



Mental Health (Wales) Measure 2010

Background

A Measure is a piece of law made by the National Assembly of Wales. This Measure will make a number of important changes to the assessment and treatment of people with mental health problems.

The Measure does not deal with the compulsory admission and treatment of individuals, these will remain matters for the Mental Health Act 1983.

The Measure will deal with how individuals access and receive treatment within primary (ie GPs, clinics etc) and secondary (ie hospitals etc) health services in Wales. It will also allow for people who are voluntarily having treatment in hospitals the right to advocacy if they so wish.

The Measure has four main parts

Part 1 – Local primary mental health support services

This part relates to primary care ie. GP practices etc who are generally a first point of contact for individuals experiencing mental health problems. Local Authorities and Health Boards in partnership will need to develop local primary care mental health support services that will aim to provide more support and advice to GPs and other primary care workers to enable them to safely manage and care for people with mental health problems.

Part of this service will ensure that individuals who are referred by the GP to the service will have comprehensive mental health assessments. Individuals and their carers will receive information and advice, the treatment options available as well as helping them to find other sources of support.

If it is felt that an individual requires onward referral to secondary mental health services (ie hospitals) then they will be supported through the referral process.

The service provided will be aimed at individuals of all ages.



Part 2 – Care Coordination and Care and Treatment Planning

For individuals aged 18 or over, who have been assessed as requiring treatment within secondary mental health services the Measure places a duty on the service providers to work together to ensure that a care and treatment plan is put in place in writing.

The treatment plan will be developed by a care coordinator in consultation with the service user, and where practicable and appropriate the views of carers or significant others involved in the care.

To ensure that the care and treatment helps to maximise recovery, when formulating the care and treatment plan the care coordinators should focus on the needs of the individual rather than the services that currently exist and that could be provided. The care and treatment plan should be based on a recovery approach and in addition to the services available in specialist mental health, consideration should also be given to other services such as leisure, education, employment, training and services offered by the voluntary sector to minimise the impact of an individual's mental health problems in order that they can live as fulfilled a life as possible.

Care Coordinators

As soon as an individual has been accepted into secondary mental health services the Measure places a duty on the mental health service provider to appoint a care coordinator as soon as possible.

The care coordinator will be responsible for working with the individual, their carers and service providers to ensure that an appropriate care and treatment plan is developed and written and where and when necessary reviewed and revised. They will also be responsible for keeping in touch with the patient. They will act as the principle source of information for the patient and will ensure that the individual is involved and engaged where possible in the planning process.

A part of the care coordinator's duties will also be to develop and maintain relationships with carers and treat them as equal partners in the care relationship.

Engagement with carers

The Regulations state that care coordinators should take all practicable steps to consult with any carers who may have a caring relationship during the preparation or review of the care plan. Before any consultation with a carer or carers takes place the care coordinator is required to take into account the views and wishes of the patient as to whether the carers should be consulted with. However, where the individual has indicated that they do not wish a carer to be consulted the care coordinator may still consult against the patients wishes so long as they have given due consideration to the views of the patient. The care coordinator may also decide to withhold a copy of the plan, or provide a copy of part of a plan, to a carer, if they believe that it is in the patient's interests to do so.

Where it is decided that consultation or sharing of the care plan with carers should not take place it will be good practice to record the reasons for the decision and it should be kept under review.



Part 3 – Assessments of Former Users of Secondary Mental Health Services

This part of the Measure will enable individuals who have been discharged from secondary mental health services, but who subsequently believe that their mental health is deteriorating to be able to refer themselves back to secondary mental health services without having to go elsewhere for referral first. The entitlement to make the request lies only with the person who was previously the patient. **No other person can make the request eg. A carer, unless they are a donee or deputy under the Mental Capacity Act 2005.**

There is a three year time limit for the person making the request. If they have been discharged from secondary mental health services for over three years then they would need to go back to primary care for assessment and referral.

We have a major concern that carers will not be able to refer a former user back. In certain circumstances due to the nature of a service users mental health problem, they may not recognise themselves that they are relapsing or that their mental health is deteriorating. We feel that in certain circumstances the family carer is in a better position to see the deterioration and that there should be a mechanism whereby the family carer can raise concerns with the mental health service to help refer the service user back before a crisis occurs .

Part 4 – Mental Health Advocacy

The Measure will create an expanded statutory scheme of independent mental health advocacy, both for patients subject to compulsion under the Mental Health Act 1983 and for those informally (voluntary or informal) patients. The Measure will ensure help and support is available for all in-patients to help them make decisions and choices about their care and treatment.

The Assembly is currently consulting on Parts 2 and 3 of this Measure –

<http://wales.gov.uk/consultations/healthsocialcare/mental/?lang=en>

Closing date for responses 16th January 2012.

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