MHB020 – Cardiff and Vale University Health Board

Senedd Cymru | Welsh Parliament

Bil arfaethedig – Datblygu'r Bil Safonau Gofal Iechyd Meddwl (Cymru) | Proposed Development of the Mental Health Standards of Care (Wales) Bill

Ymateb gan: Victoria Coe, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro, Gwasanaeth iechyd meddwl oedolion | Evidence from: Victoria Coe, Adult Mental Health Service Cardiff and Vale University Health Board

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Enshrining overarching principles in legislation

**Question 1: Do you think there is a need for this legislation?
Can you provide reasons for your answer.**

Yes- to ensure that any legislation that is overarching services is relevant and up to date in line with current practice.

It is key that any new legislation aligns to the Mental Health Measure and Mental Capacity Act to strengthen any support offered.

A barrier to some of the potential changes means that legislation will not align with that in England and could cause problems with out of area placements and transfers of care.

It is key that any changes to legislation is done so in relation to current drivers from an All Wales capacity i.e. the rehab model and to ensure that the different principles across such drivers marry up to support equity and avoid discrepancies across services. Particularly in relation to the need for Mental health and physical health services to better collaborate and embed into practice.

Question 2: Do you agree or disagree with the overarching principles that the Bill seeks to enshrine?

Yes- the principles sit well alongside the therapies principles and model of working. Ensuring that the individual is at the centre of their own care is pivotal in offering a truly holistic approach.

Definitions need to be clearer - the use of the term therapeutic benefit- is there a shared understanding across the workforce on what this means?

The bill will support Nursing and therapies to work together in a more joined up way.

Specific changes to existing legislation

A. Nearest Relative and Nominated Person

Question 3: Do you agree or disagree with the proposal to replace the Nearest Relative (NR) provisions in the Mental Health Act 1983 with a new role of Nominated Person?

Can you provide reasons for your answer.

This step is positive in empowering an individual to make choices in relation to those involved in their care, building a positive and supportive network around them. Therapeutic principles such as open dialog and Care aims would play a pivotal role in the embedding of this.

Further expansion is required on how the bill will protect against exploitation; It is important that we do not lose sight of "risk" i.e. potential physical harm, detrimental effect on individual. A caveat may be important i.e. demonstration of ability to support and ensuring that the clinicians that are involved in individual care are enabled to raise any potential risk concerns.

B. Changing the criteria for detention, ensuring the prospect for therapeutic benefit

Question 4: Do you agree or disagree with the proposal to change in the criteria for detention to ensure that people can only be detained if they pose a risk of serious harm either to themselves or to others?

Can you provide reasons for your answer.

Yes- A key part to the role out of this is ensuring that all conversations are Multi-disciplinary. Risk assessments should be collaborative to include the individual (whenever appropriate) and informed by the interdisciplinary team and not done in isolation.

The criteria for risk needs to be clear and it is important not to lose sight of the risk to health- both physical and mental health should always be considered.

Consideration to the role inpatient services play should be shared as evidence suggest the earlier an individual gets support, improvements can be more significant. Nature of illness should also be considered as part of this.

Detention is not always a negative as it can protect from harm.

Question 5: Do you agree or disagree with the proposal to change in the criteria that there must be reasonable prospect of therapeutic benefit to the patient?

Can you provide reasons for your answer.

We have concerns that the following needs further definition/clarity;

- What is reasonable?
- How is therapeutic benefit defined? Who decides this?

In principle this is a very positive step; it is important that all professions "therapeutic offer" is valued, if it is of benefit to the individual. The AHP workforce is large, although currently makes up a small proportion of the workforce; exploring all aspects of an individuals needs, for example participation in activities, building routine, undertaking roles, mobilising and being physically active, feeding self. It is important that all therapies are considered as part of the delivery of care across the pathways, ensuring that a person-centred approach is embedded alongside any of the All Wales strategies.

The need for primary care or Pre-admission work is crucial to ensuring right place, right time and outcome focused care.

An outcome focused approach will shape the service individuals receive and really embed "therapeutic benefits" thus ensuring that all care is measurable in line with the Mental health outcomes measure.

Service delivery:

Processes within mental health are still medically driven and there would need to be a shift in the delivery model to ensure that this works.

An individuals Environment is key in service delivery and offering therapeutic intervention; any inpatient offer needs to be outcome focused and timely ensuring that they are in the right place.

There are a number of services that are not commissioned within the health board that would impact on the delivery of therapeutic pathways to support patient journeys.

Many services "offer" remains in silo; there is a need for structures/pathways to be more collaborative and streamlined.

Staffing

Expansion of the workforce is needed to enable the role out of changes to ways of working so they are more therapeutic. Staffing capacity across therapies, skills mix and training are key to the embedding of this. Whilst also recognising the value of specialisms.

Representation of AHP's at all levels will support the growth of this. It is also important that there is recognition for what different professions offer- the transferable skills they possess and how this can support and shape the patient journey.

There is a need for Undergraduate training to be developed to support this- e.g. dual training and the need for all therapies to have equal levels of training/ opportunities across both the physical and mental health pathway.

C. Remote (Virtual) assessment

Question 6: Do you agree or disagree with the proposal to introduce remote (virtual) assessment under 'specific provisions' relating to Second Opinion Appointed Doctors (SOADs), and Independent Mental Health Advocates (IMHA)?

Can you provide reasons for your answer.

There is huge value to face to face methods of communication and assessment;

- Subtilties in body language, emotional responses, scrutiny and personable approach can be missed if this method were to become a default.

This is often what makes up part of this type of assessment and may be missed over a screen.

If suggested as an option this could work, although poses concerns around being an "only option". This should not be in replace of face to face assessment processes or be a compensatory offer due to capacity issues, and/ or lack of staffing.

This is positive in relation to accessibility for all and can have some benefits around capacity and time.

It is important to consider the population that we serve and how this works for them. Some areas i.e. brain injury may struggle with this method of communication and ability to utilise the assessment process in the way it is meant.

D. Amendments to the Mental Health (Wales) Measure 2010

Question 7: Do you agree or disagree with the proposal to amend the Measure to ensure that there is no age limit upon those who can request a re-assessment of their mental health?

Can you provide reasons for your answer.

This is a positive thing as it supports the recognition of choice, management of own care and supporting individuals to take personal responsibility.

What would this mean in terms of GDPR and retention of documentation?

Question 8: Do you agree or disagree with the proposal to amend the Measure to extend the ability to request a re-assessment to people specified by the patient?

Can you provide reasons for your answer.

This could be supportive in access for those that are seen as “Difficult engagers”

This would enable family members to get support when needed and removes potential barriers or confusion that family members often share.

Advanced directives would further support this to protect against things like cohesion.

General Views

Question 9: Do you have any views about how the impact the proposals would have across different population groups?

Being mindful of accessibility i.e. digital & health literacy, for example;

Individuals understanding their own presentation, is able to identify needing support and activating this themselves.
Self-management.

Developing knowledge and knowledge of person-centred care as an individual within a service as well as the wider community awareness of this.

The wider systems would need to have a shared understanding and their own support to enable them to “safely” manage individuals in less restrictive environments e.g. step down facilities.

Integrated working- Bring together the silo’s of mental and physical health to get the right support for an individual at the right time and ensuring the individual is supported holistically, where all needs are considered and where needed, addressed including wider determinants of health- social, finance etc which coincide nicely with a therapeutic model.

Question 10: Do you have any views about the impact the proposals would have on children’s rights?

It would need further consideration around the alignment of CAMHS and adult service to consider transitional work and joined up pathways.

Changes to the age in which individuals can rerefer enables young people to seek further support at a time they, themselves may feel they need.

Further exploration into the “nominated person” may need to be addressed in line with children and young people with caveats to support both the individual and the wider family/care network.

Question 11: Do you have any general views on the proposal, not covered by any of the previous questions contained in the consultation?

Already mentioned throughout, but ensuring that existing strategies e.g. MH strategy, rehab model are weaved into any new standards to ensure consistency, transparency, joint ways of working and shared ways of working.

How will the bill support the need for transition or placement out of area? Particularly if there is not an alignment with legislative frameworks in England for example.