

# RCPsych Members' Survey:

## The Mental Health Act Review

## Aims and method

RCPsych President Wendy Burn launched a survey in August 2017 to gauge opinion of members in anticipation of the Mental Health Act Review. It was intended that the results of the survey would help inform the College's engagement with the Review.

RCPsych College Officers and College staff collaborated to write the questions. The survey focused on the main areas of concern that had been raised by the Prime Minister, and those that had already been tackled by the Mental Health Alliance Survey of 2017. As well as multiple choice questions, there was also an opportunity for respondents to enter free text on areas they thought were important.

The survey was sent out by email to all RCPsych members in England and Wales with further opportunities and reminders to respond between 15 August and 8 September 2017.

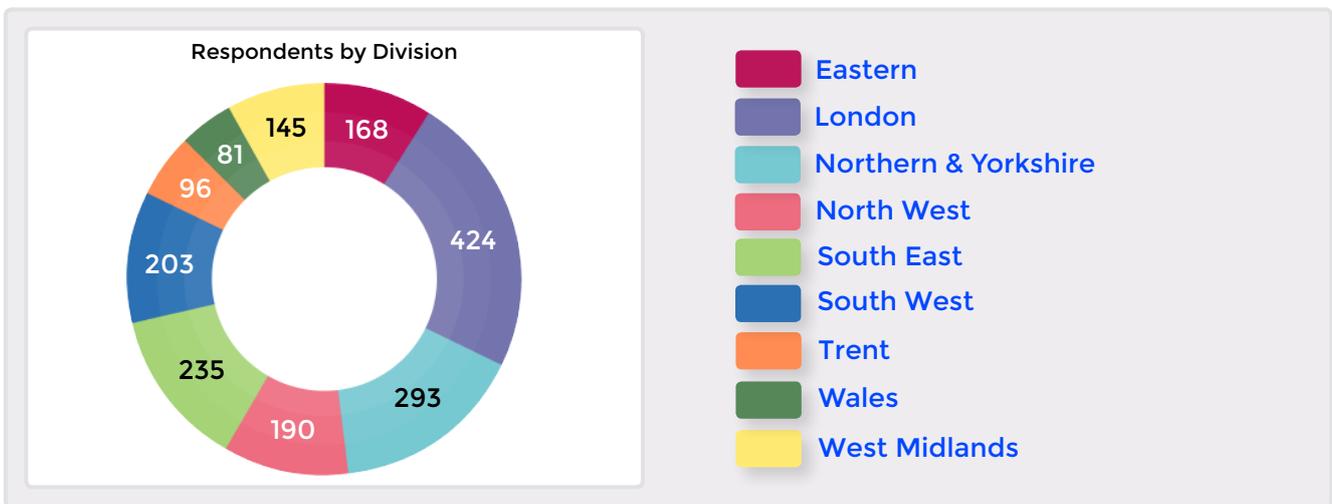
## Results

### Response rate

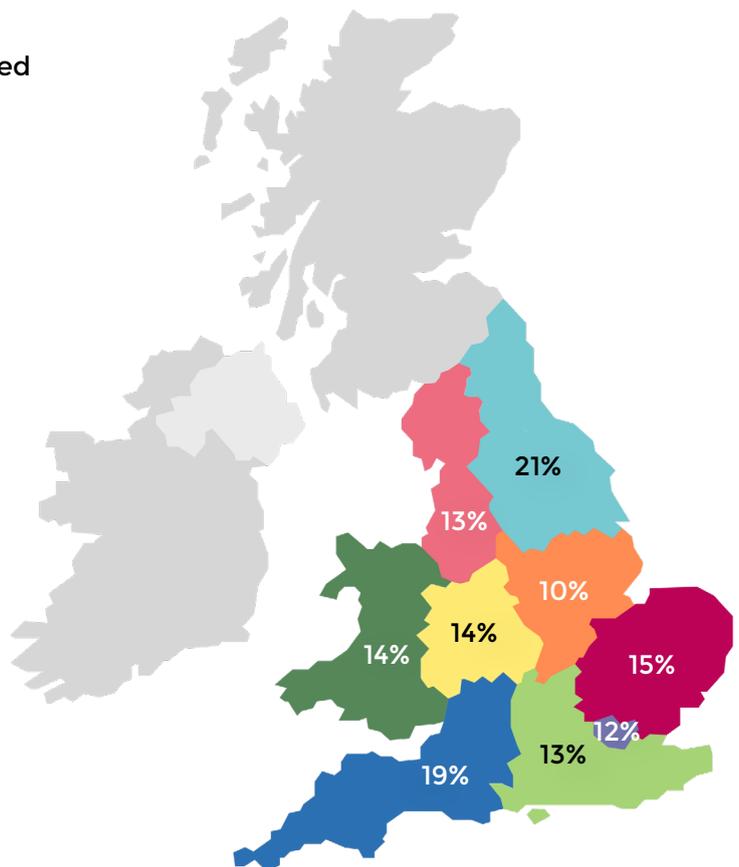
The survey received a total of 1,951 responses which equates to 15% of all RCPsych members across England and Wales.

### Geographic demographics

1,835 of the survey respondents (94%) indicated their Division. Response rates varied from 10% in Trent to 21% in Northern & Yorkshire. You can view a summary of the responses from each Division listed below by clicking on its name in the key.

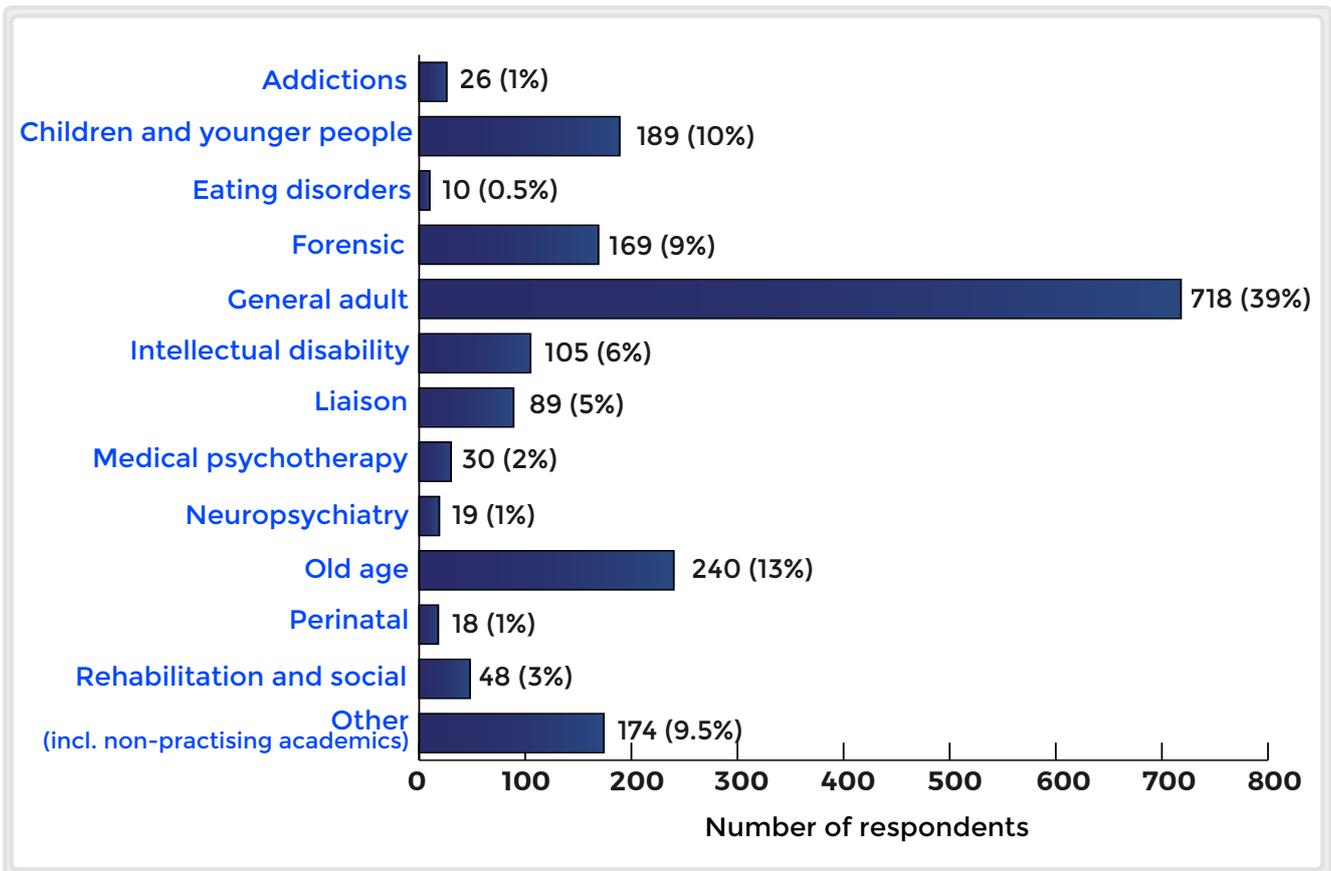


The following map shows the individual response rate from each Division as calculated when compared to the total number of registered members in that Division.



### Psychiatric specialty demographics

All psychiatric specialties were represented in the survey and were broadly in line with the psychiatric specialty demographic. The chart provides a list of psychiatric specialties and the percentage of each specialty that made up the respondents to this survey. Those who didn't respond to this question have been omitted from this graph. By clicking on the name of the faculty, you will be taken to a link to a report where you can review a summary of the response from that specialty:

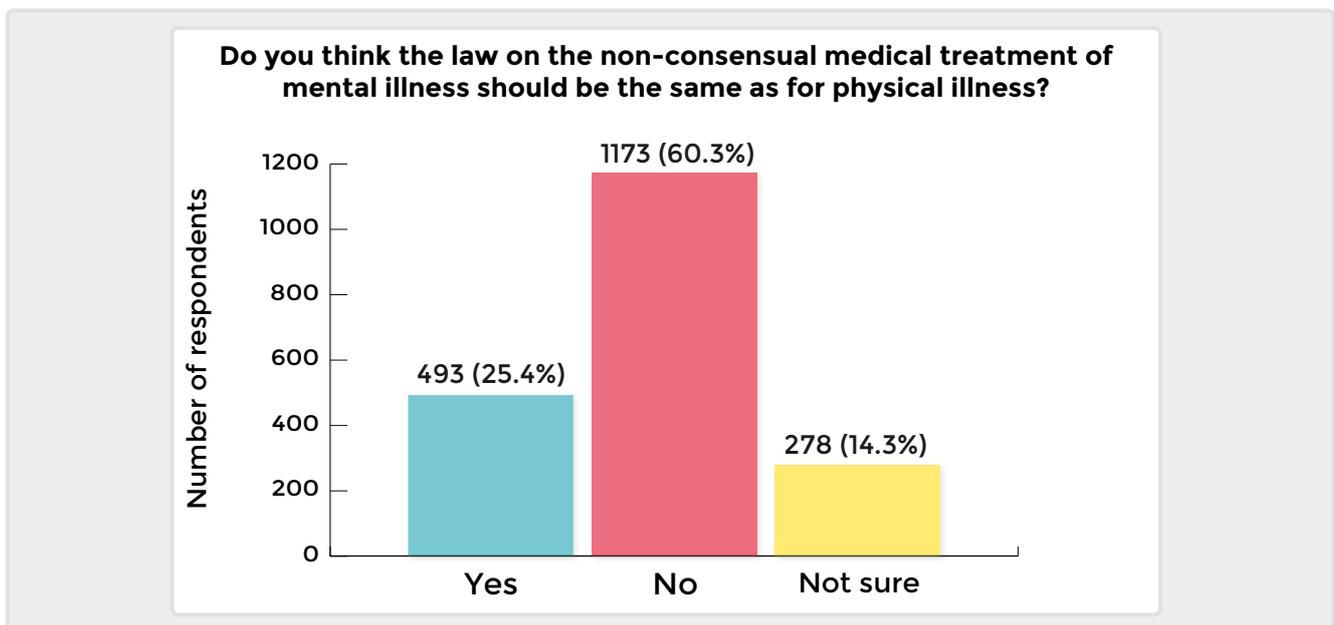


## Part 1: Principles of the Mental Health Act

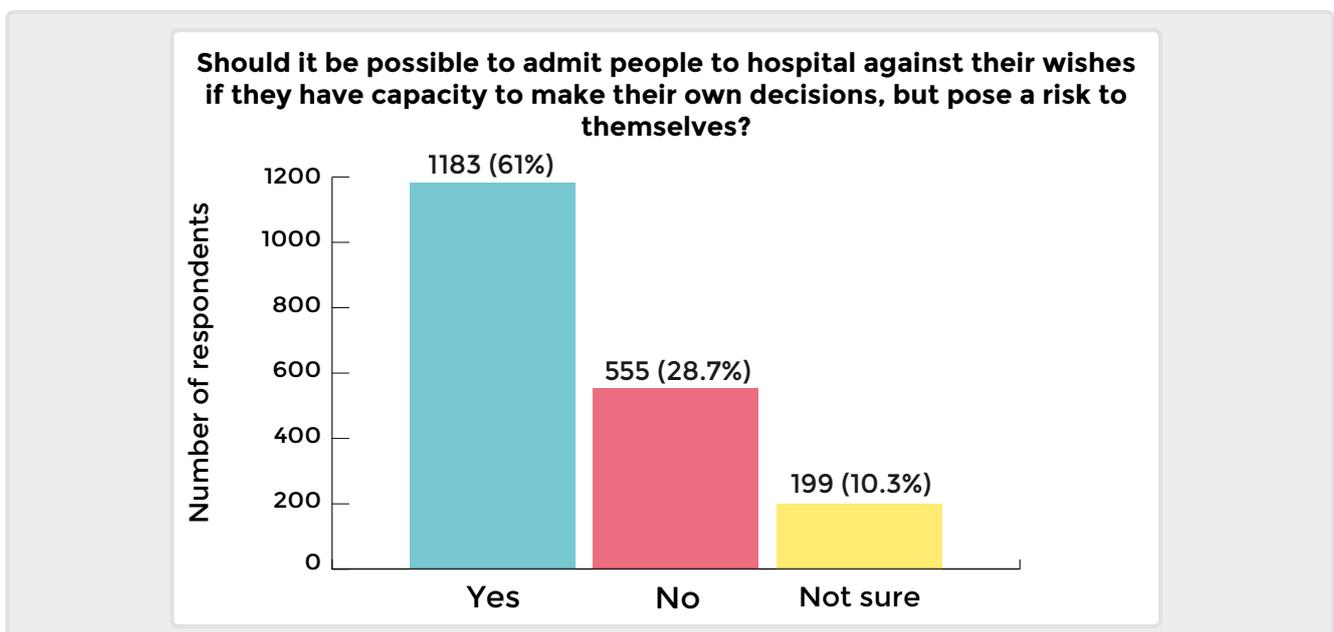
We asked members their thoughts on some of the key principles of the Mental Health Act. This was primarily to find out whether psychiatrists believed that a Mental Health Act that admitted some people to hospital against their wishes is necessary.

A majority of respondents agreed that compulsory treatment in hospital was sometimes necessary for their own or others' safety.

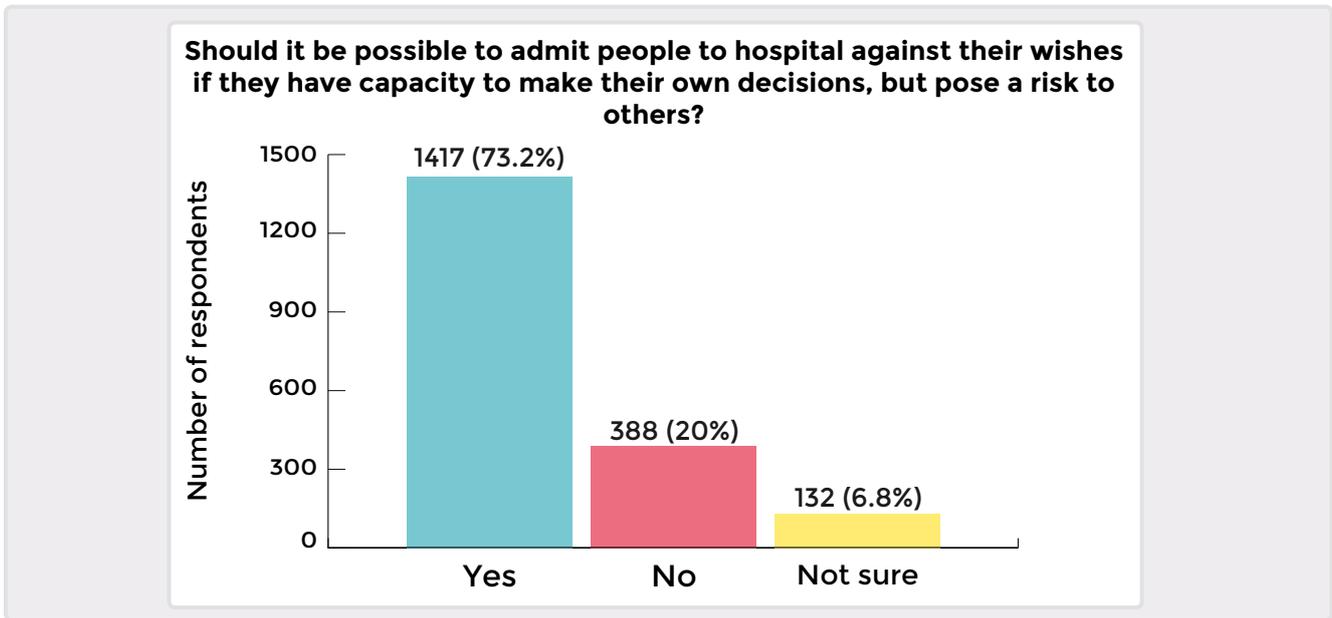
### Question 1: Non-consensual medical treatment



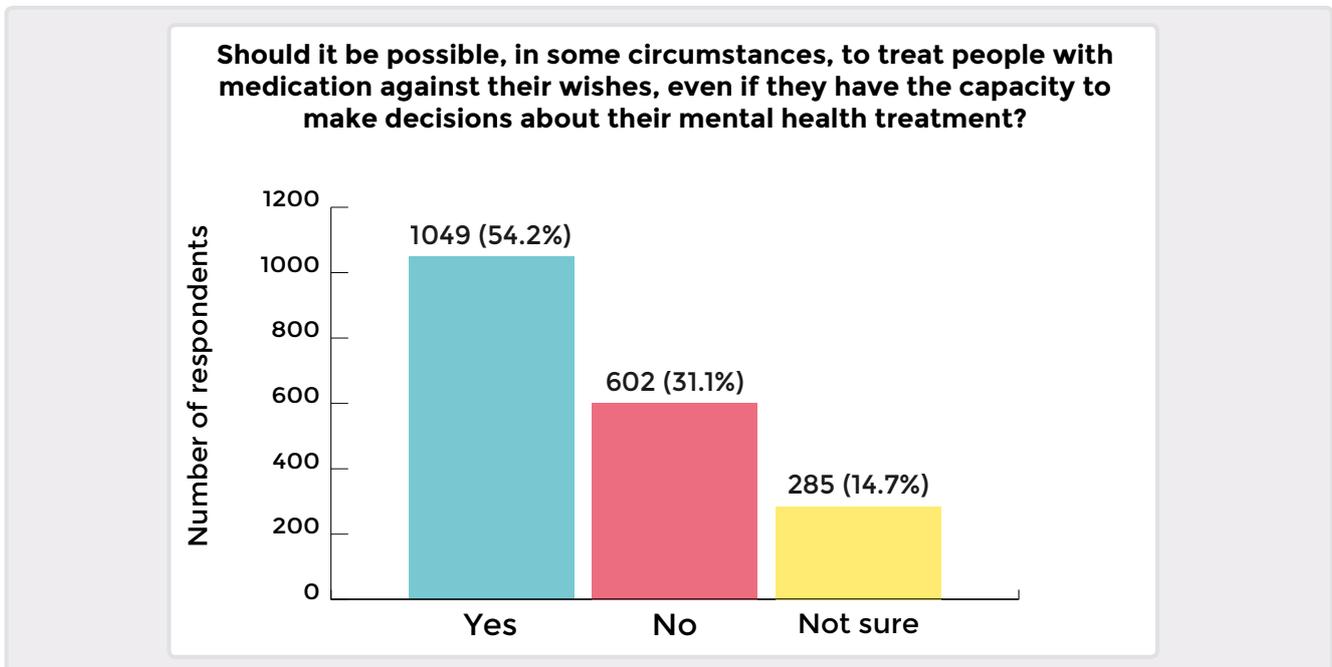
### Question 2: Involuntary admission of those with capacity who pose a risk to themselves



**Question 3: Involuntary admission of those with capacity who pose a risk to others**



**Question 4: Treating people with medication against their wishes even if they have the capacity to make decisions about their mental health treatment**

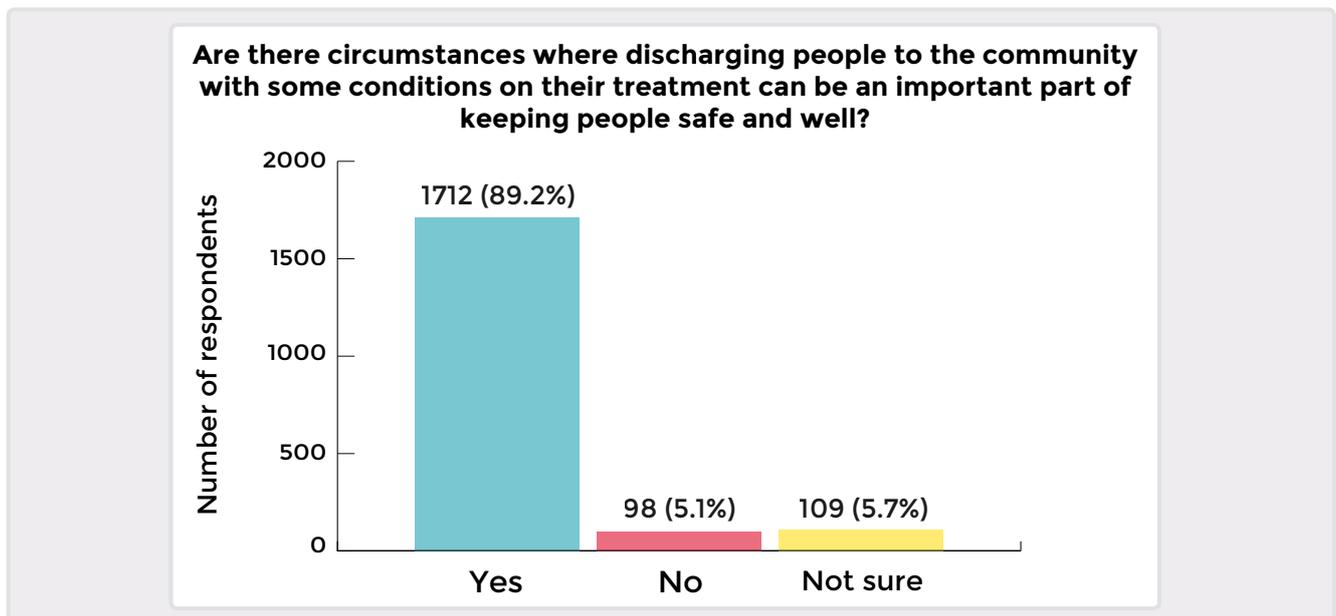


## Part 2: Treating people in the community

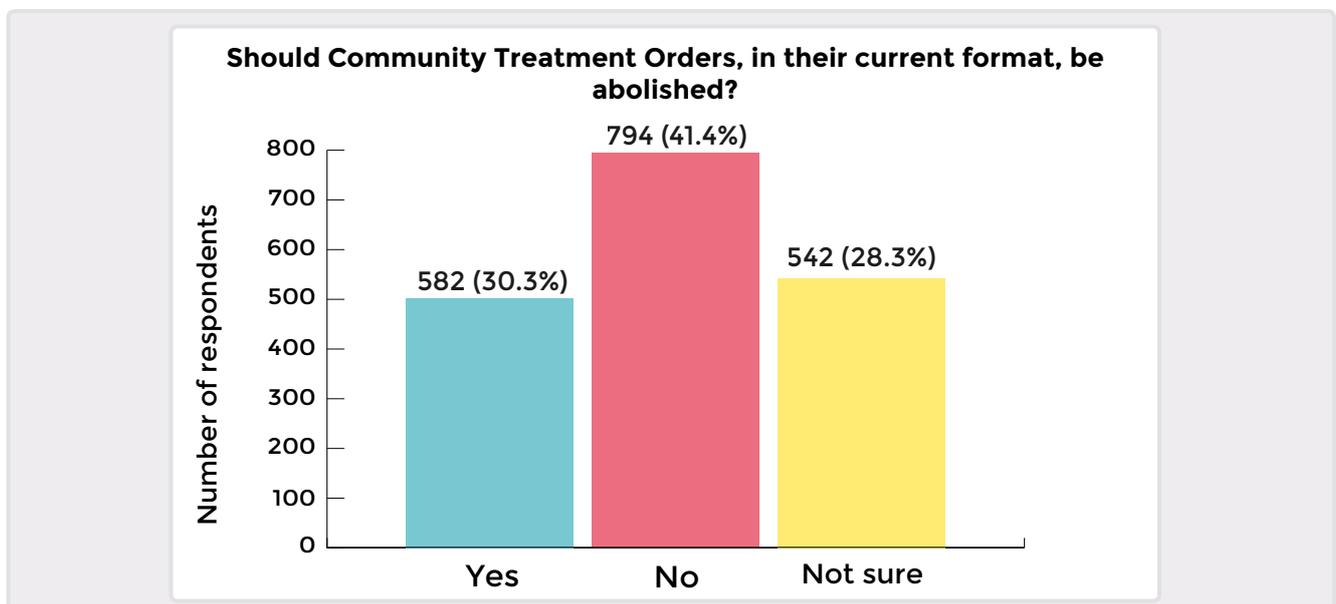
This section was aimed at establishing the members' view on Community Treatment Orders, which are a large part of the remit of the Review. We hoped to establish whether members approved of CTOs in principle: i.e. some conditions applied to discharge to the community, and what they thought about CTOs in practice and whether they want to abolish them.

A clear majority of respondents agreed that some conditions applied to discharge is an important part of keeping people safe and well. However, opinion was fairly divided on whether CTOs in the current form should be abolished.

### Question 5: The principle of conditions applied to discharge to the community

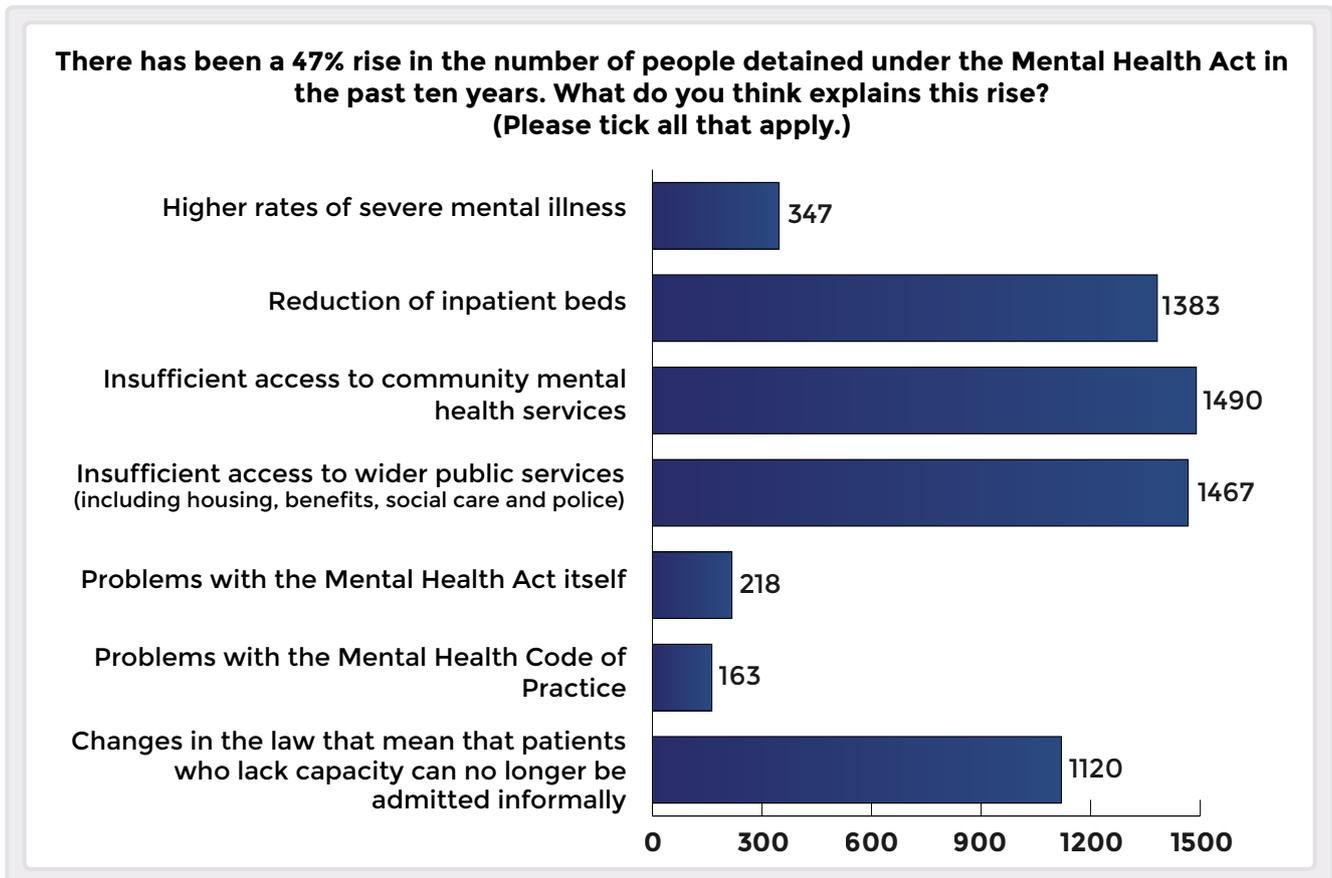


### Question 6: Community Treatment Orders



## Part 3: Rising detentions under the Mental Health Act

### Question 7: Views on the reasons for the increase in detentions

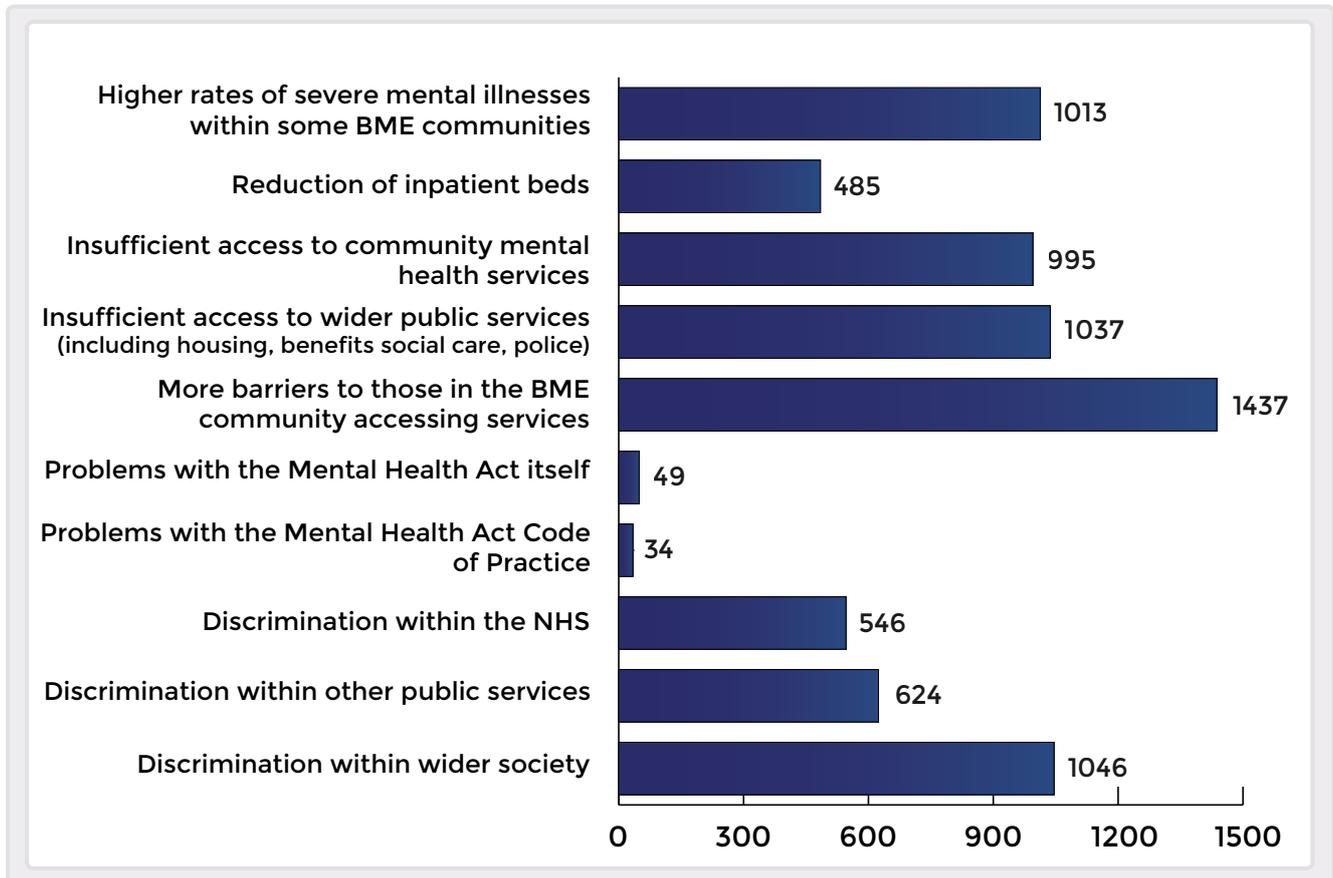


The top five factors respondents believed to be causes of the rise of detentions under the Mental Health Act were:

1. Insufficient access to community mental health services – 80.5% cited this as one of the causes of the rise
2. Insufficient access to wider public services (including housing, benefits, social care, police) – 79.2% cited this as one of the causes of the rise
3. Reduction of inpatient beds – 74.7% cited this as one of the causes of the rise
4. Changes in the law that mean that patients who lack capacity can no longer be admitted informally – 60.5% cited this as one of the causes of the rise
5. Higher rates of severe mental illnesses – 18.7% cited this as one of the causes of the rise

**Question 8**

**Why is the Mental Health Act applied to more people from BME communities compared to the rest of the population in England and Wales?  
(Please tick all that apply.)**



The top five factors that respondents believed explain why the Mental Health Act is applied to more people from BME communities compared to the rest of the population in England and Wales were:

1. More barriers to those in the BME community accessing services - 79.8% cited this as one of the causes of this disproportion
2. Discrimination within wider society - 58.1% cited this as one of the causes
3. Insufficient access to wider public services (including housing, benefits social care, police - 57.6% cited this as one of the causes
4. Higher rates of severe mental illnesses within some BME communities - 56.3% cited this as one of the causes
5. Insufficient access to community mental health services - 55.3% cited this as one of the causes

## Part 4: Nearest Relative

### Question 9: Patients choosing their 'Nearest Relative' themselves

