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Research to support the Duty to Review the Implementation of the Mental Health (Wales) Measure 2010

Qualitative evidence on the views of service users, carers and practitioners

Scoping Study Report - Summary



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Opinion Research Services

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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Introduction

1. Opinion Research Services (ORS) was commissioned by Welsh Government in June 2013 to undertake research to support the Duty to Review the Mental Health (Wales) Measure 2010.¹ The project will provide qualitative evidence of the views of service users, their carers and practitioners of the implementation of all four parts of the Measure.
2. This Scoping Study presents indicative qualitative findings arising from two early focus groups and 25 scoping interviews with a range of mental health professionals. The key messages that have been identified need to be further explored during the subsequent stages of the research. The full report provides an overview of the planned research for the remainder of the contract.
3. The views expressed by consultees in this study might or might not be supported by available evidence; that is, they may or may not be accurate as accounts of the facts. ORS cannot arbitrate on the correctness or otherwise of people's views when reporting them. This should be borne in mind when considering the findings.

Findings from the Scoping Study

Early feedback - Primary Care Services

4. Teams are generally based in GP practices or in community-based clinics. The location of services in non-mental health community settings is considered to be beneficial for service users. In some health boards the Local Primary Mental Health Support Service (LPMHSS) teams are co-located with the Community Mental Health Teams (CMHTs) which is helping inter-team liaison.
5. As a general rule, staff working in primary care settings prior to the Measure have been re-deployed to the new teams alongside new appointments funded by the Measure. Consultees highlighted the importance of taking the time to recruit and train the right staff.
6. Consultees described various methods being used to raise awareness of LPMHSS. Nevertheless, there are varying levels of referrals from GP

¹ For further information on the Mental Health (Wales) Measure 2010 and the Duty to Review, visit <http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en>

practices and continuing liaison with GPs is seen as a priority to ensure that GPs are supported in making appropriate referral decisions.

7. The high volumes of referrals into LPMHSSs in some areas are considered to be unsustainable; waiting lists are building and teams are being challenged around how to respond to demand. Staff are concerned that the highly skilled staff in the primary teams are able to deliver therapeutic interventions as well as assessments.
8. It was felt that Tier 0 services, and effective referral to such services by GPs or by direct service user access, serve to ease the pressures for assessment experienced by LPMHSS and focus attention on service users requiring more expert attention from the teams.
9. The tendency for younger people to be less likely to access their GPs and related services was highlighted along with the potential for the Measure to support teams in liaising with the education sector to reduce the number of young people accessing secondary care.
10. Welsh Government monitoring and target setting is considered by some to be focusing the activity of LPMHSSs on assessment and intervention to the detriment of the other Part 1 priorities like GP liaison. Moreover, staff are struggling to comply with the new 28 day target, a change that is considered to be highly ambitious.

Pathways to Primary Care and Secondary Care

11. Different referral pathways exist across Wales. Consultees noted that for a significant minority of service users, there are difficulties in distinguishing eligibility between Parts 1 and 2 and that the Measure has not completely overcome the problem of 'bouncing' certain service users between primary and secondary sectors.

Part 2 and Secondary Care

12. The vital importance of continuous training and staff development was acknowledged and particularly training about the Measure; in Care and Treatment Plans (CTP) and the recovery planning approach.
13. Many professionals have genuine concerns over the quality of CTPs. Some pointed out that there is a tendency for care coordinators to only deal with areas of the CTP with which they feel confident or which are within their areas of expertise. Furthermore, some mentioned that

formalising care planning through legislation and the introduction of increasing scrutiny has led to anxiety amongst staff and that some are unwilling to take on the care coordinator role.

14. The timescales and targets for CTPs were considered to have placed pressure on performance to the detriment of quality especially in the early phase of implementation. Some consultees said that there are significant numbers with no CTP at all.
15. Many consultees argued that the Measure persists with a medical model of care which in practice is neither recovery nor outcome focused and which takes little account of the social care needs of service users. To make the recovery process work as embodied in the Measure, there is a need to take positive risks with service users by allowing them to lead the process. However, this requires a complete change of culture.
16. The definition of secondary mental health services for people with learning disabilities was highlighted as an issue, partly because of the broad range of conditions within this service user group. Also, whilst a learning disability is a mental disorder, there were questions around whether all people with learning disabilities should have CTPs with some suggesting that care planning should focus only on people who also have complex problems and/or mental illness.

Part 3

17. Consultees observed that there has been little change in practice or in numbers re-referring and that re-referral and re-admittance levels are very low across Wales. Those not re-entering are generally referred to primary care or signposted to third sector services.
18. Some consultees had witnessed confusion amongst some people discharged from secondary services. If information about discharge and Part 3 is being provided, it appears that at least for some people, it is not being read or understood. Consultees suggested that written advice and information is insufficient and that real engagement person-to-person would be necessary for many service users and particularly those with limited literacy.

Part 4

19. These services are being delivered through contracts with four advocacy providers across Wales. Some consultees said that there should be more advocates working in general hospital settings and that more promotion is needed to increase uptake particularly in larger clinical units and with older and younger people.

The Third Sector

20. The importance of third sector organisations to the delivery of the Measure by providing additional resource and complementary or specialist services was frequently mentioned. Third sector expertise, culture of working to a recovery model and support for collaborative working were all seen as essential qualities for holistic client support. The number of third sector service users is increasing as a consequence of the Measure and signposting from statutory services. However, some third sector organisations are themselves experiencing capacity shortfalls owing to financial cutbacks.

Conclusions

21. The early scoping stage of the project has provided valuable background and has highlighted examples of good practice and issues of concern which will be further explored with participants in the remaining stages of the research in relation to all four Parts of the Measure.

22. Whilst mental health practitioners interviewed so far support the principles and aims of the Measure and welcome the opportunity to improve and develop services and formalise good practice, there are many who are concerned over the scale of the changes required; the increasing expectations of service users and the cultural shifts in approach and practice which the Measure demands. For many, the speed at which these changes are expected to take place are particularly daunting; for others confusion remains over referral pathways and the definition of primary and secondary care services. However, practitioners also admit that it is still early days; that services and practices will be imbedding for some time to come and procedures and priorities will adapt and change in response to

local demands, whilst adhering to the spirit and legislative demands of the Measure.

Appendix 1: Scoping Phase Consultees

Scoping Phase consultees included the following job roles:

Strategic Leads and/or Programme Managers for the different parts of the Measure, Acute Care Lead, Chair, Clinical Programme Manager, Performance Improvement Manager, Social Work Team Leader Older People, Head of Partnership, Development and Integration, Executive Director, LPMHSS Managers, Principal Officer, Adult Mental Health, Patient Experience Manager, Mental Health Manager

The following organisations were represented in the consultations:

Aneurin Bevan Health Board, Abertawe Bro Morgannwg University Health Board, Hywel Dda Health Board, Wales Mental Health in Primary Care, Public Health Wales, Betsi Cadwaladr University Health Board, Caerphilly County Borough Council, Swansea C&C, Gofal, Hafal, Cwm Taf Health Board, Cardiff and Vale University Health Board, Powys Teaching Health Board