



David J Rowlands AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

27 June 2018

Petition P-05-736 To Make Mental Health Services More Accessible

Dear David,

Thank you for your letter regarding Laura Williams' petition, which addresses the accessibility of mental health services in Wales. The petition touches on a number of areas which are priorities in Mind's work and I have sought to address each of the points raised in your letter below.

Ms Williams' experiences do unfortunately reflect the experiences of many people with mental health problems who need urgent support. We are aware that a number of health boards are currently developing their mental health crisis services and considering new models of care. However there is still a long way to go until quality crisis care is available 24 hours a day, 7 days a week to anyone who needs it.

The majority of people with a mental health problem will be treated solely within primary care, but it is vital that GPs have the training and support they need to recognise when someone is in a crisis or has needs that require support from secondary mental health services. Following a survey of 100 GPs in Wales which highlighted that mental health now accounts for 40 per cent of all GP appointments, we are calling for GP speciality training to be extended from 3 years to 4 years across the UK, and for the Welsh Government to expand the rotation options available to trainees in Wales to offer a wider range of mental health settings. We have written to the Cabinet Secretary regarding this issue and are awaiting a response.

Crisis services must be accessible; many crisis teams in Wales still do not operate on a 24/7 basis, resulting in an over-reliance on the police and other emergency services which are not appropriate or equipped to support those in a mental health crisis. Far too many end up being detained under the Mental Health Act because they couldn't get the support they needed at the right time. Positive work has been undertaken in relation to the development of a Crisis Care Concordat for Wales, which has provided greater co-ordination across

agencies such as police and health but there is more work to be done in order to embed the concordat.

As part of our response to the Health, Social Care & Sport Committee's Inquiry into suicide prevention, we undertook some engagement work to seek views on how crisis services could be improved. Some of the responses are below:

"Easier and instant access to mental health outreach nurses and a mental health doctor at A/E"

"Crisis team open later than 9pm, crisis centre/cafe opening up to give people somewhere safe to go ..."

"A 24/7 system. The ability to be able to come to the home instead of having to make long journeys to be assessed when you don't want to leave the house."

We are currently undertaking a piece of work to assess the effectiveness of care and treatment planning in supporting people to recover from a crisis and stay well. We are not yet in a position to present any insight from that work, but we would be more than happy to report back to the committee on our findings in the Autumn.

There is lack of robust data on how long people are waiting to access psychological therapies, or whether they are experiencing positive outcomes as a result of such treatments. The figures published by Welsh Government under Part 1 of the Mental Health (Wales) Measure 2010 only cover waiting times for assessment and treatment under Local Primary Mental Health Support Services. There is also no breakdown of the types of treatment being delivered; these figures cover a wider range of treatments than just psychological therapies.

Ms William's petition also highlights the lack of choice often faced by people who are offered therapies. Group therapies can be beneficial for some, but due to poor service capacity many people are placed in group-based therapy when they need one-to-one sessions. In February 2016 Mind surveyed over 400 people in Wales who had requested or accessed psychological therapies in Wales in the last three years. Some of the findings were shocking – almost half of people (48%) had to request psychological therapies, rather than being offered them, and 70% of people said they weren't offered any choice in the type of therapy they received.

There is no publically available, dynamic source of data showing how long people are waiting to access psychological therapies within secondary care, but our own research and engagement suggests a high number of people are waiting several months. Mind's belief is that no one should have to wait longer than 28 days to receive psychological therapies from the point of requesting a referral, and that a full range of evidence based therapies should be available in every area.

The Welsh Government have not yet published an annual report on progress under the Together for Mental Health delivery plan 2016-19. The most recent annual report covered the year 2013-14. It is extremely difficult to assess whether or not services are improving under the strategy without this level of accountability being provided.

While we know that resources for mental health services are not sufficient to meet growing demand, it is difficult even to gauge how much of the mental health budget is in fact being

spent on general mental health. 'Mental health' spend within NHS Wales includes money spent on dementia services and there is no disaggregated data available.

As reported by the Royal College of Psychiatrists Wales:

NHS spending data (as reported in programme budgets) is only currently available up to and including 2015/16.¹ Investment peaked in real terms in 2010/11, when it reached £699.83m in current prices. By 2015/16 it had almost recovered the lost ground in the intervening period but remains 0.3% below that peak point (£697.94m).

Mental health spending was hit by real terms cuts in 2011/12 and 2012/13, when overall NHS funding also declined in current prices. The cut was slightly smaller than the rest of the NHS in 2011/12 (0.6% compared to 0.8%), but the situation was very different in 2012/13, when mental health spend declined by 5.7% in current prices compared to just 0.75% for the rest of the service.

I hope the above information is useful in supporting the committee's inquiries. We would be happy to provide further thoughts if required.

Yours sincerely,

Simon Jones
Head of Policy and Influencing
Mind Cymru

¹ Welsh Government, [NHS expenditure programme budgets](#), 2008 to 2017