

Petition P-05-736

To Make Mental Health Services More Accessible

September 2019

1. Introduction

This report summarises the Petitions Committee's consideration of a petition calling for improvements to be made to mental health services for adults.

The petition

1. Petition P-05-736 To Make Mental Health Services More Accessible was submitted in October 2016 by Laura Williams. It was considered by the Petitions Committee for the first time on 14 February 2017 after it had collected a total of 73 signatures.

Petition Text:

To make mental health services more accessible the Government should ensure that no-one who approaches a mental health service should be turned away without help. Anyone who goes to their GP or any other health care professional who is experiencing a mental health problem should be automatically referred to the crisis team who should act immediately. The onus should not be on the individual to contact the Crisis Team on their own. There should also always be a one to one therapy option, rather than group therapy.

Many people will know I haven't had an easy time with life or with mental illness; I suffer with depression, anxiety, PTSD and OCD. Recently, I've hit rock bottom and have screamed for help but have been let down by mental health services who I thought would help, instead they have let me down majorly.



I want my experience to help others around Wales and to get the help they need.¹

2. Since this time the Committee has considered written evidence from Laura Williams (the petitioner), the Welsh Government and other stakeholders, including organisations who support people with their mental health and campaign for change. The Committee took oral evidence from the petitioner and Hafal in November 2017, and with the then Cabinet Secretary for Health and Social Services (now the Minister for Health and Social Services), Vaughan Gething AM, in February 2018.

3. The Committee also received petition P-05-764 Better Mental Health Services for Adults in June 2017.² This was submitted by Megan Tudor having collected 84 signatures and concerned similar issues. As no further information has been received in relation to this petition, the remainder of this report focuses on the evidence heard by the Committee in relation to petition P-05-736.

2. The petitioner's experience

Seeking support from the health service

4. The petition originated as a result of Laura Williams' personal experience of seeking treatment from mental health services. She aims to improve mental health services by making them more easily accessible, particularly when people experience periods of crisis. She describes her own sense of feeling "let down" by mental health services when seeking support in relation to depression, anxiety, post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD).

5. A major concern for Ms Williams is the interaction between GPs and local mental health professionals, which she believes is a barrier to accessing specialist services. She has described difficulties in seeking to access support from different parts of the health service and summarised her own initial contact with the health service as follows:

"It was very poor. I waited eight months to get the help I needed. I was ringing my local mental health team [...] crying, saying that I was going to have a breakdown. There was no communication. There was just, 'Go back to your GP' and the GP was saying, 'Go back to your mental

¹ [P-05-736 To Make Mental Health Services More Accessible](#)

² [P-05-764 Better Mental Health Services for Adults](#)

health'. So, it was just back and forth all the time. It took eight months for them to act, and that's only because I made a complaint."³

6. While attending an evidence session alongside the petitioner, Hafal raised a similar concern about the referral process between primary and secondary care:

"[...] during this period of referral, there is a concern regarding who is responsible. So, a GP would make a referral to a team. As you say, you're ringing the team and the team is saying, 'They're still with the GP'. Who is the one who is chasing that up? I think what we've got to be saying is that until the team has agreed to take over that care, the GP shouldn't just be waiting for it; the GP should be taking an active interest in that support so that, if they can't get support, at least they're speaking to the person and saying, 'Look, I've chased it up this week', or the surgery are saying, 'We've chased this up', and not leaving the person in crisis to sit at home for those eight months, wondering what's going on."⁴

7. They also expressed concern about the fragmentation of services and the complications which arise for people seeking to navigate them:

"We have triaging systems, but to be honest, I think, in Wales, we have too many teams: we have primary care teams, we have community mental health teams, we have crisis teams, we have home-treatment teams, we have assertive outreach teams. I know there is work going on to look at whether that is the way forward, because well-qualified, well-supported and well-trained members of the community mental health team can do all of that; it's about the resourcing and the management of how that works."⁵

8. Her experiences of seeking to access mental health support also led to the petitioner raising concerns about the response that she received from her GP:

"Doctors do need to be trained in mental health so they can see, you know, 'This person is struggling. Let's do something on our end as well as the mental health team, so we are talking to each other and we know what's going on, what therapy, if they are taking medication or if they are not.' There's just no communication."⁶

³ Record of Proceedings, 21 November 2017, para. 107

⁴ Record of Proceedings, 21 November 2017, para. 111

⁵ Record of Proceedings, 21 November 2017, para. 110

⁶ Record of Proceedings, 21 November 2017, para. 169

9. Mind Cymru have also expressed concerns about the extent of mental health training available to GPs:

“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.”⁷

Crisis care

10. Laura Williams was concerned about access to crisis support in particular. She believes that it should not be the patient’s responsibility to make contact with a crisis team themselves and that this should be done by a GP or local mental health team on their behalf. She argues that no-one should be turned away without help, or with an expectation that they can directly seek that help themselves. She states that this is the situation which faced her:

“Eight months—you shouldn’t be waiting eight months. I was back to the doctors, I was self-harming and my doctor goes, ‘Are you going to do that again?’ and I said ‘yes’. It was, ‘Here’s the crisis team’s leaflet; go home and ring them.’ I don’t want people to be given a leaflet, ‘You go home; you ring them.’ They’re not going to ring them. They’re not in the state of mind to ring them. I want GPs to stop giving leaflets out and for them to do them on the patient’s behalf. If they see they’re not fit, they need help there and then, not eight months later.”⁸

11. However, in other situations, Hafal suggested that people can be required to go through their GP in order to access crisis care, even when waiting for a GP referral may not be the most effective way to seek treatment in a timely manner:

“We work with the community mental health teams, yet sometimes if we need to ring and ask for crisis care, we’re told the person has to go through their GP. They go to their GP at 9 o’clock at night, the GP’s

⁷ [Mind Cymru to the Committee](#), 27 June 2018

⁸ Record of Proceedings, [21 November 2017](#), para. 148

never seen them before because it's an out-of-hours service; the GP doesn't know that person. Why are we having systems that block access to crisis rather than make access available? It's not through lack of strategy, it's not through lack of policy, it's not through lack of direction. It's lack of joining all of this up at local levels. That's the big problem."⁹

- 12.** Mind Cymru also supported the concerns raised in relation to the availability of urgent and crisis support in a written submission to the Committee:

“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.”

- 13.** They state that this lack of 24/7 crisis care and support can result:

“[...] 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.”¹⁰

- 14.** The (then) Cabinet Secretary for Health and Social Services stated that the Welsh Government has provided annual funding of £6.7 million since 2015/16 to improve provision for people who present to services in a crisis. As a result of this funding:

“[...] CAMHS Crisis Teams and Adult Psychiatric Liaison Services work extended hours and at weekends and have developed close working relationships to ensure that any person who presents in crisis can be quickly assessed and access appropriate support.”¹¹

- 15.** In December 2015 the Welsh Government launched a Welsh Mental Health Crisis Care Concordat (MHCCC). The Concordat sets out “how partners can work together to deliver a quality response when people with acute mental health

⁹ Record of Proceedings, 21 November 2017, para. 150

¹⁰ Mind Cymru to the Committee, 27 June 2018

¹¹ Cabinet Secretary for Health and Social Services to the Committee, 14 November 2018

crisis, need help, have contact with the Police and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983”.¹²

16. Since 2018, implementation of the MHCCC across the health, social care and policing system has been supported by an assurance group. The Cabinet Secretary for Health and Social Services informed the Committee that this group had developed a national delivery plan and was proposing an independent review to “make recommendations for multiagency work to improve the response and support for individuals in crisis across systems”.¹³

17. Both Mind Cymru and Hafal describe the potential impact that the Concordat could have in developing services and providing greater coordination across agencies. Mind Cymru stated that “there is more work to be done in order to embed the concordat”.¹⁴ Alun Thomas of Hafal told the Committee:

“I think that, when you’re in crisis, you don’t necessarily need a diagnosis; you need somebody to support you. We now have a crisis care concordat in Wales, where it has joined up all of the health boards, local authorities, the voluntary organisations and Welsh Government, and we should be smarter with this. If somebody is in crisis, what sort of crisis? Is it a mental health crisis? Is it a social crisis, which a lot of these can be? And what are we doing about it?”¹⁵

18. Given the difficulties in establishing a diagnosis, or providing appropriate longer-term support or services, Hafal proposed that further investigation should be given to providing alternative models of crisis support:

“There are alternatives to crisis teams. There are examples in Leeds, in Bristol, across London, of crisis sanctuaries where people who are in that crisis can ring up, would be able to be seen within those few days, not by mental health professionals, but by people who would try and support them through that crisis during a period of social crisis—I’m not going to get access to services, but I need support through this period while I’m waiting.”¹⁶

19. The Mental Health (Wales) Measure 2010 aimed to improve access to treatment and support and it made significant reforms to primary care mental

¹² Welsh Government and Partners, [Mental Health Crisis Care Concordat](#), 2015

¹³ [Cabinet Secretary for Health and Social Services to the Committee](#), 14 November 2018

¹⁴ [Mind Cymru to the Committee](#), 27 June 2018

¹⁵ Record of Proceedings, [21 November 2017](#), para. 131

¹⁶ Record of Proceedings, [21 November 2017](#), para. 155

health services, and care and treatment planning in secondary care services. Hafal made the case that care and treatment plans present an ideal opportunity to plan for potential crises:

“Welsh Government has led the UK in legislation. We’re not seeing it happening on the ground. Care and treatment plans are a phenomenal way of making sure that people know what to do when they hit crisis.”¹⁷

20. The Cabinet Secretary stated that there is over 90 per cent compliance with care and treatment plans being provided.¹⁸ However, in terms of assessing their effectiveness, Hafal told the Committee:

“There is a strong driver within mental health services now for assessment based on the experience of the service user. So, I think, if we’re looking at care and treatment plans, it’s not a case of, ‘Are they in place?’, because you’d do an audit and 95 per cent probably would be in place. ‘Do they mean anything?’ is a completely different thing. What you’ve got to be doing is listening to the stories that people like Laura bring to it, look at where they work well—.”¹⁹

21. The Cabinet Secretary and his officials explained that the Welsh Government’s approach is not simply focused on the number of people with care plans in place, but on understanding what people’s experiences of mental health support and services are:

“[...] over the last four years we’ve spoken with 900 service users and carers about their experiences, and we’re currently working through a process of making sure that every interaction and intervention somebody has with a clinician, that clinician is doing some outcome measurements, both in terms of clinical symptoms but also in terms of service user experience. We’re going to ask that every clinician does that with two measures, and we’re embedding that throughout this year.”²⁰

¹⁷ Record of Proceedings, 21 November 2017, para. 175

¹⁸ Record of Proceedings, 22 February 2018, para. 162

¹⁹ Record of Proceedings, 21 November 2017, para. 186

²⁰ Record of Proceedings, 22 February 2018, para. 167

Access to psychological therapies

22. In her evidence, Laura Williams raised concerns about access to specialist mental health services and the waiting times for these. In relation to the type of services she personally received, Ms Williams told the Committee:

“I was offered a CPN [Community Psychiatric Nurse] and they come out to your home every two weeks, and they did a care plan. That was about it. I was offered medication and I said ‘no’.”²¹

23. When questioned whether she was offered talking therapies, she stated:

“No. Well, only just recently, which has been a year now. I’ve only started therapy, and that’s looking at a long time again—you know, a year, year and a half.”²²

24. In her experience, if a patient considers that medication would not be the most appropriate route for them to access treatment, there can be a lack of alternatives available:

“[...] it was always a case of, ‘Do you want medication?’ and I was like, ‘No, I’ve been on medication, it doesn’t work for me’. It was like a dead end for them: ‘Well, we don’t know what to do with you now then, as you won’t take medication.’ But what they fail to realise is, when you have medication, you still need therapy. But, in their eyes, you’ve had medication, and you don’t really need anything else.”²³

25. The petition itself states that one to one therapy should always be provided as an option as well as group therapy. Ms Williams states that she had sought to access individual psychological therapy but the provision she was offered was group therapy. She attributed this to cuts to services:

“Because services are being cut, you have to do more group work. There’s no one to one. You have to fight for the one to one. All I was offered is groups, and I can’t do groups. So, it’s taken a year just to get one-to-one therapy.”²⁴

²¹ Record of Proceedings, 21 November 2017, para. 114

²² Record of Proceedings, 21 November 2017, para. 118

²³ Record of Proceedings, 21 November 2017, para. 167

²⁴ Record of Proceedings, 21 November 2017, para. 182

26. Other evidence received by the Committee, including from Mind Cymru, indicates that a difficulty in accessing one-to-one therapy is a common experience due to a lack of service capacity.

27. During the Committee’s evidence session with the Cabinet Secretary, Dr Liz Davies provided details on the range of treatments under the banner of talking therapies:

“Talking therapies are a whole gamut of treatments. At the lighter end, there are the computer-delivered talking therapies, which sounds a bit strange, but they’re very effective, especially for young people. We move through the whole gamut then of psychological therapies, right up to the very specialised treatments, and PTSD treatment is one of those very, very specialised treatments. At the moment, the wait for those is in the region of nine months, but we are [...] moving towards improving that with a more specific service.”²⁵

28. Mind Cymru referred to a “lack of robust data” on how long people are waiting to access psychological therapies, but that anecdotal reports indicate that a high number of people wait several months. They argue 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.”²⁶

29. Correspondence received by the Committee has also highlighted the introduction of several new waiting times targets relating to mental health services. These include for primary care assessment within 28 days, urgent referrals to be seen within 48 hours and emergency referrals within four hours.²⁷

30. The Welsh Government stated that data published in June 2018 in Local Primary Mental Health Support Services (LPMHSS):

“[...] shows that we are meeting the targets for assessment and interventions. With 84.0% of LPMHSS assessments undertaken within 28 days from the date the referral was received and 82.4% of therapeutic interventions started within 28 days following an LPMHSS

²⁵ Record of Proceedings, [22 February 2018](#), para. 138

²⁶ [Mind Cymru to the Committee](#), 27 June 2018

²⁷ [Cabinet Secretary for Health, Well-being and Sport to the Committee](#), 20 December 2016

assessment. To put these figures into context, there were 5,915 referrals received for an LPMHSS assessment in June 2018.”²⁸

31. In the same letter the Cabinet Secretary also stated that:

“Welsh Government has also begun collection of the data for specialist psychological therapies prior to the commencement of formal reporting in 2019. Health boards will be expected to have started treatment of 80% of patients within the 26 week target. It is our intention to reduce this target once the new investment we are making from this year enables us to do so.”

32. However, Hafal raised concerns over the operation of the waiting time targets for specialist services. In particular, that there is a disconnect between the targets for treatment in secondary care services (26 weeks) and primary care (28 days).

“[...] if it’s diagnosis led, it means that Welsh Government has got a guarantee that you will have access to psychological therapies in primary care within 28 days. If you step outside of primary care and into a specialist team, you’re talking of a six-month waiting time. Now, we personally think that’s ridiculous, because, actually, if you are so unwell that you need to have specialist services, you have to wait six times longer than somebody who goes to the GP?”²⁹

3. Conclusions and recommendations

33. In responding to questions from the Committee, the Cabinet Secretary recognised the challenges faced by the petitioner and her experiences of seeking mental health support. He also cautioned that it is difficult to extrapolate individual experiences of health services into wider conclusions, in particular in understanding whether those experiences are typical or indicative of wider problems.

34. We recognise this point. It also reflects a wider challenge when the Committee considers issues arising from the experience of individuals raised through the petitions process. Nevertheless, we consider that our experience of dealing with casework in our constituencies, the wider evidence provided by Mind

²⁸ [Cabinet Secretary for Health and Social Services to the Committee](#), 14 November 2018

²⁹ Record of Proceedings, 21 November 2017, para. 131

and Hafal, and work carried out by another Assembly Committee³⁰ all clearly indicate that the issues being raised by Laura Williams are not unique to her individual case.

35. Therefore we have reached some general recommendations based upon the evidence we have received.

RECOMMENDATIONS

Recommendation 1. The Welsh Government should explore the implementation of a meaningful, human rights based approach to services and treatment for mental health patients, in consultation with service users, with the aim of securing person centred services and equality of access to services for all groups of service users in all parts of Wales. In doing so, they should ensure that people are fully aware of, and understand, their rights in mental health treatment, what support they can expect, who is responsible for delivering it and how to claim their rights where necessary

Recommendation 2. The Welsh Government should review access to crisis care and ensure that there is sufficient clarity amongst health care professionals, and other staff in direct contact with patients, about what constitutes a mental health crisis. There should be a clear route for people to access crisis care and support and, in particular, clarity is needed on the role of Community Mental Health Teams and their relationship with primary care.

Recommendation 3. The Welsh Government should work to ensure that frontline health care professionals, such as GPs, are proactive in organising support for patients experiencing a mental health crisis. Patients should not be provided with a leaflet and expected to organise care themselves. The Welsh Government should also consider whether people should be required to have a GP referral in order to access support.

Recommendation 4. The Welsh Government should consider alternative forms of service provision for crisis care and their applicability to Wales, including the crisis sanctuary model which operates in several cities within the UK.

Recommendation 5. The new waiting time targets for treatment in primary care are a positive step forward. However, there is now a need for the Welsh Government to review the operation of mental health targets in secondary care,

³⁰ Children, Young People and Education Committee, [The Emotional and Mental Health of Children and Young People](#)

given the difference between targets in place in secondary care services (26 weeks) and primary care (28 days).

Recommendation 6. The Welsh Government should review access to psychological therapies and take appropriate steps to ensure that there is sufficient provision in place across Wales, including for one-to-one therapy when this is required.

Recommendation 7. Given the evidence the Committee has received during its consideration of a number of petitions calling for improvements in the treatment and support available for mental health patients, the detailed work undertaken by the Children, Young People and Education Committee in their “Mind Over Matter” Report, and Members’ experiences with the problems faced by constituents in accessing services, the Welsh Government should significantly increase the resources available for the provision of mental health services for all patients, including those experiencing mental health crises.