

The National Assembly for Wales (Legislative Competence) (No 6) Order 2008 (Relating to Provision of Mental Health Services)

The following is RNID Cymru's response to the Proposed National Assembly for Wales (Legislative Competence) (No 6) Order 2008 (Relating to Mental Health Services) Committee call for written evidence.

About RNID Cymru

- RNID Cymru is a charity working to change the world for the 480,000 deaf and hard of hearing people in Wales. As a membership charity, we aim to achieve a radically better quality of life for deaf and hard of hearing people.
- RNID Cymru, through our Care Services, provide outreach and supported housing opportunities to deaf people with additional needs, such as housing related support, access community life opportunities, communication, and care and support provision.
- RNID Cymru also provide a Young People's Support Service in Newport, Cardiff and parts of North Wales that we hope to roll out across Wales. The service provides a range of support services for deaf young people such as one-to-one counselling, befriending, and emotional support.

General Comments

- RNID Cymru welcomes the opportunity to contribute to the consultation process on the proposed provision of Mental Health Service Legislative Competence Order.
- We would recommend that the Assembly also engage and involve organisations such as RNID Cymru once power to legislate by Measure in the area identified in the proposed order is granted to ensure that services proposed are equitable to all.
- Around 40% of all deaf people experience some level of mental health issues in their lives, far more than 25% of hearing people.
- Without appropriate provision, deaf people remain in-patients four times longer than hearing people, are more likely to be misdiagnosed, placed in secure provisions or enter the criminal justice system.
- Deaf and hard of hearing people with mental health issues can face considerable barriers in accessing services that meet their needs.

- Many of these barriers are caused by a lack of information and awareness about deafness and its implications when assessing and treating mental health problems.
- Communication is key to understanding and treating mental health problems. Limitations in communication between clinician and a deaf patient can effect the assessment and treatment provided.
- In May 2006, the **All Wales Reference Group**¹ published their report titled, *Mental Health Services for Deaf People in Wales*. The report noted:

*“Over the past few years serious concern has been raised about Deaf People’s access to health services in Wales. Professionals, national organisations in Wales and members of the Deaf community and their families have all expressed concern. The absence of a clear pathway to specialist mental health facilities has been highlighted as particularly worrying.”*²

1. Would the terms of the proposed Order confer the appropriate powers on the National Assembly for Wales to allow for the implementation of the policy proposals outlined in the Explanatory Memorandum?

We believe that the terms of the proposed Order confer the appropriate powers on the National Assembly for Wales to allow for the implementation of the policy proposals outlined in the Explanatory Memorandum.

2. Is the scope of the proposed Order appropriate, too narrow or too broad to allow the Assembly to bring forward the Measure to address issues you believe should be addressed via the legislation in the field of Mental Health in Wales? If necessary, how should the proposed Order be re- drafted?

We believe that the scope of the proposed Order is appropriate to allow the Assembly to bring forward the Measure to address relevant issues via legislation in the field of Mental Health in Wales.

We recognise that the proposed Order’s emphasis on assessment, treatment and the right to independent advocacy could lead to a more patient centred approach to delivering mental health services in Wales.

Most people with a mental health problem who seek professional help initially visit their GP. All GP practises should have a gateway worker provided by the CMHT that provide for example signposting to other tier 1

¹ The Reference Group had a broad range of participants, representing constituency groups interested in mental health and deafness

² Mental Health Services for Deaf People in Wales, p 3,
http://www.deafinfo.org.uk/policy/vol_reports.html

services. Deaf people currently face many barriers in accessing primary healthcare. These include not being able to schedule appointments as a result of poor communication at their GP surgery, communication between the clinician and patient not being clear or appropriate language facilitation not being provided in a variety of settings. Barriers to effective primary health care can therefore have an impact on diagnosis and access to mental health services.

Any legislation change that ensures a right to assessment, treatment and advocacy should hopefully lead to more equitable access to mental health services for deaf people. However unless primary care services make their facilities accessible and provide adequate services to Deaf people, mental health problems will still go unnoticed and undiagnosed. Deaf and hard of hearing people must also understand and be made aware of rights secured through further legislation.

The Order's emphasis on assessment and treatment also aims to ensure early intervention for mental health issues. Around 40% of deaf and hard of hearing people in the UK will experience a mental health problem at some point in their lives. This is compared to only 25% of hearing people. Improved outreach, by ensuring that deaf patients receive assessment and treatment designed for deaf people could ensure that fewer deaf people need specialist tertiary care.

3. The proposal is to impose duties on the Health Service to provide assessment of and treatment for mentally disordered persons. Should it cover duties on other bodies?

We believe that consideration should be given to whether the proposed order could also impose duties on social care providers such as Local Authorities to provide assessment of and treatment for mentally disordered persons.

Assessment may at time have to be multidisciplinary, while treatment, particularly for deaf and hard of hearing people due to their unique language and culture needs may place demands on services that no one body can meet alone.

In order to ensure an effective programme of care that benefits the service user it is vital that an integrated system with clear coordination for all services is in place. Without imposing duties on Local Authorities to provide assessment and treatment we believe that creating that integrated system will be difficult.

4. The parts of the proposed Matter which relate to assessment and treatment (paragraphs (a) and (b)) are limited to "health service in Wales". Would this deal appropriately with any cross-border issues?

As noted in question 2, we welcome the proposed Order's intention of ensuring that people who may have a mental health disorder have access to assessment and treatment and believe that this could lead to earlier intervention.

However, at present Health Commission Wales commission specialist tertiary mental health services for deaf people. There are only three specialist units for deaf people with mental health support needs provided by the NHS in the UK. Deaf people from Wales needing specialist mental health care may therefore at times have to receive treatment in England. Even basic counselling services for Deaf people are often not available in Wales.

As the proposed matter which relate to assessment and treatment (paragraph (a) and (b)) are limited to “health service in Wales”, we would like assurances that Welsh deaf people would carry their right to specialist services in England and that funding will continue if adequate services are not provided in Wales.

5. In relation to assessment of persons and advocacy services, the matter applies to persons “who are or may be mentally disordered”. What are your views on this?

We welcome that in relation to assessment of persons and advocacy services the matter applies to persons “who are or may be mentally disordered.” We believe that using such a broad term will ensure that the Assembly has a wide enough scope to bring forward through Measures in the future the range of people to whom the legislation should apply.

6. Is it appropriate to limit legislative competence to exclude persons detained under the Mental Health Act 1983?

We believe that as the Mental Health Act 1983 and the amendments made in 2007 sets out patients detained entitlements and is applicable in England and Wales it is appropriate to limit legislative competence to exclude persons detained under the Mental Health Act.

7. Is the definition of “mentally disordered persons” in the proposed order appropriate? If not, how should the definition be re-drafted and why?

We believe the definition in the proposed order is appropriate.

8. Should the term “treatment” also be defined within the matter?

We believe that the term “treatment” should not be defined within the matter. We believe that using such a broad term will ensure that the Assembly has a wide enough scope to define the term through a Measure in the future. However, we wish to emphasis that any future definition of “treatment” should include therapeutic treatment that would also be available to deaf people.

Ensuring equitable access to treatment is vitally important. Access to counselling and cognitive therapies for example is very restricted for Deaf patients. This often leads to more Deaf patients being offered medication

as the only treatment option. We look forward to exploring this issue further in Measures in the future.

RNID Cymru does not wish to give oral evidence to the Committee.

Mari Siôn
Policy and Research Officer
RNID Cymru
Ty Tudor / Tudor House
16 Ffordd y Gadeirlan / 16 Cathedral Rd,
Caerdydd / Cardiff
CF11 9LJ

Ffon / Telephone: 029 2090 7520
Ffon Testun / Text phone: 029 2033 3036
mari.sion@rnid.org.uk
www.rnid.org.uk