



**Bwrdd Rhaglen Genedlaethol:
Iechyd Meddyliol
National Programme Board:
Mental Health**

NATIONAL PROGRAMME FOR MENTAL HEALTH

NEWSLETTER 4 February 2011

This month we introduce Rob Pickford, Director of Social Services Wales, Welsh Assembly Government and Ewan Hilton, our Wales Alliance for Mental Health member.

Our next Programme Board Workshop will focus on Equality and Diversity issues in mental health. In advance, this newsletter features an article submitted to us by the Chair of the Ministerial Welsh Language in Health and Social Care Task and Finish Group, Dr Elin Walker-Jones. This highlights how language issues can be a matter of clinical need, not choice for users of mental health services.

We welcome any feedback you may have. Please email your comments to kathryn.parramore@wales.nhs.uk

MEET THE PROGRAMME BOARD

Rob Pickford, Director of Social Services Wales, Welsh Assembly Government

I began my career as a social worker in the Rhondda valleys and have worked across the range of social services in a variety of operational and strategic management posts, including in staff development, disability services and child protection. My senior roles in local government include management of social services for the Rhondda valleys and services for adults for Bridgend County Borough Council.



I joined the Welsh Assembly Government in 2002 taking on responsibility for leading the creation of the Care Standards Inspectorate for Wales and the implementation of the Care Standards Act. I was appointed Chief Inspector for Social Services, leading the Care and Social Services Inspectorate Wales on its creation in April 2007. In August 2009 I took up the position of Director of Social Services Wales.

I was appointed to the Programme Board in June 2010 and am pleased to be chairing the Dementia Sub Group which has been mandated by the Minister to take forward the 4 Dementia Action Plans for Wales.

Ewan Hilton, Wales Alliance for Mental Health Member



I am the Executive Director of Welsh mental health charity Gofal. The charity was established twenty-one years ago to provide housing and support services to people being resettled from long stay institutional care. Originally named Gofal Housing Trust and operating solely in the County Borough of Bridgend the charity now has a national presence delivering a wide portfolio of housing, homelessness, employment and training services across Wales.

Prior to joining Gofal Cymru, I worked for six years as Head of Community Services at Swansea Housing Association where I was responsible for the management, development and regulatory compliance of a range of housing and support services including a wide range of mental health services..

I started my career as a volunteer housing and welfare rights advisor and spent many years working as a support worker working primarily with young people leaving care.

Gofal is an active member of the Wales Alliance for Mental Health (WAMH) an alliance of national third sector mental health and wellbeing organisations. The third sector plays an increasingly vital role in the planning, design and delivery of mental health and wellbeing services in Wales and the breadth, knowledge and experience of the WAMH membership coupled with a strong user voice ensure that the Alliance is a powerful voice for change and improvement in mental health and wellbeing services in Wales.

I am pleased to be able to represent the Alliance at the Programme Board and look forward to seeing robust evidence of real improvements to service user experience of mental health services as the Board moves forward.

PROGRAMME BOARD MEMBERSHIP UPDATE

Following the retirement of Kate-Elis Williams from the NHS at the end of January, Julian Baker will be joining the Programme Team as the new Finance Lead.

Julian was previously the Director of Finance in North Glamorgan Trust and more recently has been the Director of the Shared Services Programme in the Welsh Assembly Government.

We would like to thank Kate for the really valuable contribution she has made to the Programme Board since it was established and wish her good luck for the future as she begins this new phase in her life.

WHAT'S ON OUR AGENDA?

In January we considered:

- ***Increasing Access to Psychological Therapies (IAPT)***
A presentation from the Co-Chairs of the Welsh IAPT Group to inform us of the work undertaken in advance of the consultation launch on 3 February 2011.
- ***Child and Adolescent Mental Health Services (CAMHS)***
As the remit of the Programme Board has been amended to include CAMHS, we were updated on the work of the WAG 'Everybody's Business Delivery Action Group' which is being chaired by Joanna Jordan.
- ***User Carer Conference***
A detailed report on the event held on 5 November 2010 as featured in our December Newsletter.
- ***Dementia and Secure Services***
Reports from both of the Programme Board sub-groups highlighting progress in taking forward the Action Plans.

FEATURE ARTICLE

Language: A matter of clinical need not choice

The Welsh Language in Health and Social Care Taskforce, chaired by the Deputy Minister, Mrs. Gwenda Thomas, has been considering how to meet service user Welsh language needs in mental health. Mrs Thomas commissioned a Task and Finish Group to explore these issues in more detail. They will be submitting their findings and recommendations to the Taskforce at the end of this year.

The chair of the Task and Finish Group is Dr Elin Walker-Jones, Consultant Clinical Psychologist, employed by Betsi Cadwaldr University Health Board. Dr Walker-Jones has written the following article with Dr Enlli Thomas a Lecturer at the School of Education, and a core member of the Bilingualism Centre at Bangor University.

The two authors are well-known for their contribution to understanding bilingual issues and are working together to write a more detailed report for WAG. Our feature article has been kindly provided as an introduction to this area.

Diversity issues in Mental Health: How the Linguistic and Cultural Needs of Welsh Speakers Require Special Consideration

Dr Elin Walker Jones and Dr Enlli Thomas

It is important to consider cultural and linguistic factors in mental health services due to legislation such as the Welsh Language Act (1993) and also because it is good practice. Effective, safe practice requires the provision of bilingual healthcare services, to avoid misdiagnosis, inappropriate treatment and care, and harm to service users.

Why Welsh? – they all speak English anyway

The fact that most Welsh speakers speak English should not mask the need to develop bilingual services. We have two official languages in Wales, and denying Welsh speakers a Welsh medium service in their own country is inequitable.

Secondly, some people are not fluent in English. Four vulnerable groups have been identified, including children, people with mental health difficulties, people with a learning disability and older people, because some of these service users may not be fluent.

Other people may be able to talk about lots of things in English, but in order to really get to the bottom of their worries; they will need a Welsh medium service. They may be fluent in English, but their innermost feelings will need to be expressed in Welsh.

The specific needs of bilingual service users in mental health

Assessment and therapy in mental health relies on listening and talking. Language is therapy in mental health. We need to make it easy for service users to express themselves in the best way they can. If we restrict service users to use only one language, when in fact they speak two languages, they may only be able to express some aspects of themselves. Thus their difficulties may not be assessed correctly, and they may get the wrong treatment. People may not be able to find the right word in their second language, or they may lose the ability to express themselves in their second language if they have a psychosis or dementia for example. If someone has experienced a traumatic event, they need to be able to talk about it in the language that the trauma happened. Sometimes, people may want to talk in their second language if the subject matter is painful or embarrassing, but they may need to revert to their first language when they are more comfortable, so that they can discuss things fully. Bilingual therapy allows the service user to use whichever language he/she needs to, during the course of therapy.

Implications for services – what do we need to do

- **Identification of service user language needs.**

We need to know what languages people use in their day to day lives so we can provide them with therapy in the appropriate language, without the service user having to make a special request for it. It is always the responsibility of the service to deliver an appropriate service. It is not the responsibility of service users to ask for bilingual provision. Service users are already vulnerable, because they are service users. Giving them the responsibility for making a special request for a Welsh medium service is unfair, and may make their problems worse. Welsh speakers don't like to ask for Welsh medium services – they don't like making a nuisance of themselves!

It would make things easier if we routinely put information about languages used by the service user with his/her name, address, date of birth, hospital number etc. That way, information gets passed on to the appropriate people, and services can be delivered to people in the language(s) that they use, from the beginning, without need for any lengthy discussions or people having to make a special request.

- **Language awareness.**

All staff need regular and thorough training in language awareness, whatever languages they speak already. Some staff may already be more language aware than others so training content will need to be adapted to fit particular staff needs.

- **Workforce planning.**

We need to identify what languages staff speak so we can plan services. Each team needs to have a minimum of at least one Welsh speaker, and this may vary depending on community needs. It may be necessary to make arrangements to borrow bilingual staff from neighbouring teams when there are no Welsh speakers in a particular team.

In some areas where there are a lot of Welsh speakers, there are examples of good practice where services have evolved organically in response to local need. We need to ensure that other parts of Wales can develop similar services, so that everyone in Wales can access an appropriate bilingual service that does not depend on where service users live.

- **Training.**

We need to teach staff to speak Welsh, and we need to attract Welsh speakers to work in the health service. In mental health, we need to develop Welsh medium professional training, so staff are confident in their ability to deliver therapy through the medium of Welsh. We also need to carry out more research into these issues.

Standards – our vision for the future

It will be difficult to achieve a bilingual workforce that is fully able to meet all service user needs at every level, especially in these days of financial cuts. However, it is important to set standards, because if we don't, we will have low expectations and nothing will change. We need to make sure that people can access an effective, equitable, bilingual service wherever they live in Wales. After all, bilingualism is normal: most people in this world speak more than one language!

Forthcoming Events:

- 1 March 2011 – Care Programme Approach Conference
Swalec Stadium, Cardiff

For details of these events please contact Lisa Brody at NLIAH
lisa.brody@wales.nhs.uk

Consultations to Note:

- **Wales Audit Office Grants Strategy Consultation**
Further information can be obtained from waogrants@wao.gov.uk
 - **Regulations to be made under the Mental Health Wales (Measure)**
Further information regarding the series of events during March can be obtained from mentalhealthandvulnerablegroups@wales.gsi.gov.uk
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