Date received	28 November 2018
Enquirer	**Geoff Hill**

The new Indian Mental Healthcare Act 2017 ("IMHA") is described by leading academics as:

> ***"A highly progressive piece of legislation, especially when compared to legislation in other jurisdictions subject to similar analysis…. [A] constructive, pragmatic and enlightened approach to this matter."***

They found India's compliance with the World Health Organisation's 'Resource Book on Mental Health, Human Rights & Legislation' ("WHO-RB") standards generally good and **more compliant with these standards than legislation in Ireland or England & Wales.**

To the best of my knowledge and belief, there is only one person in this room, who has achieved legislative change single-handedly but the IMHA contains sections that do not require changes to the Mental Health Act.

For example, Inquests often identify as contributors to suicide: lack of adequate care plans for both in-patients and patients after discharge? Many patients and families complain about lack of consultation before discharge; transfer between units and/or a change in Consultant Psychiatrist. S.98 of the IMHA states [paraphrased]:

> "*(1): When a PMI [patient with mental illness] is discharged into the community or to a different mental health unit or a new psychiatrist takes over, the existing psychiatrist must consult the PMI, the nominated representative and the relevant family member or carer.*
>
> *(2): The existing psychiatrist will, in consultation with the persons referred to in s.98(1), ensure that a plan is developed as to how treatment of services are to be provided*."

Regarding family involvement, it is worth noting also that WHO-RB specifies:

> "*Two occasions exist when the family and carers are automatically involved; these are: when planning discharge and in the case of a person found wandering in the community*."

I believe that s.98 and WHO-RB (along with other sections of the IMHA) are common sense and best practice anyway. They remove any doubts around care plans and family involvement.

Will the Board Review the IMHA and, where legislative changes are not required, consider incorporating similar practices and requirements into the Trust's policy and guidance?

Trust Response	David Monk, Non-Executive Director

Thank you for the interesting basis to a question. Whilst this is not something that we have looked at before, this is something that the Trust would be open to, such as by liaising with Professor Dinesh Bughra, Emeritus Professor of Mental Health and Cultural Diversity at the Institute of Psychiatry, Psychology and Neuroscience at King's College London to help shape our understanding of the Indian Mental Health Act and where we can learn from it further. I believe he has done work on comparing the Act from a number of continents. As an organisation we are continually looking to improve and in order to do this look to identify and replicate best practice wherever it exists.

I would remind colleagues that our own English Mental Health Act is currently under review by Sir Simon Wesley and amongst other things the proposition to embed advanced directives as well as a shift to universal aftercare 'rights' provides the ideal opportunity to embrace the good practice examples raised.