Written evidence submitted by Blooming Change – Mental Health Bill call for evidence

1. Blooming Change is a group set up by Article 39 in 2021. **Members of Blooming Change are children and young people who have experienced being detained in mental health inpatient units in England as children.** We work together to make mental health inpatient units, and the laws and rules they follow, much better for all children and young people. We want them to be safe, respectful, and humane settings. Since the formation of Blooming Change:

    - Member's accounts of restraint and seclusion have been included in the Mental Health Units (Use of Force) Act 2018 statutory guidance
    - Members designed and now deliver a specialist training course to independent mental health advocates (IMHAs) across England
    - Article 39's Director has given oral evidence to the Joint Committee on the Draft Mental Health Bill and Blooming Change's concerns were subsequently reflected in the committee's recommendations
    - Members took part in an Article 39 project commissioned by government to undertake focus group discussions with young people around reforming the Mental Health Act (MHA) 1983
    - Members have met with the Mental Health Bill Team to discuss their priorities and concerns around the Mental Health Bill
    - Members were invited to the Joint Committee on Human Rights' roundtable to discuss the implications of the Mental Health Bill on children's rights

2. Article 39 is a small, independent charity which fights for the rights of children and young people in institutional settings such as mental health units, prisons and children's homes. It promotes and protects children's rights in England through: awareness-raising of the rights, views and experiences of children; legal education; practice development; and policy advocacy, research and strategic litigation. Its name comes from Article 39 of the United Nations Convention on the Rights of the Child (UNCRC), which entitles children who have suffered abuse or other rights violations to recover in environments which nurture their health, self-respect and dignity.

3. Blooming Change is very pleased that a new Clause 35, which introduces a formal debriefing process for patients after they have been discharged from a mental health unit, was agreed with cross-party support as the Mental Health Bill passed through the House of Lords. The amendment was put to a vote and passed by 209 votes to 143.

4. The amendment was produced and proposed by Blooming Change following extensive group discussions surrounding failings of the current Mental Health Act 1983 and how the new Mental Health Bill could strengthen protections for children and young people. We shared our own experiences of mental health inpatient units during this process, and the wording of Clause 35 was informed by the support that we wished we had been given following our admissions.

5. In this evidence submission, we share the importance and necessity of Clause 35 and why it must be protected as the Mental Health Bill progresses through the House of

Commons. We also revisit an amendment from the House of Lords which aimed to protect children from being placed on adult mental health wards.

Clause 35: offering a debrief to patients following discharge

35 Ascertaining and learning from patients' experiences of hospital treatment

After section 23 of the Mental Health Act 1983 (discharge of patients) insert—

"23A Ascertaining and learning from patients' experiences of hospital treatment

(1) A patient who has been detained under this Part of this Act must, within 30 days of their discharge, be offered a consultation with an independent mental health advocate to review their experiences of hospital treatment.

(2) A report from any consultation undertaken pursuant to subsection (1) shall be produced by the independent mental health advocate in partnership with the patient.

(3) The report referred to in subsection (2) shall be provided to the managers of the hospital within 14 days of its completion.

(4) The managers of the hospital shall publish each year a report setting out what they have learned from patients' experiences at the hospital, and the actions they have taken."

Member's explanatory statement
This amendment would mandate the de-briefing of mental health patients after they have left hospital.

6. Blooming Change wants patients to be offered the opportunity to have a debriefing (consultation) with an independent mental health advocate (IMHA). This debriefing would be optional, and the patient can decide if they feel it would benefit them. There are two very clear reasons as to why we want the debriefing process to be introduced:

    - **Institutional:** Debriefing helps identify where inpatient care is effective and where it falls short. It's a vital tool for improving services and ensuring accountability within mental health institutions.
    - **Personal:** Debriefing supports patients in processing their experiences from being in a mental health inpatient unit, which are often described as traumatic, and ensure they are listened to and validated. This is essential for addressing trauma, supporting recovery, and lowering the risk of readmission.

7. This process is also directly in line with the government's intention of the Bill to ensure the patient 'voice is heard'.[1] Despite the amendment being agreed in the House of Lords, we understand the government has various concerns around how this

[1] https://www.gov.uk/government/news/lords-to-consider-landmark-reforms-to-mental-health-care

amendment would work in practice. Using our experiences of mental health inpatient care, we address these concerns below.

Government concern: overburdening IMHAs

8. As set out in Clause 35, the independent mental health advocate would be the professional who conducts the debriefing process with the patient following discharge, should the patient wish to engage in this opportunity. We understand the government is concerned about overburdening IMHAs however, Blooming Change are confident that a debriefing process is well in line with the role of an IMHA:

   "The IMHAs doing the debriefing is already technically what they do, there just isn't a formal name to the process…They don't need any specific training to be able to manage the process as they already know what to do. They are there to advocate for our rights."

   "If loads of children and young people did take up the offer of a debriefing process - what does that tell you about the state of the system? Surely, it's a bigger burden for services to clean up mess that they make. The system cuts corners until things get so bad and ends up with a serious incident. Surely that is the actual burden?"

   "With respect to the IMHA and resource intensity issue raised by the Minister, I would argue the IMHA role is already to discuss with patients and advocate for them to access their rights. This is not a deviation from this purpose."

9. We have also heard directly from advocates, including IMHAs, through Article 39's Children and Young People's Advocates Network, which has nearly 600 members across England. In response to how the debriefing process would work, advocates were content with the involvement of IMHAs and felt this made most sense given the personal nature of the role:

   "Patients in mental health settings are usually familiar with the role of IMHA, and have developed a working relationship with them, therefore, they are best placed to support patients who would like the opportunity to reflect on their experiences. IMHAs also witness the day to day running of inpatient services and can encourage a debrief that covers all aspects of care."

   "Currently the measures of success of mental health units do not include enough of the child's perspective, views or voice. How can services really be improved without children having the support to share their thoughts, and without clear feedback channels (that IMHAs should have as part of the commissioning arrangements)?"

   "[Other feedback] routes often miss individual needs and experiences. Offering IMHA support would help to provide a more personal approach to support services."

   "Initially there may be more work expected in the implementation of Clause 35 but ultimately it will be a huge step forward in improvements and accountability of all service providers to ensure that each young person's voice is heard and acted upon to enhance and improve the quality of support that they are entitled to."

"Young people need to feel safe to be able to express how things are for them, an advocates role is specifically there for that young person."

10. In a survey created by Blooming Change, advocates were also asked to rate the extent to which they believe Clause 35 would impact an IMHA's workload, on a scale from 1 (very low impact) to 5 (very high impact). Across the responses, the average rating was **2.45**. Most respondents appeared to view it as an additional task that is aligned with the existing IMHA role, rather than something that would significantly overburden them. This is a reassuring finding.

Government concern: the complaints process

11. In the House of Lords, the Minister stated that the Mental Health Bill will provide clear legislation on providing information to patients about complaint processes. The Minister believed this change may mean a debriefing process is not necessary. In response to this, Blooming Change members shared what they think the difference is between a complaint and a debrief in the context of mental health inpatient units, and why the complaints process isn't the answer for all patients:

    "Debriefing isn't just complaining. It is discussing and reflecting on events during admission and the patient's experience in order to learn from it. A complaint is given and then dealt with behind the scenes whereas a debrief is a reflective discussion between multiple people where the young person is an active participant in discussing their own experience."

    "Complaints, to me, are specific things that are 'wrong', and a debrief might highlight things that are wrong to complain about, but a debrief is also a space for reflection, learning, and a tool to help you - and the institution - move forward."

12. Members have also shared how challenging their treatment while in a mental health inpatient unit can result in reprisal, which is deeply concerning and highlights why patients also require an alternative to complaints procedures:

    "I have never formally made a complaint about my experience in mental health inpatient care. Due to fear of reprisal and not being believed by mental health professionals, I was actually too scared to talk about it until the hospital had closed. I would still not be interested in complaining per se but having been able to discuss traumatic events would have helped."

    "When I was inpatient, I wouldn't make complaints out of fear of reprisal from staff then once I was out it was just no more contact. I was a revolving-door-patient for years in children's wards and I would never make a complaint whilst inpatient or after coming out without it being anonymous because it would've had retaliatory behaviours from staff on the ward."

"After my mother complained to staff about my poor experience on the unit, her visits to me were then stopped for several weeks which sent a clear message that sharing negative views of the unit whilst still living in it would only make things worse."

Government concern: the role of the CQC and other 'feedback' routes

13. In the House of Lords, the Minister referred to existing feedback mechanisms such as visits and interviews conducted by the CQC as fulfilling a similar function to Clause 35. These processes are intended to inform reports like the CQC's annual *Monitoring the Mental Health Act* report. However, young people from Blooming Change have shared various insights on the reality of these interviews from their time in mental health inpatient units, raising questions about how meaningful or beneficial these feedback routes are for patients themselves:

    "I know when we had CQC visit, the nursing staff would steer CQC in the direction of patients who would reflect positively about the ward."

    "A lot of the time if you speak to CQC they will have staff present at the same time so you can't be honest."

    "I've never spoken to CQC and don't know anybody amongst my friends that have been in units that ever has."

    "I've been on wards when the CQC has announced inspections and asking to talk to patients. A lot of young people said no because there was this idea it was pointless because the hospital will just be rated inadequate again but that doesn't mean we will get transferred or get what we actually need. When I was there, we were all very suspicious of them."

    "I never spoke to them [the CQC] but hospital managers would select patients [to speak to the CQC] that wouldn't raise concerns, so it would suit them [the staff]."

    "Current systems are not fit - patients in hospitals can be selected for feeding back based on how likely they are to raise concerns or toe the line…When [Quality Network for Inpatient CAMHS] QNIC came in, patients were coached on what to say by staff and the ward was well staffed and tidied - difficult patients were shut away and interview answers were given as coached by staff."

14. Members of Blooming Change were also sceptical of the effectiveness of the CQC overall:

    "There's been examples where it has took 3-4 years of the same consistent reports [of a mental health unit] for the CQC to eventually do something about it."

    "If this process [of the CQC] was working, young people would be having a much better experience."

15. One of the differences between the process of the CQC and the debriefing process of Clause 35, is that the CQC doesn't appear to take an individualised approach to its monitoring. Although the CQC claims that it is open and wants to speak to people about their poor experience of hospital care[2], Blooming Change members have felt dismissed when speaking to the CQC about what they have experienced:

    "When I put in a complaint with other young people to the CQC after we were discharged, we were just told to go to the police. And the police just closed the case straight away."

    "I phoned CQC, as well as PALS [Patient Advice and Liaison Service], when I felt like I had nowhere else to go and like the hospital/doctors were misusing the MHA – they did nothing. I was told they would investigate my case, but nothing happened - I was just passed off and told 'it's not really our role'. I don't have much faith in them. It's been 4 months since I raised things and I just get automated emails every 6 weeks saying there is no one available to deal with my issue."

16. Advocates have also shared their views on the 'existing feedback routes' and their effectiveness in supporting children and young people and improving services:

    "I have worked with a child who has autism. The child was placed in an adult ward, and it was very difficult for anyone to listen to the very negative and isolating experiences and her lack of understanding about why this provision was deemed to be acceptable."

    "I don't feel [the feedback routes] are personal enough for the circumstances."

    "The CQC, although effective and a necessary provision, does not have the same interpersonal relationship with young people; for some young people for who trust is an issue, they may not be as open as they would be to their IMHA. It is often the more confident young people who will speak up to the CQC, which leaves many voices of young people, unheard."

    "From listening to the members of Blooming Change and other young people through social media, it is clear that there is still a number of significant issues for patients on mental health wards despite feedback being given. So, it very much appears these feedback routes aren't working."

    "These processes are often very clinical and administrative."

    "I do not believe children's perspectives are currently considered enough. In my experience children are only seen as individuals at the very bottom ground level with caring, but under-paid and under-qualified staff."

17. In a survey created by Blooming Change, advocates were also asked to rate the extent to which they feel that existing feedback routes, such as CQC visits and Trust-specific policies, are effective in improving patients' experiences of mental health units, on a

[2] https://www.cqc.org.uk/give-feedback-on-care?referer=promoblock

scale from 1 (not at all effective) to 5 (very effective). Across the responses, the average rating was 2.10. This suggests that advocates view current feedback mechanisms as limited in their effectiveness.

Government concern: logistical challenges

18. In recent engagement with the Department of Health and Social Care, they shared concerns around the 'logistical challenges' of the debriefing process, including *"problems around reaching out to individuals in the community, who IMHAs have no contact with once they are no longer under the MHA."* Blooming Change members do not believe this challenge is unsolvable:

    "I would expect the patient to be reached out to and asked if they would like a debrief. If this is consented to, the IMHA could then receive their details and arrange a debrief. If it isn't possible for the IMHA they met previously to conduct the process, the debrief could be conducted by an IMHA more local to the patient or perhaps online in some cases?"

    "I support online debriefings, which are also more accessible for some people - as someone who is autistic, has physical disabilities, mental health issues, I preferred meeting my advocate online and found it much more comfortable."

    "Also, phone and just by email - I was non-verbal in one admission and communicated with my advocate through emails, and I found this very beneficial. Obviously, this depends on the service user."

A debriefing process for the benefit of the individual

19. In recent engagement with the Department of Health and Social Care, we also heard about their concern around existing "feedback routes in place (under CQC, in Trusts, as part of PCREF etc)" and how they believe this Clause 35 would be adding to "an already busy landscape and creating confusion". It's very important to clarify that Clause 35 is not simply another 'feedback' route, and we do not feel the personal benefit of the amendment is being recognised. The debrief will be a space to support children and young people as individuals to heal from their experiences of being in mental health inpatient units. As one Blooming Change member said, *"A process needs to be given that is solely for us. That would be a really good start."*

20. To further highlight the importance of a debriefing process, Blooming Change members have shared how it feels when being discharged from a mental health unit and the impact it can have on recovery:

    "You can feel like you've just been thrown back in the deep end. It's a confusing and upsetting time and I didn't know how to process the hospital experience. It was horrible and I ended up getting really mentally unwell quite soon after discharge and I had to come back in [to hospital]. A big part is that I had come out of the hospital with all these new feelings and experiences and no help."

"There is no debriefing process and there is no acknowledgement of the trauma that can come from the experience of being inpatient."

21. Blooming Change members also shared in detail what they believe the benefits of a debriefing process would be and the impact it could have on a child or young person's future:

"It's the validation to know that what they've experienced isn't right, because otherwise you're just going to carry those beliefs into other parts of your life. You'll think it's OK for people to treat you like that. You're gonna internalise a lot of it."

"I think every single one of us has probably been told that there's some kind of justification for the awful way that we were treated. So, then the next time someone in your life might treat you awfully you might think, 'well maybe it's not as bad as me being restrained by 6 men' - you're just going to end up justifying it and it's going to become a spiral of like justification of mistreatment and set you up in this cycle for life. So, it's almost like a prevention thing as well. It would prevent people from falling into even more horrible situations."

"It gives people the room to process things. I think when you're on a unit, days can sort of start to blur together a little bit, it's a very weird distortion of time when you're in there. Sometimes you don't really process and think about everything that's going on. I think talking it out can really help 'cause otherwise you can really start to carry it and not having someone to discuss it with can be really frustrating. At the time I didn't realise how many people can have really negative experiences and I would blame it [my experience] on myself like, 'Had I done something wrong?' 'Was this on me?'"

22. Advocates who shared their views on Clause 35 also strongly emphasised the potential of the debriefing amendment in championing the patient voice and the benefits it would bring to individual patients:

"I am working with a young person who was detained under section in a mental health institution, and he feels deeply traumatised by the experience and the lack of chance he was given to tell professionals and those supposed to be responsible for his wellbeing about what happened."

"It would provide an opportunity for people to reflect on their experiences, outline what support is needed and also raise any concerns as well as understanding how they can pursue a resolution for any issues. This is a crucial moment for continuity of care, self-empowerment and trauma informed practice."

"*By having to do a yearly report, this would prove the young people are being listened to and taken seriously when historically they feel they haven't had a voice and by putting into action ways professionals can make a positive difference to their care."*

"Institutions are only concerned with keeping things ticking over with no scandals or media coverage. Until all institutions really want to improve the lives of children and highlight the failings instead of sweeping them under the carpet, things will continue to

deteriorate for children who could have a promising future. If the government chose to ignore Clause 35, they are only proving what people like us (on the ground) know to be true, that children continue to be a group that are not invested in, which in itself is incredibly short sighted."

Support for Clause 35 from the Joint Committee on Human Rights (JCHR)

23. Blooming Change are very pleased to read in the JCHR's recent report, *Legislative Scrutiny: Mental Health Bill*, that it welcomes Clause 35 and values that it was put forward by those with experience of being in mental health inpatient units. It went on to highlight how it is "crucial that any process of reform to mental health law hears from individuals with direct, personal experience" and concluded with a recommendation stating, "**We urge the Government to support the retention of this amendment as the Bill progresses through the House of Commons.**"[3]

Recommendation
We urge the government to recognise the value and necessity of Clause 35 and retain it as the Mental Health Bill passes through the House of Commons.

Ending the placement of children on adult wards

After Clause 50, insert the following new Clause—

"Appropriate treatment for children

(1) The Mental Health Act 1983 is amended as follows.

(2) In section 131A (accommodation etc. for children), after subsection (2), insert –

"(2A) Sleeping accommodation simultaneously occupied by an adult shall not be deemed suitable for a patient who has not attained the age of 18 years unless this is demonstrably in their best interests and the child, being of sufficient age and understanding, agrees to this.

(2B) For the purpose of determining the child's best interests, the managers shall in particular have regard to—

(a) the ascertainable wishes and feelings of the child concerned (considered in the light of their age and understanding);
(b) the ascertainable wishes and feelings of the child's parents or anyone else who has parental responsibility for them;
(c) the child's physical, emotional and educational needs;

[3] Joint Committee on Human Rights, *Legislative Scrutiny: Mental Health Bill*, May 2025, p. 6.

(d) the likely effect on the child of the sleeping accommodation proposed or provided;
(e) the child's age, sex, background and any other personal characteristics which affect the suitability of the sleeping accommodation proposed or provided;
(f) any harm which the child has suffered or is at risk of suffering;
(g) the likely duration of the proposed or provided sleeping accommodation;
(h) the distance between the hospital and the child's home area; and
(i) any other matters relating to the rights of the child.""

Explanatory statement
This amendment would prohibit placing a child on an adult ward unless demonstrably in the child's best interests.

24. We are very disappointed that the Mental Health Bill contains no protections for children being placed on adult mental health wards. The current MHA 1983: Code of Practice states that it is government policy that under 16s should not be admitted to an adult ward.[4] However, the legal definition of a child is under 18 and protection from being placed on adult wards should apply to all children up to age 18. In 2016, the government pledged that "inappropriate use of beds in paediatric and adult wards [would] be eliminated" by 2020/21.[5] This has not happened. According to data from the CQC, **196 children were admitted to adult mental health units in 2022/23**.[6]

25. Members of Blooming Change have shared harrowing accounts of being on adult wards, and also mixed-sex wards, as children:

    First person account:

    "As a child, I spent over 50 days in a mixed gender crisis unit, where most patients stayed for a maximum of 14 days. During those 50 days I wasn't allowed to mix with anyone else. I was kept on 2:1, 6:1 [six members of staff supervising one patient]. At one point, a girl who must have been about 18 or 19 at the time come in and asked if I wanted to play Connect 4 and she was dragged out the room because it was classed as safeguarding.

    There's lots of like naked people and stuff that you would sometimes see on CAMHS [Child and Adolescent Mental Health Services] wards but not to the extent that you see on adult wards. There was some very scary stuff that happened there…During my first day on the unit, I witnessed a team of police dressed in riot gear with riot shields and dogs doing a drug search, which was something that I had never expected to happen in a hospital. At one point my bedroom was next door to a man who broke a student nurse's nose and smeared his own blood/bodily fluids over his bedroom wall…I was constantly scared and on edge and the ward was constantly unsettled.

    The staff on the ward were not trained on child restraint so often I ended up really hurt and often they would call response and it would be like really big men who were used to

[4] Department of Health and Social Care, *Mental Health Act 1983: Code of Practice*, 2015, p. 190.
[5] NHS, *Implementing the Five Year Forward View for Mental Health*, 2016, p. 7.
[6] CQC, *Monitoring the Mental Health Act in 2022/23*, March 2024, p. 41.

going up to forensics to restrain people, and then coming to restrain me, a little girl at the time basically. It was horrific. I found that they were so much more restrictive, like I couldn't even have my teddy at one point and that was my one bit of comfort. It wasn't nice. No activities, no nothing…I got no input apart from physical restraint, that was the only thing I had for over 50 days straight. I only saw a doctor after my fingernail bed had been cut through during a restraint…To this day I am not entirely sure how this was in my best interest, particularly for such an extended time. I was basically just a caged animal for over 50 days."

26. As reflected in the first person account above, we are also concerned that being on an adult ward brings with it no therapeutic benefit:

    "[Adult wards are] a holding pen, it's not receiving hospital care."

    "The worst thing about adult wards is you can't access any intervention at all. No art therapy, no psychiatrist, because you're under 18 so they say they don't have the appropriate training to work with you. When I was on an adult ward, all my medication went unreviewed. I wasn't allowed to ask for anything, not even allowed outside. Not being able to go outside for two months is inappropriate."

    "I spent almost 2 months on an adult psychiatric unit before being transferred to a CAMHS unit. During that time, I did not receive any education at all. It would have been nice to have been able to do something and keep my brain active. There was a library in the hospital with computers that patients could use, however hospital managers said I could not go there due to my age. Although I was out of education that didn't mean I didn't want to learn, and it would have been nice to have been provided with an opportunity to do so."

27. As pointed out by one Blooming Change member, ending the placement of children aged under 18 in adult wards would uphold and protect Article 1 of the UNCRC, which defines a child as any person under the age of 18 and emphasises the need to safeguard their rights:

    "Psychiatric units designed for adults are not equipped to address the specific developmental, emotional, and psychological needs of children. By ensuring that children are treated in child-appropriate settings, their rights to age-appropriate care are protected. The unique vulnerabilities of children require environments that are sensitive to their needs and where treatment is designed with a focus on their developmental stage. Adult psychiatric units, in contrast, don't provide such an environment, risking harm to the child's physical and psychological well-being."

28. Article 37(c) UNCRC requires that children and adults in detention should be separated unless it is in the best interests of the individual child. After hearing evidence from Article 39 (which included Blooming Change accounts), the Joint Committee on the Draft Mental Health Bill wrote in its final report that the government must take this opportunity to **"strengthen the protections in the Mental Health Act against children**

and young people being placed in inappropriate settings, such as adult wards".[7] In their recent report, the Joint Committee on Human rights also stated **"the Bill should be amended to include a requirement that a child should not be placed on an adult ward unless that placement is demonstrably in the child's best interests"**, following Blooming Change's written evidence and involvement in the Committee's roundtable.

Recommendation
We urge the government to reconsider tabling our amendment to prohibit placing a child in an adult ward unless demonstrably in the child's best interests.

Contact:
Millie Hall, Head of Children and Young People's Activism
millie.hall@article39.org.uk; 07778 955 764

June 2025

Blooming Change is available to meet with MPs interested in hearing the direct views and experiences of children and young people who have been detained under the MHA 1983.

We will be working on the Bill throughout its passage through Parliament and very much hope MPs will help us in protecting Clause 35 and ensuring the experiences of children and young people are respected and taken seriously.

[7] Joint Committee on the Draft Mental Health Bill, *Draft Mental Health Bill 2022*, January 2023, p. 75.