



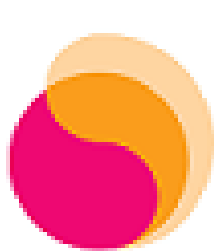
**Mental
Health
Reform**

Mental Health Reform

Overview of key changes in
the Mental Health Bill 2024

Plain English Summary

#ReformMHA



Mental Health Reform

Mental Health Reform

Overview of key changes in the Mental Health Bill 2024

Plain English Summary

Contents

To Start.....	2
Introduction.....	3
The Process for a Bill to become law	6
Overview of Parts in the Bill.....	8
Some general information throughout the Bill	9
Language	9
Decision Making.....	10
Advocates – a ‘nominated person’	10
Part 2 – Guiding Principles	11
Part 3 – Involuntary Admission.....	13
Part 4 – Children	17
Part 5 – The Commission	19
Part 6 – Regulation of Mental Health Services	20
Part 7 – Miscellaneous.....	21
Next Steps	22

To Start

Thank you for deciding to read this document. We wrote it for two reasons:

1. We want you to have an overview of the [Mental Health Bill 2024](#). We want you to understand **key changes** in this Bill and to tell us what other changes and improvements you believe are needed to make the Bill better. We will send these to TDs and Senators on a Committee as proposed amendments (changes).
2. We want to ask for your help to push to make this Bill into law. You can do this by asking your local politicians to make sure this Bill is fully debated before the next General Election. An election has to take place by March 2025. This does not give much time for the Bill to complete the legislative process.

This overview is for people with lived experience of mental health difficulties and their families, friends, carers and supporters. Thanks to the HSE for funding this plain English summary and to the National Adult Literacy Agency (NALA) for editing it.

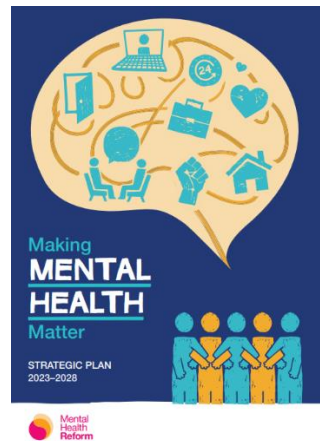
Please remember that this document is not legal advice. This is an overview of some of the key changes in the Mental Health Bill 2024. Any errors are the authors.

You can read our detailed [human rights analysis of the Heads of Bill](#). We used this analysis for our advocacy work over the past three years. We sent it to policy makers and politicians to highlight the improvements needed in the final bill. This analysis has informed some of the recommendations in this overview.

Introduction

Mental Health Reform (MHR) is a charity working in mental health policy, law and research. We are an umbrella group with 85 member organisations. Most of those member organisations provide direct mental health services. More information on our work and our member organisations is on our website

www.mentalhealthreform.ie.

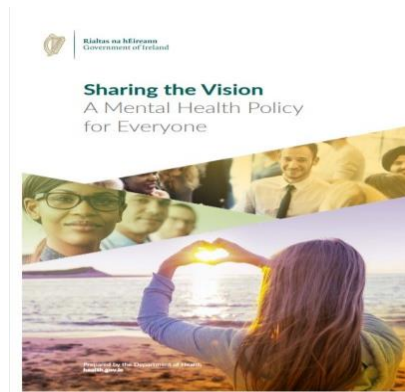


For over ten years, MHR has been working on making mental health law better. We have done this by talking to people with mental health difficulties, their families, friends, carers and supporters, and our members who provide services. We have also talked to the Health Service Executive (HSE), the Government, all TDs and Senators, and other groups providing services.

We work on behalf of our members and bring a unified voice to Government and policy makers. We have been waiting almost 10 years for this Bill to be published.

Previously, we partnered with the HSE's Mental Health Engagement and Recovery Office (MHER) on regional roadshows about the Bill. We discussed the 'general scheme' – called the Heads of Bill – and the process of a Bill going through the Oireachtas before becoming law. We got feedback directly from people accessing mental health services and supports across the country.

Ireland has a policy on mental health called Sharing the Vision: A Mental Health Policy for Everyone, and it will be the policy until 2030.



We use the words 'mental health difficulty' or 'psychosocial disability' when we talk about your mental health. We at Mental Health Reform acknowledge that some people prefer to use words and phrases like 'mental illness', 'voice hearer', 'expert by experience', and so on, to talk about their own relationship with their mental health. Whatever words you use are your choice. The important thing to know is that you have rights in the law. The Mental Health Bill 2024 uses the term 'mental disorder'.

The law at the moment is the Mental Health Act, 2001. If you are in a hospital or inpatient centre for treatment for your mental health difficulties, there are laws that these places have to follow. There are regulations (rules) and codes of practice for most places. The Mental Health Commission (MHC) is the regulator. You may have seen their annual inspection reports.

There is more information on the law at the moment on:

- [our website](#),
- [the Commission's website](#), and
- on [Citizen's Information's website](#).



The Mental Health Bill 2024 will bring community centres under the regulation of the Commission. It will also bring community CAMHS (Child and Adolescent Mental Health Services) under the Commission's work. Several reports recommend this move to improve CAMHS. [CAMHS](#) is the specialist mental health service for under 18s experiencing moderate to severe mental health difficulties.

There will be no overnight change with the new Mental Health Bill 2024. It is a long process for a new Bill to go through several stages before it becomes a law (see page 6 for The Process). A Bill is a draft of a new law or change to a current law that has yet to be passed by the Oireachtas (the Irish Parliament). Until the Bill is signed into law by the President and becomes an Act, there will be no changes in your rights. Even after this, it can take some time for a new law to be commenced, which means started or put into operation. Sometimes parts of a law are commenced before others. Because this will all take a long time, we believe, that it is important to know about your rights and to ask for the changes to move quickly.

It is very likely that there will be a General Election before the Mental Health Bill 2024 finishes the process and becomes the Mental Health Act 2024. We have already waited for a very long time for this new law. Politicians must make this law the most important thing on their to-do lists. **Until the Bill becomes an Act and then commenced there will be no changes in your rights.**

The Mental Health Bill 2024 is [available online](#). It is a very large and complicated piece of proposed new law. It has 202 sections split into seven different parts, and some parts have a number of chapters.

We at MHR will continue to urge for improvements throughout this process based on research and feedback from our members and those with lived experience. Mental Health Reform welcomes all feedback. Sign up to our [newsletter](#) to keep up to date on our #ReformMHA campaign. #ReformMHA is the tag for the campaign and means 'Reform Mental Health Act.'



REFORM

The Mental Health Act, 2001



#ReformMHA

The Process for a Bill to become law

The process for ideas or proposals to become a law is a long and complex one. There are many stages that they must go through before even coming before our elected representatives to be debated and considered.

The Oireachtas website has a [very detailed and useful breakdown of the whole process](#). The first stage is called initiation. Other stages still to go through before the Mental Health Bill 2024 becomes law are:

Second Stage Debate

At this stage, the Bill is scheduled for discussion by Government. The Minister for Health will open debate either in:

- the Dáil where all parliament members (TDs) debate and vote on passing bills or issues), or
- the Seanad where some parliament members (currently 60 Senators) debate issues, revise laws passed in Dáil and sometimes begin the process of introducing new laws).

We believe that the Bill will start in the Dáil. This stage will give all TDs an opportunity to talk about different parts of the Bill. They may flag some improvements or concerns they have.

The Bill will go to a vote and, hopefully, then be passed to the next stage called Committee Stage.

Committee Stage

If the Bill makes this stage, this is where the work on amendments (changes) to the Bill will be made. This is a vital part of the process if we are to work together to get the best possible piece of legislation. The Government has already said that it will need to bring some amendments to Committee Stage.

Report Stage

After Committee Stage is Report Stage. This is where amendments are voted on. Amendments either pass or are voted down. There is then a vote (votáil) to progress the Bill to the next Stage.

The Bill completes final stage and goes to the Seanad.

Seanad and further stages

In the Seanad, the Bill goes through the whole process again. This means the Bill goes through Second Committee, Report and Final Stages. This allows Senators to debate the Bill and amendments.

Most bills have to go through all stages in each of the two Houses of the Oireachtas (Dáil and Seanad). They are then sent to the President to be signed into law. This means that the Bill becomes an Act. The Government then decides when to commence (start) the Act.

The Mental Health Bill 2024 is a Government Bill.

Overview of Parts in the Bill

Part 1 – general information and explanations of the definitions used in the Bill.

Part 2 – guiding principles for adults and guiding principles for children. These are a very welcome change. It means that adults voices must be heard and respected. At the moment, the 2001 Act has the 'best interests' model. This means that healthcare professionals can decide what is best for you. The guiding principles contained in the new Bill will move our laws to being more about you. The guiding principles are different for under 18s. These still include that the best interests and welfare of the child is the most important principle, but there is greater recognition of the will and preferences of under 18s.

Part 3 – involuntary admission. This part has four chapters. These chapters are about receiving mental health treatment when you haven't agreed to it. You might be in a crisis and be too unwell to make decisions. Involuntary admission – admission without your agreement – should be the last option for treatment. It is better for everyone if you are included in your treatment plans, and you agree to them. An application has to be made recommending you for involuntary admission. The clinical director of a centre will then decide if they agree with the recommendation that you 'fulfil the criteria for involuntary admission' and will make an 'involuntary admission order'.

Part 4 – under 18s. This is a new part in the law that is for everyone under 18 years old. There are four chapters in this part too. These include information about involuntary admissions for under 18s. They also have information about what decisions young people aged 16 years and 17 years are allowed to make. At the moment, 16- and 17-year-olds are allowed to make decisions about treatment for physical health but not for mental health. This will change with the new law.

Part 5 – the Commission. This part has six chapters covering the Mental Health Commission. These talk about the set-up of the Commission, the Board of the Commission, the Chief Executive, and Mental Health Review Boards (called Tribunals at the moment).

Part 6 – regulation of mental health services. This part also has six chapters. This part is all about the rules for mental health services. The rules are for places where mental health treatment is being offered, at registered centres. Treatment may include talk therapies, medication and/or other therapeutic supports. This will now include treatment in the community. It will also include rules and inspections for Child and Adolescent Mental Health Services (CAMHS) in the community. This was a recommendation from the Commission’s report into CAMHS.

Part 7 – miscellaneous. This part also has six chapters dealing with other issues that don’t fit into the first six parts. For example, there is a chapter about data protection and legal aid.

It is important to remember that the Bill is written in a very specific way.

You might be surprised to find no mention of human rights or training in the Bill. The Bill as it stands outlines legal rights, but work will also be needed to write up new rules and codes on how to provide mental health treatment.

There are some things that we will be asking the Government to include, such as putting in place an independent system for people to make complaints. It is the Government’s choice to include this or not.

Some general information throughout the Bill

Language

The law at the moment uses words and phrases like ‘patient’ and ‘suffering from’. The new Bill changes ‘patient’ to ‘person’ and doesn’t include phrases like ‘suffering from’.

The new Bill also does not include intellectual disability or dementia as reasons for involuntary admission.

The new Bill says that information must be provided to you in a way that you understand. This might mean getting access to a translator or access to an Irish Sign Language (ISL) interpreter. It may also mean that information should be written in plain English or presented in an easy-to-read format.

Decision Making

In most cases, the new Bill will be linked to the rights in the Assisted Decision-Making (Capacity) Act 2015. If you have not heard of this 2015 Act, please look at the Decision Support Service's website on www.decisionsupportservice.ie.

If you have a mental health difficulty, you can make an Advanced Healthcare Directive (AHD) to say what treatment you would like to receive in the future. There is information about AHDs on the [Decision Support Service's website](#). It includes a template to make an AHD. This is a very important law that is available right now. Mental health professionals should also know about your rights under this law. It was commenced in April 2023.

Advocates – a 'nominated person'

We are very happy to see that the new law says that you can have a 'nominated person' to support you while you are receiving treatment. This person can be:

- a family member,
- a friend,
- a peer supporter (explained below), or
- an independent advocate.

Both adults and children can have a nominated person. Peer supporters are other people who have experience of mental health difficulties, services and supports. Family peer supporters will be family members who have loved ones experiencing mental health difficulties. The [HSE's Mental Health Engagement and Recovery Office \(MHER\)](#) will have information on peer support.

Part 2 – Guiding Principles

This is section 9 and 10 in the Bill. It is on pages 19, 20 and 21. The guiding principles of the Bill set out the standards of best practice for mental health services. Guiding principles in laws are important because they tell us how the law should be understood and used. These principles make sure that laws reflect values and are fair.

They are for everyone receiving treatment for mental health. That means that whether you have been admitted for treatment on a voluntary or involuntary basis, you have a right to have these standards applied to you.

Section 10 of the Bill outlines the guiding principles for children. The best interests model is also used here, but also the Bill gives greater recognition of under 18s' will and preferences.

The guiding principles are to make mental health law more about the person's choices, human rights and decision-making capacity. They should make you more of an active participant in your healthcare, rather than decisions being made about you, without you.

Capacity – your ability to make decisions

Capacity is referenced throughout the Bill. Mental health professionals will have to presume that you have the capacity (ability) to make your own decisions. There will be times when this does not apply. For example, if mental health professionals think that you are in a crisis and do not have capacity, they will have to ask for a capacity assessment to be done.

But, generally, your decisions should be respected by doctors, nurses, psychiatrists, and so on. If your capacity is in question, then the rules under the Assisted Decision-Making (Capacity) Act 2015 will apply to you and a functional capacity assessment might take place. Your capacity cannot be questioned just because they think you are making an 'unwise' decision.

Like the Assisted Decision-Making (Capacity) Act 2015, this Bill says that you should be supported to make your own decisions. This might mean that the mental health team give you time to talk through your options and explain things to you in a way you can understand.

It might mean that you talk to someone you trust, or it could mean that you are asked about the decision a few different times to give you a chance to change your mind if you want to. For example, it might not be the best time to make a decision about your care or family involvement when you have just been admitted.

Depending on your experience you may need a couple of days to start to feel better and clearer about the decisions you want. Sometimes, if you are taking medication, you may be less alert at certain times of the day. Mental healthcare professionals will need to work with you to ensure that you are being asked about decisions at the best time of day for you.

The mental health team cannot say that you're not capable of making a decision just because they don't agree with your decisions. They might think that your choice is an unwise decision, but that's OK. It is up to you – the decision is yours.

The team can only ignore your decision a capacity assessment finds that you do not have capacity.

If the team ignores your decision as they think you don't have capacity, this is where your legal rights under the Assisted Decision-Making (Capacity) Act, 2015 are important. It is also why it is important to make an Advanced Healthcare Directive (AHD). An AHD should mean that your wishes and decisions are respected, even if you do not have capacity at that time – for example, if you are experiencing a mental health crisis where your capacity is impacted. The team can only override (ignore) a valid AHD in certain situations by applying to the courts.

Part 3 – Involuntary Admission

This part starts on page 21 of the Bill. Involuntary admission is when you might be sent to an inpatient centre, for health reasons, even though you don't want to go. This process is changing under the new Bill. There are some changes to this under the new Bill.

Involuntary admission should only happen as a last resort, and only if the mental health professionals think that you are a serious risk to yourself or to someone else, or that you need immediate treatment that you can get only in an inpatient centre. This means you might also be signed in to a centre if a psychiatrist thinks it is the only thing that will help your recovery and healing.

There are applications to recommend that someone should be involuntarily admitted to an inpatient centre.

At the moment, the Gardaí are the ones who make most of the applications to have someone involuntary admitted. They make almost a third (over 30%) of applications each year. The HSE has Authorised Officers (AOs) who are also allowed to fill in the forms to recommend to have someone admitted. An Authorised Officer is a qualified health and social care professional. Some people's family members also fill in those forms.

Before a person is involuntarily admitted

- There is a form that is an application recommending involuntary admission.
- The clinical director of a centre will have to be satisfied that you 'fulfil the criteria for involuntary admission'.
- They will get an involuntary admission order, which lasts for 21 days.
- An involuntary admission order means that you are then detained in that centre.
- The Mental Health Review Board (currently Tribunals) will agree to this involuntary admission order or will revoke (cancel) or undo the order.

When a person is admitted

- You are detained.
- Sometimes there will be renewal orders to keep you detained.

- The Mental Health Review Board will review your case within 21 days every time a renewal order is made.
- The consultant psychiatrist decides to make a renewal order (or not). The Mental Health Review Board will either confirm (affirm) or refuse the order.

If their status changes from a person involuntarily detained

- Sometimes your status will be changed, and you can leave or you can stay and receive treatment voluntarily.

Right to appeal and information

- You can always appeal the Review Boards decisions to the Circuit Court if you don't agree. An appeal can happen where detention does not meet the criteria for involuntary admission, or there is a failure to comply with the rules, which causes an injustice.
- You are entitled to information in writing about why you are being detained by an involuntary admission order.

In the new Bill, the Gardaí should not make any more applications recommending that someone be involuntarily detained. Having a mental health difficulty is a health issue and not a criminal justice issue. Of course, there may be times when the Gardaí will need to be involved, but most of the people should not have to come into contact with the Gardaí. The HSE will need to hire more Authorised Officers (AOs) so that they are available in every county, 24/7.

Part 3 says that people cannot be involuntarily detained (held without their agreement) just because they have an addiction to drugs, a personality disorder, or an intellectual disability. You also should not be held against your will just because you act differently to others, or believe things that people think are different.

The new Bill puts time limits on how long you should have to wait before an Authorised Officer sees you to make an application recommending you for involuntary admission.

The new Bill outlines the professionals who can make decisions on whether to admit someone involuntarily or not.

The new Bill reduces the timeframes around all of the different aspects of involuntary admission and assessment. These are all laid out in the new Bill.

The Expert Review Group in 2015 recommended that only HSE Authorised Officers should be allowed make applications recommending someone be involuntarily detained. The Heads of Bill also said this.

However, the new Bill says that a spouse or relative of a person is still allowed to make a direct application recommending that you are involuntarily admitted. This means that your family members do not have to go through an Authorised Officer for that application process, as is currently the case under the 2001 Act. Some family members believe this is important because they are usually the first to notice signs of a crisis. Other family members might not want this responsibility because it might damage the trust and supportive relationship you have.

Part 3 of the Bill also says that people who are involuntarily admitted have a right to information. On pages 35 and 36 of the Bill, you will find Section 25 of Part 3. Subsection 3 of section 25 outlines the things that should be included in a written statement to you.

Chapter 2 of Part 3 looks at Mental Health Review Boards. At the moment, the Mental Health Commission (MHC) is in charge of running Mental Health Tribunals. This is similar to a court where your admission is reviewed.

There is a lot of information in this chapter about the review boards. Section 32 outlines the steps involved if you want to appeal to the Circuit Court. This is where you are questioned as to whether you should continue to be detained without your agreement.

Chapter 3 looks at getting the person's permission for treatment. This is called 'consent to treatment'. There is already a [HSE Consent Policy](#) that tells professionals how to support people to make decisions about their care. The Assisted Decision-Making (Capacity) Act 2015 is also important here.

Section 45 outlines the steps of a 'capacity assessment'. A capacity assessment checks to see if you are able to make your own decision at that moment and about

your issue. The law says this test has to be repeated at least every 14 days if the team says that you don't have capacity (ability) to make decisions. This is because your capacity can change over time. Section 47 includes information about giving you treatment, even if you say no, because the mental health teams have decided that you don't have capacity.

Section 50, subsection 4 on page 62 says that a consultant psychiatrist can keep you in the unit or centre for 72 hours (three days) if you are refusing treatment. The Bill says that these 72 hours are to allow the responsible consultant psychiatrist to 'build a therapeutic relationship.' This may include talking to you about your various treatment options.

Chapter 4 of Part 3 looks at 'restrictive practices'. Restrictive practices can include being moved away from other people in your ward or centre. This is known as 'seclusion', so you are removed from being around other people. Other restrictive practices can mean being restrained (physically held back). Mental health teams may say that you need to 'calm down'. They may say that they are worried about your own safety or the safety of others who are sharing your spaces.

The use of restrictive practices should be rare. The national mental health policy, Sharing the Vision, says that we should have a 'zero restraint, zero seclusion' type of mental healthcare. These types of practice raise human rights issues and can be very upsetting for you. Every time something like this happens, there have to be reports filled out. Restrictive practices should not be used because there are staff shortages or other resource issues in the centre.

Section 56 of Chapter 4 is on page 65. This is the section that says when restrictive practices can be used. The Bill states that it must be for the shortest time possible, and only when there is no other safe way to work with the person in that moment.

Section 57 says that the Mental Health Commission (MHC) might make regulations around this.

Part 4 – Children

Part 4 is covered on pages 67 to 94 of the Bill. Like Part 3, this is also a very detailed and complicated part. It covers everything to do with under 18s. There are different pieces of information about young people aged 16 and 17 years old. There are also different sections and sub-sections about whether under 18s have capacity (ability) to make decisions or not.

We, at MHR, are very happy that 16- and 17-year-olds will now be able to make decisions around their mental health treatment. However, this will not always happen. It will depend on the circumstances of the young person. At the moment, 16- and 17-year-olds are allowed to make decisions about physical health and dental treatment under a different piece of law.

A lot of the sections here are separated into whether a child is under 16 years or over 16 years. The Sharing the Vision policy recommends that young people should be able to access mental healthcare in the same service up to the age of 25 years. It can be very difficult for people aged 18 to move from Child and Adolescent Mental Health Services (CAMHS) to General Adult Mental Health Services (GAMHS).

Children and young people can still be admitted for treatment when they don't agree to it – involuntary admission. We have heard that some parents have concerns about this change in the law. It is important to remember that the best care is voluntary and the best opportunities for recovery come by including the person in the care they need. People should also be able to access care when they need it first and not have to wait for very long times on waiting lists.

The new Bill strengthens the rights of parents and guardians to information about their child's treatment.

If a psychiatrist finds a person under 18 lacks capacity, the young person can still have restrictive practices and treatments against their will. For example, electroconvulsive therapy (ECT) is still in this new Bill. The World Health Organization (WHO) says that ECT should not be given to a young person without their agreement.

There is a lot of information in Part 4 about children who might be in State care. There are a number of children who are technically in the care of the State, and this can make decisions about treatment and detention more difficult.

Section 81 looks at times when mental health professionals might apply to the High Court to ask permission for treatment.

Similar to adults, restrictive practices, such as seclusion or restraint, for children should also only be used as a last resort.

Important: The Assisted Decision-Making (Capacity) Act 2015 does not apply to under 18s. We would like to acknowledge that the Bill tries to support the young person to be involved in decision-making and consent.

The age, size and physical vulnerability (the risk of injury or harm) of the child has to be considered when the mental health team is deciding whether or not restrictive practices should be used.

Part 5 – The Commission

Section 92 on page 94 starts with keeping the Mental Health Commission as the organisation that makes rules about mental health services. The Commission started under the 2001 Act, which is the current law. For the new law (the Mental Health Bill 2024) to start, the current 2001 law will have to be repealed – that is, taken out of use.

Part 5 needs to cover how the Commission is set up, how it is run, and what it does. There is a Board of the Commission, a Chief Executive Officer (CEO) and Inspectors.

Section 114 of this Part talks about Specialist Advisers. We would like to see people with lived experience of mental health difficulties mentioned here. This new Bill is an opportunity to have people with lived experience of mental health difficulties more involved in the Commission. In 2018, Ireland ratified the UN Convention on the Rights of Persons with Disabilities (CRPD). The motto of the CRPD is 'nothing about us, without us'.

Part 6 – Regulation of Mental Health Services

Part 6 is on pages 120 to 145. Section 139 on page 120 says that the Commission must have a register (a list) of acute mental health centres.

Sections 140 and 141 says that the Commission must have a register of community mental health **centres** (section 140) and a register of community mental health **services** (section 141). This is new in this 2024 Bill. The current law only says that the Commission must inspect acute (in-patient) services. **This new Bill says the Commission must inspect community services too.**

The person running the centres or services will have to apply to have the centre or service registered. The Commission can decide not to register a centre or service.

Part 6 also looks at how the Commission will check in on the standard of care at the services. Services might be sent a compliance notice. This sets out the areas of service that it has to improve on in order to pass the Commission's standards.

The Commission can also order services to close and can cancel a registration of a service.

The Minister for Health is responsible for making regulations for mental health services. However, the Minister may consult with the Minister for Justice or Minister for Children, Equality, Disability, Integration and Youth (CEDIY) if the matter relates to the CEDIY's functions. For example, the Minister for Health may consult with CEDIY if making regulations about designated centres under the Criminal Law Insanity Act, regulations for children, and so on.

As mentioned above, a gap in the Bill is the lack of an independent system for people to make complaints. This could be provided for in this Part of the Bill or in a separate Part.

Part 7 – Miscellaneous

The final part of the Bill is Part 7, and it includes a mix of things. [Section 177, Chapter 1 on page 145](#) covers the codes of practice that might be needed. Section 178 allows the use of electronic signatures and says that the Mental Health Commission will have to prepare and publish a code of practice on how and when these electronic signatures can be used. Sections 179, 180 and 181 cover care plans for adults (section 179) and children (section 180).

Chapter 2 looks at data protection.

Chapter 3 covers the nominated person and record keeping.

Chapter 4 looks at offences.

Chapter 5 covers legal aid.

Chapter 6, section 202, looks at amending the 2015 Assisted Decision-Making (Capacity) Act. The content of this section is unclear at the moment and needs to be clarified. We had been calling for amendments to Sections 85 and 136 of the Assisted Decision-Making (Capacity) Act. We need clarification on whether there are still exclusions to people accessing their rights.

Next Steps

We at Mental Health Reform (MHR) want the Oireachtas to fully debate the Mental Health Bill 2024 in Dáil Éireann (part of our National Parliament) from Wednesday, 18 September 2024.

We want it to be timetabled for 'Second Stage Debate' (where they discuss the new law) as soon as possible before Budget Day which is on 1 October. It is currently scheduled for this debate on 18 and 19 September. It will probably need more time to be debated the week after as well. The Bill will need to complete second stage and be sent to Committee for amendments as soon as possible before 1 October.

We want a respectful discussion about people's human rights and the need for improved laws.

We want this Bill to pass second stage debate and to be sent to Committee. We want to work with the Government on necessary amendments that we call for in our #ReformMHA campaign. We want the voices of people with lived experience to be heard and listened to in the process.

However, if there is a General Election before the Bill finishes the legislative process, we want the next Government to promise to take the Bill up again straight away. We will want the completion of the Bill to be a priority for the next Government.

You can help us achieve improved laws. When politicians knock on your door asking for votes, you can ask them to make these promises. Even if they don't knock on your door, please get in touch with your local TDs and Senators and tell them how important this historic change is to you and your family. You can email them, call them and speak to them in their local offices. We have to tell them that mental health matters to us all. We have to tell them that we have already waited for too long for this new Bill. The time for action is now.

You could say or write something like this:

'The new Mental Health Bill 2024 is a priority for me. Mental health matters. We need to make urgent changes to our mental health services and supports. That includes resourcing, but it also includes bringing in the legal changes that we have been promised for years. The time for reform is now.'

You could also tell them about, or email them, our ['Reasons for Reform'](#) 2-page briefing document.

We can all keep asking the politicians to schedule the Bill for as soon as possible for full debate. The schedule for debates is decided each week for the following week.

We can also ask the opposition parties, those not in Government, to give some of their time for the debate. This Bill should be a priority for everyone in the Dáil. There should be agreement to get it as least as far as Committee Stage so that it can be picked straight up by the next Government. We cannot let this Bill get pushed down the priority list again.

The Government may commit to amendments during the second stage debate.

Keep up to date on the Bill's progress: Watch for further information on the Bill.

We will have more information on the new Bill on our website

www.mentalhealthreform.ie. We will also have some webinars and seminars to spread the word about these important and historic changes. Please sign up to our newsletter on www.mentalhealthreform.ie for updates on the progress of the Bill.

Know that MHR welcomes your observations and comments. Our contact details are on the back page.

Thank you for your support.

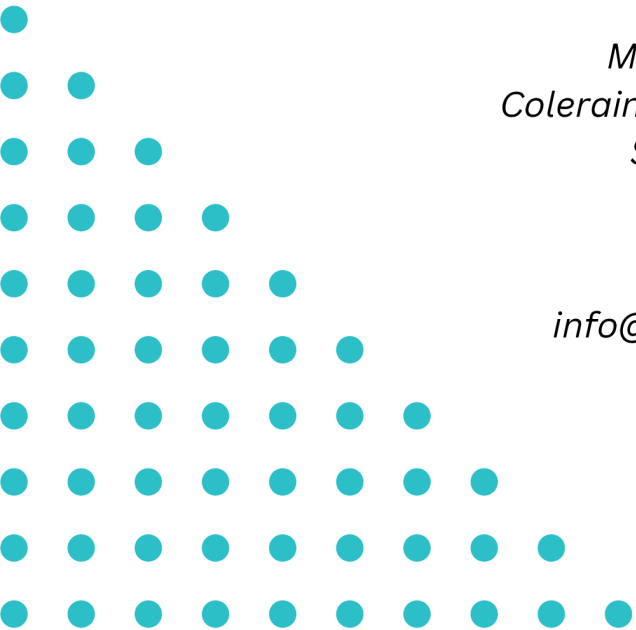
This information seeks to be correct up to 13 September 2024.



REFORM THE MENTAL HEALTH ACT



Mental Health Reform
Promoting Improved Mental Health Services



*Mental Health Reform
Coleraine House, Coleraine Street,
Smithfield, Dublin 7
D07 E8XF.*

RCN: 20078737

*info@mentalhealthreform.ie
01 874 9468*

#ReformMHA