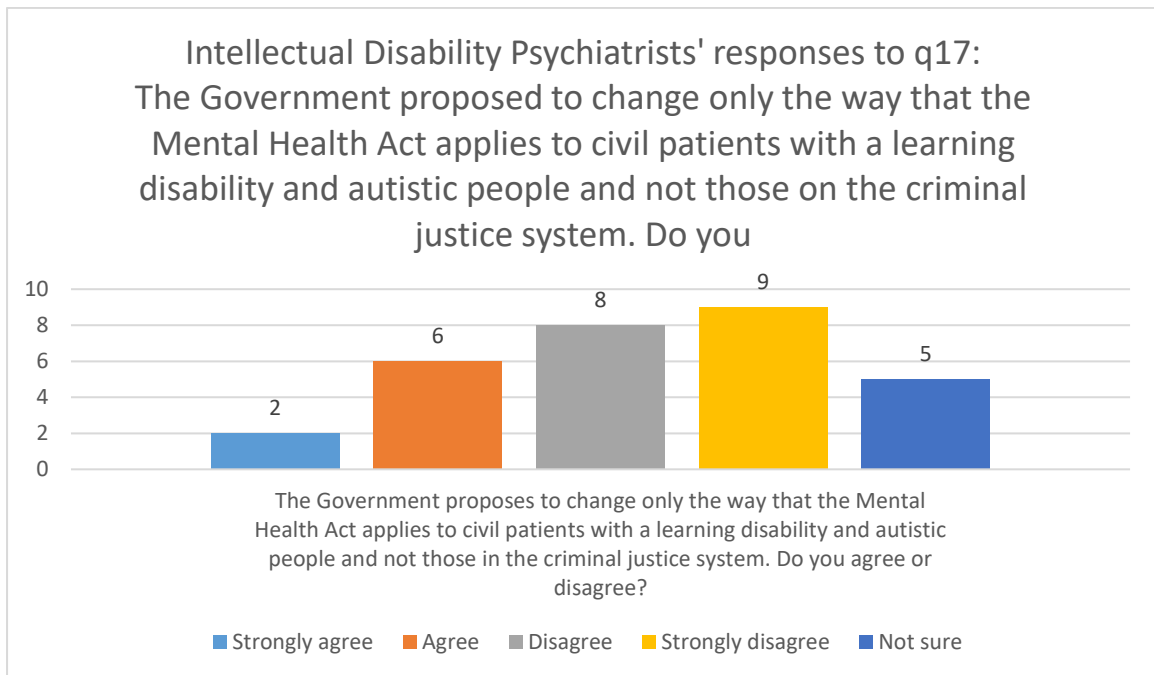
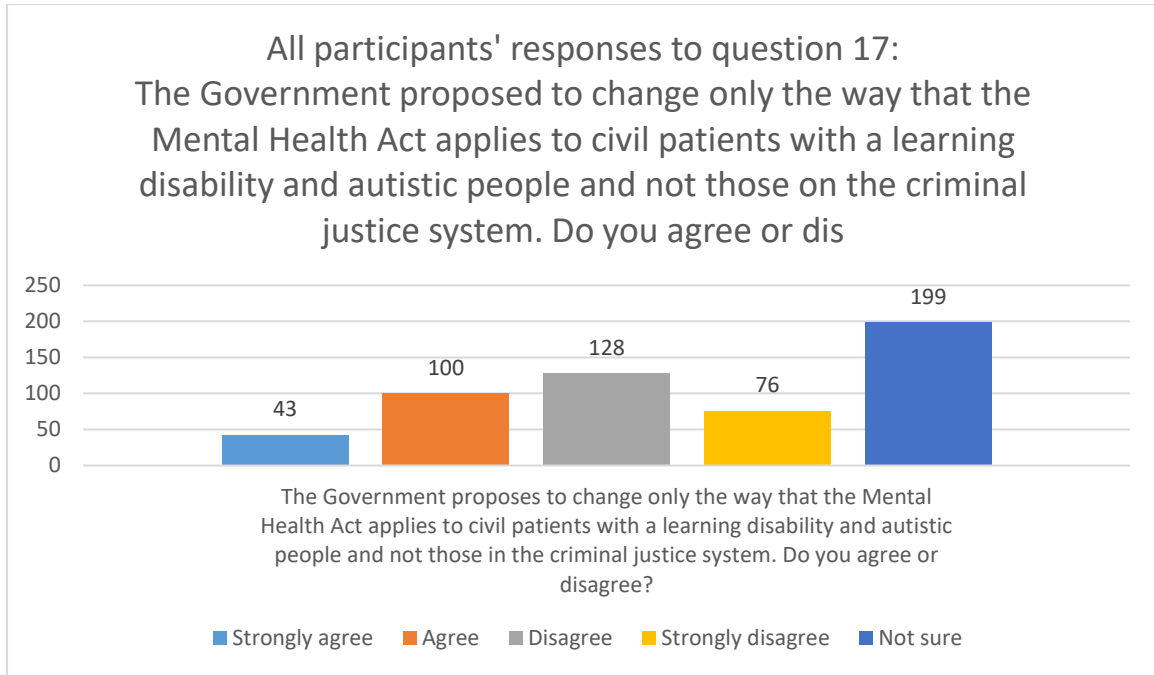


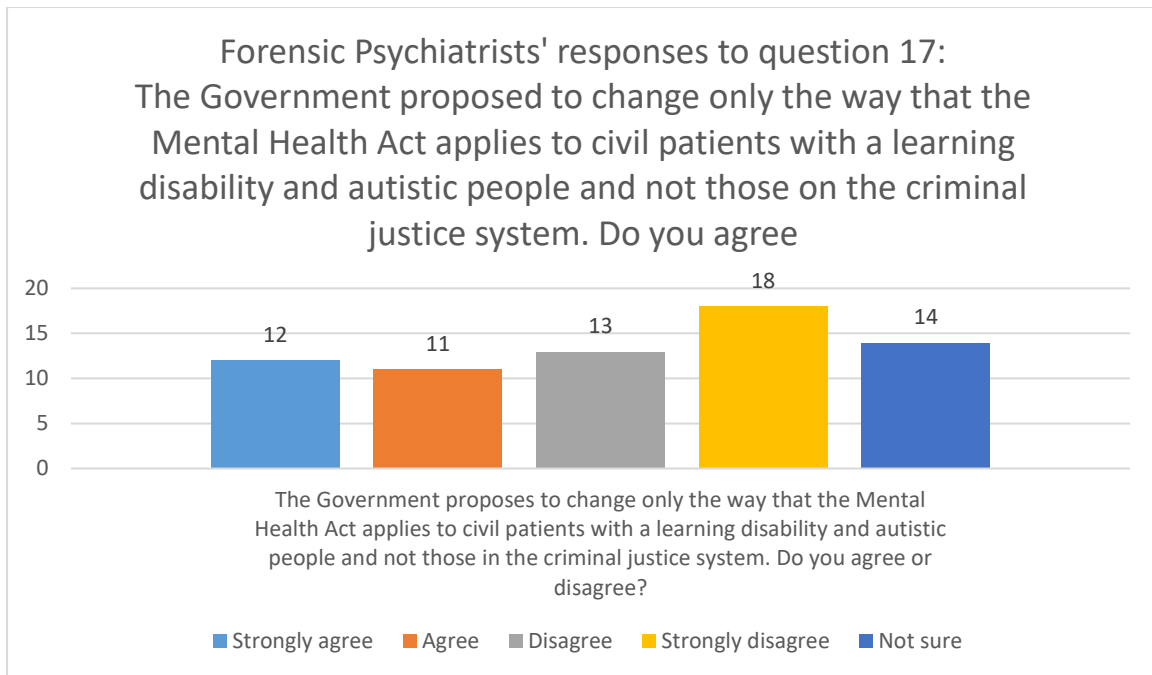


**Question 17**

The Government proposes to change only the way that the Mental Health Act applies to civil patients with a learning disability and autistic people and not those in the criminal justice system. Do you agree or disagree?

- 7.88% of all participants strongly agreed. This compares to 6.67% of ID specialist respondents and 17.65% of Forensic respondents.
- 18.32% of all participants agreed. This compares to 20% of ID specialist respondents and 16.18% of Forensic respondents.
- 23.44% of all participants disagreed. This compares to 26.67% of ID specialist respondents and 19.12% of Forensic respondents.
- 13.92% of all participants strongly disagreed. This compares to 30% of ID specialist respondents and 26.47% of Forensic respondents.
- 36.45% of all participants were not sure. This compares to 16.67% of ID specialist respondents and 20.59% of Forensic respondents.

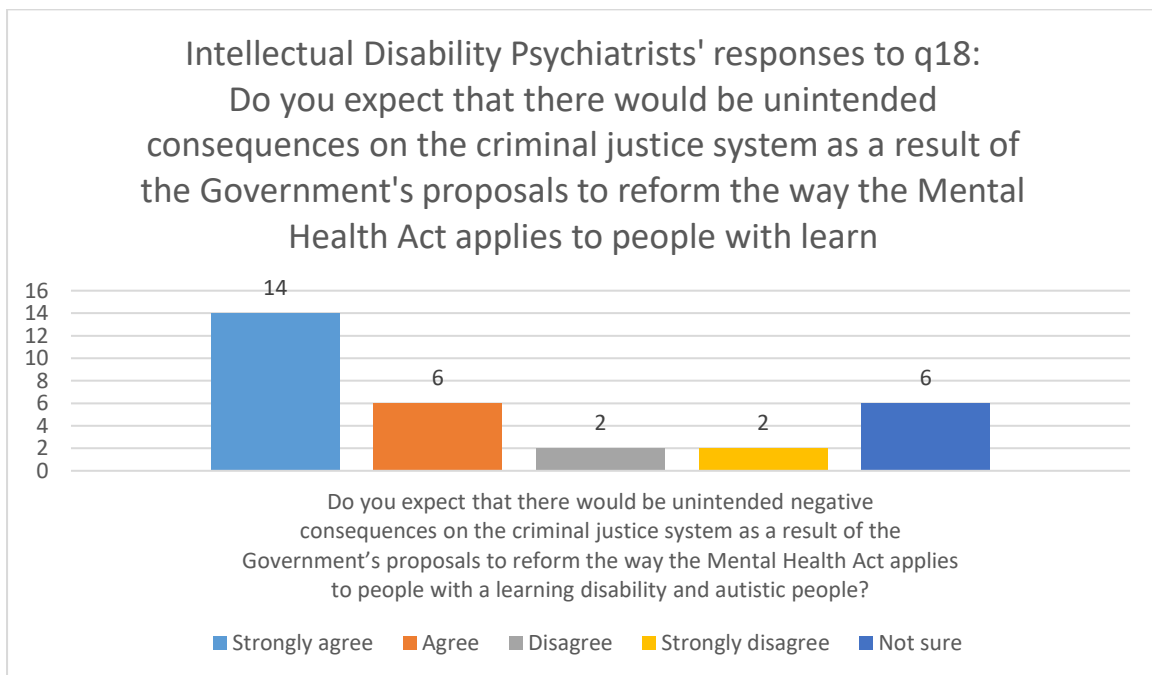
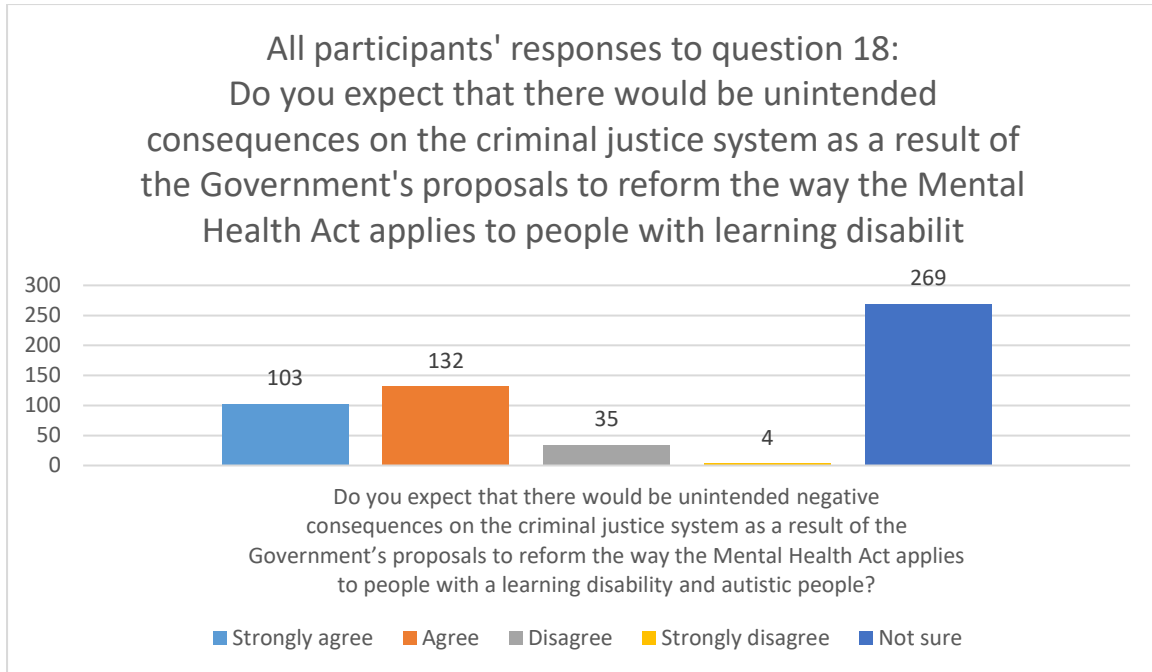


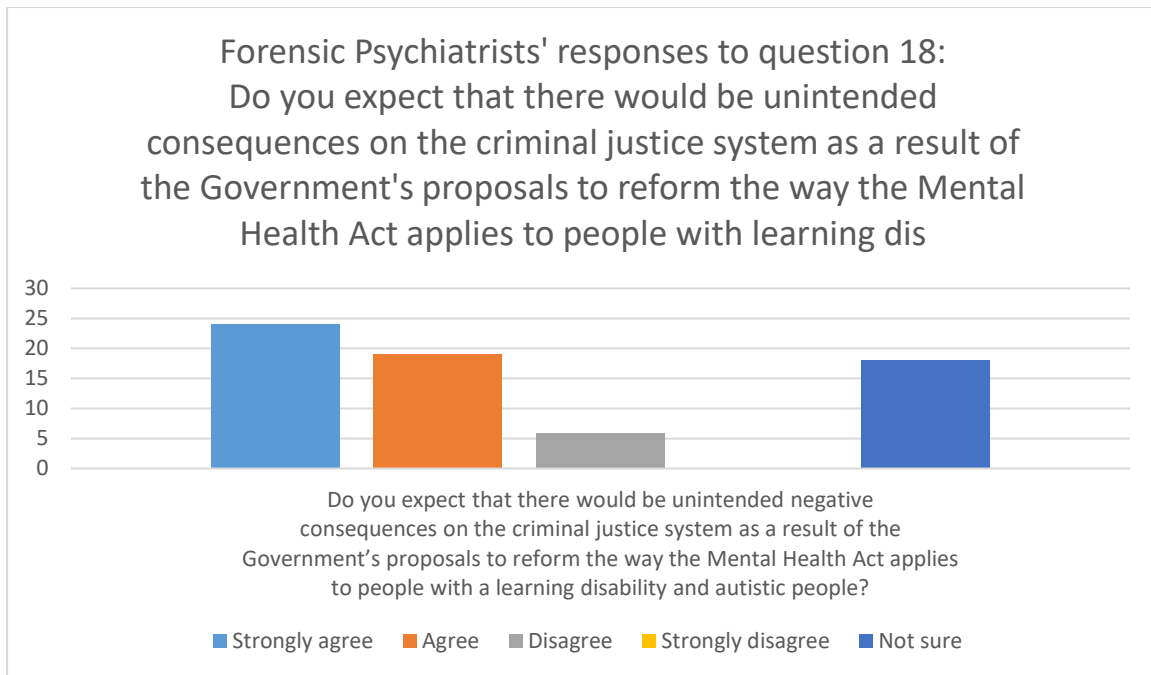


**Question 18**

Do you expect that there would be unintended negative consequences on the criminal justice system as a result of the Government's proposals to reform the way the Mental Health Act applies to people with a learning disability and autistic people?

- 18.97% of all participants strongly agreed. This compares to 46.67% of ID specialist respondents and 35.82% of Forensic respondents.
- 24.32% of all participants agreed. This compares to 20% of ID specialist respondents and 28.36% of Forensic respondents.
- 6.45% of all participants disagreed. This compares to 6.67% of ID specialist respondents and 8.96% of Forensic respondents.
- 0.74% of all participants strongly disagreed. This compares to 6.67% of ID specialist respondents and 0% of Forensic respondents.
- 49.54% of all participants were not sure. This compares to 20% of ID specialist respondents and 26.87% of Forensic respondents.





## Part 6: Part 3 of MHA and Criminal Justice System

This section was aimed at establishing members' views on the proposed changes in Part 3 of the MHA. It focuses on the specific question in the White Paper on transfers, but also on the new distinctions made between parts 2 and 3 of the Act.

For these questions, we have provided the data gathered specifically from Forensic specialists as this is an area where their insight is essential.

### Question 19

The survey set out new distinctions made between part 2 and 3 of the MHA in the White Paper:

The White Paper proposes a number of areas where reforms will differ for patients detained under Part 3 of the Act. These are explained as being due to the nature of the different provisions under Part 3; the need to protect the public from those who have been convicted of serious offences; and the need to ensure care and treatment is appropriate for the person it serves.

Briefly summarised, these distinctions include:

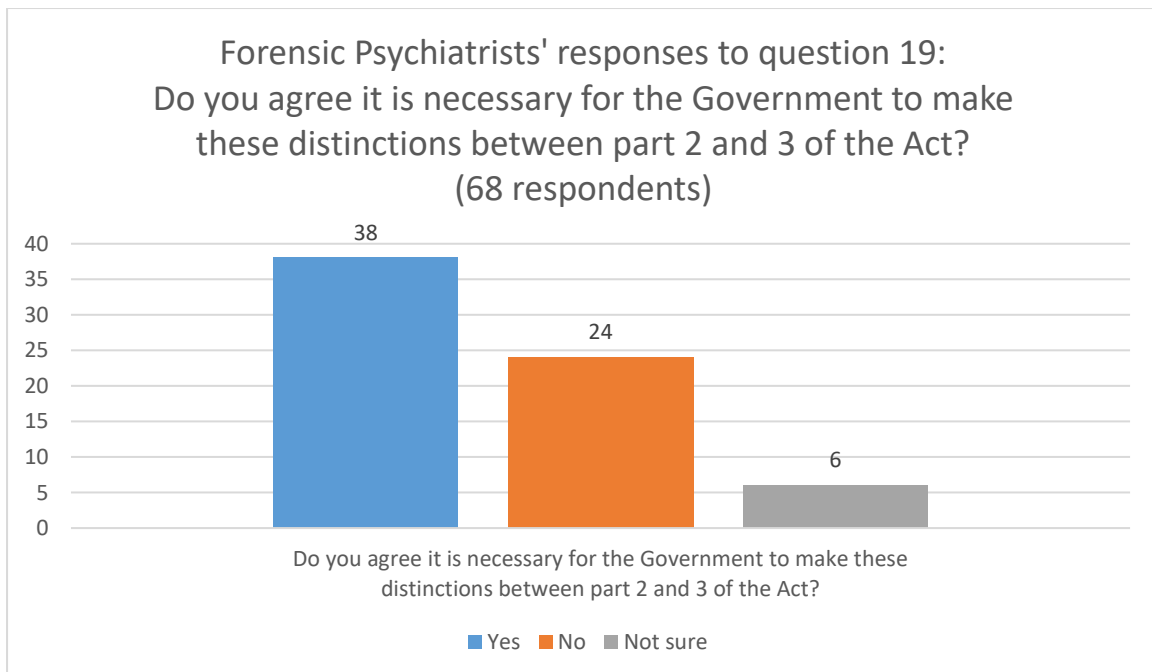
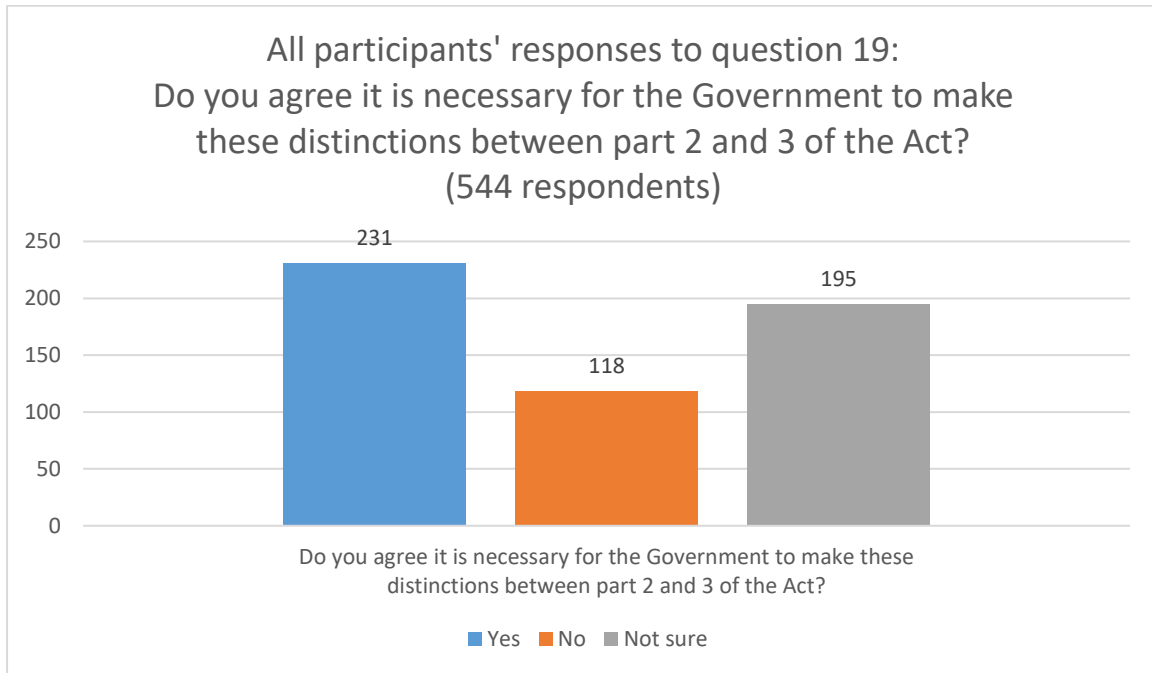
- Criteria for detention under the Act - where the Government does not propose to apply the reformed criteria to Part 3 patients
- A Nominated Person for a Part 3 patient will have limited powers
- Tribunal powers, and automatic referrals to the Tribunal will differ
- Changes proposed to the detention criteria for individuals with a learning disability and autistic people will not apply to Part 3 patients

Participants were then asked:

Do you agree it is necessary for the Government to make these distinctions between part 2 and 3 of the Act?

## RCPsych Members' Survey: Mental Health White Paper 2021

- 42.48% of all participants said yes. This compares to 55.88% of Forensic respondents.
- 14.86% of all participants said no. This compares to 35.29% of Forensic respondents.
- 42.67% of all participants were not sure. This compares to 8.82% of Forensic respondents.



### Question 20

The survey detailed Government proposals on speeding up transfers:



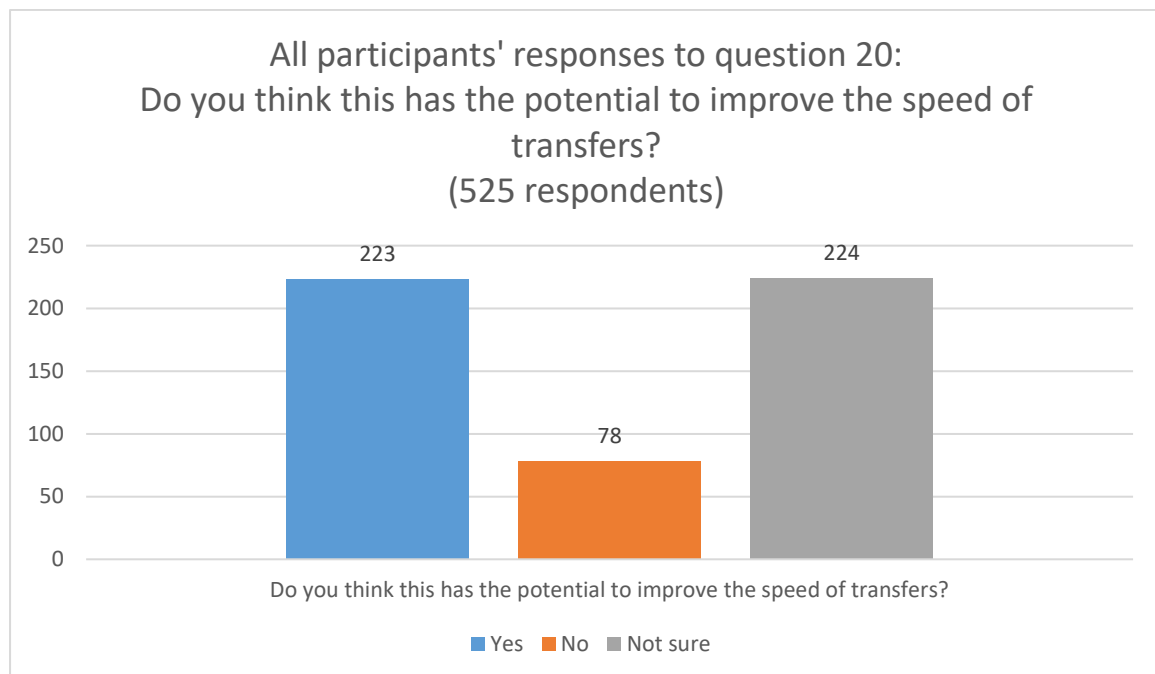
## RCPsych Members' Survey: Mental Health White Paper 2021

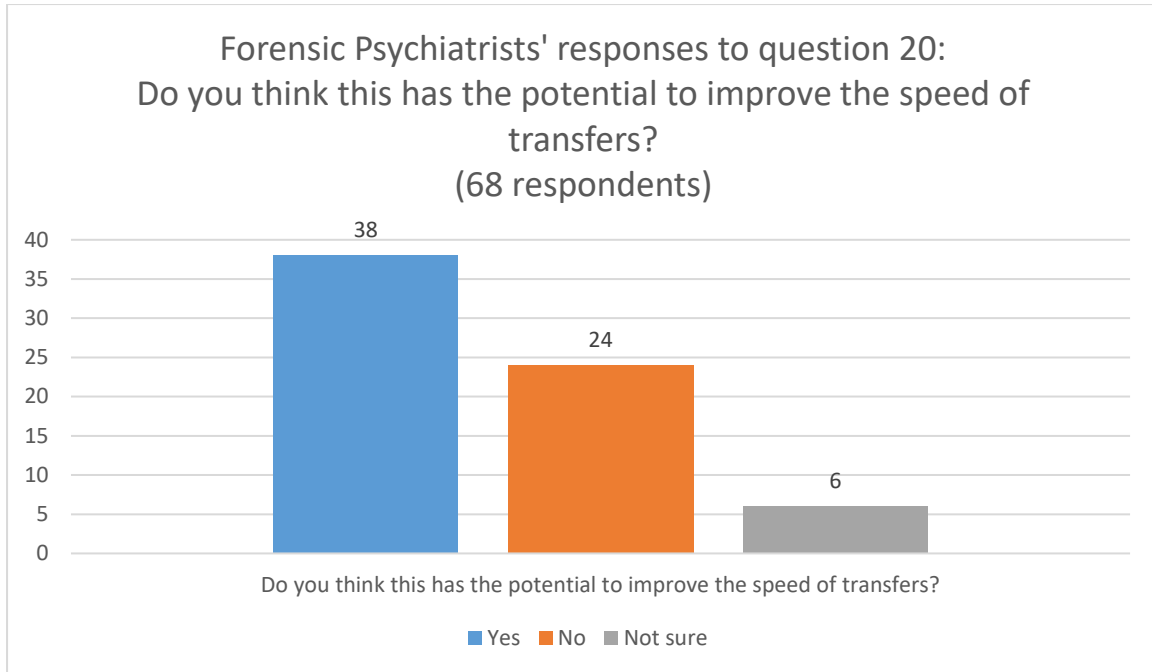
To speed up the transfer from prison or immigration removal centres (IRCs) to mental health inpatient settings, the Government proposes introducing a 28-day time limit, split into two sequential, statutory time limits of 14 days each: first from the point of initial referral to the first psychiatric assessment, and then from the first psychiatric assessment until the transfer takes place. This decision follows significant public consultation run by NHSEI. NHSEI will be issuing the final version of its guidance on transfers and remissions shortly, reflecting the beginning of the introduction of this change.

Participants were then asked:

Do you think this has the potential to improve the speed of transfers?

- 42.48 % of all participants said yes. This compares to 72.46% of Forensic respondents.
- 14.86% of all participants said no. This compares to 13.04% of Forensic respondents.
- 42.67% of all participants were not sure. This compares to 14.49% of Forensic respondents.

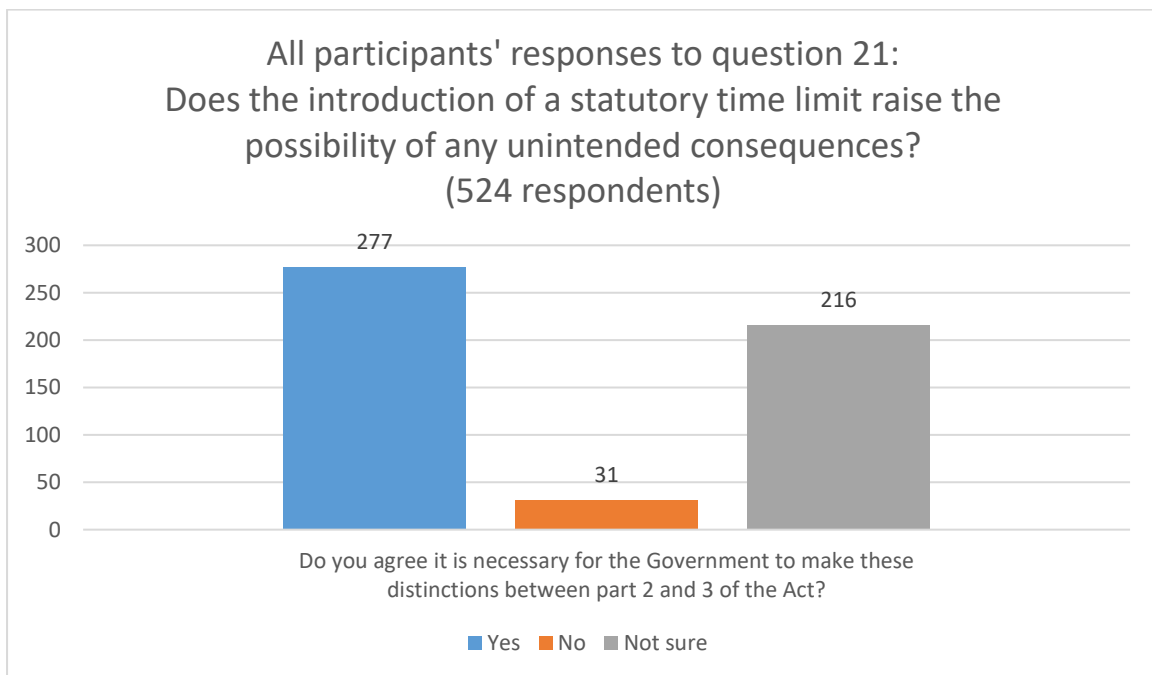


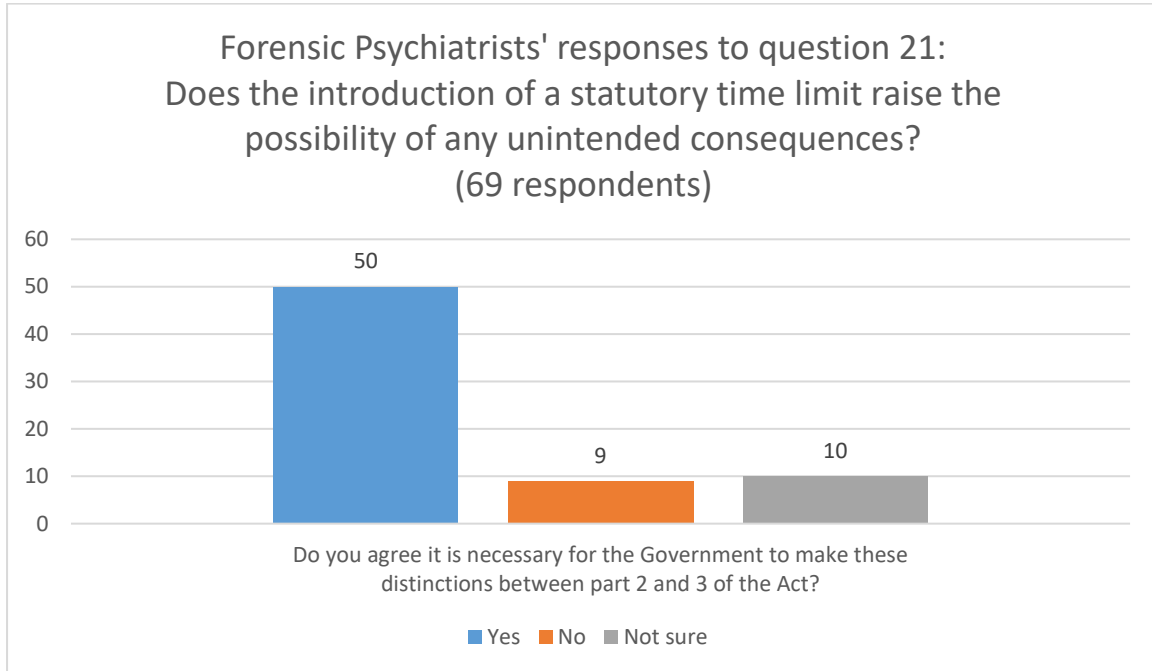


**Question 21**

Does the introduction of a statutory time limit raise the possibility of any unintended consequences?

- 42.48% of all participants said yes. This compares to 72.46% of Forensic respondents.
- 14.86% of all participants said no. This compares to 13.04% of Forensic respondents.
- 42.67% of all participants were not sure. This compares to 14.49% of Forensic respondents.

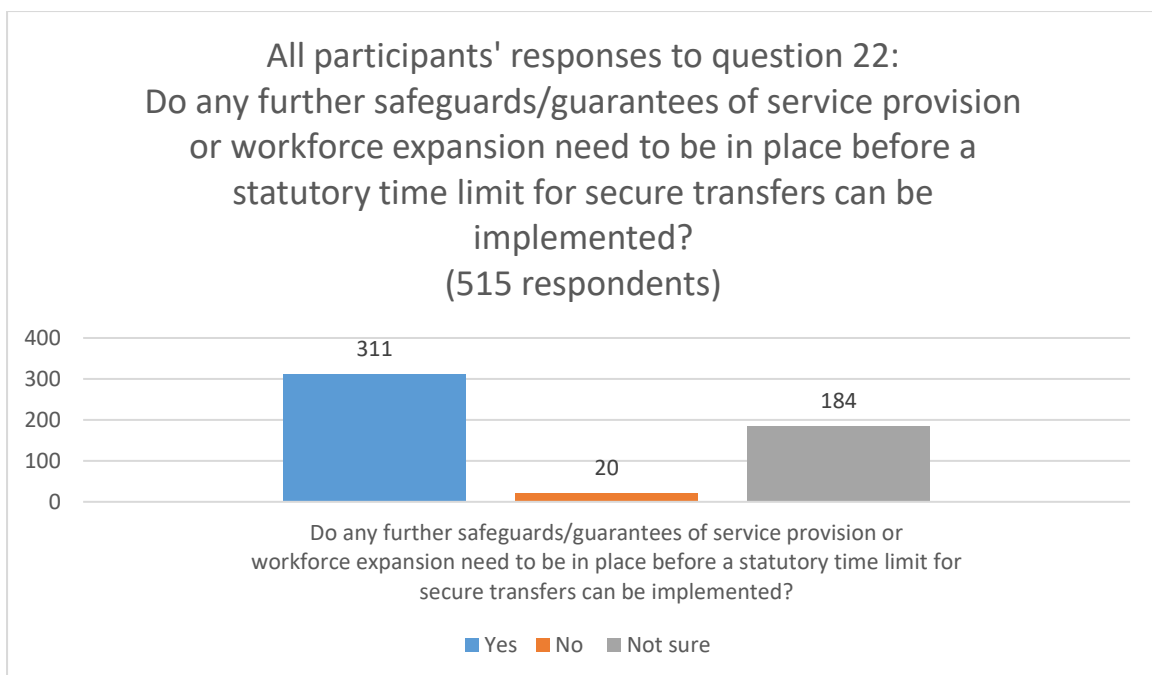


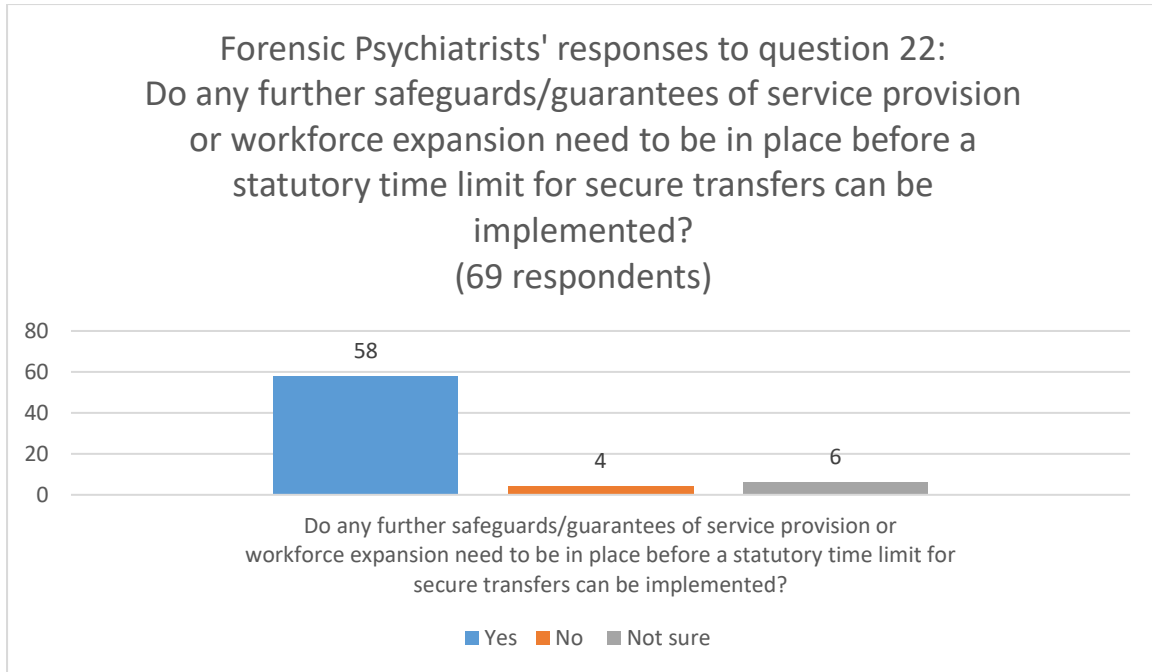


**Question 22**

Do any further safeguards/guarantees of service provision or workforce expansion need to be in place before a statutory time limit for secure transfers can be implemented?

- 60.39% of all participants said yes. This compares 85.29% of Forensic respondents.
- 3.88% of all participants said no. This compares to 5.88% of Forensic respondents.
- 35.73% of all participants were not sure. This compares to 8.82% of Forensic respondents.





**Conclusion**

These survey results have helped to inform RCPsych's response to the Government's 2021 White Paper on the Mental Health Act.