

"Hafal Ymlaen"

A vision for the next ten years

2013

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1. Introduction

This paper sets out Hafal's vision for improving the lives of people with serious mental illness and their families over the next ten years. It identifies the key aims and core commitments of Hafal, and goes on to describe our vision for addressing inequalities and achieving better outcomes for people with serious mental illness. The paper provides a perspective on the changes which Hafal wants to achieve in the wider world of mental health services and beyond rather than a corporate vision for the charity.

This vision has been agreed by Hafal's Board of Trustees and is based on the views and aspirations of:

- Hafal's 1200 Members
- Hafal's clients – people with serious mental illness and their families
- Hafal's Professional Reference Panel: leading professionals in mental health and related fields
- Hafal staff.

2. Our Mission

Hafal (meaning 'equal') is the principal third sector organisation in Wales working for and managed by people with serious mental illness and their carers. We are founded on the belief that people who have direct experience of mental illness know best how services can be successfully planned and delivered for the future. We provide support across each of the seven Health Board areas and 22 counties of Wales, and are dedicated to helping support and empower people with serious mental illness and their families.

3. Our Vision

Our vision is to transform the landscape of Wales for people living with a serious mental illness, their families and carers so that they are able to live their lives as they want to and as independently as possible. By 2022 we expect people with serious mental illness to have control over a range of services that both meet their needs and are available whenever they need or wish to access them.

By 2022 we want to see people affected by serious mental illness:

- have a higher quality of life
- have equal opportunities and equal rights
- be valued as citizens
- be treated with dignity and respect and be free of stigma and discrimination
- have control over the services they receive
- have choices to access a range of safe, high quality services whenever they wish to.

4. The Challenge

Achieving our vision to transform the landscape of Wales will not be easy. Indeed it will be extremely difficult as it requires not just changes to systems and processes but more importantly changes to behaviour and how people act. It requires a shift of power away from organisations that currently plan and deliver services to the people and their families who require and use those services.

To help achieve this shift of power we need to focus much more on redressing the balance and ensuring that people affected by serious mental illness have the same chances and the same opportunities in life as everybody else, and be clear about what it is that organisations and people in our society need to do to ensure this happens.

But our vision must not be pie in the sky, and must be grounded in a sense of reality. We support the Welsh Government's view that policies and strategies must make a real difference to people's lives, so we will use existing legislation such as the Equality Act 2010, the Human Rights Act 1998 and other equality and diversity legislation, as well as mental health-specific legislation such as the Mental Health Measure, to ensure that what we have set out in this document is supported and backed up by law.

5. Our Key Aims

We have 3 overall key aims to help us achieve our vision. They are each inter-linked and should be viewed as a whole rather than be considered in isolation.

- 1. To improve people's lives through the delivery of holistic, recovery-focused, individual Care and Treatment Plans for everyone receiving secondary mental health services*

Recovery-focused high quality mental health services that are safe and based on effective Care and Treatment Plans can help decisively support people moving from dependence on high-cost services through to lower-cost support and on to greater independence. We will continue campaigning to ensure that people living with a serious mental illness have greater control over the services they receive, and that Care and Treatment Plans are the central tool for delivering services and driving up standards. We will be at the forefront of research to ensure safer and more effective treatments, including medication, are made available, and will work with other agencies to ensure the best possible services are developed and available.

- 2. To reduce inequalities in health and social care outcomes for people with serious mental illness and reduce inequities in the delivery of health and social care services*

The scale of inequality for people living with a mental illness is huge. People with mental illness have the lowest employment rate for any main group of disabled people, endure greater poverty, have poorer housing, have fewer training and educational opportunities, experience greater social isolation, and so on. We will continue to campaign vigorously to reduce these inequalities in health and social care outcomes and continue to challenge inequities in health and social care provision using the Equalities Act 2010 and other equality and diversity legislation to support our campaign.

- 3. To ensure that support and friendship is available for everyone with a serious mental illness as part of their on-going recovery*

Our promise is to make sure that no person with a mental illness need be alone. That support is available to anybody who seeks our help including people who feel isolated and lonely, whether they are receiving specialist services or if they have moved on as part of their recovery progress.

6. Our Core Commitments

- 1. We will be there to provide help, support, advice and friendship for everyone in Wales with serious mental illness and their carers so that nobody in Wales with a serious mental illness has to cope alone, and work for progress in the way our communities provide this support*
- 2. We will work with other agencies to ensure that anybody with a serious mental illness in Wales has an opportunity to be part of a mental health recovery programme and has access to local, high quality, specialist mental health services based on best available evidence and at the point they need them*
- 3. We will work to ensure that anyone in Wales with a serious mental illness has information and choices available to them to help make informed decisions about their recovery and the services they wish to receive*
- 4. We will ensure that people who have a direct experience of mental illness and carers are given a voice to guide and influence the future of mental health services in Wales and work to reduce stigma and discrimination*

7. Our specific commitments to addressing inequalities and achieving better outcomes for people in each of 8 "life areas":



7.1 Accommodation

Having a safe and affordable home is a basic need, however:

- People with mental health conditions are twice as likely as those without mental health conditions to be unhappy with their housing and four times as likely to say that it makes their health worse
- Housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient mental health care
- People with mental illness are far more likely to live in rented accommodation and frequently cite their ill health as a major reason for tenancy breakdown



By 2022 we want to see all people who have a mental illness have access to and maintain good quality, affordable and safe housing.

There may be periods of time when people prefer to live independently, whether alone or with others, and this may also be someone's ultimate goal in their Care and Treatment Plan. People may choose to:

- Manage their own accommodation with or without support
- Share a home with family or friends
- Live in shared accommodation
- Stay in specialist 24 hour support accommodation or in hospital.

There are different services and options for all these different stages and further detailed information and guidance on a range of accommodation issues can be found on the Hafal website at: http://www.hafal.org/hafal/whole_housing.php.

People receiving secondary mental health services should regularly have their accommodation needs assessed, with outcomes to be achieved and actions to be taken recorded and addressed in their Care and Treatment Plan.

Hafal commitment:

By 2022 we will ensure that people with a serious mental illness have access to a range of locally available accommodation services across Wales including high intensity domiciliary care, medium support housing, and supported housing in the community. We will continue to campaign to ensure that people live their lives as independently as possible and that their accommodation needs are identified and addressed in their Care and Treatment Plans.

7.2 Education and training

Currently there are poorer outcomes in education and training for people with a serious mental illness:

- People with mental illness are less likely to complete educational and training courses
- People with mental illness are more likely to have no formal qualifications
- People with mental illness are less likely to receive the support and help that they need with educational and training opportunities
- A lack of access to education and training opportunities is frequently identified by people with a mental illness



By 2022 we want to see all people who have a mental illness have equal access to a range of educational and training opportunities and to see an increase in the number of people gaining formal qualifications.

For many people not in regular paid employment, it may be important to undertake some form of education and/or training to further develop their skills, knowledge and confidence to enter or re-enter the jobs market. People may choose to:

- Study in full or part-time education
- Get special support to sustain them in training or education
- Use long distance learning packages
- Follow work-related or interest related adult education
- Take up self-study through reading, the Internet, etc.

Hafal's Learning Centre has established a national reputation for service user-led training and now offers a range of nationally recognised qualifications. We continue to broaden the range of Recovery, Self-management, Work Skills and other fully accredited courses for service users, carers and professionals, as well as delivering training to professionals through the Social Care Workforce Development Programme. More detailed information on education and training can be found on the Hafal website: http://www.hafal.org/hafal/whole_training.php

Hafal commitment:

By 2022 we will ensure that people with a serious mental illness have access to IT and basic skills training and specialist employment training, and have the opportunity to achieve a nationally recognised qualification. We will continue to ensure people receive quality advice and information to increase their skills and knowledge through our all-Wales Information Services and continue to organise a number of high-profile events relating to serious mental illness including a major annual conference, and educate and inform the wider public through training, presentations and publications.

7.3 Finance and money



Currently poverty and mental illness are closely linked and people with a serious mental illness are far more likely to be in debt and be reliant on welfare benefits:

- People with mental illness are around three times more likely to be in debt and have financial problems
- People with mental illness are over five times more likely to cut down on the use of the telephone, gas, electricity and water than the general population
- When people using mental health services are asked about the major issues that concern them in their daily lives, personal finances are consistently identified as a major source of difficulty and distress

By 2022 we want to see all people who have a mental illness less reliant on welfare benefits and living free from poverty.

The complexities of the benefits process involving different agencies and detailed form-filling can often act as a barrier to ensuring appropriate help and support is accessed. But welfare benefits are crucial for a maintaining a decent quality of life, and accessing the full potential of an individual's entitlement to benefits can assist in achieving this.

Many people may also need support with paying bills and/or managing debt, or help with managing a limited income. Further information and guidance relating to finance and money can be found on the Hafal website at: http://www.hafal.org/hafal/whole_money.php

Hafal commitment:

By 2022 we will ensure that people with a serious mental illness receive help and support to access specialist benefits advice services and/or help and support with managing their finances. We will campaign to ensure people receiving secondary mental health services have any needs relating to finance or money identified as part of the assessment process and for any need identified to be recorded and addressed in their Care and Treatment Plan.

7.4 Medical and other forms of treatment including psychological interventions



Currently people with serious mental illness have little choice or control over the medication they receive and lack access to a range of talking therapies:

- Access to psychological therapies for people with a serious mental illness remains limited despite evidence of its effectiveness
- A study has found that less than half of people surveyed had been offered information about the side-effects of medication, even where those side-effects presented significant health risks
- The same study found just two thirds of people surveyed had been involved in choices about medication
- Patients rate the ability to choose their medication as highly important, as well as having a choice of talking therapies

By 2022 we want to see all people who have a mental illness offered full information about the range of medication available and its impact and effect, and have a choice over the range of treatments and therapies they wish to receive.

The current emphasis on talking therapies through the Improving Access to Psychological Therapies (IAPT) programme has rightly stressed the importance of these services being available as a priority to people with serious mental illness, and it is vital people have access to a range of therapies to best meet their needs. Although there is a clear need to invest in the availability of the full range of therapies throughout Wales, there is likely to be a return on this investment within at most one to two years, and we believe that not to commit to such provision is false economy.

The choice and range of treatment and therapy that can be considered in a holistic approach includes:

- Medication; one of the main treatments used in various forms (tablets, injections or liquid). The drugs can have side-effects for which additional medication can be prescribed.
- Psychotherapy: structured and time-limited support to assist individuals with emotional difficulties and psychological problems and processes. Included here will be psychotherapy, cognitive therapy, group therapy, family therapy, etc.
- Alternative therapies; often referred to as 'complementary therapies' these can be offered alongside conventional treatments. Alternative therapies include: art therapy, music therapy, aromatherapy and reflexology.

Further information on medication and other forms of treatment can be found on the Hafal website at: http://www.hafal.org/hafal/whole_medication.php

Hafal commitment:

By 2022 we will ensure that people with serious mental illness have a choice over any medication they wish to receive and have access to a range of psychological interventions. We will campaign to ensure people with serious mental illness have both medication needs and needs for talking therapies identified and included in their Care and Treatment Plan, and will take a leading role in research and development to ensure that safer and more effective treatments (including medication) are made available.

7.5 Parenting or caring relationships

Currently people with serious mental illness who have parenting or caring responsibilities receive insufficient and inadequate support:

- Between 30% and 60% of people with a serious mental illness have children
- Estimates are that across the UK between 50% and 66% of parents with a serious mental illness live with one or more children under 18
- Carers themselves are twice as likely to have mental health problems if they provide substantial care



By 2022 we want to see all people with a mental illness have the same opportunities for settled family life as everyone else. People with a serious mental illness should be afforded the support needed to provide a quality and consistency of care to their children and others for whom they have a responsibility in line with the general population. We also want to see in-patients being fully supported to maintain caring/parenting relationships.

Where a person with a serious mental illness is involved in a parental or caring relationship which is maintained and being managed well, this should be acknowledged positively and reflected in an individual's Care and Treatment Plan.

It is essential that people who care for people with a mental illness have the right support and have plenty of good quality information available. Further information on caring and parenting can be found on the Hafal website at: http://www.hafal.org/hafal/whole_caring.php

For more information on carers please see section 9 below.

Hafal commitment

By 2022 we will ensure that people with a serious mental illness have access to information and advice on caring and parenting and that they are signposted to key support services. We will promote holistic care and treatment planning and we will ensure that during the planning process parenting and caring responsibilities are routinely recognised and any needs in this area are regularly identified. We will continue to raise awareness about carers' rights to a carer's assessment.

7.6 Personal care and physical well-being

Currently people with serious mental illness are at greater risk of physical health problems and have lower life expectancy than the wider population:



- People with serious mental illness can expect to live up to 18 years less than the national average
- The physical health problems of people with serious mental illness are frequently neglected
- For people diagnosed with a psychotic illness excess mortality from diseases and medical conditions (death by natural causes) accounts for even more years of life lost than from suicide and death by accidents
- Despite the increased risk of diabetes and cardiovascular disease risks, many people with a serious mental illness have limited access to general healthcare with less opportunity for cardiovascular risk screening and prevention than would be expected in a non-psychiatric population

By 2022 we want to see all people with a mental illness have the same life expectancy as the general population, have equal access to general healthcare services and achieve better health outcomes

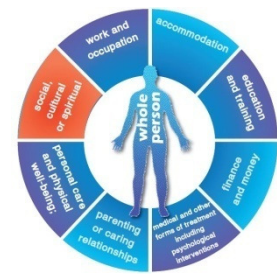
The quality of people's lives can be improved by better targeting public health messages to people who have a serious mental illness. The symptoms of mental illness and the side-effects of medication mean it can be easy for a person's physical health to be neglected. However, physical problems can affect someone's mental health and being in good physical health is beneficial for everybody. Making positive changes to lifestyle, such as reducing alcohol intake or doing more exercise, can give a person more energy, boost self-esteem and improve mood.

People with serious mental illness should receive regular physical health checks from their GP as well as regular checks by the dentist, the optician and other primary care providers. These primary care services are vital in helping spot early signs of more serious physical illnesses such as diabetes, which can be a particular risk for people taking anti-psychotic medication. Further information and guidance relating to physical health and wellbeing can be found on the Hafal website at: http://www.hafal.org/hafal/whole_physical.php

Hafal commitment

By 2022 we will increase awareness both within primary care services and in the wider community about the physical healthcare needs of people with serious mental illness and improve physical well being. We will campaign to ensure that everyone with a serious mental illness receives regular physical health checks within primary care services.

7.7 Social, cultural or spiritual



Currently a person's social, cultural and/or spiritual needs are frequently neglected areas in people's care and recovery planning:

- A survey found that 84% of people with mental health problems have felt isolated compared to 29% of the general population
- People with mental illness rarely have their cultural and/or spiritual needs addressed in their care plans
- Social isolation is an important risk factor for deteriorating mental health and suicide, and most people say that loneliness makes the symptoms of their mental illness worse
- People with a mental illness have said they want to be treated with dignity and respect, want to engage in meaningful activity and to feel that they belong, are valued and trusted and have the chance to make sense of their life

By 2022 we want to see all people with a mental illness free from loneliness and enjoying life as much as the general population, and having their social, cultural and/or spiritual needs addressed.

A person's social life can have a great effect on their mental health, and maintaining a social life can play a significant part in recovery from severe mental illness. One of the important factors of maintaining a social life is that it prevents people with a mental illness becoming isolated and lonely. Loneliness can make the symptoms of serious mental illness worse.

Social contact is often a neglected area in people's care and recovery. However, it can play an important part in recovery and maintaining wellbeing. Studies have shown that often people with serious mental illness feel excluded from social networks and a reduced social life. It is essential for a person's social, cultural or spiritual needs to be identified and addressed through the Care and Treatment Plan. Further guidance relating to this can be found on the Hafal website at: http://www.hafal.org/hafal/whole_social.php

Hafal commitment

By 2022 we will promise to everyone with a serious mental illness who approaches us lasting friendly contact and we will ensure that nobody is turned away. We will campaign to ensure that a person's social, cultural and/or spiritual needs are identified and included in their Care and Treatment Plans.

7.8 Work and occupation



Currently the economic activity rate of people with a mental illness is the lowest for any group with long-term health problems:

- People with mental illness are far more likely to be jobless than the general population
- People with mental illness are far more likely to lose their job because of their illness
- Around 40% of people who claim benefit due to incapacity to work have a mental health problem

By 2022 we want to see all people with a mental illness have the same employment opportunities as the rest of society, and for people who want to work to either have a job or to be actively seeking one, and have the required support to do so. We want to see people keeping their jobs longer and returning to employment faster with real opportunities for career progression

For people with a serious mental illness employment affords dignity and respect as well as financial independence. Labour Force Surveys have continually found that although many want to work, people with serious mental illness have the lowest employment rate for any of the main groups of disabled people. By supporting people with a serious mental illness become economically active, as part of their recovery, they become more empowered and become less dependent on services, as well as gaining the opportunity to contribute economically to society. Further information and guidance relating to work and occupation can be found on the Hafal website at: http://www.hafal.org/hafal/whole_employment.php

Hafal commitment:

By 2022 we will campaign to ensure that people in Wales with serious mental illness never face stigma and discrimination in employment, and have the same employment opportunities as the rest of society.

We will continue to rigorously campaign for, and deliver, better services to people with serious mental illness and to reduce inequalities in health and social care, working with employers to provide people with better opportunities.

8. Other key issues

There are some groups of people who may feel particularly vulnerable and marginalised, who face even greater stigma and discrimination and who face additional inequalities in achieving good health and social care outcomes. For everyone with a mental illness it is essential for people to receive the support they need before they reach a crisis point, and it is essential that people and their families are provided with a range of high quality and informative advice and information that is appropriate to their needs.

8.1 People within the criminal justice system

No-one with serious mental illness should be held in a police or prison cell. However, there is considerable evidence that a high percentage of people in contact with the criminal justice system (CJS) have a mental illness. Many people with a mental illness come to the attention of the CJS because of their illness. Often failure to identify them early on in the process can lead to them becoming more unwell and more involved in a system which was not set up to deal with their needs. Fundamentally, the CJS is ill-equipped to deal with people with a serious mental illness and this outcome is often devastating for the individuals involved – and for their carers. There are significant gaps in service provision in the CJS, deficits in professional skill and understanding, and an absence of effective consultation with service users.

Hafal has a well-established criminal justice team which provides key services to people with a mental illness in contact with the criminal justice system including:

- Advocacy
- Advice and information
- Signposting to additional support in the community.

We will continue to seek funding to develop our criminal justice services and campaign for:

- A model for recovery to be adopted by CJS agencies: agencies must agree a unified, consistent approach for people with a mental illness in the CJS. For this to be successful, a coherent multi-disciplinary model of care needs to be developed, owned and utilised by all the key agencies (the Care and Treatment Plan prescribed by the Mental Health Measure provides the means to achieve this).
- Adequate services in the community that prevent people with a mental illness entering the criminal justice system in the first place.

- Ready access to an appropriate adult for people with a mental illness. Schemes must be in place across Wales to ensure that people spend the least amount of time in custody as possible.
- Ready access to places of safety. If someone needs to be taken to a place of safety then this should be a hospital/healthcare environment and clear arrangements need to be in place to ensure this happens in a timely fashion.
- Effective and timely screening and assessment of people in police cells, ideally by a CPN.
- The creation of formal Court Diversion schemes across Wales which allow people to have contact with healthcare professionals who can directly inform the Court of the most appropriate pathway for them, based on clinical judgements.
- Easy access to children, families and friends for prisoners with a mental illness so that they can receive the support they need. That is why there is an urgent need to bring Welsh women prisoners back to Wales. There is also a need to have provision for a male Prison and Young Offender unit in North Wales so that we can reduce the incredible isolation and loneliness caused by being far from home and support mechanisms.
- Effective and timely planning for resettlement. The transition from prison cell or ward – or hospital – back to community is a critical time for most people, a period when there is the greatest risk of suicide. Frequently this process is left too late and this creates real difficulties in setting up community supports which would enable people to link with services as soon as possible. The provision of accommodation for people leaving secure settings is vital. There need to be specialists working in partnership with Probation to ensure that people are linked with mental health providers in the community before and after release from secure settings.
- Improvements in the service provided by secure units or special hospitals. The Care and Treatment Plan provides an opportunity for patients to receive holistic, recovery-focused care.

8.2 Young people

For young people and their families experiencing a serious mental illness for the first time can, of course, be very frightening and traumatic. For many people, including young people, delivering advice and information may best be done through websites and online social media resources. Hafal will make sure that young people with a mental illness are not left behind and always have equal access to advice, guidance and resources. Through the appointment of a National Young People's Lead we will extend our work with young people and expand on partnerships with children and young people's organisations. We will continue to campaign for and support young people who experience mental illness, and their families, to ensure services are available and accessible and appropriate to their needs.

Specifically we will campaign for:

- Mainstream services (e.g. schools, colleges, youth services) to be fully equipped to support young people with a mental illness. For example, education and training is needed for those working in mainstream services in order to be able to better support young people who experience mental ill-health.
- Flexible and person-centred services to be available (both via Child and Adolescent Mental Health Services and Adult Mental Health Services). The new Care and Treatment Plans prescribed by the Mental Health Measure provides an effective platform for holistic care planning which empowers young service users to set goals in all areas of their lives. Services should also be delivered in environments which are non-stigmatising.
- Age equality in the provision of Child and Adolescent Mental Health Services (CAMHS) across Wales. Current inconsistencies in service provision due to educational status of young people across Wales exacerbates the existing gap between CAMHS and Adult Mental Health Services. In some areas services provide for all young people up to the age of 18,

while in other areas services are only provided for those aged up to 18 if they are in full time school-based education.

- An Early Intervention approach across Wales in order to ensure that young people receive appropriate and timely support.
- Appropriate inpatient support for young people. A priority is to ensure that young people are not inappropriately placed on adult wards. Furthermore, support should be provided for children and young people on transition back into the community in order to enhance positive outcomes and recovery.
- Involvement of children, adolescents and young people with serious mental illness in all stages of planning, reviewing and implementing their care and the services they receive.
- The development of appropriate information, advice and guidance for children and young people with serious mental illness.
- Mental health awareness to become a central feature of the PSE curriculum.

8.3 People from BME communities

It is widely acknowledged and documented that people from BME communities suffer significant inequalities in relation to mental health services. Notably Black Caribbean, Black African and other Black groups are over-represented in psychiatric hospitals. Men from Black Caribbean, Black African and other Black groups are also more likely than other groups to be detained under the Mental Health Act. The outcome for progress and recovery is also agreed to be less successful for many BME groups, even after factoring in clinical expectation.

Our vision for 2022 is for all communities to have equal access to mental health services – and to receive equal treatment by those services. To achieve this we will campaign for commissioners, managers and direct providers of mental health services in Wales to receive training and information which will counter institutional and individual discriminatory practice against BME clients. We will continue to campaign for – and deliver – culturally sensitive services which are responsive to individuals' language and religious needs, for example.

We will continue to call for training, support and information specifically designed for the needs of BME service users and carers. This will raise awareness of mental health services among BME service users and carers and raise their expectations of the quality of service they will receive. We will also actively promote the holistic Care and Treatment Plan prescribed by the Mental Health Measure which provides the opportunity for cultural needs and goals to be identified routinely as part of the care planning process. Hafal will also ensure that people from BME communities have equal access to advice and information in the most appropriate format.

Hafal will continue to ensure people from BME communities are able to access and receive the services they want – and we will campaign for the delivery of additional services for BME communities which will give them equal access to mental health services, and equal treatment by those services.

9. Carers

Caring for someone can be time-consuming, stressful and tiring, so it is vitally important for carers to ensure that their own health does not suffer. Carers with a serious mental illness themselves should remember to make their health as much a priority as the person they care for. Carers should be provided with information about local carers' support groups, which can be beneficial as they offer a chance for the carer to share their experiences with people who can empathise and understand the issues. Carers may also wish to access respite services which will allow them to have a break in the knowledge that the person they care for is being looked after.

We will continue to campaign strongly on issues that affect carers, particularly ensuring that all Carers needs are assessed and that they are fully involved in Care and Treatment Planning, and will expand our work and increase our role in representing the interests of carers at a national level. As part of our initiative to raise standards in care planning we will equip carers with the information,

expertise and support they need both to help themselves and to support the people they care for to take control of their recovery. Any parenting and/or caring needs identified should always be included in an individual's Care and Treatment Plan.

We will campaign to ensure that:

- local Carers' Strategies (required under the Carers Strategies (Wales) Measure) include specific help and guidance for carers of people with a serious mental illness
- services recognise carers as the essential source of personal/practical support to many service users and give full attention to carers' opinions
- carers' needs are regularly assessed with attention given to all areas of their lives including housing, physical health, education & training, employment, finance and social life; the assessment should also identify the various ways they support the service user and the resources needed to help them in this role
- carers are properly resourced: this means giving them support to stay in work; flexible working arrangements; fairer benefits and financial support; respite opportunities and the information and guidance they need to fulfil their caring role
- carers' groups are run in every locality, giving carers access to practical information, professional advice and peer support.

10. Contact details

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