

We must bring the Mental Health Act into the 21st century

With permission, I'd like to make a statement on reforming the Mental Health Act.

Even in the midst of the pandemic, I am enormously grateful for the work that my team and the NHS have done, led by Sir Simon Wessely and Claire Murdoch, and my honourable friend the Minister for Mental Health, to deliver this [white paper](#) which we publish today to bring mental health legislation into the 21st century.

We're committed as a government and as a nation to see mental health treated on a par with physical health.

We are increasing funding of mental health services to record levels, with £2.3 billion extra each year being invested through the NHS Long Term Plan, and an immediate £500 million in place to support mental health services with the very significant pressures they are under today.

Our mental health services are now helping more people than ever before.

Services are there for the most serious mental illnesses, although these of course are under significant pressure. Services are there for better community support through 24/7 crisis services and establishing liaison in A&E, and supporting people to manage their own mental health.

Mental Health Act

Madam Deputy Speaker, this programme of transformation is ambitious and as we support mental health services now, so we must bring up to date the legislative framework also for the long term.

The Mental Health Act was created so people who have severe mental illnesses and present a risk to themselves, or others, can be detained and treated. For their protection and the protection of those around them.

But so much has changed since the act was put in place, nearly 40 years ago. We now understand a lot more about mental health. Public attitudes around mental health have changed significantly for the better, and we now have a better understanding and practice of how we can best support people with learning disabilities and/or autism.

We are also concerned by the growing number of people being detained, inequalities among those who are detained and the length of time that people are spending detained under the act.

So, after a generation, we must bring the Mental Health Act into the 21st century.

The previous Prime Minister, my Right Honourable Friend, the member for Maidenhead, asked Professor Sir Simon Wessely to lead a [review into what a modern mental health act should look like](#), and I thank her for her work. And I'm so grateful to Sir Simon, and his vice-chairs, for their dedication.

As I said in the House last year on its publication, the Wessely Review is one of the finest pieces of work on the treatment of mental health that has been done anywhere in the world.

I know that the review was welcomed across the House. We committed in our manifesto to deliver the required changes, and I am grateful to the Prime Minister for his emphatic support.

Sir Simon's review compellingly shows that the Mental Health Act does not work as well as it should, for patients or for their loved ones.

That the act goes too far in removing people's autonomy and does not give people enough control over their own care.

So Madam Deputy Speaker, today I am delighted to set out our full response to the Wessely Review in our white paper which, together with my Right Honourable Friend, the Lord Chancellor, we have laid before the House.

The white paper sets out plans for a landmark new Mental Health Act.

The new act will ensure patients are put at the centre of decisions about their own care, that everyone is treated with respect and the law is only used to compel treatment where absolutely necessary.

The white paper has been developed in close consultation with those with the greatest expertise – the Royal Collage of Psychiatrists, Rethink Mental Illness, Mind, the Centre for Mental Health and countless practitioners on the frontline, and I thank them all.

There are 4 pillars to this work and I'd like to take a moment to update the House on them.

Giving patients a voice

First, Madam Deputy Speaker, we will be giving patients a voice in their own care, which we know leads to better engagement in treatment.

So we will put care and treatment plans and advance choice documents into statute for the first time so patients are more closely involved in the development of their care, and so they can have confidence that if they lose capacity because of illness, their preferences will be properly considered.

We're making it easier for patients to challenge decisions about their care, creating a new right to choose a nominated person who is best placed to look after their interests and increasing patients' access to the independent tribunal, to provide vital independent scrutiny of detention.

In his report, Sir Simon recommended that one of the best ways to ensure

dignified care is to ensure that patients can expect the privacy of their own en suite room.

We have already committed £400 million of funding to deliver this and we are building new mental health hospitals, with 2 schemes already approved and with more to come.

Tackling disparities

Second, Madam Deputy Speaker, we will address the disparities that currently exist within the application of the Mental Health Act.

Black people are currently 4 times more likely to be detained under the Mental Health Act than white people, and black people are 10 times more likely to be placed on a community treatment order.

We also know that people from black and minority ethnic backgrounds can often engage with services later, and our plans to enhance patient choice, increase scrutiny of decisions and improve a patient's right to challenge will help us to improve service provision for all.

On top of this, we have already announced our new Patient and Carer Race Equality Framework, as recommended by the review.

And we're also looking at how we can use culturally appropriate advocates, so patients from all backgrounds can be supported in making their voice heard.

Criminal justice system

Third, Madam Deputy Speaker, it is important that the act supports patients within the criminal justice system.

We will make sure that where people in prison require treatment in a mental health hospital, they are transferred in a timely way.

And we will support rapid diversion from custody to care where appropriate so people in our criminal justice system can get the right care, in the right place, at the right time, while we fulfil our fundamental duty to keep the public safe.

Learning disabilities and autism

Finally, Madam Deputy Speaker, in our manifesto we committed to improve how people with a learning disability and autistic people are treated under the act.

Until now, the use of powers in the act did not distinguish between people with mental illness on the one hand, and people with learning disabilities and or autism on the other. This is wrong.

Needs are different and the law should be different too. This is all part of treating everyone with respect.

We therefore propose reforms to limit the scope to detain people under the act, where their needs are due to their learning disability or autism alone.

In future, there will be a limit of 28 days for these detentions, which would be used to assess clinical need and, wherever possible, we will work to ensure appropriate support is available in the community, rather than in institutional settings.

I want to thank Baroness Hollins, Ian Birrell, Mencap and the National Autistic Society for their advocacy and for their support for these reforms.

Conclusion

Madam Deputy Speaker, this act is there for all of us, and we want to hear as many views as possible on our plans.

So [we will consult widely on this white paper](#), and we will respond later this year, before we bring forward a new Mental Health Bill.

I believe that everyone in our society has a contribution to make, and I believe everyone should be respected for the value they bring.

It is the role of government to support people to reach their potential, even at the most difficult of times. And to protect people when they are at their most vulnerable. That is what I believe.

And I believe these reforms will help put those values into action and help give patients the dignified treatment that they deserve.

I commend this statement, and I commend this white paper, to the House.

Adapting to prevent terrorist threats and the need to protect human rights

Mr President, I would like to thank you for hosting this important debate today, and also Under-Secretary-General Voronkov, Executive Director Coninx and Ms Fatima Akilu for their informative and important briefings.

It's been twenty years since the Security Council established the Counter-Terrorism Committee. Our work has strengthened the cooperation we need to protect all our citizens and counter the scourge of terrorism.

Subsequent Security Council resolutions have built an effective toolkit for guidance and measures for states to respond to the evolving threat.

They now cover everything from international legal cooperation to counter-

terrorist financing, from specific challenges like aviation security to broad issues like human rights, gender, and civil society.

With the support of the Counter-Terrorism Executive Directorate, the Committee has helped assess states' implementation of the resolutions and identified emerging challenges, examples of best practice, and opportunities for technical assistance.

Of course, the Council and the Committee have not been acting alone.

In 2014, the Global Coalition against Daesh brought together 83 partners, including the United Kingdom, to combat Daesh and liberate eight million people from its control.

Organisations such as the Global Counter Terrorism Forum, of which the UK is a founding member, have bolstered international cooperation.

Other parts of the UN system, most importantly the UN Office of Counter-Terrorism, have also played an important role.

Through this work, and through the leadership of the United Nations Security Council, we have built a shared understanding of the terrorism threat and developed the tools to counter it.

Mr President, as a result of our collective efforts, Al-Qaeda has been degraded. Daesh was defeated on the battlefields of Iraq and Syria.

But sadly, the threat has evolved and remains with us.

Terrorist groups, including Al-Qaeda and Daesh affiliates, continue to operate around the world.

Terrorist narratives continue to radicalise individuals in diffuse and unpredictable ways. New threats from extreme right-wing groups have increased.

So, the work of the Council and of the Committee remains vital.

Looking forward, I want to stress four key priorities:

Firstly, the Council should continue to learn and adapt to the latest threats and emerging trends.

I mentioned extremist right-wing groups. Terrorist misuse of social media and other new technologies needs greater attention. We also need to tune in to how longer-term effects of COVID-19 might influence the terrorism dynamic.

Secondly, the Council should reaffirm states' obligation under international law to protect and promote human rights whilst countering terrorism.

The threats posed by terrorism do sometimes require states to take extraordinary measures. However, too often counter-terrorism is used to justify egregious human rights violations and oppression. States must act

within the boundaries of international law. Otherwise, we undermine the very rights and freedoms that the UN was established to promote.

While it is not the only instance around the world, a case in point is the situation in Xinjiang where the Uyghur and other ethnic minority communities face severe and disproportionate measures, with up to 1.8 million people having been detained without trial.

These well-documented measures are inconsistent with China's obligations under international human rights law including the International Convention on the Elimination of All Forms of Racial Discrimination.

They run counter to the Security Council's long-standing requirement that counter-terrorism measures comply with States' obligations under international law, including international human rights law.

Third, the Council should reaffirm the importance of inclusion and partnerships.

Effective counter-terrorism requires more than the cooperation of governments. It requires whole societies.

That means promoting the leadership of women, young people, and minorities, building effective partnerships with the private sector, with religious leaders, and ensuring we listen to all the voices of our peoples.

And fourth, the Council should push for coherence within the UN system.

We welcome the existing close cooperation between the Counter-Terrorism Executive Directorate and the UN Office of Counter-Terrorism, as well as the Al-Qaeda and Daesh Monitoring Team and other UN agencies.

It remains vital that this continues, especially in the area of capacity-building, so that resources are deployed effectively and where they can have the greatest impact.

Mr President, as the terrorist threat endures and evolves, so too must our resolve to fight it remain firm.

The Security Council's counter-terrorism architecture has been an integral part of that fight over the last twenty years, and the United Kingdom will work to ensure it remains relevant, efficient and effective in the years ahead.

Thank you.

UK Space Agency CEO to step down

Press release

Graham Turnock, Chief Executive of the UK Space Agency, has announced he will leave his role in 2021



UK Space Agency CEO Graham Turnock

Following a 4-year term leading the Agency, which delivers the UK's civil space programme, Graham will step down from his position this year.

Recruitment for his successor will begin soon, and an announcement will be made in due course.

Graham said:

It has been an immense privilege to serve as UK Space Agency Chief Executive during one of the most exciting and challenging periods of the UK's short space history. I have relished the opportunity to work with some amazing people both within the Agency and across the space sector domestically and internationally.

However, with the end of the term of my original appointment now in sight, it is time for me to look to new horizons and for a new Chief Executive to lead the UK through its ambitious journey into space.

Science Minister Amanda Solloway said:

Graham has been instrumental in the UK's recent successes in space. He led the UK spaceflight programme, which plans to launch the first UK satellite from the British Isles as early as 2022, and has ensured UK leadership in the decade's most exciting global missions to the Moon and Mars.

He was also a strong advocate for a coordinated government approach to space which led to the creation of the National Space Council last year, aiming to bring long-term strategic and commercial benefits to the UK.

Nick Shave, Chair of UKspace, said:

Under Graham's leadership, the UK Space Agency has transformed, more than trebling in size and partnering with the sector on world-class science and technology programmes. I wish him well in his next endeavours.

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[Lord Chancellor: It's time for action on mental health in prisons](#)

When Sir Simon Wessley delivered his landmark Independent Review of the Mental Health Act, he told the government that more must be done. More must be done to deliver a modern mental health service that respects the patient's voice. More must be done so individuals can shape their own treatment.

And this government has done more, more than any other to put the treatment of mental illnesses on par with physical ones.

But Sir Simon also said more must be done to support mentally unwell people within the criminal justice system. And not only that, but more must be done to help those with conditions with like autism and dyslexia.

As a barrister, part-time circuit judge and now as Lord Chancellor, I've seen victims, witnesses, and defendants with these conditions struggle too often in our criminal justice system.

Support for all victims of crime continues to improve at every stage of the justice system – with a further £40m investment announced in the Chancellor's Spending Review. But for those who may need some extra guidance when navigating what can be a daunting web of courts, tribunals, probation and prison systems – we must go further.

It might be that people with conditions like autism get lost in the complex processes and legal language that are difficult for them to understand. It can even be as simple as them needing more help to fill in forms to get accommodation when released from prison.

As a backbencher, I campaigned to improve our approach to autism and related conditions. I am determined to make important improvements. That is why, as a first step, I have commissioned a Call for Evidence and a review to find out how prevalent these issues are and put together a clearer picture of what support is already out there.

This review won't just cover conditions such as autism and dyslexia but a whole host of learning difficulties and disabilities, as well as emotional and behavioural changes that are a result of brain injuries.

Not only will this provide us with greater understanding and a better ability to support people with life-long conditions, but it will boost public safety by helping them engage better with rehabilitation and reduce their chances of reoffending.

My family's experience of autism has taught me that people with so-called neurodivergent conditions – autism, ADHD, dyspraxia and dyslexia – have so much to offer when they get the right help. But sadly, they still face stigmas and outdated prejudices that too often result in deeply unjust outcomes.

That is why I'm proud to have led, along with the Health Secretary Matt Hancock, landmark reforms to the Mental Health Act announced today.

Among the many changes, we are putting a stop to the awful practice of confining people to a psychiatric hospital because it's seen as a simple way of managing potentially dangerous behaviour that results from their autism. When that happens, we as a society have failed that person. Autism is a lifelong condition, not something that can be removed through treatment like an acute mental illness – and we must find a way to support those people to live their lives and fulfil their potential in the community.

The wider changes we are making to the Act will also help reduce stigmas and improve the care of people with mental health conditions, including those who end up in the criminal justice system. There are too many repeat low-level offenders with acute mental health problems, often started or made worse by drugs and alcohol, unable to get the medical help which would stop them committing crime.

Prisons should be places where offenders are rightly punished for their crimes, not simply somewhere to send those whose biggest danger is their own mental health.

Our reforms will ensure these vulnerable people get the right treatment, in the right place, at the right time while also allowing our hard-working prison officers to do the job they were employed to – dealing with criminals, not the mentally unwell.

We will end that outdated practise of using prisons as so-called 'places of safety' for defendants waiting for a mental health assessment or a hospital bed. Instead, judges will work with medical professionals so they can always be taken directly to a hospital from court.

We are also proposing that no prisoner should wait longer than a month to move to a secure hospital when they become seriously mentally unwell, ensuring these patients get the specialist treatment their conditions require.

An offender suffering a broken leg would not be left to languish in their cell without professional help, so why should we expect those suffering significant mental health problems to do so?

These reforms will help many ordinary people suffering from serious mental illness but, as ever, protecting the public has been a key priority. Unfortunately, if we ignore the plight of those in mental distress there can be deadly and unforeseen consequences.

Too many innocent people have been injured and killed over the years by those who should be being cared for in hospital. These changes will help to prevent future victims and also give existing ones the right to know when their attacker is granted community leave or discharged from hospital, bringing them in line with victims of other serious crimes.

My number one responsibility as Lord Chancellor always has been, and always will be, to keep the public safe. But in a year that has highlighted the importance of looking after our mental health and supporting vulnerable people, it is only right that we build back better, safer and fairer to create a system that allows everyone to get the help they need, when they need it.

Not only will this make our country fairer, but ultimately safer too.

Community projects urged to apply for Sellafeld funding

News story

Are you involved in a community project addressing social or economic issues in West Cumbria?



If so, you could be eligible for the latest round of grant funding from Sellafield Ltd's social impact fund.

Time's running out, though. The deadline for applications is Sunday, 28 February 2021.

Examples of projects we've helped in the past include:

- a programme to help young carers
- support for West Cumbria Domestic Violence
- funding for a Copeland Youth Network employability skills programme

Tracey West, from our Social Impact Team, said:

We're really keen to hear from any projects helping to address social and economic needs in Copeland and Allerdale.

We also fund feasibility studies. So, if you're considering a larger project, we could fund your initial research to ensure its viability before you then seek further funding.

It's often helpful to discuss your project with us before applying. Anyone wanting to do so should email us at socialimpact@sellafieldsites.co.uk

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