



# mentalhealthwales

THE VOICE OF SERVICE USERS

## Meet the Minister!



### EXCLUSIVE LESLEY GRIFFITHS INTERVIEW



"I'm fully supportive of a holistic approach to Care and Treatment planning."

"My first job was as a medical secretary in the psychiatric unit at Wrexham Maelor Hospital. For a young girl in her first job it was a very interesting role."

"The Welsh Government is fully committed to ensuring that the Measure's policies are successfully delivered."

"We have to ensure that people with the most severe and enduring mental illness are prioritised."

"Taking the Wheel' is a wonderful metaphor for people recovering from serious mental illness."



for recovery from serious mental illness

Mental Health Wales is produced by Hafal, Wales' principal organisation working for people with serious mental illness and their carers. AstraZeneca has provided a sponsorship grant for this independent journal.



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## Issue Focus: Mental Health Measure - the next step of the journey

Crucial work on the effective implementation of the Mental Health (Wales) Measure will take place this autumn.

Earlier this year the Welsh Government consulted service users and professionals on the **Measure's Regulations** in relation to: care and treatment planning; assessments for former users of secondary mental health services; and independent mental health advocacy. Now the Government is consulting clients and professionals on the **draft Code of Practice to Parts 2 & 3 of the Measure**. They are seeking your views on: care and treatment planning in secondary mental health services and re-access to secondary mental health services for former users.

To understand why the forthcoming consultation events are so crucial, Mental Health Wales spoke to Peter Martin (*pictured right*), National Policy Coordinator at the Welsh mental health charity, Hafal.



### Why is the Code of Practice important and when will it be issued?

"Codes of Practice provide guidance on how to proceed when undertaking functions and duties under Acts of Parliament, or in our case 'Measures'. Statutory bodies like Health Boards and Local Authorities are usually required to have regard to the Code in carrying out their functions, and any departure from the Code could give rise to legal challenge. A Code of Practice should be accessible to patients, carers, advocates and anyone else who provide support."

### What difference could service users' views make to:

#### a) Care and treatment planning on secondary mental health services?

"The part of the Code that will relate to effective care and treatment planning will be crucial. If someone who is currently using secondary mental health services either doesn't currently have a care plan, or they do have one but it is not very good, now is the chance to change all that for the better. The whole point about Part 2 of the Measure and the associated regulations is to ensure that service users have the opportunity to determine, shape and influence their own care plans and agree what goes in them. How this gets done should be prescribed in the Code of Practice."

#### b) Re-access to secondary mental health services for former users?

"There has already been a consultation on the regulations relevant to this part of the Measure (Part 3): they were debated and voted on by AMs in the National Assembly on 18 October. The detail on how this part of the Measure and associated regulations will be implemented can be influenced by what goes in the Code of Practice."

### What is the next step for the Measure?

"Part 1 of the Measure, concerning local primary mental health support services, will commence in October 2012; Parts 2 and 3 of the Measure, concerning assessment, care and treatment planning and care coordination within secondary mental health services, will commence in June 2012; Part 4 of the Measure, concerning the expansion of the independent mental health advocacy scheme under the Mental Health Act 1983, will commence in two phases. The first phase (concerning patients subject to sections 4 or 5 of the 1983 Act) will commence in January 2012. The second phase (concerning informal inpatients) will commence in April 2012."

To read the draft Code of Practice to Parts 2 & 3 of the Measure (and download a consultation response form) visit: <http://wales.gov.uk/consultations/healthsocialcare/mental/?lang=en&status=open>

If you would like to have your say on the Code of Practice you can book your place at one of the consultation events by e-mailing [mentalhealthlegislation@wales.gsi.gov.uk](mailto:mentalhealthlegislation@wales.gsi.gov.uk) or ringing 029 2082 6988 at least a week before the event you wish to attend. The events will take place as follows:

9 November, 2pm – 4:30pm, Welsh Government Buildings, Llandudno Junction.

14 November, 2pm – 4:30pm, Welsh Government Buildings, Merthyr Tydfil.

16 November, 2pm – 4:30pm, Welsh Government Buildings, ECM2, Neath Port Talbot

22 November, 2pm – 4:30pm, Unit 32, Ddole Road, Llandrindod Wells

23 November, 2pm - 4.30pm, Haliwell Centre, Carmarthen

5 December, 2pm - 4.30pm, City Hall, Cathays Park, Cardiff

You can also respond by submitting your comments by **16 January 2012**, in either of the following ways:

Email: [mentalhealthlegislation@wales.gsi.gov.uk](mailto:mentalhealthlegislation@wales.gsi.gov.uk)

## A service user's perspective on the draft Code of Practice to Parts 2 & 3 of the Measure

While service users in Wales are delighted that the Mental Health Measure is so close to becoming a reality many are concerned that its powers may be diluted by a weak Code of Practice.

To gain a service users' perspective on this issue, Mental Health Wales asked Lee McCabe (*pictured right*), Recovery Practitioner at the Welsh mental health charity Hafal, for his views. Lee has been closely involved in the development of the new Measure from the beginning and gave evidence at the Assembly and in Parliament. In fact, the Assembly Member who initiated the new mental health legislation, Jonathan Morgan, paid Lee a great compliment by saying that the most convincing evidence for reform came from listening to his story. Lee says the service users he has spoken to think there are three specific improvements that can be made to ensure the Code is as strong as possible.



### 1. We must make sure that all “life areas” are covered in the Plan

Talking about the eight areas of life to be covered in the Care and Treatment Plan the draft Code says that: *“Whilst there is no requirement for a care and treatment plan to record outcomes against each of these areas, it is likely that outcomes would arise in more than one of these areas.”* **That’s not strong enough:** it should be routine for Plans to record actions against all eight areas. Service users know from experience that in order to be effective a Plan needs to cover all areas of life. We want the Code to say what the Government’s own Interim Guidance on CPA said in 2010: that *“service users with relatively straightforward needs may be able to take any necessary action alone in relation to several of the areas but it is important that this is still recorded.”*

### 2. We need to make sure psychological treatments are covered in the Plan

Because medication and other therapies are combined in one ‘life area’ of the Care and Treatment Plan we need to take extra care that psychological treatment is covered in every Plan. Service users know how important psychological therapies can be for many people with a serious mental illness – and how difficult they can be to access. The Code needs to spell this out, saying that psychological therapies always need to be considered and a decision recorded about their use or possible future use when addressing this life area in Care and Treatment Plans.



### 3. The Code needs to specify timescales

The Code needs to be clear about time limits, both:

- from referral by a GP for assessment for secondary mental health services to that assessment being carried out;
- and from assessment as a “relevant patient” (needing secondary mental health services) to the completion of the required Care and Treatment Plan.

Service users know that having a timely Plan is essential: it can determine how well a person can recover, and it can prevent a person from becoming more unwell. The Welsh Government has set out timescales for assessment in its interim community mental health team guidance which says that:

**“The CMHT will offer timely assessment of the needs of people referred to the service. Assessments will be prioritised according to apparent need and risk... A supervised triage approach to response times for assessments to be undertaken, namely:**

- Emergency referrals will be seen within 1-4 hours;
- Urgent referrals will be seen within 48 hours;
- Routine referrals will be seen within a maximum of 4 weeks, but usually much sooner.”



This guidance should be included in the Code, and we need similar deadlines for the creation of Care and Treatment Plans following assessment as a “relevant patient”. For example, a reasonable guideline might be:

- Plans must be created a maximum of 6 weeks from assessment under normal circumstances
- Plans must be created a maximum of 12 weeks and only under the most exceptional circumstances.

...and Care and Treatment Plans for people too ill to participate need to be created most urgently but **on the understanding that the Plans will be reviewed with their involvement at the earliest opportunity.**

Lee is working on a more detailed response to the draft Code which can be found online at [www.hafal.org](http://www.hafal.org)

When Carwyn Jones AM was re-elected as First Minister in May he said "delivery" would be his new Government's watchword.

One of Mr Jones's first decisions following his party's re-election was to appoint Lesley Griffiths AM as the new Health and Social Services Minister (replacing Edwina Hart AM who became Minister for Business, Enterprise, Technology and Science).

To gain an in-depth view of the Health Minister's plans, Mental Health Wales spoke to the Minister about a number of important issues including her personal commitment to mental health; what she's learned from service users; the Mental Health (Wales) Measure; Care and Treatment Plans; ring-fencing; and young people's mental health services.

This is what she said....

### Could you tell us about your personal commitment to mental health in Wales?

My first job was as a medical secretary in the psychiatric unit at Wrexham Maelor Hospital. For a young girl in her first job it was a very interesting role. It gave me a perspective of the issues people with serious mental illness face. On a personal note my daughter, Alys, has just graduated with a First Class Honours degree in psychology from Bangor University and she's decided to do a Phd at Manchester University which will focus on smoking, alcohol and mental health issues.

### Where does mental health come in your list of priorities?

It's obviously one of the cornerstones of the health services that we provide for the people of Wales. I think we have to ensure that those people with



John Gilheaney and Lesley Griffiths

the most severe and enduring mental illness are prioritised. Obviously Local Health Boards (LHBs) are facing difficult choices but we, as the Welsh Government, gave them a huge budget to ensure they provide the appropriate services for the people in their catchment areas. We've had a huge reduction in our budget from Westminster but we've ensured that the health budget has not been cut, we've preserved it.

### Would mental health services be in your top five or top ten list of priorities?

I think it would be very safe to say top ten. I think it's very high on the political agenda.

### What have you learnt from service users since becoming Health Minister?

Well firstly, as an AM, I learnt that service users are very aware of what they want and what they need, they know where things aren't right. As Minister they've spoken to me about where I should do things differently, for example in relation to the Mental Health (Wales) Measure, Care and



Treatment Plans and housing.

### Can you understand service users' frustration that key parts of the Mental Health Measure will be delayed? How will the Welsh Government make the most of everything the Measure has to offer?

Yes, I can understand the concerns of service users but I really want to reassure them that the Welsh Government is fully committed to ensuring that the Measure's policies are successfully delivered. I don't think the Measure's been hugely delayed. I accept there has been a delay but I think it's really important that the changes which will be made are absolutely right, that we allow LHBs and local authorities sufficient preparation time to ensure the implementation process is very successful. I think it's absolutely right that we ensure they're given targets they can achieve – we don't want to set them up to fail.

### This is a bit of a technical question, it's about the new Care and Treatment Plans. The Measure stipulates that from June 2012 all users of secondary mental health services will have a legal right to a Care and Treatment Plan. Will the format allow for truly holistic Care Plans covering a range of life areas?

I'm fully supportive of a holistic approach and Part 2 of the Measure will embed that in law. The Government has always made it clear that it supports a holistic approach to care and treatment planning.

### Do you wish to see the 'eight life areas' covered in the new Care and Treatment Plans?

My officials undertook a formal consultation on the draft regulations earlier this year which included a schedule which sets out a Care and Treatment

Plan template we will require mental health service users to adopt from 2012. We received a range of responses from our stakeholders many of which were taken into account in the final version of the regulations. In relation to ‘eight areas of life’ in the Care and Treatment Plan template, I am not at liberty to disclose the content of the revised regulations until they have been laid before the Assembly, however I believe Mental Health Wales readers will not be disappointed when they see the regulations relating to the content of the Care and Treatment Plan template.

**Hafal Members believe that the new Care and Treatment Plans should form the central focus for planning and funding all secondary mental health services. Do you agree with them?**

They have to absolutely be at the heart of delivering effective and efficient mental health services. It may well be the case that the content of the Care and Treatment Plans and the recorded outcomes required by the Measure could play a very important part in informing the planning of the future of secondary mental health services, but there are other sources of information and data that would also contribute to the planning process not least service user feedback and satisfaction on service delivery.

**Do you think the Care and Treatment Plans that emerge from the Measure will transform mental health service provision in Wales?**

I think so because Care Plans have been so welcomed. Service users put forward their views on their formats; I think they can only enhance the services that we’re providing.

**In an interview for the the summer edition of the Mental Health Wales**



**Lesley has close links with Hafal’s project in Wrexham**

**Journal NHS Wales Chief Executive David Sissling said that one of the biggest challenges for mental health services over the next five years will be for “service users to have real influence on the way in which services are planned and organised at a strategic level.” How can we improve the process of involving service users in the planning of services?**

Obviously there’s always room for improvement but I think significant improvements have already been made: the Wales Audit Office report which was published in the summer acknowledged that. I know a lot of field work for the report was undertaken and I think further improvements have been made following that, certainly in relation to home treatment and outreach services. Where services are not fully in place we have plans that are well advanced which will enhance the services in that area.

Child and Adolescent Mental Health Services (CAMHS) are another area we have invested heavily in. New teams have been introduced to care for people with, for example, eating disorders. We’ve hugely improved matters there, I know David Sissling has talked to the Chief Executives of all LHBs on what we expect. As a Government we’ve issued ‘Stronger in Partnership 2’ guidance to inform them exactly what the policies are and what we expect them to deliver.

**What did you make of the Wales Audit Office report which stated that not all NHS organisations have complied with ring-fencing?**

This is an issue that I’ve asked officials to look at. I accept it’s a difficult area and that action has to be taken in order to refine the definition of what should be included within the ring-fence and how the expenditure can be monitored to make sure we have consistency across Wales. Since I took up my post I think we’re moving into a much more stable organisational environment.

We had this massive upheaval approximately 20 months ago: I think LHBs are now much more stable, I’m really hoping the situation improves in relation to the issue of ring-fencing.

**Will ring-fencing continue beyond April next year?**

It’s something for consideration. What I want to know is how well it’s currently working. Officials have come across concerns from senior clinicians so I think it’s important to have a look at that to see the benefits, to see if there are any disadvantages and then decide.

**At a recent conference in Cardiff on “Minimising self-harm - preventing suicide” Dr David Williams, CAMHS Adviser to the Welsh Government, said: “25% of females and 40% of male school-age children have considered suicide in the last year. That equates to approximately 180,000 young people in Wales. 75% have gone as far as thinking about a plan, that’s about 120,000. If my specialist service were to deal with that we’d need another 3,000 CAMHS professionals to take that as a caseload.” What do you think of Mr Williams’ comments?**

**"It's important for our young people with mental illness to know they're not alone."**

They gave a lot of food for thought. I think the message has to be that suicide prevention is not the sole preserve of specialist NHS services; professionals have to work together right across primary care and education as well as Child and Adolescent Mental Health Services (CAMHS).

We've introduced really good schemes to help young people. For example 'Meic' is an excellent advice helpline for children and young people up to the age of 25.

There have also been significant improvements in CAMHS services over the past three years. We've invested in young people's mental health services and we need to keep on doing so, for example in issues such as eating disorders, because conditions like these can lead on to other mental health issues.

**Do you think that ultimately a focus on youth is the key to improving mental health services because of a) the importance of early intervention and b) tackling stigma? Do you think young people are the people**

**we really need to target?**

Absolutely. If we can educate our young people who tend to be a bit cruder when they're faced with someone a little bit different, that will really help. It's also very important for our young people to know that if they're having mental health issues they're not alone. It's a really tough time; it was certainly tough when I was a teenager. I've got one child who will soon be eighteen and a 21-year-old, too, and I know from talking to them and their friends of the difficulties they're facing; there's so much more pressure on young people nowadays which leads to anxiety, so the more we can educate young people about mental health the better.

**When will we have top class mental health services in Wales?**

The First Minister has gone on record as saying (in the Spring 2010 edition of the Mental Health Wales journal) "within the next decade". I think the NHS reorganisation my predecessor undertook in 2009 has been hugely significant in this regard as it helps

services work better together, ensuring they are available more equally. I want to ensure everybody works together - we're such a small country we should be able to "join up" much better than we have in the past. I think the approach we have towards health services, with the integrated health service that we now have in Wales, is going to be much better equipped to do that. We need to make sure LHBs work with local authorities, the Third Sector and with employers. We need to work much more closely with service users and their families and carers. I think that's really important to make sure that we have mental health services which are fit for the 21st Century. We've got a very exciting opportunity with the approach we're taking to the health service here in Wales.



The Minister with Hafal Expert Patient Trainer Ian Baynes.

## Minister joins Hafal's World Mental Health Day celebrations

The Minister also spoke about her vision for mental health services in Wales at mental health charity Hafal's World Mental Health Day celebrations at the Senedd on October 11th. Ms Griffiths, who described the 'Taking the Wheel' campaign (which was run by Hafal in partnership with MDF the Bipolar Organisation Cymru and the Mental Health Foundation) as "a wonderful metaphor for recovery", spoke of her determination to work closely with service users and the Third Sector during the months and years ahead. She said: "Together we can work to ensure that our mental health services in Wales continue to develop and improve" and added that it is "vital that we remain committed to ensuring mental health services focus on the recovery model."

During her speech the Minister also stated that: "We will review the operation of the Measure over the coming years. We will publish a report based on its findings four years after the relevant Measure provisions come into force. I hope that our commitment to publish a report on our conclusion also demonstrates our willingness to continually seek better ways of working." To see a video of the Minister's speech please visit: <http://tiny.cc/v1p8a>



## Stigma campaign launched

Three leading mental health charities in Wales are joining forces to launch a new national programme, “Time to Change Wales”, which will challenge the stigma and discrimination surrounding mental health problems.

The £1.9m campaign is being led by Gofal, Hafal and Mind Cymru and funded by the Big Lottery Fund, Comic Relief and the Welsh Government. The programme aims to achieve real and lasting change in Wales and to improve attitudes to mental health by building on the success of the Time to Change campaign in England.



Time to Change Wales will include three key strands:

- A high-profile, national social marketing and media work to challenge the negative attitudes that can surround mental health, and raise awareness of the campaign;
- People with lived experience of mental health problems delivering anti-discrimination training to the people whose attitudes to mental health matter most, including employers and community leaders;
- A range of community activities that will bring together people with and without lived experience of mental health problems, to empower people with experience of mental distress to challenge the discrimination they face every day.

Time to Change has been actively working in England since 2007 to tackle the stigma surrounding mental illness and improve public knowledge, attitude and behaviour around this issue. The programme has already seen positive change in England with a 4% reduction in reported discrimination and a 2.2% improvement in public attitudes since its launch.

**Hafal Expert Patient Trainer (EPT) Dave Smith, who is on the Time to Change Wales project board says:** “The



story I always tell about stigma relates to one occasion when I got my hair cut. The hairdresser said: “Day off work?” I said: “Yes, I have every Monday off.” She asked me what I did for a living: I told her I worked at a mental health project helping people to recover from serious mental illness. She said that was a good line of work to be in and asked: “What got you into that?” I told her that I had a mental illness myself and suddenly the speed of the scissors literally doubled! She couldn’t get me out of the shop fast enough! During the campaign there will be a strong emphasis on combating discrimination by giving the public the opportunity to hear the stories of people with lived experience of serious mental illness. The campaign will not be about criticising the public for their lack of knowledge on mental health matters; it will be all about giving them good information and providing opportunities for understanding. There will be no finger wagging.”

### What they’re saying about ‘Time to Change’

**Ewan Hilton, Chief Executive of Gofal:** “We know that what drives people to discriminate is built on ignorance and myth. We are thrilled that with the support of the Welsh Government, Comic Relief and the Big Lottery Fund and in partnership with fellow mental health charities we’ll be able to change this situation in Wales for the better.”



**Bill Walden-Jones, Chief Executive of Hafal:** “Hafal is delighted to be working with our friends in Gofal and Mind Cymru on this exciting initiative. Hafal’s members, people with a serious mental illness and their families, look forward to joining with our partners and others across Wales to build a mass movement of service-users dedicated to removing discrimination.”



**Lindsay Foyster, Director of Mind Cymru:** “We know that campaigns to tackle discrimination against people with mental health problems have had real success in England and Scotland through the work done by Time to Change and See Me. This partnership gives a great opportunity for Wales to build on this work and make a positive difference to the lives of people who experience mental distress.”



The Welsh Government has published its Programme for Government.

In the words of First Minister Carwyn Jones AM the "Programme for Government translates our manifesto into a clear plan to deliver for the people of Wales.

"It sets out how we will measure progress on the manifesto outcomes, the key actions we will take to drive that progress and how we will judge whether our actions are on track."

The Programme states that key actions the Welsh Government is undertaking to deliver improvements include:

- Responding actively to every patient's needs by introducing individual care plans for mental health, cancer and other long-term conditions.



Carwyn Jones AM

- Reviewing access to talking treatments for those with mental health problems.
- Implementing the Mental Health Measure to ensure modern, user-focused care is in place.
- Continuing to provide a free and confidential helpline for veterans experiencing mental health problems.

The Programme also states that

the Government "faces a big long-term challenge in improving health outcomes by ensuring the quality and safety of services is enhanced in relation to the number of mental health hospital admissions."

Commenting on the programme Hafal Chief Executive Bill Walden-Jones said: "I think we should work with the Government's instincts about the way ahead and show them simple, cost-effective things they could do to improve the lives of people with a mental illness and their families."



## Since our last issue...

**21.10.2011:** Hafal Practice Leader Keith Jones has won a Gold award at the prestigious Wales Care Awards 2011. Keith, who works at the mental health charity's Bridgend project, was presented with the Promoting Fulfilled Lives Award at a ceremony attended by Health and Social Services Minister Lesley Griffiths AM at City Hall, Cardiff on October 21st.

**10.10.2011:** The Ministry of Defence launched "Don't bottle it up" to promote better awareness of the mental health injuries of war. The campaign aims to remove the stigma from "wounds that cannot be seen" and urges servicemen and women not to ignore warning signs. It's hoped that encouraging service personnel to share their burdens will help avoid long-term psychological damage.

**30.09.2011:** A report by the Royal College of Psychiatrists warns that the

current generation of students has a greater risk of anxiety and depression than previous ones. One of the report's authors, Dr John Callender, told the BBC: "Many are having to work long hours in paid work on top of full-time academic studies. Many are also less well-supported by their families than was the case in years gone by. The reasons for this are things like increased rates of marital breakdown and students being drawn from poorer social backgrounds."

**20.09.2011:** A study claimed people with schizophrenia are six times more likely to develop epilepsy. Writing in 'Epilepsia', researchers in Taiwan say this could be due to genetic, neurobiological or environmental factors.

**26.08.2011:** A report stated that in 2010 Doctors in Wales issued more prescriptions for depression than there are people in the country. A total

of 3.5 million prescriptions were issued in Wales last year, in a population of three million people. By contrast in Scotland in the same year, 4.3 million prescriptions were issued among a population of 5.2 million. In England the most recent figures for 2009 showed that there were 39.1 million prescriptions compared to a 52.5 million population.



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