

## **In response to the Public Consultation of Proposed Provision of Mental Health Services LCO Committee;**

Apart from the provision of independent advocacy for all, the proposal already affirms what is generally thought to be in place; an obligation to provide assessment and treatment for those with mental disorder.

Is there evidence that the work involved in setting up this order (ie extra personnel, committees, etc) will significantly improve the current situation? The larger issue is whether this move toward specific legislation is “value for money” in terms of what it will achieve over and above adequate systems and standards currently in place, or indeed, investment in certain problem areas in Wales to address inequity.

Specific comments regarding the Explanatory Memorandum;

### ***9 ‘The first objective of the LCO is to enable measures to be brought forward that will secure earlier assessment and treatment.’ –***

This is not what the LCO says, so how would that work? What does this mean? Does it apply to primary or secondary care or both? Why not just set appropriate performance targets via the SAFF to achieve this rather than go for an LCO i.e. there are other ways using existing mechanisms to achieve this end.

### **10. ‘Independent advocacy for all’**

Good objective but who would provide/pay for it.?

### **13. Tackling stigma.**

Good but other strategies and policies have driven this in Wales.

**No 23.** This paragraph seems to contradict the LCO proposal to provide independent advocacy for all.

It is noticeable that most of the references in the document are to comments from voluntary sector organisations; we have not been able to locate these documents on line.

In response to specific questions –

1. There are already mechanisms to achieve this through the SAFF and commissioning, if this was robust and used effectively.
2. Legislation is not necessary required to address these issues and we are not really sure what the purpose of the LCO is; thus not sure if this is too broad or too narrow? What is the problem that it is trying to solve?
3. Imposing duties on the Health Service in isolation is not appropriate if we are to provide holistic care. It would place Health in an extremely vulnerable position as the scapegoat for system failures that would be outside the scope of the proposed legislation. It should include Local Authority (Housing etc as well as social services), police, probation prison service etc as well as clearly stating the expectations of primary and secondary.
4. No – what happens to people who cross the border but are permanently resident in England or elsewhere?
5. This is very vague – what does ‘may be *mentally disordered*’ mean?
6. No – in relation to advocacy there is no statutory obligation to provide this for detained patients or patient subject to 117 aftercare or community treatment orders under the MHA. The most vulnerable would then potentially receive an inferior service compared to non-detained patients. This could not be corrected without changes to the Mental Health Act itself as far as we can see.
7. The definition is vague – does it include temporary or longer term disorder due to organic causes; does it include conditions such as MS or Parkinson’s Disease?
8. Yes – treatment should be defined clearly not in order to promote a medical view but what would happen if someone asked for an unproven treatment and was supported by an advocate – would health be obliged to provide? Taking this to its extreme we can imagine a situation where someone might want some unusual treatment that services could not support but was being supported in that request by the advocate –who would then make the treatment decisions or be clinically responsible?