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**TLAP response to White Paper Reforming the Mental Health Act**

We have looked at the proposals for reforming the Mental Health Act set out in the White Paper and set out below is our feedback. Our views are largely confined to those aspects which relate most to our interest in personalised and community-based forms of support. This response has been agreed with members of the TLAP Board. We know that some TLAP Partners have already responded in their own right.

TLAP supports the ambition of reforming the Mental Health Act so that people have more control of their care and support in line with the [*Making it Real*](https://www.thinklocalactpersonal.org.uk/makingitreal/) I statement that “*I feel safe and am supported to understand and manage any risks”.* Set out below are some areas which we think should be considered if the ambition and aims of the White Paper are to be realised.

**Variable language about the same fundamentals**

TLAP welcomes the proposal of the four key principles. These have an excellent fit with the key principles we have been promoting for the past ten years within Adult Social Care and the wider Health community. These same principles are being embedded now at pace within the Heath community through Universal Personalised Care.

We would highlight a variance in language across different care and health communities which could be confusing to people. For example:

* Choice and autonomy – ensuring service users’ views and choices are respected
  + We would talk about **choice and control**

• Therapeutic benefit – ensuring patients are supported to get better, so they can be discharged as quickly as possible

* + We would talk about **wellbeing and achieving independence**

• The person as an individual – ensuring patients are viewed and treated as Individuals

* + We would talk about **being person-centred**

Since our shared goals are to see that people get the help they need to lead fulfilled and healthy lives, and we know that people get frustrated about telling their story repeatedly to different professionals in seeking this help and needing to adjust their language to be understood, we would encourage you to consider how the principles that are most important to people can be universally understood across care and health communities and that this understanding focuses on people, not professionals.

**Rights, choice and control**

Enabling more choice and more control for people has been a fundamental of health and care policy and reform for many years now and this realignment of the Act is overdue.

We welcome the proposals to rebalance the Act and put people at the centre of decision making. We recognise the difficult job professionals have when necessary to balance individual and community safety whilst helping people find the best, least restrictive way that this balance can be achieved that will enable the individual the opportunity to recover their full mental and physical health.

**Recognising an important interface with the Care Act 2014**

We think that an opportunity has been missed to highlight the important fundamentals of a transformed care and health system that have already been established in the Care Act:

* The wellbeing principle
* The importance of preventing, reducing or delaying needs
* When intervening focusing on meeting needs rather than providing services
* Cooperation between partner agencies so that these principles can be realised for people holistically and in ways that make sense to each person individually
* The co-production of treatment, care, support, services and systems with the people that need these

We think that these established fundamentals should anchor a reformed Mental Health Act, helping to underpin the establishment of the four key principles as professionals begin to exercise powers under it. Mental Health Social Workers have good knowledge and experience of working in this way that they can share with their colleagues in the wider Mental Health community and they will be well placed to help them make this shift.

**Coproducing change**

We were disappointed to not see the word ‘coproduction’ used much more prominently and consistently in the proposals. Our experience to date has been that professionals have found it difficult to make a shift to routinely working in a coproductive way to make changes with the people the system is there to help. Coproduction is at the heart of TLAP’s approach and we would be well placed to assist in facilitating a more fundamental shift in practice.

Proposals could be enhanced to be more explicit about just how coproduction will be instrumental in changing the system and the different ways that people can shape the future of Mental Health services.

**Plans, plans and more plans**

One particular process that illuminates the thrust of our feedback is that of the development of plans for and with people. Within the proposals there are a range of plans outlined; advanced choice documents, statutory care and treatment plans, community treatment orders, care education and treatment reviews.

We would wish to see all these types of plan developed using well established person-centred planning approaches and tools. One of TLAP’s most popular resources is the [personalised care and support planning tool](https://www.thinklocalactpersonal.org.uk/personalised-care-and-support-planning-tool/What-is-personalised-care-and-support-planning/).

We think there is some way to go to ensuring that the voice of people who need support is fully heard in the plans that professionals develop and that are used to commission services to meet need. Changes to the Mental Health Act should take full account of the learning that there is about what works in the process of developing detailed plans and actioning them.

We have worked with a wide range of people, professionals, agencies and organisations to coproduce [Making It Real](https://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/TLAP-Making-it-Real-report.pdf). It describes what good looks like from the perspective of people regarding care and support and it outlines the behaviours that would be exhibited by professionals and organisations that work in a way to enable that description of good for people. Some relevant examples:

*“I am supported to manage my health in a way that makes sense to me”*

*“I can get information and advice about my health and how I can be as well as possible –physically, mentally and emotionally.”*

*“I feel welcome and safe in my local community and can join in community life and activities*

*that are important to me.”*

*“I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.”” I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening”*

*“I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.”*

**How personalisation ensures fairness for all groups**

We welcome the recognition that some groups are currently particularly disadvantaged through application of the current Mental Health Act and that this needs to be addressed. We have been investigating the impact of COVID-19 on the Black and Minority Ethnic community and will be publishing our findings very soon. Person-centred approaches and practices will ensure progress is made in addressing these inequalities.

There is evidence that good use of the principles of personalisation, founded on excellent personalised care and support planning and the flexible use of resources can enable a return to the community for people with a learning disability or autism from assessment and treatment units or who may be subject to community treatment orders. Better use could be made of this evidence in helping more people who are inappropriately detained under the Mental health Act to return to the community.

**Conclusion**

TLAP has a breadth and depth of knowledge and insight that comes from having over 50 partners and ten years of experience of working in co-productive ways across the care and support sector. We have particular expertise in co-production, personalised commissioning, self-directed support, and asset-based approaches. We look forward to working with the DHSC and others partners in order that the ambitions laid out in the White Paper can be achieved with the central purpose of improving the health and wellbeing of the population and reducing inequalities.