Summary Report of Responses to Consultation on the Revised Code of Practice for the Mental Health (NI) Order 1986

Summary of Consultation Responses

Contents

Introduction

In September 2025 the Department of Health ("DoH") launched a 12-week public consultation on the revised Code of Practice for the Mental Health (Northern Ireland) Order 1986 ("the 1986 Order"). The consultation ran from 30 September to 29 December 2025.

The revised Code of Practice provides updated statutory guidance for professionals on the care, treatment, and rights of individuals under the 1986 Order. It reflects human rights standards, promotes person-centred care, and enhances inter-agency collaboration, aligning with the Bamford Review's principles and the Mental Capacity Act (Northern Ireland) 2016. Additional background on the revised Code of Practice is provided in Annex A.

All stakeholders and those with an interest were encouraged to respond to the consultation, including people with lived experience, families and carers, health and social care professionals, and partner agencies.

This report summarises the findings from the consultation. The significant stakeholder engagement provided a wide range of suggestions and proposals. We have endeavoured to summarise the responses without judgement or interpretation.

Stakeholders responding to the consultation broadly welcomed the revised Code's emphasis on dignity, autonomy, least-restrictive practice, and the participation of individuals in decisions affecting their care. Many respondents acknowledged the importance of strengthening communication, enhancing access to independent advocacy, and ensuring that people are better supported to understand and exercise their rights.

At the same time, respondents identified several areas where the Code would benefit from further clarification or expansion. Submissions frequently referenced the practical challenges experienced within Emergency Departments, pressures on inter-agency collaboration, issues relating to conveyance, and the need for clearer guidance regarding professional roles during different stages of assessment and detention. Concerns were also raised about the specific needs of children and young people, and the importance of ensuring that equality and human rights considerations are embedded throughout**.**

Methodology

The consultation took place between 30 September 2025 and 29 December 2025. It consisted of the following 11 questions:

Question 1: Will the revisions to the Code help protect patient rights and promote person-centred care?

Question 2: Does the Code reflect modern mental health practices and human rights standards, including the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998?

Question 3: Does the Code align with the Bamford Review's rights-based principles and the partial transition to the Mental Capacity Act (Northern Ireland) 2016 (MCA) for those aged 16+?

Question 4: Are the professional responsibilities, including inter-agency collaboration, clearly defined in the Code? If not, what changes could be made to the Code to improve this?

Question 5: Are there any gaps in the Code, in relation to guidance, for professionals (e.g., PSNI, NIAS, or HSC staff)?

Question 6: Does the Code effectively address the needs of under-16s? If not, what changes are required?

Question 7: What additional measures could enhance the Code's implementation?

Question 8: Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Question 9: Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Question 10: Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Question 11: Are there any aspects of this Code where potential human rights violations may occur?

In total, 39 responses were received to the consultation. Responses were received in the following formats:

• **Citizen Space**: Using this online consultation tool, respondents could choose which of the 11 questions they wanted to answer. The consultation was hosted on the Citizen Space platform as it provided robust data security and a suite of analysis tools.

• **Email Responses**: In recognition that not all sections of society have access to or the ability to complete surveys online, it was made clear that the consultation could be responded to via e-mail or via post. Printed copies were made available and distributed on request to anyone who asked, in line with environmental considerations.

To promote interest and encourage participation, the consultation was promoted through a press release, media reports, Departmental websites/social media pages and by mailshot to over 300 individuals and organisations in addition to all Northern Ireland party leaders, MPs and MLAs.

A number of workshops were also held in various HSC Trust areas to allow in-person views to be heard and discussed. An estimated 300 people attended these events, including service users, practitioners and community and voluntary sector representatives.

Responses Received

In total, the Department received 39 responses: 28 on behalf of organisations and 11 from members of the public. Statistical analysis of the responses is set out in Annex C.

The responses have been grouped into themes reflecting the issues most frequently raised: Emergency Departments as Places of Safety; Inter-agency Roles, Conveyance and Delays; Approved Social Workers (ASWs) and Professional Roles; Medical Roles: GPs, Hospital Doctors and Psychiatrists; Advocacy, Communication and Legal Support; Children and Young People; Equality, Human Rights and Safeguarding and Review Tribunal.

Themes were compared with the content of the revised Code to determine where concerns related to gaps, ambiguities, or the need for enhanced guidance.

Within each theme, a summary of comments was produced to reflect stakeholder perspectives without attributing specific comments to individuals or organisations.

A summary of the key changes is provided in the “You said/We did” section on page 5. A more comprehensive summary is set out in the table in Annex B. This highlights the key themes and issues raised during the public consultation and identifies how these have been addressed through revisions to the Code of Practice.

Limitations

The consultation responses reflect the views of those who chose to engage and may not represent the perspectives of all stakeholders. The majority of responses were from people who work in the area of mental health and related sectors, or who have a direct interest in the policy area. Their views are likely to be more informed about the subject, but also potentially more influenced by current practice. As such, findings should be treated as qualitative research and not robustly representative of the population.

You said / We did – Summary of Key Changes

Emergency Departments as Places of Safety

You said:
Emergency Departments are being used as the default place of safety, leading to prolonged waits in environments not designed for sustained mental health care, with a risk of inappropriate detention during intoxication.

We did:
The revised Code clarifies the role of Emergency Departments within a wider framework of designated places of safety, reinforces safeguards around intoxication and capacity, and strengthens guidance on managing protracted delays, including escalation and senior management oversight.

Inter-agency Roles, Conveyance and Delays

You said:
Roles and responsibilities between PSNI, ED staff, NIAS, ASWs and mental health services are unclear during prolonged delays, conveyance and handover, increasing risk for patients and staff.

We did:
The revised Code strengthens inter-agency guidance, clarifies handover and conveyance responsibilities, sets out lawful use of Articles 8, 129 and 131, and embeds escalation and governance arrangements to ensure shared accountability during delays.

Approved Social Workers and Professional Boundaries

You said:
The ASW role is insufficiently defined, with unrealistic expectations around clinical supervision or responsibility during prolonged delays.

We did:
The revised Code clarifies the ASW role as relating to assessment, application and conveyance, reinforces professional boundaries, and makes clear that no single professional should retain sole responsibility during protracted delays.

Medical Roles: GPs, Hospital Doctors and Psychiatrists

You said:
Assumptions about GP involvement in Mental Health Order assessments do not reflect operational realities, and professional responsibilities can become blurred following completion of medical recommendations.

We did:
The revised Code clarifies flexibility in who may complete medical recommendations where GP attendance is not practicable, strengthens guidance on managing extended waits after Forms 2 and 3, and distinguishes recommending roles from subsequent responsible medical officer duties.

Advocacy, Communication and Legal Support

You said:
There is insufficient clarity on when advocacy must be offered, how person-centred care should be operationalised, access to legal advice, and support for people with communication difficulties or complex needs.

We did:
The revised Code strengthens access to advocacy, reinforces person-centred and rights-based practice, promotes clear and accessible communication, and clarifies access to legal representation, including time and privacy to seek advice.

Children and Young People

You said:
More explicit reference is needed to children's legislation, safeguarding, child-specific advocacy, age-appropriate environments, and the application of the MHO to under-16s.

We did:
The revised Code strengthens references to children's legislation and rights, expands guidance on safeguarding and looked-after children, reinforces child-specific advocacy and communication, and clarifies the interface between the Mental Health Order and children's legislation.

Equality, Human Rights and Safeguarding

You said:
Minority ethnic communities, including Irish Travellers, should be more explicitly recognised, inclusive terminology clarified, and human rights obligations reinforced.

We did:
The revised Code explicitly recognises minority ethnic communities and Irish Travellers, clarifies inclusive terminology, strengthens safeguarding guidance, and embeds compliance with domestic and international human rights standards throughout.

Review Tribunal

You said:
The Code should include updated, accessible guidance on the Review Tribunal, reflecting Part V of the Order and subsequent developments.

We did:
The revised Code incorporates a dedicated Review Tribunal section, consolidating and updating previous guidance, clarifying processes and reinforcing Tribunal rights within a rights-based framework.

Annex A: Background to the Revised Code of Practice to the Order

The Order provides the legal framework for the care, treatment, and rights of individuals with mental disorders, including compulsory admission, guardianship, and treatment. The Code of Practice offers statutory guidance to professionals, e.g. Approved Social Workers, medical practitioners, Health and Social Care (HSC) Trusts, Police Service of Northern Ireland (PSNI), and Northern Ireland Ambulance Service (NIAS), and is considered best practice, though not legally binding. Non-compliance may be referenced in legal proceedings.

The draft revised Code updates the original to:

- Reflect modern mental health practices and human rights standards, including the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998.
- Promote person-centred care, patient rights, and professional responsibilities.
- Align with the Bamford Review's rights-based principles and the partial transition to the Mental Capacity Act (Northern Ireland) 2016 (MCA) for those aged 16+.

The sections of the Code that have been updated include those concerned with:

- Police powers under Articles 129/130 and warrants.
- Human Rights and the interface with the Order.
- Regulation and Quality Improvement Authority roles and responsibilities in relation to the Order.
- NIAS roles and responsibilities in relation to the Order.
- Socially accepted terms to refer to people with lived experience.
- Guidance that was contained within the Guide to the Order documents and regional conveyance protocol that were not within the Code.
- Newly designed and tested best practice recording forms that support effective communication and recording of decision-making between and within organisations.

Annex B: Responses arranged by theme

The table below summarises the key themes and issues raised during the public consultation and identifies how these have been addressed through revisions to the Code of Practice. It provides a structured cross-reference between consultation feedback and relevant sections of the revised Code, illustrating where guidance has been clarified, strengthened or expanded. The table is intended to support transparency and assurance by demonstrating how consultees' views have informed the final document and should be read alongside the revised Code of Practice itself.

Consultation Theme	Issues Raised During Consultation	How the Revised Code of Practice Responds	Code Chapter / Paragraphs
Emergency Departments as Places of Safety	EDs are used as the primary or sole place of safety for extended periods; environments are not designed for sustained mental health supervision.	The revised Code clarifies the role of EDs within a wider framework of designated places of safety, emphasising suitability, proportionality, timely assessment and consideration of alternative settings. It also strengthens guidance on managing protracted delays, including escalation and senior management oversight.	Ch. 3 paras 3.1–3.31; 3.73-3.78; Ch. 2 paras 2.104–2.106; Ch. 1 paras 1.72–1.73
	Risk of detention driven by intoxication rather than lawful criteria.	The revised Code reinforces safeguards that detention must not be based on alcohol or drug use alone and must involve lawful consideration of mental disorder, capacity and proportionality, with clear documentation.	Ch. 1 para 1.34; Ch. 3 paras 3.23, 3.32
Inter-agency Roles, Conveyance and Delays	Unclear roles and accountability between PSNI, ED staff, mental health services and NIAS during prolonged delays.	The revised Code strengthens inter-agency guidance, clarifies Trust responsibilities, strengthens escalation processes and specifies arrangements for shared responsibility during prolonged delays.	Ch. 1 paras 1.71–1.75; Ch. 2 paras 2.104–2.111; Ch. 3 paras 3.92 – 3.98
	Absence of agreed conveyance	The revised Code provides clearer	Ch. 1 para 1.8; Ch. 3

	processes and unclear handover from PSNI to HSC staff.	guidance on transfer of responsibility at places of safety, conveyance authority, and continued or stepped-down police involvement, replacing reliance on standalone protocols with statutory guidance supported by MoU arrangements.	paras 3.20, 3.58–3.98
	Increasing reliance on Magistrates' warrants leading to avoidable delays.	The revised Code strengthens guidance on lawful, necessary and proportionate use of police powers and warrants, reinforcing least-restrictive practice.	Ch. 3 paras 3.58-3.98
Approved Social Workers (ASWs) and Professional Roles	Unrealistic expectations of ASWs, including clinical supervision roles or background review of all Article 130 arrivals.	The revised Code clarifies the ASW role as relating to assessment, application and conveyance rather than clinical or psychiatric care, and reinforces proportionality and role clarity.	Ch. 2 paras 2.23–2.43; Ch. 3 paras 3.51-3.57
	Need to reflect operational pressures and avoid ASWs retaining sole responsibility during delays.	The revised Code explicitly states that no single professional should retain sole responsibility during protracted delays and embeds escalation and governance requirements.	Ch. 1 para 1.73; Ch. 2 paras 2.104–2.111
Medical Roles: GPs, Hospital Doctors and Psychiatrists	Assumption that GPs will usually complete MHO assessments does not reflect operational reality; difficulty contacting GPs or OOH services.	The revised Code clarifies that GP involvement is preferable where practicable, but not mandatory, and supports the use of alternative appropriately qualified medical practitioners where delay would increase risk.	Ch. 2 paras 2.52–2.67
	Lack of clarity on use of GPs versus hospital doctors.	The revised Code provides clearer guidance on when hospital doctors may	Ch. 2 paras 2.52–2.67; Ch. 3 paras 3.28, 3.45,

		undertake medical recommendations while maintaining safeguards on independence and competence.	3.49; Ch. 4 paras 4.77-4.78; Ch. 5 para 5.27
	Risk of psychiatrists completing Form 3 later becoming responsible for Forms 8–10 due to transfers.	The revised Code clarifies professional responsibilities post-recommendation, distinguishing the recommending role from subsequent RMO duties when patients transfer wards or sites.	Ch. 4 para 4.1
Advocacy, Communication and Legal Support	Lack of clarity on when advocacy must be offered, including detention, Article 130, protracted waits and communication barriers.	The revised Code strengthens access to advocacy, emphasising routine offer at key decision points, during Article 130 processes and protracted waits, with specific consideration for children and vulnerable groups.	Ch. 1 para 1.19, 1.56–1.57
	Need for clearer operationalisation of person-centred care, plain language and participation.	The revised Code reinforces person-centred, rights-based practice, accessible communication, plain language and involvement of advocates, carers or trusted individuals.	Ch. 1 paras 1.19–1.21, 1.45–1.49
	Need for clearer access to legal advice, timeframes and privacy.	The revised Code strengthens guidance on access to legal representation, including time and privacy to consult solicitors or lay representatives.	Ch. 1 para 1.54
Children and Young People	Need for stronger legislative references, safeguarding guidance, child-specific advocacy and	The revised Code strengthens the legislative and safeguarding framework for children, clarifies looked-after children arrangements, reinforces child-specific	Ch. 1 paras 1.12, 1.54, 1.65; Ch. 2 paras 2.17–2.19, 2.76-2.95

	age-appropriate environments.	advocacy, communication support and age-appropriate care.	
	Need for clearer guidance on applying the MHO to under-16s and interaction with children's legislation.	The revised Code provides enhanced guidance on the interface between the MHO and children's legislation, including consent, parental responsibility and best-interests decision-making.	Ch. 1 paras 1.12, 1.65 Ch. 2 paras 2.18-2.19, 2.76-2.95
Equality, Human Rights and Safeguarding	Minority ethnic communities, including Irish Travellers, insufficiently reflected; need for inclusive terminology.	The revised Code explicitly recognises minority ethnic communities, including Irish Travellers, reinforces cultural competence and equality duties, and promotes inclusive language while retaining statutory terms.	Ch. 1 paras 1.17–1.19, 1.40–1.49
	Need to reinforce compliance with HRA and UNCRPD.	The revised Code embeds compliance with the Human Rights Act 1998 and UNCRPD as guiding principles throughout the Code.	Ch. 1 paras 1.40–1.49
Review Tribunal	Need for a dedicated, updated Tribunal section reflecting Part V and post-Guide developments.	The revised Code incorporates a dedicated Review Tribunal section, consolidating and updating previous guidance and embedding Tribunal rights within a rights-based framework.	Ch. 7 paras 7.1–7.23

Annex C: Copy of Citizen Space Report

Consultation on a revised Code of Practice for the Mental Health (Northern Ireland) Order 1986: Summary report

This report was created on Monday 12 January 2026 at 09:25 and includes **39** responses.

The activity ran from 30/09/2025 to 29/12/2025.

Contents

Question 1: Will the revisions to the Code help protect patient rights and promote person-centred care?

Help protect patient rights and promote person-centred care?

There were **29** responses to this part of the question.

Question 2: Does the Code reflect modern mental health practices and human rights standards, including the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998?

Does the Code reflect modern mental health practices and human rights standards

There were **30** responses to this part of the question.

Question 3: Does the Code align with the Bamford Review's rights-based principles and the partial transition to the Mental Capacity Act (Northern Ireland) 2016 (MCA) for those aged 16+?

Aligns with the Bamford Review's rights-based principles and the partial transition to the Mental Capacity Act (Northern Ireland) 2016 (MCA) for those aged 16+

There were **28** responses to this part of the question.

Question 4: Are the professional responsibilities, including inter-agency collaboration, clearly defined in the Code? If not, what changes could be made to the Code to improve this?

Professional responsibilities, including inter-agency collaboration, clearly defined in the Code? If not, what changes could be made to the Code to improve this?

There were **32** responses to this part of the question.

Question 5: Are there any gaps in the Code, in relation to guidance, for professionals (e.g., PSNI, NIAS, or HSC staff)?

Question asking if there are any gaps in the Code, in relation to guidance, for professionals (e.g., PSNI, NIAS, or HSC staff)?

There were **33** responses to this part of the question.

Question 6: Does the Code effectively address the needs of under-16s? If not, what changes are required?

Code effectively address under-16s needs?

There were **26** responses to this part of the question.

Question 7: What additional measures could enhance the Code's implementation?

Additional measures for code's implementation

There were **25** responses to this part of the question.

Question 8: Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Adverse impact on equality groups?

There were **25** responses to this part of the question.

Question 9: Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Aware of adverse impact on equality of opportunity or good relations?

There were **24** responses to this part of the question.

Question 10: Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Oportunity to better promote equality or good relations?

There were **20** responses to this part of the question.

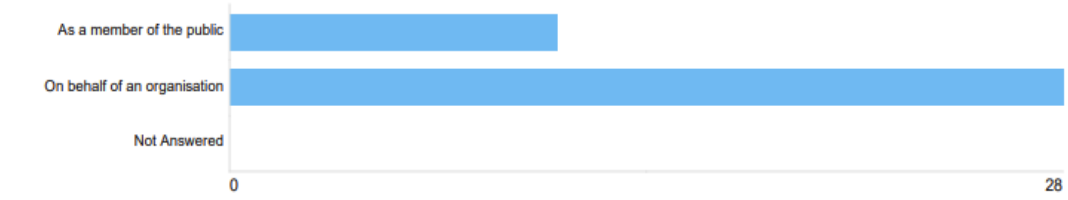
Question 11: Are there any aspects of this Code where potential human rights violations may occur?

Any potential human rights violations?

There were **28** responses to this part of the question.

Question 14: How are you responding?

How are you responding. If you are responding on behalf of an organisation, please specify the name of your organisation below and provide your organisation's email address.



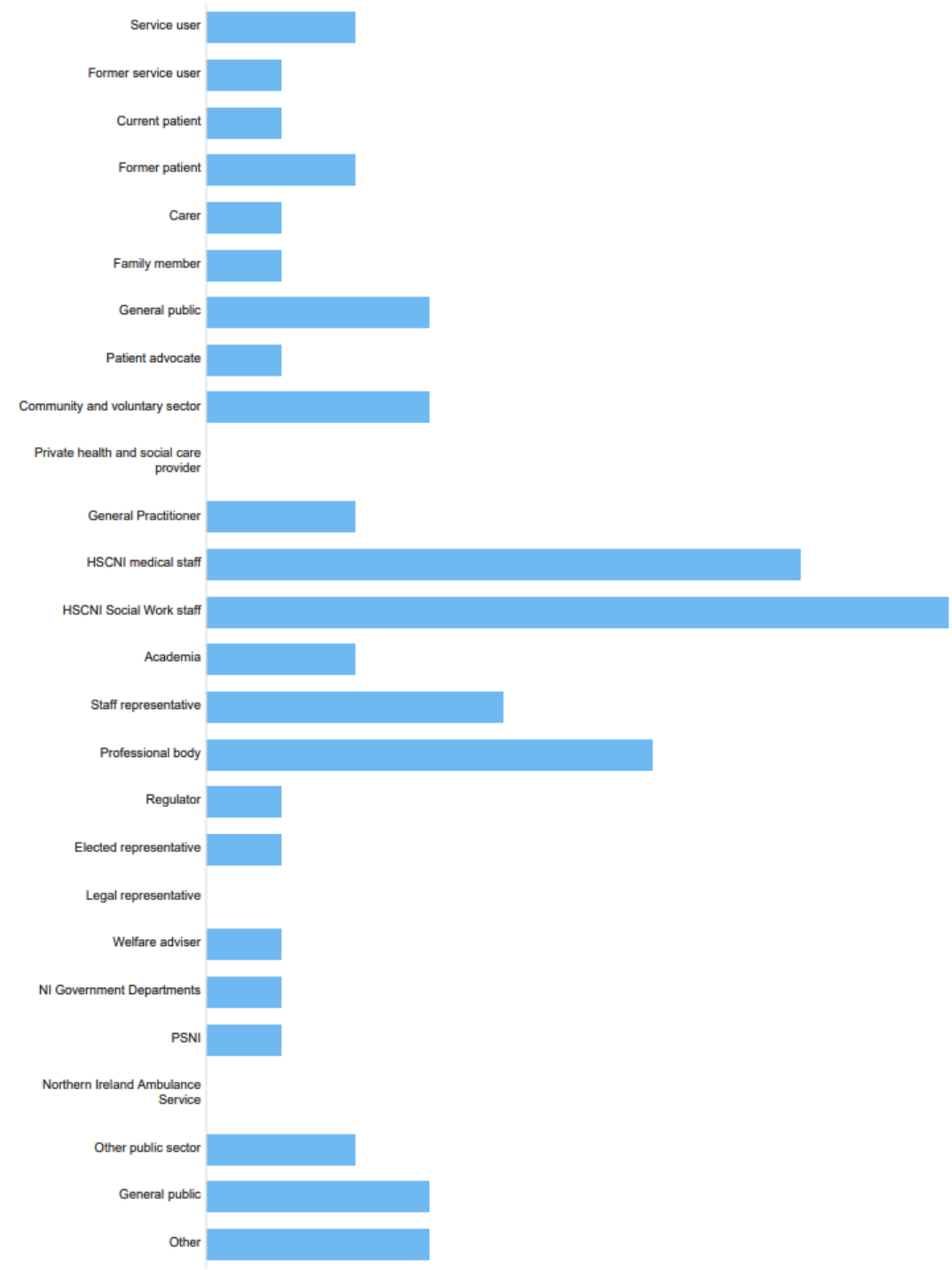
Option	Total	Percent
As a member of the public	11	28.21%
On behalf of an organisation	28	71.79%
Not Answered	0	0.00%

How are you responding

There were **31** responses to this part of the question.

Question 15: If you wish to, please complete the following statement: I am primarily interested in the Code of Practice as a member of...

Sectors



Option	Total	Percent
Service user	2	5.13%
Former service user	1	2.56%
Current patient	1	2.56%
Former patient	2	5.13%
Carer	1	2.56%
Family member	1	2.56%
General public	3	7.69%
Patient advocate	1	2.56%
Community and voluntary sector	3	7.69%
Private health and social care provider	0	0.00%
General Practitioner	2	5.13%
HSCNI medical staff	8	20.51%
HSCNI Social Work staff	10	25.64%
Academia	2	5.13%
Staff representative	4	10.26%
Professional body	6	15.38%
Regulator	1	2.56%
Elected representative	1	2.56%
Legal representative	0	0.00%
Welfare adviser	1	2.56%
NI Government Departments	1	2.56%
PSNI	1	2.56%
Northern Ireland Ambulance Service	0	0.00%
Other public sector	2	5.13%
General public	3	7.69%
Other	3	7.69%
Not Answered	3	7.69%

Others

There were **4** responses to this part of the question.

Annex D: Who responded

Organisations that provided a response

British Association for Counselling and Psychotherapy

Belfast Health and Social Care Trust

CAUSE

Chief Medical Officer Group, Department of Health

Commissioner for Older People for Northern Ireland

Craigavon Travellers Support Committee

General Medical Council

Inspire Wellbeing

Law Society of Northern Ireland

Northern Ireland Public Service Alliance (NIPSA)

Northern Health and Social Care Trust

Office of the Mental Health Champion

Public Health Agency

Royal College of Emergency Medicine

Royal College of Psychiatrists (Northern Ireland)

Royal College of Nursing (Northern Ireland)

Royal College of Speech & Language Therapists

Royal College of Paramedics

Southern Health and Social Care Trust

Sinn Féin

South Eastern Health & Social Care Trust

Police Service of Northern Ireland (PSNI)

Organisations whose members of staff responded to the consultation

Queen's University, Belfast

HSC NI