Mind Cymru

The Mental Health Measure

Ten Years On

June 2022

Contents

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Foreword

The Mental Health Measure was a bold piece of legislation that aimed to deliver real and meaningful changes for those of us with mental health problems. It saw cross-party support in the Senedd and a warm welcome by campaigners and charities alike.

Unlike other mental health legislation, the Measure focuses on improving people's rights, from improving access to treatment in primary care to extending people's rights to advocacy in hospital.

As we mark the ten-year anniversary of the implementation of the Measure, look ahead to the development of a new mental health strategy and continue to recover and rebuild following the (COVID-19) pandemic, it is right to reflect on the impact of the Measure and consider what more can be done to improve support.

Our research shows that, whilst it has undoubtedly improved mental health services, there is still much to be done to deliver the changes the Measure intended. This is especially true for children and young people.

We hope this report will steer decision-makers toward re-imagining how the Measure is delivered and to re-commit to achieving its ambitions.

Sue O'Leary,
Director, Mind Cymru

Acknowledgements

We would like to thank everyone who took the time share their experiences and insight with us in preparing this report. We recognise that some findings in this report may be upsetting as it deals with both positive and negative personal experiences. If you need help and support for your mental health, you can access a range of information and advice on the **Mind website**.

Introduction

The Mental Health Measure (the Measure) is a key piece of Welsh mental health law. Since its implementation, ten years ago, it has provided a legal framework for improving mental health services and formed a central part of the Welsh Government's ten year Together for Mental Health Strategy. It is a wide-ranging and ambitious piece of legislation designed to improve mental health services for all.

A decade on from the implementation of the Measure, this report looks at how it has changed people's experiences of accessing support. We ask whether the Measure has achieved it's aims and what more can be done to improve mental health services for all.

The Measure objectives:

Part 1 – to improve access to mental health services within primary care

Part 2 – introduce care and treatment plans and care coordinators for everyone receiving secondary mental health services

Part 3 – adults discharged from secondary mental health services can self-refer to those services if they feel their mental health may be getting worse

Part 4 – to extend the availability of independent mental health advocacy

Background

The Mental Health Measure was passed into law by the then National Assembly for Wales in 2010 and implemented between April and October 2012. In the ten years that have passed, it has become central to the delivery of mental health services at every level.

The Measure is accompanied by comprehensive guidance for the delivery of its four Parts (see appendix 1). The guidance, along with the Measure itself, sets a clear and robust direction of travel for mental health services in Wales, underpinned by guiding principles that centres:

- Patient and carer involvement in the planning, development, and delivery of care
- Equality, dignity, and diversity
- Holistic and person-focussed support
- Clear communication
- Care and treatment that is proportionate to need, integrated and coordinated

Since its introduction, hundreds of thousands of assessments have been carried out within Local Primary Mental Health Support Services (LPMHSS), while tens of thousands of people receiving specialist services have been able to access a care-coordinator.

In January 2015, the then National Assembly for Wales Health and Social Care Committee published the *post-legislative scrutiny of the Measure.*[1] The report praised the introduction of the Measure and its immediate successes in improving access to primary care. However, the report also noted:

> If the aims of the Measure are to be fully achieved, there is more work to do to ensure that there is sufficient capacity within mental health services. Demand for mental health services is high, and service users and service providers are confused about self-referral for reassessment under Part 3 and access to mental health advocacy under Part 4. As a Committee, we also have serious concerns about the impact of the Measure on mental health services for children and young people.

The report made ten recommendations for improving the Measure, including improving access to information like people's rights to self-refer and improving overall data-collection.

The Measure placed a duty on Welsh Ministers to review its implementation and delivery. In December 2015, the then-Minister for Health and Social Services, Mark Drakeford, published the *Duty to Review Final Report – post legislative assessment of The Measure.*[2] The Report highlights the immediate successes of the Measure, stating:

> The Measure has provided both a framework and a focus for the improvement of mental health services in Wales. Its innovative approach to enshrining in law the services that people can expect has ensured mental health has become a priority in health boards and local authorities.

The Duty to Review Report makes a series of recommendations to improve the Measure including amending legislation and regulations to extend the right to re-referral and expand the list of health professionals that can undertake assessments and care-coordination roles. The report makes a further series of recommendations for the Welsh Government and NHS Wales to improve the overall delivery of the Measure, from improving staff training to ensuring data on outcomes and waiting times is collected and published.

A further report was published by NHS Wales Delivery Unit in July 2018, this assurance review looked at the quality of care and treatment planning and made three national recommendations aimed at improving their delivery.[3]

However, despite these reports, neither the Measure nor its regulations have been amended. Many of the actions recommended in the above reports have not been taken forward. While some progress has been made, the lack of updates against commitments in the Together for Mental Health Strategy, makes it difficult to measure progress. It is concerning that the Welsh Government, in updating the 2019-2022 Delivery Plan in response to the pandemic, removed its commitment to responding to the Duty to Review Report, committing instead to considering only some of its recommendations.

1 senedd.wales/laid%20documents/cr-ld10069%20-%20report%20by%20the%20health%20and%20social%20care%20committee%20on%20the%20post-legislative%20scrutiny%20of%20the%20mental%20health%20(wales)%20m/cr-ld10069-e.pdf

2 gov.wales/sites/default/files/publications/2019-03/the-duty-to-review-final-report.pdf

3 wales.nhs.uk/sitesplus/documents/863/5d.%2020180720%20National%20Assurance%20review%20of%20CTP%20Final%20Report.pdf

Research

In July 2021, we sent a Freedom of Information request to the Welsh Government for data collected on the Mental Health Measure. We asked for monthly figures for the five years from April 2016 – March 2021. This included data on all four parts of the Measure and, where possible, broken down by age and Local Health Board. Some of these statistics are publicly available via the StatsWales website. While all the figures provided have long been collected, some of the data is not published and is described by the Welsh Government as management information only. This report uses data provided by the Welsh Government throughout. The complete Freedom of Information response, including notes, caveats, and definitions is **available online**.

Alongside analysing the data provided by the Welsh Government, we carried out four interviews with adults who have experience of trying to access Local Primary Mental Health Support Services over the past five years. This report also draws from Mind Cymru's research into young people's experiences of moving from Child and adolescent mental health services to adult mental health services, which included a survey of thirty-three young people and eight semi-structured interviews conducted in November 2021.

Children and young people

The data provided by the Welsh Government contains a breakdown by age, including children and young people under the age of eighteen. As such, throughout this report we have used 'children and young people' to refer to people under the age of eighteen and 'adults' to refer to people aged eighteen years or more at the time of seeking support.

Executive summary

There has never been a better time to revisit the aims of the Measure and to reflect on its impact. The coronavirus (Covid-19) pandemic has highlighted and exacerbated existing inequalities and disrupted usual ways of working. Whilst mental health services remained essential during the pandemic, limited access to GPs brought a stark decline in referrals to LPMHSS. Further highlighting the need to better understand and tackle the barriers that people face in accessing support in primary care.

Similarly, in highlighting and compounding existing inequalities, the pandemic has reaffirmed the need for mental health services to proactively address inequalities as envisioned by the Measure's guiding principles.

The Measure has had a positive impact on mental health services in Wales. It has delivered clear benefits, including improving access to primary care with hundreds of thousands of people receiving an assessment and support for their mental health. Similarly, the expansion of inpatient advocacy deserves recognition. However, the Measure's impact has been uneven. It has proved more effective in some areas than others. Ultimately, there remains much to be done to deliver its aims.

We found that children and young people have faced significantly longer waits than adults for both assessment and treatment within LPMHSS. We also found a significant gap between the number of people referred to LPMHSS and the number of assessments undertaken. In secondary care, we found that whilst most people have a care and treatment plan, their quality is generally poor and require significant improvements.

Ten years on from its introduction, the Measure's aims are as relevant today as they were a decade ago. A renewed and determined focus is needed to ensure that its aims are realised and embedded into service-design and culture.

- The Measure has improved access to primary mental health services with almost 70,000 all-age referrals made to LPMHSS each year
- On average, 40,000 assessments are carried out within LPMHSS each year. However, for every 10 referrals made less than six assessments were carried out, this suggests possible barriers between referral and assessment.
- Waiting times for children and young people within LPMHSS are significantly longer than adults. The target for 80% of children and young people to receive an assessment within 28 days of a referral was not met in any of the five years to 2021.
- Most people receiving secondary care have a care and treatment plan, however their quality is generally poor and require significant improvements.
- On average almost 1400 people per year request an assessment under Part 3 of the Measure.
- The Measure has extended Independent Mental Health Advocacy to thousands of people receiving inpatient mental health treatment each year.

Part 1

Local Primary Mental Health Services

"The Measure will make sure that more services are available for your GP to refer you to if you have mental health problems such as anxiety or depression. These services, which may include for example counselling, stress and anxiety management, will either be at your GP practice or nearby so it will be easier to get to them. You will also be told about other services which might help you, such as those provided by groups such as local voluntary groups or advice about money or housing." – Welsh Government

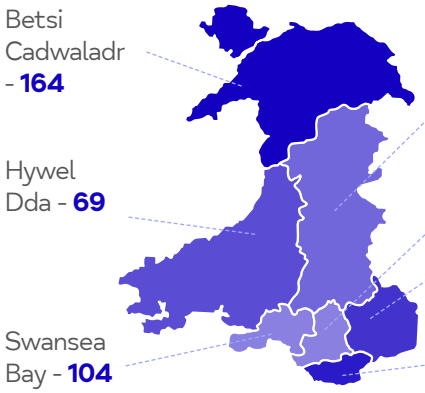
Referrals

- On average, there were 69,488 referrals to LPMHSS each year, 12% were for children and young people.
- Some health board areas report far higher referral rates per-head, suggesting differences in service design and delivery.

"I did feel like I had to push for other alternatives other than medication. I felt that it wasn't information that was free in coming forward."
– Adult interview participant

"Nobody sits down with you and explains the different levels of care and the services that are within those different levels." – Adult interview participant

LPMHSS Referrals per 100,000 population



Assessments

The introduction of Local Primary Mental Health Services has given tens of thousands of people each year access to an assessment of their mental health. This is a significant achievement that has altered the way in which primary care mental health services in Wales are delivered. However, there is a significant gap between the number of people referred and the number of assessments carried out. Understanding the reasons why so many people referred by their GP do not go on to receive an assessment is crucial to delivering on the Measure's aims.

- **Adults:** On average, 39,739 assessments were carried out each year, just over half (56%) of the number of referrals.
- **Children and young people:** On average, 5360 assessments were carried out each year, two thirds (66%) of the number of referrals.

"Sometimes, you feel like you're almost trying to make a case to say, 'I do have a problem. I promise you there is a problem here." – Adult interview participant

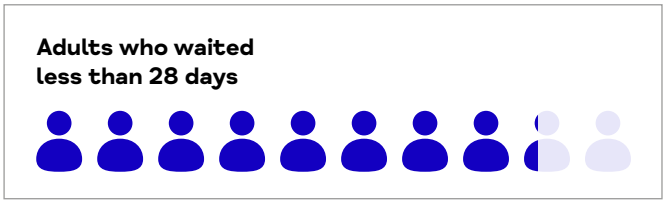
"The assessment itself was fine and I think it was because I finally found myself in a room with someone who might hold some of the answers. It felt like I was getting somewhere." – Adult interview participant

There is an urgent need to better understand and tackle potential barriers between referral and assessment. This has been made all the clearer by the impact of the pandemic, which, in limiting access to GPs, brought a huge decline in referrals to LPMHSS. We believe that the Welsh Government should work with local mental health partnerships to explore expanding referral options for LPMHSS, for example, allowing self-referrals to LPMHSS and accepting referrals from third-sector organisations and schools.

Waiting times for an assessment

The Welsh Government target is for 80% of people referred to LPMHSS to receive an assessment within 28 days. We found that while this target is being met for people over the age of 18, waiting times for children and young people are significantly longer and below target.

- **Adults:** On average over the five years, 83% of adults waited less than 28 days for an assessment, 15% waited up to 56 days and 3% waited more than 56 days.
- **Children and young people:** On average over the five years, 58% of children and young people waited less than 28 days for an assessment, 20% waited up to 56 days and 21% waited more than 56 days.



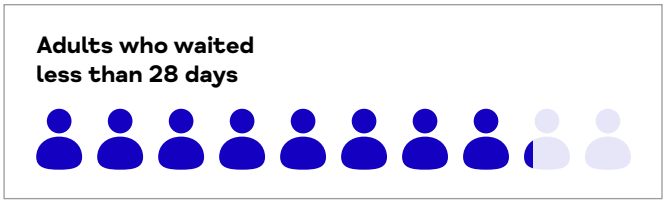
"I appreciate there's going to be a wait, but I think even if it was just a letter to say, 'We haven't forgotten you,' and that there is some hope." – Adult interview participant

"It was very quick and made me think there was still hope somewhere."
– Adult interview participant

Waiting times for LPMHSS support

The Welsh Government target is for 80% of people who receive support directly from LPMHSS start treatment within 28 days of their assessment. Here too, we found that while the target was being met for adults, children and young people wait significantly longer.

- **Adults:** On average over the five years, 82% of adults waited less than 28 days from assessment to start an LPMHSS intervention, 11% waited up to 56 days and 7% waited more than 56 days.
- **Children and young people:** On average over the five years, 71% of children and young people waited less than 28 days from assessment to start an LPMHSS intervention, 15% waited up to 56 days and 14% waited more than 56 days.



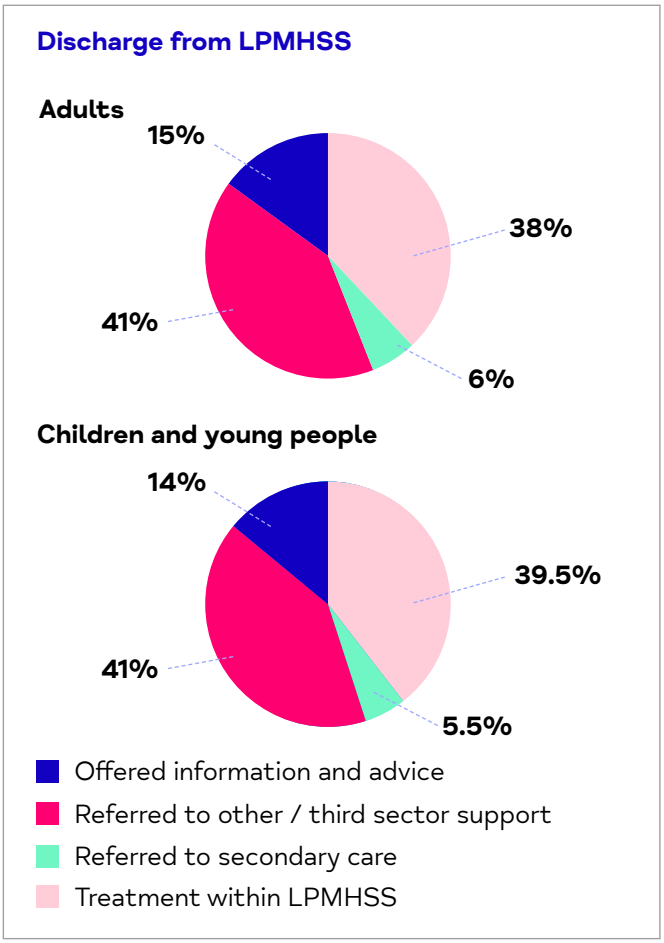
Leaving LPMHSS

Alongside providing services, LPMHSS is intended to provide advice, information and signposting to secondary care or other relevant services, including third-sector support. Our research found that a similar proportion of people receive support from LPMHSS as those who are referred or signposted to other local services.

Discharge from services – when a person is 'discharged' from a service, it means that they no longer receive support from that specific service. You may go on to receive support from other services, for example, you might be discharged from LPMHSS services and go on to receive support from a local mental health support group.

Other / local services – these are defined as services which are not provided by secondary mental health services or LPMHSS. For example, these could be local services provided by the third-sector or Tier 0 support available via your local Health Board.

- **Adults:** on average, 41% of adults are discharged from LPMHSS following a referral or signpost to local services, 6% are referred to secondary care, 38% are discharged following treatment from LPMHSS, and 15% given information and advice.
- **Children and young people :** on average, 41% of children and young people are discharged from LPMHSS following a referral or signpost to local services, 5.5% are referred to secondary care, 39.5% are discharged following treatment from LPMHSS, and 14% given information and advice.



"It just felt like on the last session we had, I thought we finally started to get somewhere, and it was starting to make sense and then, of course, it stopped." – Adult interview participant

Our research highlights the significant role that third sector and community support groups provide within the LPMHSS framework, with more than 40% referred to these services following an assessment. In providing information on what services are available under Part 1 schemes local mental health partnerships should also provide information on what community services they refer to. Doing so will ensure those of us with mental health problems have clear information on the full range of services available within primary care.

We recommend the Welsh Government:

- Fully implement the recommendations of the Duty to Review the Mental Health Measure with supporting policy implementation guidance and workforce training
- Urgently review capacity within LPMHSS for children and young people
- Undertake research to understand and address the reasons that many people referred to LPMHSS do not go on to receive an assessment

Part 1 schemes

Section 1 of the Measure established local mental health partnerships between Local Authorities and Local Health Boards and introduced a duty for each local partnership to publish a Part 1 Scheme:

> "Which identifies what treatment is to be made available in the area, for securing the provision of local primary mental health support services, and which sets out the extent to which each of the partners is to be responsible for providing those services."[4]

Part 1 schemes are vital to delivering on the Measure's aims. They are intended to set-out what treatment is available via LPMHSS. The Measure includes a legal duty on local mental health partners to deliver services in accordance with their Part 1 scheme. In our view, this effectively means that citizens have a legal right to services and treatment under the Measure. In identifying what treatments are available, Part 1 schemes should also help people to understand what services they may be able to access.

However, in reviewing Part 1 Schemes we found that many do not adequately identify available treatments while some have not been updated since their initial publication.

The National Service Model for Local Primary Mental Health Support Services[5] makes clear that:

> "Local primary mental health support services should offer a portfolio of evidence based, time limited interventions which are appropriate to individual clinical need to treat common mental health problems in all age groups. The short-term interventions (i.e., treatment), should be delivered either at an individual level or through group work, dependent on which approach the assessment has identified as appropriate. Such interventions may include counselling, psychological interventions, (including cognitive behavioural therapy, solution-focussed therapy, family work, online support, stress management), bibliotherapy and education."

However, neither the Measure nor the National Service Model for Local Primary Mental Health Support Services set out exactly what treatments should be delivered by LPMHSS. While this approach allows for greater flexibility for Local Mental Health Partnerships to create services in response to local needs, it has inadvertently helped create an uneven landscape for services across regions and has added to confusion around available treatment options.

Decisions around what treatments are included in Part 1 Schemes also determines what treatments are subject to the 28-day target for interventions and this too can vary between regions. Similarly, commissioned third-sector services which receive referrals from LPMHSS are not included within the 28-day target. Clearer guidance that sets out a range of treatments that must be offered, while encouraging additional services based on local need, could improve access to key treatments. This approach would also ensure greater clarity on what services are available and help ensure that LPMHSS drive greater access to primary mental health services as intended by the Measure.

4 legislation.gov.uk/mwa/2010/7/section/2

5 wales.nhs.uk/sitesplus/documents/863/Mental%20Health%20Measure%20-%20Primary%20Care%20Model.pdf

Information and advice

A key theme throughout our research has been access to information and advice about the Mental Health Measure and its delivery. People often told us that they were unaware of what their rights were under the Measure, that they found it difficult to find information about what services are available locally or how they might access them.

Improved access to information and advice, including clear information on what services are available should be prioritised within primary care. Local Health Boards should publish clear and easily accessible information on what services are available as part of their Part 1 scheme duties. This will enable people to make informed choices and access the right support for them at the right time.

More generally, there is significant room for improvement in supporting people to understand their rights under the Measure. We have heard from people that, contrary to governmental guidance, were unaware of their CTP, had not been involved in its development and had not received a written copy of the plan. Ensuring the accessibility of advice and information about the Mental Health Measure, from Parts 1 – 4, will help ensure that people are aware of and know how to access their rights.

> “Never told what any of my options were it was always me having to try and find out information for myself.” – Adult interview participant

> “They’ve never, ever told me what my rights are as a person accessing these services.” – Adult interview participant

We recommend the Welsh Government:

- Review Part 1 Schemes across Wales to ensure they make clear what treatments are available within LPMHSS
- Ensure Local Health Boards publish clear and accessible information on what services are available locally and how to access them
- Explore how commissioned self-referral models can empower people to access support earlier and quicker, this could include advice and information or, befriending/ counselling services, rights information, etc

Part 2

Care & Treatment Planning

> Some people have mental health problems which require more specialised care and support, (sometimes provided in hospital). If you are receiving these services then your care and treatment will be overseen by a professional such as a psychiatrist, psychologist, nurse or social worker. These people will be called Care Coordinators and will write you a care and treatment plan – working with you as much as possible. This plan will set out the goals you are working towards and the services that will be provided by the NHS and the local authority and other agencies to help you reach them. This plan must be reviewed with you at least once a year. – Welsh Government

Definition: Secondary mental health services support people with severe and complex mental health problems. These could include hospital inpatient services or multidisciplinary Community Mental Health Teams. Around 22,000 people receive support from secondary mental health services in Wales every month.

Care and Treatment Plans (CTPs) are designed to better recognise the wider social factors that impact our mental health. They are based around eight areas of life, including accommodation, education & training, personal care and physical wellbeing. They are recovery-focussed and intended to be person-centred, focusing on the needs of the person rather than the services available. This approach was intended to support those of us with mental health problems to identify the goals that matter most to us and would most improve our quality of life.

Data from the Welsh Government shows that most people receiving secondary mental health services have a valid care and treatment plan.

However, there is clear evidence that care and treatment planning is falling short of the principles and requirements set out in the Measure. NHS Wales Delivery Unit National Assurance Review, the Quality of Care and Treatment Planning, published in July 2018, is the most comprehensive review of care and treatment planning conducted to date; having looked at more than 1400 CTPs across every Local Health Board in Wales.

The Review expresses a range of concerns and found that the quality of CTPs is 'generally poor'. Care and Treatment planning was found to be process-driven, was completed in order to meet statutory compliance and was not at the centre of the delivery or review of care and treatment. The value staff placed on CTPs varied, however; where staff routinely used and valued CTPs this was found to have a positive impact on how people with mental health problems viewed the process. Though examples of good CTPs were found in all Local Health Boards.

In assessing the quality of CTPs, NHS Wales looked at the recording of outcomes in each of the eight areas of life, specifically, whether outcomes recorded were SMART.

> "Outcomes were often not specific nor measurable, they were instead vague statements of intent which it would be difficult to determine whether or not they have been realised by the treatment and care provided. Likewise, many were not time bound, with a date by which the outcome or specified elements of the outcome aimed to be achieved."

> "In a significant proportion of recorded outcomes the time frame recorded was 'ongoing' - this appears to be a practice that has become embedded within the culture of care coordination."

> "The outcomes recorded were frequently not recovery focussed, with a tendency for outcomes to be focussed on a "maintenance model" of care with little expectation for improvement in a person's functioning or quality of life."[6]
> – NHS Wales Delivery Unit

CTPs have a specific section dedicated to crisis planning which should outline what action a person should take if they feel that their mental health is deteriorating to the point of crisis. An additional section outlines the signs and symptoms a person might experience if they are becoming more unwell, these are known as relapse signatures and are intended to support people to better recognise when their mental health is deteriorating with a view to preventing crisis.

In reviewing CTPs, the NHS Wales Delivery Unit found that "the quality of crisis planning within CTPs was poor" and "where crisis plans were produced, in the vast majority of cases they contained no contingency planning or any clarification of the response the service user or their family might expect in a crisis."

6 wales.nhs.uk/sitesplus/documents/863/5d.%2020180720%20National%20Assurance%20review%20of%20CTP%20Final%20Report.pdf

A joint-thematic review of Community Mental Health Teams, published by Health Inspectorate Wales (HIW) & Care Inspectorate Wales (CIW) in February 2019, supports the findings of the NHS Wales Delivery Unit. The report found that as many as 40% of people did not receive or have access to a copy of their CTP. A similar percentage of people did not feel involved in its development.

> We are not assured that service users and their families/carers are always as involved in developing the care and treatment plan as they would like to be.
> – Health Inspectorate Wales

Evidence from children and young people also show that care and treatment planning is not delivering effectively. Mind Cymru's report, *Sort the Switch*,[7] published in June 2022, found that many young people could not recall having a CTP in place, that it was not always clear what is meant by 'a care and treatment plan', and that without having one in place there is no formal way of knowing if a young person's wishes are being met. Further, the report found that where CTPs are used, they are not person-centered.

> I remember the meeting when we made it and I found that really difficult when we were making the care and treatment plan. I don't think I ever really used it that much, I don't know, I don't think it was that useful. I think I felt like it was just looking at all my weaknesses and I found that really hard.
> – Young person interview participant

Clearly significant improvements are needed for care and treatment planning to deliver on the intentions and requirements set out in the Measure. The Together for Mental Health Delivery Plan 2019-22 commits Local Health Boards to taking forward the recommendations of the Delivery Unit report, including developing and delivering training for care-coordinators. However, it is unclear how much progress has been made to-date. The report also recommends the Welsh Government reinvigorate the care and treatment planning as part of its response to the Duty to Review the Measure.

Reinvigorating the care and treatment planning process could also help to recognise and take steps to address inequalities people face in their day-to-day lives that negatively impact their mental health. The holistic nature of CTPs lends itself to identifying and wider social factors impacting people's mental health, for example poor quality housing, financial issues, or a lack of access to culturally appropriate support.

We recommend the Welsh Government:

- Develop mandatory training for Care coordinators on producing quality CTPs, to ensure the training is implemented nationally and monitor uptake
- Develop accessible information and advice about co-production and taking part in care and treatment planning and ensure it is available for patients and other relevant people including carers, advocates etc

Mental Health Act Reform

It is worth noting that the UK Government is currently consulting on introducing a form of care and treatment planning for inpatients in England following the recommendations of the Independent Review of the Mental Health Act. These plans include improved rights, for example challenging treatment decisions for people detained under the Mental Health Act, which go far beyond those included within the Measure. Whilst there is some overlap between these proposals and requirements already in place via the Measure, both the form and purpose are fundamentally different. The Welsh Government must carefully consider its response to the White Paper and future UK Government legislation alongside actions needed to improve the Measure to ensure legislation works together seamlessly.

We recommend the Welsh Government:

- Consider how guidance on the Mental Health Measure may need to be adapted to reflect any changes introduced as a result of changes to the Mental Health Act

7 mind.org.uk/media/12838/scamhs-to-amhs_final-may2022.pdf

Part 3

Assessment of people who have used specialist mental health services before

> If you have received specialised treatment in the past and were discharged because your condition improved, but now you feel that your mental health is becoming worse, then you can go straight back to the mental health service which was looking after you before and ask them to check whether you need any further help or treatment. You don't need to go to your GP first, although you may wish to talk it through. You can ask for this up to three years after you are discharged from the specialist team. – Welsh Government

Part 3 of the Measure gives adults who have previously received secondary mental health services, within the past three years, the right to refer themselves back to those services if they feel their mental health is deteriorating. The introduction of Part 3 has seen thousands of people access an assessment in a timelier way and without having to get a referral from a GP.

- On average over the five years, there were 1,391 requests for an assessment under Part 3 of the Measure per year. Over the same period, an average of 236 (17%) people were accepted onto the caseload following an assessment.

The introduction of Part 3 was an important step in improving access to specialist care, however the number of requests is low compared to the number of people accessing secondary mental health services. The joint-thematic review of Community Mental Health Teams found that 'less than half (43%) of previous service users knew they could refer themselves to their Community Mental Health Teams if they felt that they were relapsing.'[8] Ensuring eligible people are aware of their right to re-refer under Part 3 is crucial to realising the Measure's goal of reducing delays in accessing specialist care and ensuring a timelier response to relapse.

Part 3 of the Measure has the potential to radically improve access to mental health services for people who have previously accessed support. However, this can and will only happen if people are well-informed of their rights to do so. The relatively low number of people requesting a re-assessment compared with the number of people who have accessed secondary mental health services supports the findings of Health Inspectorate Wales that many people are unaware of their rights under Part 3.

The Duty to Review report also highlighted how Part 3 of the Measure, in only applying to people over the age of 18, disadvantages children and young people. The report recommended amending regulations to remove this age limit and further extend people's rights under Part 3. Similarly, the post-legislative scrutiny of the Measure recommended improving information and awareness of people's rights under Part 3.

We recommend the Welsh Government:

- Update guidance and work with LHBs to ensure Part 3 rights are explained as part of discharge planning from any secondary care service. People understanding their right to re-refer should be recorded and reported.
- Amend regulations to extend rights under Part 3 to children and young people.

8 hiw.org.uk/sites/default/files/2019-06/190207joint-thematic-review-community-mental-health-en.pdf

Part 4

Independent Mental Health Advocacy

> If you are in hospital and you have mental health problems, you can ask for help from an Independent Mental Health Advocate (IMHA). An IMHA is an expert in mental health who will help you to make your views known and take decisions in relation to your care and treatment (but will not take decisions on your behalf!).
> – Welsh Government

The introduction of Part 4 of the Measure immediately extended access to independent mental health advocacy. Since its introduction, thousands of people, who would not otherwise been eligible, have been able to access this support. This is a significant and welcome achievement that has been welcomed by both staff and those receiving inpatient treatment.

Overall, there is very little research on people's experiences of accessing advocacy under Part 4 of the Measure. However, a survey by Mind Cymru, conducted in 2014/15 with a limited sample size (139 people), found:

- Almost 80% of respondents rated their experience of the IMHA service as good or excellent.
- Almost 70% of participants reported information on Independent Mental Health Advocacy (including posters and leaflets) was available on wards, which was supported by researchers' observations.
- Accessing information on IMHA can be difficult in some hospitals and wards, 42% of participants who completed the survey felt that ward staff did not give enough information and explain advocacy well enough.

Improving information and awareness and ensuring staff support people to access advocacy services is crucial to delivering on the Measure's aims. More research is needed to fully understand the impact of Part 4 of the Measure and to ensure people are both aware of their rights and are supported to access advocacy.

Performance Measures

In developing and implementing the Measure a number of performance measures have been created. These performance measures have enabled the Welsh Government to monitor the implementation and compliance with Measure, they also form the basis of this report. However, these measures tend to focus on compliance rather than centring people's experiences. Rather than measuring outcomes, the focus has been on outputs.

As a result, it is difficult to assess the impact of the Measure on people's experiences of accessing support. Worse still, this focus has unintentionally influenced the working-culture and perceptions of the Measure as being largely an issue of compliance, rather than a framework for improving care and support. This can be seen especially within care and treatment planning, where plans are often completed to meet statutory compliance rather than coordinate a person's care and treatment.

In reviewing the Measure, the Welsh Government should work with partners to develop new performance measures that firmly centre people's experiences and outcomes across all four parts. Any measures should include breakdowns of protected characteristics and equalities and reducing inequalities of access, experience and outcomes should be included as a key outcome measure.

We recommend the Welsh Government:

- Urgently deliver the Mental Health Core Dataset and develop robust outcome measures for mental health services and ensure all measures are available broken down by key demographics for example ethnicity, gender and age.

Next steps

As the first Welsh-specific mental health legislation, the Mental Health Measure set a positive precedent in favour of a more rights-based approach to mental health support. Whilst it is difficult to quantify the total impact of the Measure, it has certainly made a significant and contribution to improving the way mental health support is delivered for many over the past decade

However, as this report makes clear, there is still much to be done to fully deliver the Measure's aims and guiding principles. For children and young people in particular urgent action is needed to improve support.

Throughout this report we have made multiple recommendations aimed at improving the way the Measure is delivered and the support provided to those of us with mental health problems. We are confident that with renewed focus and determination the Measure can deliver the step-change needed to ensure that everyone is able to access the help and support they need when they need it.

Appendix

Welsh Government Guidance on the Measure

1. **The Explanatory Memorandum**
2. **Implementing the Mental Health (Wales) Measure 2010 - Updated Guidance for Local Health Boards and Local Authorities**
3. **Implementing the Mental Health (Wales) Measure 2010 - Guidance for Local Health Boards and Local Authorities on the Establishment of Joint Schemes for the Delivery of Local Primary Mental Health Support Services**
4. **National Service Model for Local Primary Mental Health Support Services**
5. **Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010**
6. **Delivering the Independent Mental Health Advocacy Service in Wales - Guidance for Independent Mental Health Advocacy Providers and Local Health Board Advocacy Service Planners**

Get in touch

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