

Grŵp Traws Bleidiol ar Iechyd Meddwl Cross Party Group on Mental Health

Minutes of the last meeting

17 June 2014

12:30-13:15

Conference room 21, Ty Hywel

IN ATTENDANCE:		
Rebecca Evans AM (Chair)	RE	Mid and West Wales (Welsh Labour)
Bethan Jenkins AM	BJe	South Wales West (Plaid Cymru)
Jackie Aplin	JA	AMSS Joyce Watson AM
Cllr Ian Johnson	IJ	AMSS Plaid Cymru
Colin Palfrey	CP	AMSS Lindsay Whittle AM
Claire Stowell	CS	AMSS Rebecca Evans AM
Katie Dalton (secretary)	KD	Gofal
Ewan Hilton	EH	Gofal
Amy Lloyd	AL	Samaritans
Peter Martin	PM	Hafal
Tony Smith	TS	Journeys
Manel Tippett	MT	Royal College of Psychiatrists in Wales
Alex Vostanis	AV	BACP
Dr Tina Alwyn	TA	Chartered Psychologist Reader in Addiction at the Cardiff Metropolitan University
Dr Bev John	BJo	Chartered Psychologist Reader in Psychology and Head of Research at the School of Psychology, University of South Wales
Dr Eiddwen Thomas	ET	Health and Social Research Consultant

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Cross Party Group on Mental Health

CPGMH/NAW4/23 - Welcome and apologies		Actions
RE	RE welcomed attendees to the meeting of the Cross Party Group on Mental Health.	
KD	<p>RECEIVED</p> <p>Apologies from absent members:</p> <ul style="list-style-type: none"> • David Melding AM • Simon Thomas AM • Ruth Coombs (Mind Cymru) • Suzanne Duval (Diverse Cymru) • Junaid Iqbal (Hafal) • Sarah Stone (Samaritans) • Richard Thomas (Mental Health Matters) • Bill Walden-Jones (Hafal) 	
CPGMH/NAW4/24 - Access to, and provision of psychological therapy in Wales		Actions
RE	RE welcomed Dr Tina Alwyn, Dr Bev John and Dr Eiddwen Thomas to the meeting and invited them to deliver a presentation about their review into access to, and provision of psychological therapy in Wales.	
TA, BJo, ET	TA, BJo and ET delivered a presentation and raised the following key points:	

Methodology:

- Structured interviews with providers of mental health services.
- Service users and carers – focus groups and online survey
- Review of NAPT stage 2 findings

Findings: service delivery

- Mental Health services are providing a range of psychological therapies across all of the treatment tiers (and for a range of conditions)
- In the main, where therapy is delivered, the approaches are informed by NICE guidelines and the Psychological Therapies in Wales: Policy Implementation Guidance (Welsh Government, 2012)
- There are differences in the availability and relative quality of service and treatment delivery. This is evident both at a regional level, service level and practitioner level.
- In many areas there is limited or no in-patient provision of psychological therapy
- Individuals with complex needs requiring high intensity psychological therapy are often placed on long waiting lists, which can take up to two years.

Findings: service users

- Respondents referred to primary care reported they were seen relatively quickly
- The vast majority who required complex psychological therapy felt that waiting times were too long
- Length of wait is perceived to have direct negative effect on health
- Very little information or choice regarding treatments and waiting times
- Lack of information, disrupted and fragmented care resulting in feelings of lack of control, low level of self- efficacy and helplessness
- Expectations not met on many occasions e.g. 'type' of therapy & therapist

- Issues in patient understanding of therapy focus, number of sessions, IDTs & therapist qualifications
- Of those service users who have been able to access appropriate psychological treatment, many are satisfied with their experience and would recommend the treatment to friends and family

Findings: service providers

- On the whole, the Measure is regarded as positive.
- There is some evidence of a paradigm shift to a 'psychologically minded' and 'psychologically informed' approach, but the dominant medical model is still seen as a barrier to this.
- There are potential conflicts around changes to some roles, responsibilities and professional boundaries.
- Teams have to be inventive, as change has to be facilitated within existing resources.
- Assessment is seen as a crucial factor in ensuring that patients receive appropriate and timely interventions. As such, individuals who conduct assessments need to be appropriately qualified and experienced professionals
- Pre-treatment preparation for patients (focus of treatment) would: avoid erroneous assumptions about purpose/scope; assist engagement in therapeutic alliance; be cost effective; manage expectations

Issues for service delivery

- Waiting times & inappropriate referrals for secondary care
- Supervision policy and guidelines – this can result in lack of fidelity to treatment protocols.
- Outcomes measured and collated
- Information Technology systems leading to incompatible systems between services,

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	<p>which is problematic when implementing a collaborative treatment pathway.</p> <ul style="list-style-type: none"> • Inconsistencies in training which results in an ad-hoc skills base amongst the workforce • The provision of psychological therapy is dependent on the skills and competence of staff in post rather than the needs of service users. • There is a dearth in the delivery of psychological therapies in adult and older adult in-patient facilities. • Training budgets are limited. • Perceived lack of career pathways. <p>Findings: good practice</p> <ul style="list-style-type: none"> • There is psychological therapy provision for conditions over and above those for anxiety and depression, such as PTSD, personality disorders, psychosis, schizophrenia, substance misuse, eating disorders. • The 'Hub and Spoke' services appear to demonstrate good practice across delivery, training and supervision (at a local and pan Wales level). • In some areas mental health workers are trained and supervised at a local level by specialists to deliver psychological therapy for specific groups of individuals (e.g. those with eating disorders, early intervention in psychosis). <p>All Cross party group members discussed the issues raised in the presentation, including inconsistencies in provision; lengthy waiting times for access to psychological therapies in secondary care; the lack of data on qualification/competency levels of psychological therapists; the quality of clinical supervision, policy and guidelines; the need for assessments to be conducted by appropriately qualified professionals; and the need to measure outcomes.</p> <p>RE RE thanked TA, BJo and ET for their presentation.</p>	<p>RE to write to the Minister for Health and Social Services about access to and provision of psychological therapies.</p> <p>KD to liaise with RE, TA, BJo, ET and WAMH to agree content of the letter.</p>
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CPGMH/NAW4/25 - Minutes of the last meeting		Actions
RE	<p>APPROVED</p> <p>The minutes of the last meeting.</p>	
CPGMH/NAW4/26 - Action points from the last meeting		Actions
KD	<p>KD updated the group on the actions taken since the last meeting.</p> <ul style="list-style-type: none"> • CPGMH/NAW4/17 – Time to Change Wales <p>ACTION: RE to consider a Statement of Opinion in support of TTCW UPDATE: A Statement of Opinion was tabled on 10th June 2014 by Rebecca Evans AM, Llyr Gruffydd AM, David Melding AM and Eluned Parrott AM. (A copy of the Statement of Opinion was circulated with the meeting papers).</p> <p>ACTION: AMs to show support for TTCW UPDATE: A number of AMs have shown their support for <i>Time to Change Wales</i> over the past few months, stating their support for the campaign in a recent Assembly debate and on social media.</p> <p>ACTION: RE to write to party leaders about organisational pledge UPDATE: RE has written to all party leaders, urging them to sign the TTCW organisational pledge. (A copy of the letter was circulated with the meeting papers).</p>	

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	<p>Related to the above action points:</p> <p>UPDATE: RE has also written to leaders of Local Authorities in Wales to ask whether they have identified a TTCW champion within their authority and undertaken any subsequent activity to reduce stigma and discrimination – in line with the <i>Together for Mental Health</i> delivery plan.</p> <ul style="list-style-type: none"> • CPGMH/NAW4/12 - Together for Mental Health <p>ACTION: WAMH to discuss <i>Together for Mental Health</i> Annual Report and produce briefing for Assembly Members.</p> <p>UPDATE: WAMH have met and discussed the <i>Together for Mental Health</i> Annual Report and will be producing a briefing for AMs before the next meeting.</p> <p>ACTION: JI to take the letters to the National Service User and Carer Forum and ask for their views about service user and carer engagement at a local health board level. JI to report back at a future cross party group meeting</p> <p>UPDATE: JI to report back at the next cross party group meeting. A report from the National Service User and Carer Forum had been circulated prior to the meeting.</p> <p>ACTION: RE to write to the Deputy Minister about this issue.</p> <p>UPDATE: WAMH will provide RE with the relevant information when available.</p>	
CPGMH/NAW4/27 - Review of funding for mental health services		
EH	<p>EH updated members about the review, which has been brought forward by the Minister or Health and Social Services. The Terms of Reference are currently being written. WAMH</p>	

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PM	welcomes the Minister's commitment to the ring-fence of mental health spending. However, WAMH believes that the review needs to look at the value for money, not just the amount spent. It needs to compare spend against outcomes to be in line with the outcome focussed nature of <i>Together for Mental Health</i> .	
PM	Recent figures published by Welsh Government show that NHS expenditure on mental health in Wales fell for the first time in 2012-13, which is concerning. http://wales.gov.uk/docs/statistics/2014/140611-nhs-expenditure-programme-budgets-2012-13-en.pdf	
BJe	We may be able to question the Minister about this during the Children and Young People Committee's inquiry into CAMHS.	
CPGMH/NAW4/28 - National Partnership Board		
EH	The National Service User and Carer Forum report was circulated before the meeting. The forum representatives felt that the <i>Together for Mental Health</i> annual report included a lot of positive examples of good practice but may not have fully reflected some of the challenges that still exist.	
CPGMH/NAW4/29 - Dates of future meetings		
KD	KD confirmed that the next meeting will be held on 7 th October 2014 (12:45-13:15)	
RE	RE thanked everyone for their attendance and thanked TA, BJo and ET again for their very informative and interesting presentation.	