



Mental Health (Jersey) Law 2016

Annual Report

Jersey, 2021 – 2022

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This report provides the findings under the Mental Health (Jersey) Law 2016, data collection for the period 1 October 2021 – 31 December 2022.

Note – the previous year reported was 12 months. However, this report contains data for 15 months, to bring the reporting period in line with the calendar year and assist easier interpretation of data in future years.

Contents

1	Introduction	5
2	Guiding Principles.....	5
3	Human Rights	6
4	Administrator	7
5	Approved Practitioners.....	7
6	Authorised Officers.....	8
7	Approved Establishments	8
8	The ‘Nearest Person’	9
9	Emergency Admissions (Article 15)	10
10	Detention by a Registered Nurse (Article 17)	11
11	Mental Health Law Assessment	12
12	Assessment & Treatment Authorisations (Articles 21 & 22)	13
13	Return of Patients Absent Without Leave	16
14	Guardianship	17
15	Powers of Search, Entry and Removal of Persons to a Place of Safety (Article 35) 17	
16	Urgent Removal of Persons Found in Public Places (Article 36)	18
17	Treatment Requiring Consent.....	21
18	Restrictive Practices.....	21
19	Mental Health Review Tribunal	22

20	Safeguarding Patients' rights	24
21	Summary	25
22	Training	25
23	Post-implementation working group	26
24	Legislation Oversight Group.....	26
25	The Future	27
26	Conclusion.....	27

<i>Figure 1: Outcome of Article 15 detentions.....</i>	<i>10</i>
<i>Figure 2: Duration (hours) of Article 15 detentions.....</i>	<i>10</i>
<i>Figure 3: Outcome of Article 17 detentions.....</i>	<i>11</i>
<i>Figure 4: Duration (hours) of Article 17 detentions.....</i>	<i>11</i>
<i>Figure 5: Number and duration of Article 21 authorisations.....</i>	<i>13</i>
<i>Figure 6: Article 21 authorisations by gender.....</i>	<i>14</i>
<i>Figure 7: Article 21 authorisations by age.....</i>	<i>14</i>
<i>Figure 8: Number and duration of Article 22 authorisations.....</i>	<i>16</i>
<i>Figure 9: Article 22 authorisations by gender.....</i>	<i>16</i>
<i>Figure 10: Article 22 authorisations by age.....</i>	<i>16</i>
<i>Figure 11: Number of Article 36 detentions.....</i>	<i>19</i>
<i>Figure 12: Article 36 removals by age.....</i>	<i>19</i>
<i>Figure 13: Article 36 removals by gender.....</i>	<i>19</i>
<i>Figure 14: Article 36 removals by ethnicity.....</i>	<i>20</i>
<i>Figure 15: Transport used for Article 36 length removals.....</i>	<i>20</i>
<i>Figure 16: Place of safety person removed to.....</i>	<i>20</i>
<i>Figure 17: Article 36 length (hours).....</i>	<i>20</i>
<i>Figure 18: Outcome of Article 36 removals.....</i>	<i>20</i>
<i>Table 1: Number and location of MHL assessments.....</i>	<i>12</i>
<i>Table 2: Outcome of Article 21 authorisations.....</i>	<i>14</i>
<i>Table 3: Outcome of Article 22 authorisations.....</i>	<i>16</i>
<i>Table 4: Number and time delay of Article 21 appeals to the MHRT.....</i>	<i>22</i>
<i>Table 5: Number and time delay of Article 22 appeals to the MHRT.....</i>	<i>22</i>
<i>Table 6: Number and time delay of MHRT reviews for patient transfer.....</i>	<i>23</i>
<i>Table 7: Quick glance summary.....</i>	<i>25</i>

1 Introduction

In October 2018, Jersey enacted two new mental health laws. This new legislation was formed as a result of the need to ensure that the provision of mental health services is underpinned by a legal framework which reflects modern standards, promotes safe practice and safeguards the rights of people experiencing mental health problems.

The Mental Health (Jersey) Law 2016 (MHL) makes provision for compulsory or involuntary psychiatric care when a person is deemed to be experiencing a mental health condition that is of a nature and/or degree deemed necessary for care, and that compulsory care is judged as necessary to safeguard the health and safety of the individual or for the protection of others.

Being detained impinges upon individuals' freedoms and rights. Specific measures are therefore included within the legislation to protect the human rights of people detained under the MHL. The MHL makes explicit provision regarding the circumstances in which an individual who is detained may be treated without their consent, including the provision of review of the treatment plan by an independent 'second opinion' doctor.

The MHL also has provision for individuals to be treated in the community, rather than a hospital setting, but with the ability to recall that person to hospital if necessary, in the interests of the patient's health and safety, or for the protection of others.

Legislation alone may not have a major or immediate effect on the rates of detention, but it will help to ensure that detentions are safe, required, effective and efficient, and that people are being provided the least restrictive option for safeguarding their mental health.

2 Guiding Principles

The MHL is underpinned by five principles which are of equal importance and should inform any decision made under the Law:

- **Least restrictive option and maximising independence**

Where it is possible to treat a patient safely and lawfully without detaining them under the Law, the patient should not be detained.

- **Empowerment and involvement**

Patients should be given the opportunity to be involved in planning, developing and reviewing their own care and treatment.

- **Respect and dignity**

Patients and carers should be treated with respect and dignity. Practitioners performing functions under the Law should respect the rights and dignity of patients and their carers, while also ensuring their safety and that of others.

- **Purpose and effectiveness**

Care, support and treatment given under the MHL should be given in accordance with up-to-date guidance and/or current best practice from professional bodies, where available.

- **Efficiency and equity**

Commissioners and providers should give equal priority to mental health as they do to physical health conditions.

Where patients are subject to compulsory detention, health & social care agencies should work together to deliver a plan of care and treatment that, as far as practicable, minimises the duration of that detention.

3 Human Rights

The Human Rights (Jersey) Law 2000 came into force on 10 December 2006 to give further effect to rights and freedoms guaranteed under the European Convention on Human Rights.

The Human Rights Law gives certain rights and freedoms guaranteed under the Convention and places a duty on public authorities to respect and protect human rights, including (but not limited to) those of the right to life (Article 2), the right to be free from inhuman and degrading treatment (Article 3), the right to respect for private and family life (Article 8) and the right to not be discriminated against (Article 14).

Article 5 of the Convention states that everyone has the right to liberty and security of person and that no one shall be deprived of his or her liberty unless in accordance with a procedure prescribed in law. As such, the MHL provides safeguards and a legally defined process for those people who are to be detained in a hospital compulsorily. To ensure a person's Article 7 right, that being the right to a fair hearing, the right to appeal is also provided for within the MHL.

4 Administrator

The Minister must appoint a person to be the administrator in relation to such matters under this Law, and under Part 5 of the Capacity & Self-Determination (Jersey) Law 2016, as the Minister may (by code of practice or otherwise) direct.

Article 4 Mental Health (Jersey) Law 2016

The Mental Health & Capacity Law Administrator is provided with delegated authority by the Minister for Health and Social Services (Minister) to manage the day- to-day supervision and all associated tasks in respect of the Mental Health Law, and to ensure strict compliance with all the relevant statutory duties.

A substantive Mental Health & Capacity Law Administrator (MHLA) commenced in the role on 1 July 2019 and remains in post as the appointed administrator in her role as Head of Mental Health & Capacity Legislation. A deputy to the MHLA commenced on 31 August 2021.

5 Approved Practitioners

An Approved Practitioner is a registered medical practitioner who has sufficient experience and training in the field of mental health and in the operation of legislation relating to mental health, as approved by the Minister. They are responsible for the patients' treatment and give recommendations for assessment or treatment and guardianships.

Article 16 Mental Health (Jersey) Law 2016

There are 29 Approved Practitioners currently approved, pursuant to the Mental Health (Jersey) Law 2016.

Eight of those being doctors working outside of Jersey who have been appointed for the purpose of providing evidence to a Jersey Court.

6 Authorised Officers

The Authorised Officer co-ordinates the process of assessing a person's mental health and makes all applications for compulsory admission for assessment, treatment or guardianship, as well as any subsequent admission to an Approved Establishment. This role is usually performed by a social worker (or other appropriately trained professional) with sufficient experience and training in the field of mental health.

Article 6 Mental Health (Jersey) Law 2016

There were seven Authorised Officers in post during the period of this report. The majority of those work in designated Authorised Officer roles, along with one who works as a Team Manager and another who works as the Lead Social Worker for Mental Health.

Until November 2022, the Authorised Officers worked primarily as a separate team to fulfil the requirements of the Mental Health (Jersey) Law 2016 but also completed Significant Restriction on Liberty assessments, pursuant to the Capacity & Self-Determination (Jersey) Law 2016 as a secondary function to their role. From November 2022 the Authorised Officers moved, along with the Team Manager, to work within the newly formed Crisis and Assessment Team as part of the redesign of community mental health services.

7 Approved Establishments

An establishment or premises approved by the Minister for the purpose of care and treatment of patients.

Article 5 Mental Health (Jersey) Law 2016

The Minister has approved the following premises within Jersey for the care and treatment of people detained under Mental Health Legislation:

- Orchard House, St Saviour's Hospital
- Maison Du Lac, St Saviour's Hospital (Tribunal meeting room)
- Clinique Pinel, St Saviour's Hospital (Cedar Ward)
- Rosewood House, St Saviour's Hospital (Beech Ward)
- Jersey General Hospital

For the purposes of admission or detention under Parts 8 and 9 of the Mental Health (Jersey) Law 2016, approvals are also sometimes necessary relating to hospitals within the UK, as Jersey is not able to provide a full range of specialist mental health services on island (and therefore at times it is necessary to transfer a patient to a specialist unit in the UK to meet their clinical needs).

The following establishments have been approved for admission / detention under Parts 8 and 9:

- Brockfield House, Essex (Essex Partnership University NHS Foundation Trust)
- Llanarth Court Hospital, Monmouthshire
- St Andrew's Healthcare, Northampton
- Wood Lea Clinic (Essex Partnership University NHS Foundation Trust)
- Oaktrees Eating Disorders Unit (Cheshire and Wirral Partnership NHS Foundation Trust).

8 The 'Nearest Person'

Part 2 of the MHL sets out how a 'nearest relative' is to be identified for a patient, as well as an adult patient's right to nominate a person other than the nearest relative.

Further provision is made for the Minister or the Court to nominate a nearest person for a patient, in certain circumstances.

The principal rights of a representative to receive information as to the patient's care of treatment are stated in Article 13.

Part 2 Mental Health (Jersey) Law 2016

At the time of a MHL assessment, where a compulsory detention application is being made, the Authorised Officer will speak with the patient's Nearest Relative and will discuss the care the patient needs, the application and inform them of their rights as the Nearest Relative.

If a Nearest Relative is not identified, or the patient would prefer another person to act, the ward staff where they are admitted will support the patient to appoint a Nearest Person of their choice.

Where a Nearest Relative is not identified and the patient is not able to nominate a Nearest Person of their choice at the time of the assessment, a nomination by the Minister or Court will be considered.

There have been less than five nominations by the Minister and no Court appointed Nearest Persons during this period.

9 Emergency Admissions (Article 15)

Holding powers can be used by an Approved Practitioner who is treating a relevant patient on a voluntary basis, and concludes that an application for detention under the Law should now be made. The Approved Practitioner can authorise the detention of a patient in an Approved Establishment for a maximum of 72 hours.

Article 15 Mental Health (Jersey) Law 2016

Article 15 holding powers were used by medical staff 20 times within this period. The majority (14 of 20) were detained for less than 24 hours.

Of the 20 uses, 10 resulted in an application being made and authorised for assessment under Article 21 or treatment under Article 22. On the other 10 occasions, the holding power was either ended or it lapsed. Of those, seven patients opted to remain in hospital on a voluntary basis, two left hospital and an application for a Significant Restriction on Liberty, pursuant to the Capacity & Self-Determination (Jersey) Law 2016 was made for one person.

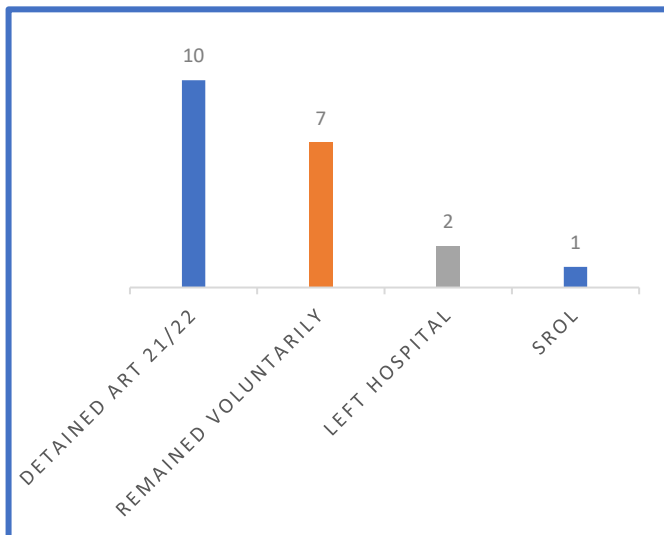


Figure 1: Outcome of Article 15 detentions

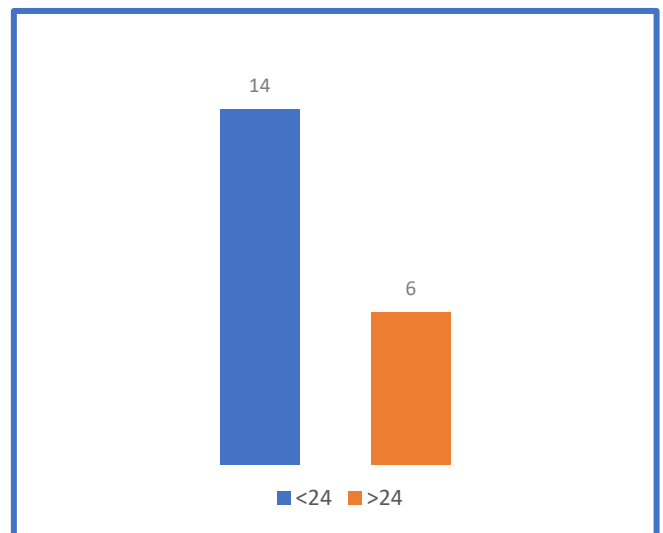


Figure 2: Duration (hours) of Article 15 detentions

10 Detention by a Registered Nurse (Article 17)

This holding power can be used where an authorised nurse who is in charge of, or responsible for, the treatment of a relevant voluntary patient concludes that the patient is suffering from a mental disorder to such a degree that the patient now needs to be detained for their own health or safety or to protect others from harm. Such powers should only be used in situations where there is immediate risk and an Approved Practitioner cannot attend immediately. It authorises the detention of a patient at the place where they are receiving treatment for a maximum of 6 hours.

Article 17 Mental Health (Jersey) Law 2016

Article 17 nurse's holding powers were used 14 times within this period. The majority were detained for less than 2 hours, as shown below.

Seven of the 14 went onto being held under Article 15, the emergency holding power described above, on one occasion an application for assessment under Article 21 was made and for the other six people the holding power was either ended or it lapsed, and the patients opted to remain in hospital on a voluntary basis.

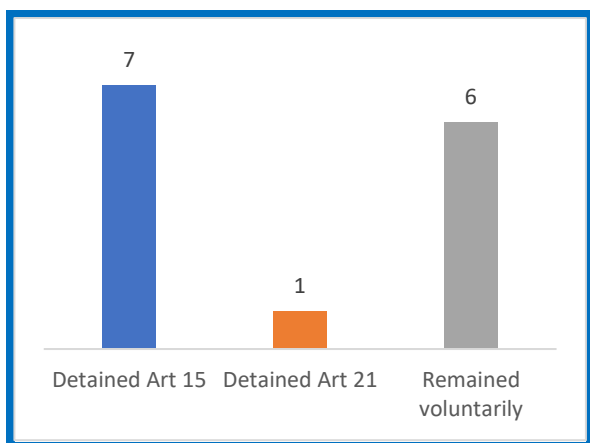


Figure 3: Outcome of Article 17 detentions

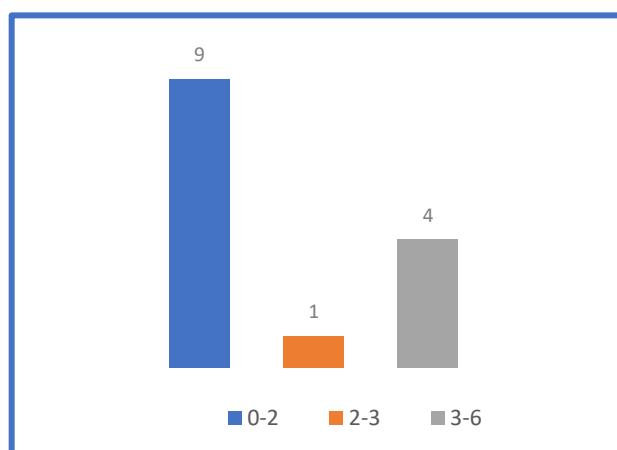


Figure 4: Duration (hours) of Article 17 detentions

11 Mental Health Law Assessment

A Mental Health Law Assessment is a comprehensive assessment to decide whether a person should be detained in hospital compulsorily under the MHL for care and medical treatment for a mental disorder.

Mental Health (Jersey) Law 2016

A MHL assessment is carried out by an Approved Practitioner, a second doctor and an Authorised Officer. These professionals will interview the person being assessed to consider the appropriateness of detention and will – wherever possible – also discuss this with the close family of the person and any relevant health professionals.

Before it is decided that admission to an Approved Establishment is necessary, consideration must be given to whether there are alternative means of providing the care and treatment which the patient requires in a less restrictive way

Full information on the assessment process can be found in the MHL Code of Practice:

<https://www.gov.je/Health/Mental/Pages/MentalHealthLaw.aspx>

For detention to be authorised for the person to be assessed or treated in hospital without their consent, the two doctors and an Authorised Officer must agree that the person is suffering from a mental disorder of a nature or degree which warrants the detention of the patient. They must also agree that it is in the interests of the patient's own health and safety and / or to protect the safety of other people. The compulsory detention options are detailed in the next sections.

Detailed below are the number of MHL assessments carried out in this period, and the same period in the previous year for comparison, as well as the location where they took place. The category 'other' for 2020 - 2021 includes Jersey General Hospital, Community Mental Health Service locations, residential homes and domiciliary visits. This has since been split out to enable better monitoring of community assessments.

	Emergency Department	Psychiatric Hospital	Police Station	General Hospital	Domiciliary	Other	Total
Total 2020-2021	159	53	21	Not recorded	Not recorded	68	301
Total 2021-2022	165	70	26	24	58	18	361

Table 1: Number and location of MHL assessments

12 Assessment & Treatment Authorisations (Articles 21 & 22)

12.1 Article 21: Detention for assessment

Where the patient appears to be suffering from a mental disorder of a nature or degree which warrants the detention of the patient in an Approved Establishment for assessment, Article 21 allows for a compulsory admission of no longer than 28 days.

Article 21 Mental Health (Jersey) Law 2016

Detailed below are the number of Article 21 assessment authorisations which were made in the current reporting period, as well as the median length of time that the authorisation lasted for before the patient was discharged from the Article (by quarter).

The gender and age splits of these authorisations are also reported. Ethnicity data is now being captured and will be reported in the next report.

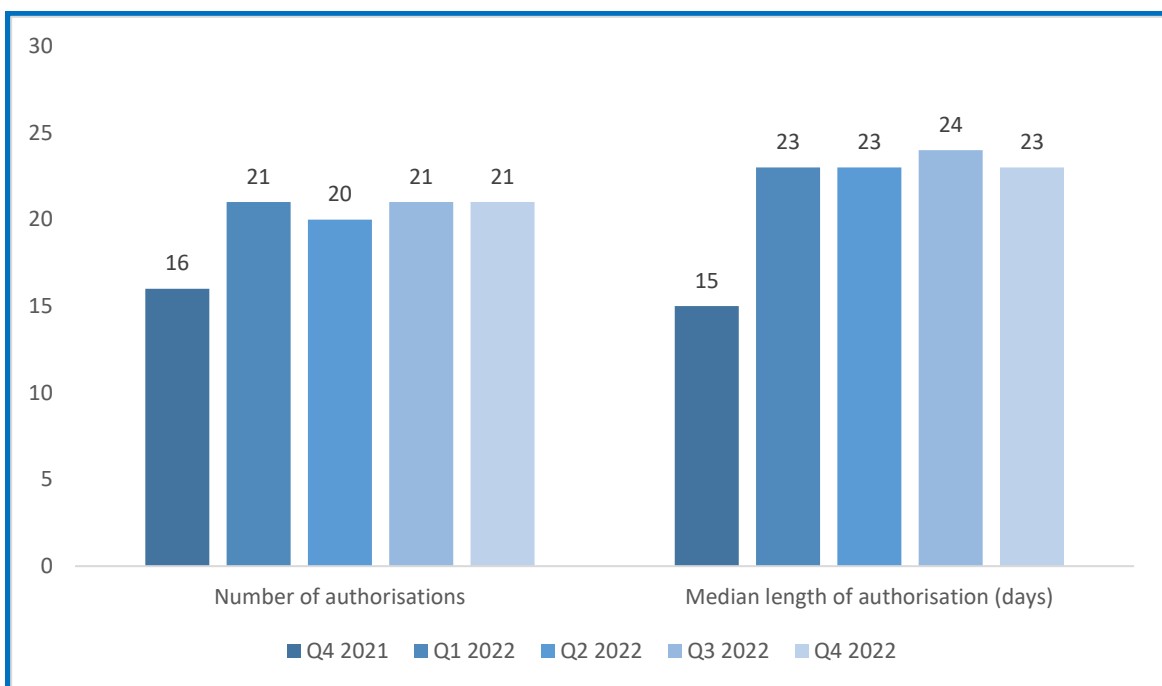


Figure 5: Number and duration of Article 21 authorisations

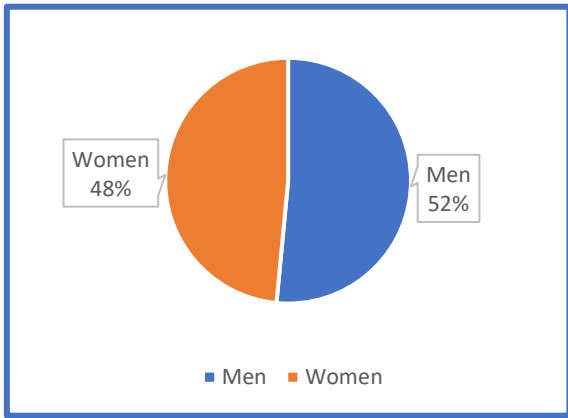


Figure 6: Article 21 authorisations by gender

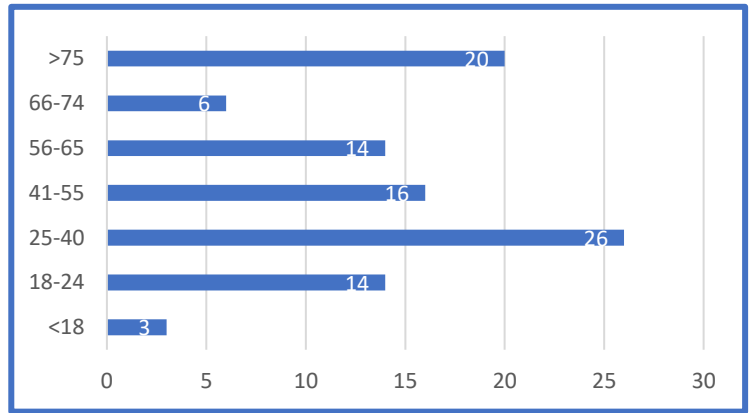


Figure 7: Article 21 authorisations by age

At the end of the period of detention under Article 21, the following outcomes occurred:

<i>Outcome</i>	<i>Number of patients</i>
<i>Patient remained in hospital on a voluntary basis</i>	36 (36%)
<i>Patient left hospital</i>	25 (25%)
<i>Patient was detained under Article 22</i>	24 (24%)
<i>A Significant Restriction on Liberty application made (pursuant to Capacity & Self-Determination (Jersey) Law 2016)</i>	7 (7%)
<i>MHRT discharged Article</i>	6 (6%)
<i>Patient died</i>	1 (1%)

Table 2: Outcome of Article 21 authorisations

12.2 Article 22: Detention for treatment

Where the patient appears to be suffering from a mental disorder of a nature or degree which warrants the detention of the patient in an Approved Establishment for treatment, Article 22 allows the compulsory admission for up to six months. A treatment authorisation may be renewed for one additional period of 6 months and thereafter for further periods of 12 months.

Article 22 Mental Health (Jersey) Law 2016

Detailed below are the number of Article 22 treatment authorisations which were made in the current reporting period, as well as the median length of time that the authorisation lasted for before the patient was discharged from the Article.

The gender and age splits of these authorisations are also reported. Ethnicity data is now being captured and will be reported on in the next report.

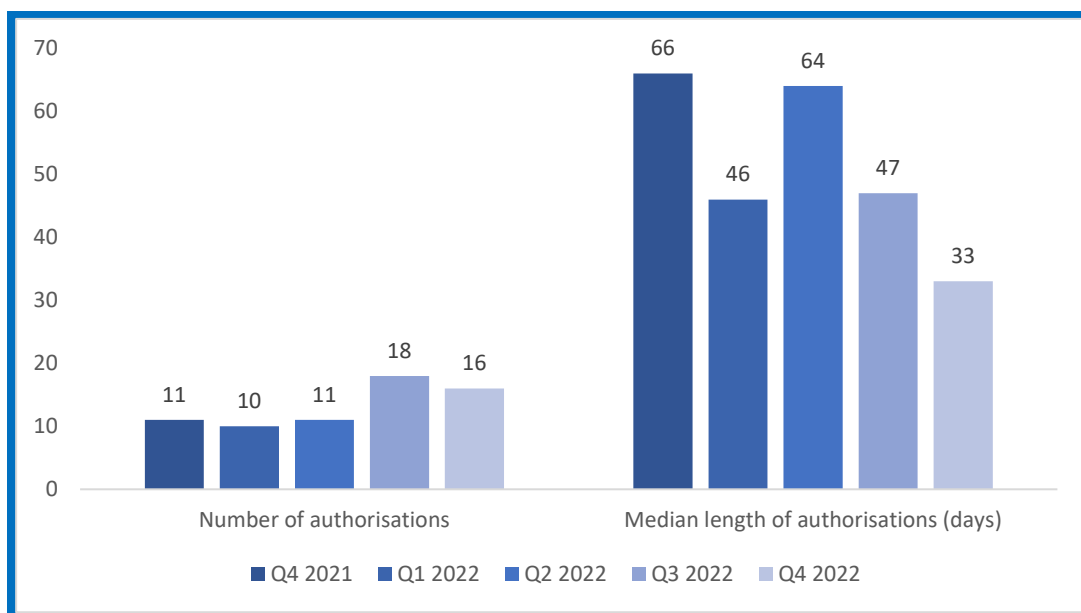


Figure 8: Number and duration of Article 22 authorisations
(For those patients still detained under Article 22 at the end of the reporting period, the length of detention was calculated until that point)

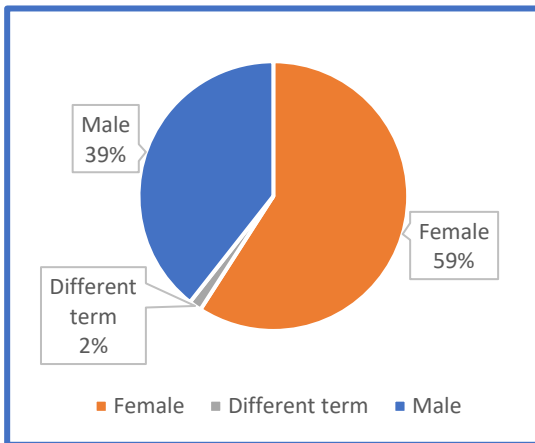


Figure 9: Article 22 authorisations by gender

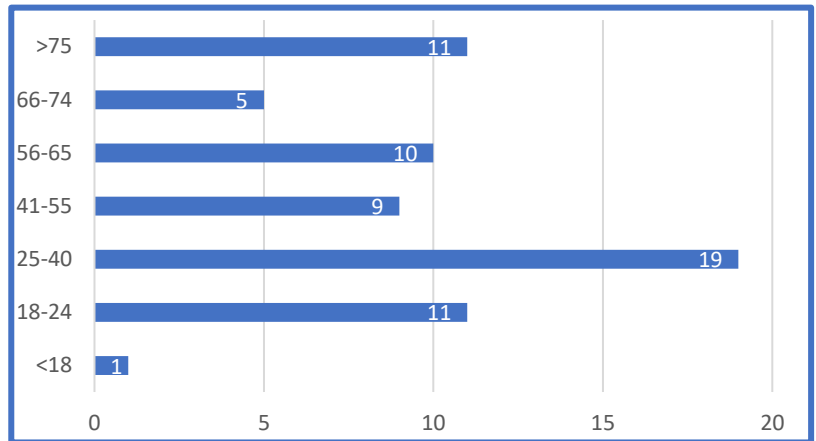


Figure 10: Article 22 authorisations by age

Outcome	Number of patients
Patient left hospital	20 (30%)
Patient remained in hospital on a voluntary basis	13 (20%)
Patient was still detained at end of reporting period	24 (36%)
Patient was transferred to other hospital off island under Article 86	4 (6%)
A Significant Restriction on Liberty application was made (pursuant to Capacity & Self-Determination (Jersey) Law 2016)	3 (5%)
MHRT discharged Article	1 (2%)
Patient died	1 (2%)

Table 3: Outcome of Article 22 authorisations

13 Return of Patients Absent Without Leave

Where a patient is liable to be detained in an approved establishment absents themselves without leave granted under Article 24, or fails to return at the expiration of any leave granted, the patient may be taken into custody and returned to the establishment.

Article 25 Mental Health (Jersey) Law 2016

Absences without leave have not previously been formally reported to the MHLA for monitoring. However, from 2023 the Mental Health and Capacity Legislation Oversight Group has received a monthly report on this, which will allow for future reporting.

14 Guardianship

A Guardian may be the Minister or someone else approved by the Minister. Guardians have three specific powers within the MHL:

- 1) Decide where a patient should live;*
- 2) Require a patient to attend for treatment, work, training or education; and*
- 3) Allow a doctor, AO, or other person so specified access to the patient at the place where the patient lives.*

Part 4 Mental Health (Jersey) Law 2016

There have been no patients subject to Guardianship during this period.

15 Powers of Search, Entry and Removal of Persons to a Place of Safety (Article 35)

The Bailiff may issue a warrant in response to an application from an Authorised Officer. The warrant gives a specified person the right to enter premises, by force if necessary, to remove a person to a place of safety.

Article 35 Mental Health (Jersey) Law 2016

Applications made by Authorised Officers provide documented reasons for seeking a warrant. The Bailiff has to be satisfied that it is appropriate to issue a warrant. He is likely to ask applicants why a warrant is being sought, whether reasonable attempts to enter without a warrant have been made and, if not, why not.

Pursuant to Article 35 MHL, eight warrants were issued by the Bailiff in this period, with two not being executed (as warrants will not be used where the circumstances change, and it is possible to facilitate assessment of the person without forced entry to their premises).

16 Urgent Removal of Persons Found in Public Places (Article 36)

Where a police officer finds, in any place other than a private dwelling, a person who appears to be suffering from a mental disorder and to be in immediate need of care or control, the officer may use this power to remove the person to a place of safety for up to 72 hours for an assessment to be carried out.

Article 36 Mental Health (Jersey) Law 2016

A Place of Safety joint protocol between the States of Jersey Police (SoJP), Health and Community Services (HCS) and the Ambulance Service was agreed in September 2019, the aim of which was to support a clear, consistent and joined up response to those people subject to Article 36 MHL. Since 2022, further work has been undertaken in partnership between mental health services and the police to reduce inappropriate requests for police involvement in mental health crisis. Article 36 activity is jointly monitored on a monthly basis at the Mental Health & Capacity Legislation Oversight Group.

The Police station and Emergency Department have both previously been used as a place of safety; most recently wherever possible use of the police station has been avoided. We recognise that the Emergency Department is not an appropriate place for most mental health assessments (unless there is a physical health concern or risk identified that necessitates physical assessment and / or treatment). Therefore plans have been developed to create a specific provision at Clinique Pinel, part of the mental health inpatient site. This Article 36 suite is due to open in mid to late 2023.

The number of Article 36 detentions by quarter is shown below.

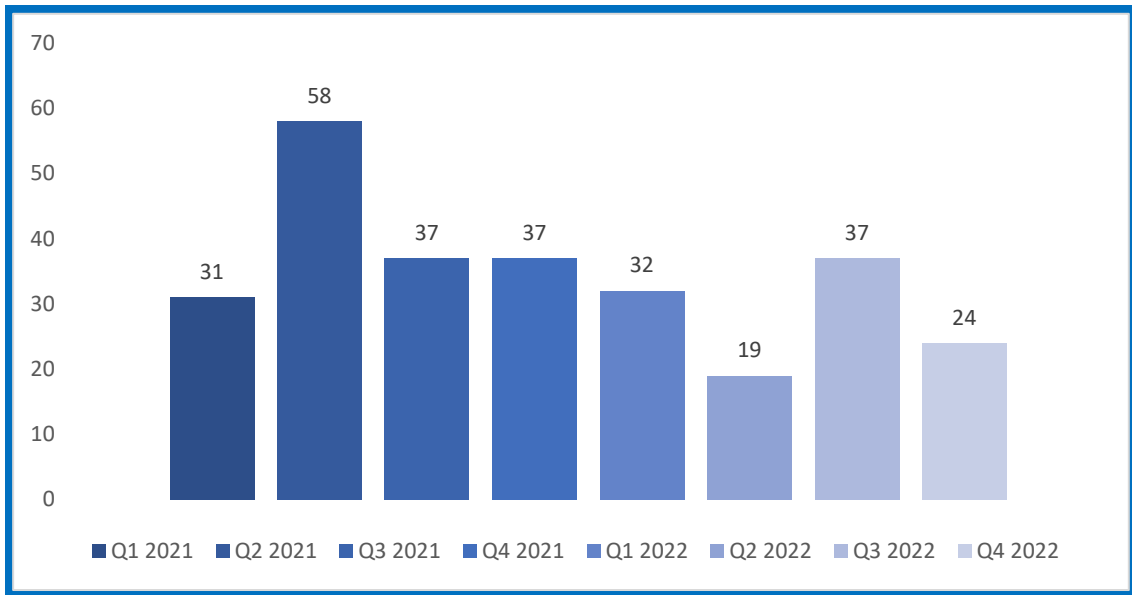


Figure 11: Number of Article 36 detentions

Demographic information relating to people detained under Article 36 is shown below.

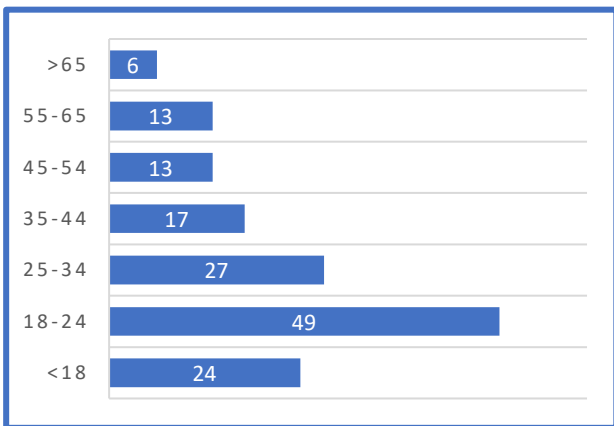


Figure 12: Article 36 removals by age

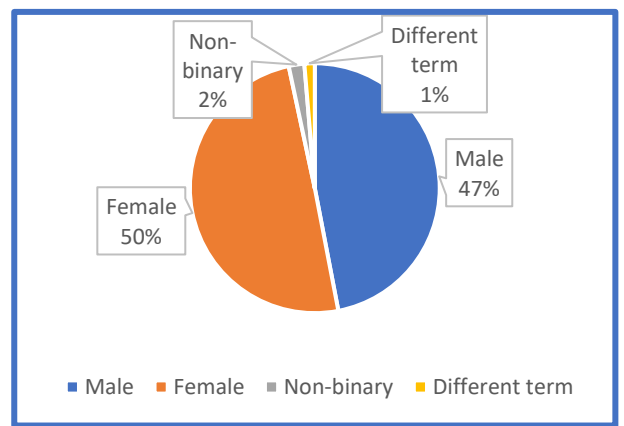


Figure 13: Article 36 removals by gender

It is noted that some young people have been detained under Article 36 on multiple occasions during this period.

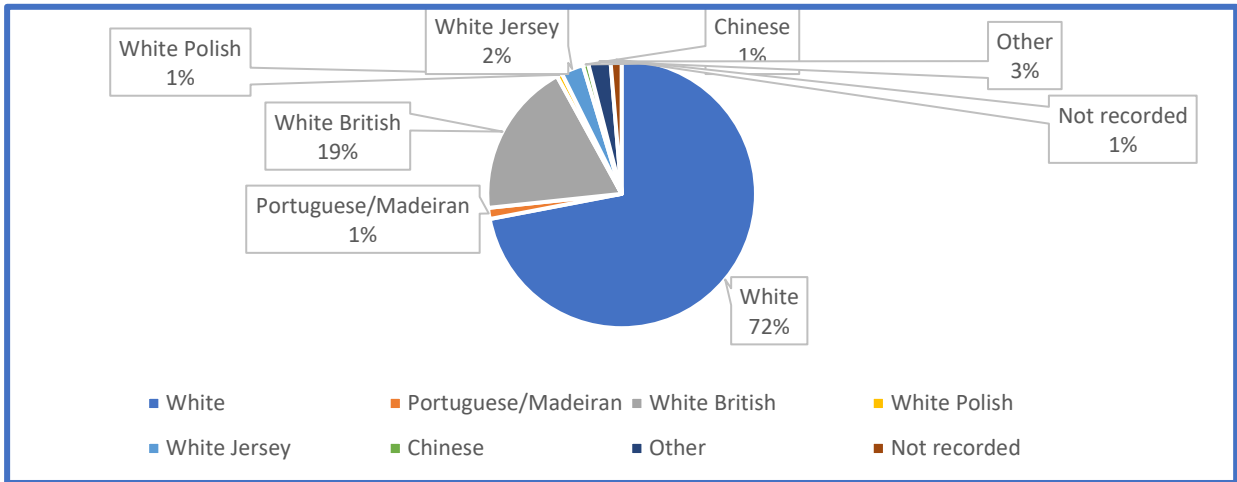


Figure 14: Article 36 removals by ethnicity

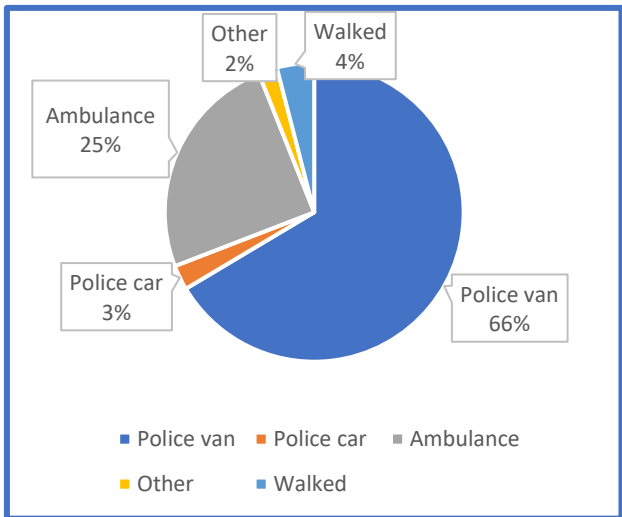


Figure 15: Transport used for Article 36 removals

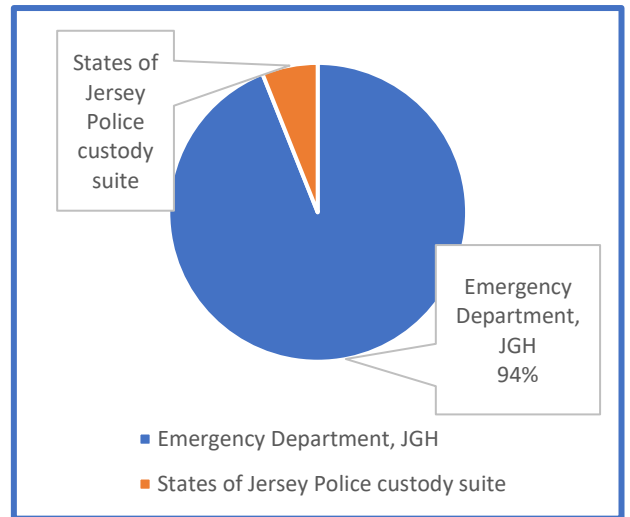


Figure 16: Place of safety person removed to

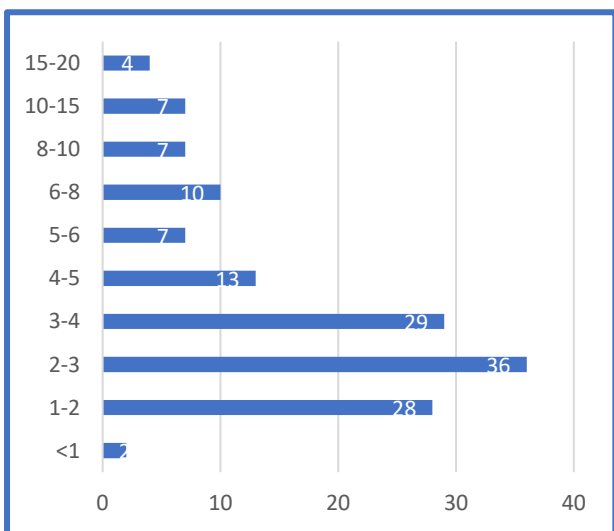


Figure 17: Article 36 length (hours)

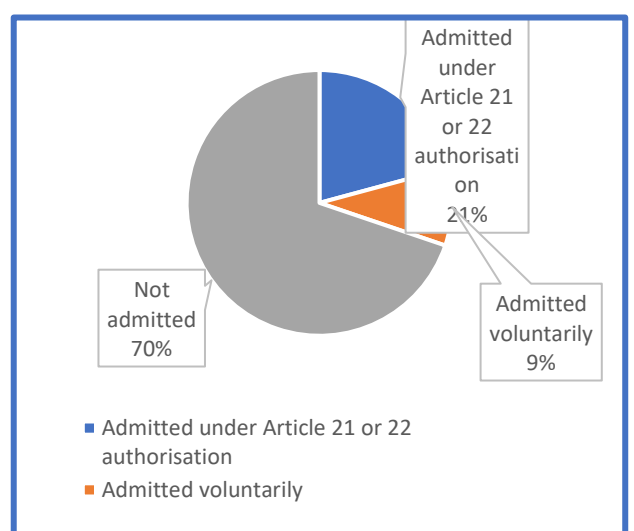


Figure 18: Outcome of Article 36 removals

Of the people detained under Article 36, 30% were admitted as a result of the assessment (21% detained and 9% admitted voluntarily). Mental health services and the police have looked at this in detail and continue to monitor and explore this on a monthly basis.

17 Treatment Requiring Consent

An independent psychiatrist undertakes assessments and formally reviews and authorises treatment in the circumstances described in Part 6 of the MHL, as an additional safeguard.

Part 6 Mental Health (Jersey) Law 2016

It is the role of the Second Opinion Appointed Doctor (SOAD) to decide whether the treatment recommended is medically necessary, clinically defensible and whether due consideration has been given to the views and rights of the patient. In order to carry out this assessment, the SOAD meets with the patient, the patient's doctor and a further mental health professional involved in the patient's care.

In this reporting period, a SOAD has undertaken 10 assessments, and all of these have been completed within the statutory time frame.

A UK based psychiatrist provides this service on an as required basis. This arrangement is currently reviewed to ensure that a formal provision is in place to guarantee that the SOAD assessment can always be provided within the statutory timeframe.

18 Restrictive Practices

The use of restrictive practices within the inpatient service are now monitored and discussed on a monthly basis, in order to ensure these are used only when absolutely required. This includes the use of MAYBO (physical interventions to maintain safety), seclusion, individuals subject to planned searches, and restriction of access to electronic media and communications (which may include mobile phone). The data for 2023 will be contained in the next report.

19 Mental Health Review Tribunal

A patient, a patient's nearest person, or other applicant may apply to the Tribunal for the review of a decision directly affecting the patient and of a kind described in the table in Part 2 of the Schedule.

Part 7 Mental Health (Jersey) Law 2016

- **19.1 Appeal of an Assessment Authorisation (Article 21)**

There have been 27 appeal applications for patients detained under Article 21 within this reporting period, of which 15 were heard. 45% of these appeals were not heard because the patient was discharged from Article or withdrew their appeal before the hearing occurred.

Number of applications	27
Number of applications heard	15
Time delay until final hearing (median)	13 days

Table 4: Number and time delay of Article 21 appeals to the MHRT

Hearings in respect of assessment authorisations should be heard as soon as possible but never later than 14 days after application. Listing earlier has not been possible, as HCS require seven days to prepare and provide evidence, but the target is being met.

- **19.2 Appeal of a Treatment Authorisation (Article 22)**

There have been 21 applications for patients under Article 22, of which 7 were heard. 67% of these appeals were not heard because the patient was discharged from Article or withdrew their appeal before the hearing occurred.

Number of applications	21
Number of applications heard	7
Time delay until final hearing (median)	31 days

Table 5: Number and time delay of Article 22 appeals to the MHRT

Hearings in respect of treatment authorisations are to be heard within six weeks (42 days) and so the target is being met.

- **19.3 Review of the Minister’s authorisation of a patient’s removal from Jersey (Article 86)**

Where a detained patient is required to be transferred off-island, the Minister may authorise this where removal is in the best interests of the patient. This can be required as we do not provide some specialist beds in Jersey such as Eating Disorder, Mother & Baby and Psychiatric ICU that are found in NHS trusts, nor do we have a secure forensic psychiatric unit.

Article 85 requires that the Tribunal must review the Minister’s authorisation within seven days of being notified of it. However, it is noted that the Tribunal always goes to great lengths to facilitate these reviews at their very soonest opportunity, as shown below.

In this period, four patients have been transferred from Jersey to another hospital following the above-mentioned legal process.

Number of applications	4
Number of applications heard	4
Time delay until final hearing (median)	1.5 days

Table 6: Number and time delay of MHRT reviews for patient transfer

- **19.4 Other appeals**

There were no applications to the Tribunal to review other decisions or exercises of power under the Mental health (Jersey) Law 2016.

- **19.5 Tribunal outcome**

Of the 22 appeals heard, the Tribunal discharged seven patients from their Article authorisation (six from Article 21 and one from Article 22)

20 Safeguarding Patients' rights

- **20.1 Information to be given to patients**

The MHL requires that where a patient is detained, the managers of the Approved Establishment must, as soon as practicable after the detention, take all such steps as are reasonable to ensure that the patient understands under which of the provisions of the MHL they are detained, and the effect of those provisions.

The Authorised Officer will inform the patient of their rights at the time of detention. The MHLA then writes to a patient and their Nearest Relative/Person when detained compulsorily and encloses information with regards to the provision of the MHL they are detained under, their right to appeal the detention and the contacts details for My Voice Jersey (a professional advocacy service described below).

It is expected that managers and staff of the Approved Establishment will further inform the patient of their rights at regular periods. A 'rights checklist' has been developed, which is being audited during 2023. This audit will be reported to (and ongoing compliance overseen by) the Mental Health & Capacity Legislation Oversight Group.

- **20.2 Independent Mental Health Advocates**

The role of Independent Mental Health Advocate (IMHA) is to provide an independent additional safeguard for patients who are subject to the MHL to ensure that they understand their rights and that they are supported in exercising those rights, as well as ensuring that patients are enabled, wherever possible, to participate in the decisions that are made about their care and treatment.

IMHAs attend all the psychiatric wards at least once per week to meet with every patient and offer their services. They help patients to understand their rights, the process of appeal, to complete and submit appeal forms and attend tribunal hearings with patients.

My Voice Jersey has been awarded the contract to provide this service. A report detailing their interventions is provided to the Commissioner quarterly and to the Minister annually.

- **20.3 Forgery and false statements**

There have been no incidences of intentional false statements or forgeries of documents.

- **20.4 Restrictions on access to electronic media and communications etc. and postal correspondence**

Article 8 of the European Convention on Human Rights requires public authorities to respect a person's right to private and family life. It is acknowledged that where particular risks relating to the patient's own health or safety exist, or where there are particular risks to others, an interference with a patient's Article 8 ECHR rights may be justified. The MHL allows for this.

However, where restrictions are placed upon a patient’s access to electronic media and communications or postal correspondence, the Manager of the Approved Establishment must give notice in writing to the patient within seven days, detailing the restriction and the right to review by the Mental Health Review Tribunal under Article 84 of the MHL.

In this period there have been no applications made to the Mental Health Review Tribunal for a review of the decision made by the Manager to restrict access to electronic media and communication or postal correspondence.

21 Summary

This quick glance table shows the number of assessments by year and type*.

	2019/20 (12-month period)	2020/21 (12-month period)	2021/22 (15-month period)
Art 15	23	21	20
Art 17	14	25	14
Art 21	88	87	99
Art 22	70	51	66
Art 36	130	156	149
Mental Health Law Assessments	297	301	361

Table 7: Quick glance summary

*Note – as mentioned earlier, the 2021/22 report is based on 15 months, as opposed to 12 months for the previous two periods.

22 Training

The Mental Health (Miscellaneous Provisions and Prescribed Forms) (Jersey) Order 2018 provides that medical practitioners must complete the ‘Mental Health (Jersey) Law 2016 Approved Practitioner Training Programme’ before they are authorised to work as an Approved Practitioner. Similarly, the Order provides that a person to be authorised to work as an Authorised Officer, will have completed the ‘Mental Health (Jersey) Law 2016 Introductory Training Programme’ or the ‘Mental Health (Jersey) Law 2016 Authorized Officer Training Programme’.

This training provision has been commissioned and approved by the Minister and has been rolled out to all current staff holding those positions, except for only one Approved Practitioner (who was approved prior to the implementation of the current training programme).

Working in partnership with My Voice Jersey, HCS commenced a project in 2023 to deliver training to all staff who appear as witnesses at Mental Health Review Tribunal hearings. The services of a very experienced specialist mental health lawyer from England were sourced by My Voice Jersey to deliver the witness training. The aim is to ensure that the witnesses have the knowledge, skills and confidence to enable them to give high quality evidence to the Tribunal panel.

23 Post-implementation working group

A post-implementation working group relating to the Mental Health Law, comprising of colleagues from HCS, the Strategy, Policy, Planning and Performance Department and the Law Officers' Department meet once per quarter to discuss developments and the use of the Law.

The working group, overseen by the Mental Health and Capacity Legislation Oversight Group, has been working towards preparing amendments to the MHL to address a range of issues which have arisen.

The first set of amendments will include various corrections to typographical errors or incorrect references in the Law and amending the term 'Authorised Officer' to 'Approved Mental Health Professional' to ensure that this role is understood differently to the 'Authorised Officer' seen in various other pieces of Jersey legislation. It is expected that this set of amendments will be lodged in 2023.

The Working Group will continue to work on developing resolutions for additional issues seen within the use of the MHL. It is envisaged that any legislative amendments required to deal with these matters will be brought forward in two further stages, with the second stage having been scoped before the end of 2023.

24 Legislation Oversight Group

The Mental Health & Capacity Legislation Oversight Group has been formed to provide assurance to the Minister for Health and Social Services in relation to the lawful and effective application of all aspects of Jersey Mental Health and Mental Capacity Legislation.

The membership of the Group includes:

Executive Director of Mental Health & Adult Social Care

Mental Health & Capacity Law Administrator

Clinical Lead (Mental Health)

Head of Inpatient Mental Health Services

Head of Community Mental Health Services

Chief Social Worker

Lead Social Worker (Mental Health)

Head of Learning Disability Services

Clinical Lead / Consultant Psychiatrist CAMHS

Chief Executive Officer of My Voice Jersey

Chief Inspector / Mental Health Lead, States of Jersey Police

Senior Officer – Clinical Governance & Risk, States of Jersey Ambulance Service

Associate Chief Nurse, General Hospital

Lead for Capacity & Self Determination Law

Consultant Pharmacist (Mental Health)

Team Manager, Crisis and Assessment Team

CAMHS service manager

General Manager (Mental Health)

The Assistant Minister with responsibility for Mental Health has a standing invite and has attended a number of meetings.

The Group meets monthly with the aim of identifying, monitoring and mitigating risks in relation to the use of relevant legislation. The Group identifies areas for improvement, action or development. The Group reviews and develops policies and procedures in relation to the use of relevant legislation and oversees both the quality of and compliance with training associated with relevant legislation.

25 The Future

The MHL requires that prescribed forms be used for certain applications, recommendations, orders, reports and records under the MHL.

Staff have described issues with the current versions of the forms and the MHLA and team are currently drafting new versions of the forms. Once these have been consulted on by the regular users, and agreed, an amendment to the Mental Health (Miscellaneous Provisions and Prescribed Forms) (Jersey) Order 2018 by the Minister will be required to bring these into use.

It is also relevant to mention that a review of the current data systems - and implementation of software to assist with the monitoring of cases - could provide better data and support the provision of the service. Currently, HCS uses a number of different software systems (including Carepartner and TrakCare) and relies heavily on the use of Excel spreadsheets to capture and monitor relevant data. We intend to pursue this in 2023 as part of a wider review of the Electronic Patient Record across mental health and adult social care.

A quality improvement programme commenced in 2023 that focussed on the inpatient mental health provision. This programme will include a component relating to the use of mental health law, documentation in relation to this, and systems in place to ensure the patients' rights are protected and experience maximised.

26 Conclusion

A great deal has been achieved during this reporting period by a dedicated team of committed and determined professionals from a number of agencies, led and supported by the Head of Mental Health & Capacity Legislation, to ensure effective implementation, improvement and oversight in relation to the use of Mental Health Law. This coordinated approach is already demonstrating positive outcomes. Over the next year, with the legislative changes expected and completion of work currently underway as described above, it is expected that further positive change will continue.