The Royal College of Psychiatrists in Wales: A Manifesto for the 2016 National Assembly for Wales Elections

The Royal College of Psychiatrists is the professional and educational body which trains and supports psychiatrists in Wales and in the UK. We aim to improve standards on quality of care and the outcomes of those with mental illness, their families and the community. We work with third-sector organisations and other professional bodies to promote a better understanding of mental health issues and to work together to place mental health and well-being in Wales on a par with physical health. We have a long history of service user and carer involvement and use their expertise to inform all our activities.
In 2011, the powers of the National Assembly were increased giving politicians greater control over the direction of health and social care policy and legislation in Wales. While this is viewed by and large as a positive step, scarce resources and a reduction in funding for public services, coupled with the pressures placed on finances through the Barnett Formula, has created real barriers to meet the needs of population. Unfortunately, history has proven that during times of austerity, mental health is often the area that is negatively affected.

The Royal College of Psychiatrists in Wales strongly advocates for parity of esteem, where mental health is afforded the same respect, importance and understanding as physical health. One in four of us will experience poor mental health. We want to ensure that a person’s mental health does not become a barrier for the treatment of their physical health condition. We also want to ensure that people with mental health needs are treated in a timely way and with dignity, just as a person presenting with physical health needs would be.

Mental health is an issue whose time has come and we welcome that a number of political parties have recognised the importance of positive mental well-being and its benefits to the physical health of individuals and communities and to the economic health of the nation. The next Assembly elections will take place in May 2016 and we anticipate that health will be at the forefront of all political party election promises. We would like to see mental health at the heart of it.

Professor Rob Poole

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Summary

The Royal College of Psychiatrists in Wales calls on the next Welsh Government to give high priority to improving mental health services. One in four of us will at some point experience a mental health problem, yet many find accessing services difficult and when they do, some are unhappy with the level of care they receive. The long-standing stigma associated with mental health remains and services providing treatment and support for those dealing with a mental health condition continue to be under-funded and under-resourced. Progress has been made in recent years and we would like to see this continue in Wales. We would like to see the next Government continue to provide increasing support to mental health services, staff and patients. In particular, we call on the next Welsh Government to:

1  **Strengthen NHS governance, workforce and leadership, creating a mental health service that is prioritised and meets good standards of care**
   - A director of mental health and intellectual disability on every Local Health Board
   - Workforce and training programme for mental health services
   - Improved standards for services and greater uptake of accreditation

2  **Provide timely mental health services to the right people in the right place**
   - Better supported primary care mental health networks
   - Better liaison psychiatry services in district general hospitals
   - Better transition arrangements from child and adolescent mental health services (CAMHS) to adult mental health services

3  **Tackle the inequalities for those who present with challenging behaviour**
   - An up-to-date intellectual disability strategy for Wales
   - Better integrated mental health and alcohol and substance misuse services
   - Updated and integrated mental health service for prisoners and ex-offenders.
Strengthen NHS governance, workforce and leadership, creating a mental health service that is prioritised and meets good standards of care

Mental health services in Wales have come under considerable scrutiny in recent years including inquiries, official reports, spot checks and governance reorganisation. Often called the ‘Cinderella service’, mental health services throughout the UK receive less funding compared with other services and are usually the first to face financial cuts during times of austerity. The mental healthcare workforce is over-stretched and experiencing difficulties in recruitment and retention. The result is a top-down and bottom-up culture of discontent and uncertainty. This must change.

A statutory voice for mental health and intellectual disability

We would like to see mental health and intellectual disability have prominence and importance in Local Health Boards, to ensure that all decisions are made with equal consideration of the mental health and well-being of the population as well as the physical health needs of the population. This can be achieved by making it a statutory duty for all health boards to elect a director of mental health and intellectual disability to sit on the executive board with full voting powers. It is no longer adequate for mental health and intellectual disability to fall within the wider remit of health board policies and portfolios. Poor mental health will be experienced by one in four people, and among people under 65, nearly half of all ill health is mental illness. Levels of poor mental health are significantly higher for those with intellectual disabilities. Although the prevalence of poor mental health is high, and there is evidence that this figure is rising, only a quarter are receiving treatment. Mental health services continue to be under-funded and under-resourced.

Working together with other directives in Local Health Boards this new role would deliver parity of esteem. It would ensure proper implementation of the Mental Health (Wales) Measure 2010 so that services are designed truly around the needs of the patient. It would ensure that all mental health strategies are embedded and embraced in service delivery leading to a national cultural change. This will put Wales in line with other jurisdictions that have stronger direct representation either within Government or within the NHS.

We ask the next Government to create the role of director of mental health and intellectual disability at every Local Health Board with full voting powers on the executive board.

An NHS workforce and training programme for mental health services

We would like to see the NHS in Wales attract high-calibre individuals to train in psychiatry in Wales to later take up consultant posts in Wales. This can be achieved by developing a national workforce and training strategy, which places greater emphasis on medical professions in recruitment and retention crisis such as in psychiatry.
Health professionals in Wales work hard to meet the demands of a growing and changing population. We are treating more people with different needs in a variety of settings including hospitals, clinics, prisons and secure units, and in the community. With limited funds and few resources, the services are at risk of collapse. All professional healthcare bodies in Wales are calling for the next Government to address workforce issues more generally and within their specialisms. It must be the next Government’s priority to develop a workforce plan and training programme to attract the calibre of healthcare professionals to meet these demands.

It is well evidenced that recruitment into psychiatry is very poor. Psychiatry faces a stigma of its own, with low popularity rates globally. The reasons that medical students choose careers in medical specialties other than psychiatry are well documented. Despite this, the key issues have not been addressed collectively in the UK. Data from the College show that the size of Wales’ consultant psychiatrist workforce only grew by an average of 0.7 FTE (3.5 headcount) per year from 2011–2013. Psychiatry has very high levels of job satisfaction, which can be attributed to its focus on the bio-psychosocial model with a holistic approach to care and treatment. Psychiatry is regarded to be at the forefront of modern healthcare services, spearheading co-production and service user involvement, psychological as well as medical therapies, and working with physical health and social needs.

The College has identified a ‘recruitment and retention action plan’. It is actively engaged in promoting psychiatry and mental health to children in schools, junior doctors at universities, in the foundation years, and finally with consultants who may view working abroad as a more attractive option. The Royal College of Psychiatrists in Wales has undertaken extensive work around workforce issues and future workforce planning and we have identified a number of issues that must be addressed as a matter of urgency, such as a lack of higher trainee posts in Wales.

We ask the next Government to work with all Royal Medical colleges in Wales to develop a national medical workforce and training strategy in which psychiatry is given prominence.

Improving standards across all mental health services in Wales

We would like to see the NHS in Wales meet good standards of care in all mental health settings across Wales. Recent failings onwards for people with mental illness and elderly people illustrate the need for better working practices to create an environment that is safe and supportive for staff and patients alike. This can be achieved by meeting Royal College of Psychiatrists’ standards and investing in our College accreditation programmes that assess and help improve the quality of care that is provided.

The Royal College of Psychiatrists is a world leader in setting standards of good quality care for mental health services in a range of environments, from memory clinics to prison services. Over 90% of the UK mental health services participate in the work of the College’s Centre for Quality Improvement (CCQI), which not only sets good standards of care but offers a peer-review network system for intellectual, benchmarking and collaboration through accreditation. We ensure that patients and carers are involved in the development of our programmes, in the design of the work, on external review groups and in advising committees.

Accreditation works because it offers both self- and peer-review of services against standards to determine level of performance and to identify areas of weakness and need for improvement. It uses a blend of top-down and bottom-up initiatives that give widened accountability and ownership. Ultimately, services improve, which makes for a better environment to both work in and be treated in.

We ask the next Government to recognise the College standards as standards of excellence and encourage Local Health Boards to adopt College standards and to participate more widely in College accreditation services.
Provide good mental health services to the right people in the right place

Timely intervention for those with mental illness is crucial for their recovery and resilience. This is well evidenced, both for mental and physical health conditions, yet the sense of urgency to treat mental illness promptly falls behind that of physical illness. Evidence shows that if left untreated, many people with mild to moderate mental health conditions are likely to develop serious mental illness, yet many still find that their needs are not being met at the right time.

Timely intervention at primary care level for people who are experiencing mild to moderate mental ill health

We would like to see a network of services in Wales offer good provision of timely intervention for children and adults experiencing initial stages of poor mental health. This can be achieved by improving, strengthening and supporting services in primary care to ensure that problems are being detected, diagnosed and treated early to avoid escalation.

In most cases, timely intervention is key to avoiding the development of complex and enduring mental disorder and illness. Timely and appropriate access to care either in the development of an illness, such as psychosis, or in a person’s lifetime can be a valuable way to providing good patient care as well as resulting in cost savings. However, we find two years on from the introduction of the Mental Health (Wales) Measure primary care mental health services have improved only slightly and that some primary care services are still struggling to meet the basic mental health needs of the population, in particular the provision of a range of talking therapies.

The majority of people presenting with a mental health need or condition will be treated in primary care. The success of primary care mental health services depends on a functioning network of interventions provided by the NHS, local authorities and the third sector. They should incorporate medical, social and psychological models to address the holistic nature of recovery. General practitioners (GPs) have voiced concern about the increase in the mental health workload and are less confident in managing complexity, particularly where external social factors are causing mental health problems. This necessitates the need for better partnership working and integration between primary and secondary care and between health and social services. Resources and support in Wales are limited so there must be an agreed set of outcome measures, which is regularly monitored and assessed.

- We ask that the Government provides consistency in the development of primary care mental health services throughout Wales drawing on good practice.
- We ask that the next Government ensures that primary care mental health services are provided with adequate and transparent funding if the benefits are to be realised.
- We ask for the next Government to allow for better cross-sector working with shared outcomes on timely intervention.
Better supported liaison psychiatry services

We would like to see the next Government provide better support for people with both physical and mental health needs when they present at hospital. This can be achieved by having adequate levels of liaison psychiatry services to emergency departments, medical and surgical wards in district general hospitals.

Much of psychiatric care is acute or unscheduled, yet staffing levels in liaison psychiatry services in Wales are low and only one adult and old age service is available 24 hours a day, 7 days a week. There is no dedicated child and adolescent mental health (CAMH) liaison service available to assess children and young people in emergency department and medical assessment units available 24/7. An audit of liaison psychiatric services showed that emergency department staff were ‘less clear’ about what was available and when.\(^7\)\(^8\)

The quality of service provision and patient experience in Wales is compromised. These services must be improved to meet the growing numbers of elderly patients with dementia languishing on wards, the stark increase in the number of people attending emergency department for self-harm and eating disorders, and the large volume of people needing medical attention through alcohol and substance misuse. Wales has minimal specialist services in areas such as neuropsychiatry; these are services which are often working in a liaison capacity with people with head injury, stroke, epilepsy and developmental disorders. Effective liaison services require clear and direct links with care homes and community integration teams. This is currently lacking in Wales.

Liaison psychiatry models have been proven to save money because they enable quick identification and management of conditions (such as depression, dementia and delirium) in patients who seek treatment for physical conditions. These services can also help identify when physical symptoms are a manifestation of an underlying psychiatric disorder or where the psychological distress has been caused by the physical illness. Speedy assessment enables earlier treatment, which can result in earlier discharge. There is also a proven reduction in readmission rates. Hospitals in England that have adopted such models report that with every £1 spent, £4 is recovered.\(^8\)

We welcome Welsh Government’s announcement in June 2015 of an injection of funding to ensure that all district general hospitals in Wales have a liaison psychiatry service. We urge that support is continued where it is needed most, which should also include primary and community liaison psychiatry services.

- We call on the next Government to raise liaison psychiatry services to a good level through better support and infrastructure by signing up to the College’s Psychiatric Liaison Accreditation Network (PLAN).\(^9\)
- We call on the next Government to develop liaison psychiatric services for children in Wales based on the model described in the College Report no. 182.

Greater focus on transition arrangements between CAMHS and adult mental health services

We would like to see Wales pave the way in the UK on providing good transition services for those young people moving from CAMHS to adult services. This can be achieved by redesigning the service model with particular attention to service need.

The transition from childhood, through adolescence to adulthood is a crucial stage of social, personal and emotional development and can be an uncertain and anxious time for most people. In addition it coincides with the onset of a number of severe mental health problems. Transition from CAMHS to adult mental health services (AMHS) usually takes place at the 18th birthday in Wales and presents a number of challenges. Transition is often abrupt and marks a change in clinical
staff, a change in environment, and a different approach to treatment. There are differences in CAMHS and AMHS that have contributed to differences in theory and practice, including differences in eligibility thresholds for referral and in the level and style of intervention. Age-appropriate services are important for safeguarding and therapeutic reasons. Nevertheless, the transition from one to the other poses significant problems for young people, families and healthcare professionals. The threshold for adult mental health services is high, which often results in a gap in service for many young people including those with neurodevelopmental problems, personality disorders and moderate/severe anxiety and affective disorders.¹⁰

The move from specialist CAMHS to AMHS coincides with other transitions, and good practice in this area needs to consider young people’s social, educational and employment needs. There are additional problems faced by children with intellectual disability requiring further treatment for mental illness beyond their 18th birthday. It is a vulnerable time where numerous changes to circumstances occur, such as leaving school, changes in Social Services support, change of psychiatrist, and the loss of paediatric and school nursing support.

Transition has been the subject of a number of policy documents and recommendations in Wales over the years, but remains problematic for young people and their families. There is a need to ensure proper local transition pathways are developed throughout Wales.

- We call on the next Government to ensure that joint protocols between CAMHS and AMHS are agreed and implemented.¹¹
- We call on the next Government to consider alternative service models that better meet the needs of young people at the age of transition from children’s to adult services.
- We call on the next Government to scrutinise the current system of automatic transfer of young people with intellectual disability, including those with co-morbid conditions such as autism spectrum disorder, to specialist residential colleges.

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Tackle the inequalities for those who present with challenging behaviour

People with mental health conditions who access a range of health services often experience discrimination from a variety of professionals with whom they come into contact. It is widely known that there is a stigma attached to mental health and discrimination is widespread because mental health is often misunderstood. Many healthcare professionals lack the training, experience or willingness to adequately meet the needs of the mental health of people who are seen to have challenging behaviour.

An all-Wales intellectual disability strategy

We would like to see the next Government make a commitment to people with Intellectual Disabilities achieve equal treatment when receiving healthcare for both physical and mental health conditions. This can be achieved by updating the all-Wales strategy on intellectual disabilities to reflect the post institutional era and the present landscape of service provision.

A new strategy would put into place a clear national framework of responsibilities and service developments, crucially for both health and social care, and it would ensure effective monitoring of access and support, and a comprehensive framework of national standards for the provision of care to be rolled out across Wales.

Those with intellectual disabilities are often predisposed to certain physical and mental illnesses. Although this is widely known, the barriers in meeting their health needs (difficulties in communication, diagnostic overshadowing, challenging behaviour, attitudes among professionals, and poorly developed links between specialist intellectual disability and general hospital services) are not being adequately addressed.

A new strategy would tackle the inequalities that are present in our services from primary care to secondary care and specialist services, through a focus on policy in health and not just social care. Many people with a intellectual disability experience institutional discrimination in the NHS due to a lack of understanding of their needs by professionals and staff. This can be addressed through the provision of training for all staff on how to treat those with challenging behaviour and communication difficulties. Where applicable, this must include the involvement of the family.

Crucially, the strategy must be extended to those with intellectual disabilities in prison services and secure units. The College has developed a care pathway for those people with intellectual disability who come into contact with the criminal justice system. The report highlights that in England and Wales there is a limited understanding of the prevalence and needs of such people in prisons. They are more likely to receive insufficient treatment and care, are less likely to cope well in custody, and most likely to be subject to bullying. Forensic intellectual disability provision in Wales is minimal, as highlighted by the Secure Services Review Action Plan. Nevertheless, no one has taken ownership of this. The strategy must be spearheaded by an expert panel with both forensic and intellectual disability qualifications. Again, standards and service provision must be monitored and compared with the rest of the population.

We ask that the next Government develop an all-Wales intellectual disability strategy to improve health service provision for those people with an intellectual disability who have physical and/or mental healthcare needs. The strategy must include a requirement to set and monitor national standards on access of patients with
intellectual disability to physical healthcare services and of acceptable levels of care, as has already been done in England. The strategy must be extended to prisoners and ex-offenders with intellectual disabilities.

Invest in integrated alcohol and substance misuse services

We would like to see the next Government make a commitment to children and adults with alcohol and substance misuse problems to ensure that they receive equal care and treatment for both their physical and mental healthcare needs. This can be achieved by integrating alcohol and substance misuse treatment and prevention services with primary and secondary care, with community teams and local authorities, with better training for NHS and non-NHS staff.

Three in four people who misuse drugs including alcohol also have a mental health condition. Often substances are not taken out of choice but are used to self-medicate. Although it is not always clear whether the addiction is the cause or result of mental illness, what is clear is that there is a correlation between the two. It is paramount that addictions services and mental health services are aligned through better partnership arrangements to better treat people with dual diagnosis.

There is no doubt that the scale of the problem poses a real challenge for our services. There has been an increase in alcohol-related health conditions and we are seeing a changing landscape in the types and ages of people presenting at addiction services. At the same time, because people's treatment needs have changed, there is a large population of people with addictions who are unable or unwilling to access traditional treatment centres. We need more research into this changing behaviour to better understand how we can tailor existing services to meet the growing and changing needs of the population.

We ask that the next Government support better training for all staff who come into contact with children and adults with addictions so that they are treated as patients and not problems.

We ask that the next Government develop a system for gathering data to determine patterns which could better inform service delivery and ensure that people are not going untreated.

Meet the specific needs of prisoners with serious mental illness

We would like to see the next Government develop a fully integrated mental health service in prisons in Wales that meets the growing and changing needs of the prison population.

The prison population has a very high proportion of people with mental health conditions, substance misuse and intellectual disability: 90% of prisoners have a mental health need of some sort, 70% have at least two mental health conditions, and 64% of men have personality disorders. The majority of inmates come from areas of high deprivation, high unemployment and poor education. This has remained consistent throughout history; however, we are seeing an increase in the number of those aged 60 and over by 146% since 2002.

Mental health services in prisons are stretched as the prison population grows and resources stay the same. According to the latest prison population figures, Swansea (HMPS) is in the top five of overcrowded prisons in England and Wales and the population in Parc Prison has risen from 1201 in January 2009 to 1629 in September 2015, an increase of just over a third. In 2017, the new Wrexham prison will open, holding 2100 prisoners.
There is an urgent need for a revaluation of current services to ensure that those working within them are able to meet the specific needs, vulnerabilities, physical ill health and disability of the prison population. There must be in place an adequate screening and assessment process of prisoners’ mental health needs on admission and timely referrals to the appropriate professionals so that all prisoners requiring secondary-care mental health services receive them.

We are concerned that many are slipping through the net and not receiving appropriate treatment when in custody. We are also concerned that community services are not adequately joined-up with in-reach teams to ensure that treatment continues on release.

- **We ask the next Government to address the problems of a changing and growing prison population within a system that is under-resourced and under-funded and focus on ways to improve liaison between in-reach teams and community care.**

- **We ask the next Welsh Government to encourage Local Health Boards to adopt College-approved prison mental health standards which are available free online.**
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