



***Following a number of consultations, Hafal Members, Trustees and staff have formulated a vision for improving the lives of people in Wales with a serious mental illness and their families over the coming years. This paper sets out that vision, identifying the key aims and core commitments of Hafal – as well as providing our position on key issues facing people affected by serious mental illness.***

## ***Our Key Aims***

Our key aims are each inter-linked and should be viewed as a whole rather than be considered in isolation. They are:

- ❖ ***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, meeting needs 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.

- ❖ ***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 vigorously campaign 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.

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

For some people, an important part of achieving greater independence and being able to self manage may involve being formally discharged from secondary (specialist) mental health services. Where this is appropriate and has been agreed between the service provider and an individual who has recovered to an extent where they no longer need or require secondary mental health services, the person may still need to have support mechanisms available. Our promise is to make sure that no person with a mental illness need be alone, and that support is available to anybody who seeks our help including people who feel isolated and lonely, whether they are receiving services or not.

## ***Our Core Commitments***

- 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
- 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
- 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
- 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

## ***What makes Hafal, Hafal***

### ***Background***

Since 1997, when Hafal was known as the National Schizophrenia Fellowship, we have campaigned to ensure that people with a serious mental illness, and their families and carers, enjoy equal access to health and social care, housing, income, education, and employment, and achieve a better quality of life.

As Hafal has grown over the years, we have broadened the range of services that we provide, from early intervention services for young people to criminal justice services for offenders. We have developed new areas of interest as well as delivering the more traditional services we provide to people with serious mental illness and their carers. From 2016/17 we will be providing an inpatient service for the first time when we open our 16-bed 'Recovery Centre' in Gellinudd, Pontardawe.

At the core of all of Hafal's services is our unique "Recovery Programme", which makes person centred care a reality through looking at all areas of a person's life, and adopting a holistic approach to a person's recovery regardless of any formal diagnosis. All of our policies and strategies reflect our individual, person centred approach.

### ***Language and terminology***

Hafal has become synonymous with the term '*serious mental illness*' that we use extensively throughout our publications and as a focus for our campaigning. Such a stance puts Hafal in the minority as many organisations now focus on mental wellbeing. Hafal Trustees and Members continue to believe that our mission is about those affected most by serious mental illnesses such as schizophrenia, bipolar disorder

and other illnesses which involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.

We are not an organisation that delivers services based on labels, but based on people's needs. Hafal Trustees have recognised that in using the term, 'serious mental illness', Hafal as an organisation has a clear and distinct identity in Wales and people are able to distinguish us from other mental health organisations which provide services for people who may have less intensive levels of need. The language we use needs to accurately reflect the range of conditions people have and the range of services we deliver. One of our challenges is to explain terms such as '*serious*' and '*complex*', in relation to the impact on lives for individuals and carers.

Terminology used throughout the mental health sector can be and historically has been contentious. The term 'mental illness' is used in this paper to describe someone who has a severe and enduring mental health condition that is likely to require medical treatment and who is receiving, or has recently received support from psychiatric services.

Use of the term 'service user' is often used to describe someone with a mental illness (or mental health problem) who is either currently using, or has recent experience of using mental health services. Some people and organisations have strong views about the appropriateness of this and other terms to describe those who have experience of using services. However, through our discussions with people who use our services and their families and carers we have not found any term which is preferred more broadly so we will continue with this for the time being.

Many people do not relate to the term or consider themselves to be a 'carer'. This is often the case where, for example, the care provided is informal and in a family setting, is infrequent or for just a few hours a week, or if the person is not in receipt of carers allowance. Often those who provide unpaid care to people with mental health problems do not want to be defined as a 'carer' and feel that the term is a label that gives more emphasis to the mental illness.

Most people identify themselves first and foremost as a parent, or a sibling, or a relative, or a friend, or a neighbour. Identifying unpaid 'carers' can be difficult and, 'a challenge when trying to provide help and support to those who are providing care to others, particularly when they are just starting out or carrying out lower levels of caring before becoming more involved'. Legislation, strategies and policies across the UK and in Wales extensively use the term 'carer(s)', and so it is this term that we use in this and other publications.

### ***Diagnosis, prevention and recovery***

Hafal recognises that receiving a diagnosis for a particular mental health condition is often helpful and can be a gateway to services. But we also recognise that having a diagnosis can pose significant barriers, create a label and lead to stigma and discrimination. It can take many years to receive a diagnosis - we know of instances where it has taken well over 10 years for a formal diagnosis to be made - but clearly a person with a mental illness will need support, care and treatment during the time it takes to make a diagnosis.

We look to address the person's needs individually rather than treating or focusing solely on the diagnosis,

and we advocate extreme care in ensuring that a correct diagnosis is made in the first instance as incorrect diagnosis can lead to ineffective or potentially inappropriate treatment.

The concept of 'prevention' in relation to illnesses such as schizophrenia is problematic. Such conditions cannot currently be prevented from occurring, in the same way as say reduced smoking can help prevent lung cancer, or healthy living may help prevent heart disease, but what the evidence is clear on is that identifying and treating a serious mental illness as early as possible is likely to lessen its impact, and is crucial in terms of being able to self-manage the condition and better recover. We want to see more done to identify and research examples of effective recovery and how best this has come about.

It is clear that more needs to be done to examine recovery case studies on what it takes to recover from a serious mental illness. Cognitive Behavioural Therapy and Dialectical Behaviour Therapy have proven effective ways to aid recovery for some people but there are a broad range of talking therapies which should be more easily available.

### *Age*

Age should not be a barrier for people wanting to access services. Everyone should be able to access a range of age appropriate services. Our consultation forums have acknowledged that mental illness does not disappear when a person reaches 65, but also that older people should be and are optimistic about their opportunities to recover from mental illnesses such as depression.

Degenerative disorders are seen as distinct from serious mental illness, and Hafal is clear about the need to signpost people with organic conditions to more appropriate services. Our forums also suggested that more should be done to help veterans, particularly those suffering from Post Traumatic Stress Disorder.

Conversely, more should be done to help young people with mental illness. Hafal is keen to promote awareness about young people's mental health amongst its own staff as well as the wider public. We have recognised through our consultation forums that working with young people, for example those with first episode psychosis, is a positive development. We recognise the difference between emotional needs in young people and serious mental illness.

### *Smoking*

People with a serious mental illness such as schizophrenia or bipolar disorder face many inequalities when it comes to their physical health, and can have a life expectancy between 15 to 20 years lower than the general population. One of the major causes of poor physical health is smoking, which is the principal avoidable cause of premature deaths in the UK. Smoking is significantly more common among people with a serious mental illness.

There is a strong feeling amongst our members that smoking should be a personal choice, and that we need to respect a person's wishes. Our members also think it wrong to compel people to stop smoking, and we recognise and appreciate that some people feel smoking can help at certain times in their life that may be particularly stressful and chaotic. We know that cigarette smoking can have a significant effect on the metabolism of a wide variety of drugs to treat mental illness, and may impact on the levels of medication that is appropriate for a person to be taking.

We want to ensure that people living with a serious mental illness are regularly supported and provided with accurate information to be able to make informed choices, and that reducing or quitting smoking is managed as part of a person's Care and Treatment Plan. For people in hospital we want to see reduced or cessation of smoking as part of a wider plan to improve therapeutic settings by also ensuring healthy food, continuous access to fresh air, exercise, talking therapies, etc.

We have adopted a policy of "anti-smoking, not anti-smoker", and continue to raise awareness about the risks of smoking as part of our promotion of healthy living and through our "Let's Get Physical" resources and events, including our annual Physical Health Awareness Day.

### *Support for particular groups of people*

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. It is essential that everyone who has a mental illness receives the support they need before they reach a crisis point, and that people and their families are provided with a range of high quality and informative advice and information that is appropriate to their needs.

### *People engaged with criminal justice services*

People with a serious mental illness who are within the criminal justice system, and their carers and families may need particular help and support in managing and coping with their situation. Hafal will provide this help and support as well as continuing to campaign for and support people with serious mental illness who are within the criminal justice system.

We will continue to ensure people are treated fairly and work to divert people away from this system and into being supported through a more appropriate multi-agency health and social care system. We believe that diversion from the criminal justice sector to mental health provision should be structured right across the system, from custody suites to young offenders' institutions and adult prison, and that this would represent a considerable cost saving.

Hafal's main focus will continue to be related to mental illness, with other specialist agencies better suited to addressing any needs relating to drug and/or alcohol use. We are keen to work in collaboration and partnership with other agencies and organisations to achieve the best possible outcomes for those people who offend and have a mental illness.

We continue to work with police forces across Wales to ensure that vulnerable adults have an 'Appropriate Adult' to support them when they are interviewed by the police, and Hafal currently provides this service to South Wales Police, Dyfed Powys Police and the Gwent Police service. We continue to provide a range of support for all those with a mental health problem who engage with criminal justice services.

### ***People with a personality disorder***

Our members are concerned that a diagnosis of 'personality disorder' has become too easily over-used by health professionals, and we think there should be further research and a greater understanding of the whole spectrum of 'personality disorders' before a person is categorised as having a serious mental illness. However, we do not exclude working with people who have been diagnosed as having a 'personality disorder', and our capability to provide support will continue to be assessed on an individual basis, with subsequent support tailored to an individual's needs.

### ***People from BAME communities***

People from BAME groups are either disproportionately represented in mental health services or find they are unable to access and receive the services they need. Consequently people with mental illness from BAME communities experience poorer outcomes. Hafal will make sure that people from different and diverse communities have equal access to advice and information in the most appropriate format, and we will continue to campaign for and support people from BAME communities to ensure they are able to access and receive the services they want.

### ***Younger people***

For young people and their families, experiencing a serious mental illness for the first time can 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. We will continue to campaign for and support young people who experience mental illness, and their families, to ensure that age appropriate services are available and accessible.

### ***Carers***

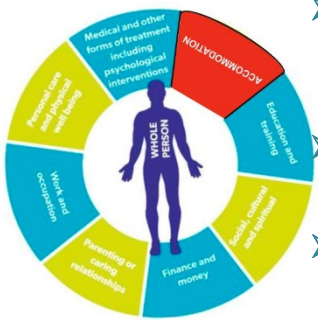
Caring for someone can be time-consuming, stressful and tiring, so it is vitally important for carers to ensure that their own health does not suffer. Carers with a serious mental illness themselves should remember to make their health as much a priority as the person they care for. Carers should be 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.

Hafal 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 continue to 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.

***Our specific commitments to addressing inequalities and achieving better outcomes for people in each of the 8 life areas in the Care and Treatment Plan.***

**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<sup>i</sup>
- 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

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](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.

***We expect all people who have a mental illness to have access to and maintain good quality, affordable and safe housing.***

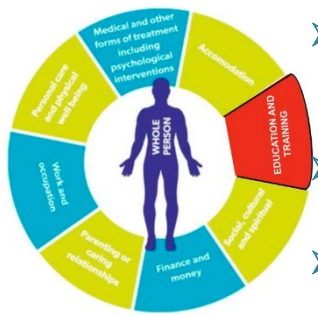
***Hafal commitment:***

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.



## 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<sup>ii</sup>
- 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

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.

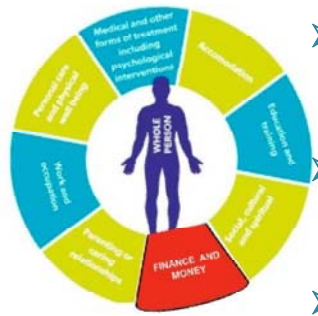
***We expect all people who have a mental illness to have equal access to a range of educational and training opportunities and to see an increase in the number of people gaining formal qualifications.***

### ***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.

## 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<sup>iii</sup>
- A higher proportion of the working age population in Wales receives welfare benefits
- 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

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](http://www.hafal.org/hafal/whole_money.php)

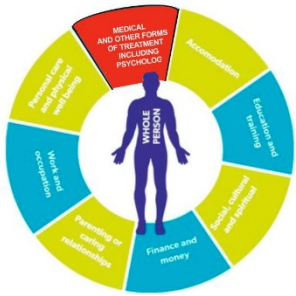
***We expect all people who have a mental illness to be less reliant on welfare benefits and living free from poverty.***

### ***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.

## 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 by Rethink Mental Illness 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

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 cognitive therapy, group therapy, family therapy, etc.
- Rehabilitation; when based in or co-ordinated from hospital this often involves occupational therapy to regain and learn new social and life skills

- Alternative therapies; often referred to as 'complementary therapies' these can be offered alongside conventional, medication-based 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](http://www.hafal.org/hafal/whole_medication.php)

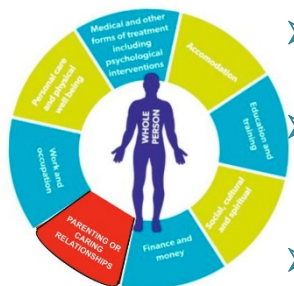
***We expect all people who have a mental illness to be offered appropriate information about the range of medication available and its impact and effect, and have a choice over the range of treatments and therapies they wish to receive.***

### *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.

## **PARENTING OR CARING RELATIONSHIPS**

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



- Between 30% and 60% of people with a serious mental illness have children<sup>iv</sup>
- 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<sup>v</sup>
- Carers themselves are twice as likely to have mental health problems if they provide substantial care
- Across the UK 6000 to 17000 children and young people care for an adult with mental health problems<sup>vi</sup>

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](http://www.hafal.org/hafal/whole_caring.php)

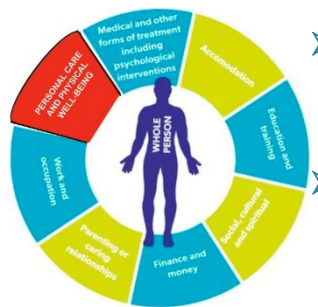
*We expect all people with a mental illness have the same opportunities for settled family life as the general population, and for carers and/or families to be provided with high quality information and support that meet their needs. We will also expect to see in-patients being fully supported to maintain caring/parenting relationships.*

**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.

**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<sup>vii</sup>
- 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

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](http://www.hafal.org/hafal/whole_physical.php)

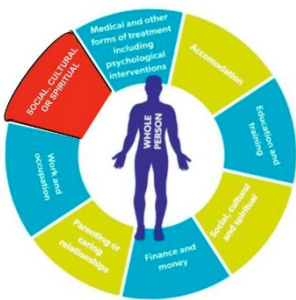
**We expect all people with a mental illness to have the same life expectancy as the general population, to have equal access to general healthcare services and achieve better health outcomes**

***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.

**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<sup>viii</sup>
- 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 mental health problems 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

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, perhaps because there is an assumption that it is a matter for the individual. However, it can play an important part in maintaining wellbeing. Studies have shown that often people with severe 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](http://www.hafal.org/hafal/whole_social.php)

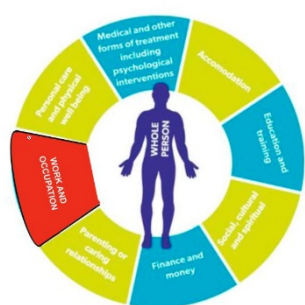
**We expect all people with a mental illness to be free from loneliness and enjoy life as much as the general population, and have their social, cultural and/or spiritual needs addressed.**

### *Hafal commitment*

By 2022 we promise that everyone with a serious mental illness who approaches us receives 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.

## **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<sup>ix</sup>

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](http://www.hafal.org/hafal/whole_employment.php)

**We expect all people with a mental illness to 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**

***Hafal commitment:***

By 2022 we will campaign to ensure that people in Wales with a serious mental illness do not face stigma and discrimination, 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.



## Where does Hafal Stand -

### *an overview for Hafal Staff, Trustees and Volunteers*

#### LEGISLATION

##### ***Mental Health Measure (Wales) 2010***

- We consider the Mental Health Measure in Wales to be a landmark piece of legislation. We campaign to ensure that everyone who uses secondary mental health services has a fully complete, high quality Care and Treatment Plan that describes clear goals (outcomes) and the steps to be taken to achieve those goals.
- We are working closely with Health Boards and with the Welsh Government in reviewing the delivery of the Measure, ensuring that the experiences of our clients are fed back
- We are working in partnership with NHS CTP leads 'community of practice' (Part 2) to ensure that processes, systems and outcomes for people are consistent right across Wales, and that service users and carers have the opportunity to influence change.
- We are part of two task and finish groups being run by Public Health Wales for the Welsh Government. One is about the interface between mental health primary and secondary care which is looking at the definition of what is a 'relevant patient', the second group is looking at what are the duties and competencies needed to be a care coordinator. Both groups are considering whether any further guidance is required on these issues and, if so, what that guidance should be.

##### ***The Mental Health Act 1983 (MHA)***

- This piece of legislation applies across Wales and England and provides the legislative basis on which people diagnosed with a mental disorder can be detained and be assessed and/or treated against their wishes ('sectioning').
- We believe there needs to be a distinct Welsh approach to developing any future legislation that relates to statutory mental health services.

*The MHA Code of Practice for Wales has been significantly revised, and Hafal has ensured that the Code has been strengthened. The revised Code was published in Spring 2016.*

### ***Social Services and Well-being (Wales) Act 2014***

- This piece of legislation was passed in May 2014 and came into force in April 2016. Hafal continues to campaign to ensure this new legislation impacts positively of people with SMI and Carers, and is fully consistent with the Mental Health (Wales) Measure 2010, associated regulations and the new Mental Health Strategy.

### ***Well-being of Future Generations (Wales) Act 2015***

- This new piece of legislation became law in April 2015. The Act:
  - > Identifies goals to improve the well-being of Wales
  - > Introduces national indicators, that will measure the difference being made to the well-being of Wales
  - > Establishes a Future Generations Commissioner for Wales to act as an advocate
  - > Puts local service boards and well-being plans on a statutory basis and simplifies requirements for integrated community planning.

### ***Mental health and wellbeing strategy ('Together for Mental Health')***

- This strategy was published in 2012 along with a 3-year Delivery Plan. It makes clear that, 'in order to tackle health inequities and reduce social exclusion, resources need to be targeted at those people with severe and enduring mental illness and those most at risk of developing mental health problems as a consequence of stressful life experiences'.
- We continually lobby politicians, Welsh Government officials and others to ensure that the needs and aspirations of people with a serious mental illness are given a far higher priority, and we work to ensure that the principles set out in this Strategy are delivered on the ground and make a real and improved difference to people's lives
- As part of WAMH Hafal has significantly contributed to developing the next Delivery Plan for 'Together for Mental Health' covering the period 2016 to 2019, which was published in October 2016.

### ***Funding for mental health services***

We support the continuation of the ring fence for mental health funding, and campaign to ensure that any efficiency savings made from NHS mental health services are re-invested back into those services

- We have called for clear, open and transparent monitoring of mental health budgets, within each financial year
- The Welsh Government carried out a review of the ring-fence in 2015 through Price Waterhouse Coopers. We campaigned hard to ensure the interests of our members and clients were fed into the review. The PWC report has been published, and recommended continuation of the ring-fence until a fairer and more transparent process was in place. We will be looking again at the recommendations in this report, and considering how best to take forward.

### ***Improving access to psychological therapies***

- Our five-point plan calls for:
  1. The availability of psychological therapies across Wales for people who experience a psychotic illness as a matter of routine
  2. A priority for psychological therapies to be available first to people who experience a psychotic illness and who are in greatest need
  3. 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
  4. Psychological therapies to begin as soon as possible for people with psychotic illnesses as NICE guidelines state and started in the acute phase
  5. 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.
- We are actively campaigning for the Welsh Government for all Health Boards to ensure that access to psychological therapies for people with a serious mental illness is a major priority area.

### ***Carers***

- We campaign across all Health Boards and local authorities to ensure that carers have access to high quality advice and information, and are made aware of, and have access to Carers' Assessments
- We are an active Member of the Wales Carers Alliance and regularly work with other Carer organisations to promote and improve services
- We facilitate an All Wales Mental Health Carers' Forum, ensuring that there is an opportunity for Carers to meet together to discuss the issues that are important to them.

### ***Criminal justice services***

- We believe that far too many people with serious mental illness end up inappropriately within the criminal justice system
- We believe that people with a serious mental illness in need of treatment should not be in prison but in hospital
- We believe there needs to be more effective court diversion schemes, and that offenders need better access to mental health services that is equal in quality to those available to the rest of the general public
- Hafal represents the Wales Alliance for Mental Health on the Secure Services Task and Finish group which reports directly to the national Mental Health National Partnership Board.

### ***Health and social care integration***

- We strongly support the full integration of health and social care services, including pooled Budgets. We believe that ultimately there needs to be a single mental health authority responsible for planning and delivering mental health services on an all-Wales basis.

### ***Promoting greater choice***

- We believe that people with a serious mental illness and their families should have full control over how their services are planned, designed and delivered. We want to see a far greater take up of Direct Payments by people who use mental health services, and for there to be a much higher emphasis on promoting choice, and people having full control over a wide range of services
- We believe that the principle of people having and making informed choices, needs to be more widely applied across health and social care settings in Wales so that people who use services have greater power and control to allow them to take more responsibility for their own care
- We believe that giving people who use services greater power and control goes beyond just involving them in collaborative relationships and feeling more empowered, but also includes giving people a genuine choice such as which psychiatrist they want to see (in the same way they can choose their family doctor), which hospital they wish to attend, etc.

### ***Challenging stigma***

- We are working with partners Mind Cymru and Gofal to deliver a long-term anti-stigma initiative called Time to Change Wales and are committed to presenting a positive image of

people recovering from serious mental illness to the public, challenging negative stereotypes and promoting a better understanding of mental illness

- The ethos of our work is about people being empowered so that it is they who drive forward change.

We believe that people with a serious mental illness should have more control over their own care and treatment, as well as how, where and when it is delivered, and that by providing better information, advice, education, training and support people will face less social isolation and stigmatising attitudes will lessen.

## **Welfare reform**

- Hafal is part of two UK wide networks involved in campaigning on welfare reform issues:
  1. We are working with the Centre for Mental Health, Mind, Rethink, the Royal College of Psychiatrists and the Scottish Association for Mental Health on developing briefings and consultation responses to the UK Government's proposals relating to welfare reforms
  2. We are part of a UK wide network called the Disability Benefits Consortium (DBC), a national coalition of over 50 different charities and organisations committed to working towards a fair benefits system.
- We think that guidance on how people who use secondary mental health services can receive tailored help, support and advice relating to welfare benefits should always be included in a person's Care and Treatment Plan under the 'Finance and Money' section.
- Many people with a serious mental illness who are not in work want to work. Outcomes related to employment or volunteering should always be considered and reflected under the 'Work and Occupation' section of the Care and Treatment Plan.

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### References

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<sup>ii</sup> Centre for Skills Development, Working Paper No. 4 – [www.skillsdevelopment.org](http://www.skillsdevelopment.org)

<sup>iii</sup> Democratic Health Network: Mental Health and Social Exclusion, Policy Briefing Paper, June 2004  
<http://www.developbromley.com/public/SocialInclusion/EvidenceandPolicy/Mental.Health.and.Social.Exclusion.Policy.Briefing.pdf>

<sup>iv</sup> Royal College of Psychiatrists, 'Mental Health and Growing Up', Nov. 2009  
<http://www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/parentalmentalillness.aspx>

<sup>v</sup> 'MyCare': The challenges facing young carers of parents with a serious mental illness; Mental Health Foundation, Nov. 2010  
<http://static.carers.org/files/mycare-report-final-5492.pdf>

<sup>vi</sup> National Mental Health Development Unit, 'Support for Carers' (quoting Aldridge and Becker, 2003)  
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<sup>vii</sup> Biomedical Research Centre (BRC) for Mental Health, Kings College London (2011)

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<http://www.kcl.ac.uk/iop/depts/hspr/news/records/Seriousmentalillnessshortenslives.aspx>

viii Mind; *Not Alone? Isolation and mental distress*, London 2004

ix Royal College of Psychiatrists, Mental Health and Work:  
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