

Legislation Committee No.3

LC3(3)-05-10: Paper 3

Proposed Mental Health (Wales) Measure

Written Evidence submitted by Gofal Cymru

Summary

Gofal Cymru fully support the Welsh Assembly Government's aims for improving mental health services and welcome the proposed Measure. We believe it has the potential to make a real difference to people experiencing mental ill health, especially if it enables more early intervention. We are aware that many of the proposals exist already in some parts of Wales, and expect that this Measure will lead to greater equality in terms of service availability.

We do, however, have some concerns. In order for the Measure to achieve their aims, the Welsh Assembly Government needs to ensure:

Timescales are attached to duties, to ensure people receive assessments and care plans in a timely fashion.

Adequate guidance (either on the face of the Measure or in regulations) is given on the contents of primary mental health schemes, to limit possible geographical variations.

Regulations under section 44 identify the right range of competencies for the staff who'll carry out primary mental health assessments and be care coordinators.

Adequate resources are in place to ensure there are enough staff to deliver the new duties, and enough services for people to be referred to.

In addition, we are concerned that Parts 1-3 of the proposed Measure only apply to adults, as children and young people would also benefit greatly from these services. We are also concerned that the proposed expansion of advocacy does not go far enough. In particular, people may require advocacy if they are to make the most of Parts 2 and 3 of the proposed Measure. We would urge the Welsh Assembly Government to consider expanding the Measure to address these two issues.

Gofal Cymru welcomes the introduction of the proposed Mental Health (Wales) Measure, which we believe has the potential to significantly improve services for people experiencing mental ill health.

We have responded to each of the committee's questions in turn, and look forward to discussing these issues further at your meeting on the 22nd April.

1. Is there a need for a proposed Measure to deliver the following aims:

a) providing local primary mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health, and in some cases, reduce the need for inpatient treatment and compulsory detention; b) ensure that all individuals accepted into secondary mental health services in Wales have a dedicated care coordinator and receive a care and treatment plan, and that service users previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating; c) extending mental health advocacy provision beyond current arrangements?

We would absolutely agree with the Welsh Assembly Government that there is a need for a Measure to deliver these three aims.

The Explanatory Memorandum highlights some of the concerns around existing provision of primary mental health services, and this is reflective of the experience of many of our service users. We're aware of people having to wait for over a year to access counselling or Cognitive Behavioural Therapy, for example, with the very real risk that their mental health could deteriorate in that time. There have been attempts to improve the availability of primary mental health care through the National Service Framework and other guidance, but this has not resulted in the necessary service improvements and so we believe that legislation is needed.

Similarly with secondary services, our experience echoes the Explanatory Memorandum. We're aware that currently not all people who should have a care and treatment plan have one, whilst others have been drawn up without the person being involved in, or even aware of, the process. Again, guidance around care planning has failed to achieve the desired outcome, and so we believe that legislation is required. We also welcome the Welsh Assembly Government's intention to empower people experiencing mental ill health to refer themselves back to services. Having previously been in receipt of such services, individuals will often be more aware than anyone else when they are in need of such support again and we hope that this aspect of the proposed Measure (in conjunction with the expansion of primary mental health services) will result in timelier access to support when people first find themselves becoming unwell.

We would also agree that there is a need to extend mental health advocacy, and welcome the proposal that advocacy should be available to any person receiving treatment in a hospital, as well as all compulsory patients. Because some patients are already entitled to advocacy under the Mental Health Act 2007, we believe it is sensible for the Welsh Assembly Government to use legislation to expand that provision, to ensure a consistent standard of service is available to all.

2. How will the proposed Measure change existing arrangements, and what impact will such changes have?

As reflected in the Explanatory Memorandum, and in our answer to question one, many of the services in the proposed Measure are already being delivered to a certain extent. What we hope the Measure will achieve is a consistency across Wales, so that everyone has access to the same quality of service and therefore an equal opportunity for recovery.

Local Primary Mental Health Services

We are aware that 'gateway' or 'liaison' workers already exist in some parts of Wales, providing some of the services outlined in the draft legislation. The proposed Measure would ensure mental health specialists were available to every GP, however, and this would be a significant enhancement to primary mental health care. The duty on Health Boards and local authorities to provide the mental health services identified in an assessment could also lead to significant positive change, in terms of improved access to a greater range of services. As mentioned in our answer to the previous question, people can currently face detrimentally long waits to access 'talking therapies', and we believe that shorter waits and a greater choice of treatment options would have a significant positive impact on people's mental health.

The extent of this impact, however, will very much depend on the resourcing and implementation. One of the criticisms of some of the existing 'gateway' schemes is that the staff are inundated with referrals, and individuals are facing long waits for an appointment with them, resulting in them being an additional barrier (rather than a conduit) to people receiving support. Equally, if people are able to receive an assessment but then still face the current difficulties in accessing treatment, then the Measure will achieve little positive impact.

Turning to the provisions in the proposed Measure for providing GPs and other primary care staff with information and advice about mental health, we believe this could also have significant benefit. For many people, the GP is the first port of call when they begin to become unwell and so additional training and support to enable them to respond appropriately to people experiencing mental ill health would have a significant impact for many of their patients.

Coordination and Care Planning for Secondary Mental Health Service Users

As mentioned in our response to question one, the proposals to ensure everyone receiving secondary mental health services has a care coordinator and a care and treatment plan will also mark a change to the existing situation, where care planning is variable. We believe this part of the proposed Measure could have a significant impact in terms of greater involvement of individuals in the planning of their treatment, which would be greatly welcomed. The extent of the impact will depend on the regulations to be made under section 17 (8), detailing the form and content of care plans, who is to be involved etc, and so getting these regulations right will be extremely important.

We also hope that the duty to coordinate the provision of mental health services will lead to a more joined up approach between health, social services and voluntary sector providers in the interest of the individual receiving treatment from them.

Assessment of Former Users of Secondary Mental Health Services

As mentioned in our response to the previous question, we hope that this change will result in people being able to access services more quickly when they find themselves becoming unwell. This could have a significant benefit in terms of stopping individuals becoming as unwell as they might have otherwise done, with the resulting reduced need for services and increased ability to live independently, maintain their employment etc.

Mental Health Advocacy

The extension of advocacy services as proposed in the Measure would mark a significant expansion to existing statutory provision, safeguarding people's rights and supporting their involvement in decisions being made about their care. Whilst some patients in hospital may currently have access to non-statutory advocacy, these proposals would ensure everyone is entitled to the same level of service. This expansion and standardisation would also hopefully end the current problem of people having different advocates if they move from being an informal to a compulsory patient, and visa versa.

Other

In addition to the changes that relate to the first four parts of the proposed Measure, section 38 (which allows Health Boards and local authorities to work together and pool resources to deliver the Measure) could result in significant changes if it is used. A more collaborative approach should result in a better experience for the service user, whilst planning on a regional basis should result in economies of scale that enable a greater range of services to be provided.

3. Are the sections of the proposed Measure appropriate in terms of achieving the stated aims? (In considering this question, respondents may wish to consider the nature of the provisions in the proposed Measure that:

a) Provide that there will be local primary case mental health services throughout Wales delivered by local health boards and local authorities working in partnership (part 1, sections 1-10)

Generally speaking, our understanding of the proposed Measure is that it does correlate with the stated aim. We are, however, concerned that whilst Health Boards and local authorities will have to draw up a scheme to identify the mental health services to be provided, there is no stipulation of what that must cover and no requirement for it to be approved by Welsh Ministers (or anyone else). Paragraph 139 of the Explanatory Memorandum seems to suggest that the services could vary quite substantially from one area to another and this is echoed in the proposed Measure. Section 2, for example, says the schemes "may" include an agreement that people who aren't registered with a GP and people who are receiving secondary mental health services are also entitled to assessments for primary mental health care, but there is no requirement for them to do so. Given that the Measure is being introduced because of the variation in provision throughout Wales, we would be concerned if it actually ended up increasing the 'postcode lottery' rather than reducing it.

Also, we are concerned that there is no requirement for a primary mental health assessment to be conducted within a set period of time. To achieve the aim of providing services at an earlier stage it will be necessary that people are able to receive their assessment, and then access services, within a relatively short period of time.

We also believe that the Measure should stipulate that the assessments should result in a written document, detailing what treatment and/or services have been identified as being of likely benefit to the individual. It is important that the individual has a written record of this, especially as Health Boards and local authorities will have a duty to provide that treatment (or make referrals to other services). We also feel it might be helpful for the plan to identify one named individual, who'll take on a role similar to that of the care coordinator in Part 2 of the proposed Measure, to ensure the range of services that potentially might be recommended by a primary care assessment are delivered in a coordinated fashion.

Finally, we are concerned that this part of the proposed Measure relates only to adults. There is also a need for those under the age of 18 to have earlier access to primary mental health services, but there is nothing in the Measure to address this.

a) Provide for care and treatment plan for individuals receiving secondary mental health care (part 2, sections 11-17)

As with Part 1 of the proposed Measure, we believe that, broadly speaking, the proposed Measure does correlate with the stated aim. Again, however, we are concerned that provision is for adults only, and does not include duties to appoint a care coordinator or produce a care and treatment plan for a child receiving secondary mental health services.

b) Provide an entitlement to assessment by the providers of secondary mental health services for previous service users in particular circumstances (part 3, sections 18-28)

Again, we believe that the proposed Measure does seem to correlate with the stated aim. As with the assessments proposed for primary care, however, we believe that a timescale by which the assessment must be carried out would help to ensure that this is a mechanism for people receiving services more quickly.

Also, just as with Parts 1 and 2 of the proposed Measure, we are concerned that children discharged from secondary mental health services will not be able to re-access those services if required.

c) Make provision in relation to Independent Mental Health Advocacy schemes in respect of patients subject to the compulsory powers of the Mental Health Act 1983, and 'informal patients' (part 4, sections 29-37).

As with the other parts of the Measure, our understanding is that the proposed Measure does seem to relate to the stated aim.

4. What are the potential barriers to implementing the provisions of the proposed Measure (if any) and does the proposed Measure take account of them?

It would seem that the main barrier to successful implementation is resource. Ensuring enough staff are appointed to deliver the primary care services, and be the care co-ordinators and advocates (and ensuring that those staff have the expertise to fulfill their roles), will be absolutely critical to whether or not this Measure leads to real improvements in mental health services. Money has been budgeted for the primary care staff (although we are not in a position to know whether the staffing ratios used to calculate this is adequate or not) and for the advocates, but no money is provided for any additional staffing resource for care co-ordinators and we are unsure whether there is sufficient capacity on the system to deliver this part of the Measure in the timely and detailed fashion it requires. The details of who will be qualified to carry out these roles has all been left to regulations, so we are unable to comment on that at this stage, but hope to have the opportunity to input into that at a future date as those details will be critical.

5. What are the financial implications of the proposed Measure for organisations, if any? In answering this question you may wish to consider Part 2 of the Explanatory Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the proposed Measure.

We agree with the Explanatory Memorandum that if this Measure succeeds in providing earlier access to support, it could well lead to people needing less long term and specialist interventions, therefore saving Health Boards and local authorities money. If this does prove to be the case, we would expect those savings to be re-invested into mental health services, rather than spent elsewhere.

6. Are there any other comments you wish to make about specific sections of the proposed Measure?

As previously stated, we strongly welcome the introduction of this proposed Measure, and believe it has the potential to significantly improve mental health services. We do, however, have a number of concerns, some of which have been reflected in our responses to the

questions above and other of which are outlined below.

Whilst we welcome the extension to statutory advocacy contained in the proposed Measure, we are concerned that it may not go far enough. Thinking especially about the proposals in the draft legislation to enable people to refer themselves back to services, and to have a written care plan that they have been engaged in drawing up, we are concerned that some people will not be able to take full advantage to this without access to advocacy. Equally, mechanisms will need to be put in place to ensure any failures on the part of Health Boards or local authorities to fulfill their duties under Part 1 can be challenged. People may need access to independent support or advice to ensure they are receiving what they are entitled to, and the Welsh Assembly Government will need to consider where this will be provided.

Secondly, we are concerned that few of the new duties contained in the proposed Measure have timescales attached to them. As mentioned in our answers above, we think there should be a set time by which people referred for a primary care assessment, or people who refer themselves for an assessment to re-access secondary services, receive that assessment. We also think there should be a set time by which a person's care plan should be drawn up.

Thirdly, in relation to section 5 (2) we would like to see services provided by the voluntary sector included in the range of services people are given information about. The sector provide a wide range of services which could be of benefit, but too often primary care providers are unaware of them and don't inform people about them.

Fourthly, in relation to section 9 (3) we believe the primary mental health assessments should be as holistic as possible, and so should include consideration of a wider range of services (including housing and employment) which may "improve or prevent a deterioration in the adult's mental health".

Fifthly, in relation to section 32 (3) we would like to see the list of people who can request an IMHA visit a patient include all those who are professionally involved in that person's care, including (for example) support workers. It also doesn't mention that the patient themselves can request a visit from an advocate, and we think it's extremely important to include them in that list.

Finally, we would like to emphasise the importance of the post-implementation review processes mentioned in the Explanatory Memorandum. As previously stated, we believe this Measure does have the potential to meet the Welsh Assembly Government's stated aims, and make a real difference to people experiencing mental ill health, but it is important that robust indicators are formulated and regularly reported on so that success can be tracked and further work done if necessary.

Thank you once again for the opportunity to respond to this consultation. Please do let us know if we can provide you with any further information, and we look forward to meeting you on the 22nd.

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About Gofal Cymru: Gofal Cymru is a leading mental health charity that has been working for 20 years in Wales to provide support and assistance for people experiencing mental ill health, to enable them to manage their mental health, overcome stigma and live independent and fulfilling lives. We offer a wide range of services, delivered and developed in partnership with local authorities, local health boards and statutory bodies, including: Wales' first (and only) Crisis House; support to people in their own homes in order maintain independence and quality of life; supported housing and rehab services; employment support and work preparation; an out of hours service; carers services; and unique specialist mental health link services, bridging the gap between hospitals and homelessness departments, thus reducing the risk of homelessness amongst mental health service users.