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MHI 95

Ymateb gan: | Response from: Coleg Nyrsio Brenhinol Cymru | Royal
College of Nursing Wales



Royal College of Nursing Written evidence to the Health and Social Care Committee inquiry into mental health inequalities

The Royal College of Nursing Wales (RCN Wales) welcomes the opportunity to provide written evidence on mental health inequalities. We would welcome the opportunity to provide oral evidence.

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Introduction

In 2019-2020 there were 7,466 admissions to mental health facilities in Wales. In 2019 there were 1,291 patients in mental health hospitals or units in Wales with a mental illness. 1 in 50 people in Wales have a severe mental illness such as schizophrenia or

bipolar disorder.¹ Analysis by the Wales Governance Centre further reveals the share of people experiencing severe mental health issues increased from 11.7% during the period immediately before the pandemic to 28.1% by April 2020.²

There will always be individuals who have complex mental health problems that required care and treatment from health professionals in inpatient facilities. Individuals with severe and enduring mental ill health may be vulnerable due to nature of their illness but their vulnerability will have increased due to the lack of strategic focus and investment in the workforce and mental health estate.

The Welsh Government are focusing extensively on early intervention and prevention which is welcomed in providing necessary support for people experiencing low level mental health challenges. However this has unintentionally created inequalities within mental health services which have been exacerbated as a result of the COVID-19 pandemic. People with complex and enduring mental illness still face discrimination, stigma and inequalities.

Mental health nurses are critical in providing evidence based clinical interventions and advice for the individual, their relatives and carers. By investing in mental health nursing this will help to reduce the vulnerability of those experiencing severe and enduring mental ill health and assist in ending mental health inequalities and the stigma surrounding sever and enduring mental illness.

Summary

- There are inequalities within mental health services which have been exacerbated as a result of the COVID-19 pandemic. People with complex and enduring mental illness still face discrimination, stigma and inequalities.
- Mental health nursing is an extremely diverse role which requires an extensive knowledge of mental health conditions, care, support and treatments, an understanding of legislation, a knowledge of the biopsychosocial models of care and the ability to work with individuals who are often mistrusting of services and fearful of others. The ability to develop a meaningful, therapeutic relationship and work collaboratively with the person, their family/carers along with effective multidisciplinary and multi-professionally relationships are the fundamental skills of a mental health nurse.
- The UK Department of Health and Social Care: Reforming the MHA³ will increase the inequalities experienced by people in Wales if action is not taken to address

¹ <https://gov.wales/sites/default/files/publications/2019-04/together-for-mental-health-summary.pdf>

² <https://www.cardiff.ac.uk/news/view/2534728-share-of-people-in-wales-experiencing-severe-mental-health-issues-more-than-doubled-during-pandemic-report-finds#:~:text=The%20report%20found%3A,to%2028.1%25%20by%20April%202020.&text=On%20average%2C%20women%20exhibited%20worse,the%20pandemic%20compared%20to%20men.>

³ <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act>

the deficits in the mental health workforce for those responsible for delivering services within the new requirements of the MHA.

- Registered mental health nurses are needed to provide evidence based interventions that ensure safe, high quality care is available for individuals who are at greatest risk as a result of their mental disorder. Health Education and Improvement Wales must invest in pre and post-registration mental health nursing.

Recommendations

- Registered mental health nurses are needed to provide evidence based interventions that ensure safe, high quality care is available for individuals who are at greatest risk as a result of their mental disorder. Health Education and Improvement Wales (HEIW) must invest in pre-and-post-registration mental health nursing.
- NHS Wales and the Welsh Government should undertake a comprehensive review of the mental health nursing workforce to understand the number of vacancies and the ability to safely staff mental health services.
- NHS Wales should invest in mental health consultant nurses. Every health board should ensure there is a career pathway and time for nurses to advance their careers to consultant nurse level.
- The UK Department of Health and Social Care: Reforming the Mental Health Act (MHA)¹ will increase the inequalities experienced by people in Wales if action is not taken to address the deficits in the mental health workforce for those responsible for delivering services within the new requirements of the MHA.
- The Welsh Government must review mental health services and the pressures facing; inpatient services including CAMHS, out of area placement, the response to individuals in crisis, the increased use of the MHA, the position of the Criminal Justice System (CJS) as a default provider of mental health care
- The Welsh Government must investment in all secondary and specialist mental health services to reduce the stigma and inequalities experienced by people with severe and enduring mental illness. This must include extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards.

Which groups of people are disproportionately affected by poor mental health in Wales?

Severe and enduring mental illness

Approximately 1 in 50 people in Wales has a severe mental illness such as schizophrenia or bipolar disorder. The exact number of people experiencing severe and enduring mental illness is largely unknown as the Welsh Government do not gather this information centrally. What we do know is that there are 31,597 people registered as having a mental health illness on the GP Quality and Outcome Framework (QOF), although the breakdown is not provided.

Furthermore, StatsWales publish quarterly the number of people who have been detained under Section 135 and 136 of the Mental Health Act. The latest quarterly figures (September 2021) show 514 people were detained, 63 of which agreed to go to hospital and 97 were admitted under the MHA.⁴

There will always be a need for inpatient mental health services and a workforce available to provide complex clinical care.

In recent years there has been a huge effort by the Welsh Government to address mental ill health. The budget for 2022/2023 provides an additional investment of £100 million for mental health services in Wales.⁵ There has also been a significant effort on wellbeing and low level mental health support. However this has unintentionally led to an inequality within mental health services and support for those with severe and enduring mental illness. Investing in overall mental health support for the general population is welcomed as it will aid in preventing some mental health problems from deteriorating, but it will not prevent people with severe and enduring mental ill health needing support.

Investing in mental health support for low to medium level anxiety and depression, and ensuring options such as social prescribing are available, will undoubtedly improve the wellbeing, resilience and the mental health of the general population. This support will also help prevent some people from developing more severe and enduring mental ill health. However, it is a fallacy to assume that these important services will prevent all severe and enduring mental ill health.

Severe and enduring mental ill health is complex in cause and nature. For example some conditions may be present from birth. People exposed to situations such as childbirth, physical/sexual and emotional abuse, bereavement and military conflict often experience complex post-traumatic stress disorders. These can exacerbate existing mental health problems resulting in the need for evidence based, trauma informed care and treatment. Excellence in mental health care means investment in caring for those with all levels and types of mental health illness including those that require specialist care and treatment.

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Mental-Health/Detentions-under-Section-135-and-136-Mental-Health-Act/section135136-by-lhb-outcomeofassessment-quarter>

⁵ <https://gov.wales/draft-budget-2022-2023>

The Welsh Government's strategy, *Together for Mental Health 2012-2022*, provided a high level strategic direction for services which provided early intervention and prevention support. This is extremely important in addressing low level mental health challenges, however the focus on intervention and prevention have unintentionally increased the inequalities experienced by those most in need of specialised mental health care and treatment.

Mental illness has a significant impact on life expectancy as research has found people with severe and enduring mental illness die on average 10 years earlier than the general population. Women with schizoaffective disorder can die as much as 17.5 years earlier.⁶ Additional research has suggested the life expectancy for someone with severe and enduring mental illness can be on average 10 to 25 years less than the general population.⁷ This is largely due to a comorbidity and a higher rate of physical conditions such as cardiovascular disease.

Severe, complex and enduring mental illness previously referred mainly to the long term experience of schizophrenia and psychosis and to other chronic functional disorders.⁸ Over the past 20 years there has been a significant increase of individuals with comorbid mental disorders presenting to adult services including:

- substance misuse and mental illness,
- neurodevelopmental disorders,
- learning disability and mental illness,
- people who offend as a result of their mental disorder,
- people who engage in serious and life threatening self-harm,
- people with severe eating disorders,
- people with severe PTSD.

The greatest inequality for people with severe mental illness is the lack of NHS inpatient beds for those in acute crisis; those who require longer term specialist adult mental health services, and for those needing specialist Child and Adolescent Mental Health Services (CAMHS).

Children and Adolescents

Children are experiencing a high level of mental ill health. Research from Cardiff University found that 1 in 5 children were experiencing poor mental health prior to the COVID-19 pandemic. The research further identified poor mental health was higher if:

- The child was a girl, with a significant gender difference by year 10,
- If the child was from a less affluent family,
- If the child did not identify as either a boy or a girl.⁹

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3097201/>

⁷ https://www.who.int/mental_health/management/info_sheet.pdf

⁸ <https://oxfordmedicine.com/view/10.1093/med/9780199644957.001.0001/med-9780199644957-chapter-48#:~:text=Severe%20and%20enduring%20mental%20illness%20refers%20mainly%20to%20the%20long,arou nd%200.5%25%20of%20the%20population>

⁹ <https://www.cardiff.ac.uk/news/view/2509156-fifth-of-young-people-in-wales-were-experiencing-poor-mental-health-prior-to-covid-19-report-shows>

Prior to COVID-19 the Welsh Government made significant financial investment in CAMHS services. However the 'no wrong door'¹⁰ approach has resulted in increased referrals to CAMHS. Hafal chief executive Alun Thomas said: *"It means that those in greatest need are often waiting too long to access the services they so desperately need, resulting in crisis. As a result, young people are becoming so ill that their only recourse is to visit A&E"*¹¹

This further highlights the inequalities that existed prior to the COVID-19 pandemic for children and young people experiencing serious mental health problems.

The COVID-19 pandemic has also had a disproportionate impact on those already experiencing mental ill health. Mind Cymru found that 45% of young people who responded to their survey (2021) have self-harmed to cope with the pandemic, making them more than three times as likely as adults (12%) to cope in this way.¹²

One of the most significant barriers to accessing inpatient mental health services is the waiting times backlog, particularly as a result of the COVID-19 pandemic. Mental health services, in particular specialised CAMHS are experiencing significant difficulties regarding waiting times.

In November 2020, during a difficult stage of the COVID-19 pandemic there were 943 people waiting for their first appointment to specialise CAMHS. This did reduce to 358 by May 2020, but unfortunately there was a further rise in cases in late 2020 into 2021.

The latest statistics regarding waiting time for specialised CAMHS are from October 2021. In October 2021, there were 754 individuals waiting for their first appointment, only 28% (210) were seen within the first four week period. Two third of all people waiting for treatment (454) come under Cardiff and the Vale Health Board. The health board only managed to see 13% of patients within the first four week period.¹³

CAMHS is a highly specialised services and needs to have an appropriate number of staff with an appropriate skill mix in a safe environment. To achieve this there needs to be urgent investment in the workforce.

¹⁰ [No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales \(childcomwales.org.uk\)](https://www.childcomwales.org.uk)

¹¹ [The young people who feel failed by mental health services in Wales - Wales Online](https://www.walesonline.co.uk)

¹² <https://www.mind.org.uk/media/8961/the-consequences-of-coronavirus-for-mental-health-in-wales-final-report.pdf>

¹³ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Mental-Health/specialist-child-and-adolescent-mental-health-services-scamhs/first-appointment-waiting-times/scamhspatientpathwayswaitingforfirstappointment-by-month-groupedweeks>

Older people

The World Health Organisation (WHO) reported that approximately 20% of people aged 60 or over have a mental health illness. The two most common illnesses are depression 7% and dementia 5%.¹⁴

Older people can find accessing services difficult and nurses are well placed to identify the impact of mental ill health and signpost or support people to access the help they need. In addition for people who can no longer stay at home, having appropriate services close to home is very important. In Wales health boards have older people mental health teams/liaison teams that provide support for people aged 65 or older who are experiencing mental ill health.

There have been a number of instances where older people's mental health has been neglected. The Ockenden report (2015), investigated patient safety in the older people mental health ward, Tawel Fan following significant concerns from families and staff. The report identified, among other things, that the ward had struggled to maintain appropriate staffing levels and subsequent patient safety¹⁵

In addition in 2015 the Welsh Government published *Learning from Trusted to Care* following a number of concerns about the quality of care and patient safety on wards in the two hospitals and clinical and managerial processes in, formally known, Abertawe Bro Morgannwg University Health Board (ABMUHB).¹⁶ A programme of unannounced independent spot checks on medical wards in acute hospitals caring for older people were announced as part of the review. However the extent of change as a result of the checks is largely unknown. The situation currently remains the same albeit some health boards have improved the estates for older persons in patient care.

Worryingly Royal College of Nursing members have voiced they continue to feel less valued than those working in other areas of mental health service provision or in other physical health areas, e.g. intensive care or cancer services. This is largely due to circumstances which include problems with the ward environment, the skill mix of the staff team, the need to cover vacancies with bank or agency staff or the inability to access training.

“I love my job and my patients, there is no option for a nurse not to put 100% in everyday to ensure safe patient care and every staff member in the NHS is still being pushed to do more, constantly forced into unsafe positions with inadequate support” **(RCN Wales Member, Mental health nurse)**

Black, ethnic minority groups

People from an ethnic minority background are more likely to experience mental health inequalities. Research has shown:

¹⁴ <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

¹⁵ <https://bcuhb.nhs.wales/news/updates-and-developments/updates/archived-updates/tawel-fan/tawel-fan/full-hascas-report-may-2018/>

¹⁶ <https://gov.wales/unannounced-checks-older-persons-mental-health-wards>

- Black men are more likely to have experienced a psychotic disorder in the last year than White men
- Black people are four times more likely to be detained under the Mental Health Act than White people
- older South Asian women are an at-risk group for suicide
- refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD.¹⁷

The Independent Review of the MHA made a series of recommendations to address the inequalities that exist for people from minority ethnic communities in accessing mental health treatment, their experience of care and their mental health outcomes.

The Royal College of Nursing has highlighted the need to focus on racial inequalities in reforming mental health services and the MHA.

In March 2020, black people were more than 4 times as likely as white people to be detained under the MHA¹⁸. There is further compelling research and evidence over the past 20 years that black and African-Caribbean people, particularly men, are over-represented in the use of mental health services, and experience poorer outcomes than their white counterparts.

Much more needs to be done to shape the mental health services to meet the needs of a diverse population.

Prison population

The prevalence of mental ill health within prison settings is higher than in the general population and is often neglected.

“I see and help people at probably the lowest they will ever be in their lives. People come in for the first time having absolutely neglected their health – dental problems, diabetes, substance misuse. And mental health is huge. I think it's around 80% of men coming into custody have some form of mental health problem. And of course, putting on the tough guy image – it's very difficult to get through to people and get them into services. **(RCN Wales Member, Prison nurse)**

Data regarding people in Welsh prisons is extremely poor as it is often merged with England and gathered sporadically. An estimate of 36% of prisoners across Wales and England were considered to have a disability when surveyed as part of the surveyed prisoner crime reduction survey between 2005/2006; this compared to 19% of the general population. The 36% included 18% with anxiety and depression, 11% with some form of physical disability and 8% with both.¹⁹

¹⁷ <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

¹⁸ <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest>

¹⁹ Data for this report come from Surveying Prisoner Crime Reduction (SPCR)

However it is known that in England and Wales between 2010 and 2020 the rate of self-harm incidents in prisons more than doubled from 26,983 incidents to 61,153 incidents.²⁰

The responsibility for prison health care in Wales rests with the Welsh Government. At a local level, prison health partnership boards, jointly chaired by local health boards and the governors of the prisons, have responsibility for the governance of prison health services.

In September 2019 the Welsh Government, health boards and Public Health Wales published a Partnership agreement for prison health in Wales with Her Majesty's Prison and Probation Service.²¹ This agreement established a national prison oversight group/board which would deliver improvements through the establishment of four priority workstreams. The Royal College of Nursing will continue to work closely with colleagues to ensure people in prison are provided with safe and effective health care.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Workforce

RECOMMENDATION

Registered mental health nurses are needed to provide evidence based interventions that ensure safe, high quality care is available for individuals who are at greatest risk as a result of their mental disorder. Health Education and Improvement Wales must invest in pre and post-registration mental health nursing.

RECOMMENDATION

NHS Wales and the Welsh Government should undertake a comprehensive review of the mental health nursing workforce to understand the number of vacancies and the ability to safely staff mental health services.

Firstly, what is a registered mental health nurse and why are they important?

Mental health nursing is an extremely diverse role with specialities ranging from working in neonatal services, with children, prisons settings and older people. A mental health nurse is non-judgemental, supportive and work with the individual to gain their trust and be adept at managing emotional situations.

Mental health nurses work with people who are experiencing a wide range of mental health difficulties from those needing low level wellbeing support, to individuals with

²⁰ [Mental health in prison inquiry launched - Mental Health Wales](#)

²¹ Welsh Government, 2019. Partnership agreement for prison health in Wales, <https://gov.wales/partnership-agreement-prison-health-wales>, accessed March 2020.

severe and enduring mental illness. Mental health nurses are also key in reducing health inequalities and directing people to appropriate services.

On top this, health nurses need to have a firm understanding health legislation and the Mental Health Act, and physical health.

Individuals experiencing a mental ill health are likely to experiencing physical health complications. Research has found

- People with cancer, diabetes, asthma and high blood pressure are at greater risk of a range of mental health problems such as depression, anxiety and PTSD.
- Of people with severe symptoms of mental health problems, 37.6% also have a long-term physical condition, such as cardiovascular disorders.

It is therefore important that mental health nurses understand physical health and can assess when an individual that's unable to communicate or experiencing psychosis is also in physical distress due to a physical illness.

“Mental Health nursing is extremely complicated. There's no test we can run to see whether someone is having psychosis or suicidal thoughts with real intent to carry out a plan. There are questionnaires and tools we use to assess someone, but this depends on talking to someone. We need to build strong therapeutic alliances. Pick up the subtle cues they give off when talking to them. It's understanding whether they are a risk to themselves or to others. Or perhaps a risk of neglect or vulnerable to exploitation. There's collaboratively building a working care plan for a person with mental health issues. Assessing, planning. Implementing and evaluating. Like any nursing process.

I ask questions of my practice all the time. What actions do you need to take for this? Does the person have the capacity to make an informed choice? Can they agree to an admission onto an inpatient ward? Are they in immediate danger? Do you need to consider detaining a person under the Mental Health Act? Mental Health nurses have the legal power to detain someone on a ward for up to 6 hours. Can you justify this legal detainment? If someone is hurting themselves or becoming aggressive towards others on a mental health unit, you need to intervene. This can sometimes mean de-escalation through talking to someone or it could mean having to put “hands on”. Restraint is, or should be, an absolute last resort to abide by the least restrictive practice or promoting other methods of changing the culture of the ward to stop things from getting to the stage of an altercation (a whole other blog). Again; can you justify putting hands on someone as a nurse? Have you contravened their Human Rights? You need to consider this before taking any action. Sometimes in split second decisions. These are only a small portion of the decisions that need to be made by mental health nurses every day. You need to be top of your game. People's lives are on the line. People's rights need to be protected”²² **(Mental health nurse, Student Nursing Project)**

²² <https://studentnurseproject.co.uk/2018/02/01/what-is-mental-health-nursing/>

Simply put there needs to be a highly skilled mental health nursing workforce available to provide the care and level of attention people experiencing mental ill health need.

The mental health workforce, similar to the wider workforce, is exhausted, burning out and leaving the profession.

Mental health nursing is one of the four fields of pre-registration nursing. In Wales mental health nursing and the other three fields of pre-registration nursing are commissioned by the Welsh Government based on recommendations made by Health Education and Improvement Wales.

Mental health nursing is the second biggest field of pre-registration nursing commissioning, following adult nursing. The Welsh Government have regularly invested in the field from 2016-2021 with the number of places rising from 300 in 2016/2017 to 483 in 2022/2023. However this is significantly behind adult nursing which has 1,651 places in 2022/2023.

To ensure Wales has the workforce available to provide care for people experiencing mental health challenges, the Welsh Government need to:

- invest in the workforce by providing more opportunities to access continued professional development, flexible working and improve pay.
- increase the number of pre-registration mental health places.

Post-registration nursing strategy

RECOMMENDATION

NHS Wales should invest in mental health consultant nurses. Every health board should ensure there is a career pathway and time for nurses to advance their careers to consultant nurse level.

Registered mental health nurses are highly skilled professionals educated to degree level who are trained to deal with patients suffering from mental ill health, particularly those in mental health crisis.

Mental health nurses can be a source of specialist advice and support, as well as being able to refer to other agencies when required. Crucially, these nurses also have knowledge and skills in de-escalation which can help prevent incidents of abuse and disturbance developing into physical violence. These skills should be acknowledged and utilised for the benefit and safety of patients and staff.

“Working as a nurse in prison requires many different skills. You have to be a primary care nurse, an acute nurse, a mental health nurse, a palliative care and elderly nurse – and sometimes even a prison officer – all at the same time. I dealt with suicide, self-harm, serious mental health, the use of spice, acute abdominal pain, sepsis and even an incident of manslaughter – and that was just in one week.” **(RCN Wales member)**

Consultant nurses are an extremely senior post, providing education, research, strategic and clinical leadership. However there has been a significant lack of investment in post registration education and clinical career pathways, that has severely impacted on the development on expert nurse role including consultant nurses. In the last 10 years the number of mental health consultant nurses has not risen above 10 and is currently at 5.7 (full time equivalent).



The Welsh Government should ensure registered mental health nurses, including advanced nurse practitioners and consultant nurses are available to provide care and support for those experiencing mental health inequalities.

Review of the Mental Health Act

RECOMMENDATION

The UK Department of Health and Social Care: Reforming the MHA¹ will increase the inequalities experienced by people in Wales if action is not taken to address the deficits in the mental health workforce for those responsible for delivering services within the new requirements of the MHA.

RECOMMENDATION

The Welsh Government must review mental health services and the pressures facing; inpatient services including CAMHS, out of area placement, the response to individuals in crisis, the increased use of the Mental Health Act (MHA), the position of the Criminal Justice System (CJS) as a default provider of mental health care

The Review of the MHA by the UK Government will have a significant impact on registered professionals and potentially increase health inequalities.

Under the review, there will need to be an increased uptake of statutory roles, such as Approved Clinician (AC) and Responsible Clinician (RC) which are currently extremely limited among nurses and other professionals. There is a clear value to multi-professional opportunities in this area, both for patient experience and outcomes, as

well as professional development. Likewise, the role of the Approved Mental Health Practitioner (AMHP) is most often held by social workers rather than mental health nurses and/or learning disabilities nurses. Royal College of Nursing members who are nurse AC/RC have expressed positive feedback from patient experiences.

The Welsh Government needs to address the deficits in the mental health workforce for those responsible for delivering services within the new requirements of the MHA.

In addition, crisis care continues to be under-resourced. People in acute crisis continue to be detained under Section 136 of the MHA and most facilities are not fit for this purpose. The Welsh Government needs to review inpatient mental health services to better understand the pressures facing the services, improve workforce planning and tackle the backlog

Nurse Staffing Levels (Wales) Act 2016

RECOMMENDATION

The Welsh Government must investment in all secondary and specialist mental health services to reduce the stigma and inequalities experienced by people with severe and enduring mental illness. This must include extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards.

People experiencing severe and enduring mental ill health are more likely to need an inpatient facility at some point in their life. The Royal College of Nursing strongly believes that if inpatient facilities are needed, the patient and their families should know there are enough nurses with the right skills to provide their care and that care is provided as close to home as possible

There have been a number of instances where older people's mental health has been neglected. The Ockenden report (2015), investigated patient safety in the older people mental health ward, Tawel Fan following significant concerns from families and staff. The report identified, among other things, that the ward had struggled to maintain appropriate staffing levels and subsequent patient safety.

The Nurse Staffing Levels (Wales) Act 2016 protects the patient and empowers the workforce. Section 25B of the Nurse Staffing Levels (Wales) Act 2016 places a legal duty on health boards and trusts in Wales to calculate and maintain nurse staffing levels on wards covered by Section 25B; acute medical and surgical wards (since April 2018) and paediatric wards (since October 2021).

Research is proven nurse staffing matter. Anne Mair Rafferty et al, found that low nurse staffing levels in English hospitals increased patient mortality by up to 26% compared to better staffed wards.²³

²³ Professor Anne Marie Rafferty et al. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *PubMed*. Available at: <https://pubmed.ncbi.nlm.nih.gov/17064706/>. Accessed 11 October 2021.

A 2021 study by Dr Akine et al. of hospitals found that patients in hospitals where nurses had a high patient ratio compared to nurses with a lower patient ratio were more likely to experience adverse conditions including a 41% higher chance of dying, 20% higher chance of being readmitted and 41% chance of staying longer.²⁴

People on mental health inpatient wards are most likely experiencing an extremely vulnerable time in their life. It is important that there are enough nurses and nursing staff to provide the skilled, evidence based interventions to facilitate a person's recovery.

The All Wales Nurse Staffing Programme with representatives from all NHS Wales organisations and Welsh Government, is the delivery group for the overarching programme to extend Section 25B to further areas including: district nursing; health visiting and mental health inpatient wards. The mental health inpatient workstream is gathering the evidence base and designing the tools needed to extend Section 25B which ensures NHS organisation can calculate the right number and skill mix of nursing staff required to provide the best care for patients.

A next step for the mental health workstream is for the Welsh government to publish interim nurse staffing principles for mental health in patient. The Royal College of Nursing believes this should be done in the first half of 2022.

Conclusion

In 2019-2020 there were 7,466 admissions to mental health facilities in Wales. In 2019 there were 1,291 patients in mental health hospitals or units in Wales with a mental illness. 1 in 50 people in Wales have a severe mental illness such as schizophrenia or bipolar disorder.²⁵ Analysis by the Wales Governance Centre further reveals the share of people experiencing severe mental health issues increased from 11.7% during the period immediately before the pandemic to 28.1% by April 2020.²⁶

There will always be individuals who needs complex mental health support from health professionals in inpatient facilities. Individuals with severe and enduring mental ill heath may be vulnerable due to nature of their illness but their vulnerability will have increased due to the lack of strategic focus and investment in the workforce and mental health estate.

The Welsh Government are focusing extensively on early intervention and prevention which is welcomed in providing necessary support for people experiencing low level mental health challenges. However this has unintentionally created inequalities within mental health services which have been exacerbated as a result of the COVID-19

²⁴ Dr Akine. 2021, 'Hospital nurse staffing and patient outcomes in Chile: a multilevel cross-sectional study', *The Lancet Global Health*. Available at: <https://pubmed.ncbi.nlm.nih.gov/34224669/>. Accessed 11 October 2021.

²⁵ <https://gov.wales/sites/default/files/publications/2019-04/together-for-mental-health-summary.pdf>

²⁶ <https://www.cardiff.ac.uk/news/view/2534728-share-of-people-in-wales-experiencing-severe-mental-health-issues-more-than-doubled-during-pandemic-report-finds#:~:text=The%20report%20found%3A,to%2028.1%25%20by%20April%202020.&text=On%20average%2C%20women%20exhibited%20worse,the%20pandemic%20compared%20to%20men.>

pandemic. People with complex and enduring mental illnesses still face discrimination, stigma and inequalities.

Mental health nurses are critical in providing support, clinical intervention and advice for the individual, their relatives and carers. By investing in mental health nursing this will help to reduce the vulnerability of those experiencing severe and enduring mental ill health and assisting in ending mental health inequalities and the stigma surrounding severe and enduring mental illnesses.

About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 465,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 27,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.