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Wellbeing in Wales: a sea change?

Exciting new initiatives are in progress to improve mental health and wellbeing in Wales. **Louise Robinson** presents an update



The Welsh Assembly Government's 10-year strategic plan for health and social care, *Designed for life*¹, aims to create a world class

service by 2015. Wales is currently in the first phase of this plan, titled 'redesigning care' (2005/08), in which mental health features as a key area for service improvement. Of particular interest to *HCPJ* readers, there is mention of improving psychological therapy provision and workforce reconfiguration. The mental health section concludes with the statement: 'there will be significant capital investment in modernising mental health services over the next three years.'¹

These are promising signs, but how will the political rhetoric of a 'world class service' become practical reality? Perhaps the greatest potential to improve patient care lies in sharing and developing best practice in service design, commissioning, management, clinical practice and clinical governance. This is where guidelines and targets set by the government aim to have an impact. When the system is working well, centrally set targets are levers for change in line with national government policy and best practice. To help drive the Welsh Assembly's mental health agenda forward, the 2006/07 Service and Financial Framework (SaFF)² introduced the following targets for psychological therapy and mental health services:

- All patients subject to the CPA [care programme approach] who are assessed to require access to evidence based psychological therapies will commence therapy within three months of assessment.
- All LHBs [local health boards] will strengthen mental health services within general practice to support whole system models of care, and specifically to provide additional tier 1 mental health services in primary care in accordance with Welsh Assembly Government policy implementation guidance by ensuring that:
 - All GP practices have access to psychological services within or available to the primary care base. This should be available within a maximum wait of 12 weeks.
 - All GP practices have a 'gateway' worker provided by the CMHT [community mental health team] who will provide: screening, assessment, gate-keeping, signposting to other tier 1 services (eg voluntary sector) and fast tracking to the CMHT cases requiring secondary care intervention.
 - GPs and practice staff receive training to help them diagnose and manage adults with mental health problems.

The existence of these and subsequent targets³ are further indicators that the priority level of improvement in service provision for mental health is increasing within central government. This increasing priority and associated targets present a challenge to NHS trusts in Wales; some will meet the



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Sustained and effective change relies on its interpretation at a local level around the needs of patients and the availability of resources

challenges by making slight adjustments to existing ways of working, others will not have the capacity to deliver targets with their current workforce, systems and resources, and will require more significant change. This is a limitation of central targets – they help to promote local delivery of national priorities, but it is difficult to affect consistent change because of variances between localities. Even so, there is much to learn and gain within services from the process of working towards targets and collating performance data – crucially, it can provide insights into some of the hurdles to be overcome. Thus the three-month target for psychological therapy waiting times has exposed weaknesses within current systems of measuring waiting times for

psychological therapy and highlighted the need to improve access. This has given rise to the Improving Access to Psychological Therapies (IAPT) programme in Wales, which is described in more detail on page 25.

Alongside targets set by central government to support the delivery of *Designed for life* comes funding. Mental health services are seeing additional investment from the Welsh Assembly Government to support projects in the areas of research and best practice, which include:

- *A review of commissioning and provision of mental health services in Wales* (Burrows/Greenwell review⁴)
- *Counselling in schools: a research study into services for children and young people in Wales*⁵
- *Gold standards of care for primary*

care mental health in Wales (see page 27).

The Burrows/Greenwell review identified problems and solutions to the implementation of the National Service Framework (NSF) for mental health services for adults of working age in Wales. The methodology for the review involved a series of consultations across NHS Wales, focusing on six areas:

- the Welsh Assembly Government
- health and social care agencies generally
- commissioning structures
- provider structures
- service delivery
- other.

The research commissioned into counselling in schools is indicative of the Welsh Assembly Government's broad approach to investing in mental health and wellbeing. The published findings¹ are also of potential interest to *HCPJ* readers in Wales – notably because they include reference to some models of school counselling provision that link with the NHS and with Child and Adult Mental Health Services (CAMHS). The research is part of a national strategy for a school-based counselling service in Wales, which is being funded as part of a wider government strategy to develop children's services under The Children Act 2004. This is a direct outcome of a recommendation by the late Children's Commissioner, Peter Clarke, following the Clywch enquiry and associated report⁶, which made a suite of recommendations to the Welsh Assembly Government regarding their role and those of schools, the police and parents. It is also one of the key actions outlined in the National Service Framework for Children, Young People and Maternity Services in Wales⁷.

The strategy's funding of £6 million over the next three years will increase provision of counselling services in secondary schools across Wales, and will include funding the appointment of the new national coordinator. Former Head of Service for Partnerships and Inclusion in Denbighshire County Council, Sylvia Jones, was appointed to this position in May. The strategy was published in April 2008 and is

now available to download⁸.

To summarise the nature of centrally driven change in Wales – there is evidence across health, social care and education to suggest that the Welsh Assembly Government is taking stock of service provision for mental health and wellbeing, identifying what improved provision might look like, and setting national strategy and targets to increase the priority given to mental health and to influence change.

Inverting the hierarchy

In addition to the centrally-driven initiatives described above, there is a groundswell of change at the grassroots. A truly patient-led NHS is one where the traditional hierarchy is turned on its head and patients are engaged in discussions with practitioners and support workers who in turn feedback to managers, commissioners, trusts, health boards and central government.

A network that exists to support precisely this approach is the Wales Mental Health in Primary Care Network (WaMHinPC). The aim of WaMHinPC is to provide a forum for sharing models of good practice, exchanging information between isolated practices and supporting the primary care mental health community across Wales. To support this aim WaMHinPC recently made a successful bid to the Welsh Assembly Government for funding to develop a gold standards framework for primary care mental health, and in November 2007 Edwina Hart, Wales's new Minister for Health and Social Services, announced the grant of £325,000 over three years.

The aim of this uniquely Welsh initiative is to raise the profile of primary care mental health by providing GPs and other primary care practitioners with an effective framework for commissioning and providing services. The work to develop gold standards will include setting up a scoping group that will identify the needs of users and carers, as part of a commitment to engaging with individuals and operating a patient-centred approach. Dr Huw Lloyd, Chair of WaMHinPC says: 'The Gold Standards Framework demonstrates a vision for the provision of world class standards for primary care mental health in Wales via good organisation, high standards of training

and positive attitudes to wellbeing. We look forward to working with others to establish the high standards that the people of Wales deserve.'

This is not the first initiative to be led by WaMHinPC: it comes hot on the tail of *The Welsh declaration for mental health and wellbeing*, which was written by WaMHinPC in consultation with its network and launched at conference and online in summer 2007. The declaration signalled the intent of WaMHinPC to develop gold standards, and is also a call to action and support for the prioritisation of mental health and wellbeing in Wales. BACP chair Nicola Barden and vice chair John Cowley have signed the declaration on behalf of BACP; Pat Seber signed on behalf of FHCP. The declaration follows on page 26, together with instructions on how you can sign up and support the endeavour.

I asked Dr Huw Lloyd how the declaration was being received. 'It has been an incredibly positive experience', he said. 'The declaration resonates well with people and they are quick to support it, from practitioners in our network to ministers and staff at the Welsh Assembly Government. The declaration and gold standards initiatives are also attracting attention from across the UK, which is an opportunity to learn from and contribute to the UK-wide agenda for improving mental health and wellbeing.'

IAPT Wales

Improving Access to Psychological Therapies (IAPT) is fast becoming an overarching descriptor for an emerging UK-wide agenda for improving mental health and wellbeing. While there is a common goal, the approach to tackling it varies significantly across the UK. In Wales, IAPT is a collaborative response to the challenges posed by the Service and Financial Framework (SaFF)² target of achieving a maximum three-month wait for psychological therapies – a target that has not been achieved across the board.

IAPT Wales is led by clinicians, and its reference group is co-chaired by two service managers and includes representation from each trust and a range of disciplines including psychology, psychiatry, counselling and nursing. One aim of the reference

group is to raise the profile of issues surrounding psychological therapy provision with the Welsh Assembly Government. So far, the group has succeeded in attracting senior civil service representation and administrative support.

The current focus of the IAPT reference group is secondary care. Work so far has centred on assessing the impact of collecting data on waiting times for psychological therapy, with the aim of identifying consistent measures. The next areas of focus will be the mapping of existing services, information gathering on those services, and the development of good practice in achieving rapid access to psychological therapies.

It is early days for IAPT in Wales and it is a very different programme to both the one evolving in England and the Increasing the Availability of Evidence-based Psychological Therapies programme in Scotland. For now, IAPT Wales is of most relevance to FHCP members involved in the delivery of psychological therapies as part of a care pathway involving secondary care. If this applies to you and you want to find out more about how your service is engaging with IAPT you could ask your service manager for more details and/or the name of the person leading on IAPT in your area.

Does this all amount to sea change?

Having explored current NHS initiatives that aim to improve mental health and wellbeing in Wales, what can we conclude about the notion of sea change? On the one hand there is Welsh Assembly backing for *The Welsh declaration for mental health and wellbeing*, SaFF targets to improve psychological therapy provision and waiting times, and IAPT Wales. The Welsh Assembly Government has also funded reviews of the commissioning and provision of mental health services and counselling in schools⁸, and is due to fund the expansion of counselling in schools. There are many other developments, including the newly formed Welsh Mental Health Promotion Network, the Wales Mental Health Research Network and bursary schemes provided by WaMHinPC⁹. Although we have not yet seen

additional funding for increasing NHS provision of psychological therapies and psychological support, support for improving mental health and wellbeing services may be on the horizon.

A new consultation paper by Professor Michael Williams outlining proposals for *Lechyd Meddwl Cymru (IMC) – A wellbeing and mental health service fit for Wales*⁵ proposes a statutory body that will 'emphasise the positive benefits of addressing issues relating to wellbeing at all stages through life' and 'unite services in a common code and purpose to provide service users with care that is seamless'. BACP is preparing a response to the proposal, and welcomes contributions (see page 40 for further information).

Taking all things into account it is clear that the foundation work is well

underway in Wales, and while there is not enough evidence to predict a sea change, the potential is there. This is reflected in other UK nations: significant progress is being made, but there is still a need for constructive effort across the board in order to effect improvements in service provision. IAPT England aims to achieve just that, but how far it succeeds in the long-term will depend on the commitment of primary care trusts and their capacity and willingness to deliver. Centrally led change programmes, guidelines and nationally set targets can help create a blueprint for change, but one size does not fit all. Sustained and effective change relies on its interpretation at a local level around the needs of patients and the availability of resources. This is perhaps where the practitioner-led and

patient-centred approach of *The Welsh declaration for mental health and wellbeing* and its gold standards of care for primary care mental health in Wales will contribute. If you practise in NHS Wales and have ideas or feedback to contribute please take action:

- Contact me by email: louise.robinson@bacp.co.uk or telephone: 01455 883311.
- Join the Primary Care Mental Health Practitioners Network – for more information email Steve Douglas: STEVE.DOUGLAS@new-tr.wales.nhs.uk
- Attend the next WaMHinPC conference. For more information email Lesley Hills: lhills@rcgp.org.uk
- If you do nothing else, please read the Welsh declaration for mental health and wellbeing, spread the word, and sign up at www.wamhipc.org.uk

The Welsh Declaration for Mental Health and Wellbeing

'Defining a vision, inspiring action'

In its St Vincent Declaration¹, the World Health Organisation (WHO) drew attention to the great importance of diabetes and its impact on prolonged ill-health and premature death. The WHO has now recognised that today mental ill-health causes even greater levels of disability than diabetes and other chronic physical illnesses. In the WHO Helsinki Declaration², European ministers of health acknowledged this importance and committed themselves to action.

The ministers said:

'We endorse the statement that there is no health without mental health. Mental health is central to the human, social and economic capital of nations.'

Mental ill-health is a major and growing health problem at all ages and in all cultures, which causes early death and general ill-health. This has an adverse impact on our society and economy, affecting us all either directly or indirectly.

Mental ill-health increases mortality and morbidity and has associated complications at an individual and public health level that must be addressed appropriately if the aspiration of improved health and wellbeing for the people of Wales is to be realised. In addition to the poor chronic disease outcomes caused by associated mental ill-health, the complications of obesity, addictive habits, medically unexplained symptoms, accidents, unemployment, debt, poverty, and relationship and behavioural problems need to be recognised and tackled.

Wales has eight out of the 10 poorest and most deprived health areas in the UK⁴ and some of the poorest health in Europe⁵. The connection between poor physical health and poor mental health cannot be ignored. Mental ill-health is therefore a major economic issue in Wales. In addition to

Designed for life, Wales also requires a primary care mental health and wellbeing strategy if it is to achieve its aim of improving health and social care in 21st century Wales.

A time for action:

'Adopting Welsh solutions to meet Welsh challenges'³

Wales must give formal recognition to the growing and widespread problems of mental ill-health and its relationship to general ill-health and deploy available resources to aid the recovery of body, mind and spirit.

It is within the power of the Welsh Assembly Government (WAG), working in partnership with health services, local government, the voluntary sector, business community and educational institutions to create conditions that will reduce the heavy burden of illness, sickness, stigma and premature death caused by mental ill-health and to promote mental health and wellbeing.

Planning and strategies for the identification, management and prevention of mental ill-health in Wales have already been formulated within the local, national and European context. The time has now come for action to be taken which is long overdue.

As individuals in Wales we all:

- have a responsibility for our own and others' mental health and wellbeing
- need to be able to develop the understanding and gain the skills so that we can recognise signs of mental ill-health in others and ourselves
- need to be able to access services easily that will support recovery and empowerment, leading to the promotion of independence and to the facilitation of self-management and maintenance of mental health and wellbeing.

As members of society, the people of Wales must accept responsibility within their own communities, workplaces and families to address those relationship issues that impact on all aspects of our day-to-day lives.

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- 9 WaMHinPC Bursary Scheme: bursaries of up to £5000 have been awarded to successful applicants, for example, the Cardiff Book Prescription Scheme in 2003. For more information visit www.wamhipc.org.uk and click on bursaries.

What is the Wales Mental Health in Primary Care network going to do?

'Gold standards of care for primary care mental health in Wales'

In response to this call to action, the Wales Mental Health in Primary Care (WaMHinPC) network is drawing up a Gold Standards Framework for Primary Care Mental Health in Wales. The initiative at this stage is unique to Wales and its primary care mental health services. The motivation behind its development is to halt the current poor profile of mental health and thus enable general practices and primary care services to have a sound and effective framework for commissioning and providing services. The Gold Standards Framework is about achieving consistent standards of care and it is committed to leading the continuous improvement in health and wellbeing through prevention, support and treatment to ensure recovery and the maintenance of wellbeing.

We call upon others to work with us (WaMHinPC) to promote:

- the mental health and general wellbeing of all the people of Wales. Recovery through services that have the appropriate values and evidence base
- research and development that will be directed towards providing the evidence base for mental health and wellbeing
- good practice, by engaging with individuals and their carers, as they are central to the relationship between service providers and themselves in setting and shaping the services they require. This will be achieved through partnership, empowerment and personal responsibility
- person-centred approaches that acknowledge and value individuals as people and give proper recognition to the therapeutic potential of these interactions and relationships.

We must work to gain the understanding, support and recognition of these Gold Standards by our communities

and colleagues. The Standards will succeed only if the community adopts them. They will need to build on the policies of the Welsh Assembly Government and recognise the important initiatives that already exist in Wales.

All this will need new ways of thinking and working, both inside and outside our health services. We are committed to the actions contained in this declaration.

We call upon local and national government, health services, industry and business, the voluntary sector, schools and educational establishments and others in Wales, to join with this initiative and sign up now to this declaration.

You can now register your support for the Welsh Declaration online at www.wamhipc.org.uk or for more information please contact: lhills@rcgp.org.uk

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