# Legislation Committee No.3

**LC3(3)05-10: Paper 1**

## Proposed Mental Health (Wales) Measure

### Written Evidence submitted by Hafal Cymru

### 1. About Hafal

1.1 Hafal is run by its 1,000 members - people with a serious mental illness and their families and carers. Every day our 160 staff and 150 volunteers provide help to over 1,000 people affected by serious mental illness across all the 22 counties of Wales. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. In practice this means that at every project our clients meet to make decisions about how the service will move forward and the charity itself is led by a board of elected Trustees, most of whom either have serious mental illness themselves or are carers of a person with a mental illness.

1.2 'Hafal' means equal. Our mission is to empower people with serious mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to achieve a better quality of life, fulfil their ambitions for recovery, and fight discrimination.

1.3 Hafal also delivers key services to people with serious mental illness and their carers including: employment support and training; educational support delivered through our Learning Centre; housing support; services for people in the criminal justice system; resource centres; befriending; arts projects; inpatient advocacy; family support; and carers' support services.

1.4 Hafal enables people with a serious mental illness to express their views on the future of mental health services. We campaign vigorously through research, publications and media work, and through direct contact with Assembly Members and Members of Parliament, to improve services for clients and families and to remove the stigma and isolation associated with serious mental illness.

### 2. A summary of Hafal's response

2.1 Hafal generally welcomes the proposed Mental Health (Wales) Measure and believes that it holds out the prospect of positive change for people with a serious mental illness in Wales.

2.2 Hafal has a number of suggestions for amendments and additions to the Measure which are detailed below but there are two major points which we wish to make: -

(i)There is missing from the Measure a vital element, that is a legally-enforceable time limit from referral by a GP for assessment for secondary mental health services to that assessment being carried out; further, a legally-enforceable time limit from recognition as a "relevant patient" (receiving secondary mental health services) to the completion of the required Care Plan.

(ii)Successful implementation of the Measure requires major investment in secondary mental health services. Costings for the Measure are largely confined to the primary care and advocacy elements: this is explained in as much as the costs quoted are direct consequences of implementing the Measure. However, there are major indirect costs of effective delivery of the care plans prescribed by the Measure for users of secondary mental health services: this investment is in fact of higher priority than the direct investment in the primary care and advocacy elements of the Measure and we would urge the Assembly Government to make the required commitment of resources.

### 3. Detailed Points

3.1 Part 1: Local Primary Mental Health Support Services

Hafal supports the intention to use the Measure to strengthen primary mental health support services. However, we believe that Part 1 of the Measure should explicitly embrace both primary and secondary mental health services. Specifically the required joint schemes (Part 1.2) should also cover secondary mental health services as there will be a range of matters for co-operation between health and social care agencies which will not be addressed by the more "personalised" requirements of Part 2.

For example, where local schemes might include general provision of certain types of treatment (such as psychological or "talking" therapies) the local scheme should clearly extend those services not only to the large number of people who use primary mental health services but also to the smaller number of people who use secondary mental health services.

3.2 Co-ordination of and Care Planning for Secondary Mental Health Service Users

There is a key addition to the proposed definition of a "relevant patient" (Part 2.11). It is vital to address the problem of people with a serious mental illness who are unwilling to engage with secondary mental health services even though there is evidence that their wellbeing and safety would be best served if they did so engage. It is important that these patients should qualify under Part 2 of the Measure (it is not of course proposed here that the Measure should in any sense compel a patient to participate in their treatment or care).

Although it is acknowledged that it is difficult to draw up a care plan in these circumstances this can be very important for this often

vulnerable group of patients, for example by giving assistance to carers and family members whom the patient may be prepared to engage with even though they will not engage for the time being with secondary mental health services. Further, patients may continue to engage with their GP and others concerning physical health issues, and if there was a care plan under Part 2 of the Measure, the GP can address issues in the plan and encourage the patient to take up secondary mental health services.

Hafal welcomes the requirement under Part 2 of the proposed Measure to provide care plans for those in receipt of secondary mental health services. It is our strong view that the Measure itself rather than regulations should set out prescriptively how these care plans should be delivered and in particular insist on every care plan covering the nine areas of life identified in the current Welsh Code of Practice for the Mental Health Act, that is:

Finance and Money

Accommodation

Personal care and physical wellbeing

Training and education

Work and occupation

Parenting or caring relationships

Social cultural and spiritual

Medical treatment

Other forms of treatment including psychological interventions

Where regulations are used in respect of this aspect of Part 2 we urge that the "affirmative" approach is taken as the National Assembly should be engaged in this fundamental aspect of the Measure.

As stated above there is a key element missing from the Measure, that is the need for a legally-enforceable timescale between referral by a GP for assessment for secondary mental health services and the undertaking of that assessment.

This is vital because otherwise there will be instances where those requiring secondary mental health services may wait a long time to be assessed and during that period they would not have the Part 2 rights under the Measure. This would be likely to cause anomalies and it cannot be right that a patient, who in the opinion of a GP may well require secondary mental health services, could wait indefinitely before they were assessed as qualifying for the Part 2 rights.

We would argue that the maximum time limit should be 30 days and this should be on the face of the Measure, not left to regulations.

As stated above there is a further significant weakness in that at the point where an individual does qualify as a relevant patient under Part 2 they could wait indefinitely for the development and completion of their personal care plan.

Of course it is recognised that the process of developing the care plan must begin at the point where they qualify but without an enforceable time limit there would be instances where many months could go by during which services could argue that they were "setting about" developing the care plan but not actually delivering and completing it.

We would argue for a maximum time limit of 60 days between qualifying as a relevant patient under Part 2 and the completion of a care plan. We would further suggest that this time limit is on the face of the Measure but that regulations could tighten the timescale (or have varying intelligent timescales) below the 60 days limit.

It is our strong view that it will be essential for regulations to set out not only the required components for care plans but also a prescribed format for these care plans. The Assembly Government's recent review of CPA in Wales illustrated that there are varying and in some cases excessively bureaucratic formats for care plans which are helpful neither to the patient nor to professionals. Hafal strongly believes that if a suitable format is prescribed through regulations there could in fact be a welcome reduction in bureaucracy in many areas of Wales where care plans have taken a very bureaucratic form.

We make the point above that there are a very limited resources identified for delivery of Part 2 of the Measure. We understand that that is because the implications of Part 2 do not necessarily have a substantial direct cost. However, it is vital to note that the effective delivery of the individual care plans required under Part 2 will require substantial investment by the Assembly Government. This investment is in fact of higher priority than the identified investment in other aspects of the Measure.

3.3 Assessments of Former Users of Secondary Mental Health Services

Hafal welcomes the arrangements for access to assessment for former users of secondary mental health services. This will assist in getting timely treatment to those with long-term problems.

3.4. Mental Health Advocacy

Hafal argues strongly that the right to advocacy should be extended to all "relevant patients" under Part 2 of the Measure, that is all those in receipt of secondary mental health services.

We would further argue that a general duty should be placed on local authorities and the NHS to provide a wider advocacy service for patients at primary care level although we recognise (realistically) that this would be a general duty to provide such services rather than offering a specific right to individuals.

On the extension of advocacy services under the Mental Health and Mental Capacity Acts there was unfortunately no rationalisation of existing advocacy services but rather a superimposing of additional service. As advocacy services are extended through this Measure it will become essential to rationalise and integrate advocacy services so that a single advocacy service in a given area is able to provide advocacy under the Mental Health and Incapacity Acts, under the Measure, and for general advocacy purposes. There is no reason why there should be different organisations, different departments of organisations, or different individuals providing these services.

3.5 General

Hafal believes strongly that all aspects of the Measure should be extended to those under 18 with appropriate adjustment for delivery of services to that age group but with no lesser level of service provided.

## 4. Oral Evidence

Hafal will be providing oral evidence to the Committee on Thursday 22 April 2010. Hafal will be represented by: -

Sue Barnes

Personal experience of serious mental illness

Full-time Expert Patient Trainer in Hafal's Learning Centre

Qualified Social Worker

Qualified Social Work Practice Teacher

Formerly a senior practitioner in Child and Adolescent Social Services

Lee McCabe

Personal experience of serious mental illness

Full-time Recovery Practitioner at Hafal Merthyr Tydfil

Provided evidence to Parliament and to the National Assembly on the Mental Health LCO and other matters.

## 5. Contact:

Bill Walden-Jones
Chief Executive
Hafal, Suite C2, William Knox House, Britannic Way, Llandarcy, NEATH SA10 6EL
Tel: 01792 816600 Fax: 01792 813056
Email: bill@hafal.org Web: www.hafal.org