



MINISTERIAL STATEMENT
TO THE HOUSE OF ASSEMBLY
BY THE HONOURABLE KIM N. WILSON, JP, MP
MINISTER OF HEALTH
Mental Health Amendment Bill
Friday 14th December 2018

Mr Speaker, as Minister of Health, I am especially pleased to rise today to speak about the amendments to the Mental Health Act that will be tabled today.

Mr Speaker, I have spoken on various occasions about this upcoming work, and it gives me great pleasure to be able to bring the Mental Health Amendment (No.2) Bill to the House.

Mr Speaker, the amendments proposed in the Bill were developed by a committed and expertly-qualified Steering Committee and Project Team. The proposals were subsequently consulted on via the *Mental Health Act Review Consultation Paper*, on which we gathered feedback in February of this year. Broadly, the feedback

was supportive, acknowledging that more changes are needed in our mental health infrastructure. This is the beginning of longer-term reforms.

Mr Speaker, I want to acknowledge that this excellent work was commenced under the previous administration, but I am committed to advancing good work that aligns with this Government's priorities. Indeed, raising the awareness of mental health and the issues surrounding those persons within our community affected by mental health challenges is something that I'm personally very passionate about.

Mr Speaker, I'd like to provide a brief overview of the Bill's intent. Overall, the goal is to bring Bermuda's mental health legislation in line with contemporary methods of care while balancing the need to protect the rights of the individual patients and the need to ensure public safety.

While more work will be needed on the broader mental health legislation and services, in this phase we have focused on addressing major gaps that exist in Bermuda's Mental Health Act.

As such, **Mr Speaker**, the Bill aims to: establish requirements to determine Mental Capacity, ensure Consent to Treatment is obtained; and establish Community Treatment Orders. I will explain each policy a little further.

Mr Speaker, first, the Bill establishes requirements to determine a person's ability to make decisions. This will be achieved primarily through a mental capacity framework established in the Code of Practice. The rationale for this amendment is that a patient cannot consent to or refuse treatment unless they have the mental capacity to do so and this is currently not present in law. The mental capacity framework will establish principles and criteria to determine if a person is able to make a decision and if they are deemed unable, to ensure the decision is made in their best interests.

Mr Speaker, secondly, the Bill seeks to provide a framework for consent to treatment to be sought in specific cases. The Mental Health Act currently does not provide legal safeguards for patients who either cannot consent or refuse to consent to treatment. The Bill establishes safeguard for patients regarding consent to

treatment, which will apply to all detained patients whether in hospital for treatment or living in the community under a community treatment order, which is the final change introduced by the Bill.

Mr Speaker, the Bill introduces provisions under the Mental Health Act for Supervised Community Treatment in the form of Community Treatment Orders (“CTO”). CTOs enable mental health professionals to treat patients granted leave from the hospital for extended periods of time. This enables conditions to be set for patients to live in the community (such as continuation of medication) while also improving legal safeguards to protect the rights of the patient.

Mr Speaker, this is a high-level overview of the Bill and our intended improvements to mental health provision in Bermuda. We appreciate that more is needed, and we will continue to make improvements. But for the time being, we are absolutely confident that these provisions will bring improved safeguards and treatment for mental health patients in Bermuda.

Thank you