

Overall Views

1. Welcoming the Bill's Objectives:

We strongly welcome the Mental Health Bill's objectives to modernise mental health legislation, enhance patient autonomy, and improve care. These align with our charity's ethos of empowering individuals, respecting diversity, and advocating for equitable care.

- The Bill's focus on strengthening patient rights and limiting detentions under the Mental Health Act 1983 aligns with the overarching policy goals outlined in the Legislative Consent Memorandum (LCM).
- Measures to reduce reliance on hospital-based care for individuals with autism and learning disabilities reflect a shift toward community-based, person-centred care, consistent with Wales's mental health priorities.

2. Addressing Inequities:

- Ethnic minority communities face significant barriers in accessing mental health services, such as cultural stigma and systemic inequities. We advocate for targeted policies, including bilingual advocacy services, culturally competent practices, and outreach initiatives that reflect the diversity of Wales.
- **Enhanced Rights and Dignity:** While the Bill prioritises dignity for patients, explicit provisions addressing systemic inequities for marginalised groups would strengthen its implementation.

3. Community-Based Alternatives:

- While the Bill emphasises reducing reliance on hospitals for individuals with autism or learning disabilities, ensuring community-based alternatives are adequately resourced and culturally tailored is vital for meaningful outcomes.

Barriers in Wales

4. Key Barriers Identified:

- Long waiting times, particularly in rural and underserved areas, impede access to timely care.
- A lack of cultural competency in service delivery disproportionately affects ethnic minorities and neurodiverse individuals.
- The Bill introduces structural changes to address these issues, such as provisions for Advance Choice Documents (ACDs) and a focus on community-based care. However, its success depends on implementation and sustained funding.

Impact on Areas of Devolved Competence

5. Principle of Westminster Legislating in Devolved Areas:

- While a consistent legislative framework across England and Wales is beneficial, it is imperative that the Welsh Government retains flexibility to adapt provisions to Welsh-specific needs, particularly in community mental health services and culturally competent care.

Alignment with Policy Priorities

6. Welsh Mental Health Strategy:

- The Bill aligns with the Welsh Government's mental health strategy, emphasising early intervention, patient rights, and community-based care.
- However, greater emphasis is needed on:
 - Addressing disparities in rural and underserved areas.
 - Enhancing support for children and young people, particularly from diverse ethnic backgrounds.

Cross-Border Considerations

7. Seamless Transitions:

- The Bill must ensure smooth care transitions for patients moving between Wales and England, this is especially important as "Part 4 of the Welsh Mental Health Measure 2010 enabled "informal" patients in Wales to access Independent Mental Health Advocates (IMHA) which they cannot in England.
- Ethnic minority individuals and neurodiverse populations, who may face additional navigation challenges, may require tailored support mechanisms.

Application of the Mental Health Act 1983

8. Limiting Detentions for Autism and Learning Disabilities:

- We support the Bill's provision to restrict compulsory treatment to individuals with co-occurring psychiatric disorders. However, community alternatives must be adequately funded, and Third Sector charities should be integrated into planning to provide expertise and advocacy.

Consultation with the Community Clinician

9. Collaboration with Community Professionals:

- Requiring hospital clinicians to collaborate with community professionals is commended, however, including the Independent Mental Health Advocacy (IMHA) services, will ensure holistic, patient-centred care. Third Sector charities delivering IMHA services can play a critical role in bridging gaps.

Nominated Person

10. Introduction of the Role:

- Replacing the "nearest relative" with a "nominated person" respects modern family dynamics and enhances patient autonomy.
- However, safeguards must ensure accessibility and prevent undue influence, especially for underrepresented groups.

Deprivation of Liberty

11. Strengthening Safeguards:

- We welcome the Bill's focus on reducing restrictive practices and prioritising community-based interventions. However, clarity on Section 39a Independent Mental Capacity Advocates (IMCAs) and Rule 1.2 Representatives is

necessary to ensure vulnerable individuals receive appropriate legal and practical support.

Transfers from Prison to Hospital

12. Statutory Time Limits:

- Introducing a 28-day limit for transfers is a significant improvement. Third Sector charities frequently assist individuals during transitions and can facilitate aftercare to reduce recidivism and improve recovery outcomes.

Help and Information for Patients

13. Advance Choice Documents (ACDs):

- Providing accessible information about ACDs is vital, especially for individuals with language or cultural barriers. Third Sector charities offering IMHA and IMCA services are well-placed to support this initiative.

Early Intervention and Community-Based Support

14. Adequate Funding for Preventive Care:

- Early intervention and community-based support are essential for reducing hospital admissions and ensuring equitable access to care. Sustained funding for Third Sector charities delivering localised services is crucial to achieving these goals.

Removal of Police Stations and Prisons as Places of Safety

15. Crisis Care Alternatives:

- We agree with the removal of police stations and prisons as places of safety, provided that well-funded, culturally sensitive crisis centres and sanctuaries are established. Third Sector charities are well placed to support this initiative.

Children and Young People

16. Post-Pandemic Challenges:

- The Bill should address the heightened mental health challenges faced by children and young people, particularly those from ethnic minority and neurodiverse backgrounds. Specific provisions for child advocacy services would ensure their voices are heard and rights upheld.

Workforce

17. Workforce Challenges:

- Addressing staffing shortages and providing cultural competence training are critical for equitable care delivery. Third Sector charities can contribute to workforce development through training initiatives and service delivery.