

**Proposed Provision of Mental Health Services LCO Committee –
The National Assembly for Wales (Legislative Competence) (No6) Order
2008
(Relating to Provision of Mental Health Services)**

Evidence from Citizens Advice

Citizens Advice Cymru welcomes the opportunity to respond to the consultation on the proposed LCO. We welcome the National Assembly's initiative in addressing the needs of people with mental health problems at an early stage.

In response to the request to make responses succinct, we have addressed the role of advice services in relation to mental health and the proposed LCO as briefly as possible, providing additional background information as appendices.

1. Advice services and mental health

- 1.1 The Citizens Advice service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. It values diversity, promotes equality and challenges discrimination. The **Twin Aims** of the service are
- to provide the advice people need for the problems they face
 - to improve the policies and practices that affect people's lives.
- 1.2 In 2006/07, Citizens Advice Bureaux dealt with over 280,000 client issues in Wales. Of these, the largest number of enquiries related to welfare benefits and tax credits, debt, employment and housing¹.
- 1.3 Provision of advice is a fundamental need for people with mental health problems. The 'Better Advice, Better Health' project, funded by the Welsh Assembly Government, is delivered by Citizens Advice Bureaux, operating in all 22 LHB areas in Wales. It is based in 170 locations, mostly primary health care or mental health settings. It aims to promote improved health by dealing with pressing personal issues. A longitudinal study undertaken by Bangor University on behalf of Citizens Advice Cymru indicates that a significant element of sampled bureau clients reported mental illness or nervous problems².

¹ See also Appendix 1

² Bangor University: *Longitudinal Study into Citizens Advice Clients in Wales*

2. Proposed legislative competence order

- 2.1 In commenting on the proposed LCO, we are drawing on our experience of advising people with mental health problems. Although bureaux in Wales deal with enquiries directly related to health and community care (some 3,000 issues in 2006/7), most of our work with mentally distressed people relates to issues such as welfare benefits, housing and debt³. With regard to the specific questions, we have confined our responses to those that relate more directly to our work.
- 2.2 The consequences of people being unable to manage their affairs or maximise their income can be very serious. People with mental health problems are nearly three times more likely to be in debt⁴. The majority of people with mental health problems are not in work and are recipients of very low benefit income. Major indebtedness can lead to homelessness, loss of services or legal action, which may seriously impede the recovery process and increase people's need for support from mental health services.
- 2.3 These issues are inevitably harder to resolve once the individual concerned has reached a crisis point. This can involve loss of employment and income, spiralling debt, homelessness and relationship breakdown. People who are severely distressed are much less able to resolve these problems, even with support. We are therefore broadly supportive of the objective of steps to secure earlier assessment and treatment.
- 2.4 Early assessment of people with mental health problems will be especially beneficial if it can be followed up by a comprehensive approach to care that addresses social and economic as well as medical needs. This may include the provision of advice services and practical support in addition to advocacy. We believe that the Committee should address these issues in their decision-making on the proposed LCO.
- 2.5 Specifically on question 3, we believe that it is important that the LCO is not so restricted in scope as to exclude statutory bodies other than the NHS, most notably local authorities with their important roles in social services and housing provision.
- 2.6 On question 8, it is important that any care programme following assessment encompasses the individual's economic and social needs as well as clinical interventions. It is important that any definition of treatment is not so restrictive that it prevents future measures from addressing these broader issues.

³ For examples see Appendix 2. See also Citizens Advice: *Out of the picture - CAB evidence on mental health and social exclusion*, 2004

⁴ ODPM, *Mental Health and Social Exclusion*, 2004

- 2.7 We recommend that addressing income, benefits and debt should be a part of the assessment process. Advice agencies play a crucial role in identifying and explaining patient's rights and responsibilities, providing a range of information and practical support such as form-filling, and negotiating on patients' behalf. Building on existing programmes such as Better Advice Better Health, incorporating advice provision into the assessment process could considerably enhance the effectiveness of subsequent care planning.

**Citizens Advice Cymru
April 2008**

Contact: Jonathan Edwards, Wales Public Affairs Officer
029 2037 6757, jonathan.edwards@citizensadvice.org.uk

Ian Thomas, Policy and Campaigns Officer
029 2037 6752, ian.thomas@citizensadvice.org.uk

**Appendix 1: the Citizens Advice service
Appendix 2 – examples of client cases**

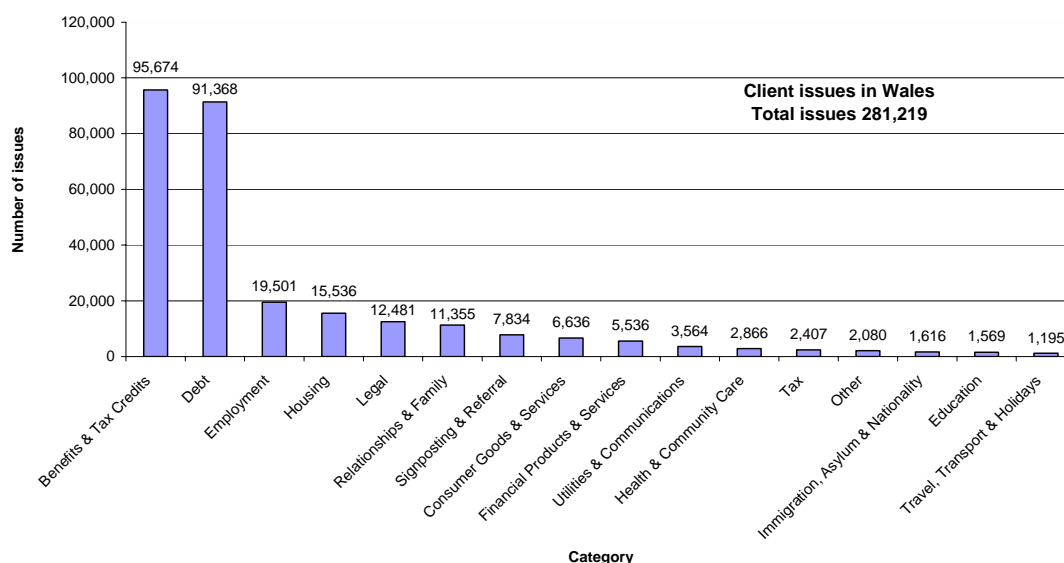
Appendix 1: the Citizens Advice service

The Citizens Advice Bureaux (CAB) service is the largest integrated network of independent advice agencies in Wales with service delivered from 52 main offices and over 150 secondary advice outlets. Each CAB offers access to services by telephone, which is available 670 hours per week and the CAB service have arrangements in place to provide home visiting where necessary in every County. The local CAB service is delivered by the efforts of a variety of people. There are 1,605 people involved in the CAB service in Wales. Of these, 75% are volunteers.

Local Bureaux, under the terms of membership of Citizens Advice (the operating name for the National Association of Citizens Advice Bureaux), provide core advice based on a certificate of quality standards on consumer issues, welfare benefits, housing, taxes, health, money advice, employment, family and personal matters, immigration and nationality and education.

The table below illustrates our main enquiry areas.

CAB client issues in Wales, 2006-7



The Better Advice, Better Health programme has operated since 2001, funded with an annual budget of £700k from the Welsh Assembly Government Health Department. The grant, has not been adjusted for inflation increases and Citizens Advice Cymru calculates a shortfall for the coming financial year of £170k. Consequently Bureaux are reducing service provision under the scheme for the current financial year. We have been in discussion with the Minister for Health and Social services about this.

Appendix 2 – examples of client cases

A man came to a West Wales bureau suffering from severe mental health problems - hearing voices which tell him to harm himself or others. He needed someone to stay with him at nights, as he will not sleep otherwise because of the voices. For that reason, he had moved from a one bed flat to a two bed bungalow with gas central heating. Local Authority instructions to new tenants were to telephone to arrange for a fitter to come out to turn on the gas, light the boiler & check that the equipment is in working order. The client's mental health problems mean he is unable to telephone Local Authority to arrange gas fitter. He needed practical help on this as well as help with a Community Care Grant to pay for curtains, beds, cooker, carpets, furniture, freezer, and a washing machine.

A South Wales man was referred to the bureau owing to debt problems. He had received a possession notice on his mortgaged property. He had been waiting for re housing for several months but was not classed as homeless as he was still in his own home. He felt that number of points awarded by the housing office for mental health problems was inadequate, and that he had not received appropriate support from the community psychiatric nurse (CPN). Both the client and his partner are disabled and the situation has made client suicidal.

A North Wales woman with enduring mental health problems had been in receipt of Disability Living Allowance for several years. The bureau helped her to complete renewal forms, but the woman was subsequently told by the Disability Benefits Centre that her award had been withdrawn on the basis of medical evidence. The bureau contacted the DBC and asked them to obtain further medical evidence from the client's GP, her consultant psychiatrist and her psychologist but the claim was again refused. The bureau helped the client to log an appeal, but when they received the medical evidence that the DBC were using it was seen to be a report from five years previously and was inadmissible. The bureau again contacted the DBC, using information from the client's psychologist that she was extremely vulnerable and that having to go through with the appeal procedure could seriously undermine her frail mental health. Eventually after persistent telephoning, the DBC agreed to reconsider; a decision the next day reinstated the client's benefit.