

SPRING 2021



Issue focus:

Co-occurring disorders

How can services in Wales be more integrated and individualised for people with both a mental health and substance use disorder?

P2: Welsh charities
CAIS, Hafal and
WCADA merge to
form **Adferiad
Recovery**



now part of



MENTAL HEALTH WALES

Adferiad Recovery: “A new era in the Welsh charity sector”

Four charities in Wales joined together on 1st April 2021 to become Adferiad Recovery, a new organisation which will provide support for vulnerable people in Wales and their families and carers.

Adferiad Recovery will have a particular focus on people with mental health problems, substance misuse problems, and those with co-occurring and complex needs. The merging charities are:

- **Adferiad Recovery**, based in South Wales, which provides services for people with co-occurring mental health and substance misuse conditions and related issues.
- **CAIS**, based in North Wales, provides substance misuse services, employment, mental health, and veterans’ services across Wales.
- **Hafal**, the charity which publishes *Mental Health Wales*, is based in South Wales and supports mental health service users, carers and other vulnerable groups across Wales.
- **WCADA**, based in South Wales, provides substance misuse services in Swansea, Neath Port Talbot and Bridgend and the Public Prisons at Swansea, Cardiff, Usk and Prescoed.

CAIS, Hafal and WCADA had recently worked together to form Adferiad Recovery as a new charity. This enabled the charities to work together more closely, and the four are now merging into this new single charity.

Announcing the merger the three Chief Executives - Clive Wolfendale, CAIS; Alun Thomas, Hafal; Karen Ozzati, WCADA - issued a joint statement saying: “Our clients have told us that a person with complex needs deserves to be treated as a whole person, not a collection of diagnoses requiring multiple referrals to different organisations. This merger is our response to them.

“The merged organisation will bring together the broad range of skills, knowledge and experience of dedicated teams who are passionate about making a difference in the lives of the people and communities we serve: by combining our expertise we will be able to support clients with complex needs to plan and achieve recovery.

“All four charities are successful and there is no plan for reductions in services or staff: indeed we aim to expand our present projects and develop new services in response to what clients, carers and families want from us.”



Alun Thomas has been appointed as the first Chief Executive of the new charity and Karen Ozzati takes up a position on the Executive Team; Clive Wolfendale has been appointed the charity’s Chair.

> [Read our interview with Alun Thomas on page 6](#)

> [Clive Wolfendale discusses his thoughts about challenging stigma on page 8.](#)



Clive
Wolfendale



Alun
Thomas



Karen
Ozzati

Read more at: hafal.org

NEWS

UK Government publishes Mental Health Act White Paper

A package of reforms has been set out in a wide-ranging new Reforming the Mental Health Act white paper published by the UK Government. The white paper builds on the recommendations made by Sir Simon Wessely's Independent Review of the Mental Health Act in 2018.

Launching the white paper the UK government said that at the heart of the proposed reforms to the Mental Health Act is greater choice and autonomy for patients in a mental health crisis, ensuring the act's powers are used in the least restrictive way, that patients receive the care they need to help them recover and all patients are viewed and treated as individuals.

These reforms aim to tackle the racial disparities in mental health services, better meet the needs of people with learning disabilities and autism and ensure appropriate care for people with serious mental illness within the criminal justice system.

Extra £9.4m investment in children and young people services

In February the Welsh Government announced additional funding for children and young people's services, with an additional £4m will be made available to improve access to emotional and mental health well-being support in school and £5.4m funding going towards CAMHS (Child and Adolescent Mental Health Services) to support young people who need more intensive support.

Minister for Mental Health and Wellbeing Eluned Morgan said: "This significant investment in mental health services for children and young people shows we recognise the impact the pandemic is having on them and are doing everything we can to improve access to support."

Read more at mentalhealthwales.net



Health and Social Care Secretary Matt Hancock (pictured) said: "I want to ensure our health service works for all, yet the Mental Health Act is now 40 years old. We need to bring mental health laws into the 21st century. Reforming the mental health Act is one of our central manifesto commitments, so the law helps get the best possible care to everyone who needs it.

"These reforms will rightly see people not just as patients, but as individuals, with rights, preferences, and expertise, who are able to rely on a system which supports them and only intervenes proportionately, and which has their health and wellbeing as its centre."

Download the White Paper at:
gov.uk/government/consultations/reforming-the-mental-health-act

Mental Health Wales is published by **Hafal**. If you have any comments, please contact us at:

Hafal, Unit B3

Lakeside Technology Park
Phoenix Way, Llansamlet
Swansea SA7 9FE

Email: hafal@hafal.org

Tel: 01792 816600

Facebook/Twitter: search for **Hafal**



We hope you found the latest issue of our journal useful! To support our work in providing the latest mental health news and information you can make a donation to Hafal at our **JustGiving** page.

JustGiving



For more of the latest news visit: mentalhealthwales.net

INTERVIEW: Ruth Wilson

Ruth Wilson, a Hafal Practice Leader in Hafal Ceredigion, has personal experience of co-occurring substance misuse and mental health problems, and of managing a mental health accommodation support service.



Tell us a bit about your experience of mental illness, and of addiction?

My experience of drugs started in college. I didn't ever do hard core drugs but I used cannabis and later alcohol.

I started using cannabis because I was prone to insomnia as it knocked me out really quickly. For the first few years it had that sedative effect and helped me sleep and cope with stresses. My early 20s reality was a place where unpleasant things happened: my house had been broken into several times and I was sleeping with a knife under my pillow, so using cannabis was a way of feeling safe and detaching from reality. It allowed me to retreat to a sanctuary, but soon I felt like I was in a hole that I couldn't get out of.

I experienced psychiatric issues after using cannabis. I became very ill and ended up in hospital. I'm convinced that my cannabis use caused my psychiatric problems, or it was certainly a huge contributory factor. Young people under 25 should think very, very carefully about using it.

Was your addiction issue addressed when you became ill?

No, it wasn't even taken into account. I had drug-induced psychosis and if they had understood that it

would probably have cost me three months of my life instead of five years. They didn't even ask me about drug use, they just

saw the symptoms and came up with something that matched it as opposed to talking to me.

It comes down to communication. The person that undertakes an assessment has to be a communicator. I know sometimes when someone is psychotic communication can be difficult, but the psychiatrist has to have patience and – fundamentally – the time to draw out information. Usually an assessment is over and done within half an hour. How can you assess someone's life in that amount of time? It's also about not making assumptions and making the patient feel that someone is going to help them and not punish them. The mental health system still feels punitive.

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The problem is services are too separate and compartmentalised

How was your experience of mental health services?

I had a mixed experience. I was sectioned in England and spent six months in hospital there. It was very authoritarian and felt almost anti-therapeutic. Everything was medical model-based and it quickly felt as if I had ceased to exist as an individual. When I moved to Wales, things became a little better as there seemed to be more emphasis on services trying to work with me as a person. It wasn't until I was referred to Hafal, though, that anyone mentioned the possibility of recovery to me.

Did you use drugs again after leaving hospital?

When I left hospital I used cannabis about three or four times but it had such a massive impact that I turned to alcohol instead. It took me a long time to accept I had an alcohol problem.

I lost a lot of life to illness – I didn't get opportunity to deal with problems and gain some emotional maturity. People need resilience training to deal with this, they need help to deal with emotions.

What support do you think would have helped prevent you from needing hospital treatment?

I wish there was more pre-emptive support available, so the second you have problems you know where to go – not to your GP but to some other source of help. It's about emotional welfare. It's not even early intervention – just emotional support before you need early intervention, especially for those who may not have much support in place.

Like many people you received support for one issue but not the other. For those lucky enough to have treatment for both disorders, they are often treated very separately. Do you think support needs to be more integrated?

They are not necessarily one and the same issue but it's the same trunk and slightly different branches.

It's about looking at the individual first. For example, a person with co-occurring disorders might be referred to a mental health service and a drug agency, two very separate services. I don't understand why they can't come together. The problem is services are too separate and compartmentalised. People working in mental health need training in addiction issues, and vice versa. And we need way more co-occurring services.

Ultimately what's needed is individualised and integrated care. The care plan is one way to do this, in theory, but in practice I'm not sure we are there yet. We need to recognise that everyone's issues are individual – there are often a number of contributing factors and there is always a unique set of circumstances. Time, resources and training are key. Until those things are in place then people won't get the comprehensive package they need.

As a Hafal employee, what are you looking forward to most about the launch of Adferiad Recovery?

I think it's a great opportunity to share expertise and provide a more comprehensive service to our clients.

Ultimately what's needed is individualised and integrated care

Despite my own experience I feel as though I've got lots to learn about co-occurring disorders and I'm really looking forward to finding out about current thinking.

I like that as a merged organisation we'll be able to provide cohesive, linked-up services and be able to immediately know where we can get help on issues around addiction and mental health for each individual. We'll be leading the way and overcoming that compartmentalisation of services. In many ways it's an extension of Hafal's "Whole Person Approach" which encourages a holistic perspective and individualised care.

I also hope it leads to a stronger organisation which will have even more capacity for lobbying and campaigning as this would be of enormous benefit to clients and those beyond our services. I'd like to think more that a more knowledgeable and broader organisation is going to be exponentially a more influential one which can have a bigger impact.



INTERVIEW: Alun Thomas

On 1st April 2021 charities Adferiad Recovery, CAIS, Hafal and WCADA merged to become a new charity: Adferiad Recovery. We caught up with former Hafal Chief Executive Alun Thomas to find out more about the new charity - and his new role as Chief Executive of Adferiad Recovery...



You've been Chief Executive at Hafal for six years. What are you most proud of during that time?

I think what I'm most proud of is the quality of service we've provided and continue to provide. It all comes back to the clients. When I meet people at the projects and events and hear how Hafal has supported them in their recovery and how they have flourished, it makes me hugely proud to be a part of this organisation. Some of our clients have progressed in their recovery and gone on to work in mental health, sometimes for Hafal, so that they can support others. When you hear stories like that you're on cloud nine.

It's this quality of service that I want to continue to develop as Chief Executive of Adferiad Recovery. I think we've got a golden opportunity to share expertise and deliver even more comprehensive and responsive support in the new organisation.

On a broader scale, I'd say what I'm most proud of during my time as Chief Executive has been the development of our partnership working - we've forged some really valuable links with other organisations in recent years. DACW is a great example - a Welsh consortium providing a complete range of services for people with cooccurring disorders which brings together a range of organisations, including Hafal, which collaborate and support each other. By linking with these other organisations we've been able

to share expertise and deliver much more value for our clients. It is this partnership working which has led to Adferiad Recovery.

This approach won't change. Partnership working will be key to Adferiad Recovery's development as we move forward. There needs to be far more partnership working in Wales and I want us to be at the heart of that.

Then, of course, there's Crossroads Mid and West Wales which merged with Hafal a few years ago to become Hafal Crossroads and which delivers vital services to unpaid carers through mid and west Wales. Together we have become one of the most important organisations in Wales supporting carers - this is a key part of our mission.

Tell us more about why Hafal, Adferiad Recovery, CAIS and WCADA have decided to join forces?

My background is in nursing, and what I learned from working on the front line is that we need to treat the patient as a whole and not the 'hole in the patient'. Hafal's Members have always understood this point: they have told us that a person with complex needs deserves to be treated holistically. So really this merger is a response to them, and the clients in Adferiad Recovery, CAIS and WCADA who have a very similar view and experience.

We need to remember that at one time treatment for drug or alcohol addiction was considered to be completely separate from treatment for mental health disorders. Care was delivered at different facilities using very different approaches. As a result, many people with a mental illness never received treatment for their substance abuse, and vice versa. Often, someone with an addiction would be actively excluded from mental health care.

I think we've got a golden opportunity to share expertise and deliver even more comprehensive and responsive support

We know from experience that integrated and individualised care is key to providing effective support. At Hafal we have always championed a “Whole Person Approach” which takes into account all aspects of a person’s life, not just their mental illness. Providing services which are seamless and which address both mental health and addiction issues is a logical progression for us. Having expertise in both mental health and addiction ‘in house’ will make it far easier for us to provide a comprehensive and responsive package of support.

What benefits do you hope the merger will bring?

As mentioned, the biggest benefit is that clients will receive improved support from us. Adferiad Recovery will provide a package of support which can cater for a wider range of disorders and issues, and in a very integrated and personalised way. People with complex and co-occurring problems, in particular, will really benefit from the new organisation’s combined expertise.

One of the new charity’s aims will be to transform care for people with co-occurring diagnoses and to establish best practice in this area which can influence services beyond Adferiad Recovery.

At an organisational level, merging four successful organisations with sound track records and high-quality services and staff will make a really strong charity with one robust and well-balanced set of services. The four charities have a good match of overlapping objectives and services that fit well together.

Of course, by becoming one large charity, we can save costs by sharing resources. We can increase income because we can apply for a greater range of grants. This will enable us to drive up the quality and variety of services we can offer to people, and provide more long-term security for the future. It’s important to point out that there is no plan for reductions in

I want staff and volunteers to share the goals of the organisation and be a part of its success

One of the new charity’s aims will be to transform care for people with co-occurring diagnoses

services or staff: it is intended that the merger creates more security for everyone.

One of my personal aims is to make us an employer of choice. I want staff and volunteers to share the goals of the organisation and be a part of its success. Specifically, I want our progressive organisational values of ambition, equality and diversity to apply to our staff and volunteers as well as our clients and Members - and for everyone to benefit from them. It’s about creating a positive culture and investing in everyone.

Hafal has been a very strong campaigning organisation over the years, especially with regard to mental health law. How will that role continue?

We will absolutely continue to campaign vigorously on behalf of our client group which will now be even broader. That will include campaigning in the coming year for a fair Mental Health Act and a progressive Welsh mental health strategy.

In my opinion Adferiad Recovery has the potential to have even more impact as a campaigning organisation. We’ll have greater capacity to campaign and our broader expertise will enable us to tackle more issues, and have an even more informed perspective. Our campaigning has always been driven by our Members and clients and informed by their experiences. With an even wider client group we will have even more expertise and experience to draw on. Our voice will only get louder!



Focus: Is it time to make common cause against stigma?

Clive Wolfendale
Chair
Adferiad Recovery



The creation of Adferiad Recovery, a new service-provider and campaigner with expertise in both mental health and substance use/addiction problems, begs an important question: what should we do about stigma?

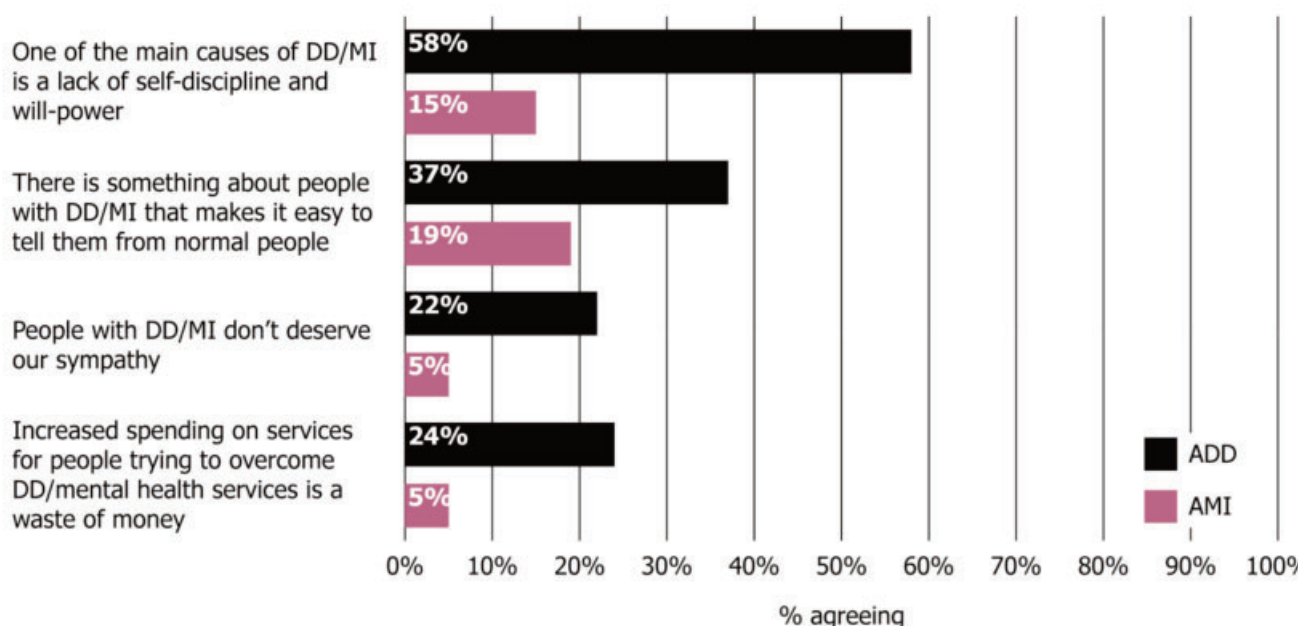
There has been a significant recent history of campaigning on stigma and mental health, not least by Hafal which is one of the key organisations which have joined together to form Adferiad Recovery. Hafal has been a partner in Time to Change Wales over many years and can lay a claim to making a real difference to public and corporate attitudes in Wales.

Meanwhile there has been no comparable, stand-alone campaign on stigma in substance use/addiction problems but the other founder charities of Adferiad Recovery, CAIS and WCADA, have worked hard to build public understanding through their work.

Service-users in Wales probably experience the same sort of levels of stigma as those in the rest of the UK so it is worth reflecting on the comparative levels of stigma between client groups. There is evidence that people are less sympathetic to those with substance use problems. In 2010 the UK Drug Policy Commission studied relative public attitudes towards the two groups...

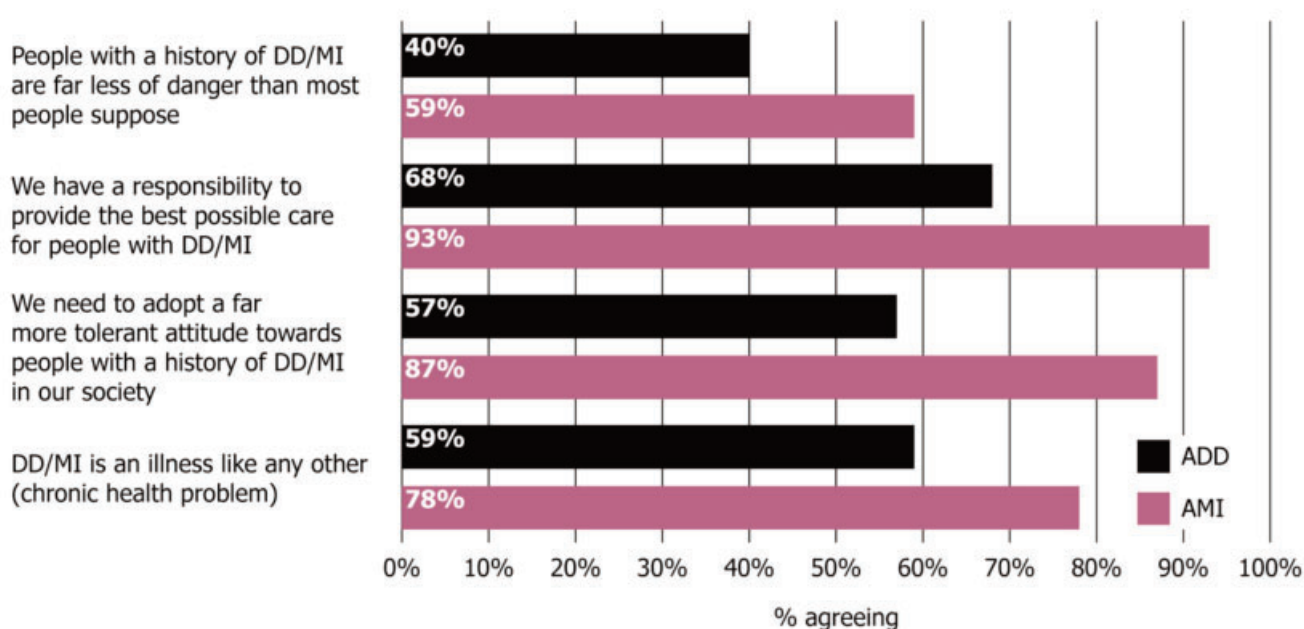
Comparison of responses to the 2010 Attitudes to Drug Dependence (ADD) survey (UK) and 2010 Attitudes to Mental Illness (AMI) survey (England)

(i) Proportions agreeing to statements relating to blame and intolerance





(ii) *Proportions agreeing to statements relating to sympathy and care*



(Source: United Kingdom Drug Policy Commission - <https://www.ukdpc.org.uk/publication/attitudes-to-drug-dependence-survey-results/>)

But there is another side of the coin. While there is less sympathy shown for those with substance use/addiction problems I suggest that there may be a downside for those with mental health problems, specifically that sympathy is too often based on the assumption that those with mental health problems can do little about their difficulties themselves. Of course there is an element of truth in this – sometimes people with serious mental health problems need a lot of outside help to stay safe. But this is also often true of those who have serious substance use and addiction problems.

Meanwhile those who have co-occurring or multiple problems (who are a surprisingly high proportion of all those affected) inevitably face stigma on a broader front.

I think we should consider whether there is an opportunity to join forces to tackle stigma in a new way – by analysing what many people understand about both conditions and showing how there is a constructive way to use the best of that understanding to achieve both sympathy and respect for both groups.

I would be interested to hear what others think about this – please do contact me by email and share your thoughts: communications@adferiad.org.uk

UPDATE FROM



Welsh Government awards Time to Change Wales a one-year extension

The Minister for Mental Health, Wellbeing and the Welsh Language has agreed funding a 12-month extension to Phase 3 of Time to Change Wales.

The Welsh Government has awarded a total of £445,996 to Time to Change Wales for the continuation of core activity with a focus on better reaching socio-economically deprived communities and identifying the needs of Black, Asian and Minority Ethnic communities in Wales with detailed audience insight, developing partnerships and testing pilot activity.

Time to Change Wales is the first national campaign to end mental health stigma and discrimination and improve attitudes to mental health in Wales. The campaign is delivered by a partnership of two leading Welsh charities: Hafal and Mind Cymru, and is currently funded by the Welsh Government and Comic Relief. Time to Change Wales is also driven by people with lived experience of mental health problems and individuals with expertise relevant to the campaign.

Time to Change Wales has introduced two new areas of priority:

- To strengthen the workplace wellbeing offer with a new focus on socio-economically deprived communities by working with employers and more closely with government bodies and initiatives such as Healthy Working

Wales, Public Health Wales and the Department for Work and Pensions.

- Researching mental health stigma within Black, Asian and Minority Ethnic communities in Wales. Through this listening exercise, Time to Change Wales hopes to better represent the needs and views of individuals from Black, Asian and Minority Ethnic communities.

Lowri Wyn Jones, Programme Manager for Time to Change Wales, said: "We are delighted to be receiving this funding which will allow us to continue our important work of tackling mental health stigma and discrimination in Wales. We will draw on our extensive experience of delivering a national movement for change and refine our focus on audiences where we have seen less engagement with the campaign to date."

Mental Health and Wellbeing Minister Eluned Morgan said: "I'm pleased this funding will allow Time to Change Wales to research mental health stigma within Black, Asian and Minority Ethnic communities in Wales, so we can better understand their views and needs, as we strive to ensure everyone has the confidence to seek mental health support whenever they need it."

The Time to Change Wales website is packed with information, testimonies and advice about tackling stigma. Visit timetochangewales.org.uk and follow the campaign on Twitter, Facebook and Instagram.