



National Assembly for Wales Health and Social Care Committee

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

Evidence from Hafal – MHM 09

Hafal welcomes the opportunity to submit written evidence to the Health and Social Care Committee in relation to its post-legislative scrutiny on the implementation and operation of the Mental Health (Wales) Measure 2010.

Theme 1 – Achievement of stated objectives

- 1.1 The introduction of the Mental Health (Wales) Measure 2010 is a historic piece of legislation that came into force in 2012 and which is much admired across many other countries. Hafal members fought long and hard to ensure that this piece of legislation was introduced, which for the first time gave every user of secondary mental health services in Wales the legal right to a holistic Care and Treatment Plan. It was patients and service users who were the driving force behind the Measure from the start supported by Hafal, and it was a Hafal member himself that was the inspiration behind Jonathan Morgan introducing the original LCO back in 2007 which eventually led to the Mental Health Measure.
- 1.2 Most people who use secondary mental health services now have a Care and Treatment Plan which gives people who use secondary mental health services the opportunity to take a comprehensive approach to their recovery from serious mental illness by agreeing and having recorded all of their recovery objectives and support needs (*the eight life areas are: accommodation; education and training; finance and money; medical and other forms of treatment, including psychological interventions; parenting or caring relationships; personal care and physical well-being; social, cultural or spiritual; work and occupation*).
- 1.3 We have received feedback from service users and from carers which finds that the quality and usefulness of Care and Treatment Plans is variable across Wales, and that many plans are still not focused on achieving both short term and long term goals/outcomes. There still seems to be a lack of adequate training for Care Co-ordinators.
- 1.4 Some service users have told us that they now feel more involved in their own care and treatment, and now attend care plan reviews and are given the opportunity to become more involved. However, this is still not widespread or systematic across the whole of Wales.
- 1.5 There still does not appear to be a system in place across Wales that measures whether or not more people with a mental illness are achieving better outcomes from the services they

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receive. For an individual this can be monitored and measured through their own Care and Treatment Plan, but there appears to be no method to measure overall impact across a Health Board area.

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- 1.6 There appears to be a lack of consistency across Wales in how the Measure is being implemented. For instance, in some areas people who see a consultant psychiatrist are doing so under Part 1 of the Measure and so do not have a Care and Treatment Plan, whereas in other areas the service they receive comes under Part 2 of the Measure. This matters because there is a duty to develop a Care and Treatment Plan under Part 2 of the Measure but not under Part 1.
- 1.7 There is still a lack of clarity between what primary mental health services are and what secondary mental health services are. There are different interpretations between Health Boards and therefore an inconsistent approach across Wales. We believe that anybody who is so ill that they need to receive treatment from a consultant psychiatrist must be considered to be in receipt of a specialist service (a secondary mental health service) and therefore have a right to receive a Care and Treatment Plan.
- 1.8 Many people are still experiencing long delays in being initially assessed following referral to secondary mental health services, which often results in a deterioration in a person's condition between referral and assessment.
- 1.9 There is poor communication and a lack of adequate advice and information given to people when they are discharged from secondary mental health services.
- 1.10 There continues to be a lack of awareness of the Carers Measure and a continued reluctance amongst health professionals to involve and engage with carers and families in the planning and delivery of care and treatment.

Theme 2 – Lessons from the making and implementation of the legislation

- 2.1 The Welsh Government worked closely with Hafal and others in developing both the Measure and the associated subordinate legislation and guidance, and took on board what service users and carers said needed to be in the legislation. The consultation processes were excellent and were more about working collaboratively rather than seeking views on already decided issues.
- 2.2 Hafal welcomed the scope of the Measure being widened to include children and young people, although the Measure itself has not resolved many of the problems previously identified within CAMHS such as appropriate transition from CAMHS to Adult Services and young people being inappropriately admitted onto adult wards.
- 2.3 Following the Measure coming into force Hafal produced 'Care and Treatment Planning - a step by step guide for secondary mental health service users'. This was widely welcomed amongst service users, carers and professionals with over 40,000 hard copies of this major piece of guidance having been requested and subsequently circulated across Wales.
- 2.4 Hafal also developed with other third sector partners a training programme for service users and carers called, 'How to Get a Great Care and Treatment Plan' which is being rolled out to Hafal clients across Wales.

- 2.5 However, despite these efforts there is still a lack of information and awareness about the Measure, particularly when people are discharged from secondary mental health services where there is a lack of appropriate information being given to service users.
- 2.6 There were a lot of good practice examples in developing this legislation, particularly in how the Welsh Government worked collaboratively with service user and carer organisations. The main issues are not around how the legislation was developed or what it says, but around how it is being delivered and successfully implemented.

Theme 3 – Value for money

- 3.1 The Welsh Government has ring fenced mental health expenditure across all age groups since 2008 with the intention of protecting mental health expenditure and facilitating investment in services. This has been widely welcomed and supported by people who use mental health services and by carers, and has sent out a very strong message to Health Boards that they should protect these valuable services for a highly vulnerable group of people.
- 3.2 However, we are very concerned to see that the amount spent on mental health (according to Programme Budget returns submitted from every Local Health Board) fell in 2012/13 compared to previous financial years – this despite an overall increase (in cash terms) in total NHS expenditure.
- 3.3 We believe that if the Measure were to be fully implemented as intended it would represent good value for money. But resources need to be targeted more efficiently to ensure that people receive support and treatment at the earliest possible point following diagnosis of a serious mental illness, and that through good use of Care and Treatment Plans people move decisively from dependence on high-cost services through to lower-cost support and on to economic activity.

Evidence in Person

Hafal would be very interested in providing evidence in person to the committee should this be of interest. We would be able to provide service users and carers with direct personal experience of implementation and operation of the Mental Health (Wales) Measure 2010.

About Hafal

Hafal (meaning 'equal') is the principal organisation in Wales working with individuals recovering from serious mental illness and their families. We are managed by the people we support - individuals with serious mental illness and their families. Our 195 staff members and 100 volunteers provide help and support to over 1500 people with serious mental illness and 1600 carers. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. In practice this means that at every project our clients meet to make decisions about how the service will move forward and the charity itself is led by a board of elected Trustees, most of whom either have serious mental illness themselves or are carers of a person with a mental illness. Our mission is to empower people with serious mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to achieve a better quality of life, fulfil their ambitions for recovery, and fight discrimination.