

Legislation Committee 3

LC3(3)-07-10 - Paper 2

Proposed Mental Health (Wales) Measure

Written Evidence Submitted by British Medical Association

Introduction

BMA Cymru Wales is pleased to provide evidence to Legislation Committee 3 on the Mental Health (Wales) Measure as proposed.

The British Medical Association represents doctors from all branches of medicine all over the UK. It has a total membership of over 138,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, who speak for doctors at home and abroad. It is also an independent trade union. BMA Cymru Wales represents some 6,000 members in Wales.

BMA Cymru Wales fully supports the objective of improving mental health services in Wales. We welcome the proposed Measure and the opportunity to give evidence at Stage1 the Measure's passage through the National Assembly for Wales.

Consultation Questions

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;

Yes.

Early identification and intervention is an essential component in improving mental health service provision across Wales and to improve the chances of recovery or improvement and prevent further decline. The emphasis on local level services and support is well placed.

In that way, investment in local mental health support services is inextricably linked to reducing referrals to secondary care and avoiding inappropriate hospital admissions. These services also reduce the possibility of re-admission, and help address the problem of delayed transfers of care. Just under 11,000 admissions to mental health facilities in Wales are made each year, many of these are avoidable with early intervention and investment in specialist support and assessment at the local level.

Service provision should be of a consistent standard - and availability - across Wales; including in rural and hard to reach communities.

It is not enough simply for primary mental health services to be in place as a 'tick-box' exercise. Quality services need to be appropriate and flexible; essentially they need to cater for the individual and their individual needs. Services need to fit around people.

In that way, relevant intervention is equally important as early intervention. Reliable, effective, and fully staffed services must be in place across the length and breadth of Wales for improvements to be made.

We fully support the aim of the proposed measure to strengthen joint working between local authorities and Local Health Boards - the 'local mental health partners' - in the provision of primary mental health support services. In this way, we are pleased that the importance of both health and social care agencies in the delivery of mental health services has been recognised in the proposed Measure. As well as providing an early accessible services - available at the right level to the persons needs - these partners also need to promote and publicise early access; ensuring effective communication with General Practitioners for example, and by making information readily available.

We feel that the promotion of mental health well-being should have a greater emphasis within the Measure - prevention and awareness programmes should be invested in and mainstreamed across communities. Mental Health First Aid for example is one practical illustration of a programme which could be incorporated in any new government policy. This activity should also facilitate greater understanding about mental health and mental health disorder among wider society. It should aim, through educational awareness programmes and communication for example, to further reduce the stigma associated to mental illness.

Mental Health services - across the community, primary and secondary care sectors - should not be seen in isolation to other services i.e. alcohol and substance misuse services. It is imperative that services are joined up and communicate - including prevention and early access services.

To illustrate the importance of joining up mental health service with other services, we highlight the situation faced by many ex-service veterans:

There are 85,000 people in prison in England and Wales. Ex-servicemen and women comprise by far the largest occupational group within the prison system. This is in addition to the large numbers who are under supervision and serving community sentences or are

being supervised following a lengthy prison sentence.

Research published by the National Association of Probation Officers in September 2009 revealed that misuse of alcohol or drugs was a major issue in over half the cases and nearly half were suffering from diagnosed or undiagnosed post traumatic stress disorder or depression.

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;

Yes. Provided that a consistent approach is in place, across Wales.

Regardless of the severity of mental illness any patients admitted to hospital with mental health concerns should have their needs identified through diagnosis and - by the coordination of services and support - those needs should be met.

To promote easier access, a clear care pathway should be identified and communicated to patients, carers, and healthcare professionals to avoid confusion over responsibilities, options and expectations. For this to be responsive and timely it will inevitably require investment in resources and capacity - i.e. training, staff and facilities.

Our concern is that the patchy provision of services across Wales will make the role of the dedicated care coordinator very difficult in creating an appropriate and timely care and treatment plan. Multidisciplinary teams should be strengthened to add to a seamless approach to provision.

An effective care plan will improve overall understanding of different roles and responsibilities and promote partnership working - it will also help to focus minds on outcomes. However, consideration should be given as to what will happen if a patient refuses, or does not accept, a care plan.

The Committee may also wish to consider developing a timescale for development of a care and treatment plan for all service users.

c) extending mental health advocacy provision beyond current arrangements?

Yes.

Advocacy is essential to ensure that people with mental disorder or distress, can enter and steer the health service. It is also essential for service providers in ensuring the appropriateness of treatment and support - and in general contextual understanding of a service user's situation and needs.

Advocacy in the community is, in our view, an essential support service. It is a service which is necessary for improving the provision of mental health services across the board. In many instances community advocacy enables people to live a fuller life, addressing issues and overcoming barriers - often in relation to day-to-day life and not solely in terms of clinical services - which would otherwise cause distress possibly leading to more severe mental health problems.

We believe that local mental health partners (Health Boards and Local Authorities) should provide advocacy, and information on local services, to all people in primary care who need or request it. This should be an independent support service, guided by nationally set standards.

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

There are evident gaps in current legislation relating to mental health services. The duties placed on Health Boards and local authorities in relation to assessment of mental health and treatment of mental disorder, if sufficiently resourced, has the potential reduce the deterioration of mental health disorders and inappropriate admissions to secondary care or even compulsory detention. We agree that 'Strengthening mental health primary care is likely to impact favourably on not only tier one services but also on effective movement throughout the entire care pathway'

Ensuring access to mental health specialists at the Primary (General Practice) level is achieved right across Wales will strengthen local support and perhaps deliver the greatest improvement - especially in rural areas and hard to reach communities.

As far as we are aware current legislation does not provide a comprehensive advocacy service for people with mental health problems. - advocacy is essential for people who find themselves without support and unsure of health service requirements. As mentioned above it is also beneficial to health care professionals in providing relevant and appropriate care.

The changes will have limited impact if services themselves are not invested in and if staff shortages and vacancies are not addressed.

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 care mental health services throughout Wales delivered by local health boards and local authorities working in partnership (part 1, sections 1-10)

Shifting the focus to local primary care mental health support services is to be welcomed, and we are pleased that the Explanatory Memorandum states that 'These services are not intended to be part of the existing General Medical Services regime provided (in the

main) by General Practitioners but are intended to act as a bridge between GP provision and secondary mental health services'. It is however important that General Practitioners are aware and able to communicate effectively with the support services available locally.

The Measure will go some way towards linking assessment, support, treatment, and management - and ensuring that assessment is not dependent on diagnosis, removing the perceived need to be 'sufficiently ill' to qualify for assessment.. General Practitioners have reported that they are often presented with situations where a patient is in distress but who is not considered appropriate for admission to secondary care and where there is no intermediary service available.

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

Yes - if care plans are developed with the service user as far as is possible, and if they are in place consistently across Wales. The care and treatment plan should be communicated with the appropriate health and care professionals. The development of a care plan should be timely and unbureaucratic.

The care coordinator must be fully supported and have the necessary input and commitment from multidisciplinary teams when developing plans and establish strong working relationships and channels of communication and liaison with service users, families, carers and health care professionals. The emphasis on review is well-placed.

c) 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)

We generally welcome this proposal, and strongly support the inclusion of a 'relevant period' within which requests can be made.

This section of the Measure will assist in early intervention and prevention - it needs to be easily accessible by service users, and communicated to carers and relevant healthcare professionals. Again, this entitlement requires suitable resourcing and an assurance that service capacity is adequate across Wales.

d) 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 mentioned above we feel that the Measure falls short on the provision of community mental health advocacy which will undermine other sections of the regulations such as the entitlement to re-assessment outlined in the previous question.

We feel the scope of the Measure is undermined by the absence of adequate provision of community mental health advocacy services which we feel should form part of the duty on local mental health partners. Community mental health advocacy goes far beyond helping people to navigate their way through the NHS - it can prevent them from entering it.

As mentioned previously, the interface between mental health advocacy and other services (e.g. criminal justice, citizens' advice, substance and alcohol misuse services) should be strengthened through effective communication and coordination locally and should be clearly defined nationally.

We believe that the availability of quality, accurate and straightforward information is important in supplementing the provision of advocacy services and in making changes to individual's rights to advocacy. Very often armed with the right information and understanding people are able to do things for themselves.

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?

Resources, training and staffing levels.

Consideration should be given to incorporating child and adolescent mental health services within the Measure.

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.

The proposed measure will clearly have an impact on increasing primary and community care provision and capacity. This will need investment in facilities, staff and training and the Explanatory Memorandum addresses this to some extent - although estimations may change after a mapping exercise has been undertaken. There will also be implications at the secondary care level in terms of admissions and coordinated care - to some extent this may be offset in time by a reduction in admissions to secondary care and delayed transfers of care.

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