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Adferiad / Recovery

Finance Committee: A call for information - Welsh Government Draft Budget proposals for 2023-24

1. About us

Adferiad Recovery is a Welsh charity, the result of a merger between Hafal, CAIS and WCADA in April 2021. Adferiad Recovery speaks for people with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), people affected by addiction, and people with co-occurring diagnoses, and for their families and carers, as well as for a wider group of vulnerable people for whom we provide services. We are governed by our members who elect our Board of Trustees (which has strong representation of service users and carers), and we deliver services in all twenty-two counties of Wales and in Lancashire.

2. Mental Health funding in Wales

The Welsh Government made mental health services a priority in 2008 and introducing a ring fence for NHS mental health expenditure was one way of it demonstrating this priority. The message this sent out to Local Health Boards was, “you must begin to invest more in mental health services”.

One key part of the rationale for introducing a ring fence for mental health expenditure in 2008 was to address the historical problem of mental health funding having been regularly cut to fund other NHS budget areas. The policy intention for its introduction was to ensure that mental health funding would not be cut, and for any efficiency savings made in one area of mental health to be reinvested back into other mental health services - and not fund shortfalls in other budget areas.

3. Linking expenditure to needs and outcomes

We would like to see each Health Board develop and publish an annual Mental Health demand and capacity report at the beginning of each financial year. Before developing the detail of exactly what level of resource needs to be invested in any service, it is fundamental, and common sense, to establish the actual and expected level of demand for such services.

The Social Services and Wellbeing Act 2014 provides the process and the platform to establish what local demand there is (and is likely to be), and to better establish the needs of people using secondary mental health services. We think that better and smarter use could be made of information taken from mental health assessments and Care and Treatment Plans to establish needs, including unmet needs. Once the mental health needs of the local population have been established, we think it is then essential to target resources to those in greatest need and to where they will have the greatest impact. This is consistent and in line with the Welsh Government's guidance on prudent healthcare.

4. Transparency

We think that there is still a lack of consistency and transparency in the recording of mental health expenditure, and that it would be helpful if the Welsh Government sought assurances from Health Boards within each relevant financial year that not only is mental health expenditure no lower than the ring fence, but that this can be clearly evidenced through its Mental Health and Learning Disability Directorate (or equivalent). Health Boards should also be asked to provide assurances that any efficiency savings made have been reinvested back into other mental health services, as required by Welsh Government.

One idea we have previously suggested is for all funding allocated for mental health services to be routed in the first instance through Mental Health Directorates. We think that this will ensure greater efficiency, allow direct links to be made between expenditure and outcomes, allow for greater transparency, and be much simpler. This system would also make it easier for Mental Health Directorates to be pro-active in seeking to make efficiency cost savings, knowing that any savings made could be reinvested back into other mental health services. This would help incentivise Mental Health Directorates to disinvest in services that are not working and be innovative in developing services that are centred on people's needs and make a difference to their lives.

We also think that it is important for Mental Health Directorates to report on a quarterly basis against total mental health expenditure, and that Health Boards should make public these returns. At present we must wait for around 18 months after the financial year end for Programme Budget returns to be published showing mental health expenditure, but the new system proposed would allow for in year reporting.

5. Disease Burden

Disease burden is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators. It is often quantified in terms of quality-adjusted life years (QALYs) or disability adjusted life years (DALYs), both of which quantify the number of years lost due to disease (YLDs). A report published in 2010 on the economic case for investing in mental health in Wales (Promoting mental health and preventing mental illness: the economic case for investment in Wales: Lynne Friedli and Michael Parsonage October 2009) stated that the occurrence of mental illness is widespread, and that the consequences are multi-dimensional. It estimated that the overall cost of mental health problems in Wales is £7.2 billion each year, which includes: -

- The costs of health and social care provided for people with mental health problems

- The costs of output losses in the Welsh economy that result from the adverse effects of mental health problems on people's ability to work

- A monetary estimate of the less tangible but crucially important human costs of mental health problems, representing their impact on the quality of life

Amongst its conclusions were:

"No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact"

"Mental health problems often begin early in life and cause disability when those affected would normally be at their most productive (unlike most physical illnesses)"

Research suggests that mental health problems account for 23% of the total burden of disease.

6. Prioritising resources according to prudent healthcare principles

Although care and treatment for people with the most serious mental health problems obviously place major demands on resources this does not mean that these patients are treated fairly: on the contrary specialist, high level services risk becoming the "Cinderella" within mental health services where the discussion has moved towards wider wellbeing and preventive services.

We draw attention particularly to the waiting times for psychological treatments. Waiting times remain much longer for people with the most serious mental health problems and the priority must be to resolve this problem rather than extend such treatments further to a wider group, however desirable that may be in future.

The tendency to shift priority away from those with the highest needs may be exacerbated by the Covid emergency. Our surveys of clients and members have shown significant problems for people with serious mental health problems during the pandemic. But we also fear a legacy of inequality in the future because of the accelerated shift in emphasis towards lower-level problems.

We share the concern that the pandemic can affect the mental wellbeing of many people. However, these problems are almost always best addressed through practical support - economic, educational, and housing-related, for example, and where direct help with mental wellbeing is required, non-specialists such as schools (pastoral support and school counselling), colleges, and employers are best placed to provide this.

Specialist mental health services should not be diverted to support the responsibilities of other departments and agencies to play their role in protecting and enhancing the mental wellbeing of their clients, staff, and the public. Exceptionally specialist mental health services may support some individuals where the pandemic is the primary cause of their problems. However, a greater concern would be the overuse of treatments such as antidepressants for people whose problems are essentially practical ones caused by the pandemic.

The priority for mental health services now must be to “catch up” in terms of treatment and care for those most in need, whether long-term clients or newly diagnosed clients who have become seriously unwell during (but rarely due to) the pandemic.

7. Welsh Government policies to reduce poverty and gender inequality. Is enough support being given to those people living in relative income poverty?

Poverty remains a major issue for our client group (and especially women who are anyway disproportionately affected by poverty in wider society) and policy/services have not been sufficiently ambitious to protect those with few resources and support those ready to become economically active.

The third sector is playing its part. As part of Mental Health UK, Adferiad Recovery has a well-established Mental Health and Money Advice Service. It is the first UK-wide advice service dedicated to supporting people affected by mental health and money issues including carers, friends, families, and professionals within the area. We’re here for anyone with a mental illness who is struggling with their money, as well as anyone whose financial problems are affecting their mental health.

Our Cyfle Cymru service helps people with substance misuse issues and/or mental health conditions who are in recovery or are towards the end of their treatment programme into work, education, or training. It provides the support needed to find the right job, training opportunity or qualifications and offers one to one guidance from a peer mentor who can draw on their own recovery and lived experience, plus specialist employment support, including volunteering opportunities, and help and advice on how to search and apply for jobs.

8. Cost of Living Crisis

Adferiad Recovery will be leading a campaign, beginning May 2023, relating to the impact the cost-of-living crisis is having on people living with a serious mental illness and people struggling with an addiction. A major part of this campaign will be highlighting what support and services we, and our partners, have to offer, and what people can do for themselves.

We are happy to provide the Committee with any further information it needs and to give evidence in person.

9. Contact

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