



**June 2023**

# **Briefing Paper: A New Mental Health Strategy for Wales**

## **Introduction**

We want to see a mental health strategy for Wales that is bold, transformative, pragmatic, and practical. We want to see a mental health strategy for Wales that is informed and led by people who use services. We want to see a mental health strategy that sets the direction for modern and fit for purpose services. We want to see a mental health strategy that can be monitored, measured, reported against, and that holds organisations and agencies accountable for implementation and delivery.

## **About Us**

Adferiad Recovery speaks for people with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), people affected by addiction, and people with co-occurring diagnoses, and for their families and carers, as well as for a wider group of vulnerable people for whom we provide services. We are governed by our members who elect our Board of Trustees, which has strong representation of service users and carers, and we support over 16,000 clients delivering services in all twenty-two counties of Wales and in Lancashire.

## **Our Survey**

Through our founding charities, we have conducted many formal surveys over the last ten years and beyond. We have regularly and consistently sought and received the views of people who use services, as well as the views of carers and families. We have a clear idea of what our beneficiaries have been telling us.



Our latest survey was conducted between October and December 2022, and we received 322 individual responses. We wanted to give people the opportunity to share their views on what they felt should be the priorities in the next mental health strategy and for people with lived experience to have a major influence on how services are planned, designed, and delivered in the future. You can find details of this survey and its findings here: [\*A-New-Mental-Health-Strategy-for-Wales-Survey-Findings.pdf\*](#) ([adferiad.org](http://adferiad.org))

Unsurprisingly, most respondents confirmed what our members and clients have been saying for many years, and agreed that the following should be highlighted as priorities in the new mental health strategy:

- The next mental health strategy should give priority to those in greatest need
- The next mental health strategy should set out how service providers and commissioners will plan and deliver services in partnership with individuals and their families
- Success should be measured by how quickly people receive help and how effective that help is in achieving recovery
- The next mental health strategy should make it clear who mental health services are for, and who should instead seek help and support from non-specialist services, and how those services should be accessed

Again, unsurprisingly, far fewer respondents agreed with the following statement:

- I have been involved in determining the care and treatment I receive from the NHS

The fact that service users say they are not being involved in determining the care and treatment they receive (even though this is a legal requirement under the Mental Health Measure) will come as no surprise to either the Welsh Government or to NHS Wales.

## Summary Of Our Proposals

We think that the next mental health strategy should:

- Make it clear that a priority must be given to those in greatest need
- Make it clear that everyone receiving secondary mental health services must have a coproduced, high-quality Care and Treatment Plan and that service providers must ensure that mental health services are provided in accordance with that plan, and that this is a legal requirement (*MH Measure Clause 18 (10)*)
- State clearly and unambiguously that the planning and commissioning of mental health services must be driven by coproduced Care and Treatment Plans and that these are the main tool for reflecting people's needs and outcomes to be achieved



- Highlight the crucial role that families and carers play in providing support to people living with mental health problems, and that this support must be reflected in Care and Treatment Plans
- Set out clearly how commissioners and service providers will plan and deliver services in partnership with individuals and their families
- Highlight the vast amount of help and support available across the third sector, and remind mental health service providers that it is a legal requirement for them to coordinate with any services provided by a voluntary organisation (MH Measure Clause 17 (i) (c))
- Be measured by how quickly people receive help and how effective that help is in achieving recovery
- Make it clear that a person reaching a particular level of care will usually mean that person also meeting the threshold for lower levels of care and support
- Make it clear who secondary/specialist mental health services are for, and who should instead seek help and support from non-specialist services and how those services should be accessed
- Make it clear there is a requirement for a robust multi-agency referral system that ensures people receive a positive referral to the right level of service (whether to a non-specialist or to mental health services) and that those people with the highest needs receive priority treatment
- Set out practical ways to prevent people with mental health problems falling into poverty, and ways to combat the poverty people already face due to a mental health condition, and recognise that mental health is also likely to get worse due to poverty
- Set out clearly how the new mental health strategy fits with existing legislation and address whether this legislation needs to be strengthened to ensure its strategic aims are enforced and people's rights are further protected, e.g., strengthen rights to care and treatment before people become so ill that detention is required. That means tightening the requirement for services to deliver on the holistic Care and Treatment Plan mandated in the Mental Health Measure
- Have built into the strategy document itself the process for how it will be monitored, measured, and reported against, and how organisations and agencies will be held accountable for its implementation and delivery



## Care and Treatment Planning

Review after review, including those published by the NHS' own Delivery and Support Unit and Healthcare Inspectorate Wales (HIW), has consistently found and said that Care and Treatment Plans (CTPs) are of poor quality, are not being co-produced, and are not being completed in accordance with primary legislation.

We propose that the new mental health strategy states as clearly and robustly as possible that it is a legal requirement for everyone receiving secondary mental health services to have a high-quality Care and Treatment Plan, that they should be co-produced, and should set out clear outcomes for recovery.

But the new strategy should go further than this. It should also emphasise that most people using secondary mental health services will have a range of health and social care needs, and that actions and potential positive outcomes to be working towards must be included within CTPs.

Examples include where people are found to have accommodation needs, and/or concerns around someone being able to manage their finances or in need of benefits advice or how to best cope with the current cost of living crisis. Many people will also have problems with addiction, and the strategy should reflect the need to amalgamate addiction services with mental health services into a single, joined-up service, recognising that separation of these functions is a barrier to holistic, person-centred support.

Poverty remains a major issue for many people, and especially people who use secondary mental health services. Policies and service provision have not been sufficiently ambitious to protect those with few resources and support those ready to become economically active. We would expect to see the new strategy stress the importance of CTPs reflecting the better outcomes to be achieved for people who are struggling to cope and set out practical ways to prevent people with mental health problems falling into poverty in the first place. The new strategy should also recognise and highlight the vast amount of help and support that is available across the third sector.

We also strongly believe that there is an opportunity to state boldly in the new strategy that CTPs are central to the planning and commissioning of mental health services, and that these services must be driven by the needs of people who use them and therefore determined by what is included in co-produced CTPs across Wales. Conversely, resources for current services and activities at secondary level should be reinvested if they are not justified by reference to CTPs.

The strategy should also highlight the crucial role families and carers play in providing support to people living with mental health problems and be clear that this support should also be reflected in CTPs.



## A positive response to all – at the right level

We think a core focus of the next mental health strategy should be on ensuring that everybody seeking help receives a positive response – at the right level. That means help and support provided at the lowest tier possible which can meet their need.

At a Welsh Government conference on CAMHS in 2015, Mark Drakeford said:

*“For many children and young people their emotional needs are better met by talking through issues at the time with their families, school counsellors and youth workers. This is rather than their problems – often related to normal issues about growing up and maturing - being labelled as mental illness with the possible consequences of stigma.”*

We think that what the First Minister said in 2015 applies today and that the same principles apply to adult services. Since that time there has been growing recognition that **mental health should be a concern for all people**. This recognition is welcome, but it makes it even more important that the new strategy makes it crystal clear about who is responsible for helping people at different levels of need, when it is appropriate to access mental health services, and when it is appropriate for people to seek help and support from other, non-specialist, services.

We share the concerns widely expressed, that the pandemic has affected the mental wellbeing of many people. However, we think these problems are almost always best addressed through practical support – economic, educational, and housing-related, for example, and where direct help with mental wellbeing is required, a variety of providers such as schools (pastoral support and school counselling), colleges, employers, etc. are usually best placed to provide this.

Prevention is, quite rightly, seen as a major priority. We think the new strategy should state that this is a basic function for teachers, employers, families, etc. and should not be the primary function of specialist mental health services, or mental health specialists within non-specialist agencies.

There has also been recognition in recent years that both specialist and non-specialist services should be trauma informed. We welcome this recognition, but the new strategy should emphasise that recognising the importance of trauma does not mean extending the responsibility of mental health services into lower tiers. On the contrary it should be seen as an opportunity for non-specialists to enhance their support for those affected by trauma so that they do not require specialist support.

We think that the new strategy should make it clear who does what at each level, and that specialist mental health services should not be diverted to support the responsibilities of other departments and agencies that need to play their role in protecting and enhancing the mental wellbeing of their clients, their staff, and the wider public.



The strategy should set out clearly the requirement for a robust multi-agency referral system that ensures people receive a positive referral to the right level of service (whether to a non-specialist or to mental health services) and that those people with the highest needs receive priority treatment.

### Governance

We propose that the new strategy document has built into it the process for how it will be regularly monitored, measured, and reported against, and how organisations and agencies will be held accountable for its implementation and delivery.

We also think the strategy needs to have greater force behind it, and needs to link more closely to existing legislation, again ensuring greater accountability. The opportunity is there to be bold and radical and for the new strategy to reflect the importance the Welsh Government places on developing additional rights for people.

### Conclusion

In this briefing paper, we have focused mainly on the importance of ensuring that the next mental health strategy prioritises the need for the care and treatment planning process to work effectively, and for using Care and Treatment Plans as a major tool for both ensuring a range of services are provided to people using secondary mental health services and for planning and commissioning those services. We have also stressed the need to ensure that the next strategy makes it clear who is responsible for helping people at different levels of need and when it is appropriate to access mental health services, and when it is appropriate to seek help and support from other services. Finally, we think it is essential to build into the strategy itself how delivery will be monitored, measured and reported against.

Future briefing papers will cover the need for ensuring greater alignment between the future strategy and mental health legislation and the importance of ensuring a more joined up approach between mental health and substance use/addiction services.

[www.adferiad.org](http://www.adferiad.org)

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