Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Video Conferencing via Zoom
Meeting date: 7 October 2020
Meeting time: 09.30

For further information contact:
Sarah Beasley
Committee Clerk
0300 200 6565
SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

Informal pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Covid-19: Evidence session with Hafal, Mind Cymru and Platfform

(09.30-10.40) (Pages 1 – 73)

Alun Thomas, Chief Executive – Hafal
Ewan Hilton, Chief Executive – Platfform
Sara Moseley, Director – Mind Cymru

Research brief
Paper 1 – Hafal
Paper 2 – Mind Cymru

Break (10.40-11.00)

3 Covid-19: Evidence session with the Royal College of Psychiatrists Wales and the British Psychological Society

(11.00-12.10) (Pages 74 - 123)

Dr Jenny Nam, Chair, Division of Counselling Psychology in Wales - The British Psychological Society

Dr Clementine Maddock, Vice-Chair – The Royal College of Psychiatrists Wales

Paper 3 – Royal College of Psychiatrists Wales

Paper 4 – British Psychological Society

4 Paper(s) to note

(12.10)

4.1 Letter from the Minister for Health and Social Services regarding the proposed new Velindre Cancer Centre

(Pages 124 - 125)

5 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(12.10)

6 COVID-19: Consideration of evidence

(12.10-12.30)

Agenda Item 2

Document is Restricted

Inquiry into the Covid-19 outbreak on health and social care in Wales

Hafal's Preliminary Response

Note: Hafal's immediate concern – and the reason why we are making this preliminary response - is ***to ensure that during the Covid-19 outbreak patients and families affected by serious mental illness can access a sufficient service and so are kept safe****. It will also be important to hold the national leadership of health and social care in Wales to account, together with local delivery by Health Boards, local authorities and others, and to learn lessons: we will make a further response to the Inquiry on this in due course.*

1 About us

1.1 Hafal is a charity and company limited by guarantee which speaks for people in Wales with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), their families and carers, and for a wider group of vulnerable people for whom we provide services.

1.2 Hafal is governed by our Members – about 1,000 people who are mainly service-users and carers – who elect our Trustees who are themselves mainly users and carers. We manage services in all 22 counties of Wales and also facilitate 232 carers support meetings each year. Together these services support over 6,000 service users and carers every year. Many of our 420 staff also have experience of mental illness or as carers.

1.3 Hafal has put in place local and national plans to manage the impact of coronavirus on our services, ensuring vital support is maintained while also keeping everyone as safe as possible. We are also delivering **Hafal's Promise** – our pledge of lasting contact and friendship – across Wales, and we have seen a 100% rise in the number people taking us up on our Promise within the last month. Read more about Hafal's response to the pandemic here.

2 Response

2.1 Hafal is concerned that people with a serious mental illness are being let down and put at risk. We understand that services have needed to be scaled back but patients need to know what minimum service is on offer is how they can access it; and that service needs to function effectively. We note that the Welsh

Government has published advice on the general mental health and wellbeing of people during the pandemic but this is not the subject of this response.

2.2 On 8 April 2020 Hafal launched a survey to gather feedback on the impact of the recent coronavirus outbreak on people's mental health in Wales, and their experience of mental health services. The survey, which was completed by over 300 participants from across the country, reveals that while the mental health of 74% of respondents has been negatively affected by the coronavirus outbreak, nearly two thirds (63%) had been unable to access their GP in the previous two weeks.

- Almost half of respondents (46%) had not been informed about what is happening with mental health services in their area, and 37% had services cancelled within the previous fortnight. 14% had experienced difficulties in getting hold of their Community Mental Health Team, and 44% had not been informed about what they should do or who to contact if their mental health deteriorates or they experience a crisis.

- Responses to the survey included:

  "I booked an 'emergency appointment' (in January) for the middle of March, this was cancelled by telephone, until further notice, three hours before I was due to be there."

  "My review was cancelled. I had a lot I wanted to discuss and don't know when it will be rescheduled."

  "My partner's ECT has been cancelled because of this Covid-19. He has become very low and is depressed and suicidal. Spoken to the CMHT but they said it can't be helped it's the virus?"

  "My CPN has left. I don't know who my new one is and not heard from anyone."

  Read more about the survey here.

2.3 Hafal's Chair Mair Elliott wrote to the Health Minister in April expressing our concerns, stating:

> "As Chair of mental health charity Hafal I am writing to you urgently to express my grave concerns about the safety of the most vulnerable mental health patients and their carers and families in Wales during the coronavirus outbreak and to seek your assurance that their safety will not be compromised.
>
> "We are witnessing the almost complete disappearance of CMHT support, early discharge from inpatient units, and closure of inpatient units with major reconfiguration of services seemingly focused on dementia beds.
>
> "We need a guarantee that services will keep patients and their families and carers safe in these difficult times."
>
> Read more on this correspondence here.

2.4 We are concerned that the Welsh Government has not instructed or advised Local Health Boards and local authorities on what **minimum service** should be maintained, and it has not set out any **national standards** for minimum service delivery aside from conformity with the law (which should hardly need stating to public bodies).

2.5 The Welsh Government has told us that local contingency plans by Local Health Boards should include details of what will be provided as a minimum service. We have not seen these plans and nor of course have patients. We are sceptical about whether the plans do in fact set out what minimum service will be provided: our impression is that local planning has revolved around suspension and closure of services and has not included any clarity about what basic services will remain in place.

3 Actions which would help right now

- ***The Welsh Government should set out national minimum standards for what service must be maintained for people with a serious mental illness during the pandemic***

- ***Local Health Boards should publish their contingency plans now and give guidance to people with a serious mental illness on what services are available and how to access them***

- ***National standards and the local availability of services should be revised regularly - flexing with the demands of the pandemic on the NHS and others – and people with a serious mental illness should be advised accordingly***

4 Contact

Head of Communications

Hafal
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Phoenix Way, Llansamlet
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Web: www.hafal.org

Inquiry into the Covid-19 outbreak on health and social care in Wales

Further evidence from Hafal

Hafal's Preliminary Response to the Inquiry can be downloaded here; this further evidence should be read with reference to that initial response.

1 About us

1.1 Hafal is a charity and company limited by guarantee which speaks for people in Wales with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), their families and carers, and for a wider group of vulnerable people for whom we provide services.

1.2 Hafal is governed by our Members – about 1,000 people who are mainly service-users and carers – who elect our Trustees who are themselves mainly users and carers. We manage services in all 22 counties of Wales and also facilitate 232 carers support meetings each year. Together these services support over 6,000 service users and carers every year. Many of our 420 staff also have experience of mental illness or as carers.

1.3 Hafal has put in place local and national plans to manage the impact of coronavirus on our services, ensuring vital support is maintained while also keeping everyone as safe as possible. We are also delivering **Hafal's Promise** – our pledge of lasting contact and friendship – across Wales, and we have seen a 400% rise in the number people taking us up on our Promise.

2. Freedom of information request

2.1 In June 2020, Hafal wrote to each Local Health Board to request a copy of their business continuity plans in relation to the provision of mental health services during the present crisis.

2.2 The plans are very varied and difficult to compare. This demonstrates the key issue: no template was provided by Welsh Government, so the plans vary widely according to LHB area. In other words, the quality of plans for continuing to deliver mental health services during the pandemic depends on where you live in Wales.

2.3 The plans focus substantially on withdrawal and redeployment of services with little consideration of what will still be provided: this amounts to simply dropping services rather than

carefully scaling them down leaving sufficient support in place to keep people safe. It is little wonder then that there was no clarity given to patients about what support would remain in place - the "planners" did not know themselves.

2.4 Hafal Members believe the LHBs should have been provided with clear standards by the Welsh Government. For example, as a minimum the plan should have been required to meet the following criteria for planning mental health service delivery:

Plan details continuing care and support for the following:
> inpatients, including both voluntary inpatients and those held under the Mental Health Act
> those in care homes and supported housing
> those supported in the community by CMHTs, CAMHS, or other specialist services.

Plan specifies:
> how quickly patients will be able to get hold of their key worker or care coordinator
> how assessments will take place
> how long it will take to be referred from primary to secondary services
> how crisis services will deliver care
> how hospitals will ensure that inpatient beds are available, that patients are not discharged too early, or that they are not transported out of their local area for treatment.

In addition:
• Multiple options provided for people to access their care (e.g. telephone, video call, but also alternatives if these are not preferred).
• Clear communications strategy for patients and carers provided.
• Plan takes into account and caters for families'/carers' needs.
• Plan mitigates the danger from certain medications for mental illness, e.g. those which require regular testing (clozapine clinics).
• Clear points of contacts provided.

3. Remote working

3.1 We are concerned that there may be an assumption that remote services can be provided to people with a serious mental illness on an ongoing basis beyond lockdown.

3.2 Virtual services have limited value for those in highest need; personal contact is a key therapeutic element of services provided to those who are very ill.

3.3 In future increasing virtual meetings *between professionals* could surely make travel time and resources available for more - not less - face-to-face meetings with vulnerable patients.

4. Prudent mental health care

4.1 We are concerned that, while the support of people with serious mental health problems has been compromised by a lack of national guidance, there has been widespread misrepresentation of the mental health impact of the pandemic which may have unhelpful short and long-term consequences.

4.2 Specifically it should be recognised that proportionate worry or concern about the pandemic is not a mental health problem; the great majority of people will not have any significant mental health problem as a result of the pandemic.

4.3 Further, for the great majority of those who do experience a mental health problem as a result of the pandemic the appropriate providers of support will be families, schools, employers and others who have routine contact.

4.4 Mental health services need to focus their support on those in the greatest need, especially those with a serious mental illness who depend on services to keep safe.

4.5 One of the worst potential consequences of the pandemic would be to increase the longstanding problem of inappropriate treatment (not least treatment with medication) of people with lesser mental health problems or without any mental health problems.

5. Further evidence

5.1 Please find enclosed:

- A press release about the Hafal survey of mental health patients during lockdown plus an overview of its findings
- Correspondence between Hafal's Chair Mair Elliott and Minister for Health and Social Services Vaughan Gething regarding mental health service provision during the pandemic
- A press statement on the discharge of mental health patients in North Wales during the pandemic
- Hafal's latest journal (with enclosed Senedd Election 2021 manifesto) which includes a series of interviews with service users, carers and mental health professionals about how services should develop in the wake of the pandemic.

6. Contact

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PRESS STATEMENT

30/04/20

Survey raises concerns about the provision of mental health services in Wales during the Covid-19 outbreak

A national survey by Welsh charity Hafal has revealed the problems experienced by patients across Wales in accessing support during the Covid-19 outbreak.

The survey, which was completed by over 300 participants from across the country, reveals that while the mental health of 74% of respondents has been negatively affected by the coronavirus outbreak, nearly two thirds (63%) had been unable to access their GP in the previous two weeks.

Almost half of respondents (46%) had not been informed about what is happening with mental health services in their area, and 37% had services cancelled within the previous fortnight. 14% had experienced difficulties in getting hold of their Community Mental Health Team, and 44% had not been informed about what they should do or who to contact if their mental health deteriorates or they experience a crisis.

Participants reported a number of issues with mental health services during the lockdown including the following:

“I booked an ’emergency appointment’ (in January) for the middle of March, this was cancelled by telephone, until further notice, three hours before I was due to be there.”

“My review was cancelled. I had a lot I wanted to discuss and don’t know when it will be rescheduled.”

“My partner’s ECT has been cancelled because of this Covid-19. He has become very low and is depressed and suicidal. Spoken to the CMHT but they said it can’t be helped it’s the virus?”

“My CPN has left. I don’t know who my new one is and not heard from anyone.”

Hafal’s Chief Executive Alun Thomas said: “The survey results are extremely concerning and they confirm what we are hearing on the ground: that people are often so concerned that services are under pressure from Covid-19 that they are not calling for help when they first need it, but that when they do ultimately call for help they are struggling to access mental health services during the lockdown.

“For people with a serious mental illness, this poses a real threat to health and wellbeing.”

In an open letter to the Minister earlier this month Hafal Chair Mair Elliott raised her concerns about the current state of mental health provision, stating: “As Chair of mental health charity Hafal I am writing to you urgently to express my grave concerns about the safety of the most vulnerable mental health patients and their carers and families in Wales during the coronavirus outbreak and to seek your assurance that their safety will not be compromised.

“We are witnessing the almost complete disappearance of CMHT support, access to clozapine clinics for our clients significantly impacted, early discharge from inpatient units, and closure of inpatient units with major reconfiguration of services seemingly focused on dementia beds.”

Hafal is continuing to support people with a mental illness across Wales via its 22 county networks and through it’s “Promise” which pledges ongoing support to anyone in its client group.

For more information please contact Head of Communications

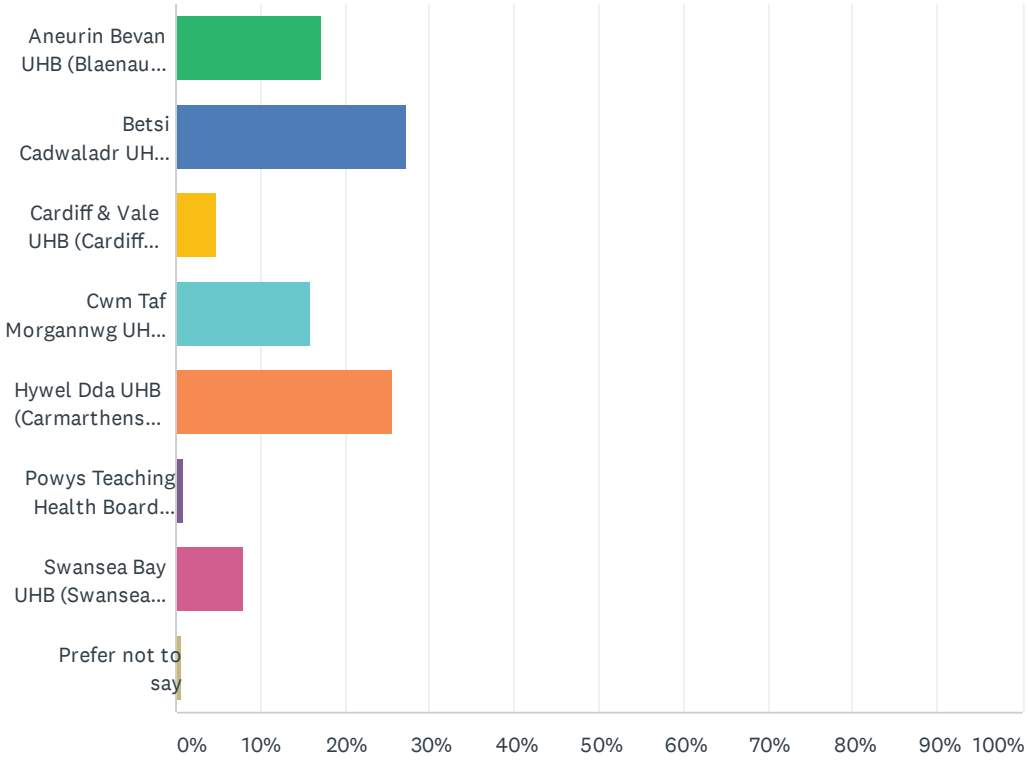
ENDS

Notes to Editors

1. Hafal is a leading Welsh charity supporting people of any age with a mental illness, physical illness or disability, and their families and carers. Covering all areas of Wales, Hafal is an organisation managed by the people it supports. For more information go to: www.hafal.org

Q1 Which area of Wales do you live in?

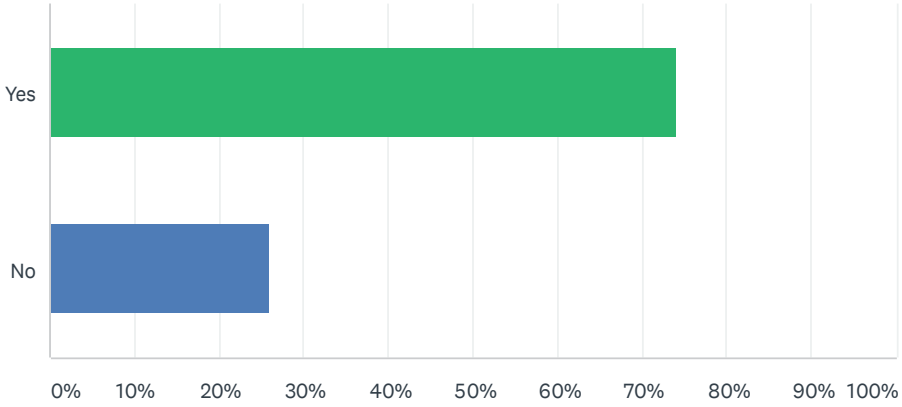
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Aneurin Bevan UHB (Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen)	17.14%	60
Betsi Cadwaladr UHB (Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham)	27.14%	95
Cardiff & Vale UHB (Cardiff, and Vale of Glamorgan)	4.86%	17
Cwm Taf Morgannwg UHB (Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf)	16.00%	56
Hywel Dda UHB (Carmarthenshire, Ceredigion and Pembrokeshire)	25.43%	89
Powys Teaching Health Board (Powys)	0.86%	3
Swansea Bay UHB (Swansea, and Neath Port Talbot)	8.00%	28
Prefer not to say	0.57%	2
Total Respondents: 350		

Q2 Has your mental health been negatively effected by the recent coronavirus outbreak?

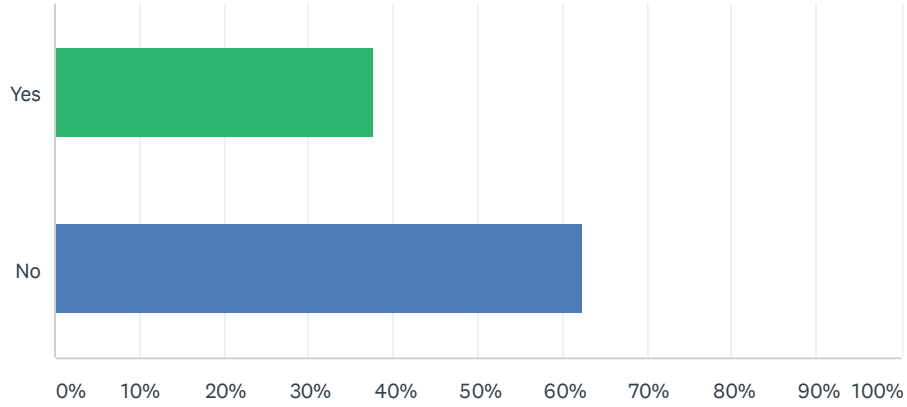
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	74.00%	259
No	26.00%	91
TOTAL		350

Q3 Have you been able to access support from your GP in the last 2 weeks?

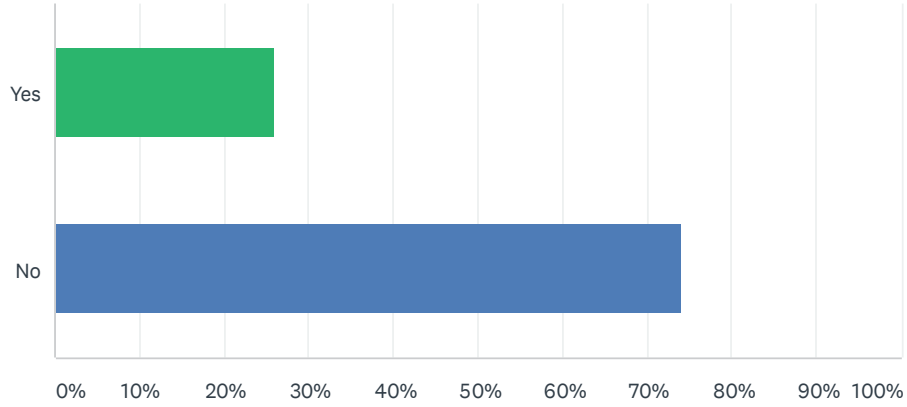
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	37.71%	132
No	62.29%	218
TOTAL		350

Q4 Have you tried to seek support from mental health services in the last 2 weeks?

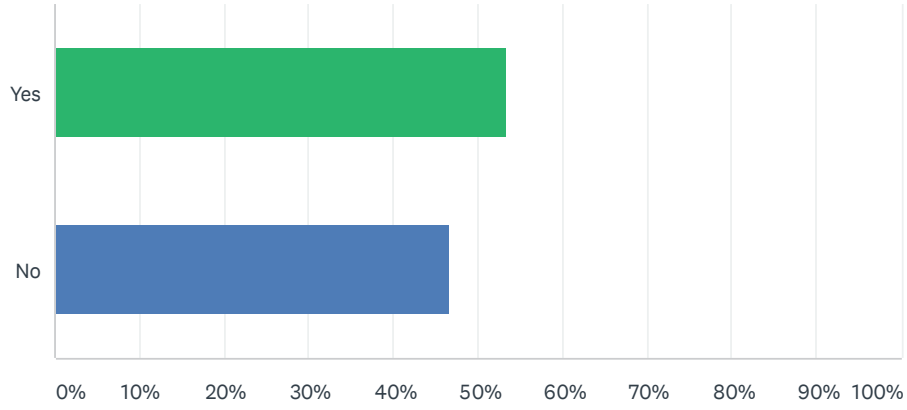
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	26.00%	91
No	74.00%	259
TOTAL		350

Q6 Have you been told what is happening with services in your area?

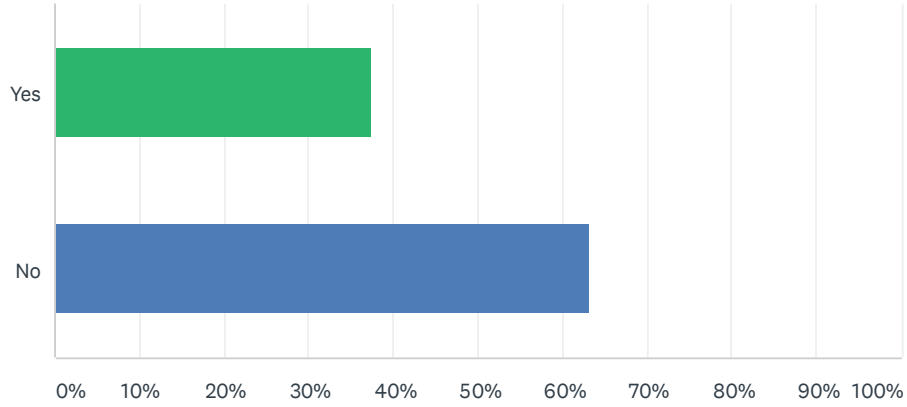
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	53.43%	187
No	46.57%	163
TOTAL		350

Q7 Have you had any services / visits / clinics cancelled in the last 2 weeks?

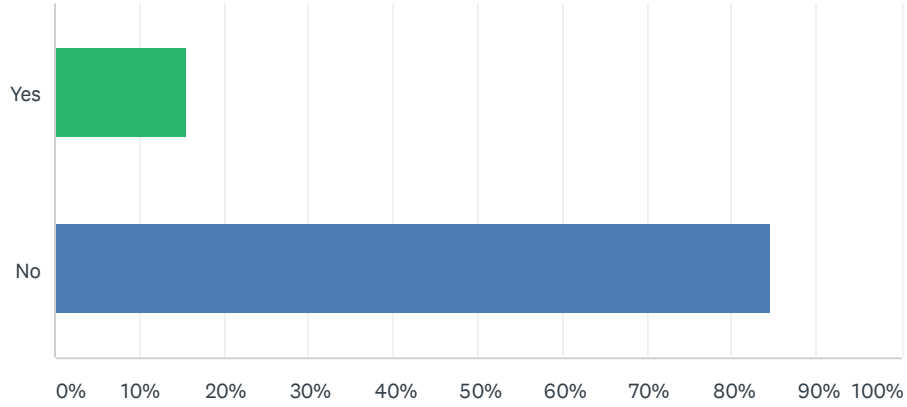
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	37.43%	131
No	63.14%	221
Total Respondents: 350		

Q8 Have you or anyone you know experienced difficulty in contacting the Community Mental Health Team over the last 2 weeks?

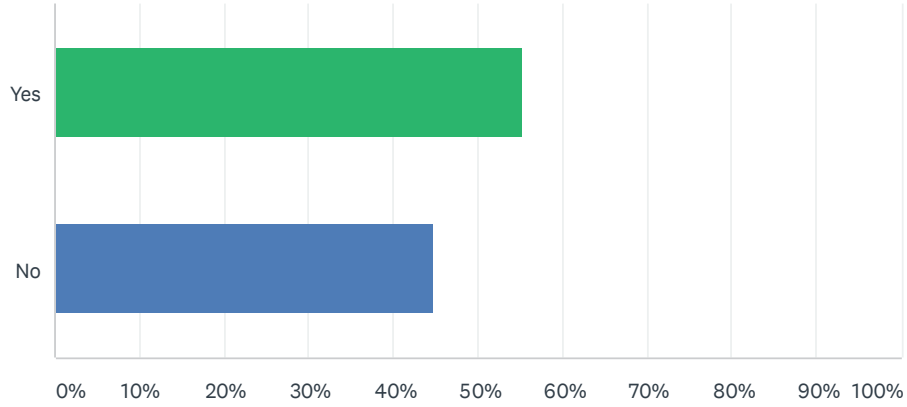
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	15.43%	54
No	84.57%	296
TOTAL		350

Q9 Have you been told what you should do/who to contact to get support if you feel your mental health is getting worse or you experience a crisis?

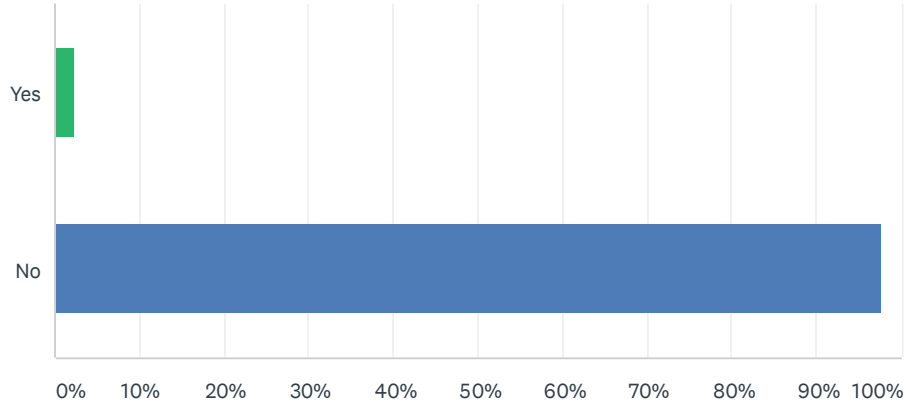
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	55.14%	193
No	44.86%	157
TOTAL		350

Q10 Have you or anyone you know been an inpatient in a mental health ward in the last 2 weeks?

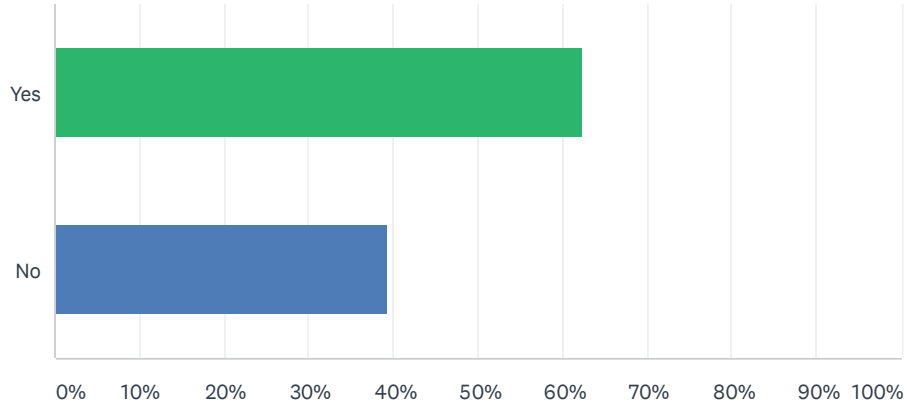
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	2.29%	8
No	97.71%	342
TOTAL		350

Q11 Are you self-isolating?

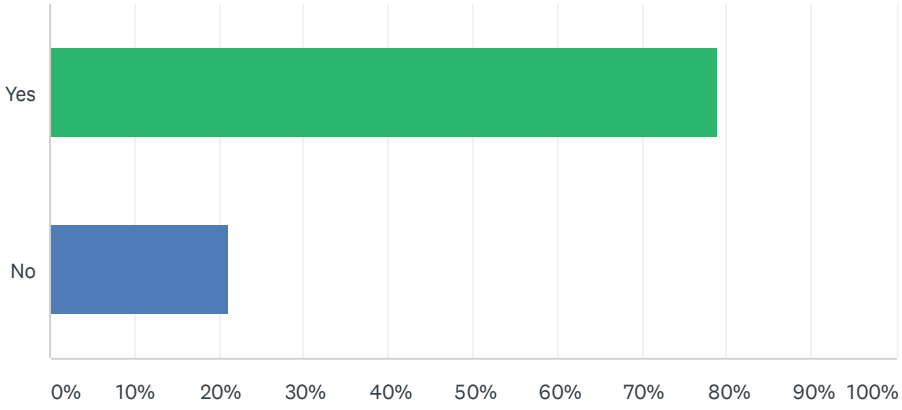
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	62.29%	218
No	39.43%	138
Total Respondents: 350		

Q12 Have you been able to access shops?

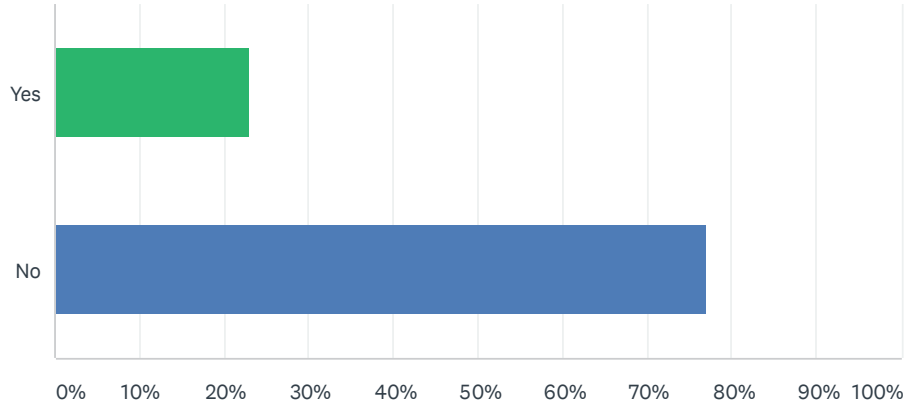
Answered: 350 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	78.86%	276
No	21.14%	74
TOTAL		350

Q13 Have you had any financial issues over the last 2 weeks?

Answered: 349 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	22.92%	80
No	77.08%	269
TOTAL		349

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An open letter to Vaughan Gething, Minister for Health and Social Services

Thursday 2nd April 2020

Dear Minister

Requesting your undertaking to protect people with a serious mental illness during the present crisis

As Chair of mental health charity Hafal I am writing to you urgently to express my grave concerns about the safety of the most vulnerable mental health patients and their carers and families in Wales during the coronavirus outbreak and to seek your assurance that their safety will not be compromised.

My concern is specifically for inpatients, including both voluntary inpatients and those held under the Mental Health Act, those in care homes and supported housing, and patients supported in the community by CMHTs, CAMHS, or other specialist services.

An article published earlier this week on the University College of London Institute of Mental Health website captures the current challenge: "In this national emergency, it seems clear that those with the most severe and complex mental health needs are going to be at significantly higher risk of negative outcomes… We need to act now to prevent a catastrophic failure in care for those in our society with the highest vulnerability."

First, let me assure you that we are fully aware of the challenges posed by the coronavirus pandemic. We are making every possible effort to reconfigure services in response to the crisis, taking on all advice from the Welsh Government. We continue to provide vital support to our clients and stand ready to look at how we might be able to adapt capacity and expertise as part of the health and social care workforce.

What I am asking from statutory services is that they also meet this huge challenge for this vulnerable group of patients. We need a guarantee that services will keep these patients and their families and carers safe in these difficult times.

I am not, of course, talking about sustaining services as they are normally delivered. These are not normal times. We have a narrower ambition: simply to keep people safe from harm.

This means:

1. Keeping our client group – who can sometimes live chaotic lives or have functional impairments – safe from coronavirus

2. Keeping them safe from neglect, self-harm, and suicide

3. Keeping their carers and families safe

4. Mitigating the real danger from certain medications for mental illness, especially those which require regular testing.

We are not confident that these essential goals will be met. We are witnessing the almost complete disappearance of CMHT support and access to clozapine clinics for our clients, early discharge from inpatient units, and closure of inpatient units with major reconfiguration of services seemingly focused on dementia beds.

I do not need to tell you that it is essential that in-patients, including voluntary patients, are not discharged too early: it puts them at extreme risk. And how could it be justified? In-patient facilities are literally there to ensure the safety of people with a serious mental illness – and this almost the full extent of their remit. A service that is there essentially to keep patients safe is a service that cannot be significantly reduced.

This extends to patients in care and to those living in the community who often have very high needs: it is vital that they receive continuing care and support from staff that meets clear criteria for maintaining safety, with routines of contact sustained. We note that specialist community services seldom do more than respond to concerns about safety: so there is little room for reduction in these services.

It is important to note that providing services by phone or video conference will discriminate against individuals who do not have such technology - or are unable to use it. There should be multiple options for people to access their care; only providing telephone support does not allow for reasonable adjustments if a person does not want to or feel comfortable speaking over the phone.

There are also specific issues relating to medication: people on clozapine need continued access to safe blood tests. Consultant psychiatrist James P Pandarakalam explains: “Hospital admissions due to pneumonia are higher among clozapine treated patients. So, even if clozapine does not add to the vulnerability, once patients on clozapine catch COVID-19, they may carry a higher risk of pneumonia and its complications.”

We are concerned that there is no recognition of the increased risk faced by patients who take clozapine. This medication has such an impact on the immune system that monthly blood tests are required before a new prescription is made available. Many or all of these patients should surely be part of the shielding group identified and receive the appropriate level of support, food parcels, and monitoring. People on other medications such as lithium also need close monitoring.

Finally, we are concerned about the variation between health boards in their approach to adapting for coronavirus, resulting in a ‘post code lottery’. Some national strategy or plan would help to reduce this variation between areas in Wales.

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Let us be candid. These moments of stress on health and social services could bring out the old prejudices and place mental health at the bottom of the pile. But all lives are of equal value: protecting people with a serious mental illness from harm is on a par with protecting people from coronavirus. Having a mental illness should not mean someone waives the right to healthcare and the right to life.

I would welcome a speedy response setting out how services will protect people with a serious mental illness as set out in this letter. Meanwhile Hafal is taking advice on the legal duties of mental health services and will take all action necessary to ensure these are not breached.

I would also make an offer. If requested and provided with the necessary resources Hafal is prepared at very short notice to provide a basic level of support for community-based patients with a serious mental illness across Wales: our door is open.

I look forward to hearing from you.

Yours sincerely,

Mair Elliott

Chair

Hafal

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/01912/20

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21 April 2020

Dear Mair,

Thank you for your letter of 2 April outlining your concerns about the impact of Covid-19 on mental health services and service users with more serious mental illness.

As you will understand, these are unprecedented circumstances and we have taken a number of steps to support health boards to free up capacity and resources to respond to the immediate pressures of the Covid-19 pandemic. However, I can assure you that the Welsh Government is clear that a level of mental health support must be maintained and I can confirm that the Chief Executive of NHS Wales, Dr Andrew Goodall, wrote to all health boards on 14 April to set out our expectations for the continued delivery of mental health services during the period of the pandemic. Whilst there will be an impact on mental health services, as there will be with all critical services, I do expect continuity plans to ensure safe and sustainable mental health support which recognises the relevant legal safeguards and requirements.

To support this, and to ensure that we maintain oversight of mental health services capacity and capability during this period, we have established a Welsh Government/NHS Mental Health Incident Group which is currently meeting on a twice weekly basis and includes Social Care Wales, Health Inspectorate Wales and Care Inspectorate Wales. Under the aegis of this national group officials are working closely with health boards to enable them to highlight issues and concerns in a systematic way. Health boards have also established Covid-19 mental health leads who meet with my officials on a weekly basis to provide assurance on service continuity and to escalate issues of concern so that these can be dealt with at pace. Added to these arrangements for mental health statutory services my officials have also put in place weekly meetings with the Wales Alliance for Mental Health so that any concerns or queries can be escalated and dealt with quickly throughout this period.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Vaughan.Gething@llyw.cymru
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CF99 1NA

In relation to the specific concerns you have raised regarding early discharge and closure of in-patients units, I can confirm that in-patient units remain open. Where appropriate and safe, patients have been supported to be cared for in the community in line with normal practice. We are not aware of any unsafe discharges and continue to receive assurance from health boards that this remains the case.

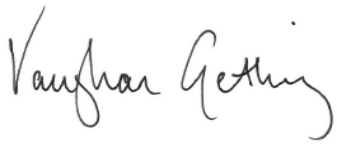
You also raised concerns regarding Community Mental Health Teams and whilst I am aware that as part of the response to Covid-19 some community services have been consolidated, my expectation is that this is to ensure services can be sustained even with a potential reduction in staffing, and not to diminish or reduce the local support.

On the issues that you have raised regarding the immune-suppression effects of Clozapine and potential Covid-19 risk for patients, I understand that my officials wrote to Hafal's Chief Executive on 31 March to respond to these concerns. In terms of access to Clozapine clinics, health boards have provided assurance that all patients who require access to clozapine are receiving it.

Whilst I recognise that all critical services will be impacted in some way by the pandemic, I hope I have provided you with reassurance that mental health services have been positioned as key services to be maintained during this time. However, if you are aware of any specific circumstances where you have concerns about the safety of care being provided, I would encourage you to raise that concern with the appropriate health board as a matter of urgency. I would expect the health board to provide a thorough and satisfactory response to your concerns.

I welcome Hafal's support and the continued engagement with the weekly meetings that officials have established with the Wales Alliance for Mental Health to co-ordinate our efforts to support services users during this challenging period. These weekly meetings also the most appropriate mechanism for Hafal to raise, and to receive timely responses, to any future concerns during this period.

Yours sincerely,



Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Prif Swyddfa Hafal
Uned B3
Parc Technoleg Lakeside
Ffordd y Ffenics
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Hafal Head Office
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Lakeside Technology Park
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Swansea
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An open letter to Vaughan Gething, Minister for Health and Social Services

Thursday 23rd April 2020

Dear Minister

Thank you for your letter of 21st April 2020. However, I do not feel that your response has provided me with what I asked for – both as Chair of Hafal and as a service user. Put simply, I am still unclear about what I and other people who depend on specialist support can expect from mental health services during this difficult time.

Dr Goodall's letter on the 14 April to NHS Trusts refers to local business continuity plans as the place where temporary service arrangements will be spelled out: but without national guidance does this not create a post code lottery? Surely we need leadership from the top which sets minimum standards on key aspects of service delivery (and not just compliance with the Mental Health Measure which should go without saying) such as: how quickly we will be able to get hold of our key worker or care coordinator; how long it will take to be referred from primary to secondary services, how crisis services will deliver care; and how hospitals will ensure that inpatient beds are available, that patients are not discharged too early, or that they are not transported out of their local area for treatment.

We urge you to set out national minimum standards urgently but meanwhile we request sight of the local business continuity plans (also as a matter of urgency) so that we can advise people with a mental illness on what to expect. I do not share Dr Goodall's apparent optimism that these plans actually do set out details of what level of mental health service will be sustained during the crisis - I, of course, hope I am wrong.

Like other patients I speak to, I am very keen to play my part during the Covid-19 crisis, mainly by having realistic expectations of services and being as accommodating as I can of any changes to delivery which inevitably have to be made. But to do this I need to know what the revised service is actually offering me. As a leader, I have a duty to Hafal's members and client group: you will recall that Hafal's client group are all those people in Wales who are affected by serious mental illness including family and carers. Part of this duty is to ensure that our members and client group have clear information – whilst I can guarantee that Hafal will continue to provide high-quality services (many third sector peers can confidently do the same for their respective organizations), I cannot currently give clear information about statutory mental health services to our members. I understand the pressures that we all face at this time, however we are still in a democratic state and the public will hold those in power accountable when this crisis eventually subsides.

I attach a copy of our bulletin "Coronavirus – Protecting People with a Serious Mental Illness" which we hope will inspire action by the Welsh NHS and others.

Yours sincerely,

Mair Elliott
Chair
Hafal

PRESS STATEMENT

03/04/20

Statement on the discharge of mental health patients in North Wales during the pandemic

Responding to the BBC report revealing that almost 1,700 mental health patients in North Wales have been wrongly discharged from support services during the pandemic, Hafal Chair Mair Elliott stated:

"We are appalled but sadly not surprised to find that huge numbers of vulnerable mental health patients have been discharged by Betsi Cadwaladr Local Health Board in what they state is an 'error': the Board should of course have had a coherent plan to deliver a slimmed-down but sufficient mental health service which would keep patients safe but instead they have deserted their vulnerable patients and put them at risk. We are also gravely concerned that the number announced by the Health Board appears to be only a fraction of those who were affected by this approach.

"We warned at the beginning of April that there was insufficient national guidance on how a safe level of mental health service would be maintained across Wales, and we have not seen credible information from Local Health Boards about what minimum service remained available to patients and how they can access it. I wrote to the Minister of Health on April 2nd warning that patients were being discharged from services and that support for those with the greatest needs was being severely reduced but did not get anything beyond vague assurances that Local Health Boards would cover these matters in their local plans - and yet in spite of repeated requests we have still not seen Local Health Boards' contingency plans for maintaining essential services.

“A question that must be answered by the Minister is who has misled him? In his two responses to my letters he repeatedly confirmed that he had been assured that such matters were in hand and that we could be reassured that services were in place. Who gave these assurances to the Mr Gething, and why were they not followed up and fact checked? In the case of Betsi Cadwaladr, given that the Board is still in special measures, why weren’t their actions monitored or scrutinised?

"So this is not a surprise at all - and we fear that because of the lack of national leadership and guidance patients may well have been let down in other parts of Wales as well.

"Though it will be important to learn lessons, right now the priority is to fix the problem and ensure the safety of mental health patients: a good start would be for the Minister to issue guidance on the minimum service available throughout Wales; and this would need to revised, not less than every month, to indicate the increased level of service as the pressures from the pandemic diminish."

ENDS

For more information please contact Matt Pearce, Head of Communications, by email at matthew.pearce@hafal.org or by phone on 07812 107904.

Notes to Editors

1. To download Mair Elliott's correspondence with the Health Minister visit: https://www.hafal.org/2020/04/hafal-coronavirus-briefing/

2. Hafal is a leading Welsh charity supporting people of any age with a mental illness, physical illness or disability, and their families and carers. Covering all areas of Wales, Hafal is an organisation managed by the people it supports. For more information go to: www.hafal.org

AUTUMN 2020

MENTAL HEALTH WALES

"I want the 'new normal' to be that people are treated with respect"

We talk to a cross section of people about how mental health services should be delivered when we emerge from the Covid-19 pandemic

Inside: Hafal's Senedd Election 2021 Manifesto

ein haddewid! our promise!
hafal
ddylai neb yng Nghymru fod yn unig
no one in Wales need be alone

Children's Commissioner for Wales: 'Major change needed' in mental health and wellbeing care for vulnerable children

Some of Wales' most vulnerable children are being bounced between services who cannot agree who is responsible for their care, according to a new in-depth report published by the Children's Commissioner for Wales, Professor Sally Holland (pictured).

According to the Commissioner, in most areas of Wales children experiencing distress with mental health, emotional wellbeing and behavioural issues are not getting the help they need. She said that as the nation slowly and carefully begins to plan its recovery from the pandemic it is more important than ever to ensure services come together to provide tailored help that meets their individual needs, and avoids them having to navigate complicated systems and multiple sources of help.

The Commissioner said getting support should be a simple and smooth process and that no child should be told that they are at the 'wrong door' when they ask for help. The Commissioner wants every part of Wales to take action towards a 'no wrong door' approach, learning from the practical examples from across Wales which are highlighted in her report and from the positive changes that have emerged in services as a result of the pandemic.

The report sets out a series of recommendations for all Regional Partnership Boards around their duties, and for the Welsh Government, including the need for robust accountability mechanisms and to ensure funding, support and monitoring of work towards long-term strategies. The Commissioner has committed to meeting with every Regional Partnership Board again in 2021-22 in order to check up on and evaluate their progress against her recommendations. Young people will be invited to accompany the Commissioner at these meetings.

Professor Holland said: "We can and must completely change how some of our most vulnerable children's needs are responded to. Too often, I hear of situations where health, social care and other professionals are, sometimes literally, arguing over the heads of children with complex needs; when they cannot agree who is responsible for their care. As one young person told me during this work: We need to unite to un-complicate."

NEWS

Traumatic experiences leave mark on pupils, new study by Cardiff and Swansea Universities finds

The pupils of people with post-traumatic stress disorder respond differently to those without the condition when they look at emotional images, a new study has found.

The study looked for traces of traumatic events in the eyes of patients with PTSD, which can occur following a distressing event and causes greater sensitivity, or hyperarousal, to everyday events and an inability to switch off and relax.

Researchers measured pupil size while participants were shown threatening images, such as vicious animals or weapons, as well as other images that showed neutral events, or even pleasant images.

They found the response of people with PTSD was markedly different, including to people who had been traumatised but did not have PTSD.

At first, the pupil failed to show the normal sharp constriction that is caused by any new visual stimulus, but then their pupils grew even larger to the emotional stimuli than for the other participants.

Professor Robert Snowden from Cardiff University's School of Psychology said: "The research suggests that these people are in a constant state of vigilance and react strongly to arousing images."

Another unexpected result was also found. The pupils of the patients with PTSD not only showed the exaggerated response to threatening stimuli, but also to stimuli that depicted "positive" images, such as exciting sports scenes.

Read more @ cardiff.ac.uk

Depression 'doubles' during coronavirus pandemic

In August the Office for National Statistics reported that twice as many adults in the United Kingdom were reporting symptoms of depression compared with the same time last year.

Almost one in five adults (19.2%) were likely to be experiencing some form of depression, indicated by moderate to severe depressive symptoms during the coronavirus pandemic (June 2020). This had almost doubled from around 1 in 10 (9.7%) before the pandemic (July 2019 to March 2020).

The ONS research examined data from the same 3,500 British adults both before and during the pandemic. Statisticians found those most likely to say they had been affected by depression in June were younger adults (aged 16 to 39), women, those "unable to afford an unexpected expense", and disabled people.

Read more @ ons.gov.uk

Mental Health Wales is published by **Hafal**. If you have any comments, please contact us at:
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Swansea SA7 9FE
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Facebook/Twitter: search for **Hafal**

We hope you found the latest issue of our journal useful! To support our work in providing the latest mental health news and information you can make a donation to Hafal at our JustGiving page.

WHAT SHOULD THE NEW NORMAL FOR MENTAL HEALTH SERVICES LOOK LIKE? Here's what you told us...

MAIR ELLIOTT, PATIENT ACTIVIST, CHAIR OF HAFAL

Do you think mental health is sufficiently resourced, and how would you like to see the situation change?

No, I do not. There has always been a lack of resource in mental health services. In fact, I do not remember a time in which there was sufficient resource to meet demand. The pandemic has highlighted this profound lack of resource. From a lack of era-appropriate technology to a lack in staff numbers, we've seen this resource deficiency impact those who need specialist care.

I have seen across the whole of the health service that this pandemic and subsequent decision making has had a negative impact on patients with all different diseases, conditions, disorders and illnesses. However, despite 'reassurances' from government and local health boards, mental health services have been hit badly. It appears to me that the progress made over the last couple of years to achieve parity between physical health and mental health was just an illusion. This pandemic has put specialist mental health services back at the bottom of the pile.

I would like to see further protection for mental health services, with higher level ring fencing of mental health monies. This means the money dedicated for mental health services will be better protected. There needs to be a minimum percentage of health and social care budgets dedicated to mental health with flexibility to expand to meet demand, particularly as we recover from the recent pandemic.

we need to restructure how we see 'value for money' by giving emphasis to patients' wants, needs and ambitions

We need to restructure how we see 'value for money' by giving emphasis to patients' wants, needs and ambitions. Patients should have a much higher degree of choice in how resources are used to support them.

Where specifically do you think resources need to be focused?

I think there is a good case to define the role and the boundaries of what mental health services can and should do. I see a movement towards medicalising normal or reasonable distress in the general public, which I find really uncomfortable. It is okay to grieve for the loss of a loved one, or to feel low when life is throwing its curve balls at you, but to medicalise these normal experiences is to take a person's agency away. I believe we need to re-instate the boundaries of mental heath services as specialist health services for those who are experiencing difficulties above and beyond the normal or reasonable distress. It should not be the role of mental health services to be a wellbeing service for the whole of the general public. Therefore, funding for mental health services should not be diverted towards the mental wellbeing movement. The mental wellbeing of the wider population depends on individual responsibility, strong families, responsible employers, and good public services – not on mental health services.

Going forward I would also like to see resources within mental health services focused on true and meaningful co-production at the individual level through to the governance of services. I feel a system with meaningful coproduction would reduce or even

I think there is a good case to define the role and the boundaries of what mental health services can and should do

stop coercion, gas lighting and medical trauma of patients. Meaningful coproduction would look like the surrendering of power from medical staff, such as psychiatrists, to bring patients up to a level playing field. What 'co-production' I see at the moment is still very tokenistic.

Moving forward, how should we be supporting the mental health and wellbeing of children and young people?

The mental wellbeing of children and young people depends on supportive families, schools and colleges, and well-supported training and work opportunities.

Child and Adolescent Mental Health Services (CAMHS) should be there specifically for young people who have serious mental health challenges; they should act quickly to resolve problems or sustain support for as long as needed. This will only be possible if there is a clear threshold of need for their services.

But no child or young person should fall between different levels of support: multi-agency consideration of all children in difficulty should always result in a positive referral, whether to pastoral care within a school, advice services, primary care, or CAMHS as appropriate.

Too many children are 'treated' with drugs for problems which arise from unstable family environments or insufficient educational support: this is a serious abuse, and it needs to change.

We hear a lot these days about the 'new normal'. What would you like the 'new normal' to be for people receiving mental health care?

I would like to see a much higher degree of choice from the moment someone enters services to the day they are discharged from services. Care and treatment should not be something done to you, but a process of shared decision making, responsibility, mutuality and respect. I would like care and treatment to be focused around the needs and ambitions of the patients, not the predetermined goals from a medical model of care. I would like the quality of Care and Treatment Plans (as required under the Mental Health Wales Measure 2010) to drastically improve for all people accessing mental health services. I would also like to see the access to and availability of psychological therapies widened, with much more variety in what psychological therapies are available. CBT should not be the only option for everybody.

To put it simply, I want the new normal to be that people accessing services are treated with respect, are given choice and have appropriate treatments to meet their ambitions in life.

I would like to see a much higher degree of choice from the moment someone enters services to the day they are discharged from services

BETH REES, TIME TO CHANGE WALES CHAMPION

Do you think mental health is sufficiently resourced, and how would you like to see the situation change?

Before the pandemic, mental health services were stretched and were not servicing all those that needed help and intervention. During the pandemic, there has been an increase in those being diagnosed with mental health problems and therefore increased pressure on services. This will require more funding to address the pressure. Funding for mental health services should be ring-fenced at a higher level to deal with the increase and ensure all those who need support get it.

Where do you think more resources need to be focused?

I think more resources need to be available for those in mental health crisis. For example, giving more funding to frontline Community Mental Health Teams who deal with people in crisis on a regular basis and to hospital wards that currently aren't running a 24-hour service would be very beneficial. When I was in a mental health crisis, the mental health ward at my local hospital wasn't open when I needed support and I was sent home on the understanding I wouldn't hurt myself. How many more people are being turned away in their time of need? Too many.

The visibility of mental health problems has increased during the pandemic. Going forward, how do we build on this awareness and combat the stigma surrounding mental illness?

I think we build on this awareness by showing how we're helping those affected, how we're providing the support that's needed and how many lives will be changed through the government making the necessary changes. To combat the stigma, share more stories of people who have lived experience and how they're affected daily. Show that the government are taking mental health seriously and the positive impact their decisions will have on everyday people.

I've found that sharing my story has not only been therapeutic for me but has made people more aware of stigmatised conditions such as Borderline Personality Disorder. Sharing stories and creating positive conversations will help to combat the stigma surrounding mental health.

What services and support would have been helpful for you?

Talking therapy from the NHS would have really helped me years ago when I was struggling with my mental health. I was put on a waiting list and years later, am still waiting. As mentioned, having the local hospital mental health ward open 24 hours would have meant I got the help I needed in crisis instead of sending me home with my fiancé and Mum and putting an emphasis on them to look after me to ensure I didn't do any more harm to myself.

Do you feel there is enough emphasis on early intervention, and how can services be improved to be more responsive?

Early intervention is so important. I think we're not helping people soon enough. Services only seem to be available to those who are at a critical stage and have almost passed the point of intervention. I think more education needs to be done with GPs so that they can recognise when someone would benefit from counselling or medication or group support. It would also be good to let GPs know at what level intervention is needed and what help someone can access at what level. Mental health teams need to be given clearer guidelines on what intervention they can provide and if they can't help, when to refer to other agencies for support.

Looking ahead, what changes would you like to see in primary care mental health support? And what would you like mental health care to look like in the future?

I absolutely think that primary care could be more effective in referring people to appropriate support. The average person wanting help won't know where to turn or how to get help so these teams need to keep that in mind, even if it's directing people to guided self-help routes, for example. From personal experience, I think mental health care has gotten more patient focussed. Whenever I'm in crisis and have seen my GP, they have always asked me what I think about their suggestions, do I have any comments about it and is there anything they can do that hasn't been suggested. I know this isn't the same for everyone. Before I moved, the health board I was with previously didn't seem to take my mental health or my concerns seriously. After I moved and changed health boards, I've had a much more positive experience.

I absolutely think that primary care could be more effective in referring people to appropriate support

In the future, this care should be accessible to all who need it. It should be fit for purpose and make people with mental health conditions feel empowered and part of the process of managing their minds. With more funding, better education and sharing more experiences, I would hope that mental health care in future would be a positive experience for more people.

SHARON JONES, CARER, HAFAL DEPUTY CHIEF EXECUTIVE

Do you think mental health is sufficiently resourced, and how would you like to see the situation change?

No, I don't think it is sufficiently resourced. Mental health has always been known as the 'Cinderella' of services because it is so under-funded. This has been exposed during the Covid-19 pandemic which has posed huge challenges for mental health services and revealed the vulnerability of those services when the wider NHS comes under pressure. During the pandemic we witnessed the disappearance of CMHT support and early discharge from services. Mental health went back to the bottom of the pile, as it were.

Mental health services need a larger percentage of the health budget – not least to recognise the increased and lasting pressure on mental health services arising from the pandemic. It's not about giving mental health a special priority, it's simply about making the allocation of resources reflect the needs of patients in Wales.

mental health services need a larger percentage of the health budget

Where do you think more resources need to be focused?

Mental health services are losing their way: there is an urgent need for them to define their role clearly, refocus their work, and avoid medicalising normal life events.

continued...

specialist mental health services should give priority to those in greatest need

Funding for mental health should not be diverted to support the responsibilities of public-facing general services to protect the mental wellbeing of their clients. It should focus on those with problems above a clear threshold of need.

Mental health services at primary care level should support those who require health care and redirect those whose problems are not ones of health. Specialist mental health services should give priority to those in greatest need, aiming to assist those patients receiving higher-end services to achieve recovery and move down into lower-level support services, as this will have the greatest impact in terms of improving people's lives - and additionally in reducing the cost of their care and treatment.

The current Together for Mental Health strategy, now approaching its end, needs to be replaced with a more focused plan aiming as a priority to achieve specific outcomes for those who need to use mental health services.

What improvements are needed in the way carers are supported in their role?

Carers and families should be treated with more respect and have a clearer role in the recovery of the people they care for – and this role should be formally agreed. After all, they are the ones who are likely to provide the most care for the person concerned, and who know them best. Too often, families and carers are not listened to or engaged with by services, which means they are missing out on vital information.

Mental health services should "contract" with carers as a third party so that each partner – patient, service, and carer – agrees their contribution to the patient's care and recovery.

How can the quality and roll out of carers' assessments be improved?

Recent evidence shows that the Social Services and Wellbeing Act is not being fully implemented across Wales: this is something the Welsh Government needs to address urgently, as this gives carers the same rights as those they care for.

Because the Act isn't being fully implemented across Wales, not enough mental health carers are receiving the needs assessments which they are entitled to, and even those who do receive assessments are not necessarily receiving comprehensive assessments of their needs. The focus doesn't just need to be on ensuring all carers in Wales have an assessment: there needs to be a focus on quality as well. Assessments need to address not only what carers need to fulfil their role as a carer, but also their personal support needs. For example, are they getting help to maintain their employment? Are their physical health needs being met? Are they having opportunities to have a social life?

carers and families should be treated with more respect and have a clearer role in the recovery of the people they care for

SUZANNE DUVAL BEM, BME MENTAL HEALTH MANAGER, DIVERSE CYMRU

Suzanne Duval is BME Mental Health Manager for Diverse Cymru and was awarded the British Empire Medal (BEM) in the 2018 Queen's Birthday Honours List for dedicating 18 years of work and activism within the BME (Black and Minority Ethnic) Mental Health sector in Wales. Suzanne told us about how she would like equality to be at the heart of services in the future…

"Mental health is the fastest growing pandemic in the world. But it doesn't seem that services have anywhere near enough money.

"The saying goes that 'prevention is better than cure', so I would say let's focus on prevention to stop escalation, but that has to be a focused action as 'one size does not fit all'. And of course, in an ideal world all services should have a recovery remit.

"We should always try and prevent the medicalisation of life problems. Not all appearances of illness need medication. Sometimes, people 'feel' they need something and a lot of GPs will oblige. We can't have it all ways, asking for something and getting it and then it turns out we shouldn't have had it in the first place, but we think/feel much better for having it or being denied it (like they do now with antibiotics) and then getting it from the internet/pushers, etc.

"In the Mental Health Act Review of 2018 it states quite clearly in there that there are 'profound inequalities' for people from ethnic minority communities accessing mental health treatment and it calls for cultural competency in services.

"We once did a roadshow around Wales and we went to six of the seven health board areas to talk to BME people about their good and bad experiences with the mental health system, and some of the stories they told us were terrible. I can't believe that in the Twenty-First Century we are dealing with Seventeenth-Century attitudes.

I can't believe that in the Twenty-First Century we are dealing with Seventeenth-Century attitudes

I think what's sometimes missing in practice is humanity

"Black men are still far more likely to be in the mental health system. Their route into the mental health system is rarely through the doctors or the community mental health team. It's usually through the judicial system.

"Equality needs to be at the heart of services. This can be achieved through taking up the Diverse Cymru Certification Scheme which is endorsed by the Royal College of Psychiatrists in Wales and equips services with skills and tools to enable them to think and act in a culturally competent way: not only to their patients/clientele, but to each other and the wider community. It becomes 'second nature'.

"I think what's sometimes missing in practice is humanity. It's not about people not being politically correct. They've lost their humanity. They need to see Someone as a person and treat them appropriately."

During the summer Hafal asked a hundred people from across Wales about what needs to change in mental health services in the medium-to-long term. Participants strongly agreed with all of the following statements. They were also asked to suggests how the points could be turned into action. Here's some of the feedback...

1**. Resources for Mental Health and Social Care – mental health should be given the same priority as physical health care when it comes to funding**

How we can turn this into action?
"More money into mental health services, more staff, a faster referral system"
"It has to be enthroned in law that mental health services receive equal priority for funding in order that waiting times and the range of services are improved"
"The whole of health needs to be looked at afresh so that resources are put where they are needed most"

2. Prudent Mental Health Care – mental health services need to focus on those most in need while other agencies such as schools and employers should take more responsibility for people's general wellbeing

How we can turn this into action?
"People who are very ill need quick access to services so they should be a priority for referrals"
"Employers need support to train staff to support others"
"Better education and support for employers so a pathway to support is available as required"
"Regular sessions in schools to encourage children to take care of their mental health'

3. Young People – those seeking help with a mental health problem should always get a positive response from their school, college, employer or mental health services

How we can turn this into action?
"Clear pathways for support CPNs attached to schools"
"Access to advice and support for schools so they know how to respond to someone experiencing mental health issues"
"Young ambassadors who have experienced and who are trained to signpost"

4. Empowerment and Choice – users should be supported to make their own plan for recovery and to choose between care and treatment options

How we can turn this into action?
"Involve people in decisions that affect them"
"Involve the service user in the care plan, ask questions give clear simple info so they can make a choice"
"Having control over your own life surely helps recovery, and someone is more likely to stick to recovery if they have had a say on it"

5. Carers and Families – should be respected as key partners by services and supported both in their caring role and personally

How we can turn this into action?
"Include them in every plan, allow for them to be part of the decision making processes"
"Carers and families need to be more involved and included in decisions"
"Keep the line of communication open to carers"

6. Diversity and Fairness – mental health services should ensure that all groups are supported

How we can turn this into action?
"Far more to be done for vulnerable groups, particularly LGBTQI+, BAME and homeless people across Wales"
"Diversity training as part of qualification/employment training"
"Access, inform and maintain contacts within all communities"

Finally Hafal asked: are we missing anything important? Let us know your ideas about what needs to change in mental health services.

This is a sample of the comments they received:

"More out of hours services and a mental health A & E"
"Far more counseling services should be attached to every GP / Health Centre and funded accordingly"
"More Occupational Therapists to drive through the philosophy of empowering individuals to take an active role in their care"
"Far more needs to be done to assist those people with mental health issues who are detained by the police"
"Too much pressure is placed on our local police services to deal with individuals with mental ill health"
"First and foremost, if you say 'I'll talk to you soon', do it. I've been struggling. My doctor called me once in 12 weeks"
"Staff need to actually care for the people they support and have the users best interests at heart"
"More multiagency working"
"The earlier the intervention the better the outcome"
"Early engagement is paramount in the success of treatment"
"What is required is a cultural shift in our view of mental health and a greater commitment to recovery"
"More communication with the patient in hospital and in the community"
"It seems a shame that people seeking help are often forced to escalate presentation to achieve help, e.g. an increase in self harm or attempts at taking their life before services see them as severe enough to require help'
"GP Cluster commissioning is ad hoc and has created postcode lottery access to services, even within the same UHBs"
"Access to psychological therapies in particular is especially dire"

JO ROBERTS, PATIENT ACTIVIST

Jo Roberts is a mental health campaigner who was on the receiving end of the Mental Health Act for over 30 years. In the past she has received compulsory treatment; some of that treatment was deeply unpleasant and even terrifying. Jo is campaigning for a progressive Mental Health Act fit for the 21st Century – an Act that gives patients and carers in Wales and beyond a fairer deal. We spoke to Jo about what she wants future mental health care to look like...

Do you think mental health is properly resourced? Where do you think more resources should be focused?

From my experience, I think a lot more resources need to go into treating a mental illness as quickly as possible and improving in-patient care.

Over the years I've spoken to so many people who have been seriously ill and too many of them had to reach a crisis point before anything was done. Of course, by this time they were so ill that it was a mountain to climb to get better. The point is that mental illness is really treatable, even serious conditions like schizophrenia and bipolar. And like any illness, if it's caught early then the impact on the patient's life is far less. Just think of cancer treatment.

In-patient care also needs to be overhauled. I know this would cost a lot of money, but the savings in the longer term would be huge. The problem I've found is that while hospital care is very, very expensive the accommodation is often grim and there is no real recovery focus, which means patients don't recover quickly and are locked away for years and years at great personal cost to them, and at great cost to tax payers as well. If the investment was made and they were turned into therapeutic places with a clear recovery path, it would have a big impact on people's recovery – and for many, this would avoid very long and costly stays in hospital.

a lot more resources need to go into treating a mental illness as quickly as possible and improving in-patient care

in future, compulsion should be balanced with rights for patients

What should this kind of in-patient care look like?

There is a need to have minimum standards for hospitals. Some are simply not good places to be. These standards should include private rooms, gender segregation if chosen, access to phone and email, and education and recreational opportunities every day. And hospitals need to provide a decent, therapeutic environment – not something that looks like a prison.

When I was in hospital up in Northampton, it was run on points: I had to earn these points to be able to phone my family once a week. We had to claim points every hour. If you swore or raised your voice you lost a point. If you lost three points in a day you were put into a 'blank' room – all walls, no windows. You'd stay there for 24 hours. No compassion was showed by staff because everything was points-orientated – they were not allowed to show emotion.

It's really important that a choice of location is offered as well – for example whether to go to a local hospital or travel further to a specialist unit. When I became ill I was sent far away so that my family couldn't visit, and this had a really negative impact on both me and my family.

In patients need choice in other areas, too. Anyone detained under the Mental Health Act should have the option to access a personal health budget based on the cost of in-patient care so they can design and purchase their own treatment and care package at an independent hospital or in the community. And if they lack capacity then they should be supported by a team of guardians as chosen by them. There should also be a minimum, guaranteed choice of treatments available to all patients subject to compulsion – including psychological therapies.

What do we need from a new Mental Health Act, and how can it deliver patient rights and choice?

Fixing the law on mental health is a wider issue than just reforming the rules on who can be detained. It is about a fundamental shift away from coercion and towards respect and dignity.

The Mental Health Act has tied everybody in knots over the justification for using compulsion. In reality the only justification for detaining someone is to ensure people's safety.

In future, compulsion should be balanced with rights for patients – and not just when compulsion becomes necessary but well before that. Legal rights to care and treatment would prevent the need for compulsion in many cases. When safety is at stake then the law should be able to intervene – but it should be available to the patient to satisfy the need for safety by means of their choice so long as safety is achieved.

I understand that compulsion is sometimes necessary but it is always frightening, expensive, and counter-productive in terms of mental health. The most valuable change for all concerned would be to reduce the use of compulsion safely. Also, the law may be required to ensure safety but it should never be used to compel people to accept a particular course of care and treatment at a particular place – or to accept a substandard environment.

I think it's barbaric that in this day and age, people who are very seriously ill are treated as criminals. Other civilised countries understand that we should distinguish clearly between crimes committed purposefully and harm caused unwittingly by people whose illness has overwhelmed their judgement. We have an awful lot of catching up to do, and a new Act gives us that opportunity.

we need a new, specialised pathway for people with a serious mental illness who enter the criminal justice system

Many people in mental health crisis find themselves inappropriately embroiled in the Criminal Justice System. How can this be changed?

Basically we need a new, specialised pathway for people with a serious mental illness who enter the criminal justice system. This pathway needs to protect them from the damaging and traumatic environments of detention, courts, and imprisonment. Wherever possible it should divert them to the most appropriate service at each opportunity along the pathway.

Nobody with a serious mental illness should be in a police cell or prison. Back when I first reached crisis no beds were available so I was sent to prison for a fortnight, which is ridiculous. In all circumstances, hospital and other specialised provision should be available – with appropriate levels of security, of course – whether or not any offence was directly connected to a mental illness.

While prison is still used the needs of women and young people need to be addressed. We need to ensure appropriate provision is available close to home, in Wales.

At every stage, recovery and resettlement should be the foremost priority. Care and Treatment Plans required under the Mental Health Measure provide a practical model for this.

Read Jo's Blog on the reform of the Mental Health Act at: **hafal.org/josblog**

DR CLARE CRIBB & DR IAN COLLINGS, CONSULTANT PSYCHIATRISTS, GELLINUDD RECOVERY CENTRE

Gellinudd Recovery Centre is an international award-winning in-patient facility near Swansea which places peer support and patient empowerment at the heart of its service delivery. We spoke to the ground-breaking Centre's Consultant Psychiatrists Dr Clare Cribb and Dr Ian Collings about what they would like the 'new normal' for mental health services to look like...

Do you think mental health is sufficiently resourced, and how would you like to see the situation change?

CLARE: There is a growing recognition of the need for integrated healthcare, i.e. recognition of the fact that physical and mental health problems co-exist in up to 40% of all healthcare presentations. Historically we have separated physical and mental healthcare out when planning services with significantly less resource allocated to mental healthcare. I would certainly like to see greater focus on reducing social inequality, which plays a big part in the genesis of what we call mental illness.

IAN: It is critical that funding for mental health services is ring fenced and increased in real terms. Resources in my view need to be targeted toward prevention and education, particularly in younger adults and children. It is entirely understandable that we are all focused on the Covid pandemic and the risk of further waves in the winter but we need to be prepared for a tsunami of mental health problems in every age group as a direct consequence of the pandemic. The causes of this are complex but related to direct impact and indirectly through lockdown and increased social isolation. We have seen a report recently that the prevalence of people with depressive symptoms has doubled during the pandemic. These rates will no doubt be also seen in anxiety disorders, self-harm and suicide.

Where do you think more resources need to be focused?

CLARE: We urgently need investment in care for those with serious mental illness, simply to provide adequate and humane care to those in acute need. The closure of mental health beds over the last 10-15 years has created a culture in which only those whose behaviour is very risky are able to access services, and I worry that a great many people are not receiving the care they need.

IAN: All services need increased resources but we do need to move towards a society that promotes mental wellbeing and educates people about mental wellbeing from an early age: this is why schools are so critical. Generally I am a huge fan of early intervention services; it makes sense that if you can intervene earlier with a biopsychosocial approach to treatment you can improve outcomes immeasurably.

CLARE: I am a big fan of the approach used for mental health services in Finland (Open Dialogue) in which the entire family or network of the patient is called in to work with professionals and promote dialogue right from the first 'crisis'. I believe that all mental health practitioners should have a basic training in how to meet with families to facilitate communication and then have the capacity to offer this support in their work.

You provide care at an award-winning mental health hospital. Why is the service so innovative, and what would you like in-patient care to look like in the future?

CLARE: Gellinudd has compassion and respect for its patients at the heart of its approach. The aim there is to create a homely environment with a mixture of mental health professionals and peer mentors. These mentors have a specific expertise when supporting patients in their recovery, and are not something you would find in many NHS or private sector hospitals.

IAN: For me it is so innovative because of the level of service user involvement it has had in its development. All services should aspire to be developed in a truly co-productive way. For the future I would like to see mental health services developed around the community and the individual that lives in that community. They should not be on the periphery of the community. Mental health services should be much more embedded and seamless with primary care so people can access acute mental health services and even, if necessary, inpatient services in their own community. This does require investment. From my perspective as a rehab psychiatrist, rehab services in

Gellinudd Recovery Centre

the future should be a hub and spoke model with the hub being community support/placements and the spokes encompassing assertive outreach services and inpatient services. At present our rehab services seem to be the other way around.

How can we increase patient choice in future?

IAN: Patient choice is critical to all parts of the health system be that cancer treatment or mental health treatment. We should embrace a health service where we strive for excellence and service users have a say and can choose our services based on that. However as we move more to a internal market in terms of services this could mean some services get left behind and I am not sure that is the philosophy of the NHS because you may find that those without a voice might be also left behind. The approach needs to be thought through and not leave services behind.

CLARE: I would prefer the word 'agency' to 'choice'. In my experience, people in the middle of a mental health crisis just want to be offered good, local, reliable care rather than a range of choices. The mental work of decision making is beyond most people who are ill enough to need admission. The ongoing climate of austerity and consequent closure of beds means that in reality clinicians are lucky to find a bed anywhere, let alone be able to offer choices. I would worry therefore about a focus on providing choice when first we need to ensure that the service is available at all.

What would you like to see from the new Mental Health Act?

CLARE: Many of us working in mental health would like to see changes that bring the Act more in line with mental capacity legislation, i.e. we all have as much right to accept or refuse treatment for what is labelled mental illness as we do for physical health treatments. I

> **it makes sense that if you can intervene earlier with a biopsychosocial approach to treatment you can improve outcomes immeasurably**
>
> **ian collings**

welcome the proposed increased focus on family and carers rights. Having been a carer myself for a family member detained under the Act, I am well aware of the inconsistencies and confusion that can arise.

IAN: From a service user perspective I would suggest more regular opportunities for review of care/detention by independent bodies such as the mental health tribunal with responsibilities to not only assess the lawfulness of detention but also give advice on treatment options. I would like the Mental Health Review Tribunal to be less adversarial too.

From my perspective I would be keen if there was less bureaucracy to give me more time to support service users. I suppose ultimately the question is should the Act be more capacity-based; I would be keen to see how the revised Act in Northern Ireland, which has become more capacity-based, is evaluated before I reach a conclusion on that.

NCMH
National Centre for Mental Health

Understanding the impact of the Covid-19 pandemic on people living with mental health problems

The pandemic and the restrictions it has caused has had an effect on everyone but it has been particularly difficult for people with mental health problems.

At the National Centre for Mental Health (NCMH), we have launched a new study into the impact the Covid-19 pandemic has had on those living with mental health conditions.

Professor Ian Jones, director of NCMH, said: “The Covid-19 crisis has already had an incredible impact. At NCMH we want to ensure that the particular experiences of people with mental health problems aren’t forgotten.

“We would like to understand how the crisis has affected your day-to-day life and what it has meant for the treatment and support you are receiving.”

Some findings so far

We had a great early response to the survey when we launched in June and really appreciate people taking the time to complete it. Our researchers have begun analysing the responses from more than 3,300 people.

1,318 people reported experiencing worse mental health symptoms during the pandemic and 463 people shared that they had struggled to access medication.

In the section regarding employment, 868 people stated they were keyworkers, while 679 worked from home. 487 people reported a loss of income due to the pandemic.

This data is vital in understanding the mental health consequences of this unprecedented time in human history.

Taking part

We want as many people as possible to complete the survey. It is open to everyone over the age of 18 who has experienced a mental health condition.

Both new participants who are not already a part of our NCMH cohort study and those who have already helped with NCMH research are invited to take part.

Professor Jones said: “It’s vital we understand the impact of the Covid-19 crisis on those living with mental illness. We hope the findings of this study will help inform the NHS and policymakers to provide better services and support.

"I would like to say thank you in advance for helping us make a difference.”

More information about the study and how you can take part can be found on the NCMH website **ncmh.info/covid-19**

Mair's Manifesto

SENEDD ELECTIONS: 6 May 2021

VOTE FOR MENTAL HEALTH!

ein haddewid! our promise!
hafal
ddylai neb yng Nghymru fod yn unig
no one in Wales need be alone

MY NAME IS MAIR ELLIOTT AND I'M CHAIR OF WELSH CHARITY HAFAL. ON BEHALF OF HAFAL'S MEMBERS ACROSS WALES I AM ASKING SENEDD ELECTION 2021 CANDIDATES TO PLEDGE THEIR SUPPORT FOR:-

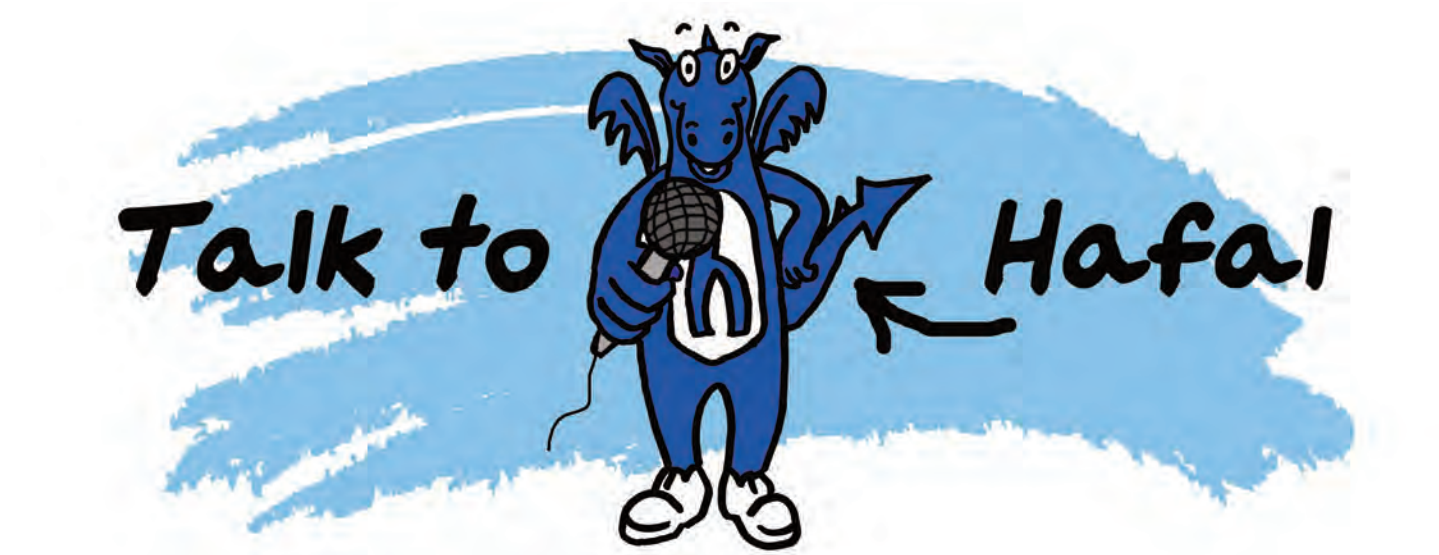
- Increasing the spend on mental health and ensuring that resources for mental health are fully protected: both NHS funding and funding provided to local authorities for mental health social care
- Developing and delivering a new mental health strategy which prioritises those with the greatest need and supports a service-user centred mental health system
- Improving support for young people and ensuring that specialist CAMHS only deal with the much smaller numbers of young people with the highest needs
- Increasing access to psychological therapies
- Improving support for carers across Wales so that they can achieve a better quality of life

Inside: find out more about the key issues - and how you can raise them with candidates...

WHY DOES THIS ELECTION MATTER?

The Senedd Election 2021 is important to people with a mental illness and their carers: health matters are devolved to the Welsh Parliament and there are some other key areas which are addressed in the Senedd including Education, Housing and Social Care.

WHAT ARE THE ISSUES CONCERNING OUR MEMBERS?



As a Member-led organisation we know from experience what issues face people in Wales with a mental illness and their carers every day. During Summer 2020 we ran our "Talk to Hafal' campaign, speaking to people across the country about what they want from services in the future, and from the next Welsh Government. These are the priorities we identified:

1. MENTAL HEALTH AND SOCIAL CARE NEED GREATER RESOURCES

Funding for mental health services should be set at a higher level – not least to recognise the increased and lasting pressure on mental health services arising from the Covid-19 pandemic. This funding should be applied as minimum percentage of health and social care budgets, and the ring-fenced percentage should be expanded as necessary to achieve parity with other health and social care needs. Funding for mental health should not be diverted to support the responsibilities of public-facing general services to protect the mental wellbeing of their clients. Value for money should be ensured through commissioning services based squarely on patients' needs.

2. MENTAL HEALTH SERVICES NEED TO FOCUS ON THOSE WITH THE HIGHEST NEEDS

There is an urgent need for mental health services to define their role clearly, refocus their work, and avoid medicalising normal life events. There is also a need for mental health services to focus on achieving specific outcomes.

The welcome recognition in recent years that mental wellbeing is an issue for everybody does not mean that mental health services should expand their role. Specialist mental health services should give priority to those in greatest need, aiming to assist those patients receiving higher end (and more expensive) services to achieve recovery and move down into lower-level support services, as this will have the greatest impact in terms of improving people's lives - and additionally in reducing the cost of their care and treatment. These high-level interventions need to be provided quickly.

3. FOCUS YOUNG PEOPLE'S MENTAL HEALTH SERVICES ON THOSE WITH THE HIGHEST NEEDS AND SUPPORT SCHOOLS, COLLEGES, AND EMPLOYERS TO PROVIDE PASTORAL CARE TO YOUNG PEOPLE WITH LOWER LEVEL PROBLEMS

The mental wellbeing of children and young people depends on supportive families, schools and colleges which take their responsibility for pastoral care seriously, and well-supported training and work opportunities.

Child and Adolescent Mental Health Services (CAMHS) should be available immediately for young people who have serious mental health challenges; they should act quickly to resolve problems or sustain support for as long as needed. This will only be possible if there is a clear threshold of need for their services. But no child or young person should fall between different levels of support and they should always receive a positive referral to an appropriate source of help.

4. PATIENTS NEED MORE OF A SAY ON THE SERVICES THEY USE

Patients using mental health services at all levels should be empowered to exercise choice. For example, patients in secondary mental health services should all have a Care and Treatment Plan as required under the Mental Health (Wales) Measure 2010. Typically these Plans are constrained by the availability of services commissioned through traditional assessments of need. This position should be reversed: all secondary mental health services should be commissioned by reference to these Plans. Patients should be able to access funding for psychological treatments of their choice from any approved provider, and - if they need hospital care - where practicable have a choice of which hospital they go to.

5. CARERS AND FAMILIES NEED BETTER SUPPORT TOO

Carers and families need to be treated as key partners in the provision of mental health services. Carer assessments should address both what carers need to fulfil their role as a carer and their personal support needs. Support for carers should cover their need to sustain or gain employment and access to benefits as appropriate. Mental health services should "contract" with carers as a third party so that each partner – patient, service, and carer – agrees their contribution to the patient's care and recovery.

To address these 5 priorities we also need:

> Action to address inequalities in mental health care, especially for black and minority ethnic communities

> Appointment of a Minister for Mental Health to protect the interests of those who use mental health services and to lead the essential changes required to mental health care

WHAT SHOULD I BE ASKING MY LOCAL CANDIDATES?

Ask your local candidates about any local or national issues that are important to you. These are some suggested questions about the main issues:-

> How will you ensure that mental health services are properly resourced and get a fair slice of the cake?
> How will you ensure that specialist mental health services give priority to those in greatest need and are available as quickly as possible?
> How will you ensure that Child and Adolescent Mental Health Services (CAMHS) are available immediately for young people who have serious mental health challenges?
> How will you ensure that patients using mental health services are empowered to exercise choice?
> How will you ensure that the needs of carers and families of people with a mental illness are met?

HOW SHOULD I APPROACH MY CANDIDATE?

> Ring, email or videocall your candidate's office - you could visit their office either on your own or in a group, or set up a conference call
> If you meet in person or virtually with your candidate be specific with your questions and get them to guarantee what their party will do - write down what they say, or get them to write it down
> Follow up your visit or call with a letter to emphasise your points
> You can also attend local hustings. Again, remember to make a note of candidates' answers to your questions!

Remember to have your say and use your vote!

Mind Cymru's response to the Health, Social Care & Sport Committee's Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

About Mind Cymru

We're Mind Cymru, the mental health charity. We work nationally and locally.

Nationally, we campaign to raise awareness, promote understanding and drive change. We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year. Locally, in communities across Wales, independent local Minds provide life-changing face-to-face support to more than 25,000 people each year.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

We welcome the opportunity to provide written evidence to the Committee on the impact of the pandemic on people's mental health in Wales

Background

It is important to note that even before the pandemic mental health services were under considerable pressure with growing demand with some people waiting a considerable time before being able to access support.

Mental health has been the subject of several inquiries by various Senedd Committees in recent years, with more planned before the end of the term. These inquiries have highlighted the significant challenges within mental health services at multiple levels across Wales, making a range of recommendations for action.

The Welsh Government has accepted many of the recommendations of these inquiries, however, despite this, we know that a large number are still awaiting implementation or, in some cases, are already significantly behind schedule according to the Welsh Government's own timescales. For example, the publication of waiting time for access to psychological therapies or outlining a route-map and timescale for the delivery of 24/7 crisis care services. These outstanding actions need to be urgently implemented in order

to build resilience within mental health services in Wales, as we are concerned that the outbreak of Covid-19 risks exacerbating many of these challenges.

Over the course of the past few months, there has been welcome collaboration across NHS Wales mental health services and across NHS Wales, Welsh Government and the third sector. This has enabled swifter exchange of information and intelligence as a basis for adapting services such as information and telephone support and hearing about the experiences of people with mental health problems during Covid 19.

We are aware that there is a momentum behind some services changes including increasing the quantum and range of early support available to people in their communities We see potential for developing this coloration further over time, particularly with the NHS so that there is a more flexible approach to developing and making available the right kind of non-medical therapeutic, psycho educational and problem-solving support when we know that need is high and provision very limited. We would like to see the development of an open, collaborative and ambitious approach to how this innovation is accelerated and results in changes for people who need that.

Impact of COVID-19 on Mental Health in Wales

Whilst it is too early to fully understand the impact of the Covid-19 outbreak and its subsequent management on mental health in the long-term, it is clearly having a significant impact on the mental health of the nation. Whilst increased worry or anxiety during this period is a natural response, there are indications that some groups of people are experiencing significantly poorer mental health.

To understand better how people were experiencing the pandemic we launched a survey across England and Wales asking a series of questions from general mood to access to support. In Wales almost 900 people responded with around two thirds of people saying their mental health had deteriorated since the outbreak of Covid-19 and the introduction of lockdown restrictions. The most common factors said to be contributing to poor mental health over the period were not being able to go outside, feeling bored/restless, anxiety about getting seriously ill from coronavirus and feeling lonely.

Our survey highlighted that the impact has been more severe for those of us with mental health problems and has compounded existing health inequalities. People living in the most deprived areas of Wales are more likely to be self-isolating, feeling anxious, isolated and report greater worries about their mental health.[1] This is also mirrored in BAME communities, with both these sections of society having historic challenges in accessing support and early intervention services. We have included a specific section later in our evidence that looks at the disproportionate impact we have seen in some of these groups.

Despite assurances from Welsh Government and NHS Wales that services were in place, there has been clear evidence that many people have struggled to access services:

- 16% of respondents to our survey had tried to access mental health support in the past month.
- Of these, one in five were unable to access support.

[1] https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-by-demographics-report/

- Almost one in ten told us that they did not know how to access support; this was higher than the equivalent figure in England, where just over 1 in 20 did not know how to access support.
- Of those who accessed support, 44% did so through the NHS, 24% through a private provider and 16% through a charity
- Of those who accessed support, 37% spoke to a counsellor or therapist over the phone, while a further 34% spoke to their GP

Whilst some have struggled to access support, a third of people told us that they did not seek support because they did not think that their issue was serious enough. This is concerning, not least because we know that when people do not get support early, they are more likely to reach crisis point and need emergency help. We know that many people felt unsure whether it was safe or responsible to attend a face-to-face appointments, for example to request a referral from a GP, whereas others told us they did not want to take resources away from people who may need it more. This is also reflected in emerging work undertaken by Time to Change Wales that indicates there has been a growth in self-stigma during this period, with people feeling they do not deserve help .

Whilst all services, including those in the local Mind network, moved quickly to providing online and telephone support our survey showed that, over the past month, the most common difficulty in accessing mental health services was feeling unable or uncomfortable using video/phone technology, over a third of people told us this made accessing services difficult.

Concerns relating to finance, benefits and future employment have been common themes raised by respondents to the survey:

- Three quarters (74%) of those whose employment status has changed as a result of coronavirus say their mental health has got worse, in comparison to 59% of those who have seen no change to their employment status. Those who have seen their employment status change also have comparatively worse mental health (43% change vs 32% no change.
- Half (50%) of people whose employment status has changed said they have rarely or not felt useful at all in the past month, in comparison to 39% of those whose employment status has not changed
- People with changed employment status are twice as likely to not know how to access support (15% vs 7%), are more likely to think there issue is not serious enough to get help (38% vs 32%), less likely to say they don't want or need support (26% vs 40%) and slightly less likely to have tried to access support (14% vs 16%)
- Those whose employment status has changed are more likely to report that their mental health has been made worse by:
    - Concerns about financial situation (79% change vs 36% change - more than twice as likely to be affected by this)
    - Concerns about work (86% vs 46%)

- Housing problems e.g. eviction (13% change vs 6% no change – more than twice as likely)
- Feeling lonely (72% vs 58%)

Overall there is compelling evidence, both from our survey and work undertaken by others in the mental health sector, that there will be a need at a minimum for increased early intervention support services but also the potential for some people to emerge from lockdown with more serious mental health problems. The caution being exhibited in approaching health services for non-COVID related health care has been well evidenced across health conditions and has the potential to result in significant support emerging as lockdown eases.

Key Concerns

Whilst initially there was hope that the restrictions in place may be short lived, it is now apparent that we will be living with the virus for some time and some restrictions will remain in place. This poses a challenge for support services and we have a number of key concerns based on an emerging increase in the need for support at all levels of service provision in the short, medium and long term:

- As a direct result of the coronavirus pandemic, more people experience poor mental health – we are particularly concerned about the mental health of NHS staff themselves and other frontline staff, as well as those coping with bereavements caused by Covid-19 and those who may experience job losses and other financial stresses during and post-pandemic.
- Similarly, we are concerned about the disproportionate impact Covid-19 is having across demographics, specifically, people living in poverty and people from BAME backgrounds[2].
- As demand for support increases, already overstretched and under-resourced services cannot adequately support all those that need care and thresholds for access to support increase as a result, particularly within primary care settings
- The lack of resources/reduced number of staff means that less people are able to get support they would otherwise have received.
- Digital alternatives to face-to-face support will help many get support and should be considered in the delivery of future services, however some people will be unable to access support in this way and may face digital exclusion. There is a need to guard against a rush to providing more distanced support rather than basing decisions on patient choice and options available.
- That commitments by the Welsh Government and delivery partners to much-needed improvements to mental health services are delayed and that mental health is de-prioritised.

We firmly believe that there is a need for urgency in responding to these concerns, with investment and timely action taking place to learn from this first phase of the pandemic and deliver longer term improvements in how support is configured for people at all levels.

[2] https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-in-wales-a-focus-on-ethnicity/

As immediate actions, we recommend:

- Health Boards set out clearly, and in an accessible way, what mental health services are available and how to access them. This should include support within primary care, LPMHSS and secondary/crisis services.
- Health Boards and other partners set out what steps they are taking to ensure mental health services are accessible to all, including those who may struggle to access digital support.
- That anyone wrongfully discharged from mental health services are re-admitted to the service immediately and from the point at which they were discharged.
- The Welsh Government set out what assessment they have made of the impact of Covid-19 on demand for mental health support in the medium and long-term and what steps they are taking to meet this demand.
- The Welsh Government set out what assessment they have made of the disproportionate mental health impact of Covid-19, and its management, on different demographic groups and what steps they are taking to mitigate this impact.
- That the Committee requests access to the Welsh Government's Mental Health Monitoring Tool to inform this inquiry.
- The Welsh Government recommence data publication in relation to the Mental Health Measure and publish retrospectively in order to inform our understanding of, and learning from, the impact of Covid-19, and its management.
- Health Inspectorate Wales provide an update on the impact of Covid-19 and its management on mental health inpatient services, including an update on any Covid-19 related deaths that have occurred within these settings and plans for inspections going-forward.
- That a timetable for implementing previous Committee recommendations on mental health services is developed and taken forward at pace.
- The Welsh Government assess and commit additional resources needed to meet potential demand and ensure services have the resilience to continue operating in the event of further peaks or the re-introduction of lockdown measures.

In the rest of this response, we will look at some areas in details to provide some context and further analysis of the insight we have gathered.

Access to mental health services

The Welsh Government has issued clear guidelines and public statements that mental health services are essential during this period and that they expect Health Boards to maintain services, whilst recognising the way service delivery may need to be adapted. Despite this, we have consistently heard from people who have struggled to access support and have seen several media stories highlighting the challenges people have experienced[3] [4].

[3] https://www.bbc.co.uk/news/uk-wales-52771502
[4] https://www.bbc.co.uk/news/uk-wales-52620321

There needs to be significant improvement in how Welsh Government and NHS Wales are communicating what services are available, the format of these services and the message that if people are worried about their mental health, they can seek support and it will be there for them.

Many services have moved swiftly to providing remote support and this is to be welcomed - and demonstrates significant innovation that can inform future practice – however, as has been highlighted in media reports[5], greater effort is required to ensure support is available for more marginalised groups who may struggle to access support in this way.

Information and Early Support Services

As the pandemic started, there was a surge in people seeking online advice and guidance around their mental health and we have pulled together a hub on our website that provides bilingual advice and guidance on a range of issues. You can view the information here:

https://www.mind.org.uk/information-support/coronavirus/

We have worked with Public Health Wales and the Mental Health Foundation to share this information to people in Wales alongside promoting it through our own networks and platforms. Being able to find reliable, relatable information and advice has been one of the central aspects of the initial period of the pandemic.

We know that some people have struggled to access their support networks and this has had a negative impact on their mental health. In reviewing lockdown restrictions, the Welsh Government should give careful consideration to its impact on people with mental health problems, and in particular those who are living alone who may be unable to access existing support networks that are crucial to the management of their mental health.

There is growing concern that primary care services will be central in meeting the initial emerging need following easing of lockdown measures, as people seek help and support from their GP. It is likely that, as demand for mental health support re-emerges, additional capacity within primary care services in particular will be required to support people with mild to moderate mental health problems. There needs to be investment into this tier of support, including services that sit alongside GP services, community based therapeutic and psycho educational support which is easily accessible and available.

It has been welcome that Welsh Government and NHS Wales have already taken some steps in this direction. Mind Cymru has secured funding via WCVA to deliver a national Active Monitoring[6] service on a self-referral basis. Additionally, with Welsh Government funding, Mind Cymru is currently running a social-prescribing pilot that has adopted a self-referral model in response to Covid-19. The evaluation of the effectiveness of these services, and their adaption to self-referral processes, should be used to inform future service development, with a view to scaling-up support at pace.

[5] https://www.bbc.co.uk/news/av/uk-wales-52637962/coronavirus-remote-mental-health-support-very-very-difficult
[6] https://www.mind.org.uk/about-us/mind-cymru/active-monitoring/

On April 23, the Welsh Government published an information note on delivering the Mental Health Measure during the Covid-19 pandemic.[7] The note confirmed the expectation that services under the Measure should continue to be delivered whilst recognising that some adjustments to service-delivery will inevitably need to be made.

The information note states that "reconfiguration of who, how and where services are delivered may not necessarily align with what is currently stated in Local Health Board Part 1 Schemes." The Mental Health Measure obliges local mental health partners jointly to take all reasonable steps to agree a Part 1 Scheme, which 'identifies what treatment is to be made available in the area.' However, in reviewing Part 1 Schemes Mind Cymru found that many Schemes are brief and vague and do not adequately identify available treatments; many have not been updated since their initial publication following the introduction of the Mental Health Measure. These Schemes should be providing a roadmap for services and for those seeking support highlighting what they should be able to access.

Mind Cymru believes these Schemes should be reviewed to set out clearly, what services are available. Furthermore, as an immediate action, local mental health partnerships should set out, clearly and in an accessible way, what services are available and how they can be accessed during the current crisis.

We know that some people have struggled to access support from Local Primary Mental Health Support Services (LPMHSS) as result of Covid-19. Similarly, we know that some people have been reluctant or have experienced difficulty accessing their GP and, given GPs role in signposting, that this is likely to have had a significant impact on referrals to LPMHSS services. We know that in Betsi Cadwaladr, contrary to Welsh Government guidance, patients were discharged from LPMHSS and advised to seek re-referral when lockdown restrictions were lifted.[8] On May 21, Simon Dean, interim Chief Executive Officer of Betsi Cadwaladr, apologised for the error whilst giving evidence to the Committee. It was later revealed that the error had affected far more people than had been previously been reported by the Health Board; in total, 1694 patients were discharged in error.[9]

This situation has been deeply concerning and we believe is contrary to the duties under the Mental Health Measure and whilst steps have been taken to rectify the error, with a commitment to contacting all those affected, we must not underestimate the impact that this decision may have had on people seeking support. We know that asking for support for your mental health can feel difficult for many people and negative experiences in doing so can entrench those feelings and prevent help-seeking behaviour in the future. Whilst we welcome the steps the Health Board is taking to address the situation, it is concerning that any Health Board should have taken this decision and raises questions about the way in which primary mental health legislation in Wales is viewed by public bodies. Moreover, we would seek assurances that those affected will be readmitted to the service pathway at the point they were discharged, and will not have to repeat referral processes as a result of this error.

[7] https://gov.wales/mental-health-guidance-covid-19-html
[8] https://www.bbc.co.uk/news/uk-wales-52729237
[9] https://www.bbc.co.uk/news/uk-wales-52827479

Community Mental Health Services (CMHTs)

As with other mental health services, we know that CMHTs faced a range of challenges in providing effective support prior to the outbreak of Covid-19. These challenges are outlined clearly in a joint thematic review of CMHTs published in February 2019 by Health Inspectorate Wales & Care Inspectorate Wales. The report makes 23 recommendations for improvements and highlights significant challenges in access to services, care planning, delivery and governance.[10] It is unclear how many of the report's recommendations have been taken forward to date and we know that the outbreak of Covid-19 has exacerbated some of the challenges. Of those respondents to our survey who had tried to access support for their mental health in the past month, over a third told us that difficulty contacting their CMHT or GP had made accessing services difficult.

As secondary mental health services, anyone receiving support from a CMHT is entitled to a holistic Care and Treatment Plan (CTP) under the Mental Health Measure. In addition to setting out how, when and by whom care and treatment should be delivered, CTPs have a dedicated section on crisis planning designed to support people using services to recognise when their mental health is deteriorating and seek support. The Welsh Government information note, published April 23, states that CTPS are 'a vital tool to communicate and safeguard continuity of care and treatment" and that "individual crisis support plans can be reviewed and adjusted in light of public health advice to ensure that they can still deliver the same support at the right time if needed." However, there is clear evidence from before the outbreak of Covid-19 that the quality of care and treatment plans 'is generally poor'. This was the key finding of the NHS Delivery Unit's National Audit of the Quality of Care and Treatment Plans, published July 2018.[11] Moreover, the report further stated:

> "The quality of crisis planning within CTPs was poor and did not routinely flow from the assessment of risk and the relapse signature. Where crisis plans were produced, in the vast majority of cases they contained no contingency planning or any clarification of the response the Service User or their family might expect in a crisis."
>
> - NHS Wales Delivery Unit, 2018

This further underlines the importance of the Welsh Government, NHS Wales and Health Boards providing reassurance and clear public health messages on what services are available locally and nationally to support people who are, or are at risk of, experiencing a mental health crisis and how they can access this support. The Committee may wish to look in more detail at how Care and Treatment Plans have been adapted in response to Covid-19 and any learning this offers going-forward.

We know that access to psychological therapies in Wales is limited and that some people can find themselves waiting years to access this specialist support.[12] A report form one Health Board in January 2020 found 'unacceptably long waits' and described these

[10] https://hiw.org.uk/sites/default/files/2019-06/190207joint-thematic-review-community-mental-health-en.pdf
[11] http://www.wales.nhs.uk/sitesplus/documents/863/5d.%2020180720%20National%20Assurance%20review%20of%20CTP%20Final%20Report.pdf
[12] https://www.bbc.co.uk/news/uk-wales-36038905

services as 'under-resourced and 'not fit for purpose'.[13] We are concerned that the outbreak of Covid-19, particularly as services reconfigure to more digital means of access, will act as a further barrier to people accessing this support.

Moreover, in December 2018, the Welsh Government in response to the Committee's report on suicide prevention, committed to publishing waiting times targets for access to specialist psychological therapies beginning April 2019. We welcomed this commitment as a positive step forward in ensuring people are able to access a range of support depending on their needs (though our view remains that the 26-week target is too long to wait for such support). However, despite this commitment, to date, the Welsh Government has not published any figures on waiting times for access to psychological therapies. As lockdown restrictions are lifted it is likely that demand for this support will re-emerge or increase and so it is vital that action is taken now to reduce waiting times, and ensure an effective service, including the publication of this data to provide assurances. This data should be published retrospectively where possible, in order to inform our understanding of, and learning from, the impact of Covid-19, and its management, on access to this support over the period.

Inpatient settings

The Committee has previously raised concerns with regard to follow-up support for people discharged from inpatient mental health settings. Recommendations 9,10 & 11 of '*Everybody's Business – a report on suicide prevention*' called on Welsh Government to improve follow-up support, to ensure data in relation to follow-up support was recorded by all Local Health Boards and that Welsh Government publishes this data on six-monthly basis to improve transparency and accountability. We welcomed the Welsh Government's acceptance in full or in principle of the above recommendations. However, we note that, due to delays in delivering a Mental Health Core Dataset, these recommendations are yet to be implemented. At a point when support services have changed their delivery models and inpatients are being discharged into the community it is vital that there is a clear understanding of how people have experienced discharge and the support made available for them. In light of this, the Committee may wish to assess what measures are being taken by the Welsh Government and NHS Wales to ensure people discharged from inpatient units as a response to Covid-19 have and continue to receive follow-up support.

We are aware of changes in inspection and mental health review services provided by Healthcare Inspectorate Wales due to the pandemic, namely a cessation of physical inspections. We understand there has been continued contact between HIW and inpatient units during this period. Whilst there has been nothing to suggest a reduction in service quality, it would be welcome to have an update from Healthcare Inspectorate Wales on how inpatient mental health services have coped during the pandemic. Including what steps they are taking to undertake their inspectorate role in relation to both NHS Wales and independent/private-sector providers going forward, including in the event of additional peaks or the reintroduction of lockdown restrictions.

We have raised with Welsh Government the issue of Covid-19 related deaths of inpatients, following reports in England that showed a high number of deaths of patients

[13] https://www.bbc.co.uk/news/uk-wales-51285851

detained under the Mental Health Act. The Welsh Government has provided assurance that this is not the case in Wales. We would welcome an update on this issue from Health Inspectorate Wales and recommend that deaths of patients receiving support within, or recently transferred/discharged from, inpatient units are recorded and reported in an anonymised way as happens elsewhere in the UK.

In response to Covid-19, the Mental Health Review Tribunal Wales understandably ceased holding panels face-to-face and moved to telephone panels. We are concerned about the impact this is having on patients detained under the Mental Health Act. Specifically, we are aware of a number of detained patients experiencing difficulties communicating with their lawyers in remote hearings. As a result, we have called on hospitals, the tribunal and lawyers to work together to ensure that patients have the proper access to the courts and a fair hearing that they are legally required to have.[14]

Transparency and accountability

Understanding what is happening in relation to mental health services has long been a significant challenge due to limited access to and availability of services-data, these issues have been raised in a number of inquiries by the Committee in recent years. The Welsh Government is committed to developing a Mental Health Core Dataset (MHCDS) for Wales for implementation in 2022. However, whilst Mind Cymru has supported Government in developing the MHCDS we remain significantly concerned at the ongoing delays in its delivery. The original Together for Mental Health Delivery Plan (2012-16) committed to ensuring the MHCDS was operational by 2015. The lack of urgency in taking forward these improvements means that we are now unable to fully understand and learn from how services are being impacted by and are adapting to Covid-19, or indeed the impact this is having on people's experiences and outcomes of accessing support.

On March 23rd, the Chief Statistician announced the suspension of some data and statistical publications based on 'prioritising what is relevant to the current situation'. This decision included data collected under the Mental Health Measure. As a result, there is currently no public information on referrals to or waiting times within LPMHSS, or indeed any other information published under the Measure. Despite this, we are led to believe by NHS Wales that the number of referrals to mental health services have fallen during the initial period of the pandemic, but have started to climb again. However, we have not seen the data that is supporting this statement.

Whilst we recognised and understood the rationale for initially discontinuing some data collection in order to meet the immediate challenges caused by Covid-19. We believe that, given mental health services are deemed essential and that many of the initial challenges have been overcome, that data collection and publication in relation to the Measure should be recommenced in order to provide assurances that people are able to access these services and allay the concerns outlined above.

Moreover, the advice issued by Welsh Government stated that data collection in relation to the Measure should continue locally, with only national reporting discontinued in order

[14] https://www.bbc.co.uk/news/uk-wales-52838807?intlink_from_url=https://www.bbc.co.uk/news/wales/south_east_wales&link_location=live-reporting-story

to reduce administrative burden. Therefore, it will be possible for Welsh Government to publish this data retrospectively in order to inform our understanding of, and learning from, the impact of Covid-19, and its management, on mental health services. We believe this should be taken forward at the earliest opportunity.

In response to the outbreak of Covid-19, the Welsh Government established a Mental Health Incident Group (MHIG) to support Health boards to continue providing mental health services and supporting staff wellbeing. This included the creation of a Mental Health Monitoring tool for Health Boards and partners to provide assurance of capacity and capability within mental health services. As an immediate action, we recommend the Committee requests access to this tool in order to inform this inquiry.

It is likely that we will be living with Covid-19 for a long time to come. Indeed, the Chief Medical Officer has recently warned of the prospect of a return to lockdown in autumn and winter and additional peaks in the months and years ahead.[15] If this is the case, it is therefore vital that steps are taken now to ensure that information in relation to mental health services can be reported going-forward and is not re-suspended in response additional peaks or ongoing challenges in relation to Covid-19.

Disproportionate impacts

Clear evidence is emerging of the disproportionate impact of Covid-19 across demographics. For example, Public Health Wales reports that 'people living in the most deprived areas of Wales are more likely to be self-isolating, be feeling anxious and isolated during coronavirus restrictions, and report greater worries about their mental health'.[16] Public Health Wales have also found that younger adults are more worried about their mental health and that lockdown restrictions are having a greater impact on the mental health and wellbeing of Black, Asian and minority ethnic people.[17]

This disproportionate impact is also clear within our survey of people's experiences between April and May. For example, when analysing the survey by different demographics we found that:

- Women are more likely than men to feel that their issue is not serious enough to warrant support – 35% of women said this vs 27% of men
- The most common difficulty for parents with children under 18 is balancing accessing support with additional responsibilities (30%) – parents are 3 times as likely to face this difficulty in comparison to those without children under 18 (10%)
- Younger people are even more likely to experience difficulty accessing services due to feeling uncomfortable or unable to speak over the phone or on video call – nearly half (45%) of 18-24 year old respondents said this had made accessing help difficult

[15] https://www.bbc.co.uk/news/uk-wales-politics-52890762
[16] https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-by-demographics-report/
[17] https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-in-wales-a-focus-on-ethnicity/

Additionally, our survey highlights the disproportionate impact that the outbreak of Covid-19 and its management is having on people with a variety of diagnosis and in particular people experiencing eating disorders, PTSD or personality disorders, particularly those who may be living alone:

- People with experience of an eating disorder have been disproportionately impacted. Their mental health has become worse than other diagnoses, and they are more likely to use negative coping strategies and their mental health is disproportionately affected by coronavirus restrictions
- While two thirds (65%) in Wales say their mental health has got worse, this rises to three quarters (76%) of people with an eating disorder and 84% of people with a personality disorder.
- While just over a third (35%) say their mental health is currently poor or very poor, this rises to 60% of people with an eating disorder and two thirds (66%) of people with a personality disorder
- People with an eating disorder are nearly twice as likely to be negatively affected by not getting on with people they live with (40% ED vs 23% overall)
- People with an eating disorder, PTSD or a personality disorder are nearly twice as likely to have said their mental health has got worse due to difficulties accessing mental health support (63% ED, 61% PTSD, 74% PD vs 33% of people overall)

We have already provided evidence to the Children, Young People and Education Committee on the impact of the pandemic on the mental health of children and young people and we have attached our evidence as an appendix for information.

In light of this evidence we would ask that when reviewing lockdown restrictions, the Welsh Government should give careful consideration to its impact on people with mental health problems, and in particular those who are living alone who may be unable to access existing support networks that are crucial to the management of their mental health.

The impact of the pandemic on frontline staff has been at the forefront of our thinking throughout the pandemic. As a result of this we formed an alliance with a number of other organisations to develop the *Our Frontline* offer to all frontline staff. It provides web based advice and support as well as direct access to counselling if this is needed. It builds on the work we have undertaken through our Blue Light programme, which supported emergency service personnel with their mental health. Further information can be viewed via:

https://www.mentalhealthatwork.org.uk/ourfrontline/

There will be a need to ensure that frontline workers are given the opportunity to step away from the challenging situations they have experienced, both in work but also as parents and family members, in order to reflect on their experiences and replenish their own resilience.

Given the emerging evidence around the disproportionate impact of Covid-19 across demographics and diagnoses, we believe that Welsh Government and NHS Wales should be seeking to urgently understand these impacts, plan for enhanced support services and mitigate some of the impacts of the pandemic on the mental health of these communities.

Employment & economic impact

We know that Covid-19 and its management has and will continue to have a significant economic impact, and that impact is likely to be most severe in areas that already experience high-levels of deprivation. Moreover, as noted above, the link between deprivation and mental health problems is well evidenced.

Given the evidence around the economic impact of Covid-19 and its disproportionate impact on those living in the most deprived communities, it will be important that we collectively continue to tackle mental health stigma through Time to Change Wales and that employers are supported to proactively take a positive approach to mental health in the workplace, adopting the framework outlined in the *Thriving at Work* report

Conclusion

The outbreak of Covid-19 has seen a significant proportion of the Welsh population face challenges with their mental health. For some this will be their first experience, they may recover quickly with minimal support, for others it will take longer to move beyond the experiences of the last few months, and finally there will be a group whose mental ill health will have deteriorated further during the pandemic. What is needed now from Welsh Government and NHS Wales is an urgency in responding to the emerging challenges and investment to ensure support is there when people need it.

The current easing of lockdown provides an opportunity to learn from the first stage of this pandemic and put in place a resilient support structure that can deliver for people in any future lockdown. Whilst initial measures were put in place as short-term emergency fixes, it is now clear that some measures, like social distancing, will be required over a much longer period. We now have an opportunity to develop and deliver a clear vision for how services will deliver within current restrictions, alongside plans to ensure mental health services can continue to operate seamlessly, without a reduction in support, in the event of additional peaks or the reintroduction of lockdown measures. This will ensure that those of us with mental health problems are able to access support going forward and ensure the issues around access and quality of service outlined above are not repeated.

Response to Health, Social Care and Sport Committee: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Written Evidence from the Royal College of Psychiatrists Wales

For further information, please contact:

The Royal College of Psychiatrists in Wales (The College) is the professional medical body responsible for developing and supporting psychiatrists throughout their careers, and in setting and raising standards of psychiatry throughout Wales.

The College aims to improve outcomes for people with mental disorders and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

The Royal College of Psychiatrists Wales is pleased to respond to this inquiry. In determining a response, we have highlighted 2 initial areas, alongside a comment on recovery planning. The College would be very happy to provide any further evidence to the committee, in writing or virtually. Our areas:

- Delivering core NHS and care services during the pandemic and beyond,
- Coronavirus and the impact on people with protected characteristics.

Delivering core NHS and care services during the pandemic and beyond

While COVID-19 is a virus, it is having a profound impact on the nation's mental health. If there is a post Covid-19 recession, the economic downturn will have significant implications for the nation's mental health and suicide rates.

The virus is also affecting the mental health and well-being of NHS and social care staff. The ONS has reported a sharp rise in the number of people reporting high levels of anxiety and our survey of psychiatrists has found that there has been an increase in the number of urgent and emergency cases seen by psychiatrists.

Our recent surveys of psychiatrists (15th-17th April and 1st-6th May) have also highlighted significant concerns that psychiatrists are being forced to put themselves and their patients at risk, delivering care without adequate PPE or access to tests for themselves, their families or their patients.

Our recommendations for delivering core services

- *Consistent message sent to the public that if you have a mental health need you should still seek help.*
- *Mental health services must be adequately supported to deal with the increase in urgent and emergency demands*
- *Expand and monitor efforts to ensure all staff working in mental health care get access to the PPE and COVID-19 tests they need.*
- *NHS Wales should closely monitor the implementation of the guidance on infection control and offer additional support to those areas that are struggling to follow them.*
- *Provide ongoing support to healthcare staff after the initial peak and give them support to recover before any potential second wave.*
- *Invest in expanded mental health services to cope with the likely rise in demand for services following the initial COVID-19 peak.*
- *Invest in support for the general population in the event of an economic downturn.*

How has demand for mental health services been affected by the pandemic?

Our survey of psychiatrists working in the NHS has found that the COVID-19 pandemic has led to an overall increase in emergency and urgent appointments and an overall decrease in the number of patients they have seen for more routine support:

- Emergency interventions/appointments - 13% have seen workload increase, 30% have seen a decrease
- Urgent interventions/appointments - 36% have seen workload increase, 32% decrease
- Appointments/interventions normally conducted within four weeks - 11% have seen an increase, 54% a decrease
- Appointments/interventions normally within three months - only 14% have seen an increase, compared to 39% seeing a decrease
- Appointments/interventions normally after three months - just 5.5% have seen this area of workload increase, compared to 51% who have seen these caseloads decline.

The decrease in non-urgent cases is as concerning as the rise in urgent and emergency cases expressed by some of our psychiatrists. It is much harder for mental health teams to deliver routine services while managing social distancing, dealing with an increase in urgent and emergency cases and supporting patients who may have COVID-19.

Psychiatrists report to us their concern that temporary drop offs in some activity represents a calm before the storm, due to some services being delayed and some patients avoiding contact due to fear of infection or concern that they are being a burden on the NHS. It is critical that people are aware that NHS mental health services are still open. Those who fail to get the help they need now, may become more seriously ill further down the line.

According to our survey, psychiatrists working with older adults have seen the biggest decrease in regular appointments. Over half of respondents stated that long term appointments have either decreased or significantly decreased since the crisis started. Unfortunately, this is not surprising considering they are the group most at risk from infection and have been advised to take extra precautions around isolating. It may also be that they are the group less able to engage with their mental health team via increasingly adopted methods of remote working such as online video calls. Although it is important not to generalise and assume all older people will be uncomfortable talking to a psychiatrist over the internet.

Our faculty of older adult psychiatry had reported restrictions on care home admissions. Although, this is for the safety of existing residents our psychiatrists are concerned for their patients with advanced dementia who need constant support and care but cannot be admitted to a specialist facility. Guidance on hospital discharge issued from Welsh Government has looked to address this challenge.

Our survey found that psychiatrists working in Liaison mental health, and General adult services have had the biggest increase in emergency appointments/interventions.

Psychiatrists are also reporting a significant drop off rate in regular referrals to child and adolescent mental health services. Far fewer children are being referred from primary care to mental health services. This is particularly concerning for patients with mental health conditions which have an increased mortality rate such as eating disorders, bipolar disorder and schizophrenia.

Some of our Forensic Faculty of psychiatrists working in secure NHS facilities and prisons have also expressed significant concerns about their ability to care for patients. They have faced a reduction in referrals and a reduction in the number of hospital patients they've been able to transfer to community services. It is particularly difficult to deliver services in prisons as many of our psychiatrists have struggled to access patients although we have had reports that this is improving.

Another area where our psychiatrists have expressed significant concerns is within addiction services. Our Addictions Faculty members have told us that some people with alcohol addictions problem are drinking much more and becoming even more chaotic in their lifestyles as a result of the pandemic. We have had reports of a significant number of people relapsing because of the strains of lock down and being cut off from their friends and families.

Many providers of mental health services reacted quickly to change the way services act in response for the crisis. Many psychiatrists are currently working an 'altered timetable' due to reconfiguration of services.

During the COVID-19 pandemic, it is essential that those who use mental health services continue to get the care they need. Remote consultations, using telephone calls, audio and video to provide care for patients has already become a fundamental part of the way mental health services provide care. As we move beyond the peak of the crisis, this is likely to become more standard practice and there are concerted efforts to continue to increase capacity.

Many psychiatrists are currently working remotely, showing that services are able to provide flexibility for staff as well as patients.

Those with a lack of digital literacy, lacking in confidence using technology or with little or no access to digital platforms must not be disadvantaged. Use of telephone consultations, rather than more complex video platforms may be sufficient for lower risk conversations or to ensure engagement with those who lack digital technology or skills.

The College has published online resources for people with a mental illness and their carers on issues such as medication and how to manage their conditions during the crisis.

Access to PPE

A pair of college surveys found that psychiatrists are being forced to put themselves and their patients at risk, delivering care without adequate PPE or access to tests for themselves, their families or their patients[1].

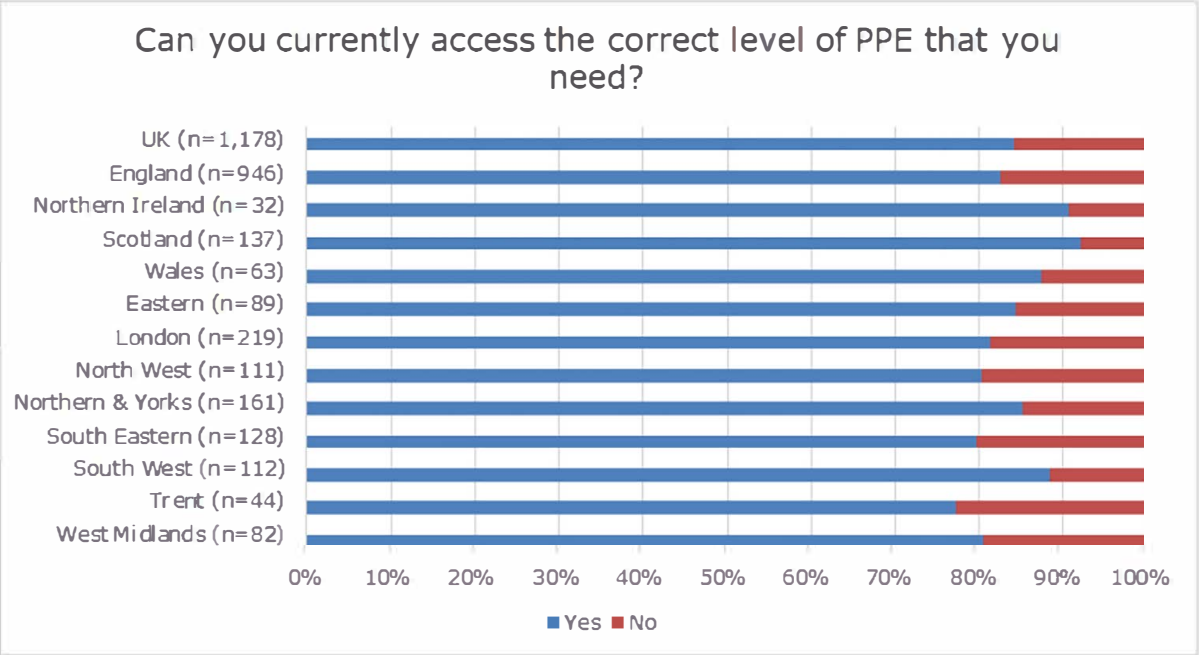
One psychiatrist surveyed said "There are extreme shortages of PPE and most of us are at risk. Only very limited supply is obtained and most of the time frontline staff are refused risking their lives. Staff are terrified and afraid."

Our latest survey (in the field from 1-6 May) has shown that a significant proportion of psychiatrists are concerned that they are not able to access the level of PPE set out in the guidance.

- Around 16% of psychiatrists in the UK don't have access to correct PPE.
- In Scotland this was 8%, Wales 13%, Northern Ireland 9% and 18% in England.

The national and regional breakdowns are as follows

Chart 1 - Are you able to access the following PPE kit when you need it (in line with the latest guidance from your organisation)? (NB – don't know responses were excluded)



Some of our psychiatrists have previously expressed concerns about the potential impact the lack of adequate PPE is likely to have. Some of the most concerning responses to our first member survey (in the field from 15-17 April) included psychiatrists saying that:

- *"Last week we did CPR on a patient who had hung themselves with no fit tested PPE."*
- *"There are extreme shortages of PPE and most of us are at risk. Only very limited supply is obtained and most of the time frontline staff are refused risking their lives. Staff are terrified and afraid."*
- *"Spitting in Covid positive patients is a real issue and not able to get the appropriate PPE, social distancing impossible in inpatient settings."*

Access to testing

The other major concern raised by our psychiatrists is that a significant proportion are unable to access tests for themselves, their families or their patients if they have concerns if they have COVID-19. The current Government guidance states that any NHS worker or their family member with suspected COVID-19 should be able to access testing and that tests should be given to any new patient entering an inpatient setting.

When our psychiatrists across the UK were surveyed (1-6 May) we found that, In Wales:

- Around one in ten psychiatrists working in the NHS said they were not able to access a test for COVID-19 for themselves if they had symptoms, if you include those who did not know if they could access a test it was up to almost a quarter.
- One in four either could not or did not know if they could access a test for their patients
- Almost a half (45%) could not or did not know if they could access a test for members of their household

Whilst these findings have improved since our first survey (15-17 April), there are still areas for improvement.

Infection control and prevention

The majority of mental health units in the UK were never designed to contain a highly contagious illness. Potential environmental risks include aged estates with a significant proportion of dormitory style accommodation, small shared offices, shared computers, shared patient facilities, sitting or dining rooms, shared toilets, poor ventilation and air-conditioning. Particularly worryingly last year there were 1,176 patients (UK-wide) having to share mixed dormitories[2].

In addition, it is often the case that some patients may be unable to follow advice on containment, isolation and testing, which presents a further clear infection risk to be considered and managed.

We are concerned that some NHS mental health estates are unsuitable, making it very hard to follow guidance. The guidance includes

recommendations that all new patients coming into a mental health, learning disability, autism, dementia or specialist inpatient facility are tested for COVID-19, including asymptomatic patients, and kept separate from other patients until they get their results back.

As shown above many of our psychiatrists have expressed significant concerns that they are currently unable to access testing for their patients. To date it has been very difficult to effectively cohort due to lack of adequate access to testing, therefore it is important that effective delivery of this change in testing policy in mental health settings is monitored and not overlooked.

Many sites also lack the space to keep patients separate especially those with mixed dormitories. Consideration is needed on how Health Boards can be supported to undertake the complex task of cohorting effectively within their estates, both in the immediate term and looking to the medium and longer term.

On admission, space is needed for confirmed COVID cases, a second space for patients confirmed via testing to be COVID negative and a third space patients whose COVID status is unconfirmed while test results awaited. In addition, patients who need shielding should be kept away from those with confirmed COVID.

It is important to understand the extent to which local areas are able to follow this guidance, and this is monitored, and additional support is offered to those areas that are struggling to follow them.

How we can we support the mental health of NHS staff?

At this time, NHS staff may feel stressed for many reasons such as having to make difficult decisions about patients' care, the amount of work, being uncertain about the future, worrying about taking the virus home with them and infecting others, and/or less contact with family and friends.

The role of NHS team leaders, managers and supervisors is crucial to ensure NHS staff have the mental health support they need. NHS leaders need to have frank discussions with staff about the challenges that lie ahead, not to sugar coat them but also not to overstate the trauma they are likely to face. These discussions should address the difficult decisions that staff may have to make.

We also recommend supervisors speak with their teams using structured forums similar to the ones provided by Schwartz Rounds. Such forums enable staff to come together with their leader after their shift and talk honestly about what did and didn't go right, the difficulties they faced and the associated emotional reactions. While staff will have limited time to be involved in such discussions, this approach is likely to reduce the potentially damaging mental health impacts of working on a stressful hospital ward. This should be done during staff's normal working hours.

For further information, we have published a range of resources for team leaders and supervisors as part of our COVID-19 guidance. We have also developed specific resources for psychiatrists on taking care of themselves as well as helping other healthcare professionals.

Despite the challenges they face during the pandemic, most NHS workers will not suffer from a mental illness. With good leadership, as well as properly preparing and supporting NHS staff, most will avoid developing longer-term difficulties.

For those who do need help, we should provide evidence-based care both in the short term to help NHS staff get back to work and in the long term. The available evidence strongly suggests that the support given to NHS staff members as the crisis begins to recede is of critical importance in determining whether they will experience psychological growth, develop a mental health disorder or neither.

Supporting the health and wellbeing of NHS workers following the first COVID-19 outbreak is likely to be even more critical. To this end, the NHS must give its staff members - who have been working intensively in arduous circumstances - sufficient time to 'reset' before they embark on their usual work.

This time will be crucial for them to access the social support they need, and to readjust to the 'new normal' without being under too much pressure while trying to recover. Should there be second wave of coronavirus this rest period will be even more crucial

We have developed some concrete elements that we believe should be put in place for staff in every NHS Health Board, including:

- Any staff member who unexpectedly does not turn up for a shift should be proactively contacted.
- Once someone completes their COVID-19 work they should be thanked, be provided with opportunities to informally mix with

their colleagues and given relevant mental health and welfare information.
- Workplace supervisors should carry out a structured return to post-COVID-19 work interview.
- Staff should be written to again three and 12 months [and possibly later] post completing their COVID-19 work and be given information about how they can check their own mental health.

How we can we support people's mental health after the initial peak?

It seems inevitable that once the pandemic is past its peak, there will be an increase in demand for mental health services and for support for the general population. That need will increase more if there is an economic downturn. This may be because of pent up demand caused by the current fall in referrals, the consequences of lockdown, economic uncertainty and the trauma of contracting or losing loved ones to COVID-19.

The recent ONS wellbeing survey found that between 20 March and 30 March 2020 almost half of the population of Great Britain (49.6%) reported high levels of anxiety. This compares to 21% of people who said the same last year[3].

A significant economic downturn following the crisis is widely predicted and there is strong evidence of a link between economic difficulties and higher rates of mental health problems and suicide[4]. We have already seen from the recent ONS survey that people who had experienced a reduction in household finances because of COVID-19 reported 16% higher anxiety on average[5].

Mental health services, which are overstretched at the best of times, will come under even more pressure. One of the biggest causes of this is a lack of trained staff.

In March, we released our manifesto for the 2021 Senedd Cymru elections. We highlighted particular areas of focus for developing the workforce in Wales that will support ambition, and it's essential that this is confirmed and commitments are made within the mental health workforce strategies that have been outlined within Welsh Government's 'Together for Mental Health Strategy'.

It is important that these commitments are not forgotten, and that recommendations from our manifesto are brought forward in working towards achieving parity between services; and respective of parity in developing parity for a mental health workforce.

Coronavirus and the impact on people with protected characteristics

Over a third of people with a severe mental health illness (37.6%) also have a long-term physical condition[6] meaning that they are disproportionately at risk of being affected by COVID-19.

In the UK, people from Black, Asian and minority ethnic backgrounds (BAME), face persistent and wide-ranging inequalities. An individual from a Black, Asian or minority ethnic background is more likely to experience poverty, to have poorer educational outcomes, to be unemployed, and to come in contact with the criminal justice system[7]. These, in turn, are risk factors for developing a mental illness.

Emerging data from the COVID-19 pandemic clearly shows that BAME groups are significantly more likely to die from COVID-19[8], the reasons for this are currently not well established, though societal inequalities are likely to play a role.

This submission focuses on what impact the crisis is having on mental health services and those services that are delivered to people with protected characteristics.

We have also looked to address the Coronavirus Act 2020 and the impact that will have on those with protected characteristics.

Recommendations to support people with protected characteristics

- *The emergency changes to the Mental Health Act should only be used where patients would otherwise be put at risk and their use should be closely monitored.*
- *The need for the enactment and prospective enforcement of the MHA emergency changes, should be closely monitored and justified – At present, we do not support a case for enactment and enforcement*
- *Health Boards should adopt the College guidance and work with individual staff to develop appropriate and robust risk mitigation for BAME mental health staff, and access to support should be readily made available and accessible.*
- *When the peak of the crisis is over mental health services should not go back to normal instead commissioners should learn from the National Collaborating Centre for Mental Health Advancing Mental Health Equality (AMHE) guidance when redesigning services*
- *When supporting patients during the COVID-19 crisis staff should use the least restrictive option that is possible*

The emergency coronavirus legislation and mental health

Schedule 8 of the Coronavirus Act creates the ability for changes to be made to mental health legislation across the UK. These changes have so far not been enacted apart from those related to the Mental Health (Northern Ireland) Order 1986 - in Northern Ireland.

The changes to the Mental Health Act 1983 (England and Wales) (MHA) would allow certain functions relating to the detention and treatment of patients to be carried out with fewer doctors' opinions or certifications. It also temporarily allows for the extension or removal of certain time limits relating to the detention and transfer of patients. Full details of what this would entail can be found on our website[9]

Although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. Where they do come into contact with services, it is disproportionately based on a detention order requiring them to stay in hospital[10].

If this legislation is enacted, it would disproportionately impact these groups. We are extremely conscious that enacting MHA emergency powers would weaken patient safeguards, so it is essential that their use must always be justified. People shouldn't be denied access to the care they need, and potentially left in a situation where their own life is at risk due to a lack of staff. If those needing care don't get it because of a depleted workforce it will further affect an already disadvantaged group and so on balance.

We have monitored the views of psychiatrists closely in relation to delays that may have been experienced in using the MHA in the last few weeks.

75% of psychiatrists had not reported trouble convening a MHA assessment in Wales, only 7% had (the remaining responders are not convening community MHA assessments during their work)

Presently we do not believe there is an evidence base to justify enforcement of the MHA amendments in Wales, should they be enacted by the UK Government.

Enacting the MHA emergency powers would weaken of patient safeguards. Therefore, their use would need to be justified every single time they are used.

If emergency powers are enacted, they should only be used where necessary and justifiable. It is essential that it is clearly communicated that the powers, if enacted they should not be used nationally, only where the lack of staff caused by the COVID-19 crisis means a patient's safety is being put at risk and where there is no alternative.

We are also very conscious that the MHA is currently applied disproportionately to people from some BAME communities.

RCPsych recognises that racism and racial discrimination is one of many factors which can have a significant, negative impact on a person's life chances and mental health. We are particularly concerned about the disproportionate impact on people from Black, Asian and minority ethnic communities, notably those of Black African and Caribbean heritage. It can lead to substantial disparity in access to and experiences of various areas of psychiatric care, including crisis care, admissions, pathways into care, readmissions, use of seclusion and detentions under MHA. [11]

We have highlighted our cautious position to Welsh Government.

In 2018 the RCPsych paper on racism in mental health[12] highlighted that although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. We repeat our calls that efforts to tackle this should be urgently prioritised by Government, non-governmental organisations and professional bodies.

Following this paper, the National Collaborating Centre for Mental Health based at the RCPsych published a document called Advancing Mental Health Equality (AMHE)[13] which is a resource to support commissioners and providers to tackle mental health inequalities in their local areas[14]. This document should be a key tool for mental health commissioners to plan how they should reshape their services as they adjust following the COVID-19 crisis, including how any use of remote consultations and other digital solutions are appropriately designed.

Additionally, The College has endorsed the Cultural Competency in Mental Health Services initiative that has been developed by Diverse Cymru, working closely in its development and in ensuring that every health board is working towards this standard.

Mental health services for older adults

A recent survey of RCPsych members has found that psychiatrists working with older adults have seen the biggest drop off in the ability to deliver regular appointments. With over half saying that long term appointments have either decreased or significantly decreased since the crisis started.

This is not surprising considering they are the group most at risk from infection and have been advised to take extra precautions around isolating. It may also be that they are the group less able to engage with their mental health team online. Although it is important not to generalise and say that all older people will not be comfortable talking to a psychiatrist over the internet.

Our older adult faculty has also reported restrictions on care home admissions. Although, this is for the safety of existing residents our Old Age Faculty is concerned for their patients with advanced dementia that need constant support and care but cannot be admitted to a specialist facility.

Equalities considerations on COVID-19 impact on healthcare staff

In response to emerging evidence on the disproportionate impact of Coronavirus on people from BAME communities, the government has set up a review into this issue. This disproportionate impact is also being seen in the healthcare system, with evidence emerging that disproportionate numbers of BAME healthcare staff are being affected by Coronavirus[15],[16],[17],[18]. In response to this, the President of the Royal College of Psychiatrists set up a Task and Finish Group to look into this issue, and develop recommendations for mental health services across the UK to help them support BAME staff, put risk mitigation processes in place, and develop longer term solutions to address inequality in the workplace.

The Task and Finish Group reviewed the evidence that currently exists on the impact of the virus on BAME healthcare staff, and has found that the disproportionate mortality of health and care staff from black and minority ethnic backgrounds during the COVID-19 pandemic is not fully explained by other suggested risk factors. This has an adverse impact on the entire mental health workforce and additionally involves further direct and indirect harm through longer term morbidity, physical recovery and psychological consequences of this unequal disease burden.

There are multiple risk factors associated with the increased impact of COVID-19 in the BAME health workforce, which include biological, medical, sociological and structural issues[19],[20]. WRES data also indicates that BAME healthcare staff are more likely than their white counterparts to experience bullying and discrimination in the workplace[21], and so therefore may not feel able to freely raise concerns.

This underpins the need to ensure that BAME colleagues are proactively supported by leadership and management during and after this crisis, for their security and the security of the future mental health workforce. In the short term, appropriate and robust risk mitigation for BAME mental health staff should be put in place during the COVID-19, and access to support should be readily made available and accessible.

In the longer term, recommendations on addressing inequalities within the health workforce and system must be implemented in a robust and

transparent manner and understanding of the value and strengths of a diverse mental health workforce acknowledged and communicated across the system. Furthermore, the longer-term psychological impacts of the COVID-19 pandemic on BAME healthcare staff may be significant and complex, and mental health service management should lead the way in ensuring support is adequate, available and accessible for those that need it.

The full report from the group identifies the need for a good, collaborative risk assessment that will enable robust risk mitigation to be implemented and support individual staff members to feel more confident about being protected at work while undertaking duties in the care of others.

We have shared with the Advisory Group that has been convened by Welsh Government and are keen that this recommendation is taken forward.

Reducing restrictive practices

People with a learning disability and/or autism in inpatient settings are already vulnerable to and disproportionately represented in the use of inappropriate and excessive restraint, seclusion and long-term segregation. Restrictive practices are also used disproportionately on those from ethnic minority communities, women and girls. [22]

During the pandemic services and staff are still required to commit to reducing their use of restraint. The only changes to patient care should be those needed to manage and prevent the spread of COVID-19. At every opportunity, they should consider whether there is a less restrictive option available to them. Any use of restraint must be appropriate, be proportionate to the risks involved and end as soon as possible. Providers should refer to their ethics committees where required and as always it is essential that all staff using restraint techniques are fully trained.

RCPsych has developed the COVID-19 Mental Health Improvement Network to support mental health teams to share and learn from each other to maintain and improve safety in response to the COVID-19 pandemic. It is working to identify areas where improvement packages are needed during this period, one of such areas is restrictive practice. A short "change package" is available, along with a series of webinars in order to support services in this area.

Once the initial crisis is over it is critical that learning from RCPsych's reducing restrictive practice programme is considered for wider roll-out across Wales. The initial pilots from England have demonstrated that with the right support health boards can significantly reduce how often they use restrictive practices.

Additional Comment

We have closely monitored the views of psychiatrists, patients and services during this time. It is important to recognise how the mental health workforce, alongside patients and carers have adjusted to the pandemic under significant pressure.

It does further highlight that there is not parity between physical and mental health, and that there is need to strategically invest to support some of the most vulnerable people in society.

It is essential that the College has direct contribution in how services will look to recover and prepare for a second phase.

We must all also ensure that planning considers opportunities that can be sustained, post COVID-19 and will continue to have an impact across the health service.

Once such consideration that the College would particularly choose to be highlighted and recognised, is the successful work of Technology Enabled Care Cymru (TEC Cymru). The rollout of telehealth and video consultation was informed from a pilot project 'CWTCH', for CAMHS services in Gwent. The pilot lead, Prof Alka Ahuja was subsequently seconded to Welsh Government as a clinical lead for TEC Cymru.

There are a number of additional innovations that stand to make a significant improvement to services, across the NHS as well as ensuring we work towards a parity between services. These are highlighted in our manifesto and we believe will compliment much of the Committees considerations that will inevitably arise from this inquiry, in considering what the Health & Social Care service could like in recovery and post

COVID-19. We would be keen to follow up and give further suggestion to the Committee.

As a final point, in this response.

40% of psychiatrists in Wales have reported that their mental health and wellbeing has suffered or significantly suffered during this time. Alongside the challenge presented by the nature of the virus; there is more that can be done to support the impact of a pandemic on mental health services, its patients and workforce. The College is well positioned to advise and reflect on the experiences of psychiatrists.

Our additional recommendations

- *That specialist mental health services have a direct voice within the recovery planning from Welsh Government*
- *That the impact upon the wellbeing of Psychiatrists (and its unique determinants as highlighted in this response) as well as the wider NHS and Social Care workforce is further examined by Welsh Government in partnership with the College.*

[1] The Royal College of Psychiatrists issued a survey to its members working in the National Health Service across the United Kingdom. It was in the field from Wednesday 15 April until the morning of Friday 17 April.

[2] https://www.hsj.co.uk/finance-and-efficiency/exclusive-hundreds-of-patients-kept-in-distressing-dormitory-style-wards/7025290.article

[3] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personaleconomicwellbeingintheuk/may2020

[4] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personaleconomicwellbeingintheuk/may2020

[6] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-physical-health-conditions Raj, D., Stansfeld, S., Weich, S., Stewart, R., McBride, O., Brugha, T., ... & Papp, M. (2016). Chapter 13: Comorbidity in mental and physical illness. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digita

[7] Equality and Human Rights Commission, 2016, *Healing a Divided Britain*.

[8] ONS, Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020,

[9] https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/legal-covid-19-guidance-for-clinicians

[10] NHS Digital (2017) Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics

[11] Royal College of Psychiatry, Racism and Mental Health, 2018 https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf

[12] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_18.pdf?sfvrsn=53b60962_4

[13] https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

[14] https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

[15] NHS confederation (2020) The impact of COVID-19 on BME communities and health and care staff. Available from: https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/BRIEFING_Impact-of-COVID-19-BME_communities-and-staff_FNL.pdf

[16] Health Services Journal (2020) Exclusive: deaths of NHS staff from COVID-19 analysed. Available from: https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article

[17] Kanani, Nikki. Issar, Prerana. (2020) Note for all BAME colleagues working in the NHS. Available from: https://www.england.nhs.uk/blog/note-for-all-bame-colleagues-working-in-the-nhs/

[18] Chakravorty I, Daga S, Dave S, Chakravorty S, Bhala N, Menon G, Mehta R & Bamrah JS. An online survey of healthcare professionals in the COVID-19 Pandemic in the UK. Sushruta 2020 (Jul) vol13(2): ePub 25.04.2020 (pre-print v1.2*) DOI: 10.38192/13.2.9

[19] Kings Fund (2020) Ethnic Minority Deaths and COVID-19: What are we to do? Available from: https://www.kingsfund.org.uk/blog/2020/04/ethnic-minority-deaths-covid-19

[20] NHS confederation (2020) The impact of COVID-19 on BME communities and health and care staff. Available from: https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/BRIEFING_Impact-of-COVID-19-BME_communities-and-staff_FNL.pdf

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice__reducing_compulsion.pdf

Response to Health, Social Care and Sport Committee: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Further Written Evidence from the Royal College of Psychiatrists Wales

For further information, please contact:

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The Royal College of Psychiatrists in Wales (The College) is the professional medical body responsible for developing and supporting psychiatrists throughout their careers, and in setting and raising standards of psychiatry throughout Wales.

The College aims to improve outcomes for people with mental disorders and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

We are pleased to be invited to present oral evidence to the Committee, and have accordingly provided additional written evidence in support, in this additional submission.

For ease, we have identified the initial written evidence that we provided for the Committee, whilst differentiating additional evidence.

Section One – Initial & Updated written evidence
Section Two – Additional thoughts and recommendations

Section One – Initial written evidence

The Royal College of Psychiatrists Wales is pleased to respond to this inquiry. In determining a response, we have highlighted 2 initial areas, alongside a comment on recovery planning. The College would be very happy to provide any further evidence to the committee, in writing or virtually. Our areas:

- Delivering core NHS and care services during the pandemic and beyond,
- Coronavirus and the impact on people with protected characteristics.

Delivering core NHS and care services during the pandemic and beyond

While COVID-19 is a virus, it is having a profound impact on the nation's mental health. If there is a post Covid-19 recession, the economic downturn will have significant implications for the nation's mental health and suicide rates.

The virus is also affecting the mental health and well-being of NHS and social care staff. The ONS has reported a sharp rise in the number of people reporting high levels of anxiety and our survey of psychiatrists has found that there has been an increase in the number of urgent and emergency cases seen by psychiatrists.

Our recent surveys of psychiatrists, at the earlier stage of the pandemic (15th-17th April and 1st-6th May) have also highlighted significant concerns that psychiatrists are being forced to put themselves and their patients at risk, delivering care without adequate PPE or access to tests for themselves, their families or their patients.

Our recommendations for delivering core services

- *Consistent message sent to the public that if you have a mental health need you should still seek help.*
- *Mental health services must be adequately supported to deal with the increase in urgent and emergency demands*
- *Expand and monitor efforts to ensure all staff working in mental health care get access to the PPE and COVID-19 tests they need.*
- *NHS Wales should closely monitor the implementation of the guidance on infection control and offer additional support to those areas that are struggling to follow them.*
- *Provide ongoing support to healthcare staff after the initial peak and give them support to recover before any potential second wave.*
- *Invest in expanded mental health services to cope with the likely rise in demand for services following the initial COVID-19 peak.*
- *Invest in support for the general population in the event of an economic downturn.*

How has demand for mental health services been affected by the pandemic?

Our survey of psychiatrists working in the NHS has found that the COVID-19 pandemic has led to an overall increase in emergency and urgent appointments and an overall decrease in the number of patients they have seen for more routine support:

- Emergency interventions/appointments - 13% have seen workload increase, 30% have seen a decrease

- Urgent interventions/appointments - 36% have seen workload increase, 32% decrease
- Appointments/interventions normally conducted within four weeks - 11% have seen an increase, 54% a decrease
- Appointments/interventions normally within three months - only 14% have seen an increase, compared to 39% seeing a decrease
- Appointments/interventions normally after three months - just 5.5% have seen this area of workload increase, compared to 51% who have seen these caseloads decline.

The decrease in non-urgent cases is as concerning as the rise in urgent and emergency cases expressed by some of our psychiatrists. It is much harder for mental health teams to deliver routine services while managing social distancing, dealing with an increase in urgent and emergency cases and supporting patients who may have COVID-19.

Psychiatrists report to us their concern that temporary drop offs in some activity represented a calm before the storm, due to some services being delayed and some patients avoiding contact due to fear of infection or concern that they are being a burden on the NHS. It is critical that people are aware that NHS mental health services are still open. Those who fail to get the help they need now, may become more seriously ill further down the line.

According to our survey, psychiatrists working with older adults had seen the biggest decrease in regular appointments. Over half of respondents stated that long term appointments have either decreased or significantly decreased since the crisis started. Unfortunately, this is not surprising considering they are the group most at risk from infection and have been advised to take extra precautions around isolating. It may also be that they are the group less able to engage with their mental health team via increasingly adopted methods of remote working such as online video calls. Although it is important not to generalise and assume all older people will be uncomfortable talking to a psychiatrist over the internet.

Our faculty of older adult psychiatry had reported restrictions on care home admissions. Although, this is for the safety of existing residents our psychiatrists are concerned for their patients with advanced dementia who need constant support and care but cannot be admitted to a specialist facility. Guidance on hospital discharge issued from Welsh Government has looked to address this challenge.

Our survey found that psychiatrists working in Liaison mental health, and General adult services have had the biggest increase in emergency appointments/interventions.

Psychiatrists also reported a significant drop off rate in regular referrals to child and adolescent mental health services. Far fewer children were being referred from primary care to mental health services. This is particularly concerning for patients with mental health conditions which have an increased mortality rate such as eating disorders, bipolar disorder and schizophrenia.

Some of our Forensic Faculty of psychiatrists working in secure NHS facilities and prisons also expressed significant concerns about their ability to care for patients. They had faced a reduction in referrals and a reduction in the number of hospital patients they've been able to transfer to community services. It is particularly difficult to deliver services in prisons as many of our psychiatrists have struggled to access patients although we have had reports that this is improving.

Another area where our psychiatrists have expressed significant concerns is within addiction services. Our Addictions Faculty members have told us that some people with alcohol addictions problem are drinking much more and becoming even more chaotic in their lifestyles as a result of the pandemic. We have had reports of a significant number of people relapsing because of the strains of lock down and being cut off from their friends and families.

How mental health services have adapted to deal with the crisis

Many providers of mental health services reacted quickly to change the way services act in response for the crisis. Many psychiatrists are currently working an 'altered timetable' due to reconfiguration of services.

During the COVID-19 pandemic, it is essential that those who use mental health services continue to get the care they need. Remote consultations, using telephone calls, audio and video to provide care for patients has already become a fundamental part of the way mental health services provide care. As we move beyond the peak of the crisis, this is likely to become more standard practice and there are concerted efforts to continue to increase capacity.

Many psychiatrists are currently working remotely, showing that services are able to provide flexibility for staff as well as patients.

Those with a lack of digital literacy, lacking in confidence using technology or with little or no access to digital platforms must not be disadvantaged. Use of telephone consultations, rather than more complex video platforms may be sufficient for lower risk conversations or to ensure engagement with those who lack digital technology or skills.

The College has published online resources for people with a mental illness and their carers on issues such as medication and how to manage their conditions during the crisis.

Access to PPE

A pair of college surveys found that psychiatrists are being forced to put themselves and their patients at risk, delivering care without adequate PPE or access to tests for themselves, their families or their patients[1].

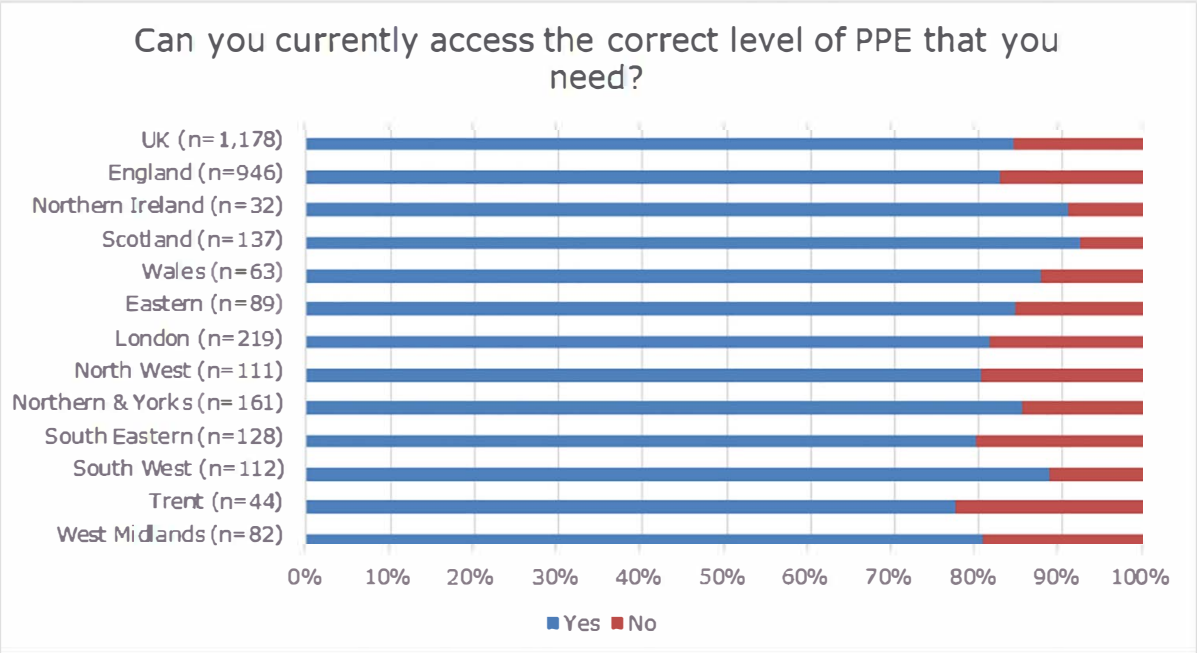
One psychiatrist surveyed said "There are extreme shortages of PPE and most of us are at risk. Only very limited supply is obtained and most of the time frontline staff are refused risking their lives. Staff are terrified and afraid."

Our survey (in the field from 1-6 May) has shown that a significant proportion of psychiatrists are concerned that they are not able to access the level of PPE set out in the guidance.

- Around 16% of psychiatrists in the UK don't have access to correct PPE.
- In Scotland this was 8%, Wales 13%, Northern Ireland 9% and 18% in England.

The national and regional breakdowns are as follows

Chart 1 - Are you able to access the following PPE kit when you need it (in line with the latest guidance from your organisation)? (NB – don't know responses were excluded)



***Update. We further surveyed members in Wales in June and the figure was consistent.**

Some of our psychiatrists have previously expressed concerns about the potential impact the lack of adequate PPE is likely to have. Some of the most concerning responses to our first member survey (in the field from 15-17 April) included psychiatrists saying that:

- *"Last week we did CPR on a patient who had hung themselves with no fit tested PPE."*
- *"There are extreme shortages of PPE and most of us are at risk. Only very limited supply is obtained and most of the time frontline staff are refused risking their lives. Staff are terrified and afraid."*
- *"Spitting in Covid positive patients is a real issue and not able to get the appropriate PPE, social distancing impossible in inpatient settings."*

Access to testing

The other major concern raised by our psychiatrists is that a significant proportion were unable to access tests for themselves, their families or their patients if they have concerns if they have COVID-19. The current Government guidance states that any NHS worker or their family member with suspected COVID-19 should be able to access testing and that tests should be given to any new patient entering an inpatient setting.

When our psychiatrists across the UK were surveyed (1-6 May) we found that, In Wales:

- Around one in ten psychiatrists working in the NHS said they were not able to access a test for COVID-19 for themselves if they had symptoms, if you include those who did not know if they could access a test it was up to almost a quarter.
- One in four either could not or did not know if they could access a test for their patients
- Almost a half (45%) could not or did not know if they could access a test for members of their household

Whilst these findings have improved since our first survey (15-17 April), there are still areas for improvement.

***Update. We further surveyed members in Wales in June, with reported increased access for testing for patients.**

- Less than one in ten psychiatrists working in the NHS said they were now not able to access a test for COVID-19 for themselves if they had symptoms, if you include those who did not know if they could access a test it was still up to almost a quarter.
- The availability for testing for patients had improved, with 93% reporting that they were able to access testing
- Still, almost a half (45%) could not or did not know if they could access a test for members of their household

Infection control and prevention

The majority of mental health units in the UK were never designed to contain a highly contagious illness. Potential environmental risks include aged estates with a significant proportion of dormitory style accommodation, small shared offices, shared computers, shared patient facilities, sitting or dining rooms, shared toilets, poor ventilation and air-conditioning. Particularly worryingly last year there were 1,176 patients (UK-wide) having to share mixed dormitories[2].

In addition, it is often the case that some patients may be unable to follow advice on containment, isolation and testing, which presents a further clear infection risk to be considered and managed.

We are concerned that some NHS mental health estates are unsuitable, making it very hard to follow guidance. The guidance includes recommendations that all new patients coming into a mental health, learning disability, autism, dementia or specialist inpatient facility are tested for COVID-19, including asymptomatic patients, and kept separate from other patients until they get their results back.

As shown above many of our psychiatrists have expressed significant concerns that they are currently unable to access testing for their patients. To date it has been very difficult to effectively cohort due to lack of adequate access to testing, therefore it is important that effective delivery of this change in testing policy in mental health settings is monitored and not overlooked.

Many sites also lack the space to keep patients separate especially those with mixed dormitories. Consideration is needed on how Health Boards can be supported to undertake the complex task of cohorting effectively within their estates, both in the immediate term and looking to the medium and longer term.

On admission, space is needed for confirmed COVID cases, a second space for patients confirmed via testing to be COVID negative and a third space patients whose COVID status is unconfirmed while test results awaited. In addition, patients who need shielding should be kept away from those with confirmed COVID.

It is important to understand the extent to which local areas are able to follow this guidance, and this is monitored, and additional support is offered to those areas that are struggling to follow them.

How we can we support the mental health of NHS staff?

At this time, NHS staff may feel stressed for many reasons such as having to make difficult decisions about patients' care, the amount of work, being uncertain about the future, worrying about taking the virus home with them and infecting others, and/or less contact with family and friends.

The role of NHS team leaders, managers and supervisors is crucial to ensure NHS staff have the mental health support they need. NHS leaders need to have frank discussions with staff about the challenges that lie ahead, not to sugar coat them but also not to overstate the trauma they are likely to face. These discussions should address the difficult decisions that staff may have to make.

We also recommend supervisors speak with their teams using structured forums similar to the ones provided by Schwartz Rounds. Such forums enable staff to come together with their leader after their shift and talk honestly about what did and didn't go right, the difficulties they faced and the associated emotional reactions.

While staff will have limited time to be involved in such discussions, this approach is likely to reduce the potentially damaging mental health impacts of working on a stressful hospital ward. This should be done during staff's normal working hours.

For further information, we have published a range of resources for team leaders and supervisors as part of our COVID-19 guidance. We have also developed specific resources for psychiatrists on taking care of themselves as well as helping other healthcare professionals.

Despite the challenges they face during the pandemic, most NHS workers will not suffer from a mental illness. With good leadership, as well as properly preparing and supporting NHS staff, most will avoid developing longer-term difficulties.

For those who do need help, we should provide evidence-based care both in the short term to help NHS staff get back to work and in the long term. The available evidence strongly suggests that the support given to NHS staff members as the crisis begins to recede is of critical importance in determining whether they will experience psychological growth, develop a mental health disorder or neither.

Supporting the health and wellbeing of NHS workers following the first COVID-19 outbreak is likely to be even more critical. To this end, the NHS must give its staff members - who have been working intensively in arduous circumstances - sufficient time to 'reset' before they embark on their usual work.

This time will be crucial for them to access the social support they need, and to readjust to the 'new normal' without being under too much pressure while trying to recover. Should there be second wave of coronavirus this rest period will be even more crucial

We have developed some concrete elements that we believe should be put in place for staff in every NHS Health Board, including:

- Any staff member who unexpectedly does not turn up for a shift should be proactively contacted.
- Once someone completes their COVID-19 work they should be thanked, be provided with opportunities to informally mix with their colleagues and given relevant mental health and welfare information.
- Workplace supervisors should carry out a structured return to post-COVID-19 work interview.
- Staff should be written to again three and 12 months [and possibly later] post completing their COVID-19 work and be given information about how they can check their own mental health.

How we can we support people's mental health after the initial peak?

It seems inevitable that once the pandemic is past its peak, there will be an increase in demand for mental health services and for support for the general population. That need will increase more if there is an economic downturn. This may be because of pent up demand caused by the current fall in referrals, the consequences of lockdown, economic uncertainty and the trauma of contracting or losing loved ones to COVID-19.

The recent ONS wellbeing survey found that between 20 March and 30 March 2020 almost half of the population of Great Britain (49.6%) reported high levels of anxiety. This compares to 21% of people who said the same last year[3].

A significant economic downturn following the crisis is widely predicted and there is strong evidence of a link between economic difficulties and higher rates of mental health problems and suicide[4]. We have already seen from the recent ONS survey that people who had experienced a reduction in household finances because of COVID-19 reported 16% higher anxiety on average[5].

Mental health services, which are overstretched at the best of times, will come under even more pressure. One of the biggest causes of this is a lack of trained staff.

In March, we released our manifesto for the 2021 Senedd Cymru elections. We highlighted particular areas of focus for developing the workforce in Wales that will support ambition, and it's essential that this is confirmed and commitments are made within the mental health workforce strategies that have been outlined within Welsh Government's 'Together for Mental Health Strategy'.

It is important that these commitments are not forgotten, and that recommendations from our manifesto are brought forward in working towards achieving parity between services; and respective of parity in developing parity for a mental health workforce.

Coronavirus and the impact on people with protected characteristics

Over a third of people with a severe mental health illness (37.6%) also have a long-term physical condition[6] meaning that they are disproportionately at risk of being affected by COVID-19.

In the UK, people from Black, Asian and minority ethnic backgrounds (BAME), face persistent and wide-ranging inequalities. An individual from a Black, Asian or minority ethnic background is more likely to experience poverty, to have poorer educational outcomes, to be unemployed, and to come in contact with the criminal justice system[7]. These, in turn, are risk factors for developing a mental illness.

Emerging data from the COVID-19 pandemic clearly shows that BAME groups are significantly more likely to die from COVID-19[8], the reasons for this are currently not well established, though societal inequalities are likely to play a role.

This submission focuses on what impact the crisis is having on mental health services and those services that are delivered to people with protected characteristics.

We have also looked to address the Coronavirus Act 2020 and the impact that will have on those with protected characteristics.

Recommendations to support people with protected characteristics

- *The emergency changes to the Mental Health Act should only be used where patients would otherwise be put at risk and their use should be closely monitored.*
- *The need for the enactment and prospective enforcement of the MHA emergency changes, should be closely monitored and justified – At present, we do not support a case for enactment and enforcement*
- *Health Boards should adopt the College guidance and work with individual staff to develop appropriate and robust risk mitigation for BAME mental health staff, and access to support should be readily made available and accessible.*
- *When the peak of the crisis is over mental health services should not go back to normal instead commissioners should learn from the National Collaborating Centre for Mental Health Advancing Mental Health Equality (AMHE) guidance when redesigning services*
- *When supporting patients during the COVID-19 crisis staff should use the least restrictive option that is possible*

The emergency coronavirus legislation and mental health

Schedule 8 of the Coronavirus Act creates the ability for changes to be made to mental health legislation across the UK. These changes have so far not been enacted apart from those related to the Mental Health (Northern Ireland) Order 1986 - in Northern Ireland.

The changes to the Mental Health Act 1983 (England and Wales) (MHA) would allow certain functions relating to the detention and treatment of patients to be carried out with fewer doctors' opinions or certifications. It also temporarily allows for the

extension or removal of certain time limits relating to the detention and transfer of patients. Full details of what this would entail can be found on our website[9]

Although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. Where they do come into contact with services, it is disproportionately based on a detention order requiring them to stay in hospital[10].

If this legislation is enacted, it would disproportionately impact these groups. We are extremely conscious that enacting MHA emergency powers would weaken patient safeguards, so it is essential that their use must always be justified. People shouldn't be denied access to the care they need, and potentially left in a situation where their own life is at risk due to a lack of staff. If those needing care don't get it because of a depleted workforce it will further affect an already disadvantaged group and so on balance.

We have monitored the views of psychiatrists closely in relation to delays that may have been experienced in using the MHA in the last couple of months.

75% of psychiatrists had not reported trouble convening a MHA assessment in Wales, only 7% had (the remaining responders are not convening community MHA assessments during their work)

Presently we do not believe there is an evidence base to justify enforcement of the MHA amendments in Wales, should they be enacted by the UK Government.

Enacting the MHA emergency powers would weaken of patient safeguards. Therefore, their use would need to be justified every single time they are used.

If emergency powers are enacted, they should only be used where necessary and justifiable. It is essential that it is clearly communicated that the powers, if enacted they should not be used nationally, only where the lack of staff caused by the COVID-19 crisis means a patient's safety is being put at risk and where there is no alternative.

We are also very conscious that the MHA is currently applied disproportionately to people from some BAME communities.

RCPsych recognises that racism and racial discrimination is one of many factors which can have a significant, negative impact on a person's life chances and mental health. We are particularly concerned about the disproportionate impact on people from Black, Asian and minority ethnic communities, notably those of Black African and Caribbean heritage. It can lead to substantial disparity in access to and experiences of various areas of psychiatric care, including crisis care, admissions, pathways into care, readmissions, use of seclusion and detentions under MHA. [11]

We have highlighted our cautious position to Welsh Government.

In 2018 the RCPsych paper on racism in mental health[12] highlighted that although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. We repeat our calls that efforts to tackle this should be urgently prioritised by Government, non-governmental organisations and professional bodies.

Following this paper, the National Collaborating Centre for Mental Health based at the RCPsych published a document called Advancing Mental Health Equality (AMHE)[13] which is a resource to support commissioners and providers to tackle mental health inequalities in their local areas[14]. This document should be a key tool for mental health commissioners to plan how they should reshape their services as they adjust following the COVID-19 crisis, including how any use of remote consultations and other digital solutions are appropriately designed.

Additionally, The College has endorsed the Cultural Competency in Mental Health Services initiative that has been developed by Diverse Cymru, working closely in its development and in ensuring that every health board is working towards this standard.

We also support the recommendations identified with the First Minister's Socio-Economic Group advisory report that amongst many positive recommendations advises:

The Report asks Welsh Government to commit to support and fund practical ongoing actions in providing appropriate, equitable, and culturally competent mental health services to individuals from Black, Asian and Minority Ethnic backgrounds to help address the acknowledged inequities that exist in mental health take-up and service provision. It suggests that this should be achieved through utilising the Royal College of Psychiatrists in Wales endorsed Diverse Cymru Black, Asian and Minority Ethnic Mental Health Cultural Competence Certification Scheme and any other such practical actions.

We welcome Welsh Governments commitment to this recommendation.

Mental health services for older adults

A recent survey of RCPsych members has found that psychiatrists working with older adults have seen the biggest drop off in the ability to deliver regular appointments. With over half saying that long term appointments have either decreased or significantly decreased since the crisis started.

This is not surprising considering they are the group most at risk from infection and have been advised to take extra precautions around isolating. It may also be that they are the group less able to engage with their mental health team online. Although it is important not to generalise and say that all older people will not be comfortable talking to a psychiatrist over the internet.

Our older adult faculty has also reported restrictions on care home admissions. Although, this is for the safety of existing residents our Old Age Faculty is concerned for their patients with advanced dementia that need constant support and care but cannot be admitted to a specialist facility.

Equalities considerations on COVID-19 impact on healthcare staff

In response to emerging evidence on the disproportionate impact of Coronavirus on people from BAME communities, the government has set up a review into this issue. This disproportionate impact is also being seen in the healthcare system, with evidence emerging that disproportionate numbers of BAME healthcare staff are being affected by Coronavirus[15],[16],[17],[18]. In response to this, the President of the Royal College of Psychiatrists set up a Task and Finish Group to look into this issue, and develop recommendations for mental health services across the UK to help them support BAME staff, put risk mitigation processes in place, and develop longer term solutions to address inequality in the workplace.

The Task and Finish Group reviewed the evidence that currently exists on the impact of the virus on BAME healthcare staff, and has found that the disproportionate mortality of health and care staff from black and minority ethnic backgrounds during the COVID-19 pandemic is not fully explained by other suggested risk factors. This has an adverse impact on the entire mental health workforce and additionally involves further direct and indirect harm through longer term morbidity, physical recovery and psychological consequences of this unequal disease burden.

There are multiple risk factors associated with the increased impact of COVID-19 in the BAME health workforce, which include biological, medical, sociological and structural issues[19],[20]. WRES data also indicates that BAME healthcare staff are more likely than their white counterparts to experience bullying and discrimination in the workplace[21], and so therefore may not feel able to freely raise concerns.

This underpins the need to ensure that BAME colleagues are proactively supported by leadership and management during and after this crisis, for their security and the security of the future mental health workforce. In the short term, appropriate and robust risk mitigation for BAME mental health staff should be put in place during the COVID-19, and access to support should be readily made available and accessible.

In the longer term, recommendations on addressing inequalities within the health workforce and system must be implemented in a robust and transparent manner and understanding of the value and strengths of a diverse mental health workforce acknowledged and communicated across the system. Furthermore, the longer-term

psychological impacts of the COVID-19 pandemic on BAME healthcare staff may be significant and complex, and mental health service management should lead the way in ensuring support is adequate, available and accessible for those that need it.

The full report from the group identifies the need for a good, collaborative risk assessment that will enable robust risk mitigation to be implemented and support individual staff members to feel more confident about being protected at work while undertaking duties in the care of others.

We have shared with the Advisory Group that has been convened by Welsh Government and are keen that this recommendation is taken forward.

Reducing restrictive practices

People with a learning disability and/or autism in inpatient settings are already vulnerable to and disproportionately represented in the use of inappropriate and excessive restraint, seclusion and long-term segregation. Restrictive practices are also used disproportionately on those from ethnic minority communities, women and girls. [22]

During the pandemic services and staff are still required to commit to reducing their use of restraint. The only changes to patient care should be those needed to manage and prevent the spread of COVID-19. At every opportunity, they should consider whether there is a less restrictive option available to them. Any use of restraint must be appropriate, be proportionate to the risks involved and end as soon as possible. Providers should refer to their ethics committees where required and as always it is essential that all staff using restraint techniques are fully trained.

RCPsych has developed the COVID-19 Mental Health Improvement Network to support mental health teams to share and learn from each other to maintain and improve safety in response to the COVID-19 pandemic. It is working to identify areas where improvement packages are needed during this period, one of such areas is restrictive practice. A short "change package" is available, along with a series of webinars in order to support services in this area.

Once the initial crisis is over it is critical that learning from RCPsych's reducing restrictive practice programme is considered for wider roll-out across Wales. The initial pilots from England have demonstrated that with the right support health boards can significantly reduce how often they use restrictive practices.

Additional Comment

We have closely monitored the views of psychiatrists, patients and services during this time. It is important to recognise how the mental health workforce, alongside patients and carers have adjusted to the pandemic under significant pressure.

It does further highlight that there is not parity between physical and mental health, and that there is need to strategically invest to support some of the most vulnerable people in society.

It is essential that the College has direct contribution in how services will look to recover and prepare for a second phase. We have had positive discussion with NHS Wales and Welsh Government during this time, and are hopeful that recommendations that we have given are taken forward.

We must all also ensure that planning considers opportunities that can be sustained, post COVID-19 and will continue to have an impact across the health service.

Once such consideration that the College would particularly choose to be highlighted and recognised, is the successful work of Technology Enabled Care Cymru (TEC Cymru). The rollout of telehealth and video consultation was informed from a pilot project 'CWTCH', for CAMHS services in Gwent. The pilot lead, Prof Alka Ahuja was subsequently seconded to Welsh Government as a clinical lead for TEC Cymru.

There are a number of additional innovations that stand to make a significant improvement to services, across the NHS as well as ensuring we work towards a parity between services. These are highlighted in our manifesto and we believe will compliment much of the Committees considerations that will inevitably arise from this inquiry, in considering what the Health & Social Care service could like in recovery and post COVID-19. We would be keen to follow up and give further suggestion to the Committee as services continue to adapt.

As an additional point in this response.

40% of psychiatrists in Wales have reported that their mental health and wellbeing has suffered or significantly suffered during this time. Alongside the challenge presented by the nature of the virus; there is more that can be done to support the impact of a pandemic on mental health services, its patients and workforce. The College is well positioned to advise and reflect on the experiences of psychiatrists.

Our recommendations

- *That specialist mental health services have a direct voice within the recovery planning from Welsh Government*

- *That the impact upon the wellbeing of Psychiatrists (and its unique determinants as highlighted in this response) as well as the wider NHS and Social Care workforce is further examined by Welsh Government in partnership with the College.*

Section 2 – Additional thoughts and recommendations

We have provided some additional context for the Committee based upon further reflections since the initial written evidence submission.

- RCPsych Wales will commit the next 12 months of its academic events and CPD programme to be focussed upon Covid recovery for mental health services. We would wish to do this in partnership with other key stakeholders, including Welsh Government.
- Welsh Government should commit the role of Clinical Lead for TEC Cymru as a permanent role.
- Welsh Government & NHS Wales should work with key stakeholders including RCPsych Wales to consider and implement ways to alleviate waiting lists that have significantly grown during the first phase of the pandemic.

We have written to Welsh Government to offer support in addressing memory assessment waiting lists across health boards in Wales, with consideration for additional consultant clinics, utilising remote assessments to tackle memory clinic backlogs.

Recommendations for the NHS estate

We would wish to reinforce recommendations on the appropriateness of much of the NHS mental health estate. There are both short and long term challenges and opportunities for improvement, and a parity between service investment.

Recommendations for Supporting Psychiatrists

- NHS Wales should work with RCPsych Wales to offer guidance and support to Health Boards to ensure SPA time, Job planning arrangements, Rota arrangements and other considerations, during recovery and during a potential second wave.
- NHS Wales should adopt the RCPsych 'Covid organisational wellbeing' guidance across Health Boards.

- NHS Wales should adopt the RCPsych 'Going for Growth - An outline NHS staff recovery plan post-Covid' guidance across Health Boards.'

Additional information on some vulnerable groups

Children & Young People

We were pleased to give evidence on the 9th June to the Children, Young People & Education committee on the impact of the pandemic, and welcomed the interim report published on the 8th July.

We highlighted several observations alongside colleagues working in mental health.

- Many children will respond to COVID-19 in a healthy way, but there are others with intellectual disability, Autism Spectrum Disorder, children with ACEs and children with SMI who will not have been as able to process this experience in a healthy way
- Children who are transitioning between settings (schools, to universities) should be recognised as being at higher risk of poor mental health
- Ongoing support for parents' mental health needs must be provided in order to support the mental health of children
- Ongoing support to teachers to be confident, manage anxiety and be psychologically minded and open with their pupils must also be provided
- We should all continue to encourage parents and young people to seek help, should they need it, in light of expanded access to services

Learning Disability

The loss of consistent activities and disruption of routines for people with autism, learning disabilities or both has been significant, This has in some cases resulted in an increase in anxiety and/or challenging behaviour and on occasion led to the need to prescribe medication that would not have been necessary had these changes not occurred, such is the impact on some individuals' lives.

Whilst there is an understandable and distinct lack of reversibility to the current restrictions, this is however leading to difficulties in planning sustainable alternatives for people with learning disabilities, in particular regarding respite provision. Many of those who would normally access respite services now have not been able to do so (or not at the frequency of that pre-pandemic) or have chosen not to due to the potential perceived risk. This is resulting in increased carer burden and strain and

potentially increasing the likelihood of placement breakdown and emergency hospital admission (which is compounded by an already lacking provision of respite services and alternative placements).

The changing laws, guidance and regulations relating to the pandemic and restrictions: inpatient advice/guidance has lagged behind in terms of enabling patient leave. Patient leave is an important part of recovery for many patients and also a safety net for transition into a new placement. Restrictions on leave due to risks of covid transmission to other people in the community (in the shared accommodation) or back into hospital has made it very challenging, and likely delayed discharges. There is also a significant impact on people with ASD of the rule changes and stress of worrying about the public not following rules, resulting in increased anxiety

Patients who live in (shared) supported living not being able to form a "bubble" with family members has also proven significantly challenging. Patients may benefit from Skype/FaceTime but for some individuals this has had the opposite effect: causing more distress.

Due to the need to have a single point of access for admission, patients experience an additional transfer from the SPA to the AATU after 2 weeks. It is hard to say the exact impact of this but it seems likely that it will lengthen admissions and could cause some patients to regress on transfer.

Virtual consultations have proven successful in LD psychiatrists can continue to review and see/include patients. In some situations better than seeing a patient face to face with masks on as able to assess mental state to an extent and develop rapport more easily. Also in some cases results in better patient engagement (e.g. patients who don't like going to clinic and carers attend only pre-pandemic). For others though, their involvement may be reduced. Difficulties with technology are a barrier and there can be reluctance of families/carers to engage with technology (often preferring a phone call when given the option).

Earlier on during the pandemic (and could be the case again with local lockdowns) patients who need to continue to access the community for their mental wellbeing were stopped and interrogated by the police. In some cases they were told to return home. This resulted in anxiety for family/carers as well as for individuals with learning disabilities. In some cases patients/family were not keen to access the community again – impacting on their and the individual with learning disability's wellbeing.

There was reduced / cancelled / delayed annual healthchecks with some GPs as they were classed non-essential. Annual healthchecks are an important component of

reducing health inequalities by attempting to identify any emerging health problems early.

- NHS Wales should work with RCPsych Wales to ensure that day services are available and open/re-open when safe and appropriate, and not left closed or unavailable unnecessarily

Older people

We are currently involved in a project with Old Age psychiatric teams in both ABUHB, and BCUHB in delivering memory services through video consultation. This project has been well supported by TEC Cymru and Digital Communities Wales to date, with evaluation arrangements made.

We feel this should be considered by Welsh Government upon evaluation, as it offers increased opportunity to deliver appropriate remote services.

People in forensic care

As previously mentioned, we have been made aware that many medical staff could not see patients in prison because of COVID and there was now a backlog of illness.

Additionally, it has been reported that people were being held on remand for lengthy periods over alleged offences and the associated psychological impact will be significant.

There have been different approaches undertaken in private and public forensic units, both attempting to strike a balance between seeing the patients regularly but not risking the spread of COVID. Visiting in forensic units had been heavily curtailed.

Liaison Psychiatry Services

The impact of Covid on the Liaison Services

a)Alternative pathways to Emergency Departments (ED) have been created by some Health boards (e.g. BCUHB) to reduce risk of Covid exposure to patients and staff. This was well appreciated by the emergency department and general hospital but difficulties and safety issues cannot be overlooked.

Specialty specific alternatives to ED – including alternatives for patients with a clear mental health emergency need and no physical health needs, should be provided to reduce waiting times in ED, improve hospital flow and give service users a better experience.

b)Additional beds e.g. the building of Dragon's Heart Hospital in Cardiff.

These additional beds created great spaces for improved flow away from the general hospital, however lack of natural light and use of artificial lighting did not help older patients with cognitive impairment with their orientation and recovery especially following Delirium.

When building new hospitals, environmental research about Delirium and our psychogeriatric populations should always be taken into consideration.

c)Use of technology- this has been a fast tracked change realised during Covid. E.g. Attend Anywhere has been used for liaison outpatient clinics;
Telephone contact by liaison staff to known frequent attenders has been used in the initial weeks for support.

Modern technology needs to be available across Wales, particularly in rural areas. Some areas still have problems accessing good signal making it difficult for provision of services even remotely.

Impact on Staff

- Liaison services immediately recognised their role in looking after the well-being of colleagues in the general hospital. Some were instrumental in ensuring the provision of a concerted staff well-being response within their Health boards, others participated directly by supporting distressed colleagues and being frontline. Generally there was a sense of team work and readiness to work outside one's own comfort zone.

Organisations need to pull resources from both Physical and Mental Health, as well as Primary and Secondary Care, Health and Social Care, to find solutions to many more problems that we are facing with the Health of our Nation.

For instance, now we are starting to see disabling anxiety and chronic non-specific physical symptoms – like post viral fatigue in some patients post Covid. There is no clear pathway or agreed approach to address these problems within primary or secondary care, physical or mental health.

- Some liaison services experienced more than 50% reduction in staffing levels due to redeployment, shielding, stress related issues and self-isolating. For some services this was on top of already strained services with long term recruitment issues or delays in application processing.

There is currently very minimal flexibility in the system to allow for drops in staffing levels. There has to be an increased awareness and proper measurement of gaps in services and staffing gaps in Welsh health services.

- Liaison services split between the hospital and alternative pathways at times made it difficult to run a safe service. There was an expectation to cover alternative pathways and additional services (such as the Dragon's Heart Hospital) with the same staffing. Even where resources were made available e.g. through Covid funds, the lack of professionals readily available to take up extra work made it very difficult to employ the additional staff.

There are plenty of opportunities for training new staff in Wales but there is no surplus of clinical staff to dedicate time to this. Clinical work always trumps over other activities. There is a need for more training posts within health services to provide a great experience for trainees whilst on work experience. These in turn would want to join the Welsh workforce. This applies to doctors, nurses, allied health professionals etc.

- Trainee doctors and other staff experienced working different shifts and facing Covid deaths on the wards, especially wards for older people. The psychological impact of the relentlessness of this is yet to be discovered.

The long term effects of Covid on staff should be monitored. A database to identify if problems are directly or indirectly Covid or non-Covid related would help.

- PPE fatigue and burnout amongst both clinical and management staff due to the many uncertainties and unpredictability about their day to day shift. E.g. having to cover a 12 hour shift alone because colleagues self-isolating and shift could not be filled. Letting people down and guilt feelings because patients are unable to be seen in a timely way.

Staff should not have to work in such conditions that threaten their own health. There needs to be more resources and these have to be more readily available.

Some services experienced an initial reduction in referrals when lockdown was first announced and hospitals were dealing with reduced plans as well as emergency admissions. This lasted about 2-3 weeks but since, referrals picked up with:

- a new cohort of patients not otherwise known to services, presenting with anxiety, depression and psychotic episodes –possible isolation or effects of unemployment on previously fully functional adults
- very well-known patients with severe mental illness, stable for many years, relapsing due to loss/shut down of community services both within the NHS and third sector.
- New patients presenting with self-harm and actual suicide attempts –related to social isolation both in the young and older adults.
- Increase Alcohol intoxication and withdrawals at all age groups
- Delirium both covid related and non covid
- Covid Encephalopathy
- Carers' strain due to lack of respite and limited resources to support them.

More robust NHS and other third sector community services are needed and are crucial for the prevention of mental illness and well-being of our nation. These services need to be age and gender appropriate, non-stigmatising, easily accessible 24/7 for both rural and city residents across the nation.

We hope that this information Is helpful for the committee, in light of an ever-changing picture. We would be keen to provide additional insight into forecasting need and risk at our evidence session.

- Ends

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[4] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/may2020

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[12] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_18.pdf?sfvrsn=53b60962_4

[13] https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

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the british psychological society
promoting excellence in psychology

British Psychological Society response to the Senedd Health Committee

The impact of the Covid-19 outbreak on health and social care in Wales

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 60,000, with over 1,500 members in Wales.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries
We are content for our response, as well as our name and address, to be made public. We are also content for the Committee to contact us in the future in relation to this inquiry.

Please direct all queries to:-

[redacted]
The British Psychological Society, 48 Princess Road East, Leicester, LE1 7DR
[redacted] [redacted]

About this Response
The response was led on behalf of the Society by Elin Llyr, Deryn Consulting. With contributions from Division of Counselling Psychology Wales, Dr Jimmy Jones - Professional Lead Older Adult Psychology Aneurin Bevan UHB / Consultant Clinical Psychologist & Neuropsychologist, and Dr Joshua Payne – Chair of BPS' Welsh Branch and Lecturer in Cognitive Psychology at Glyndwr University.

British Psychological Society response to the Health and Social Care Committee

The impact of the Covid-19 outbreak on health and social care in Wales

	The British Psychological Society believes that the outbreak of Covid-19 will have a significant impact on our health and social care services for years to come.
1.	**Older Adult Population** Older adults are likely to be disproportionately impacted by loss, ill-health and the effects of the lock-down. This is also a group within society who have the least access to psychological therapies. It is undoubtedly the case that COVID-19 will affect all of society and life may not quite be the same ever again. The psychological response is likely to focus on children and working age adults (coinciding with the high number of therapists working in these age groups and the number of referrals). Older adults will be mentioned in the context of dementia; yet it is likely that there will be little mention of the psychological needs of people aged over 65 years of age. Older adults are a forgotten group because referral rates do not match prevalence rates of mental health challenges. Fundamentally, there is an issue with how mental health issues are seen in older adults – as medical problems or part of ageing rather than as treatable psychological issues. The DCP's Faculty for the Psychology of Older People has produced a document laying out considerations for meeting the needs of older people during the coronavirus outbreak. • **The Society calls on the Welsh Government to consider the impact of COVID-19 across the lifespan and the existing disparities in access to psychological therapies.** **Care Homes** Covid-19 is sadly causing hundreds of deaths in care homes across Wales. Staff are doing all that they can to protect and comfort residents at an extremely distressing time, and it's vital that managers give them the support that they need to provide this and to cope with their own grief and concerns. The Society has launched some new guidance to help staff and residents cope with this particularly frightening time. While staff working in a care home may have experienced residents dying before, this does not make each death any easier to cope with, and that staff often develop close relationships with people that they care for. • **The Society welcomes the Welsh Government's recent announcement of £500 to care home workers in Wales but calls for the provision of more emotional support for the workforce.** **People with Learning Disabilities** People with learning and intellectual disabilities will experience the pandemic in many different ways. Services may be closed; carers, friends and family may have to self-isolate, become ill, or even die. As everyone is well aware, people who live in care homes are at particular risk. Some people may also experience positive benefits with reduced demands, and more time with their household or family. We need, therefore, to take account of each person's individual situation and remember that the psychological distress due to trauma may take some time to appear. The Society has published guidance on meeting the psychological needs of people with learning disabilities and their carers. • **We call on the Welsh Government to support the Society's work in promoting**

awareness of the appropriate adjustments that are required for people with intellectual disabilities at this exceptional time.

Young People
The current crisis is affecting many young people in ways that will risk long-term consequences for their mental health. Many children and young people already have a diagnosable mental health condition, and research suggests that the majority of those believe that the pressures created by the crisis are exacerbating their needs.

Many others – including those who have experienced bereavement, abuse or domestic violence – are also likely to require additional support. The fear of becoming ill or seeing a loved one become ill, the loss of routines, the difficulties of social connection, the impact of loneliness, the disruption to education and the challenges of living in difficult or dangerous situations are creating additional pressure for young people across the country. Young people who belong to groups that are already marginalised or disadvantaged may be particularly at risk.

While mental health professionals deserve enormous credit for responding to the challenges the pandemic brings, many young people who were receiving some form of mental health treatment before the crisis are now receiving reduced support or no support at all. Other young people who would not previously have met the threshold for mental health support are likely to require it. Without preventative action, their needs are likely to escalate. The BPS has launched guidance for school leaders to consider the emotional and developmental needs of children as they return to school. Whilst we welcome the steps that the Welsh Government has already taken to prioritise mental health this falls well short of meeting the scale of need. While many voluntary sector providers have been quick to adapt to the changing landscape – moving support online and using innovative approaches to safe service delivery - there remain gaps in infrastructure and funding which threaten the long-term sustainability of these efforts.

- **The Society calls on the Welsh Government to work with the voluntary sector to launch a national campaign to reach children and young people, and their families, to promote positive approaches for maintaining mental wellbeing.**
- **The Society also calls on the Welsh Government to commit to introducing additional support for young people's mental health as we move out of the pandemic to meet rising demand.**

Autism
Many families who have people with learning difficulties or Autism have been significantly impacted by the Covid-19 pandemic. Some children and young people with Autism Spectrum Disorders have been told they have to wait for access to medication, whilst those who had recently started medication continued to be monitored, leading to a disparity in services.
Whilst we appreciate the Welsh Government's efforts to consider families with children with learning disabilities and autism in relation to Covid-19 rules and restrictions, further action needs to be taken to ensure that those individuals are not left behind as the country begins to recover from the pandemic.

- **We call on the Welsh Government to work with Local Authorities to ensure that planning takes place to make sure that autistic children will not fall behind as they transition back to school.**

Remote Consultations & Assessments
With many practitioner psychologists considering undertaking remote client assessments for the first time due to Covid-19 restrictions, the Society has produced guidance to support them through the process.

Current restrictions such as limits on face-to-face meetings and the need to wear personal protective

equipment presents significant difficulties. Psychologists may face the choice of whether to undertake an assessment remotely, face-to-face, or not at all and will need to carefully consider the risks of each alternative.

The Insurance Companies' insistence of sessions being face-to-face prevents the application of choice and limits access to services by carers (parents, those who care for an older adults or have other carer responsibilities) and it means that often people will need to disclose to employers to get time of work to attend appointments that could place their jobs at risk. It can compound shame and guilt leading to an increase in stigma and can decrease the availability to young people and older adults who find online provisions easier to access due to familiarity of online working and reduced car journey's in attending appointments.

As a result of the insurance issue and the pressure to hold face to face sessions, not only are practitioners required to be in a closed, confidential space for at least an hour, but if they are expected to wear PPE, this will have an impact on the psychological process and potentially the quality of service. It would be beneficial to be able to continue to offer remote sessions as the lockdown eases without being penalised and restricted by the insurance companies.

- **With many people anxious about accessing healthcare services, the Society calls on the Welsh Government to support the further adoption of remote consultation and diagnosis.**
- **The Society calls on the Welsh Government to offer guidance on offering remote services as the country moves out of lockdown so that practitioners are not to be at the mercy of what health insurance companies are wanting.**

The Deaf community

Covid-19 has presented unique challenges to people living with hearing loss, many of whom rely on visual cues such as lip-reading and sign language, which leans heavily on facial cues and expressions for communication. As a result, deaf people will be facing a challenge in situations where the wearing of face mask is required as it's a huge communication barrier.

Many of the deaf community may also have other long-term health conditions which will have led to them sheltering further, enhancing loneliness and fear. During the pandemic, many will have struggled to access services and provisions such as Psychological Therapy without BSL interpreters, which they already found challenging to access before Covid-19.

40% (1 in every 2.5 people) of the deaf or hard of hearing community are affected by complex mental health issues, compared with 25% (1 in 4 people) of the hearing population, this was before Covid-19. Their mental health problems are compounded further by difficulties in communicating with care providers – as lip reading isn't adequate, sign language interpreters are seen as a last resort and many diagnostic tools depend on knowledge that isn't common among those who are deaf. Add to this that most interpreters are English speaking means those who are Welsh often struggle to have their needs met. Those that identify as deaf or hard of hearing would prefer not to use an interpreter, and prefer to use sign when able, further impeding access to services.

The *Sick Of It Report* highlighted the disparity of service provision in 2014 and made recommendations to facilitate change.

- **Whilst the Society welcomes the Welsh Government's efforts to provide BSL for its daily press conferences and the provision of BSL resources, we call on further action to support the Deaf community during these difficult times to ensure that they're not forgotten.**

BAME Community

It has been well documented that the BAME community has been impacted at a higher rate than others by Covid-19 and as a result, many will be suffering from anxiety. People from Black, Asian and Minority Ethnic groups are more likely to be in jobs that has greater exposure to risk of infection, more likely to be in poorer health, in more precarious employment and sufferer more serious consequences including death.

There is also the likelihood that people from BAME communities are experiencing a psychological and emotional response in relation to issues being addressed by the Black Lives Matter movement. The BPS stands in solidarity with all those who are feeling pain and expressing righteous anger about racial injustice and recommit to valuing diversity and fighting inequity.

- **We call on the Welsh Government to commit its support for the BAME communities in Wales as we move out of lockdown and actively work to address issues of inequality across all social characteristics.**

Other High-Risk Groups

We must not forget about the real and potential impact of Covid-19 on other individuals in the 'high-risk' groups with pre-existing medical conditions, disabilities, or life-limiting illnesses. Many of these individuals were underserved and underacknowledged before this crisis, and this has been confounded by poor guidance during isolation, poor information around support, and restriction of routine medical procedures. Most of these individuals are still shielding and dealing with increased anxieties around the very real increased risk of transmission of Covid-19, and additional uncertainties around the management of their care. As lockdown eases, poor adherence with social distancing is likely to have a lasting impact on their behaviour and mental health in the long term, and a 'new normal' will not emerge for these individuals for a long time. Initiatives that target older people and/or people with learning disabilities, deafness, autism, will not reach individuals with physical disabilities. Even if they do, they will not address many of the topics that are important for individuals with pre-existing medical conditions, physical disabilities, or life-limiting illnesses.

- **We call on the Welsh Government to ensure increased support and initiatives for high-risk individuals as we slowly come out of lockdown.**

Post-Covid Recovery Plan

We recognise the scale of the challenge that we're all facing, but by taking bold action now, we can reduce the impact of the pandemic and give hope to thousands of people across the country.

- **We urge the Welsh Government to consider how psychological evidence and expertise will be a vital part of Wales' post-covid recovery plan.**

End.

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: VG/0326/20

Dr Dai Lloyd
Chair, Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

29 September 2020

Dear Dai,

I can confirm that Velindre University NHS Trust has submitted Outline Business Cases to the Welsh Government for the scheme for a new Cancer Hospital. These are presently progressing through scrutiny and formal advice will be provided to me for a decision in due course.

The scheme is one of the three that Welsh Ministers are progressing through the revenue funded Mutual Investment Model. The Northern Meadows site is the Trust's preferred one for the new Cancer Centre which already has outline planning permission.

I am aware that concerns have been raised with regard to the environmental impact and to the clinical model. I cannot comment on these points at the current time because that could prejudice the advice I am due to receive in the coming months on the scheme itself.

Also, as is the case with all proposed service changes, the Welsh Ministers cannot comment on what is being proposed by the Trust. Community Health Councils have the ability to refer service change matters to the Welsh Ministers on a number of grounds, including if they are of the view a change is not in the interests of the health service. Welsh Ministers may then make a decision on the matter. Consequently, Welsh Ministers have to ensure we do not comment on proposals for service change in case such a referral is made.

What I can say at this time is that the concerns raised about the clinical model will be fully considered in the advice I receive when I am asked to consider the final version of the Outline Business Case. The Chief Medical Officer has also asked Velindre NHS Trust to seek independent advice on its proposed clinical model and also to re-engage with the clinical community on the regional model.

Velindre has appointed the Nuffield Trust to provide it with independent clinical advice, which will consider the concerns raised and practice across the UK. This advice will form part of the final submission that is made to the Welsh Government for consideration, when asked to approve the Business Case.

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In association with the Business Case development, a range of other activities are also ongoing including planning requirements linked to the project. These are subject to local determination by Cardiff Council Planning committee and subject to the possibility of a Welsh Government call-in. As such, it is not appropriate to offer comment on this process as to do so could prejudice the Welsh Ministers position should the matter come before them at a later date.

Nonetheless, I understand the nature of the concerns being raised but I cannot comment on them as I may be required to make a determination on the proposals in the future.

Yours sincerely,

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services