



O blaid gwell
iechyd meddwl

For better
mental health

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

Introduction

Mind Cymru welcomes the opportunity to contribute to this consultation process. The views expressed within this response are the views of Mind Cymru and are informed by people with direct experience of mental distress.

Our views are made in the context of our continuing concerns regarding the current Act, such as our opposition in principle to supervised community treatment. The Welsh Assembly Government and others are well aware of our position in this regard, which we are not going to duplicate here.

Mind Cymru's key messages are that:

- People with experience of mental distress inform all that we do.
- Because people with experience of mental distress inform all that we do, we know what the real issues are.
- We are determined to improve society's recognition, understanding and acceptance of people with experience of mental distress.
- We value diversity and ensure inclusion is at the heart of our work

General Comments

Mind Cymru welcomes this opportunity for Wales and is pleased that mental health is being considered at an early stage in their

powers with regard to legislative competence as it gives the Welsh Assembly Government (WAG) an opportunity to reflect the nature of mental health strategy and policy in the Welsh context. In response to the questions asked:

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?

It is our view that the terms of the proposed Order would confer appropriate powers on the NAW to allow for this.

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

It is our view that the proposed Order is appropriate to allow the Assembly to bring forward the measures to address the relevant issues. However due consideration should be given as to whether the proposed Order could be strengthened by the additional attention to complementary proposals in the field of Social Care, if this is permissible under Schedule 5 field 15 social welfare. It would be important to ensure that any additional considerations would not jeopardise the proposed LCO in its entirety.

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?

Subject to the our concerns in our answer to question 2, it would be helpful to add a requirement on local authorities to provide treatment for mentally disordered persons, and to assist with their assessment, as appropriate.

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

The proposed LCO and Measures aim to contribute to the rebalancing of mental health services in Wales towards earlier intervention and community treatment. A consequence of this should be the ability in Wales to ensure that people in Wales are treated closer to home, reducing the number of persons requiring treatment in England and elsewhere. The proposed changes to NHS provision, already has led to combining of some Trusts, which will allow for increased capacity to provide for certain mental health treatments, such as eating disorders, in Wales. This should reduce any tensions, which may arise through cross border issues. The service users with which we consult have often raised their concerns about the lack of local mental health service provision. We believe Welsh people should have the right to assessment and appropriate treatment 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?

With regard to assessment, service users have raised that current lack of right to assessment as a great concern. Current provision under the Mental Health Act 2007 does not go far enough in this regard and Mind Cymru welcomes the proposal for a right to assessment for all those who wish to have one, who are experiencing mental distress. We have anecdotal evidence of service users being turned away when trying to access services on the grounds that they are “...not ill enough yet...” We consider this situation to be wholly unacceptable and would expect that a right to assessment would go some way to remedying these problems.

Mind Cymru has long lobbied for access to independent mental health advocacy services for both hospital patients and those accessing services in the community. Our concerns regarding the ongoing delays in reaching National Service Framework targets, are detailed in our Manifesto and Advocacy Briefing Paper¹. We therefore welcome the attention given in the proposal to access to advocacy services for anyone who is distressed and vulnerable.

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

¹ Mind Cymru Manifesto 2007 and Advocacy Briefing 2007, www.mind.org.uk

As the Mental Health Act 1983 and the amendments made in 2007 are applicable in England and Wales, it is appropriate in our view for the proposal here to be limited to those outwith the current 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?

It is our view that the definition is adequate and appropriate for this stage in the process.

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

Our view is that a specific definition of types of treatment does not need to be defined at this stage, but must be considered on the basis of therapeutic benefit to the person in receipt of any treatment. Subject to any legislative limitations, as outlined in question 2 above, we would want due consideration given to consider treatment to cover both treatment and/or care.

Care and treatment of people with mental health problems covers a range of different things including talking therapies, training services, services to promote social skills and independent living. Different people’s treatment and care needs can vary dependent on their particular circumstances.

We will be happy to discuss further these and any other matters on 29 April 2008, when we give oral evidence.

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