

**Iechyd Meddwl Cymru
IMC**

**A Well Being and Mental Health Service
Fit For Wales**

Michael AH Williams

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Professor Michael A H Williams LLM BA FCIM MIOD

- A Visiting Professor of Housing and Social Care, in the Faculty of Health, Sport and Science, University of Glamorgan.
- Vice Chair of Abertawe Bro Morgannwg University NHS Trust.
- Trustee and Chair of Audit Committee of the Wales Council for Voluntary Action.
- Chief Executive of Grŵp Gwalia Cyf, Swansea.

The views expressed in this report are personal ones and are not made on behalf of the above organisations.¹

Iechyd Meddwl Cymru IMC

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Executive Summary

1. This paper was requested by, Edwina Hart MBE AM, the Minister of Health and Social Services.ⁱⁱ Its principle recommendation is that a statutory body responsible for mental health and well being in Wales is established. For the purpose of this discussion I have called it, "Iechyd Meddwl Cymru"ⁱⁱⁱ - a mental health and well being service for Wales." [IMC].The organisation will include teaching and research as part of it remit.
2. IMC's proposed structure will be unique to Wales but in line with the Government of Wales' health policies and strategies.^{iv v vi vii}
3. IMC is not an attempt to copy other UK models of health care, although it will benefit from good practice wherever it originates from. A recent WIHSC survey of health leaders indicated that a majority of them felt that Wales' mental health services were not as good as those provided in England.^{viii} The WIHSC survey also noted that there is no robust evidence base to commend any particular structural arrangements for the delivery of mental health and social care services. The evidence is largely anecdotal.
4. IMC will emphasise the positive benefits of addressing issues relating to a person's well being at all stages through life. This is of benefit not only to the individual but also to communities and is of national importance. The service needs to unite primary care, community mental health services, social services, and acute services in a common code and purpose to provide service users with care that is seamless. Care should not be adversely affected by organisation boundaries, age or budgetary controls.
5. IMC will involve the voluntary sector and the private sector in the best interests of the service user. The funding of both the voluntary and private sector needs to be addressed in commissioning terms and the wide span of funding sources for the voluntary sector needs to be simplified.
6. IMC will be both service planner and provider. IMC will commission the voluntary sector services and the

independent for profit sector. Commissioning with the voluntary sector should follow a service planning approach to replace the current competitive tendering process. Voluntary sector services and statutory services are often closely linked to meet the needs of the service user. Commissioning and service planning with the voluntary sector needs to be approached as a partnership in the best interests of the service user.

7. IMC would provide a comprehensive service combining the expertise of the NHS Trusts and Social Services with a firm demonstrable commitment to work with Primary Care, Voluntary Organisations, Private Sector, and bodies in areas related to health, justice, housing, education, leisure and the arts.
8. IMC would provide care for individuals and communities through:-
 - A Public Mental Health Programme;
 - Child and Adolescent Mental Health Services;
 - Adult Psychiatry;
 - Mental Health Services for Older People.
 - Specialist Mental Health Services
 - Secure Services.
 - Provide and lead services for people with learning difficulties.
9. IMC will be driven by the needs of the service users and their carers, with clinical leadership, staff expertise and commitment. It will have a teaching and research status and ethos.
10. As a Statutory Body IMC would provide a comprehensive integrated mental health and well being service for Wales. It will bring together all community service providers and focus them more firmly on the care needs of service users and those associated with them. A cohesive approach with clearer policies and procedures would lead to a better service. The combined skills of the NHS, Social Services with the voluntary and private sectors will be crucial to the success of a community service. IMC staff will be drawn from the NHS and Social Services.
11. With goodwill and co-operation a new service could be established within a year without reducing the service being provided. The Government's leadership in this

process is crucial. There has to be clear guidance as to the transfer and development of the services and estates relating to mental health services on general NHS Trust sites. There will be a need for staff and financial resources to support to develop the new service.

12. The Burrows Greenwell Report (2007)^{ix} recognises the need for reform. The view taken is that current providers must be made to provide a better service. The suggestion is that mental health targets should be policed in the same way as Accident and Emergency waiting time targets or cancer etc. Burrows Greenwell has made a number of important recommendations that will be incorporated into the objectives of IMC's service. Not all its 24 recommendations apply to IMC. Those relating to financing the service and service provision apply to either approach. The report's 24 Recommendations are given below.
13. There would be a need for clear protocols to be developed with Wales' eight NHS Trusts, particularly as to the support they will need from IMC. NHS Trusts' A & E departments will need to provide accommodation for a lead liaison psychiatrist and support staff.^x Links between general trusts for all other services will require detailed discussions depending on the Trusts psychiatric support requirements for medical specialties such as burns and plastics, amputations, cancer and coronary services. It is essential that any re-organisation does not ignore or underestimate the link between physical and mental health care.^{xi}

Chair and Board

14. IMC will need to be visible, predominant, and national presenting a positive message about the importance of mental health and well being. Its Board and Corporate Team would need to deliver this message throughout the country.
15. IMC will have a Chair and Board of Management appointed by the Minister. It will have statutory authority to act on behalf of the Minister in relation to Community, Social Service, and Acute Mental Health Services. An All Wales Board will be supported by at least 3 Regional Boards. The All Wales Board and Regional Boards will create a network of interest groups to inform their decisions.

16. The Board will involve people throughout Wales and from a range of stakeholders. It is essential that the Service reflects the views of service users, clinicians, health and social welfare staff and community leaders. It will need to draw on the skills of people with expertise drawn from business, law, accountancy or relevant business experience. The Service will link to Local Authorities and Partnership Boards. Strong links with Local Authorities will be crucial to IMC success.

Staff

17. IMC will employ all hospital and community based staff. They will be in the main drawn from existing service providers, NHS Trusts, Social Services, and LHBs. In order to achieve this there will be consultation and discussion all relevant individuals and bodies including staff, the trade unions, the Royal Colleges.
18. Staff ownership of the principles of the proposed organisation is crucial to its success. Staff representatives, along with service user and carer representatives, will have the opportunity of taking part in the formation and future development of IMC at Board Level.
19. Even though Wales has high quality services with clinicians and staff providing a dedicated service, it is clear that in parts of Wales the service is under considerable pressure.^{xii} IMC would review staffing levels and their appropriateness in both the community and hospital service. There is a need to address difficulties in recruiting, and retaining staff in parts of the country. There is a shortage of staff throughout Wales including some specialist services.^{xiii}
20. IMC will become an exemplary employer of choice working with unions, Royal Colleges, professional associations and staff associations to address the physical and mental well being of staff working in what are sometimes difficult circumstances. The development of occupational health support for staff and recognising the importance of staff involvement in the Service is a vital ingredient for a successful organisation. As a significant employer, IMC will operate a strong equal opportunities policy. It will employ and encourage other employers to employ people with learning disabilities and mental illness.

21. IMC will build up and maintain a strong management team with a 'can do', innovative and open no blame culture. The management will deliver a service governed by intelligent targets agreed with the Wales Assembly Government.

Teaching and Research

22. IMC will be a teaching organisation. This will give it the opportunity to provide education programmes for its staff at all levels, its own students and those from the universities, the university trust, and other colleges. It will develop links with professional bodies and influence their curriculum development.

IMC's Work and Planning

23. IMC will develop the Mental Health and Well Being Programme through targets and positive outcome measures related to the Mental Health National Service Frameworks clinical and social welfare measures. It will develop intelligent targets for inpatient and community teams based on revised NSFs agreed with the Assembly Government. It will devise a system to benchmark measured outcomes with other UK countries.
24. IMC will develop a consistent approach in all areas of the work of the Service, including Commissioning and Service Provision, Public Health Programme, Prevention of Mental and Physical Illness, Health Promotion, Primary Care Partnerships, Mental Health Community Care, Acute Mental Health, Secure Mental Health Provision and the Justice System.

Psychiatric Liaison

25. IMC will provide psychiatric liaison services. Agreements will be reached for a liaison service from physicians in general medicine and relevant specialties to mental health in patients. Liaison services need to connect with primary care and community mental health services where this is in the interest of the patient or service user.

Resourcing

26. The Burrows Greenwell Review estimated that mental health was underfunded by £11m per annum if it was to match current English per capita spend. In considering the

English National Service Frameworks a study has shown that services in England are seriously under resourced.^{xiv} If this is the case the funding in Wales needs to increase by more than £11 million to provide a properly staff comprehensive mental health service. It is essential that a review of funding includes that available to all services including Health, Social Services and the agencies of the Welsh Assembly Government.

Provision of Services

27. IMC will be responsible for the provision of services. The process of service provision or commissioning must be transparent. There needs to be annual medium and long term goals for the service. The NHS Commissioning Guidance issued in March 2007^{xv} will require revising.
28. The current commissioning practice is "fragmented, confused and inadequate."^{xvi} Consultation to improve this position will need to be wide ranging with service users through, individual representations, and through national, specialised, and local groups. There must be positive robust discussions with voluntary and private sector providers.
29. Commissioning needs to combine the mental health and social care commissioning work of the Wales Assembly Government, National Health Service Bodies including Health Commission Wales [HCW] and Local Health Boards [LHBs], and Local Government. It would also need to liaise with the UK government where funding is provided by the Home Office, particularly with the involvement of the National Offender Management Service [NOMS]. By simplifying commissioning of services, service users and staff will experience an increase in resources that will lead to improvements of care, staffing levels and other improvements to the service.
30. IMC will encourage the development of the services provided by national and local charities. A close liaison and agreement with the Wales Council for Voluntary Action will be beneficial in the administration of voluntary sector grants. Relevant Supporting People capital and revenue grants should be administered by IMC. If it is not possible to bring together the entire grant making powers, there needs to be an agreement between the Assembly Departments currently administrating them.

31. The voluntary sector is of central importance; it delivers services in mental health, drug and alcohol rehabilitation schemes, learning disability support, older people support and related areas. Clear and sensitive commissioning processes need to be in place and implemented for the voluntary sector. IMC would need to address this aspect of commissioning with urgency.
32. The voluntary sector service requires a higher degree of certainty than it currently enjoys, with longer term funding agreements than 12 months. The commissioning or tendering process has not only the effect of driving down prices, but also the quality of service. The financing of the voluntary sector needs a review and would benefit from a streamlined and clearer grant system.

Public Mental Health Service

33. A comprehensive Public Mental Health Programme needs to be developed throughout the country. It needs to include measures to prevent illness related to mental health. IMC will promote personal and community well being programmes which can reduce and prevent illness. This will build on the approach in the Wales Mental Health Action Plan and the work of Wales Mental Health Promotion Network. IMC will work with the Public Health Service for Wales and other relevant agencies to develop the programme.
34. The meaning of well being is broad. Four main categories of personal well being have been identified by Dolan Peasgood and White^{xvii} Their review suggests i.a. that there is a strong correlation between well being and "both physical and psychological health regardless of how well being is measured."^{xviii}
35. In Wales the effect of income, environment, social deprivation, etc on well being has been recognised by the Welsh Assembly Government^{xix} and through work in other countries.^{xx} IMC would develop education programmes for children, adults, and communities in recognising, recovery and coping. The programme would provide positive support for Carers and their families.
36. With approximately 25% of adults suffering from a diagnosable mental illness it is essential to address the

cause as well as treat the illness. Approximately 6% of adults have a serious mental illness in one year and 8% to 10% of children have mental health illness or a serious emotional disturbance.

37. IMC will encourage the use of practices that may prevent or reduce the severity of mental illness by helping and individuals increase their resilience to it, decrease the risk of mental illness, and help people through the recovery process.
38. IMC's education programme in well being health has to include working with other agencies especially in relation to the misuse of drugs, alcohol and other substances. Apart from the damage caused by abuse to the individual the effects of such behaviour is catastrophic. The cost to society in financial terms is immense. It is estimated that drug abuse costs the NHS approximately £17.6 million a year and the total economic and social cost of class A drugs is £760 million and alcohol accounts for £70 to £85 million a year.^{xxi} The burden on social services dealing with family substance abuse related problems is £117 million.^{xxii} IMC would work within the substance misuse strategy^{xxiii} with national and local organisations such as the Substance Misuse Action Teams [SMATs], National Offender Management Service, [NOMS], Local Government, the Police and Probation Service and the Voluntary Sector.
39. IMC through health promotion has an important role in the prevention of suicides. It will work with individuals, communities, primary and secondary care, education, social services and the voluntary sector to address people's need for support. It will ensure (i) that Wales has a responsive service through help lines, A&E, and organisations such as the Samaritans; (ii) that hospitals are safe and have the appropriate level of support. Support must be available every day for those who need it.
40. IMC will work with the police and prison services to address the support needs of suicidal offenders and prisoners. It is imperative that police and prison staff are trained and competent in assessing and supporting individuals at risk.
41. IMC would be responsible for analysing annually suicides in Wales and reporting on them together with the lessons to be learnt from them. It would lead the implementation and review of Wales' policy in relation to suicide and review its

effectiveness in relation to the policies of other countries.^{xxiv} There is a need for CAMHS and Adult Services to work together to develop services that will address the means to prevent suicides in Wales especially among children and young people.

Public Health & Community Mental Health Services

42. IMC will review and implement a programme to strengthen Community Mental Health Services, particularly to strengthen and maintain positive links with Primary Care. Recognition and respect for primary care services is one of the essential bedrocks of providing a good mental health service.
43. There is a need to establish equity in the provision of Community Mental Health Teams for all parts of Wales, with a service that is the same quality in rural, urban, and city areas. Teams must be able to provide a fully comprehensive mental health service including the full range of welfare and social services. There is a need in some parts of Wales to take stock of the type, level and coverage of mental health services and upgrade them to be equivalent to the best. The community teams must provide a comprehensive service ranging from health promotion, to on going treatment, to crisis intervention.
44. Across the whole service we must ensure that a Community Service is adequately staffed. In addition to strong psychiatric nursing staffing levels there needs to be an increase in occupational therapists, psychologists, dieticians, and other specialist support staff, including non-professionally qualified support workers. All NHS and Social Service staff should attend induction and update training programmes to better understand the purpose and function of community services. IMC will develop core and work related competencies for public health professionals.
45. IMC will work with Welsh employers and unions to ensure that health and wellbeing agendas are implemented in the workplace to meet employer's health and safety responsibilities in relation stress related conditions. With 1 person in 4 experiencing some kind of mental health problem in a year it makes business sense for employers to be concerned with the mental health and wellbeing of their staff. Promoting mental health and well being will help to

ensure staff are content at work and reduce absenteeism, increase productivity, and reduce staff turnover.

Patient and Liaison Services

46. IMC will provide and manage the inpatient and out patient services to provide a comprehensive service for people of all ages and ensure a continuity of care between in/out patient and community services.
47. IMC will be a patient centred service, with a high degree of patient involvement and an emphasis on recovery wherever possible.^{xxv}
48. Inpatient services will be monitored and assessed to ensure that the services are of a high standard and safe throughout the country. IMC will learn lessons from past surveys of services and will promote environments that will be therapeutic and healing as opposed to those that are experienced by some as threatening and depressing.^{xxvi}
49. IMC will develop policies with general NHS trusts and local (primary care) mental health services to meet the common mental health problems met by the Trusts. Eight mental health liaison groups should be formed to establish joint working protocols with the NHS Trust for the area.

CAMHS

50. CAMHS in Wales^{xxvii} is a “joint endeavour” involving all agencies in healthcare and local government in constructive alliances to meet the needs of children and young people.^{xxviii} CAMHS is delivered within a four tier framework.¹ It requires a cross agency approach in the planning and commissioning of the service. The tier system requires constant reviewing and developing. Integration between the different tiers and agencies needs to be further developed. CAMHS is under considerable pressure especially in relation to tier 2 3 and 4 services. The focus in 2001 was for ‘looked after children’^{xxix}, those with ‘behavioural and conduct problems’, and those with needs as the result of sexual, physical, emotional abuse or neglect. There was recognition of the needs of children resulting from mental disability, physical illness and

¹ Tier 1 relates to primary or direct contact service. Tier 2 CAMHS professionals provide service. Tier 3 CAMHS teams provide service. Tier 4 provides very specialise interventions and care which may have to be delivered regionally or nationally.

disability, substance misuse and support required by children carers. Forensic services are also included.

51. IMC will have to address the ongoing criticisms of the CAMHS despite the promises in "Everybody's Business". An NSPCC report^{xxx} found that many of the promises made in Everybody's Business 2001^{xxxii} have not been met.
52. IMC with simplified structures will be better able to work with clinicians and specialist NHS and Social Service staff to improve the CAMHS service.^{xxxiii}
53. IMC will build on the positive achievements in CAMHS, including the commissioning and clinical networks, through a new simpler structure of service provision.
54. IMC will work with the Community Health Councils to improve the CAMHS service. A report in 2006^{xxxiv} commissioned by the Board of Community Health Councils [CHC] recognises the positive impact of the CAMHS Primary Mental Health Workers [PMHW], but points to their uneven distribution and low numbers in Wales.^{xxxv} The service provided by primary care does not connect effectively with CAMHS. The inpatient CAMHS service in Wales was described as "woefully inadequate" and other CAMHS services being described as being inadequate or in different stages in development in different parts of the country^{xxxvi}. The CHC report highlights inconsistencies in multi agency working in Wales that resulted in a poor fragmented service. IMC will need to bring together agencies to share objectives and develop clear plans for services to children and adolescents with mental health problems. A reformed service needs to be informed by the wishes of children, adolescents, their parents and carers.
55. IMC will work with the Children's Commissioner for Wales to address the concerns expressed by in the commission's annual reports since 2002. The 2006 Report^{xxxvii} states that the commissioner found there to be varying levels of Local Health Board understanding of their responsibilities when commissioning Tier 3 and 4 services; non recurrent funds are used to provide CAMHS service; exclusion of children aged between 16 and 18 from CAMHS not in full time education and children in prison; exclusion of children with learning difficulties and mental illness; unacceptable delays in treatment and placements for ill children; lack of CAMHS

assessments on hospital for children and adolescents who self harm.^{xxxvii}

56. CAMHS residential services in parts of Wales requires mental health services to work closely with paediatric services. In some Trusts the paediatric and mental health services for children have been integrated. IMC will work with Trusts to find the best way to deliver services in the future.
57. Concerns have been reported by paediatric nurses about nursing children with mental health problems on paediatric wards or side wards.^{xxxviii}
58. IMC will work with voluntary organisations specialising in provision of children and adolescent services. The National Society for the Prevention of Cruelty to Children [NSPCC], whilst acknowledging the good work of local CAMHS teams, reports on long delays and the inability of some young people to access CAMHS services. Children's services are acknowledged as poor in parts of the country. Services are provided in inappropriate premises, with service models that did not suit the patient. CAMHS services are in some places located near to adult psychiatric hospitals and children have to be nursed on adult psychiatric wards, which is inappropriate.
59. In order to properly utilise the specialist voluntary sector and to provide a safe CAMHS service, IMC will develop written protocols and contracts with the sector.

Older Persons' Mental Health Service

60. One in five of people over 80 develop some form of dementure or suffer from a mental illness. Illnesses include depression, anxiety, delirium, dementia, and schizophrenia as well as drug and alcohol abuse. IMC will work with other relevant bodies to ensure that care for sufferers is developed at a home, residential or hospital setting.
61. The development and commissioning of services is complex, inconsistent and diverse as for other mental health services. Simplification and better directed commissioning would release money to improve the service. IMC will work with the Assembly to try and resolve the difficulties faced by local authorities and health boards

in meeting the challenges of providing a service for older people.

62. It is suggested that older persons' mental health service care needs are better provided for in acute hospitals. The Royal College of Psychiatrists states that, "The frequency and impact of mental disorder for care of older people is such that providing specialised physical care without attention to mental health will similarly fail to meet the needs of patients." There is no robust evidence that hospitalisation in close proximity to a general hospital provides extra benefit to an elderly person suffering from mental illness.
63. With high numbers of elderly people in district general hospitals, community hospitals, mental health hospitals, care and residential settings, a high level of co-operation between IMC and other service providers will be essential to bring about an improvement in older persons' mental and physical health services.
64. IMC will improve day hospital services, assessment centres and similar services. There are only few examples of good provision. In some assessment centres segregation of people with the onset of dementia from patients with more severe forms of the illness is not possible. It must also be recognised that some older people do not like or feel comfortable in services "used by people with differing abilities and level of functioning". It is important to ensure the right balance between segregated and integrated services and to ensure that staffing levels are appropriate.^{xxxix}
65. IMC will design and prepare inpatient services for the elderly taking into account the views of older people, their family and carers, as well as consulting the Commissioner for Older People and local Champions for the Elderly, and working with specialist voluntary organisations.

Adult Residential Services

66. IMC would ensure that adult psychiatric hospital residential services are of the highest standard, crucial to the proper management of adult community mental health services. IMC will need to ensure the best possible inpatient service with physical and mental health agencies working together to provide the best and most appropriate service to

patients. The full implementation and development of the National Service Framework is crucial to the future of services that demonstrate and invoke best practice.^{xi}

67. The hospital inpatient experience needs to provide a safe therapeutic environment that is stimulating as well as a refuge. It requires resourcing with appropriate psychiatric, nursing, and support staff. Psychologists, therapists, pharmacists, and technical staff need to be more involved in creating meaningful inpatient care.
68. IMC would promote an increase in support provided through pastoral care. This is poorly resourced in many inpatient settings. With a multi-faith and increasing secular society the type of support needs service users require become more diverse. IMC would be able to develop an all Wales service flexible enough to adapt to individual needs, but meaningful enough to assist individuals in their recovery and to provide comfort and support to users and their families.
69. The Welsh Assembly Government has promised significant capital funding to improve and replace hospitals. IMC will manage and deliver this programme. Some hospitals are in need of urgent work and replacement. IMC would ensure that the service delivered by all hospitals would follow the best practice currently being employed in Wales and the UK and continue to develop and improve inpatient services.

Support for Service Users

70. IMC will devise collaborative programmes to address stigma, social exclusion and the many levels of discrimination met by people with a mental illness, and support advocacy and related services.
71. IMC will address the physical illness of people with mental illness by working closely with health service partners and build on the evidence that shows that mentally ill people suffer a much higher level of other forms of illness than the rest of the population^{xii}. This applies to both inpatients and service users in the community.

Service for People With Learning Difficulties

72. IMC would be responsible for the provision of services for people with learning difficulties. This would include

advocacy and liaison services together with other health, social welfare and voluntary services. In providing a service for a group of people with needs ranging from mild to extremely complex; IMC will work with and give support to other health bodies and voluntary groups. IMC would have a role in such important developments as the Autistic Spectrum Disorder Strategic Action Plan. This is an example of positive innovative planning by the Welsh Assembly Government and recognises the importance of involving stakeholders in the public, voluntary and private sector as well as Autism Cymru and the National Autistic Society.

73. The reduction of inpatients with learning difficulties in mental health hospitals is the result of the explicit resourcing of a more enlightened well resourced policy introduced in the late 1980s.^{xlii} The provision of accommodation and support for people with learning difficulties is a good example of the NHS and voluntary organisations such as housing associations, combining to provide care in the community.
74. IMC would need to consider care and support currently provided in the community and consult people with learning difficulties to find out how the service can improve. IMC will need to consider the concerns of parents and carers of people with learning disability need to be taken into account in service planning.

Specialist Mental Health Services

75. IMC will develop specialised services for people of all ages including eating, bi-polar, personality disorders, dual/multi diagnosis, alcohol and drug addiction. The extent to which these services exist in Wales is variable. IMC will be mandated to assess the need for the service and to ensure it is adequately resourced. In delivering services through IMC, funding currently going to private sector providers could provide an enhanced public service. There are some good examples of 'Repatriation Programmes' that will benefit from IMC bringing together the current plethora of agencies and funding streams involved.
76. IMC will develop national strategies to ensure that the service to ethnic minority groups, immigrant workers, and asylum seekers receive mental health and well being

services in the community and in hospital that recognise and respect their religious, social and personal beliefs.

77. IMC would ensure that in liaison with Maternity Divisions of Acute Trust so that a mother with mental illness, or learning disability, or pre or post natal depression, receive appropriate support and in patient services.

Service Users in the Justice System

78. IMC will work with others to provide a more effective service for service users who are the victims of crime. A MIND^{xliii} report found that of the people with a mental illness they surveyed 62% were seriously harassed, 41% were bullied, 29% pestered, 26% had their homes targeted, 17% received hate mail, 13% were spat at, 27% had been sexually harassed, 10% had been sexually assaulted, 22% had been physically assaulted, 34% were victims of theft, 6% suffered personal neglect, and many respondents suffered from multiple discrimination. IMC will work with victims and criminal justice agencies to address these issues in Wales.
79. IMC will work with people who are in danger of offending or have offended and are known to the justice system to address their mental health and well being needs. It will work with the prison services to address the mental health needs of inmates and improve the opportunities for diversion from custody, including work with commissioners and others to establish a full range of NHS secure hospital provision for low, medium and high risk offenders with mental illness in Wales.
80. The provision of low, medium and high secure accommodation for people with mental health disorders is the subject of a Strategic Secure Services Review.^{xliv}
81. IMC will work with the police, probation, prison services and voluntary agencies to provide a comprehensive service to address the mental health and well being needs of potential offenders, offenders, and former prisoners. It is a major priority to address mental health issues to reduce the pattern of offending and repeat offending. Given the cost of the current custodial system and the reported high levels of mental illness and disability for Welsh prisoners, investment in meeting this challenge will be of immense benefit to society and the individuals concerned.

82. IMC will work to correct the reported current under-investment, lack of planning and poor delivery of secure mental health services for Welsh patients. It will form strong links with the justice agencies in Wales through the formation of a Joint Policy Board to oversee the links between mental health commissioning, provision and the needs of users involved with the police, courts, prisons or secure hospitals.
83. IMC will reduce the need for using medium and low secure accommodation in England by making provision in Wales and will keep under review the conditions under which patients in high secure hospitals in England are held.
84. The Strategic Secure Services Review chaired by Ted Unsworth is due to report in the summer of 2008 and will make detailed recommendations in respect of the secure mental health service.^{xiv}

Links with Other Organisations

85. IMC will build strong and constructively critical relationships with the Welsh Assembly Government, NHS Trusts, LHBs, Universities, other relevant organisations in Wales, and other countries in the United Kingdom.
86. IMC will work with Housing Associations. They have a significant role to play in providing specialist housing, community support, for adults with mental health needs, learning disabilities, older people mental illness. Links with this sector and joint working would be beneficial to users and communities.

Integrated Trusts

87. If the formation of IMC was not felt to be appropriate, there remains a real need to modernise the mental health service. There is support in Wales for keeping the provision of inpatient services in the Integrated Acute NHS Trusts, and form alliances between the Trusts and Social Services to deliver community services. This may mean following, in whole or part, the recommendations of the Burrows Greenwell Report including the establishment of a National Mental Health and Well Being Board accountable to the Minister. The Board would set common performance objectives based on the National Service Frameworks for

Mental Health. It would be supported by five Mental Health and Well-Being Partnership Boards across Wales to bring users and carers, health, local authorities, justice agencies and the voluntary sector together, to promote mental well-being, to strategically plan mental health services and, where appropriate, to provide services directly. This would retain the service provided by the Integrated NHS Trusts and meet the need for co-operation through s.33 Agreements with Social Services. The review recommendations are important and some would apply to a well run mental health service however it was organised.

88. The report was the result of a wide consultation and has 24 recommendations. They are:
89. (R1). The formation of a National Mental Health and Well-Being Board as part of NHS Wales with an appointed Chairperson, accountable to the Minister for Health and Social Services. This Board will be a properly constituted statutory body in its own right, adequately resourced to ensure leadership, oversight and accountability for the improvement of the mental health of the population and equitable service improvement.
90. (R2). The formation of five Mental Health and Well-Being Partnership Boards across Wales to bring users and carers, health, local authorities, justice agencies and the voluntary sector together, to promote mental well-being, to strategically plan mental health services and, where appropriate, to provide services directly. This will ensure an All-Wales mental health service is achieved.
91. (R3). The vehicle to establish and operate the five Mental Health and Well-Being Partnership Boards will be Section 33 (s33) of National Health Service (Wales) Act 2006.
92. (R4). The Welsh Assembly Government will set common performance objectives for mental health for the NHS and local government using the National Service Framework (NSF) as the standard to achieve.
93. (R5). The NSFs will be the foundation for the performance management of the five Mental Health and Well-Being Partnership Boards.

94. (R6). An increase in mental health funding in the NHS in Wales over the next 3 years to match or exceed the proportionate spend on mental health services in the NHS in England
95. (R7). A similar exercise to be conducted in local authorities in Wales to determine an equitable increase in mental health funding over the same time period.
96. (R8). An agreement that establishing the optimum level of Mental Health service spending should be achieved by a redistribution of NHS funding within current LHB allocations and not from one LHB to another
97. (R9). A financial policy framework to be produced as a matter of urgency to protect, through ring fencing, mental health resources, for the equitable distribution and use of resources, and providing growth levels that reflect mental health as a priority through investment and stimulating service change. Consideration to be given to allow capital receipts to be retained and reinvested in Mental Health Services, with capital charges funding provided to support the modernisation/transformation agenda and a Strategic Resources Pool established for pump priming. The impact of the Financial Policy Framework to be phased in over no longer than three years.
98. (R10). Direct payments and individual budgets be fully introduced and strongly promoted across Wales, since they underpin the principle that people can take control of their lives.
99. (R11). Adopt the term 'service planning' as an alternative to 'commissioning', to encompass what should take place when considering people's needs and the services that should be in place to meet them.
100. (R12). Continuous professional development for all professional groups working with people with mental health problems to include a core component focussed on the importance of listening to and working in partnership with users and carers and helping people realise their potential to take control over their lives. In addition, it is recommended that all pre-qualifying programmes revisit the emphasis on that core component.

101. (R13). Strengthen the curricula of and teaching within under-graduate and post-graduate medical education, ensuring that the social model of mental health has as high a profile as the medical model.
102. (R14). Service users and carers to play a real part in partnership arrangements and where differences in power and decision making emerge, that these are made explicit
103. (R15). All agencies to recognise the value of users and carers. As a minimum, there will be guaranteed reimbursement of out-of-pocket expenses, representatives will be paid who serve on Partnership Boards and individual support at meetings if required. There will be funded training programmes for users and carers in representation and advocacy.
104. (R16). Local Health Boards to actively commission and monitor primary care services to ensure adherence to the principles of the Mental Health Declaration and in line with the Gold Standards of Care for Primary Care Mental Health in Wales. These Standards, which are being developed by the *Wales Mental Health in Primary Care Network*, will ensure consistency of care and continuous improvement in health and wellbeing through prevention, support and treatment to ensure recovery and the maintenance of wellbeing.
105. (R17). NLIAH to play a pivotal role in providing national support for local mental health economies to develop capacity and expertise in mental health and well-being in collaboration with other development agencies, e.g. Social Services Improvement Agency.
106. (R18). The transition to adult services from CAMHS and to older people's services from adult services to be made on the basis of individual need rather than arbitrary age limits.
107. (R19). Each locality to establish a service for Young Adults with a focus on their developmental needs.
108. (R20). An emphasis on helping older people to lead fulfilling lives whatever their condition, age and prognosis. There will be a clear link between services for the physical and mental health of older people. The integration of

practice and policy will be targeted at better outcomes for them.

109. (R21). Mental Health and Well-Being Partnership Boards to engage and interact with Local Service Boards as they emerge across Wales to become an intrinsic part of their function.
110. (R22). Each Partnership to adopt s33 arrangements to cement service planning with provision across NHS and local government. This will lead to the removal of unhelpful organisational and professional barriers. This will provide legislative power to enforce partnership working, thereby removing the opportunity for some areas to opt out of service planning and transformation and holding back progress elsewhere.
111. (R23). Specialist mental health commissioning to be removed from Health Commission Wales (HCW) and medium and low secure mental health services to become the responsibility of each Partnership Board to bring both specialist and generalist mental health promotion and treatment service planning together at a regional level. High secure services to become the responsibility of one of the Partnership Boards, carrying out its role on behalf of the other four, ensuring a consistent approach for a relatively small number of people. This approach will retain an All Wales focus, allow for the development of greater expertise in specialist care and promote regional and local responses within a consistent framework.
112. (R24). Partnership Boards to be required to set objectives that engage with and invest in voluntary sector agencies, offering them greater financial certainty and increasing the choice for users and carers."
113. The Burrows Greenwell recommendations concerning the reform of service provision, professional development, valuing users, supporting primary care, and services for children, young people are supported in this report. The question posed by their report is whether the present system of commissioners and providers can deliver a consistent higher level of service throughout Wales by the introduction of a National Mental Health and Well-Being Board and the other measures discussed in the report. The Report recognises the complexity of the current system. Unfortunately, the solution suggested to the organisation

and structure still leaves a complex commissioning and provider system for all mental health and well being services.

114. In Wales there has been a tendency and culture to develop and deliver mental health services in a hospital setting. Whilst there has been a move towards community based mental health services, there are many parts of Wales where this has not yet been fully achieved, and where services are still hospital focused with "unsatisfactory and underdeveloped arrangements for multi agency team working."^{xlvi}
115. This report recommends strongly that mental health and well being is so important to Wales that it requires one national body to promote, commission, and provide services. The national body would require at least three regional bodies to support it, operating within the IMC. The experience of service users, carers and their needs would be a most important influence on the proposed body. The main objectives of the IMC would be to establish a single organisation that will promote a positive public view of mental health and the importance well being, together with more effective delivery of modern mental health and social care service by integrating the many different agencies and funding streams currently involved.

Conclusion

116. IMC would follow the Wales Assembly Government's strategies for mental health and well being. It would regard these and the World Health Organisations' standards to promote mental health and address substance misuse in society, as its single organisational purpose and mission. These are summarised in the Key Messages contained in WHO's 2004 report. The objectives and functions of WHO that are at the core of its philosophy are "...not merely the absence of disease or infirmity"; "...attainment by all people of the highest possible level of health." ; "...to foster activities in the field of mental health, especially those affecting the harmony of human relations."

WHO's key messages are:-

- ✦ Health and mental health are closely related,
- ✦ It is the basis of well being and vital to society families and individuals

- ✦ It is influenced by socioeconomic and environmental factors
 - ✦ It is linked to behaviour
 - ✦ It can be enhanced by effective public health interventions
 - ✦ It may depend on shared values as much as the quality of scientific evidence
 - ✦ A Climate that respects and protects basic civil, political, economic, social, and cultural rights is fundamental to the promotion of mental health.
 - ✦ Intersectoral linkage is the key for mental health promotion
 - ✦ Mental health is everybody's business^{xlvii}
117. IMC will build an organisation with a single purpose to provide a holistic, comprehensive and seamless mental health and social care service for Wales.
118. This paper has attempted to provide a sketch of a mental health service that is inclusive and deliverable if it has adequate resources and political support. There is no reason why strong links cannot exist between mental health and general services and indeed, Wales has previous experience and learning from dedicated Community Trusts where mental health was a clear priority. If a person's care pathway requires it, a combined integrated service must always be possible. IMC should aim to provide a full range of mental health services, including all specialist and secure services in Wales by 2013.

Michael AH Williams
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- i Acknowledgements XXII
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