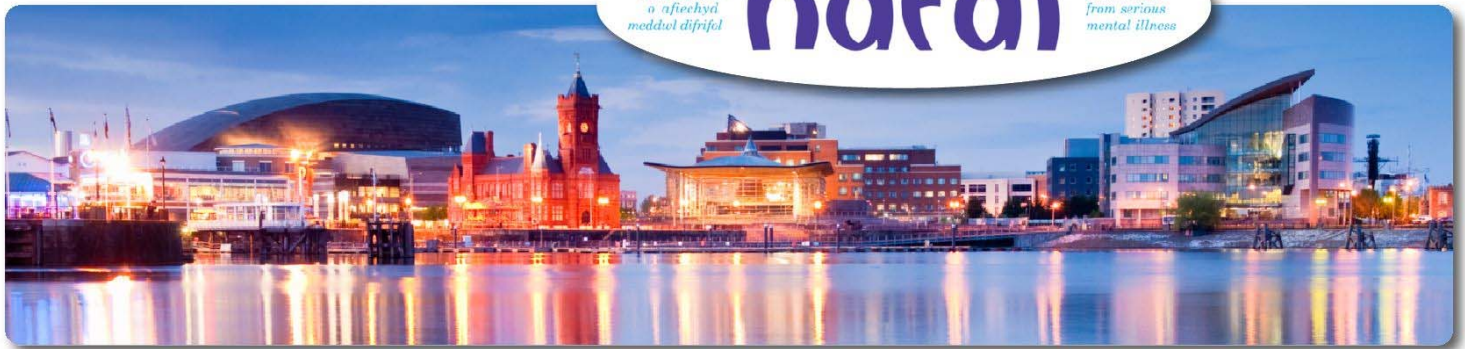


dros adferiad  
o afiechydd  
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**hafal**

for recovery  
from serious  
mental illness



## **Policy Briefing:**

**National Assembly for Wales Plenary Debate 4 March 2015**

### ***Health and Social Care Committee's Post-legislative scrutiny of the Mental Health (Wales) Measure 2010***

The Mental Health (Wales) Measure 2010 is a historic piece of legislation that came into force in 2012 and is much admired across many other countries. Hafal members fought long and hard to ensure that this piece of legislation was introduced, which for the first time gave every user of secondary mental health services in Wales the legal right to a holistic Care and Treatment Plan. Service users were the driving force behind the Measure from the start, supported by Hafal, and it was a Hafal member who inspired Jonathan Morgan to introduce the original LCO back in 2007 which eventually led to the Mental Health Measure.

Most people who use secondary mental health services now have a Care and Treatment Plan which gives them the opportunity to take a comprehensive approach to their recovery from serious mental illness by agreeing and having recorded all of their recovery objectives and support needs (*the eight life areas are: accommodation; education and training; finance and money; medical and other forms of treatment, including psychological interventions; parenting or caring relationships; personal care and physical well-being; social, cultural or spiritual; work and occupation*).

We have received feedback from service users and from carers which finds that the quality and usefulness of Care and Treatment Plans is variable across Wales, and that many plans are still not focused on achieving both short-term and long-term goals/outcomes. Some service users have told us that they now feel more involved in their own care and treatment, and now attend care plan reviews and are given the opportunity to become more involved. However, this is still not widespread or systematic across the whole of Wales.

Promoting recovery is the underlying principle of prudent healthcare in a mental health context. Recovery-focused services promote a better quality of life for service users, and the result is a more effective and efficient service. An ethos of recovery and aspiration, as opposed to one of stability, means that people are supported to progress and move on instead of being maintained in their current condition. Recovery means long-term savings, stability means ongoing cost, both in human and financial terms. We think that the Mental Health Measure is a great example of Prudent Healthcare, and we urge the Minister to use this as an opportunity to demonstrate how patient centred care is essential both morally and financially.

Our response to the Committee's first five recommendations is as follows:

### **Summary of Recommendation 1: Action Plan for psychological therapies to include details of timescales and how to be resourced**

We strongly believe that access to a range of psychological therapies should be made routinely available to people who have a serious mental illness, and that this should be made a high priority. We continue to call for:

- The availability of psychological therapies across Wales for people who experience a psychotic illness as a matter of routine
- A priority for psychological therapies to be available first to people who experience a psychotic illness and who are in greatest need
- Psychological therapies for people with a psychotic illness to be available and widely used within mental health units and hospitals - and to become a standard provision
- Psychological therapies to begin as soon as possible for people with psychotic illnesses - as NICE guidelines state - and started in the acute phase
- The availability of a full range of psychological interventions. People receiving secondary mental health services are likely to need specialist psychological interventions, but are also likely to have primary care needs too (anxiety, depression, etc). Therefore, people receiving secondary mental health services should have the full range of psychological interventions available to them.

The Welsh Government has awarded an additional £850k to Health Boards to increase the **provision** of talking treatments, which we welcome. However, we are concerned about whether the **provision** of talking treatments will be increased, given that most of this funding is for the delivery of additional staff training and increasing awareness rather than appointing additional staff. Can Health Boards demonstrate how they have used this additional funding and what additional training they have delivered, and how this has led to increased provision?

The Welsh Government states that it does not currently collect information on the specific waiting times for different types of psychological therapy. We would ask: why not? Waiting times for other types of therapy are routinely collected and published such as those for occupational therapy and physiotherapy, and if the Welsh Government wants to see greater access to psychological therapies then why not collect information on waiting times?

### **Summary of Recommendation 2: Provide clear guidance on minimum requirements for data collection**

We welcome the work that Welsh Government is undertaking to establish a Core Data Set for mental health, and the work to ensure that there is a mechanism for people who use services to be able to self-assess their own progress and recovery (through the service user lens).

The development of a Core Data Set for mental health provides an opportunity for us to know, for instance, how many people in Wales who use secondary mental health services are in employment, are living in settled accommodation, etc. This will provide us with an opportunity to be able to monitor and measure progress in people achieving meaningful outcomes. We also think that Health Boards working with local authorities can make better and smarter use of information taken from mental health assessments and from Care and Treatment Plans to establish the mental health needs of the local population, including unmet needs.

### **Summary of Recommendation 3: Improving the quality of Care and Treatment Plans**

The feedback we have received from our members confirms that most people who use secondary mental health services now have a Care and Treatment Plan in place. However, we have found that the quality and the usefulness of these plans is variable across Wales, and that for many they are not sufficiently focused on recovery or centred around supporting people achieving both short-term and long-term goals.

Where people have been fully and genuinely involved in the planning and delivery of their own care and treatment planning we have seen their confidence increase, leading to a therapeutic benefit and improved outcomes. But this is not widespread across Wales, and we think that the skills of care co-ordinators still needs to be improved and for more training to be rolled out. Despite the extensive work undertaken by Lincoln University to develop training materials for the Welsh Government on all four parts of the Mental Health Measure, these materials do not appear to have been fully utilised by Local Health Boards and local authorities.

Hafal, with the support of partners Bipolar UK and the Mental Health Foundation, also developed a training programme for people who use secondary mental health services and for carers called '*How to Get a Great Care and Treatment Plan*'. This Agored accredited course (there is also a non accredited version) is designed to give people the skills they need to help identify their needs, set achievable goals and develop an excellent Care and Treatment Plan. The course links to the Welsh Government's 'Excellence in care and treatment planning' training materials for care coordinators and supports the implementation of the Mental Health Measure and 'Together for Mental Health' strategy. Training materials for this course are freely available on Hafal's website.

### **Summary of Recommendation 4: Improve information about people's rights to self refer for reassessment under Part 3**

Under the legislation, where a person is discharged from secondary mental health services the LHB or local authority is under a duty to provide certain written information to them, namely:-

- The reason for the individual's discharge from secondary mental health services
- The action which must be taken, and by whom, if the individual who has been discharged considers that further support and advice in relation to his or her mental health is required following discharge. (*Code of Practice; paragraph 7.12*)

When someone is discharged from secondary mental health services, in addition to the information above, they must also be informed in writing about their entitlement to assessment under Part 3 of the Measure for three years from the date of their discharge. *(Code of Practice; paragraph 7.14)*

To enable this to take place appropriate planning with the relevant patient, their family/carers and any ongoing support agency is likely to be necessary including the relevant patient's general practitioner. A lack of comprehensive transition arrangements around discharge is known to elevate the risks of ongoing support breaking down. *(Code of Practice; paragraph 7.13)*

Welsh Government guidance states that in addition to the information required by the Measure and Regulations, the mental health service provider may also choose to give additional information to a relevant patient on discharge. In practice this may well be carried out by the care co-ordinator.

This information could include, for example, information on:

Medication and side effects;

Who to speak to for advice on benefits and entitlements;

Other services available to provide ongoing support, such as voluntary support groups, drop in centres, self help groups;

Where to access housing advice;

The availability and access to health and leisure activities, such as gymnasias and swimming pools *(Code of Practice; paragraph 7.16)*

It is also recommended that this information is provided to the relevant patient's GP, with the consent of the relevant patient, to promote continuity of care and understanding. *(Code of Practice; paragraph 7.18)* In practice, this information may be provided by the relevant patient's care coordinator, although the responsibility for the provision of such information rests with the mental health service provider. *(Code of Practice; paragraph 7.19)*

We have received feedback from people who use mental health services that the duties and requirements outlined above are not consistently applied across Wales, and we think that further training is needed in this area for health and social care professionals.

We would also like to see the guidance further strengthened to include the requirement to actually discuss with the person whether it is appropriate for them to be discharged from secondary mental health services in the first place, and if this is the agreed course of action, where that person can get any help and support they need as quickly as possible should they require it.

**A person should not have to reach a crisis point before they can access or re-access services.**

Generally the feedback we have received from our Members suggests there is poor communication and a lack of adequate advice and information given to people when they are discharged from secondary mental health services.

## **Summary of Recommendation 5: Health Boards to ensure that appropriate training and information is available to staff in relevant healthcare settings about who is eligible for independent mental health advocacy under Part 4 of the Measure**

We think that the actual **provision** of advocacy for people who have a mental illness and are in hospital is very patchy. Although Health Boards are likely to report that mental health advocacy is available across all hospitals in Wales, the quality and availability of services will vary. Some people may have access to an advocate seven days a week, for others it may be for a few hours a day, and for others it may be on certain days of the week. It would be helpful if details of the type and frequency of mental health advocacy available in all hospitals in Wales could be published.

Arrangements for mental health advocacy appear to be very ad hoc across Wales, with each Health Board developing its own arrangements. There appears to be little overall strategic direction and guidance to help ensure that there is a consistent service in place across Wales.

### **About Hafal**

We are Wales' leading charity for people with serious mental illness and for carers. Covering all areas of Wales, Hafal is an organisation managed by the people we support: individuals whose lives have been affected by serious mental illness.

Underpinning our services to clients is our own unique Recovery Programme. Based on modern principles of self-management and empowerment, this holistic programme offers clients a methodical way of achieving recovery by focusing on all areas of their life.

**For further information on this briefing please contact *Peter Martin* on 01792 816600 or email [peter.martin@hafal.org](mailto:peter.martin@hafal.org)**

