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1.0 Foreword from the Minister for Health and Social Services

In October 2012, Welsh Government launched Together for Mental Health, our new, age inclusive, whole population Strategy for Mental Health and Wellbeing in Wales. With its cross-Governmental commitments across all areas of life it has an important role to play in improving the sustainable development of Wales.

The Strategy promotes the mental wellbeing of all people in Wales as well as addressing the needs of people with mental health problems and their families. Co-production is therefore at the heart of our approach. This is based around the belief that people who use services are experts in their own lives. People must be partners in decisions about their care and we must capture that expertise in the way we design and deliver our services. It is their voices and experiences that should inform us of the state of mental health services in Wales and give us new ideas about how we can continue to improve those services for the future.

I am pleased to present Welsh Government’s first Annual Report on the Strategy. Reports have already been produced across Wales, setting out local progress against Together for Mental Health in its first year and priorities for 2014. This does not attempt to duplicate the content of those documents, rather to provide a national overview. Taken together, the reports demonstrate our commitment in Wales to the mental health agenda. Good progress is being made across the country against the early Delivery Plan actions, particularly in the implementation of our landmark legislation, the Mental Health (Wales) Measure 2010. Our holistic care and treatment plans are key to taking the whole person’s view in the context of all areas of their lives and not just as a patient receiving services.

We have much to be proud of in our achievements over the last year. The commitment and dedication of our staff is increasingly being recognised by the national awards they are receiving. Some of these are highlighted in this report, as are a number of the service innovations and examples of best practice across Wales. A number of these showcase the real partnership we have across the statutory and third sector in providing user focussed services.

We must ensure that this improvement is built on over coming years, with mental health and wellbeing remaining a priority in these challenging times.

Mark Drakeford, AM
Minister for Health and Social Services
November 2013
2.0 Introduction

Together for Mental Health is our ambitious Strategy aimed at improving the mental health of the people of Wales and setting out our vision for 21st century mental health services. It is our first mental health Strategy to cover all ages and centres on the 6 high level outcomes set out below:

<table>
<thead>
<tr>
<th>High Level Outcomes</th>
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<tr>
<td>a. The mental health and wellbeing of the whole population is improved.</td>
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<td>b. The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.</td>
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<td>c. Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.</td>
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<tr>
<td>d. Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.</td>
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<tr>
<td>e. Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.</td>
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<tr>
<td>f. The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.</td>
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We were determined that Together for Mental Health would not be a document that sat on the shelf as an ambitious vision that was never realised. That is why we published a detailed Delivery Plan at the same time as the Strategy, setting out clear actions and responsibilities for all stakeholders. We also put in place mechanisms to oversee delivery at both a national and Local Health Board (LHB) level. The National Mental Health Partnership Board (NPB) was therefore established to oversee delivery and provide an assurance role. Partnership Boards have also been put in place in each Local Health Board area, bringing together the key stakeholders to drive forward the actions.

At the time Together for Mental Health was published, we committed to publish an annual report setting out progress in each year. This is the first of these reports - providing an overview of the progress made since the Strategy was launched just over 12 months ago. The 7 Local Partnership Boards, and the 3 NHS Trusts in Wales have all produced their first annual reports against Together for Mental Health. These will be published on those organisations’ websites and include detailed templates setting out progress against each of the actions in the Delivery Plan. This national report does not attempt to capture all the detailed information contained in the local reports but it does provide some examples of good practice and innovation that are emerging across Wales as we implement the Strategy. These have been drawn from the local reports and are presented in the pale blue boxes.

When the Strategy was published we set out a range of measures to help us assess the impact of the Strategy. Although it is early days, we are keen to ensure that we track progress. Annex 2 provides quantitative data on the high level outcome indicators of the Strategy, against which we will be able to plot progress over time.
3.0 Delivering Together for Mental Health

3.1 Chapter 1 - Promoting Better Mental Wellbeing and Preventing Mental Health Problems

What are our Strategy Outcomes?

- Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible, for as long as possible.
- People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.
- Child welfare and development, educational attainment, and workplace productivity are improved as we address poverty.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

**Improving mental wellbeing** - Developed by the New Economics Foundation, the “5 Ways to Well Being” are a set of evidence based actions promoting small changes that everyone can make to help them feel good and function well in daily life. They are “Connect; be Active; Take Notice; Keep Learning; and Give”. Local public health teams are developing toolkits to help deliver this approach and the Mental Health Promotion Network will continue to share this knowledge and experience.

- Abertawe Bro Morgannwg University Health Board’s (UHB’s) Living Life Well Programme provides a range of options to support people, including stress control, low intensity telephone cognitive behaviour therapy, facilitated self help reading groups, and wellbeing workshops. They have also developed a Guide to Self-help Resources. This leaflet is widely disseminated to General Practices and community facilities.
- The Gwent 5 Ways to Wellbeing Network supports professionals to promote and protect the mental health and wellbeing of the population. It provides materials to increase public awareness and understanding of promoting and protecting mental health, practical examples of how to use the ‘5 Ways to Wellbeing’, information about local activities that promote mental wellbeing and links to organisations that provide help and support for people experiencing mental health problems. In addition, Caerphilly County Borough Council have employed a team of Communities First Mental Health Development Officers to promote and support positive mental wellbeing and improve both individual and community resilience with individuals, families and groups across all areas of the Communities First programme.

**Healthy Lifestyles** - The Strategy recognises the impact an individual’s general health can have on their mental health and conversely, that people with mental health are at a greater risk of poorer general health. We are therefore aiming to ensure that we jointly promote both mental and physical health through a range of programmes including Stop Smoking Wales, the National Exercise Referral Scheme and Change4Life Wales.
As part of these programmes, Public Health Wales NHS Trust (PHW) has been delivering the evidence-based *Have A Word* alcohol brief intervention training programme. Since March 2012, they have trained approximately 3,500 people from a range of different disciplines and professions within the public and Third sectors in this technique. This supports professionals to identify hazardous drinkers and offer them evidence based support to influence behaviour change.

The *Change4Life Wales* social marketing campaign acts as part of Welsh Government’s broader response to help the people of Wales achieve and maintain a healthy body weight, to eat well, move more and live longer. It seeks to set the right conditions for behaviour change, accurately target information at at–risk families and adults, and develop an on-going relationship with them. It is promoted in the community by local supporters such as Local Authorities, schools and childcare providers, or simply those keen to help people in their community become healthier. Approximately 76,000 individuals have signed up to the programme since 2010.

The majority of people referred into the *National Exercise Referral Scheme* have multiple morbidities and it is estimated that between 30-45% have mild to moderate anxiety or depression in addition to their primary physical illness diagnosis. In 2013 there were a total of 26,569 referrals to the scheme with 18,475 attending for consultations, and 9,185 completing the 16 week programme.

- Within North Wales, *Early Years Nutrition courses* have been delivered for day nurseries, playgroups, Cylchoed Meithrin and child-minders, all of which are aiming for a local *tiny tums* best practice award for food provision. Ten settings have received practical cooking training on Welsh Government’s *Cooking Bus* and food hygiene training has been provided. 17 settings have also received *Busy Feed or Brush your Teeth* training, which promote healthy eating and physical activity. The *Winning Mentality* project in Conway helps young people and parents with mental health problems and raises their awareness through sport.

**Mental health awareness in the workplace** - We are continuing to work with over 500 workplaces through *Healthy Working Wales* to raise awareness of mental health. We have developed a *Change4LifeWales* employers’ guide, which includes the promotion of good mental health in the workplace. We have also delivered a number of employer engagement events with partners, including advice and support on mental health and wellbeing.

The mental health criteria for the *Corporate Health Standard* and *Small Workplace Health Award* includes both the improvement of mental wellbeing and support for line managers and employees, and the numbers of employers engaged continues to rise.

A practical example of this approach is the mental health and mental capacity training provided to 675 ‘Response’ frontline staff by South Wales Police. This training will now also be delivered to neighborhood teams. Training between health, social services and police covers the Mental Health Act and suicide awareness training. Suicide awareness training has also been provided to 300 operations room staff. A distance learning package on mental health and mental capacity has been completed by 1,907 staff.
In the last 12 months 1,874 people were trained in Mental Health First Aid (MHFA). Over the next 12 months we will further develop the evidence base of MHFA, Applied Suicide Intervention Skills Training (ASIST) and other work based tools.

- In the past year, 53 organisations have committed to working towards the Corporate Health Standard at bronze level or above. 27 Awards have been achieved. Organisations range from large employers such as the 7 Health Boards in Wales, to smaller Third and Independent Sector organisations employing 200+ staff.

- The 2012 Report of Cwm Taf’s Director of Public Health Changing and Challenging Perspectives: A Focus on Wellbeing in Cwm Taf takes mental health and wellbeing as its theme. This sets out the challenge for partner agencies in the area to focus action on improving population wellbeing as a means of reducing the high levels of mental ill health experienced in the area.

- PHW Workboost practitioners have given information and guidance to 472 organisations employing 5,500 employees over the period of this annual report about a range of topics including managing pressure and building resilience.

Building resilience in children and young people – Ensuring a good start for children in Wales is crucial. During the last year we have ensured that protocols are in place across all LHBs to ensure the use of the All Wales Maternity Record, which identifies women at risk of postnatal depression or psychosis. Cardiff University have produced a learning programme module which has been distributed to all maternity units. This provides support to midwives to recognise mental health conditions and refer to appropriate health professionals for care planning during pregnancy. The All Wales Perinatal Mental Mental Health Group is currently investigating how well this is working.

From April 2013 we have required Local Authorities (LAs), under the School Standards and Organisation (Wales) Act, to make reasonable provision of counselling services for 11 to 18 year olds and for pupils in year 6 of primary school. The Act also included provision to introduce regulations to provide counselling services to younger children in primary schools. This fits in with our early intervention approach, and we are considering how to take this forward.

There are now over 350 local pre-school schemes. PHW is currently developing a database for healthy school and pre-school schemes, which will allow us to better monitor how many of these are covering mental and emotional health, wellbeing and relationships.

Family support programmes - Early intervention and prevention services for children, young people and their families, particularly those living in poverty continue to play a key role in this area and some examples of key schemes are outlined below:-

- We are working to double the number of children benefiting from our flagship early years programme, Flying Start, from 18,000 to 36,000 by 2016. At any time in 2012-13, over 23,500 children participated in this programme. As a result 82% of two year olds and 83% of three year olds reached, exceeded or were within one age band of their developmental norms.
- The **Communities First Programme** is now working with residents in 52 areas across Wales. Activities include community based counselling, dealing with stress, befriending support for those affected by depression and creative art as therapy.

- **Integrated Family Support Services** (IFSS) are helping some of our most vulnerable children and families and currently operate across 18 LA areas in line with our ambitions for pan-Wales implementation by 2014. In 2012-13, IFSS teams across Wales took referrals from over 450 families. We are making £4.5m available to LAs to support this initiative in 2013-14.

- The **Student Assistance Programme** in Afon Taf High School, Merthyr Tydfil, is a primary prevention and early intervention programme aiming to educate, identify, refer and support students with problems such as family breakdown, grief and loss, and drug and alcohol abuse. The programme builds self-worth and confidence, builds friendships, communication skills and problem solving, and promotes healthy lifestyles. A total of 85 groups have been run, training 24 teachers, non-teaching staff and volunteers and helping almost 1,000 children.

- NHS Direct Wales’ ![Room website for children and young people](image) includes information on bullying, the support organisations can provide and targets engagement at the emotional health of protected groups where levels of self harm and depression are high.

- Hafal has won grant funding from the Big Lottery’s **Bright New Futures Programme** to run a new **Up 4 it** project across Gwent supporting young people aged 14 to 15 experiencing, or at risk of developing psychosis.

**Older People** – Maintaining good mental wellbeing in older age is equally important and a number of key new initiatives reinforce this. In May the [Strategy for Older People in Wales (2013-2023): ‘Living Longer, Ageing Well’](https://www.gov.wales/content/strategy-for-older-people-in-wales-2013-2023-living-longer-ageing-well) was issued. This sets out a vision where older people have the social environmental and financial resources they need to bring wellbeing within reach.

Our new Integrated Assessment Planning and Review arrangements for older people to be published in December 2013 also has a strong focus on the individual’s right to live independently wherever possible. It has a strong focus on individual’s strengths and promoting their wellbeing.

*Ageing Well in Wales* is a 5 year partnership hosted by the Older Person’s Commission for Wales and includes partners from central and local government, the NHS and the third sector. Building on the Older People’s Strategy in Wales, it aims to ensure that there is a positive attitude within Wales towards ageing and that there is an improvement in the measureable wellbeing of people aged 50-plus living in Wales. Dementia supportive communities are one of its 5 priority areas.

PHW has led on the development of **Add to Your Life**, a programme of health checks for people aged over 50. This will provide personally tailored information and advice on health and wellbeing, and signpost people to support. The developing assessment includes information and advice on topics relevant to mental health and wellbeing, as well as physical health. The programme is initially being tested in 10 Communities First cluster areas, prior to national roll-out in April 2014.
- **Dementia and Palliative Care Specialist Nurses**, the first of their kind in Wales, are joint funded between the Hywel Dda UHB and Marie Curie. The service offers direct clinical and emotional support to those with palliative care needs and dementia, and also has a role in increasing awareness and education in this area across health and social care.

- The Mental Health Foundation has developed, delivered and evaluated a **self-management and peer support** intervention for people using secondary mental health services. Over 650 people have received training and peer support and significant improvement in wellbeing has been demonstrated over 6 and 12 months. The intervention uses goal setting and problem solving and is based around the ‘8 Life Areas’ in the Mental Health (Wales) Measure 2010. All training has been designed and delivered by people who have previously used secondary mental health services.

**Suicide and self harm** - At times of recession suicide rates tend to rise and this has been the case in Wales. A mid-point review has taken place on *Talk To Me*, the national suicide and self harm action plan for Wales. Welsh regional groups must now ensure they provide the leadership to drive the remainder of the plan.

PHW have published guidelines this year on responding to suicide clusters, on the suicide and self harm page of their website. Samaritans are drafting revised media guidelines which will be made available in Welsh.

In June, the National Advisory Group published *Help is at Hand*, providing a resource for people bereaved by suicide and for professionals working with them.

We are currently seeing a particular increase in suicide by middle aged men. Targeting this group and ensuring that local services continue to monitor suicide trends within their local population is therefore a priority for next year.

- In 2013 Mind Cymru’s Positive Choices project reached a landmark, having trained 5,000 people in **ASIST**, making a significant contribution to suicide prevention in Wales.
3.2 Chapter 2 - A New Partnership with the Public

What are our Strategy Outcomes?

- People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.
- Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.
- People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.
- People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.
- People feel in more control as partners in decision making about their treatment and how it is delivered.
- Families and carers of all ages are involved in assessments for support in their caring roles.
- People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Reducing inequalities for vulnerable groups – Our commitment to a human rights based approach to mental health means that we must respond to the different needs to people living in Wales. To facilitate this we provide approximately £1m per year in support of national mental health projects aimed at individuals with protected characteristics through Section 64 Grants to Third sector organisations.

Through these grants, we are delivering a number of the key actions under Together for Mental Health targeting vulnerable people (including people with sensory impairment, black and minority ethnic (BME), homeless, rural, older people and lesbian, gay and bisexual communities). These include a mental health awareness raising programme for BME women to build their confidence to engage with primary care services, the provision of tailored information in community languages on BME mental health issues, health check events in rural markets promoting the importance of mental and general health, and improving the physical health of people with serious mental illness to support their recovery.

Our national core mental health dataset (outlined in section 3.5), will include standardised data relating to individuals with protected characteristics; something that has not been available in Wales since the Count Me In census ceased in 2010.
Diverse Cymru have produced the **Getting the best from your GP** leaflet. This responds to the acknowledged over representation of BME individuals within the mental health system by attempting to address their fear of using primary care services and interacting with GPs.

PHW is piloting an innovative approach that uses mental wellbeing impact assessment to address the **public sector equality duty**. Discussions are on-going with the Centre for Equality and Human Rights about further testing of the tool.

**Provision for Welsh speakers** – Receiving services through the medium of Welsh is a matter of need for many Welsh speakers. In November 2012, we launched *Mwy na Geiriau/More than just words* our strategic framework to ensure that Welsh speakers can access health and social services in the Welsh Language. This recognises that for Welsh speakers, to use their own language can be a core component of care. Mental health is 1 of the 4 priority areas for early action identified in the framework.

Whilst there is much more to do, 98% of patients reported they were “receiving full information about [their] care in a language and manner sensitive to [their] need” in the June 2013 User Satisfaction Survey. This was carried out across all acute wards in Wales as part of the Fundamentals of Care Audit.

One of the early actions we have taken at a national level is to ensure that the four most popular books under the *Book Prescription Wales* Scheme have been translated into Welsh and are available on CD.

**Betsi Cadwaladr UHB’s Welsh Language initiatives** include developing a bilingual service user pathway to match Welsh speaking service users with bilingual mental health workers and identify unmet need. Posts are being advertised as ‘Welsh Essential’ to match language deficits in certain areas and training courses are being run to raise staff awareness and skills.

**Tackling Stigma and Discrimination** – Ending the unacceptable stigma and discrimination faced by people with mental illness is one of our high level outcomes in *Together for Mental Health*. The *Time to Change Wales* (TTCW), Anti-Stigma Campaign is led by Mind Cymru, in partnership with Hafal and Gofal. It has trained and supported over 80 educators with lived experience, delivered educator sessions to over 1,000 people, supported five social leadership events across Wales and run Wales’ first high profile social marketing campaign. As part of this campaign, four Welsh Assembly Members felt empowered enough to stand up and speak about their own mental health problems to help challenge stigma.

Emerging evaluation data is telling us that whilst public opinion is generally positive towards mental illness, there are areas where significant stigma and discrimination still exist. For example, over 50% of the Welsh public are not willing to have someone with a mental health problem care for their children and one in four of the Welsh population do not believe someone with a mental health problem should be allowed to hold public office. Whilst discrimination in general seems to be decreasing, certain groups such as parents and people in employment, feel that stigma and discrimination is increasing.
In the next 12 months, the Third sector campaign leaders will plan for a second phase of TTCW which also focuses on children and young people and looks to reduce the social exclusion faced by the most vulnerable groups. As one of the campaign sponsors, Welsh Government has signed up to the TTCW organisational pledge to tackle stigma and we are encouraging more organisations to get involved. We expect all LHBs and LAs to have identified their TTCW Champion by April 2014.

- The Vice-Chair has taken on the role of Time To Change Champion for Powys Health Board, providing a real strategic drive and board level leadership for the campaign.

**Promoting Mental Health Awareness** – Together for Mental Health set out the importance of the public having access to good quality information on how to take care of their mental health. The National Centre for Mental Health (NCMH) provides quality assured, user-friendly information for patients, services users and the wider public through its websites, (www.ncmh.info, www.bep-c.org) which receive around 68,000 visits annually, and through its disorder information leaflets, with over 50,000 distributed so far. These include leaflets and web pages on Attention Deficit Hyperactivity Disorder (ADHD). NCMH’s bipolar disorder psycho-education programmes have reached over 3,000 people. Their wider public engagement through social media, newspapers, radio and TV, featuring positive messages about mental health, promote the idea of parity with physical illness and address stigma, these are reaching as many as 1.7 million people.

- Hywel Dda’s Child and Adolescent Mental Health Services (CAMHS), in conjunction with MCC media, have developed a bilingual emotional wellbeing resource session called *Getting the Lowdown*. Featuring well known S4C children’s presenters and young service users sharing their experiences, this provides a medium that young people from across Wales can relate to and engage with. The initiative provides a consistent approach in all schools in addressing emotional and mental health, reducing stigma and encouraging young people to access help early.

- NHS Direct’s A-Z Service encyclopaedia has information on a whole range of mental health conditions. The Health, Wellbeing and Support Directory holds details of support services, community groups and counselling services across Wales.

**Engagement of individuals in Care and Treatment Planning** – The co-production of meaningful, holistic Care and Treatment Plans (CTPs) is at the core of the Measure. The legal requirement for people receiving secondary mental health services to have a Care and Treatment Plan came into force in June 2012. A campaign run by three major mental health charities over the summer identified that people do now feel that they have a stronger voice in their treatment planning. All areas of Wales have made good progress with the implementation of CTPs. We now need to ensure consistency in their quality and impact and make them outcome focused. Our work on developing outcomes from a service user lens, will help address this in the future.
Over 40,000 copies have been issued of Care and Treatment Planning – a step-by-step guide for secondary mental health service users, produced by Hafal, the Mental Health Foundation and Bipolar UK. Training programmes on DVD are freely available.

Aneurin Bevan UHB have developed a two day Person Centred Care, Recovery and Outcome Focused Care and Treatment Planning training course, using the University of Lincoln package, which approximately 100 care co-ordinators have attended to date. The first day focuses on the development of recovery orientated services, discussing the values and principles of recovery and the importance of these when shaping a Care and Treatment Plan. The second day focuses on outcome focused care planning and how this is applied in practice.

Support for Carers – Carers of all ages have a vital role in supporting people with mental health problems. The Carers Strategy (Wales) Measure 2010 places specific statutory obligations on LHBs to ensure carers receive support, care, information and advice. A refreshed Carers Strategy for Wales 2013 was published in June which outlines the key actions to support carers to be delivered over the next three years. It provides a framework within which agencies across Wales can work together to deliver services and support to carers, promote and share good practice, and find innovative and sustainable ways of supporting carers more effectively. It recognises the impact of caring on physical, emotional and mental health.

The refreshed Carers Strategy responds to what young carers up to the age of 18 have told us are their main concerns and recognises the ongoing needs of young adult carers aged 18 to 25. A supporting Delivery Plan will be produced by the end of 2013.

The Velindre Cancer Centre have developed Top 10 Tips in supportive caring for staff caring for patients with memory difficulties or confusion. Their intranet site includes a section on Dementia and Cancer with information, training aids and signposts to other organisations. They have developed an e-learning training package to educate staff on the needs of carers. Their Patient and Carer Information and Support Co-ordinator provides carer awareness training and co-ordinates advice and support directly to carers.

Service User Engagement arrangements - Service users across Wales had a major influence on the priorities of the Strategy and on the actions in the Delivery Plan through the strong messages they gave us in the Regional Conferences last year. In response to one of their recommendations, we established a National Service User and Carer Forum in July. This will provide an increasingly powerful vehicle for service users and carers to influence the future shape of mental health services, to share information and experiences that will lead to service improvements, and to spread good practice. The Forum currently relates to people of working age and older adults. Engagement arrangements for children and young people will be developed during 2014.

Involving service users and carers in planning at a local level is also critical. This will increasingly be happening through mechanisms at LPB levels. There is more to do next year to ensure that those arrangements are giving people a strong and equal voice.
The Powys Youth Forum is a model of good practice for the engagement of young people. It brings together young people from groups such as School Councils and Young Carers. It includes young people who have used mental health services and who have cared for adults with mental health problems. The Youth Forum links to the Children and Young People’s Assembly for Wales and representatives hold meetings with Ministers.

Over the last 6 months, events organised by three major national charities through the Lights! Camera! ACTION! Campaign have taken place in every county of Wales to galvanise service users and build their knowledge of the new Strategy and the Measure.

Mental Health Action Wales supported by Welsh Government, have held four service user led Regional Service User Conferences across Wales in 2013 involving over 500 people. Taking a different form in each area they have all looked at strengthening the service user voice and at the impact of welfare reforms.
3.3 Chapter 3 - A Well Designed, Fully Integrated Network of Care

What are our Strategy Outcomes?

- Service users experience a more integrated approach from those delivering services.
- People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.
- Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.
- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Safety and Dignity – Ensuring our services are safe and of acceptable quality is confirmed in Delivering Safe Care, Compassionate Care, our response to the Francis Report into the events at Mid Staffordshire Hospital published in July. Dignity, care and respect are also central to the Fundamentals of Care Audit in use in all hospitals in Wales to measure the quality of care provided. Patient satisfaction continues to improve in the areas of dignity in care and satisfaction with staff, with over 90% scored in most areas in the June 2013 audit. The audit tool is currently being refined for use in community settings. A number of questions are also being developed relating to dementia and mental health issues for use in acute settings.

Some of our most vulnerable people with mental health problems and dementia live in the care home sector. We have a number of safeguards in place to try and ensure their safety and dignity. For example, Care Forum Wales’ Dignity in Care Tool Kit is part of their campaign to ensure people in care homes are treated with the dignity they deserve. Care and Social Services Inspectorate Wales’ inspection reports on registered care homes are available online. They are further developing their approach to include 4 areas of quality of life. A number of questions are also being developed relating to dementia and mental health issues for use in acute settings.

- A Dignity Pledge is available at every bedside in Cwm Taf LHB. Its 16 standards define what dignified care must look like in practical terms. Compliance is routinely monitored by ward sisters and senior nurses via monthly audits, supplemented by dignity spot checks carried out by the Fundamentals of Care senior nurse. The standards are observed by senior managers and executives when they attend wards and departments in ‘Back to the Floor’ or ‘Executive Walk-about’ visits.

The Mental Health (Wales) Measure 2010 (The Measure) – This flagship legislation for all service users of all ages is unique to Wales. It provides new statutory rights for service users, places new legal duties on both LHBs and LAs and embeds innovation and good practice. The Delivery Plan actions focus on ensuring the requirements of the Measure become an integral part of our core service provision. Implementation of all 4 parts of the Measure is well advanced across Wales.
As required under Part 1 of the Measure, Local Primary Mental Health Support Services are in place in each LHB and in the first 11 months since the Measure came into force over 29,000 people accessed these new services. On average 90% of assessments and 85% of interventions were undertaken within the 56 day target. Early feedback from service users indicates high levels of satisfaction with the services being provided. In its satisfaction survey of primary care mental health services, Aneurin Bevan Community Health Council found, 98% of users strongly agreed that the staff listened to them and took them seriously and 91% strongly agreed that they would recommend the service to other people.

By August 2013, 85.2% of all those receiving secondary mental health services had a valid CTP that is regularly reviewed, as required under Part 2 of the Measure. All service providers have been training staff in recovery and enablement focused care using accredited materials.

Care and treatment planning applies across all service groups including CAMHS and older persons’ services. Prior to the introduction of the Measure there was significant variation in care planning for children and adolescents and for older people, with different approaches being taken across Wales. Now everyone receiving secondary mental health services, whatever their age, must have a holistic and proportionate CTP. As a result of the new legislation, 94% of young and 90% of older service users now have a CTP. With the help of the voluntary sector, we are ensuring that best practice is shared and increased levels of service user satisfaction have already been reported by third sector colleagues.

Table: Care and Treatment Plans

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Just over 1,000 service users have used the safeguard of a re-assessment of their mental health following discharge from services under Part 3 of the Measure. Approximately 40% of those assessed were accepted back into secondary care. The uptake of this safeguard will continue to be monitored.

All LHBs have expanded their Independent Mental Health Advocacy (IMHA) services in accordance with Part 4 of the Measure. These are now in place in all appropriate hospitals across Wales. On average over 100 voluntary patients a month have accessed the new service.
The Measure is being monitored and evaluated in a number of ways, via independent research, provider feedback, third sector surveys and audit. An interim report on progress will be published in March 2014. Work will continue with all partners to share and build upon best practice and reduce any variation in the delivery of services across Wales.

- The **Local Primary Mental Health Service** in Ceredigion has been shortlisted for the Best Team Award in the General Practice Awards. They provide telephone and face-to-face comprehensive mental health assessments, guided self-help, psycho-educational groups and behavioural activation groups for depression. They also offer time limited one-to-one treatment and sign-posting to other services where needed.

- Abertawe Bro Morgannwg UHB have developed a service user leaflet, in conjunction with a service user representative, that is provided on discharge from all secondary mental health services to ensure that service users are aware of their **entitlements under Part 3 of the Measure**.

- The advocacy provider for Cwm Taf, Cardiff and Vale, and Abertawe Bro Morgannwg LHBs ensures each IMHA undertakes a **12 week training programme**. All staff are expected to begin the formal advocacy qualification within 6 months of starting employment. Within the IMHA service the diverse communication needs of patients are being met in a variety of ways including all IMHAs being trained in basic British Sign Language, having Welsh speaking advocates available and providing a texting service for CAMHS patients.

**Integrated Services** – LHBs and LAs are finding ways to further integrate their services as part of their service redesign programmes. Increasingly, services are being provided across public and Third sector organisations which are arranged around people’s needs and not structures, and which facilitate smooth transfers between services.

In December 2013 we issued new Statutory Guidance to LAs and LHBs on Integrated Planning and Review Arrangements for Older People aged 65 plus. This introduces clear, simple and proportionate assessment processes across health and social care. This is described in more detail in other sections of this report.

- To support their implementation of the Measure, Betsi Cadwaladr UHB have established 6 county mental health teams with **single line management** and operating framework. Each County has a **single point of access and assessment** for referrals from General Practitioners. These referrals are reviewed by the county manager to identify the best service solution for the individual.

- Gwent is progressing their **integration of mental health services** through a 5 borough delivery model with single budget, management, governance framework and information systems. The governance framework will be ensured via a section 33 agreement and a multi-agency collaborative. Two years of work have been undertaken to baseline the existing staff, finances and services. A section 33 agreement is anticipated to be in place around a new service model by April 2015.

**Better supporting those in crisis** – LHBs are all reviewing their service models to ensure they have sustainable out of hours and crisis services that help to avoid unnecessary admissions. New patterns are being driven by workforce changes, a challenging financial context and a drive to make care more responsive to individual needs.
- Abertawe Bro Morgannwg UHB have developed an **unscheduled care service model** which aims to ensure the individual receives acute care in the least restrictive environment. It offers an alternative to admission and ensures hospital stays are reduced to a safe minimum. This includes recovery units in the community together with the piloting of a new system of assessment and treatment for the acute assessment wards. A traffic light system has been introduced which provides a **standardised indication of discharge readiness**. The inpatient wards, Crisis Resolution Home Treatment team (CRHT) and Support and Recovery Units work in unison to deliver care for individuals in mental health crisis, leading to reduced occupancy.

- Cwm Taf UHB have commissioned St John’s Ambulance to provide a 24/7 **rapid response crisis resolution transport service** to safely convey patients assessed as requiring admission by the CRHT to the Royal Glamorgan Hospital. This enhanced transport system has been critical to the successful relocation of all mental health hospital beds on one site.

- Gofal **crisis house, crisis response and early intervention** services fully integrate in the health, social care and housing pathway, avoiding inpatient admission, reducing homelessness and demand on temporary accommodation and impacting positively on Delayed Transfer of Care figures.

- The Welsh Ambulance Services Trust have been working with the police to ensure consistency of approach when dealing with people who lack capacity or have mental illness to allow for more effective and timely interventions. Their revised Patient Clinical Record includes a specific section to record a **mental health capacity assessment** to assist in safe and effective care.

**Psychological Therapies** – Improved access to psychological therapies is regularly raised as a priority by service users and is a key action area in the Delivery Plan. We published a **Review of Access to and Implementation of Psychological Therapy Treatments in Wales** in November 2013. This independent report acknowledges good work in many areas, with a range of psychological therapies being provided in line with National Institute of Health and Clinical Excellence (NICE) guidelines, at all levels of treatment by a dedicated workforce. Nevertheless, it reports variations in access, information given and service delivery across Wales. We have asked LHBs to give priority to delivering improved availability of these talking therapies and have provided them with additional funding to support the training of staff this year to deliver more psychologically minded approaches.

All LHBs have now established Psychological Therapy Management Committees (PTMCs). These will develop proposals to meet local need, ensure that current staff are trained in psychological skills and have the dedicated time needed to use those skills. PTMC members plan to meet nationally to maximise collaborative approaches and standardise data.
In Aneurin Bevan UHB, training has been provided to Primary Care Mental Health Support Services (PCMHSS) staff including in solution-focussed therapy, delivering group psychological interventions and using Cognitive Behavioural Therapy, to enhance skills of practitioners in psychological interventions.

During 2012 Velindre NHS Trust developed a Psychological Care Strategy to improve patient and carer mental health. A Macmillan Consultant Clinical Psychologist has responsibility for developing care pathways, providing a clinical psychology and counselling service and taking a lead role in the development of clinical staff skills in meeting the needs of people with cognitive impairment.

To support implementation of their primary care scheme, Betsi Cadwaladr UHB have commissioned an integrated pathway to include Talking Therapies. This was developed following workshops involving 200 stakeholders.

Child and Adolescent Mental Health Services (CAMHS) – The ‘7 Core Aims’ for Children and Young People under the United Nations Convention on the Rights of the Child (UNCRC) are embedded within Together for Mental Health. Delivering these requirements is therefore central to our work. Article 24 states that ‘children have the right to good quality health care’, and the inclusion of specific child and young people actions in the Delivery Plan gives greater effect to this right. The Measure is demonstrating the very real improvement it can have in CAMHS, with 94% of young people receiving secondary mental health services now having a valid CTP. We have also undertaken a range of actions to improve CAHMS services more generally. These include:

- In June we published CAMHS Service Planning Advice produced by an expert reference group of practitioners working in the field. This will help CAMHS practitioners, and the organisations with which CAMHS work, to foster closer working relationships, promoting consistency of provision for all those requiring access to CAMHS, at all levels of provision and in all settings.

- The First Episode Psychosis (FEP) intelligent targets supports LHBs to develop services to jointly facilitate care and interventions, with each LHB identifying a Clinical Lead to champion developments in both CAMHS and Adult Mental Health.

- In October we agreed to fund improved Eating Disorder (ED) services within CAMHS with £250,000 recurrent funding. This will provide additional specialist ED expertise, training of existing staff and new outpatient clinics across South Wales. It will also pump-prime comprehensive service redesign. We anticipate more young people will be treated in Wales and closer to their homes, reducing costly out of area placements with the subsequent savings reinvested back into CAMHS.

- LHBs have all considered local access to services for deaf children with mental health problems, and have all identified key staff and training needs. Progress has therefore been made but more work needs to be done in this area over the next year to ensure identified staff develop specific skills to better meet the needs of such children.
All LHBs have now informed us that, in recent months they have put in place safeguarding protocols covering those who “did not attend” services (or who were “not brought” – in the case of younger children).

We remain concerned at the numbers of admissions of children and young people to adult wards. We continue to work with LHBs to reduce these further. Individual admissions are now reported to Welsh Government and concerns that an admission may be inappropriate are pursued with the LHB concerned. As part of this process, lessons which may improve service delivery are communicated to the wider service. This includes ensuring that information is shared between CAMHS and Adult Services.

The Delivery Plan recognises that we must improve the transition from CAMHS to adult services. LHBs have adopted processes and protocols, to better manage this and they are making links with Adult Services and also across other agencies, such as substance misuse. Looking forward, we will consider how best to share good practice in individual LHBs across Wales to promote consistency.

- Betsi Cadwaladr UHB’s Mental Health Matters website provides help and advice to children and young people, parents and carers, and people working with children to know what to do if they are worried about mental health. Their CAMHS information sharing policy provides a model for other areas and for this reason is included as an annex in the CAMHS Service Planning Advice issued this year.

- CAMHS in Hywel Dda LHB have made significant changes to the care and treatment of young people within secondary care to support the implementation of the Measure. They have developed a CTP policy, a care co-ordinator checklist, a clear information sharing agreement, provided all their young service users with a specific CTP leaflet and introduced mandatory training to their staff.

- Barnado’s are working with 16 to 25 year olds in Cardiff and Vale in transition, developing an integrated approach to meet young people’s development needs and accessing education, training and employment opportunities alongside structured social activities.

- Powys tHB has a major focus on transition planning with all young people in the service receiving a letter explaining how they can be re-assessed in adulthood.

Older People’s Services – As a result, of the implementation of the Measure, 90% of people in older people’s services now have a CTP, a real improvement on the previous year when many areas had not developed comprehensive care planning for older people, with under 15% having CTPs.

Primary care staff working in general practice have been encouraged to develop increased skills by undertaking training modules for the whole practice in the physical health needs of people of all ages as well as in the diagnosis and management of depression in the elderly. This is through the new Direct Enhanced Service scheme introduced in April 2013, described in more detail in Section 3.4.
The Community REACT service in Cardiff and Vale UHB provides 7 day a week limited **intensive support and treatment** within older individuals’ homes to help them remain in their home environment as long as possible.

**Dementia** – As *Together for Mental Health* recognises, levels of dementia are rising significantly as the proportion of the population who are elderly grows.

To ensure LHBs are implementing best practice, in April, we reminded Local Partnership Boards of the Dementia Care Planning advice issued by the former Mental Health Programme Board in 2011. This identified 9 key actions building on the *1000 Lives Plus* campaign and *Dementia Care Improvement Target* to ensure that we meet the wider needs of people with dementia.

A second *National Audit of Dementia* in the general hospital setting shows real improvement across all areas, particularly in the context of nurses understanding individual needs and using practical easy to follow frameworks such as ‘This is me’ and ‘Butterfly’. The audit also demonstrates that more needs to be done in ensuring progress across the whole hospital at a faster pace, and that the pockets of good practice across Wales need to become core standard everywhere.

Ensuring that all care environments are older person friendly is a priority. This does not only relate to specialist dementia services but to all facilities used by older people, including General Practice surgeries and care homes. This requirement will be reinforced in Welsh Health Estates guidance drawing on Kings Fund and Dementia Service Development Centre work.

- Designed by the Alzheimer’s Society and funded by the Welsh Government, the *Living Well With Dementia After Diagnosis packs*, a UK first, provide information on the likely impacts of dementia and contain core information on national and local services. These are now available for all patients newly diagnosed with dementia.
- Dementia has been identified as one of Cardiff and Vale UHB’s two overarching organisational priorities, with the objective being ‘to help our population, avoid, delay or cope best with dementia’. This is underpinned by a whole range of initiatives including UHB wide training, a care bundle around identification and pre-diagnostic screening, the development of a cognitive impairment care pathway, and the use of the ‘Butterfly’ scheme. Their new 6 bed unit in Barry provides *extended assessment for under 65s* with dementia.
- The award winning Ysbryd y Coed inpatient unit in Swansea is purpose built to meet the needs of people with dementia. Its design features include unique oval wards, a safe ‘wandering loop’ to help patients navigate the unit and sensory stimulation rooms.

**Veterans Mental Health Services** – The All Wales Veterans Health and Wellbeing Service (AWVHWS) continues to develop its therapeutic work, building networks with other services and providers through its care pathway. The pathway enables the AWVHWS to work with other key agencies such as the Royal British Legion; Citizens Advice Bureau; Serving Personnel and Veteran Agency; Soldiers, Sailors, Air forces Families Association (SSAFA); Combat Stress and other parts of the NHS, to ensure we are catering for all the veteran’s needs.
The AWVHWS is also looking to develop knowledge of wider mental health needs and is actively involved as a key stakeholder with the all Wales Mental Health Network. The Network aims to recruit 6,000 individuals who have a range of mental health problems including Post Traumatic Stress Disorder.

Mental health clinical networks are also now operational in each LHB area, providing a link between the LHB multi-agency Armed Forces Fora established during 2013, and the LHB Armed Forces Champions. Each LHB has at least one veteran therapist trained to deliver a range of questionnaires and facilitate a semi-structured interview with veterans suffering from traumatic stress symptoms. We will build on this during 2014 by raising awareness of provision for veterans more widely.

- **A bespoke veterans service** is delivered at the University Hospital of Wales. Following an assessment, the veteran may be offered treatment by the veterans team or be referred to another NHS service. The veteran’s team will also refer to veterans charities for help with debt management, benefits and compensation claims. The Third sector organisation, Nexus, provides a veterans mental health support group.

- The University of Glamorgan’s Faculty of Health, Sport and Science won the UK wide award for Education, Training and Research at the 2013 Military & Civilian Health Partnership Ceremony. A collaboration between the University and Defence, a range of educational provisions prepare armed forces personnel for their roles, enhancing leadership, analytical and decision making skills.

**Co-morbid Substance Misuse** – Welsh Government guidance issued to LHBs and LAs in 2007 incorporates actions for those people with co-occurring Mental Health and Substance Misuse problems. An audit undertaken this year has reviewed the progress made by Substance Misuse Area Planning Boards and LHBs to implement clear protocols and integrated care pathways as a result. This shows significant steps forward since the launch of the **Substance Misuse Framework** but that further support is needed to ensure that clients’ co-occurring needs are being fully addressed.

Work planned for the next 12 months includes updating and re-invigorating the Framework and considering an all-Wales roll out of training materials and an e-learning tool.

**Offender Health** – Work continues on understanding and improving use of place of safety detention (under sections 135/136 of the Mental Health Act). There are early positive indications that the trend for such detentions are reducing. In the past 12 months a range of guidance has been prepared for service providers to assist them with addressing the needs of those with Mental Health problems in the police and court systems:-

- We issued guidance in October 2013 for [Criminal Justice Liaison Services](#), to ensure those with mental health conditions encountering the justice system are able to access the support and care they need.

- In October 2013, Wales Probation in collaboration with the LHBs launched the Personality Disorder (PD) Pathway. This seeks to improve the service delivery for offenders with PD through the development of joint operations mainly based within the criminal justice system. It aims to help reduce the prevalence of offending.
A key action in the Delivery Plan is to ensure appropriate and timely interventions for people in custody. PHW’s Mental Health Needs Assessment of Welsh Prisons in 2013 concluded that only 8% of the 3,300 prisoners held in Wales did not have a mental health problem. Recommendations were made in relation to a range of issues including pathways and procedures, staffing, assessment and treatment, and training. A task and finish group to implement the recommendations is due to complete its work by April 2014.

Guidance on Mental Health Services for Prisoners has been developed by stakeholders and will be issued for consultation in December 2013. This outlines the necessary service outcomes, suggested performance monitoring and governance arrangements for Mental Health services in prisons. It explains how Prison Health Partnership Boards will take the lead on behalf of LHBs in ensuring service provision is improved.

Hafal’s Criminal Justice Link Service is available across Wales for offenders with serious mental illness. Link Officers provide intensive support to those leaving prison. This includes help in accessing appropriate housing, getting the right benefits and payments, accessing health and social care services, and assistance in engaging with statutory services, such as Probation. Volunteers provide regular in-reach service to Eastwood Park prison in Gloucester, meeting with women from Wales, assessing their needs and arranging timely and appropriate support for their release.

Secure Services – A service led Task and Finish Group has considered the outstanding actions from the 2010 Secure Services Action Plan. The Group’s recommendations focus on CAMHS, women, people with a Learning Disability or a PD and on research and development. The recommendations are currently being considered by LHB Mental Health Lead Executive Directors and priorities for action for the coming years will be agreed shortly.

During 2012-13 Aneurin Bevan UHB have produced the Gwent Partnership Forensic Strategy, the first of its kind in England and Wales. The strategy has been informed by interviews with stakeholders including service users, criminal justice, health and social care professionals resulting in a co-produced set of priorities with common ownership and a strong commitment to implementation. They have developed a 6 bed unit to help ensure a single sex approach to the management of forensic patients. The unit has also furthered the development of nursing skills, staff support structures, and care models that meet the specific needs of women patients.

Cwm Taf LHB’s supported recovery unit is a high dependency rehabilitation facility providing assessment and treatment for adults with complex and challenging behaviours who require controlled environment and intensive recovery based interventions. It has provided opportunities for the repatriation of patients from secure services across England and Wales.
3.4 Chapter 4 - One System to Improve Mental Health

What are our Strategy Outcomes?

- People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Finance and Money – People with mental health problems and mental illness are understandably concerned about the current economic climate and the impact of benefit changes. Welsh Government is continuing its Programme for Government aimed at creating growth and jobs, enhancing educational attainment and protecting the vulnerable.

Mental health problems can cause an individual to neglect their finances. Through our Financial Inclusion Delivery Group we are therefore facilitating closer working between the Money Advice Service in Wales and other advice providers such as Citizens Advice Cymru. We have made just under £1 million available in 2013-14 to support front-line advice services and to implement the work required to get to a longer-term plan for the shape of advice services in Wales from 2014 onwards.

- Working with Riverside Advice, Cardiff and Vale UHB provides specialist debt advice for people with mental health problems, helping them to negotiate and understand the social security system.

Housing and Accommodation – Service users regularly highlight the importance of accommodation in their recovery. We are therefore providing support to try to ensure that people with mental illness live in a safe and secure environment.

The Health and Homelessness Standards were re-launched in April 2013 and regional events are taking place across Wales to reinforce collaborative arrangements. LAs and their partners are working more closely together to commission Supporting People services including mental health projects. Through our investment of £14.7m there are now 2,235 units of housing related support available to people with mental health needs.

The Housing (Wales) Bill will be laid before the National Assembly for Wales in Autumn 2014. The Bill and associated Guidance will strengthen public sector duties to people who are homeless or threatened with homelessness. We are undertaking work to ensure that housing needs are taken into account when people are discharged from hospital.

As part of our public leadership approach, a new project will raise awareness of the benefits of integrated links between health, housing, social care and the third sector for securing and maintaining appropriate accommodation provision for people with mental health issues. It will identify and promote effective models of multi-agency collaboration in delivering housing support services.

Fire and Rescue Services continue to improve the safety of people with mental illness in their homes, through their community fire safety activity and by raising firefighter awareness in
those, who through their daily work, come into contact with members of the public, many of them elderly, in their own homes.

- Through the **In One Place** project, the Gwent Health, Social Care and Housing Forum have set up a Special Purpose Vehicle (SPV) to advise on the planning and development of accommodation for people with complex health and social needs. Torfaen Young People’s Support Service have also seconded a housing officer to work with Looked After young people, children learning care and other vulnerable young people to help them consider secure accommodation options.

- Mid and West Wales Fire and Rescue Service have been working with mental health services to improve the uptake of home safety checks. Mental Health Practitioners have received training to undertake home safety checks. All patients who receive secondary mental health care are referred for a Home Fire Safety Check. Student nurses also receive standard fire safety awareness as part of their 3rd year university studies.

**Physical health of people with mental health problems** – People with mental health problems need assistance to enjoy the same quality of life and life expectancy as the general population. We have put in place a number of initiatives to help address the current inequalities.

Primary care teams are being encouraged to develop their skills to ensure they are considering and supporting the physical health needs of people with mental health problems through a new Directed Enhanced Service (DES). This is an additional service that GP practices are required to provide from April 2013. Other areas covered in the scheme include health promotion, reducing health risks and inequity in primary health care, and understanding the experience of mental health from a service user perspective. LHBs will be monitoring the uptake of these additional services to ensure they are having an impact across Wales.

During the past 12 months we have consulted on a new **Integration Framework for Older People with Complex Needs**. This recognises the need to address the physical and mental wellbeing needs of the service user and the importance of linking all services.

- Cardiff and Vale UHB’s **physical health care scheme** won a National Patient Safety Award in 2012. General Practice cover is provided in and out of hours across the whole mental health directorate as the first point of contact for physical health problems and chronic needs of mental health service users.

- The **Mind Your Heart Project**, a partnership project between Hywel Dda LHB, PHW and West Wales Action for Mental Health, provides healthier lifestyles training and materials to support staff, volunteers and organisations. It aims to improve the advice they give to mental health clients to increase engagement in activities that reduce the risk of cancer and chronic heart disease.

**Education and Training** – Welsh Government is committed to ensuring that everyone reaches their potential, through improvements in educational standards and this is particularly important for people whose education may be interrupted by mental illness.
Our recent announcement maintains Welsh Government’s commitment to increase spending on schools over the next two years. In order to bring more urgency to breaking the link between poverty and educational achievement and improve education attainment, we will extend the Pupil Deprivation Grant into 2015-16 and provide £35m extra investment in 2014-15 to increase the targeted support from £450 per pupil to £918.

Proposals in the Education (Wales) Bill will create a more seamless system of support for learners over the age of 16 allowing their needs to be assessed and provision protected in a way similar to that used in schools for those with special educational needs. It will give over-16s the right of appeal if they do not get the provision to which they are entitled.

Providers of the Work Based Learning Traineeship Programme across Wales are using the mandatory Tracio tool developed by Welsh Government to track and measure learners’ progress and distance travelled. This looks at soft skills such as confidence, self-esteem, motivation, self-discipline and wellbeing. This in turn helps them to set targets for improvement and evaluate learners’ progress.

- Abertawe Bro Morgannwg and Cardiff and Vale UHB both have award winning peer mentoring programmes. Training and support is provided to people with mental illness by people with personal experience of mental health issues, so that they can use their lived experience to support others with similar problems.
- The Hafal Learning Centre specialises in high quality, cost-effective, accredited and bespoke training programmes to all sectors. The Expert Trainer Project brings the expertise of those with direct experience of mental illness to the training area.
- A Third sector partnership with the National Union of Students Wales has jointly developed a Student Mental Health toolkit to enable Welfare Officers to better support students, to undertake University mental health and wellbeing checks in line with the ‘8 Life Areas’ and to provide “myths, facts and top tips” to students.

Work and daily activities – Work and valued occupation, paid or unpaid, are good for mental health and people with mental health problems need support to gain jobs or remain in employment or training.

Wales has contributed to a review undertaken by the Department of Work and Pensions, chaired by the Centre for Mental Health, exploring approaches that are effective in assisting people with mental health problems to retain work or gain employment.

As part of our Healthy Working Wales programme, the Corporate Health Standard and Small Workplace Health Award support employers to take active steps to maintain and improve the health and wellbeing of their staff. With mental health a key criterion for both awards, employers must evidence a range of policies and practices to support employees. During 2012-13 a further 72 employers achieved a Small Workplace Health Award and 23 achieved the Corporate Health Standard. This means that at the end of the year, 472 employers across Wales either held or were working towards an award.

Welsh Government is developing proposals for a strategic bid for 2014-20 European Social Fund (ESF) monies aiming for an integrated health and work service providing support to
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people with mental health problems. This includes; ‘Out-of-work’ support to improve access to employment and education opportunities, and ‘In-work’ support providing targeted early interventions for people on sickness absence. Employers will also have access to support which helps them address workplace health and wellbeing issues, linked to our Healthy Working Wales programme.

Welsh Government has worked with third sector organisations to provide training and guidance to help overcome barriers for people with mental health problems accessing the Business Start Up Service. Additional awareness raising events will be held in 2014.

- **Bridges into Work** is a European funded project working across six areas of South Wales. It delivers accredited courses and personal support programmes, and bespoke pre-employment courses to support local people to gain the skills and confidence to help them move towards employment. In the last two years, in Cwm Taf, it has supported 6,489 participants gain 7,333 qualifications and 1,381 participants to gain employment.

- The **Creating Opportunities and Skills Team Alliance** (COASTAL) project in Hywel Dda, part funded by the ESF promotes vocational guidance, employment, skills training and life-long learning opportunities. As at March 2013, over 700 people had participated, achieving either accredited training certificates or action planning.

- **Remploy’s Individual Placement Support** has resulted in 83 jobs for people with severe mental illness, providing on-going support to ensure they remain in work.

**Relationships** – Everyone needs friends and caring relationships as isolation is known to exacerbate the problems felt by people with mental illness. Our range of family support programmes are described in detail in section 3.1 and play an essential role in achieving our goal of improving the resilience of children and young people.

- A range of **befriending programmes** are in place to reduce social isolation, provide peer and inter-generational support and social activities in West Wales. West Wales Action for Mental Health has supported training for volunteers and the Mind Befriending Sir Gar has gone on to support 32 people in six months and has 30 volunteers.

- One of the four priority areas of the **Ageing Well in Wales** programme is the on-going development of **dementia supportive communities**. Five pilot sites have already been identified across Wales and the initial phase has been successful in its bid to the Joseph Rowntree Foundation.

**Play, Social, Spiritual, Cultural Needs** – People with mental illness may need support to gain the confidence to develop new skills and interests.

The **Get Reading, Get Better, Get Libraries** festival was launched in 2012 to promote the benefits libraries have on people’s health and wellbeing. The campaign showcases what libraries have to offer, such as borrowing mood-boosting books, using the Book Prescription Wales scheme, accessing health information on healthy eating, fitness or medical issues and the social wellbeing benefits of taking part in activities such as reading groups or life-long learning classes in the library. We will be reviewing uptake in 2014.
The all-Wales Spirituality and Mental Health Special Interest Group aims to harness the evidence on spiritual issues and to inspire organisations within communities to promote resilience and facilitate recovery. To drive this initiative forward local subgroups are being developed alongside training programmes aimed at addressing spiritual matters in mental health and social care. Local group members are gathered from a wide range of statutory, third sector, faith and non-faith organisations as well service users.

- The Velindre Cancer Centre is one of 22 pilot sites in the UK for a new electronic Holistic Needs Assessment Tool. The e-tool and care plan ensure that people’s physical, emotional and social needs are met, establishing what therapies can be offered.
- West Wales Action for Mental Health in conjunction with Gofal, Walkin on Water Surf School and Surfable are piloting an innovative surfing project called TONIC. The programme is supported by Ceredigion County Council, the Countryside Council for Wales and the Environment Agency. The project, to reduce social isolation is aimed at people with mental health problems, people who have a substance or alcohol issue, ex-servicemen with emotional or mental health problems and carers. To date over 50 people, aged between 17 and 86, have become involved.

**Care and Treatment** – People with mental illness must get the treatment and support they need.

This is addressed in detail in section 3.3 of this report

- Mind Cymru’s Directory of Mental Health Services is the first of its kind in Wales. It is available online in Arabic, English, Farsi and Kurdish and provides information on organisations and projects throughout Wales giving support to refugees and asylum seekers experiencing mental health problems. It includes practical details about how to access services.
- In Powys, leads within Children’s Social Services, Educational Psychology and CAMHS have worked together to implement changes to care and treatment planning and the provision of training. External audit has shown that agencies were closely co-ordinated and CTPs were child focussed.
- NCMH’s Health and Medication website provides information on mental health medications with downloadable information sheets and online information.
3.5 Chapter 5 - Delivering for Mental Health

What are our Strategy Outcomes?

- Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.
- Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.
- Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.

What have we achieved in the last 12 months and what are our priorities for the next 12 months?

Focus on Improvement, Quality and Safety - During the past year, we have taken forward a range of actions aimed at improving quality and safety:

- Dementia care improvement is taking place in all LHBs through a range of initiatives. These include memory assessment services, improved care in both general hospitals and in psychiatric inpatient units, and more appropriate use of anti-psychotic medications in community settings. Most LHBs have now rolled out schemes for improved identification of dementia and person centred planning throughout general hospital wards.

- Improvement work on the targets for ED services and FEP is increasingly focused on preventing the need for the use of specialist secondary care services, through early intervention with evidence based treatments. The aim is to ensure effective transition between CAMHS and adult services, where secondary care is required. Innovations include increasing access to specialist mental health assessment and treatments via ‘generic’ youth services for 14 to 25 year olds; identifying and targeting young people who are at risk of developing a serious mental health problem and integrating the specialist CAMHS outreach service within the Primary Care Mental Health Services.

- A Serious Untowards Incidents group is exploring the lessons learned from untoward incidents as well as implementing recommendations from the National Confidential Inquiry into Homicides and Suicides including the “safer services toolkit”.

Bespoke early intervention in psychosis provision has been developed in Aneurin Bevan UHB. The Up 4 it project described in Section 3.1 will provide a holistic approach to early intervention supporting 600 young people aged 14 to 25 across the Gwent area who have developed symptoms of psychosis.

As part of their Stories for Improvement Work, Cwm Taf HB have developed a DVD showing the lived experience of a patient and carer. ‘Edie’s story’ is now being used in staff training to challenge poor performance, influence service delivery and improve service user and carer experience.

Betsi Cadwaladr UHB have developed a new equality e-learning module to improve awareness and understanding of equality and human rights. This is mandatory for all staff.

Workforce - The changes set out in Together for Mental Health can not be delivered without the commitment and engagement of staff. Last year we issued Working Differently, Working Together our Workforce and Organisational Development Framework. The NHS Wales Staff Survey has subsequently provided a baseline on issues including engagement, team working and the health and wellbeing of our staff. The LHB Mental Health Clinical Leaders will be looking at the key themes emerging from this to help improve the performance and motivation of their teams. A leadership development programme has commenced with this group of senior clinicians. All LHBs are providing training for staff to support the implementation of the Measure.

The commitment and innovation of our mental health workforce is demonstrated by the national recognition a number of them have received, just some of which are listed below.

- Aneurin Bevan UHB’s commitment to an appropriately trained workforce includes all Local Primary Mental Health Scheme staff having 90 minutes of expert clinical supervision per month to support their therapeutic work. 50 practitioners have been trained in the group intervention ‘Living life to the full’ and 50 in Brief Solution Focussed Therapy; 12 practitioners are currently undertaking university accredited Cognitive Behavioural Therapy training.

- The Cardiff and Vale UHB Accelerated Development Programme has national accreditation and was the recipient of an NHS Wales Award for developing a flexible and sustainable workforce. It has had 35 participants across Mental Health.

- Two Advanced Nurse Practitioners in Abertawe Bro Morgannwg UHB have just won the Nursing Times’ Care of Older People Award for the specialist care, including mental health assessment, they provide to elderly patients presenting at the Princess of Wales’ emergency department.

- A Consultant Nurse in Substance Misuse in Cardiff and Vale UHB won both the 2012 Royal College of Nursing Mental Health Nurse of the Year and overall RCN Nurse of the year for her work with homeless people. Her work included improving the nutritional status of the homeless population and reducing the risk of cognitive impairment whilst minimising the impact upon local hospitals both in terms of resources and finances.
Investment in Mental Health Services – From 2013-14 funding of £5.5m was invested to support the implementation of the Measure, this will continue on an annual basis. A further £250,000 per annum was also announced in September 2013 to re-engineer CAMHS ED and inpatient provision. Mental Health funding continues to be ring fenced within LHB budgets.

- The PHW Observatory has produced a report and interactive tool presenting NHS expenditure data alongside measures of health and healthcare. It covers six budget areas including mental health. It provides a public health context to expenditure data. Whilst explaining some aspects of the variation in expenditure between LHBs, its main purpose is to raise questions for further consideration by health bodies.

Overseeing Delivery – We established a National Mental Health Partnership Board (NPB) in December 2012 with an assurance role to oversee implementation and delivery of Together for Mental Health. Its cross-Governmental, multi-agency, cross professional membership reflects all the key stakeholder groups involved in taking this Strategy forward. Strong service user and carer membership is an important element of accountability.

Two formal sub-groups of the NPB have been established to ensure that we are giving appropriate priority to age specific issues and actions within our age inclusive approach. These are the Children, Young Persons and Families Mental Health Delivery Advisory Group and the Older Persons’ Mental Health Delivery Assurance Group.

Local Partnership Boards (LPBs) have been established on a LHB footprint level, engaging a similar range of stakeholders to ensure that delivery is happening locally.

The seven LPBs and three NHS Trusts in Wales have all produced their first annual reports on local delivery of Together for Mental Health. As with this Welsh Government report, they demonstrate accountability to the public we serve and will be available on each organisation’s website.

National Core Dataset – We are developing a National Mental Health Core Dataset based around the individual service user. A first draft has been developed and the proposed data fields are being tested with the service in line with the target of an initial rollout in April 2014. The dataset will allow for the consistent collection and analysis of data, allowing us to look at the impact that services really make on their users’ lives. An important component of this work is the measurement of Outcomes from a Service User Lens. Tools built around goal-based measurement are currently being piloted in a variety of settings from primary care to secure services and across all age groups, also for roll out next year.

Research and Development – Wales benefits from world-leading research and development in the mental health arena. Researchers at the Medical Research Council (MRC) Centre for Neuropsychiatric Genetics and Genomics and NCMH have identified susceptibility genes for Alzheimer’s disease, schizophrenia, bipolar disorder and ADHD. It also has a Dementia Services Development Centre co-located between Bangor University and Cardiff and Vale UHB which seeks to improve clinical services, working with care homes, the NHS and carers.

There is also an active mental health research group based in Swansea University and vibrant pan-Wales networks such as Neuroden and Mental Health Research Network Cymru across other academic institutions.
A study co-led by Cardiff University, putting Wales at the **forefront of international research** and collaboration, identified 11 previously unknown genes that increase people's risk of developing **Alzheimer's Disease**, the commonest cause of dementia. This involved the collaboration of 145 academic centres around the world and was published in Nature Genetics in October 2013.

Swansea University’s College of Medicine is **leading research** exploring what may trigger a **suicide cluster**, what causes it to continue and eventually subside. The group has published a follow up study ‘**Understanding suicide clusters through exploring self harm behaviours**’.
4.0 Conclusion

This first report from Welsh Government demonstrates the priority that we are giving to improving the mental health and wellbeing of the people of Wales. We will continue to report annually on our progress, as will the LPBs and NHS Trusts in Wales, so that our progress is open and transparent.

We cannot be complacent and we have much more to do. Priority areas for further action over the next 12 months are set out below:

**Promoting Better Mental Wellbeing and Preventing Mental health Problems**
- Ensuring mental health and wellbeing remains a priority against competing pressures facing the NHS and Local Authorities
- Adopting approaches across Wales to support changes that everyone can take to improve their Mental Wellbeing
- Continuing to implement schemes to develop the resilience of children.

**A New Partnership with the Public**
- Working via the active offer scheme to improve services through the medium of Welsh to meet language need
- Ensuring that Care and Treatment Plans are co-produced with service users and carers whenever possible, and that plans are outcome focussed - the test will be that service users and carers confirm that this is the case
- Embracing Time to Change Wales across all statutory organisations given that a number of authorities have as yet to identify their Time to Change champions.
- Ensuring that service users and carers have a stronger voice at local partnership boards. LHBs will be expected to accelerate the pace on this issue where progress has been slow.

**A Well Designed, Fully Integrated Network of Care**
- Embedding safety and dignity in everything we do and learning the lessons from the Francis report and other untoward events.
- Ongoing implementation of all 4 parts of the Measure, with a focus on achieving the 90% target for meaningful, holistic Care and Treatment Plans across all ages.
- Working with LHBs to act on the findings of the Talking Therapies Review to begin a programme of work to improve waiting times as well as the range of treatments available.
- Continuing to improve the transition arrangements from CAMHS to adult services and addressing inappropriate admissions to adult wards, where issues of concern continue to be identified.
- Ensuring that further progress is made in responding to the needs of people with dementia on all wards in general hospitals, care homes and other settings.
- Improving identification and diagnosis of dementia as rates are known to be variable across Wales.
- Progressing the duty to review the Measure looking at both qualitative and quantitative aspects to ensure that the legislation is delivering the intended benefits for service users.
**One System to Improve Mental Health**
- Focussing on all areas of life, not just the care and treatment provided by the NHS and social services
- Addressing the physical health needs of people with mental illness.

**Delivering for Mental Health**
- Ongoing development of delivery assurance mechanisms to oversee the implementation of the Strategy at national and local levels
- Scoping a review of the ring-fence of mental health funding
- Picking up the issues from the NHS Staff Survey- team working, supervision and the wellbeing of staff.
### Annex 1

#### Membership of the National Mental Health Partnership Board
(December 2012 – November 2013)

<table>
<thead>
<tr>
<th>Representing</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Corporate Services and Partnerships, Department of Health and Social Services, Welsh Government (Chair)</td>
<td>Jo Jordan</td>
</tr>
<tr>
<td>All-Wales Mental Health Promotion Network</td>
<td>Sir Professor Mansel Aylward</td>
</tr>
<tr>
<td>All-Wales Senior Nurses Advisory Group (Mental Health)</td>
<td>Helen Bennett</td>
</tr>
<tr>
<td>Applied Psychologist in Healthcare Specialist Group</td>
<td>Benna Waite</td>
</tr>
<tr>
<td>Association of Directors of Social Services</td>
<td>Stewart Greenwell (<em>to April 2013</em>)</td>
</tr>
<tr>
<td></td>
<td>Neil Ayling <em>(from September 2013)</em></td>
</tr>
<tr>
<td>Association of Chief Police Officers</td>
<td>Assistant Chief Constable Matt Jukes</td>
</tr>
<tr>
<td>Carer Member (Interim)</td>
<td>Junaid Iqbal</td>
</tr>
<tr>
<td>Carer Member (Interim)</td>
<td>Jane Reeks <em>(from September 2013)</em></td>
</tr>
<tr>
<td>Housing Leadership Cymru</td>
<td>Mike Friel</td>
</tr>
<tr>
<td>Local Health Board Mental Health Executive Leads</td>
<td>Karen Howell</td>
</tr>
<tr>
<td>Mental Health Clinical Leaders’ Group</td>
<td>Dr Carl Hooper <em>(to April 2013)</em></td>
</tr>
<tr>
<td></td>
<td>Dr Mark Winston <em>(from September 2013)</em></td>
</tr>
<tr>
<td>National Delivery Group</td>
<td>Peter Max</td>
</tr>
<tr>
<td>National Offender Management Service</td>
<td>Rob Heaton-Jones</td>
</tr>
<tr>
<td>Royal College of General Practitionans</td>
<td>Dr Mark Boulter</td>
</tr>
<tr>
<td>Royal College of Psychiatrists</td>
<td>Dr Clare Lamb</td>
</tr>
<tr>
<td>Service User Member (Interim)</td>
<td>David Crepaz-Keay <em>(December 2012)</em></td>
</tr>
<tr>
<td></td>
<td>Alan Meudell <em>(from April 2013)</em></td>
</tr>
<tr>
<td>Service User Member (Interim)</td>
<td>Suzanne Duval <em>(from April 2013)</em></td>
</tr>
<tr>
<td>Third sector: Wales Alliance for Mental Health</td>
<td>Lindsay Foyster</td>
</tr>
<tr>
<td>Third sector: Wales Alliance for Mental Health</td>
<td>Bill Walden-Jones</td>
</tr>
<tr>
<td>Third sector: Children and Young People</td>
<td>Desmond Mannion</td>
</tr>
<tr>
<td>Welsh Local Government Association</td>
<td>Steve Thomas</td>
</tr>
<tr>
<td>Youth Justice Board</td>
<td>Dusty Kennedy</td>
</tr>
<tr>
<td>Welsh Government: Education</td>
<td>Emma Williams</td>
</tr>
<tr>
<td>Welsh Government: Health Improvement</td>
<td>Chris Tudor-Smith</td>
</tr>
<tr>
<td>Welsh Government: Housing</td>
<td>Ceri Breeze</td>
</tr>
<tr>
<td>Welsh Government: Mental Health &amp; Vulnerable Groups and Office of the Chief Medical Officer</td>
<td>Dr Sarah Watkins</td>
</tr>
<tr>
<td>Welsh Government: Mental Health Strategy Lead</td>
<td>Siân Richards</td>
</tr>
<tr>
<td>Welsh Government: Office of the Chief Nursing Officer</td>
<td>Jeni French</td>
</tr>
<tr>
<td>Welsh Government: Social Services</td>
<td>Robert Pickford <em>(retired August 2013)</em></td>
</tr>
<tr>
<td></td>
<td>Albert Heaney <em>(from April 2013)</em></td>
</tr>
</tbody>
</table>
Baseline Report against Strategy Outcome Measures

Technical Annex 2 of Together for Mental Health set out a number of measurements against the 6 high level Strategy Outcome Measures a-f below. This Annex provides initial assessment against a selection of these.

a. The mental health and wellbeing of the whole population is improved.
b. The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
c. Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
d. Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
e. Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.
f. The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.

Children in Workless Households (Outcome a)

There has been a 1.1% reduction in the number of children living in workless households reducing from 100,700 in 2010 to 92,100 in 2012.

What will improvement look like? - Improvement will be a further reduction in the number of children living in a workless household.
Homeless Households with Dependent Children (Outcome c)

There has been a reduction in the number of homeless households with dependent children between 2011 and 2013. The number having fallen from 2,400 in 2011 to 2,025 in 2013 representing a reduction of more than 15%

What will improvement look like? - Improvement will be a continued reduction in the number of homeless households with dependent children

Invalidity Benefit Claims and Mental Health (Outcome a)

<table>
<thead>
<tr>
<th>IB claims Wales FEB2013</th>
<th>Wales Caseload (Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51.56</td>
</tr>
<tr>
<td>IB ICD (disease) summary code</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10.53</td>
</tr>
<tr>
<td>Mental and Behavioural Disorders</td>
<td>20.38</td>
</tr>
<tr>
<td>Diseases of the Nervous System</td>
<td>3.12</td>
</tr>
<tr>
<td>Diseases of the Circulatory or Respiratory System</td>
<td>4.03</td>
</tr>
<tr>
<td>Diseases of the Musculoskeletal system and Connective Tissue</td>
<td>10.62</td>
</tr>
<tr>
<td>Injury, Poisoning and certain other consequences of external causes</td>
<td>2.88</td>
</tr>
</tbody>
</table>

In February 2013 there were 51,560 Invalidity Benefit claims in Wales. Of these 20,380 were because of mental and behavioural disorders. This was by some margin the highest single cause, and almost double the number for diseases of the musculoskeletal system and connective tissue that was the second highest cause. These data provide a baseline for 2013. However, the welfare benefit reforms will mean that future data will not be directly comparable.

What will improvement look like? - An improvement will be a reduction in the proportion of people receiving Invalidity Benefits for mental and behavioural disorders. This would suggest that fewer people with mental health problems are excluded from the workforce.
Stigma and Discrimination (Outcome c)

Emerging evaluation data from *Time to Change Wales*, a campaign to reduce the stigma of mental illness has found that people are not very willing to have someone with a mental health problem as a neighbour, to marry someone they know or to care for their child or a child that they know.

To illustrate the level of change required they have collated the following data as a baseline for the campaign:

- Around a quarter of people (26%) believe someone with a mental health problem should not be allowed to hold public office.
- Almost 1 in 10 (9%) think people with mental health problems should not be allowed to have children or be given any type of responsibility.
- 1 in 5 (20%) think that someone with a mental health problem has little or no hope of being accepted as a member of their community.
- Over 7 in 10 (70%) of people with mental health problems say the fear of being stigmatised stops them from doing things they want to do.
- Half (50%) of people with mental health problems report experiencing stigma from employers.
- Two fifths or more also report experiencing stigma from friends (45%), from immediate family (40%), and from health professionals (39%).

**What will improvement look like?** A reduction against these baseline data of the percentage of people holding these views of people with a mental health problem and of the number of people with a mental health problem experiencing stigma from friends, family and health professionals.
Suicide Rate in Wales (Outcome a)

In Wales 2008-10, the suicide rate was 17.9 per 100,000 of population for men and 4.9 per 100,000 for women. The rate for men being almost four times higher than the rate for women. The rate for men in Wales is marginally higher than the UK average but in women lower than the UK average. The rate in Wales for both men and women is less than the rates in Scotland and Northern Ireland but higher than the rate in England.

What will improvement look like? - Improvement will be a reduction in the suicide rate per 100,000 of population for both men and women

Emergency Admissions for Self Harm (Outcome a)

Admissions for self harm are likely to be a significant under representation of the true rate of self harm within the population. Many people are not admitted as a consequence of self harm, and will not appear in these data and many may not present for treatment as a result of self injury. In contrast to deaths by suicide, where more men die by suicide each year than women, the rate of self harm admissions is higher in women than in men. It is also higher in youth and young adulthood than in middle age. The rate is highest in women aged 15-19 at 500 per 100,000 and in men aged 20-24 at approximately 260 per 100,000.

What will improvement look like? - An improvement will be a reduction in the number of admissions due to self-harm alongside a reduction in the number of people dying by suicide. It is possible that we may see an increase in the number of people being treated for self harm as a consequence of better identification and recording of treatment being provided to people who
self harm. This too would represent an improvement given the reported rate of self-harm within the population compared to currently recorded interventions.

**The volume of contacts with the Community Advice and Listening Line (CALL) (Outcome e)**

There has been an increase in the number of contacts with the CALL helpline, between 2010 and 2013. These have risen from 15,406 in 2010 to 19,643 in 2013 with a peak of 20,996 in 2012. This represents an increase of just over 21%.

**What will improvement look like?** – Improvement will be an increase in the volume of contacts with CALL. This will reflect an increased use of an open access service. This has the potential to reduce demand in the need for contact with primary care and secondary care mental health services. Regular raising of awareness of CALL across Wales will be important in achieving increased volumes.

**Mental Health Summary Score SF36 (Outcome a)**

The Welsh Health Survey indicated that in the age group 16-64 people reported that their mental health had slightly worsened between 2010-2012. The reduction was greater in the age group 45-64 than in those aged 16-44. Respondents over age 65 reported an increase in their mental wellbeing with their SF 36 score rising from 50.1 in 2010 to 51.0 in 2012. Across all ages, there has been a reduction in SF 36 scores from 49.9 in 2010 to 49.7 in 2012. Overall, physical and mental health status scores were lower for women than for men, indicating poorer health and well-being among women. These results are likely to reflect an anticipated drop in people’s sense of mental wellbeing arising from the impact of a prolonged economic recession.
What will improvement look like? – An improvement will be an increase in the SF 36 score particularly in women and those aged under 65, to the international average of 50 or above.

Treatment for a Mental Illness (Outcome b)

11% of adults reported currently being treated for any mental illness. 9% of adults reported currently being treated for depression, 7% for anxiety, and 2% for another mental illness.

The percentage of adults who reported being treated for any mental illness increased towards middle age before decreasing in retirement age.

A higher percentage of women (14%) than men (8%) reported being treated for a mental illness.

What will improvement look like? – Improvement will be a reduction in the number of people reporting being treated for a mental illness as a result of improved treatment outcomes. These improvements are most likely in those reporting common mental health problems such as anxiety and depression than for more severe and enduring mental health problems where prevalence of these disorders tends to be similar across all countries.

Number of people referred to Primary Care Mental Health Support Services (Outcome e)

This new service commenced in October 2013 and should bed-in over the life-course of the Strategy.

What will improvement look like? – Improvement will be the number of assessments achieving a steady state. There may be an initial peak in demand following commencement of Part 1 of the Measure. High numbers of assessments in primary care will reflect the prevalence of common mental disorders. Reduction to a lower steady state would suggest improvements across the primary care team in addressing mental health problems over time.

The number of people on GP Dementia Registers (Outcome e)

The number of people placed on GP dementia registers has increased in the last three years from 16,200 in 2011 to 17,600 in 2013. Being placed on the GP register increases the potential for earlier and more effective treatment and support.
What will improvement look like? – Improvement will be an increase in the number of people being placed on GP registers moving closer to the local population estimates for dementia. The number of people of GP dementia registers should increase as rates of dementia diagnosis increase.

Reduction in the number of mental health hospital admissions (Outcome e)

In 2012-13, there were 10,523 admissions (excluding place of safety detentions) to mental health facilities in Wales, down from 10,773 in 2011-12.

98% of the admissions (excluding place of safety detentions) in 2012-13 were to NHS facilities in Wales, with the remainder admitted to independent hospitals.

1,453 individuals were admitted in 2012-13 under the Mental Health Act 1983 (excluding place of safety detentions) and other legislation compared with 1,428 in 2011-12.

92% of formal admissions (excluding place of safety detentions) were detained without the involvement of criminal courts with 70% of these being admitted for assessment, with or without treatment (Section 2 of the Mental Health Act 1983).

What will improvement look like? – Improvement will be a reduction in the number of people formally admitted to hospital under the 1983 Mental Health Act and a reduction in hospital admissions as a consequence of community services providing alternatives to hospital admission.

Mental Health Delayed Transfer of Care (Outcome e)

Between 2011 and 2013 there was a reduction of almost 17% in the number of mental health patients whose transfer from hospital has been delayed. The reduction from a peak in
May 2011, when there was in excess of 400, to 333 in September 2013 has been subject to seasonal variation. The lowest rate of 281 was in September 2012.

What will improvement look like? – Improvement will be a sustained downward trend in delayed transfers of care.

Percentage of Welsh residents in receipt of secondary care with a valid care plan. (Outcome d)

During 2013 there has been a steady increase in the number of people with a valid Care and Treatment Plan which complies with Part 2 of the Measure rising from 63% in April to 85.4% in August 2013. There has also been a small increase in the percentage of people with a Care and Treatment Plan or alternative rising from 92.3% to 93.6% in June 2013.

What will improvement look like? – Improvement will be an increase in the number of people with a valid care and treatment plan across all ages and sectors to reach the target of 90% compliance. It may take up to 8 weeks for individuals who are new to service to receive their first plan.

Fundamentals of Care 2012 Audit (Outcome f)

The Fundamentals of Care Audit demonstrated high percentage satisfaction in a number of the standards measured. Service users scored services above 90% in all categories; the lowest score being 95% and the highest 98%. Notably, service providers consistently scored services lower than service users, the lowest being 86% and the highest 91%. The table below reflects those standards most pertinent to mental health. The audit includes all inpatients, not just
those in mental health inpatient settings. It does not include those in secondary care community mental health services. Future audits will include questions tailored for the mental health service user population.

<table>
<thead>
<tr>
<th>STANDARD 1: Communication and Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle: You will receive full information about your care in a language and manner sensitive to your needs</td>
</tr>
<tr>
<td>Operational Perspective 86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 2&amp;5: Respecting People and Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPECTING PEOPLE Principle: Your human rights to dignity, privacy and informed choice will be protected at all times, and the care provided will take account of your individual needs, abilities and wishes</td>
</tr>
<tr>
<td>RELATIONSHIPS Principle: You will be encouraged to maintain your involvement with family, friends and to develop relationships with others, according to your wishes</td>
</tr>
<tr>
<td>Operational Perspective 83%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 4: Promoting Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>The care you receive will respect your choices in making the most of your ability and desire to care for yourself</td>
</tr>
<tr>
<td>Operational Perspective 88%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 3: Ensuring Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle: Your health, safety and welfare will be actively promoted and protected. Risks will be identified, monitored and where possible, reduced or prevented</td>
</tr>
<tr>
<td>Operational Perspective 91%</td>
</tr>
</tbody>
</table>

**What will improvement look like?** – Improvement will be an increase in both service provider and service user audit ratings.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td>AWVHWS</td>
<td>All Wales Veterans Health and Wellbeing Service</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CRHT</td>
<td>Crisis Resolution Home Treatment</td>
</tr>
<tr>
<td>CTP</td>
<td>Care and Treatment Plan</td>
</tr>
<tr>
<td>DES</td>
<td>Directed Enhanced Service (under the General Medical Services contract)</td>
</tr>
<tr>
<td>ED</td>
<td>Eating Disorder</td>
</tr>
<tr>
<td>ESF</td>
<td>European Social Fund</td>
</tr>
<tr>
<td>FEP</td>
<td>First Episode Psychosis</td>
</tr>
<tr>
<td>HIW</td>
<td>Health Inspectorate Wales</td>
</tr>
<tr>
<td>IFSS</td>
<td>Integrated Family Support Services</td>
</tr>
<tr>
<td>IMHA</td>
<td>Independent Mental Health Advocate</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disability</td>
</tr>
<tr>
<td>LHB</td>
<td>Local Health Board</td>
</tr>
<tr>
<td>LPB</td>
<td>Local Partnership Board</td>
</tr>
<tr>
<td>The Measure</td>
<td>Mental Health (Wales) Measure 2010</td>
</tr>
<tr>
<td>MHFA</td>
<td>Mental Health First Aid</td>
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<tr>
<td>MRC</td>
<td>Medical Research Council</td>
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<tr>
<td>NCMH</td>
<td>National Centre for Mental Health</td>
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<tr>
<td>NICE</td>
<td>National Institute of Health and Care Excellence</td>
</tr>
<tr>
<td>NPB</td>
<td>National Mental Health Partnership Board</td>
</tr>
<tr>
<td>PD</td>
<td>Personality Disorder</td>
</tr>
<tr>
<td>PCMHSS</td>
<td>Primary Care Mental Health Support Services</td>
</tr>
<tr>
<td>PHW</td>
<td>Public Health Wales NHS Trust</td>
</tr>
<tr>
<td>PIG</td>
<td>Policy Information Guidance</td>
</tr>
<tr>
<td>PTMC</td>
<td>Psychological Therapy Management Committee</td>
</tr>
<tr>
<td>RCN</td>
<td>Royal College of Nursing</td>
</tr>
<tr>
<td>tHB</td>
<td>teaching Health Board</td>
</tr>
<tr>
<td>TTCW</td>
<td>Time To Change Wales</td>
</tr>
<tr>
<td>UHB</td>
<td>University Health Board</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>WAO</td>
<td>Wales Audit Office</td>
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</tbody>
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