Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 19
Ymateb gan: | Response from: Coleg Brenhinol y Seiciatryddion | Royal College of Psychiatrists

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Request for written evidence: Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

About

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, 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. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales represents more than 600 Consultant and Trainee Psychiatrists across Wales.

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We are pleased to respond to the Committee request for written evidence. We have answered against the areas highlighted. Ultimately, there is some variance across different areas of mental health speciality, however we hope this themed response proves helpful to the Committee. We would be happy to provide any further detail.

Overall views

The plan notes the 'increased complexity' in many people's presentations of mental ill-health and illness. This is evident.

Despite this, the plan also aims to 'de-medicalise' the approach to mental health services. This needs clarification and context, for fear of appearing as a contradictory stance that may be detrimental for some services and patients. Whilst understanding that for most people, mental ill-health as presented at primary care will not need specialist intervention, for some it will. We need to ensure that services are available for all. Any drive to de-medicalise care mustn't disadvantage people with chronic needs, or further perpetuate the stigma faced by people living with mental illness.

The plan also notes the increase in volume of referrals, which should alert us to ensure that we have the necessary medical resource to meet the need. Mental health services were already severely stretched before the pandemic. Pre-pandemic waiting times and barriers to access would have been unacceptable in any other area of medicine. The pandemic has intensified

the impact of underlying issues such as workforce shortages, the mental health estate, and the need to develop technology and digital infrastructure.

We also can't forget the role of clinical prevention, and the role of clinical teams in preventing further deterioration and illness. The three kinds of interventions of promotion, prevention, and treatment are interrelated and complementary; however, they are somewhat different from one another. Psychiatrists are competent and specialist in prevention of mental illnesses and mental health promotion in various settings.

We can support people living with mental health problems to stay well and prevent people from relapsing or reaching crisis point. Drawing focus and appreciation away from this understanding, serves to further disadvantage those who are vulnerable.

- **Responding to ever increasing demand - Welsh Government must meaningfully invest in specialist psychiatric medical provision in Wales, both now and in the long term.**
- **We would wish to work with Welsh Government to ensure a better understanding of the needs of people with mental ill health and illness, ensuring that those needs are not only catered for, but that those needs aren't disadvantaged in national strategy.**

During the pandemic, we have seen many innovations to delivering secondary care mental health services. We have made proposals to Welsh Government to work directly with us to increasingly 'foster' this and future innovation. It's essential that we don't lose sight of what can be achieved.

We've highlighted 3 projects that have been initiated and clinically led by Psychiatrists in Wales, with the support of Welsh Government and key partners. There are many more that we could choose to highlight.

These projects also speak to a thorough understanding of prevention, and ultimately the type of innovation required to deliver services more sustainably and meet the challenges for the service in both the short and long term.

National rollout of video consultation

Prior to the pandemic, we endorsed and supported development of a pilot telehealth and video consultation project in a CAMHS service in Gwent, the CWTCH project.

When the pandemic struck, the project went on to inform the development of TEC Cymru. The roll-out of video consultation across the health and social care sector in Wales has received much deserving attention and recognition. This work (as well as the work of the CWTCH project) has been clinically led by a psychiatrist.

We have continued to work with TEC Cymru to develop opportunities for digital development within mental health and are currently working with colleagues internationally on shared learning and approaches.

We've highlighted recommendations on digital later in this document.

A national approach to increasing early and effective dementia diagnosis

Whilst key aspirations for the Dementia Action Plan Wales[1] are to increase the number of people formally diagnosed with dementia by 3% annually and to improve early diagnosis and timely interventions – the pandemic has placed delays upon access to memory assessment and diagnostic services.

A pilot project was established to test the utility of FDG-PET brain imaging in patients with cognitive impairment; this was with the intention to aid an early, effective diagnosis of dementia. With the support of partners, an FDG-PET diagnostic pathway throughout Wales was then established to ensure equitable treatment. This was a collaboration between specialist commissioning services, psychiatrists, and radiologists. This is highlighted in the Deputy Minister for Mental Health & Wellbeing's Cabinet Statement update on dementia care.[2]

A national approach to treating Alzheimer's Disease before dementia, through disease modifying treatments is now needed in Wales. This is consistent with recommendations from joint research that we have undertaken with Alzheimer's Research UK.[3]

Through our joint research we found that psychiatrists are keen to embrace the arrival of new disease modifying treatments, but that their services needed support in order to increase access to biomarker tests for diagnosing Alzheimer's disease early and to meet the future requirements of a new treatment. Service developments can only be achieved with investment to increase and enhance capacity, infrastructure and clinical skills.

- **Welsh Government should work with the College to invest and develop the infrastructure for offering disease modifying treatments, brain health clinics, interventions for mild cognitive impairment, and the requisite clinical skills.**

<u>Reversing the rise in drug related deaths</u>

Substance misuse services had to adapt to how they treated patients during the pandemic, after face-to-face meetings, drop ins and admission to residential rehabilitation were paused. To adapt and sustain critical services throughout the pandemic, more than £3.3m was made available to support the rapid implementation of a clinically proven method of maintenance treatment, an injectable buprenorphine (Buvidal®) for at risk ex-heroin users.

Buvidal's long-acting, injectable formulation means that it can be administered to patients monthly rather than daily, which other forms of Opioid Substitution Treatment (such as methadone) require. The treatment reduces the need for daily contact thus reducing pressures on front line staff. By all accounts, Buvidal is a 'game-changer' that is helping people to turn their lives around and achieve unexpectedly positive outcomes, with many patients able to move into recovery in a manner many were unable to achieve to date.

Drug misuse deaths in Wales have fallen to their lowest levels since 2014 in the latest analysis from the Office of National Statistics. More research is now required on its further utility and application.

- **Welsh Government should work with the College and its proposals to resource a programme that will enable psychiatrists to undertake research locally and be supported in its development in national application.**

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[1] https://gov.wales/sites/default/files/publications/2019-04/dementia-action-plan-for-wales.pdf
[2] Written Statement: Update on dementia care in Wales (5 April 2022) | GOV.WALES
[3] are-we-ready-to-deliver-disease-modifying-treatments_25may21.pdf (rcpsych.ac.uk)

Meeting people's needs

We welcome the Welsh Government's commitment to addressing health inequalities, as we know that people living in more deprived areas in Wales are "more likely to require use of hospital services, especially in an emergency".[4] As the plan recognises, the wellbeing of young people, children, Black, Asian and Minority Ethnic communities, those in lower income households, women, and those with pre-existing mental health conditions has been disproportionately affected by the pandemic. Unless measures are targeted at these vulnerable groups, inequalities will continue to rise, and the backlog may be exacerbated.

We support calls for a cross-sector, cross-governmental approach to addressing health inequalities[5], as well as the work of the Senedd Health & Social Committee in establishing an inquiry into mental health inequalities.

Physical Health

People with severe mental illness (SMI) are at a greater risk of poor physical health and die on average 15 to 20 years earlier than the general population.[6] It is estimated that for people with SMI, 2 in 3 deaths are from physical illnesses that can be prevented.[7] Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes and hypertension. As a result, it's crucial that routine physical health monitoring is available and accessible to people with SMI.

In January, NHS England National Directors for Mental Health, for Learning Disability and for Health Inequality wrote to mental health trusts throughout England to ensure and prioritise the delivery of physical health checks for people with severe mental illness and people with a learning disability. Within this correspondence there was acknowledgement of the stark health inequalities faced by people with SMI and people with a learning disability, and how the pandemic has served to further exacerbate these inequalities.[8]

We have regularly requested a focus on physical health of people living with SMI from Welsh Government. This is particularly relevant in terms of care, waiting times and ultimately patient outcomes.

Unemployment

There is a well-recognised link between unemployment and poor mental health. The Adult Psychiatric Morbidity Survey 2014 showed that most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance, a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.[9]

[4] Waiting well? The impact of the waiting times backlog on people in Wales (senedd.wales)
[5] Making the difference - April 2021.pdf (nhsconfed.org)
[6] (Mental Health Foundation 'Poverty and mental health' 2016).
[7] Association between schizophrenia and social inequality at birth: case–control study | The British Journal of Psychiatry | Cambridge Core
[8] https://www.england.nhs.uk/wp-content/uploads/2022/01/B1268-letter-delivery-of-annual-health-checks-for-people-with-severe-mental-illnesses-and-or-learning-disabili.pdf
[9] ncap-spotlight-audit-report-on-employment-2021-(2).pdf (rcpsych.ac.uk)

Employment support can help someone with a mental illness to manage their condition and the impact it has on their life. One such example is the work undertaken in BCUHB into Individual Placement and Support (IPS) which supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.

As highlighted in our National Audit of Psychosis[10], Unemployment is the main psychosocial disability of people with psychosis. The societal costs of unemployment due to mental health problems are substantial. However, more importantly, at an individual level, unemployment is a key factor contributing to social and economic marginalisation, symptom exacerbation, risk of homelessness, and persists long after symptom resolution.

- **We would wish for a long-term commitment to expand the Individual Placement and Support (IPS) employment scheme across Wales, acknowledging the positive impact that the scheme has on decreasing readmission into services.**

Leadership and national direction

Earlier in the document, we highlighted the leading role of psychiatrists in innovation, and given recommendation for this to be supported. It is crucial that clinicians are given time, resource and ultimately that leading voice into how we can develop services to respond to challenges both in the short and long term.

Targets and timescales

The plan sets out some key ambitions including 'no one to wait longer than a year for their first outpatient appointment by the end of 2022' and 'eliminate the number of people waiting longer than two years in most specialties by March 2023'. It is difficult to envision how these ambitions will be met without further information detailing appropriate milestones and measurable targets for health boards to work to. Further clarification regarding which specialties are included in these targets and which are not is needed.

Financial resources

We note the Welsh Government's commitment to investing an additional £50m rising to £90m in 2024/5 to support mental health services. Whilst this additional funding is essential, money alone will not be able to tackle the waiting times and service pressure. Without further detail of exactly where these funds will be targeted it is difficult to confirm whether the funding is sufficient.

Additionally, a report by the Auditor General for Wales found that although £200m was made available during 2021-22 to help tackle the backlog, health boards were only able to spend £146m of this. An estimated £12.77m was returned to Welsh Government due to the ongoing impact of Covid-19 on services, staff shortages, recruitment and retention challenges, and limitations in the current NHS estate, all of which hinder the ability to increase activity and

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[10] ncap-spotlight-audit-report-on-employment-2021-(2).pdf (rcpsych.ac.uk)

reshape services.[11] A detailed and clear funding strategy that ensures finances are fully utilised is needed.

Workforce

It is no secret that the NHS has faced extraordinary pressures during the pandemic. Staff have had to contend with a range of stressors including risk of infection, workload changes, sleep deprivation, loss of colleagues and sometimes providing care in less than adequate settings while reporting insufficient access to personal protective equipment. All of these may contribute to an increase in the prevalence of common mental disorders, as well as exposing staff to 'moral injury'. Sustainable recovery planning is essential, as it will not only impact on retention but also on recruitment. Our own member survey from September 2020 showed that across the UK, 52.6% of members confirmed their wellbeing had 'significantly suffered' (12.3%) or 'suffered' (40.3%) as a result of COVID-19 and the lockdown, while a mere 11.1% confirmed that it had 'significantly improved (2.9%) or 'improved' (8.2%). These headline percentages compare to 48.6% and 13.1% respectively in our second survey (in the field from 1-6 May) and 54.4% and 10.2% respectively in our third survey (in the field from 18-26 May)[12].

A cohort study of UK healthcare workers from April to June 2020 showed that staff were experiencing a high burden of adverse mental health outcomes with substantial levels of probable common mental disorders and of PTSD with lower levels of depression, anxiety, and substance use disorders[13]. This supports survey results from the BMA of over 1,900 doctors which showed that 78.4% of respondents stated that moral distress resonated with their experiences at work and 51.1% said the same about moral injury. Of the respondents who stated that moral distress resonated with their experiences at work 96.4% (of those who had worked before and during the pandemic) stated that the pandemic had exacerbated the risk of moral distress[14].

Moral injury and the development of mental illness are very real risks for staff working in unprecedented scenarios often well outside their organisational levels of experience and training. Without interventions to support staff and mitigate against the likelihood of adverse outcomes, there will be an impact on workforce supply. Moral injury is described when facing overwhelming demands for which one feels unprepared and where actions or inaction challenge an ethical code. It is associated with negative emotions such as shame or guilt and can lead to the development of mental illnesses such as depression and PTSD. Treating COVID-19 is a risk for moral injury. Professional codes teach staff to provide care only when they feel adequately trained, experienced and equipped to do so and many do not feel this way during the pandemic[15].

There is a need to prevent burnout and encourage people to talk about their mental health and seek support in the workplace when they need it – physical and emotional wellbeing of health and care staff must be of equal priority to that of patients, recognising staff who are psychosocially healthy are better able to meet the needs and preferences of patients. This will impact on demand for new ways of working, at least in the short-term and will have knock-on effects for the long-term as we prioritise mental health of staff and ensure that appropriate interventions are in place. The provision of regular reflective spaces such as supervision,

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[11] https://www.audit.wales/publication/tackling-planned-care-backlog-wales
[12] Microsoft Word - RCPsych COVID 19 fifth survey summary - other issues
[13] Psychosocial impact of the COVID-19 pandemic on 4378 UK healthcare workers and ancillary staff: initial baseline data from a cohort study collected during the first wave of the pandemic - PubMed (nih.gov)
[14] bma-moral-distress-injury-survey-report-june-2021.pdf
[15] What should be done to support the mental health of healthcare staff treating COVID-19 patients? | The British Journal of Psychiatry | Cambridge Core

reflective practice groups[16], and Balint groups[17], where the emotional impact of working in such stressful conditions can be discussed in a safe environment, has been shown to increase resilience and prevent burnout. Psychological interventions for doctors based on cognitive science, for example mindfulness-based applications, which have been shown to be effective in mental health problems, among others have also been shown to alleviate stress[18], and improve the wellbeing of medical staff and other health professionals[19].

<u>Mental Health Workforce Plan</u>

We await the publication of the strategic Mental Health Workforce Plan which we hope will provide some further detail as to specific numbers of staff needed and how these targets will be met. Staff retention will need to be a focus, as staff increasingly are leaving or retiring early due to the pandemic.[20]

In June 2021, we established the Royal College Mental Health Expert Advisory Group[21] to ensure that Royal Colleges working across mental health could share information and learning. An area of priority for all College's was the Mental Health Workforce Plan.

The mental health system is going through significant change. We know that pressure will be placed upon staff through changing working practices, legislation, and reform (such as the mental health act), whilst managing the impact of the pandemic will take some time in recovery. There is much evidence already emerging around intentions and actions from staff wishing to leave the service post-pandemic.

These points in part, highlight the need to value psychiatrists working in the service in Wales. To ensure that posts are supported and made attractive, or we will simply fail to meet both the existing and future challenge.

There must be clear recognition of the increased demands that have been created by the pandemic, and significant resourcing to meet these demands.

- **Responding to ever increasing demand - Welsh Government must meaningfully invest in specialist psychiatric medical provision in Wales, both now and in the long term.**

In January 2022, we issued a significant report to inform the consultation on the Mental Health Workforce Plan[22] with accompanying recommendations.

Digital tools and data

[16] Impact of Reflection on Empathy and Emotional Intelligence in Third-Year Medical Students | SpringerLink
[17] Effect of Balint group training on burnout and quality of work life among intensive care nurses: A randomized controlled trial - ScienceDirect; Promoting empathy among medical students: A two-site randomized controlled study - ScienceDirect
[18] Do workplace-based mindfulness meditation programs improve physiological indices of stress? A systematic review and meta-analysis - PubMed (nih.gov)
[19] A systematic review of the impact of mindfulness on the well-being of healthcare professionals - PubMed (nih.gov)
[20] https://www.audit.wales/publication/tackling-planned-care-backlog-wales
[21] Royal College Mental Health Expert Advisory Group Wales – Grŵp Cynghori Arbenigol Iechyd Meddwl Colegau Brenhinol (royalcolleges.wales)
[22] https://heiw.nhs.wales/files/smhwfp-psychiatry-report/

In this document, we've previously highlighted some of our work in supporting and developing digital within mental health services in Wales.

The NHS has achieved remarkable transformation and adoption of remote technology on an unprecedented scale at unprecedented speed in response to Covid-19, which is actually fully in line with the Welsh Government's ambitions laid out in 'Informed Health and Care: A Digital Health and Social Care Strategy for Wales' and 'Improving people's lives through digital technologies: Digital Inclusion Progress Report and Forward Look 2018'.

The pandemic resulted in a paradigm shift in the provision of mental health services due to mandatory social distancing laws. From March 2020, the UK, along with the NHS observed a significant decrease in access to face-to-face appointments, and as a result, an increase in remote services. One common remote method for conducting appointments with patients was the use of video consulting (VC).

We co-authored a first of its kind mixed-methods and interview study on the use, value, benefits and challenges of a national video consulting service in NHS Wales.[23]

A total of 3561 participants provided mental health specific data. These data and its findings demonstrate that remote mental health service delivery, via the method of VC is highly satisfactory, well-accepted and clinically suitable for many patients, and provides a range of benefits to NHS patients and clinicians. Interestingly, clinicians working from 'home' rated VC more positively compared with those at their 'clinical base'.

We concluded that post 1-year adoption, remote mental health services in Wales have demonstrated that VC is possible from both a technical and behavioural standpoint. Moving forward, we suggest clinical leaders and government support to sustain this approach 'by default' as an option for NHS appointments.

Remote monitoring

We are supporting an ABUHB led project with TEC Cymru into how technology enabled care can be used to support students in schools. This is a Q lab funded project entitled TERMS (Technology enabled remote monitoring in school).

The pandemic has taken its toll on the nation's health, especially children and young people. School closures disrupted friendships and uncertainty about the future are all likely contributors to the mental health issues children are facing. Early intervention is key to treating mental illness and key to preventing children falling into a mental health crisis. We believe that the pandemic has created new, unique opportunities to further the Whole School Approach whilst maintaining safety and creating new ways of working which are 'pandemic-proof' to some extent.

Through co-produced research the TERMS project team have gained an understanding of the barriers, challenges and opportunities that exists while implementing technology enabled remote monitoring across agencies i.e. health and education. This learning is shaping the development of a technology enabled remote monitoring in school (TERMS) framework which

[23] Remote mental health services: a mixed-methods survey and interview study on the use, value, benefits and challenges of a national video consulting service in NHS Wales, UK | BMJ Open

can be shared locally and nationally with other clinical teams and schools. The initial focus of the work has been on eating in school.

- **We would wish for support as this pilot project is evaluated and considered for development, and greater adoption.**

Throughout this response, we have highlighted the necessity to meaningfully resource services to manage the ever-increasing demand. We have also highlighted that opportunities do exist to deliver services in a sustainable way, both in the short and longer term, and that psychiatrists have a leading role in this work.

We would hope for greater detail from Welsh Government on the plan and are keen to inform this work.