

## Briefing for the Petitions Committee

Y Pwyllgor Deisebau | 6 February 2017

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### Research Briefing:

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**Petition number:** P-05-736

**Petition title:** To Make Mental Health Services More Accessible

To make mental health services more accessible the Government should ensure that no-one who approaches a mental health service should be turned away without help. Anyone who goes to their GP or any other health care professional who is experiencing a mental health problem should be automatically referred to the crisis team who should act immediately. The onus should not be on the individual to contact the Crisis Team on their own. There should also always be a one to one therapy option, rather than group therapy.

Many people will know I haven't had an easy time with life or with mental illness; I suffer with depression, anxiety, PTSD and OCD. Recently, I've hit rock bottom and have screamed for help but have been let down by mental health services who I thought would help, instead they have let me down majorly.

I want my experience to help others around Wales and to get the help they need.

### Background

The Mental Health Foundation in its publication [Mental Health in Wales: fundamental facts](#) notes that, based on data available from [Welsh Health Survey](#), 13 per cent of adults (aged 16 and over) living in Wales were reported to have received a treatment for a mental health problem in 2015, an increase from 12 per cent in 2014. This briefing provides information about access to mental health services in primary and secondary care as well as some information about crisis care.

#### Access to mental health services in primary and secondary care

In 2010 the Welsh Government passed the [Mental Health Wales Measure 2010](#) (the Measure), which came into force in 2012 and covers both primary and secondary mental health services in Wales. In relation to primary care, local authorities and health boards are required under

the Measure to provide Local Primary Mental Health Support Services (LPMHSS), with services operating within or alongside existing GP practices.

The Welsh Government issued guidance on LPMHSS in the [National Service Model for Local Primary Health Support Services](#). It states that individuals will be typically referred to LPMHSS through a GP (para 3.5). GPs may choose to refer to other services within the mental health care system (e.g. Community Mental Health Teams, CAMHS, substance misuse services, etc.) Following a referral to other services:

3.24 It is for the recipient of the referral to consider and decide whether the provision of any services to which the referral relates is called for.

The purpose of LPMHSS is to address mild to moderate mental health problems using a variety of treatments:

3.16 Local primary mental health support services should offer a portfolio of evidence-based, time limited interventions which are appropriate to individual clinical need to treat common mental health problems in all age groups. The short-term interventions (i.e. treatment), should be delivered either at an individual level or through group work, dependent on which approach the assessment has identified as appropriate. Such interventions may include counselling, psychological interventions, (including cognitive behavioural therapy, solution-focussed therapy, family work, online support, stress management), bibliotherapy and education.

Patients with mental health problems are often referred on to secondary services which are specialist mental health services not provided within primary care. In relation to secondary care, Part 2 of the Measure gives all patients the right to a care co-ordinator as well as a care and treatment plan. Part 3 of the Measure allows patients discharged from secondary mental health services to refer themselves back to those services.

The Measure required the Welsh Government to review of effectiveness the Measure within four years of implementation. The Welsh Government published [an interim report](#) (PDF 848 KB) in 2014 and [a duty to review final report](#) (PDF 912 KB) was published a year later. It noted that the change of culture was becoming evident even though more work was required. The report stated that LPMHSS are meeting a significant, previously unmet demand, which resulted in longer waiting times, particularly for psychological therapies. These findings resonate with [Mind Cymru's report](#) which suggests that individuals are not offered a choice of therapy and might be offered treatment which does not best address their needs (more information about psychological therapies available in Wales can be found in a [research briefing published by the Research Service](#)).

Apart from the Welsh Government review, the Measure was also subject to [post-legislative scrutiny by Health and Social Care Committee of the 4<sup>th</sup> Assembly](#). Its report also noted that access to mental health care and support had improved overall, but the Committee voiced its

concern about capacity within primary mental health services, which may not be sufficient for the increased demand. A summary of the Committee's report can be found [in a Research Service blog post](#).

### **Crisis care**

Crisis care is delivered by crisis resolution and home treatment (CRHT) teams. There is no consistency across different teams in terms of referral policy. Some crisis teams will accept self-referrals while others will only accept patients referred by a GP or another healthcare professional. Availability of crisis care has also been of concern, as [Mind Cymru suggest](#) that services are not equally accessible to everyone in Wales and vary depending on geographical area.

### **Welsh Government action**

The previous Welsh Government launched a ten year strategy aiming to improve mental health and well-being *Together for Mental Health* in 2012. The strategy seeks to consider long-term solutions and has emphasis on prevention and well-being. The most recent [Delivery Plan 2016–2019](#), second in the series of three, was published in October 2016. The delivery plan identified 11 priority areas, setting desirable outcomes, identifying key actions to achieve the goals, and specifying performance measures. Issues of access to care have in particular been identified in two priority areas:

- Priority area 3 – Services meet the needs of the diverse population of Wales. It focuses on diminishing inequalities in access for vulnerable individuals and ensures appropriate provision of services through the medium of Welsh; and
- Priority area 8 – People with mental health problem have access to appropriate and timely services. It touches on a number of issues, such as giving mental well-being equal priority with physical well-being in the development and delivery of services, working with the third sector to provide an integrated approach, or ensuring that there are robust links between primary care and mental health. It also requires (key action 8.3i) health boards to improve access to evidence based psychological therapies for adults in line with the National Psychological Therapies Management Committee (NPTMC) Action Plan by March 2017.

### **National Assembly for Wales action**

Mental health features frequently on the Assembly's agenda. On 12 October 2016 Plaid Cymru held a [debate on mental health](#), focussing on the issue of changing attitudes and challenging stigma surrounding mental health, and the Members were in agreement that the issue needs to be recognised.

Every effort is made to ensure that the information contained in this briefing is correct at

the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.