CWM TAF HEALTH COMMUNITY

MENTAL HEALTH STRATEGIC FRAMEWORK

2011 to 2016
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1. INTRODUCTION

This 5 year Strategy for Adult Mental Health Services in Rhondda Cynon Taff and Merthyr Tydfil has been developed by Cwm Taf Health Board in partnership with Public Health Wales, Rhondda Cynon Taff County Borough Council, Merthyr Tydfil County Borough Council, the third sector, mental health service users and carers.

The Strategy encompasses the promotion of mental health and wellbeing in the whole population, and the provision of mental health services to adults of all ages; from first contact in the community and primary care through to specialist community and inpatient care and support. As well as including older adults, this Strategy will address the mental health issues associated with older age. The Strategy will link to Child & Adolescent Mental Health Services and address issues of transition between children’s and adult services.

We aim to build upon the considerable improvements made to mental health service provision in Rhondda Cynon Taff and Merthyr Tydfil over the past decade, and to set the strategic framework to address any remaining inequities, service gaps and modernisation needs. We will continue to ensure services are evidence based and consistently seek and evaluate best practice. This will involve appraising locally the audits of NICE guidelines and technical appraisals and consideration given to develop and deliver an incremental implementation plan.

As organisational structures have changed over recent years it is important that Cwm Taf and its partners build and work toward a single model of service delivery where quality is a constant throughout and we respond quickly to the views of service users, families and representatives. This will demand performance driven outcomes and clear lines of accountability for ensuring the strategy delivers. It will also involve new approaches to workforce planning where health need drives the redesign of roles and commissioning of the workforce, in partnership with multidisciplinary agencies.
2. OUR VISION

<table>
<thead>
<tr>
<th>OUR SHARED VISION is to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. promote and improve the mental health and emotional wellbeing of the local population;</td>
</tr>
<tr>
<td>B. provide prompt and effective assessment and access to services within primary care and the wider community, that help people to manage their mental health needs, with an emphasis on early intervention, self care, peer and carer support;</td>
</tr>
<tr>
<td>C. provide timely, integrated interventions as close to home as possible for people needing to access specialist mental health support, and to prevent and respond to crises; to ensure appropriate support in places of safety;</td>
</tr>
<tr>
<td>D. provide local services that promote rehabilitation, recovery, independence, and social inclusion, and that challenge stigma.</td>
</tr>
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3. UNDERPINNING PRINCIPLES

This mental health strategy is underpinned by the principles of :

- Engagement
- Equity and Equality
- Empowerment
- Effectiveness
- Efficiency

- **Engagement;** involving those experiencing mental health problems in planning and evaluating services to ensure we are responsive and effective

- **Equity and Equality;** ensuring we provide safe and effective services as locally as we can, with equitable access and equality of opportunity for all

- **Empowerment;** ensuring involvement in treatment and care, including self-managing problems with appropriate support

- **Effectiveness;** delivering treatment and care focused on successful reduction in symptoms, potential harm and improving peoples mental well-being

- **Efficiency;** getting the best value for money from the resources allocated to service providers to deliver the best services for people experiencing mental health problems
4. METHODOLOGY
The development of the Strategy was overseen by a small Project Team consisting of representatives from Cwm Taf Health Board, the Public Health Team, Rhondda Cynon Taff and Merthyr Tydfil local authorities, Interlink and VAMT.

The Strategy has been informed by a rapid needs assessment conducted by the Cwm Taf Public Health Team. This work incorporated:

- **A quantitative epidemiological review** assessing the population’s mental health status, needs and priorities and predicted future trends
- **A qualitative study** of the views and perceptions of 24 stakeholders from a wide range of backgrounds including representatives from the third sector, social services, police, housing, substance misuse, GPs and secondary health care professionals, and representatives working with children and young people. Interviewees were selected by the Project Team for their local knowledge and experience in areas relevant to mental health

The needs assessment was also supplemented by:

- **A document review** - a review of key national and local policies, key guidance documents and service reviews;
- **Service User Feedback** – a review of service user feedback received over the past 3 years
- **Equalities evidence review** – a review of national equalities evidence to establish the equality and human rights issues relevant to mental health

As well as the stakeholder interviews and service user feedback referred to above, engagement with stakeholders was undertaken through two stakeholder workshops where the findings of the needs assessment were presented, and strategic priorities discussed.

The products from the above pieces of work will all be made available on the Cwm Taf local Public Health website:

http://www.wales.nhs.uk/sitesplus/888/page/46348

The Strategy is also guided by the recent Wales Audit Office Follow-up review of Adult Mental Health Services in Cwm Taf Health Community (2010) and integrates the key actions for future delivery in response to the findings, which have been incorporated into the action plan in section 7.

This Strategy is therefore based upon policy direction set by the Welsh Government, draws on the current available evidence and best practice,
reflects the views of a broad range of stakeholders and seeks to address local needs and priorities.

The Strategy builds upon the progress made over the last ten years, takes stock of where we are and sets out where we need to focus our efforts in partnership over the next five years.

5. MENTAL HEALTH IN CWM TAF – A HEALTH NEEDS ANALYSIS

The World Health Organisation defines mental health as:
'A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community'.

Positive mental health reduces the incidence and impact of mental illness. Good mental health and personal resilience protects against self harm and suicide.

Local Demography
The population of Cwm Taf Local Health Board (LHB) area is estimated to have been 290,410 in 2009, accounting for approximately 10 per cent of the Welsh population. Within Cwm Taf LHB, 19% of the population live within Merthyr Tydfil. Merthyr Tydfil contains the smallest population of all local authorities in Wales, whilst Rhondda Cynon Taff has the second largest population. Only 1.1% of the population is from black or minority ethnic communities. An analysis of requests for interpreters suggests that the main ethnic groups are Polish, Portuguese and Chinese.

Merthyr Tydfil is the only area in Wales for which the overall population is projected to decrease i.e. forecasted reduction of 3% from 2006 to 2031, typically 60 people per year.

However, the population projections for Cwm Taf overall predict a rise in the age group 75 years and over, from 22,000 (8%) in 2006 to 39,000 (13%) in 2031. This implies that there will be a significant rise in the number of people with dementia.

Life expectancy is lower than other areas of Wales, at 75.5 years (average for men and women) in Merthyr Tydfil and 76 years in Rhondda Cynon Taff. Healthy life expectancy shows an even greater difference, indicating that in Cwm Taf, a greater proportion of people’s lives are spent living with poor health.
Poor health and higher rates of mental illness are consistently associated with areas of higher rates of deprivation, low income, unemployment, poor educational achievement, poorer physical health, persistent negative attitudes and increased health-risk behaviour. All of these risk factors are present in the local area.

**Deprivation and economic inactivity**

Cwm Taf is an area of high socio-economic deprivation with 74 out of its 188 Lower Super Output Areas (LSOAs) classed as “most deprived” (ie 39%). These are located mainly in the Cynon Valley and in the southern areas of Merthyr Tydfil. Conversely, 17 LSOAs (9%), mainly in the southern Taff Ely area, are classed as “least deprived”.

Cwm Taf has higher numbers than the Wales average for people claiming out of work benefits, including job seeker’s allowance, incapacity benefit and lone parent benefit. Although the rate steadily decreased from 2001 to 2008, it has increased again since, reflecting the wider economic downturn.

Economic recession is known to have a major impact on health, the first effects often being an increase in suicides and substance misuse within the first two to three years.iii
**Education**
Access to higher education improves life chances, and increases access to a higher income which is protective of mental health. Poor educational achievement may also be a reflection of lower self confidence and resilience which may be result of poorer mental health.

54% of Cwm Taf’s LSOAs are in the top two fifths of LSOAs in Wales with the highest proportion of young people not in higher education.

**Physical activity**
Being physically active can have a positive effect on mental health. The Welsh Health Survey 2008/9 showed that Cwm Taf has a slightly lower rate than the Wales average for males and females undertaking physical activity for at least 30 minutes five times a week.

Males are generally more physically active than females; as physical activity can include activity which is part of one’s job, there could be a link with manual labour amongst males. Also, low car ownership in Merthyr Tydfil and Rhondda Cynon Taf can result in individuals being more physically active as they have to walk more.

**Equality**
The Equality Act (2010) protects people from discrimination on the grounds of their ‘protected characteristics’ – disability, gender, gender reassignment, pregnancy and maternity, race or ethnicity, religion or belief, age and sexual orientation.

Of these, the areas which have particular bearing in terms of mental health are disability, gender reassignment, ethnicity and sexual orientation, as they are perhaps more likely than other groups to face hostility and misunderstanding, which can contribute to experiencing poor mental health.

Equally, the mental health needs of older people, Welsh speakers, gypsies and travellers, asylum seekers and refugees, and people living in isolated communities are of concern. According to Mind Cymru, these social groups tend to have particular mental health needs which are not adequately met.iv

Consequently there is a need to identify these groups at a local level in order to respond to their particular mental health needs.

**Prevalence of Mental Health Problems in Cwm Taf**
Unsurprisingly, given the socio-economic circumstances described above, the population of Cwm Taf rates lower than the Wales average for self perceived mental wellbeing, and higher than the Wales average for self reported treatment for mental illness.
The Office for National Statistics (ONS) carried out a detailed survey in England in 2007, which gave the prevalence of mental health disorders in the population. The rates obtained through this survey have been used to estimate the numbers for the Cwm Taf population. The findings, represented below, do not take account of the socio-economic risk factors prevalent in Cwm Taf so are likely to be an underestimate, but give an indication of the types of mental health disorders most commonly experienced:

<table>
<thead>
<tr>
<th>Mental Health Disorder</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed anxiety &amp; depressive disorder</td>
<td>13,200</td>
<td>7,800</td>
</tr>
<tr>
<td>Generalised anxiety disorder</td>
<td>6,000</td>
<td>4,700</td>
</tr>
<tr>
<td>Depressive episode</td>
<td>4,600</td>
<td>3,300</td>
</tr>
<tr>
<td>All phobias</td>
<td>3,200</td>
<td>1,300</td>
</tr>
<tr>
<td>OCD</td>
<td>2,700</td>
<td>1,000</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>Figure awaited</td>
<td>1,100</td>
</tr>
<tr>
<td><strong>Any neurotic disorder</strong></td>
<td><strong>29,700</strong></td>
<td><strong>19,200</strong></td>
</tr>
</tbody>
</table>

Using Welsh Health Survey data it can be suggested that over 18,000 people in Cwm Taf may be receiving treatment for depression or anxiety at one point in time. The largest proportion by far of primary care prescribing on mental health drugs is for antidepressants.

Cwm Taf residents received 407,124 antidepressant prescriptions in the year to March 2011 (an increase of 9.85% over the previous year and 20.97% increase from 2008). The average cost of a prescription item in 2010 was £4.97, excluding dispensing costs. The total cost for 2010/11 was £2.02 million, representing 3% of the total programme budget for mental health.

As the population ages, the mental health conditions most common in this age group become more prevalent. Dementia is much more common in people over the age of 85. It is anticipated by 2030 there will be a large increase (almost double) in the number of people with dementia in the 80-84 and 85+ age groups, likely to be the result greater life expectancy and the effect of the ‘baby boom’ population reaching the 85+ age group during the period. There are also slight increases predicted in the other age groups.

Psychosis and serious mental health problems continue to be prevalent however people experiencing these are more likely to be cared for in the community setting as services have developed. For example, for manic depression and schizophrenia we have seen an overall fall in admissions
from 190 (2008/9) to 130 (2010/11) at Cwm Taf LHB. This reflects the development and success of supportive services in the community. However, we have also seen the acuity of admissions increase with a rising trend in those presenting with complex mental health problems, substance misuse and multiple social issues. The workforce is adapting to meet this need but more work is required in terms of prevention and recovery. There is no all-Wales data to reflect this and we are currently examining local trends.

Alcohol and substance misuse is another area of increasing concern with more than 4 out of ten adults in Cwm Taf drinking more than the recommended guideline amount at least once a week. Although this is average for Wales, the impact of alcohol misuse on population health is apparent from the rates of alcohol-attributable hospital admission rates, which is particularly high amongst males: in 2007-2009, 1817 per 100,000 males in Merthyr Tydfil were admitted to hospital for conditions entirely or in part attributable to alcohol. This is higher than anywhere else in Wales:

The incidence of drug misuse is also estimated to be higher in Merthyr Tydfil than the rest of Wales.

**Alcohol-attributable hospital admissions (person-based), European age-standardised rate (EASR) per 100,000, ranked Local Authorities, males, 2007-09**

Produced by Public Health Wales Observatory, using PDDW(NWIS), MYE (ONS), attr. fractions (NWPFOC)
**Intertwined physical and mental health**
Mental health is deeply entwined with physical health. Poor mental health is associated with obesity, alcohol misuse and smoking, and with diseases such as cancer, cardiovascular disease and diabetes. Half of smoking-related deaths occur in those with mental illness.⁵

A study using analysis of data from the Welsh Health Survey in 1998, showed rates of many self reported common conditions to be over twice as common among people who also reported having a “mental or nervous illness for three months or more”⁶. For instance, 33.2% of people in Cwm Taf with a mental or nervous illness also reported having been treated for any heart disease, while only 19.8% of people without a mental or nervous illness reported this.

Similar results were found in the 2005 survey results for all Wales, with very strong correlations between self reported mental or nervous illness and many chronic conditions.

Mental health problems are common among people admitted to non-mental health hospital wards. Two-thirds of NHS beds are occupied by people aged 65 and over, of whom up to 60% will have or develop a mental health disorder during admission. The commonest disorders are depression, dementia and delirium. These result in worse outcomes; increased mortality, greater length of stay, loss of independent function and higher rates of institutionalisation⁷.

There is also a link between mental ill health and deafness. Estimates in children suggest a prevalence of mental health problems of 40% in Deaf children compared to 25% in their hearing counterparts. In adults, a number of studies from different countries have indicated a significantly higher level of mental ill health. Alcohol problems are frequently mentioned, although much of the evidence for this is anecdotal⁸. The estimated number of people living in the Cwm Taf area who are Deaf or hard of hearing is 50,122, and the estimated number of culturally Deaf people with a mental health problem is 50⁹. Deafness and other sensory impairments pose additional barriers to being able to access mental health services at any level.

**Childhood experience and transition to adulthood**
Poor mental health begins early and continues over a lifetime. Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters of lifetime mental illness arise by mid-twenties⁹. (E.g. over 70% of adults with depression or anxiety first had symptoms in adolescence¹⁰).
Experiences in childhood can have a major impact on adult resilience and emotional well being, such as bullying, growing up in families where the parents have mental health or substance misuse issues, poor parenting skills or where there is domestic abuse, and/or child sexual abuse.

Studies demonstrate an association between child sexual abuse and a subsequent increase in rates of childhood and adult mental disorders. The number of children on the Child Protection Register has steadily increased, but there are many reasons for this and it is more likely to reflect a change of response than a true increase in child abuse. This group of children does have a higher risk of future mental health problems and substance misuse in adulthood, especially looked after children, through a mix of disadvantages. Some of these children will not become known to services during childhood, so that the true consequences may only become known in adulthood.

**Healthcare Use**

**Primary Care**

Merthyr Tydfil and RCT have fewer GPs per 10,000 population than most other local authorities in Wales, while the demand on their time is likely to be higher due to the high prevalence of deprivation, chronic conditions and mental health problems. Cwm Taf has the highest number of single handed GPs in Wales, a much higher proportion of GPs over the age of 55, and the highest list sizes in Wales.

![Average GP list size, October 2009](image)

Source: Health Statistics and Analysis Unit, Welsh Assembly Government

Using a tool developed for the Improving Access to Psychological Therapies (IAPT) settings in England, an estimate has been made for the number of people in Cwm Taf with common mental health disorders who may benefit from a primary care intervention. The final numbers are based on the proportion who may benefit and an estimate of those who
would be interested to take up this treatment. This is likely to be significantly underestimated, as it is not adjusted for age or deprivation:

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number needing a LOW level intervention, eg guided self help</td>
<td>8,200</td>
</tr>
<tr>
<td>Total number needing a HIGH level intervention, eg CBT</td>
<td>4,600</td>
</tr>
<tr>
<td>Total number needing a course of SSRIs ie anti-depressant drugs</td>
<td>3,200</td>
</tr>
</tbody>
</table>


**CMHTs**

There are four adult Community Mental Health Teams in Cwm Taf, one in each locality. An audit of all referrals to the 4 CMHTs during one week in May 2011, showed that 67% are from GPs, but there are a number of other sources of referral, notably self referrals and from the police. 21% of referrals were considered inappropriate, and most of these originated from primary care. This suggests a lack of availability of appropriate services, or a lack of awareness about what is in fact available to meet the needs of the individual.

The commonest primary reason for referral was given as “domestic/social problem”, but most of these gave anxiety or low mood as the secondary reason:

Source: Cwm Taf CMHT team for Welsh Government Delivery Support Unit audit.
Inpatient Care
Overall in Wales, between 2004-05 and 2009-10, the number of people admitted to inpatient care (excluding place of safety detentions) decreased by 25%. More males than females were formally admitted each year. The number of informal admissions fell by 28%. This is also reflected in the data for Cwm Taf Health Board.

![Trend in number of mental health admissions, Cwm Taf, 1996-2010](image)

In the recent WAO follow-up review of Adult Mental Health services where Cwm Taf had the highest number of acute & PICU mental health beds per 10,000 head of population in Wales;

Exhibit 5: Adult acute mental health beds

![Exhibit 5: Adult acute mental health beds](image)

For older persons, a recent audit by Cwm Taf has also revealed higher numbers of intermediate and continuing health care beds.

Source: Paul Davies, Cwm Taf Mental Health Directorate
Based on estimated adult population to be 61% of total population (2009 ONS midyear)

The commonest reasons for admission during 2010 were for psychosis and depression. For older people, at least half of admissions were related to dementia.

Source: Information Services, Cwm Taf NHS Trust
In summary, the mental health need of the population in Cwm Taf is multi-faceted and the profile is changing. The region has a number of areas with high levels of deprivation and many mental health problems are intertwined with physical ill-health and social complexity.

Whilst services have increased, there is more to do particularly in primary health care and rehabilitation. A significant proportion of resources are dedicated to the more complex spectrum of mental health. For example, around £17m is spent per year on circa 140 -150 patients in high cost non-NHS placements. Additionally, the high number of acute & PICU beds at present reflects the need to enhance community and rehabilitation services to ensure acute admission becomes a rare event and not the “norm” for many people with long term mental health problems.

For the older person, dementia represents the greatest need in terms of service delivery. However, as life expectancy increases, so too will functional illness and challenging behaviour for the over 65 age group.
6. ACHIEVING OUR VISION – OUR STRATEGIC PRIORITIES

A. To promote and improve the mental health and emotional wellbeing of the local population

Evidence shows that the foundations of good mental health are laid in childhood, even before birth. An individual’s mental health status throughout life results from a complex interplay between individual and social components and internal and external factors, as shown in the diagram below adapted from the Mental Health Promotion Action Plan:

<table>
<thead>
<tr>
<th>Internal Factors</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
<th>External Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
</tr>
<tr>
<td>Congenital illness /disability</td>
<td></td>
<td>Good physical health</td>
<td></td>
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<tr>
<td>Lack of social status</td>
<td></td>
<td>Positive sense of self</td>
<td></td>
</tr>
<tr>
<td>Poor self esteem</td>
<td></td>
<td>High self esteem</td>
<td></td>
</tr>
<tr>
<td>Feelings of helplessness</td>
<td></td>
<td>Ability to manage conflict</td>
<td></td>
</tr>
<tr>
<td>Problems with sexual identity</td>
<td></td>
<td>Ability to learn</td>
<td></td>
</tr>
<tr>
<td><strong>Social components:</strong></td>
<td></td>
<td>Social components:</td>
<td></td>
</tr>
<tr>
<td>Poor quality of relationships</td>
<td></td>
<td>Positive experience of bonding / attachment</td>
<td></td>
</tr>
<tr>
<td>Feeling of isolation</td>
<td></td>
<td>Feeling of acceptance</td>
<td></td>
</tr>
<tr>
<td>Institutionalisation</td>
<td></td>
<td>Ability to make, maintain and break relationships</td>
<td></td>
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<tr>
<td>Experience of conflict</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Experience of alienation</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
</tr>
<tr>
<td>Hunger/cold</td>
<td>Enough food and warmth</td>
<td></td>
<td></td>
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<tr>
<td>Homelessness/poor housing</td>
<td>Adequate shelter</td>
<td></td>
<td></td>
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<tr>
<td>Loss or separation</td>
<td>Adequate income / employment</td>
<td></td>
<td></td>
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<tr>
<td>Experience of violence /abuse</td>
<td>Meaningful activity</td>
<td></td>
<td></td>
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<tr>
<td>Illness or disability of family member</td>
<td></td>
<td>Social components:</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td>Supportive social network</td>
<td></td>
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<td></td>
<td></td>
<td>Positive role models</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Societal and community validation</td>
<td></td>
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<tr>
<td><strong>Social components:</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Feeling of discrimination</td>
<td></td>
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<tr>
<td>Being stigmatised</td>
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<td></td>
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<tr>
<td>Lack of autonomy</td>
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<tr>
<td>Negative peer pressure</td>
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<tr>
<td><strong>Individual components:</strong></td>
<td><strong>Individual components:</strong></td>
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The factors associated with increased risk of poorer emotional wellbeing are deprivation, unemployment, poor health and lower educational achievement, which are all more common in Cwm Taf than in the rest of Wales.

The Welsh Assembly Government draft Mental Health Promotion Action Plan (2006) supports activity that strengthens protective factors and reduces the risk factors. This means promoting the factors associated with good emotional health, such as social networks, decent income, being active and having a meaningful purpose to life, and addressing the factors that impact negatively on mental health such as physical inactivity, poor physical health, social exclusion, fear of crime, deprivation, unemployment, experience of violence or abuse, poor housing or homelessness.

Responsibility for addressing these various determinants of health and wellbeing sits with a range of different agencies as well as with communities and individuals themselves. Both Rhondda Cynon Taff and Merthyr Tydfil recently published their Health, Social Care & Wellbeing Strategies for 2011-14, which are the main mechanisms for co-ordinating efforts to address these priorities in our localities. Delivery of the Strategies is being taken forward by various working groups which are currently being rationalised under a partnership review.

**PRIORITIES**

**In order to promote and improve the mental health and emotional wellbeing of the local population, our priorities will be to:**

Identify and capitalise on opportunities to
- strengthen individuals, families and communities, for example through:
  - projects to support individual and community resilience and cohesion
- create environments and systems that value and enhance wellbeing, for example through:
  - challenging and eliminating unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010;
  - advancing equality of opportunity and foster good relations between people who share a relevant ‘protected characteristic’ (see page 8) and those who do not

We will target our efforts at:
- Children, young people and families, for example through:
Implementing the Child Poverty Strategy / Families First programme locally
The Healthy Schools Programme
Intergenerational projects
The Integrated Family Support service

• Promoting employment and meaningful activity, for example through:
  • Developing adult Community Learning programmes
  • Effective co-ordination of programmes such as the Employment Gateway, Jobmatch, Bridges into Work, Future Jobs Fund and Working Links
  • Promoting volunteering both as a meaningful activity and pathway into employment
  • Becoming psychologically-minded organisations and promoting the Corporate Health Standard and Wellbeing through Work initiative within local organisations, beginning with our own workforce
  • Linking to work with children and vulnerable families to help break the culture and cycle of worklessness
  • Promoting activities targeted at older people
Mental health problems are very common amongst the population, in particular depression and general anxiety disorders which are generally diagnosed and treated in primary care. Outcomes for the individual and their families are better if mental health problems are identified and addressed early. However, many sufferers are reluctant to seek help due to perceived stigma, shame, or not understanding that help is available or needed. Others who do present to primary care may not always receive the appropriate assessment and treatment.

Given the personal, social and economic costs of mental health problems, and the acknowledgment that not all people are receiving support soon enough, the NICE Clinical Guideline on Common Mental Health Disorders (2011) promotes the improving of early detection, assessment and intervention as key priorities for any healthcare system, using the 3 stepped approach.

This has been echoed by our service users and carers, and is supported by the Mental Health (Wales) Measure, which places a statutory duty on Health Boards and Local Authorities to deliver local primary mental health support services offering assessment and, where appropriate, treatment for people of any age with mental ill-health.

The services that are to be delivered are:
- focussed mental health assessments for individuals who have first been seen by their GP, but for whom the GP considers a more comprehensive assessment is required
- short-term interventions, either individually or through group work, if this has been identified as appropriate following assessment. Such treatment may include counselling, a range of psychological interventions including cognitive behavioural therapy, solution-focussed therapy, stress management and education
- provision of information and advice to individuals and their carers about treatment and care, including the options available to them, as well as ‘signposting’ them to other sources of support (such as support provided by voluntary organisations, housing services etc)
- provision of support and advice to GPs and other primary care workers (such as practice nurses) to enable them to safely manage and care for people with mental health problems
- supporting the onward referral and co-ordination of next steps with secondary mental health services, where this is felt to be appropriate for an individual
The benefits of timely diagnosis and referral are also recognised with dementia, as this helps to reduce uncertainty for people with suspected dementia and their families; increases opportunities for planning and decision making for the future, including Lasting Powers of Attorney, financial planning and discussion of preferences regarding housing and care; and enables earlier interventions, facilitating adjustment and coping. The 1,000 Lives+ Dementia Care targets include a bundle on reducing the time between onset of symptoms and communication of the diagnosis, which requires a greater awareness within primary care of the signs of dementia, of referral pathways through to specialist memory assessment services, and of other support available within the community.

The need to improve access to mental health support within primary care is acknowledged as a key priority within the Cwm Taf area. Cwm Taf has fewer GPs per head of population than most other parts of Wales, more single handed GPs, and they are already stretched by high levels of poor health.

The commonest intervention within primary care is pharmacological (we spent £2.1 million on antidepressants in 2010), as there is limited access to psychological therapies.

**PRIORITIES**

**In order to improve prompt and effective assessment and access to services within primary care, our priorities will be to:**

- Take action to reduce stigma
- Encourage and support people to seek the help they need, through:
  - Raising public awareness about mental illness
  - Promoting information helplines
  - Exploring the use of the Communications Hub as an information and signposting resource
- Implement the Mental Health Measure part 1 for people of any age, to develop Primary Care Mental Health services:
  - Establish a Mental Health Measure Implementation Project and Board
  - Develop the service model for Primary Care Mental Health services and identify resource requirements / sources
  - Seek to reduce the level of anti-depressant prescribing
  - Establish whether the role of General Practitioners with a Special Interest (GPwSIs) in Mental Health could support the proposed model of care within Cwm Taf
  - Improve the use by GPs of standardised tools, particularly to aid the assessment of the risk of suicide or self harm
• Encourage the uptake of mental health enhanced medical services, ensuring such services are audited and their impact on care assessed

• Implement the Dementia Care Bundles, (ie standards to be achieved by healthcare services), improving awareness of Dementia in Primary Care and improving the rate and timeliness of referrals to Memory Assessment Services

• Developing the training and support provided to GPs and primary care staff, including the availability of specialist advice and support Ensuring that all GP practices have access to a ‘gateway’ worker, providing screening, assessment, gate keeping and signposting to other services
C. To provide timely and integrated interventions as close to home as possible for people needing to access specialist mental health support, and to prevent and respond to crises; to ensure appropriate support in places of safety

In line with national strategy we aim to make sure that service users have access to a range of services within the community as and when they need them, with admission to hospital being the exception rather than the rule. However, when service users do require a place of safety we need to make sure that they make a smooth transition to and from acute hospital-based care which is provided in a fit for purpose and dignified environment.

The last five or so years have seen considerable progress in modernising some areas of the Cwm Taf mental health service with the opening of new facilities, development of more community based services and the adoption of new ways of working.

The shift from inpatient to community based care, which has been a feature of mental health services over the past two decades, is now echoed across healthcare services, driven by Setting the Direction, the Primary & Community Services Strategic Delivery Programme for Wales.

Within Cwm Taf this has led to the creation of four localities, namely Merthyr Tydfil, Rhondda, Cynon and Taff Ely. The existing locality mental health teams for both Adults and Older Persons will dovetail into the new locality structure, and will continue to be the cornerstone of the service dealing with people experiencing mental illness, with the function being maintenance and recovery where possible.

Crisis Resolution Home Treatment (CRHT) services aim to offer rapid assessment and support for individuals experiencing acute mental health crises, as an alternative to hospital admission. There remain some inequities in service provision with 24/7 access to Crisis Resolution services not available in all areas. Stakeholders have also stressed the need for a better co-ordinated multi-agency response to prevent or respond to acute crisis, where every agency has a clear role and takes responsibility for addressing the needs of the individual, rather than ‘pushing’ them on elsewhere. This is particularly important when the individual is displaying challenging, anti-social behaviour, is under the influence of alcohol or other substances, and is perceived as a threat to themselves and/or others.

Despite the development of community health services, more resources in Cwm Taf Health Board are still dedicated to in-hospital facilities rather than community services with the greater proportion of staff (around 70%) working in hospital settings. When comparing Cwm Taf to other
areas we have more acute hospital beds and more Psychiatric Intensive Care (PICU) Beds than other Local Health Boards.

If further development of community models of care is to progress, the impact on the provision of inpatient beds needs to be carefully considered.

The commonest diagnoses for an inpatient admission to a Cwm Taf hospital in 2010 were psychotic symptoms or depression. Acute inpatient care, provided for those in the most acute and vulnerable stage of their illness, must meet quality standards, be safe and appropriately resourced, and offer a place of sanctuary and therapeutic interventions. It must be integrated into a whole system approach facilitating progress on through the individual’s care pathway, with the focus on recovery.

Acute care should not always mean admission to a bed; instead, the care offered for a new mental health problem or relapse could be delivered at the person’s own home or in the community preventing the need for admission to hospital. In order to provide such alternatives to acute admission, and to facilitate earlier discharge from the acute setting back to local communities, there is a need to develop locality-based step-up/ step-down accommodation. Work is currently ongoing between the Health Board and Local Authorities to explore options for local provision of joint health & social care supported accommodation.

For older people with mental health needs, we need to review the mix of organic and functional assessment beds, and to consider the options for provision of continuing care beds, the need for which is likely to increase in the future. We also need to further develop locality based Memory Assessment Services, and multi-agency day services to support the Older People’s Community Mental Health Teams.

The evidence shows that there are close links between substance misuse and mental illness but that this is one example where the services provided are not well co-ordinated around the holistic needs of the individual.

As outlined in section 5, people with mental illness are also more likely to have other physical health problems. There were 6,605 admissions to non-mental health hospital wards in Cwm Taf during 2010 where a secondary mental health problem was recorded, of which more than 20% were for alcohol or drug problems.

It is acknowledged that there needs to be improved understanding amongst health professionals of the mutual impact of physical and mental health, and improved co-ordination of the prevention and management of co-morbidities. The General Medical Services Contract
(2004) Directed Enhanced Services include an annual Health Check for patients on Enhanced CPA. Historically, there have been difficulties in increasing the uptake of these health checks, for a number of reasons. However, the increased focus on partnership working between primary and secondary care will provide an ideal opportunity to make such checks more available to patients with severe mental illness.

The new Intelligent Target for Depression includes bundles on the identification of people with a chronic condition who would benefit from help in managing any anxiety and depression; and the Intelligent Target for Dementia includes a bundle on improving the care of people with dementia when they are in general hospital settings. The National Dementia in District General Hospitals (DGH) Audit\textsuperscript{iv} has also highlighted shortcomings that the LHB will need to address before the next audit round in 2012.

Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters of lifetime mental illness arise by mid-twenties. Over 70% of adults with depression or anxiety first had symptoms in adolescence. Some conditions are becoming more common in children and are becoming more prevalent into adulthood, such as ADHD and other Autistic Spectrum Disorders, and conduct disorders. However, adult services are not always equipped to manage these conditions, and the transition of care from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services is sometimes problematic, despite the development of transition protocols.

Evidence suggests that advocacy can lead to an improved experience of mental health services for individuals, including the potential for advocacy to create choice, improve involvement in decision making, and promote access to a range of different services. The Mental Health Measure extends the right to Independent Mental Health Advocacy to informal patients as well as to those detained under the Mental Health Act.

**PRIORITIES**

*In order to achieve our aim to improve access to specialist mental health services, our priorities will be to:*

- Clarify the future service model:
  - Following formal consultation the LHB will develop the future model for provision of adult acute and rehabilitation inpatient services
  - Plan how best to reinvest any funding released through inpatient service redesign into locality based services, including the provision of strengthened community services and local rehabilitation.
• Consider how best to provide for the care needs of an ageing population and the projected rise in dementia, including the need for more Memory Assessment Clinics, continuing care beds and services for people with early onset
• Review the provision of organic and functional assessment beds for older people’s mental health

• Develop integrated care pathways which:
  • address people’s holistic needs and minimise the risk of people ‘falling through gaps’
  • provide a more timely and co-ordinated multi-agency response to support the needs of people in crisis
  • manage the transition of care between children’s and adult services

• Improve the general health management of patients with a serious mental illness, by improving health promotion, screening uptake and early interventions, in particular smoking cessation and encouraging physical activity. Also by improving the take up and impact of annual health checks

• improved mechanisms for the identification and appropriate care of people in a general hospital or other healthcare setting who have or develop mental health needs, particularly people with dementia, delirium or depression

• Ensure that Independent Mental Health Advocacy is made available to informal as well as formal mental health patients

• Ensure that service quality indicators and targets are met (eg. the NHS Annual Quality Framework, NICE guidelines, Local Authority Key Performance Indicators ).
D. To provide local services that promote rehabilitation, recovery, independence and social inclusion, and that challenge stigma.

Rehabilitation and recovery are inextricably linked, however the former has specific, jointly agreed, objectives to return the person to good mental health whereby they can resume their pattern of life prior to illness. For example, short duration problems such as grief reactions, work related stress and life event stress can generally be dealt with in primary care. However for some people, particularly those with a more enduring mental health problem, a recovery approach follows initial attempts at rehabilitation. The recovery model in mental health does not necessarily mean complete recovery; it is about developing a sense of control and building resistance to a mental health issue. In this way it is very person-centred and, for many, it is a journey rather than a destination.

The recovery model means that, with the right support throughout their ‘journey’, admission to an acute bed for people with a mental illness should be a rare event and if it does happen, that episode of care should be focused and short-stay. Once the person’s acute care needs have been addressed, the focus of their care plan should be on rehabilitation, reintegration into the local community and the promotion of the maximum level of independence for them as an individual.

Of course for many people, due to the severity of their mental health problem and chronic duration there is a disabling effect. This increases the burden for the person, particularly in terms of social inclusion. It is important that our services aim to reduce the impact of that disability and improve people’s quality of life.

Evidence shows that recovery and social inclusion is easier if people are able to maintain their social and family networks during treatment. This is clearly more difficult if people are placed in facilities far away from home, which is one reason why we wish to repatriate patients placed in out of county placements by developing new rehabilitation facilities within the Cwm Taf area. As these patients are likely to be those with a serious and enduring mental illness, it will be vital to enhance the level of integrated community based support available to support their rehabilitation and recovery.

The majority of former Community Rehabilitation Services have gradually adopted the Assertive Outreach Team (AOT) Model for clients with a severe and persistent mental disorder who would benefit from consistent, intensive support but who may not engage well with services. Currently there is inequitable provision of AOT services across Cwm Taf,
and the aim is to provide the same level of service in each area by investment which will enable the whole service to be operational 7 days a week.

Access to housing of an appropriate quality and related care and support services is critical in ensuring the independence and social inclusion of people who have a mental illness, and to prevent relapse. It will therefore be important to ensure better co-ordination between mental health services and housing services, including the Supporting People programme. Move on from supported accommodation can be facilitated by Floating Support to provide ongoing low level support with issues such as bill paying.

Support to return to work or meaningful activity is vital, and can be achieved through better communication between the Department of Work & Pensions, and health & social care staff and voluntary agencies; offering more day to day support to individuals in training, volunteering, employment or work placements, and designing flexible workplaces that can accommodate the needs of people with mental health problems.

Over the past 10 years there have been major developments in the provision of day services and programmes that provide meaningful activity, largely provided by voluntary sector agencies such as, Merthyr & the Valleys MIND, New Horizons, Hafal, Age Concern, the Alzheimer’s Society and Mentro Allan. These are the kind of services that we need to build upon.

Service users have stressed the need for continuity of care and easy access to support when needed. They have stressed the need for a single point of contact for information on services available.

The Mental Health (Wales) Measure places a statutory duty on the LHB to enable individuals who have been discharged from secondary mental health services to have quick access back into services if the need arises. Arrangements will be put in place to ensure that this happens.

Service users also place great value in peer support groups, such as the Maerdy Association for Self Help (MASH), and gain confidence and a sense of purpose through involvement in mental health awareness raising, education and service planning.

For carers, the ability to access appropriate respite care when needed is essential to help them maintain their crucial role in supporting people to remain living in the community, and to avoid crisis situations. Such care can be provided by organisations such as Crossroads, or through family placement schemes.
PRIORITIES
In order to improve our provision of local services that promote rehabilitation, recovery, social inclusion and independence, our priorities will be to:

• Develop local rehabilitation facilities to enable repatriation from independent sector placements, and step down to lower levels of care. Specifically we plan to:
  o Open a 15 bedded fast-track rehabilitation unit at Ysbyty George Thomas in 2011
  o Further develop rehabilitation facilities at the newly refurbished Pinewood House in Treorchy
  o Consider options for potential step down facilities across the area
  o Develop new skills in the workforce to treat and care for people through the new rehabilitation and recovery model

• Further enhance our community based support through:
  o extending the Assertive Outreach model offering 7 day support to those with the most complex needs associated with severe and enduring mental illness
  o developing the skill base of General Practice and Primary Health Care to treat and care for people with long term mental health problems

• Commission a co-ordinated range of voluntary sector day services within each locality, which focus on meaningful activity, peer support and access to training or employment

• Work closely with the local authority (as the lead for housing) and voluntary sector to develop a range of accommodation options with flexible support to enable people to maintain recovery and maximise independence. This is a fundamental part of any treatment and recovery plan
7. ACTION PLAN

Implementation of following action plan will be monitored by the Joint Mental Health Planning Group. The Action Plan will be updated on an annual basis to ensure that it is current and relevant and reflects all key priority areas.

**A. Promote and improve the mental health and emotional wellbeing of the local population**

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<tr>
<td>A.1 – Develop a mechanism to identify opportunities for promoting mental health and wellbeing and to ensure that appropriate actions are integrated into the work of any key strategic partnerships.</td>
<td>Public Health Team</td>
<td>March 2012</td>
</tr>
<tr>
<td>A.2 – Establish links between the Joint Mental Health Planning Group and the HSCWB Strategy implementation mechanisms to ensure that the delivery of actions to promote mental health and wellbeing are monitored effectively (eg family, intergenerational, employment, training and volunteering initiatives).</td>
<td>Cwm Taf LHB Planning &amp; Partnerships team</td>
<td>December 2011</td>
</tr>
<tr>
<td>A.3 – Work with schools to develop a whole school approach to emotional wellbeing as part of the National Quality Award for Healthy Schools.</td>
<td>Public Health Team</td>
<td>Ongoing</td>
</tr>
<tr>
<td>A.4 – Work towards achievement of the Platinum Corporate Health Standard Award for Cwm Taf Health Board.</td>
<td>Cwm Taf LHB</td>
<td>Gold Award by 2012; Platinum Award by 2013</td>
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<tr>
<td>A.5 – Roll out the Worksure Programme within Cwm Taf Health Board to support staff through any sickness absence</td>
<td>Cwm Taf LHB</td>
<td>Ongoing</td>
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**B. Provide prompt and effective assessment and access to services within primary care and the wider community, that help people to manage their mental health needs, with an emphasis on early intervention, self care, peer and carer support**

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<th>ACTION</th>
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<tr>
<td>B.1 – Establish a Mental Health Measure Implementation Project Board and Project Team.</td>
<td>Cwm Taf LHB</td>
<td>September 2011</td>
</tr>
<tr>
<td>B.2 – Implement Part 1 of the Mental Health Measure - Task &amp; Finish Group to develop and enhance the local service model for Primary Care Mental Health services, including the role of GPs / GPwSIs and Enhanced Services.</td>
<td>Cwm Taf LHB</td>
<td>Service to be in place by October 2012</td>
</tr>
<tr>
<td>B.3 – Consider how the development of Primary Care Mental Health services can contribute to a reduction in anti-depressant prescribing, and monitor the impact.</td>
<td>Cwm Taf LHB</td>
<td>October 2012 and ongoing</td>
</tr>
<tr>
<td>B.4 – Implement Part 2 of the Mental Health Measure – Task &amp; Finish Group to ensure the necessary arrangements are put in place for the co-ordination of care and treatment planning for service users of all ages who have been assessed as requiring care and treatment within secondary mental health services.</td>
<td>Cwm Taf Mental Health Measure Implementation Group</td>
<td>Statutory duties must be met by June 2012</td>
</tr>
<tr>
<td>B.5 – Implement Part 3 of the Mental Health Measure - Operational Board to lead on implementation of assessment of former users of Secondary Mental Health Services - and to revise CMHT operational policy once Part 3 regulations have been confirmed by Welsh Government.</td>
<td>Cwm Taf Mental Health Operational Board</td>
<td>Statutory duties must be met by June 2012</td>
</tr>
<tr>
<td>B.6 – Implement Part 4 of the Mental Health Measure – develop and implement a plan to expand the provision of independent Mental Health Advocacy to sections 4, 5.2 and 5.4</td>
<td>Cwm Taf LHB</td>
<td>April 2012</td>
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### Implement the 1,000 Lives+ Dementia Care Bundles in Primary Care

Implement the 1,000 Lives+ Dementia Care Bundles in Primary Care to improve awareness of dementia and the rate and timeliness of referrals to Memory Assessment Services.  

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<tr>
<td><strong>B.7</strong> – Implement the 1,000 Lives+ Dementia Care Bundles in Primary Care to improve awareness of dementia and the rate and timeliness of referrals to Memory Assessment Services.</td>
<td>Cwm Taf LHB</td>
<td>April 2012 and ongoing improvement</td>
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### Maintain and promote the website

Maintain and promote the website [www.mentalhealthsupport.co.uk](http://www.mentalhealthsupport.co.uk) to provide comprehensive and up to date information for service users and carers. (ref WAO Audit)  

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<tr>
<td><strong>B.8</strong> – Maintain and promote the website <a href="http://www.mentalhealthsupport.co.uk">www.mentalhealthsupport.co.uk</a> to provide comprehensive and up to date information for service users and carers. (ref WAO Audit)</td>
<td>New Horizons Website Team and LA Info Officers</td>
<td>Ongoing</td>
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### Provide timely, integrated interventions as close to home as possible for people needing to access specialist mental health support, and to prevent and respond to crises; to ensure appropriate support in places of safety

### Formalise and implement the service model for provision of acute adult inpatient and rehabilitation services, and reinvestment in strengthened community and local rehabilitation services.

Cwm Taf LHB

Cwm Taf LHB Model formalised by December 2011

### Review the service model for older people’s mental health services including provision of Memory Assessment Services, organic and functional assessment, continuing care, and care for people with early onset dementia, and implement any necessary service developments.

Cwm Taf LHB

Commence in November 2011

### Review multi-agency crisis services and develop implementation plan to improve the timeliness and co-ordination of crisis response.

Joint Mental Health Planning Group

April 2012

### Develop integrated care pathways that address people's holistic needs and cover all agencies and settings. Ref WAO Audit)

Cwm Taf Mental Health Operational Board

March 2012

### Develop an integrated model for Child & Adolescent Mental Health Services (CAMHS).

Cwm Taf LHB and partners

Commence April 2012

### Review the management of the transition of care from CAMHS to Adult Mental Health Services and develop an improvement plan.

Cwm Taf LHB

April 2012
**C.7** – Establish the baseline for take up of annual health checks amongst patients with a serious mental illness, and develop an improvement plan.  
Cwm Taf LHB  
April 2012

**C.8** – Put improved mechanisms in place for the identification, liaison and appropriate care of people in a general hospital or other healthcare setting who have or develop mental health needs. (Linked to National Audit of Dementia and 1000 Lives implementation plans).  
Cwm Taf LHB  
Commence in June 2012

**C.9** – Ensure the implementation of NICE guidelines and technical appraisals (ref WAO Audit)  
Cwm Taf LHB  
Clinical director and Audit Department  
April 2012 and ongoing

**C.10** – Prepare a business case for the development of an early intervention in psychosis service, using repatriated monies or Spend to Save principles. (ref WAO Audit)  
Cwm Taf Clinical Director  
March 2012

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### Provide local services that promote rehabilitation, recovery, independence, and social inclusion, and that challenge stigma

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<tr>
<td><strong>D.1</strong> – Extend the Assertive Outreach model offering 7 day support to those with the most complex needs associated with severe and enduring mental illness.</td>
<td>Cwm Taf LHB</td>
<td>January 2012</td>
</tr>
<tr>
<td><strong>D.2</strong> – Commission a range of voluntary sector day services which focus on meaningful activity, peer support and access to training or employment.</td>
<td>Cwm Taf LHB and LAs</td>
<td>April 2012</td>
</tr>
<tr>
<td><strong>D.3</strong> – Establish local and regional Collaborative Committees to review Supporting People priorities, and improve systems for referral, needs assessment and provision of appropriate accommodation, eg MAASH. (ref WAO Audit)</td>
<td>LA Supporting People Leads</td>
<td>April 2012</td>
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<tr>
<td><strong>D.4</strong> – Identify priority actions to improve service user and carer</td>
<td>Stronger in</td>
<td>January 2012</td>
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involvement, including mechanisms for obtaining and using feedback to help inform service improvement and development

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<th>E. Overarching issues</th>
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<tr>
<td><strong>ACTION</strong></td>
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<tr>
<td><strong>E.1</strong> – Review the remit and governance arrangements of the Joint Mental Health Planning Group (ref WAO Audit)</td>
</tr>
<tr>
<td><strong>E.2</strong> – Evaluate the impact of implementation of this Strategy on equality issues.</td>
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| **E.3** – Undertake further research into the following:  
  • Evidence of effective approaches to reducing stigma associated with mental illness and use of services  
  • The needs for specific early interventions in childhood in order to prevent mental health problems that will emerge in adulthood and to improve adult resilience and emotional wellbeing  
  • The needs of people in independent sector placements, especially those out of area, who may benefit from moving into NHS accommodation closer to home, if suitable provision were available.  
  • More detailed information about the local needs of all protected characteristic groups, (particularly disability, gender reassignment, ethnicity and sexual orientation); homeless and vulnerable groups; veterans of the armed services; and those who get involved with the criminal justice system. | Joint Mental Health Planning Group | March 2013 |
| **E.4** – Protect and consider aligning health and social care mental health budgets (ref WAO Audit) | Lead LA and LHB Directors | March 2012 |
| **E.5** – strengthen multi-agency workforce planning arrangements particularly to support delivery of the new model for mental health services (ref WAO Audit) | Cwm Taf Mental Health Operational Board and HR | April 2013 |
REFERENCES


iv Manifesto Briefing 4, Mind Cymru 2011


vi The physical health of adults living in the community with an enduring mental health problem: a focus on prevalence, age, gender, social class and unitary authority utilising the 1998 Welsh Health Survey, theses submitted July 2007, private communication. Paul Davies.

vii Who Cares Wins- improving the outcome for older people admitted to the general hospital, Royal College of Psychiatrists, 2005

viii Mental Health and Deafness: Towards Equity and Access, Best Practice Guidance. Department of Health, 2005

ix Mental Health Services for Deaf People in Wales, British Society for Mental Health and Deafness, 2006


xiii Welsh Health Survey 2008-9

xiv National Audit of Dementia (Care in General Hospitals) Interim Report, Royal College of Psychologists, December 2010 http://www.rcpsych.ac.uk/pdf/The%20Interim%20Report.pdf