Mental Health Matters Wales

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National Assembly for Wales
Health and Social Care Committee

Post-legislative scrutiny of the Mental Health (Wales) Measure 2010

Evidence from Mental Health Matters Wales – MHM 15

Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Sirs

Re: post-legislative scrutiny to assess the implementation and operation of the Mental Health (Wales) Measure 2010

Further to your letter dates 26 June 2014 inviting responses to the post-legislative scrutiny to assess the implementation and operation of the Mental Health (Wales) Measure 2010, I Richard Jones, Director of Mental Health Matters Wales submit the following in relation to part 4 of the Measure:

Theme 1 (achievement of stated objectives): g) To what extent has access to independent mental health advocacy been extended by the Measure, and what impact has this had on outcomes for service users? Are there any barriers to extending access to independent mental health advocacy?

1. The first phase of the expansion of the existing IMHA scheme on the 3rd January 2012 to include Welsh qualifying patients as defined in the Measure did not have a large impact upon the delivery of the IMHA service due to the relatively small number of qualifying patients newly able to access the expanded IMHA role. However; the second stage of the expansion on the 2nd April 2012 making informal patients now eligible to receive support from an IMHA advocate had a significant impact.

2. From the 2nd April 2012 this allowed all patients receiving care and treatment for their mental health to receive the support of an IMHA advocate in any hospital setting where prior to the Measure they would not have qualified for the service.

3. The changes also enabled patients who were previously a qualifying compulsory patient (prior to the Measure) to still access support from the IMHA advocate when moving to an informal patient status, prior to the Measure IMHA advocacy support would have ended. For example; a patient admitted to a ward subject to emergency holding powers, then being placed onto a section 3, then being discharged from hospital onto Supervised Community Treatment in the form of a Community Treatment Order would now qualify for IMHA support through their journey.

4. As an IMHA provider we saw a 100% increase in patients requesting the support of an IMHA advocate in the first year of the expansion. This ratio of formal to informal referrals remains on or around a 50% formal and 50% informal since the expansion.

5. As a provider of the IMHA service, barriers we have experience have been from the General hospital setting where knowledge of the IMHA service was minimal even though training had been provided.

   Theme 2 (lessons from the making and implementation of the legislation): b) How effective were the consultation arrangements with stakeholders and service users during the development, scrutiny and implementation of the Measure?

6. As a provider of IMHA services we found the consultation arrangements to be very effective, with adequate timescales to prepare documents, posters, etc. for distribution to hospitals and service users.

   e) How effective was the support and guidance given to service providers in relation to the implementation of the Measure, for example in relation to transition timescales, targets, staff programmes etc.?

7. The support and guidance was very effective. The timescales were sufficed to allow recruitment and induction of additional staff to be prepared for the increase in patients relating to Part 4 of the Measure. The timescales also allowed additional leaflets and posters to be produced and allowed sufficient time for training sessions to be undertaken to inform relevant personnel of the changes.

   Theme 3 (value for money): b) Have sufficient resources been allocated to secure the effective implementation of the Measure?

8. In relation to Part 4 of the Measure and the area in which we provide the IMHA service we found the resources allocated were effective in ensuing the expansion of the existing IMHA scheme on the 3rd January 2012 to include compulsory patients under sections 4 and 5 Mental Health Act 1983

   e) Does the Measure represent value for money, particularly in the broader economic context? What evidence do you have to support your view?

9. The preventative elements of the Measure in the views of Mental Health Matters does represent value for money as its implantation should result in earlier access to services for those which without the measure could result in their entering into secondary services and having longer periods of input and support from secondary services.

10. From the point of view of an IMHA provider, although there has been a cost increase to the amount of advocates required, it has provided a consistent level of service to patients which has enabled patients to have access to IMHA advocacy support at an earlier stage of their journey, although difficult to quantify this, in some cases has potentially resulted in the patients journey through secondary service being reduced.

Yours sincerely,

R Jones
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