



Royal College
Mental Health
Expert Advisory Group
Wales

annual report
2022

The Royal College Mental Health Expert Advisory Group (RCMHEAG) brings together partners from across health and care services in Wales and acts as a source of independent and impartial, evidenced-based expert advice for policy and decision makers.

- Royal College of Speech & Language Therapists
- Royal College of Occupational Therapists
- Royal College of Psychiatrists Wales
- Royal College of Physicians Cymru Wales
- Royal College of Nursing Wales
- Royal College of Paediatrics & Child Health
- Royal College of General Practitioners Cymru Wales
- British Psychological Society, Division of Clinical Psychology
- The Royal Pharmaceutical Society
- Chartered Society of Physiotherapists

Additionally, we benefit from regular observers and contributors from national programmes; this has included programmes for Urgent & Emergency Care, and Together for Children & Young People.

We aim to ensure a sharper focus and understanding on the current and necessary support for the people we collectively represent across primary, community, and secondary care mental health services.

We have a multidisciplinary approach, with input from clinicians and policy leads amongst our respective members.

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We are calling for the urgent transformation of mental health services to ensure the people of Wales can be assured of access to high quality, well-resourced and appropriately staffed services.

There is a critical need for a greater focus on the changes needed to improve the delivery and structure of mental health services across Wales in the community, hospital and specialist secure settings.

We are concerned that the impact of the Covid-19 pandemic, coupled with cost of living increases and other socio-economic challenges will further increase pressures on already stretched mental health services.

A focus on the wellbeing of workforce is vitally important for staff retention, continuity of care, and the delivery of safe and effective care right across the health and social care system. This must be a high priority for the NHS across Wales.

As a multi-professional group, set up to provide expert and impartial advice to the Welsh Government and the NHS, the group is committed to multi-disciplinary approaches to tackle the long standing and complex challenges facing mental health services.

A well-trained, supported workforce that is fully equipped to meet the demands of mental health is central to the future provision of mental health services for all ages. This should include professionals with specialist training and the mental health workforce must include the full range of professions, supported by a range of skillsets.

If ever there was a time for urgent review and transformation of mental health services, it must be now. As we recover from the Covid-19 pandemic, the pressure on mental health services is inevitably increasing and continuing to place more stress on the health and social care system.

Our greatest asset is our people and steps must be taken to support their wellbeing so they can deliver safe and high quality care to the patients they serve. We must also find ways to end fragmentation of services, break down barriers between health and social care, and harness digital technologies and innovative ways of working as enablers for change.

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Ollie John
Royal College Mental Health Expert Advisory Group

**focus
& activity**

On establishment of the group, three areas of specific focus were identified and agreed as initial priorities.

These areas were Covid recovery (including workforce wellbeing), the mental health workforce plan, and community mental health service development; whilst further focus areas of crisis, and secure care emerged. Progress in these areas is documented in this report.

The group has also given written evidence to both the Senedd Children, Young People & Education, and Health & Social Care committee on the priorities for the sixth Senedd; to the Health & Social Care committee on inequalities in mental health, and most recently to the Children, Young People & Education committee on mental health support in higher education.

Additionally, we have informed the Academy of Medical Royal Colleges Wales response to a request from the Minister for Health on the impact of Covid:19 on obesity.

We now have formal representation on several key stakeholder groups and boards.

- Ministerial Advisory Board on Neurodiversity
- HEIW Project Board on the Mental Health Workforce Plan
- Clinical Advisory Group to Welsh Government

Activity reports are produced for every meeting of the group and are published online.

1 Royal College Mental Health Expert Advisory Group (2021) [Announcement of RCMHEAG](#)

2 Royal College Mental Health Expert Advisory Group (2021) [CYPE SP 116 - Inquiry into consultation on priorities for the Sixth Senedd](#); Senedd Children, Young People & Education Committee

3 Royal College Mental Health Expert Advisory Group (2021) [PSS135 - Inquiry into consultation on priorities for the Sixth Senedd](#); Senedd Health and Social Care Committee

4 Royal College Mental Health Expert Advisory Group (2022) [MHI 59 - Inquiry into mental health inequalities](#); Senedd Health and Social Care Committee

5 Royal College Mental Health Expert Advisory Group (2022) [Group activity reports](#)

Community Mental Health Service Development

The current structure and operational processes of Community Mental Health Teams (CMHTs) have evolved over some time to take a central role in the delivery of mental health services. More recently, a range of other services have been developed. These include teams for primary care, early intervention, assessment, crisis and home treatment. This has resulted in some fragmentation of services, discontinuity of care and a tendency to weaken links with local communities.

There is currently a wide variety of local reconfiguration and innovation, and, in some places, stagnation. The level of integration varies between teams in health, social, primary and mental health care, while specialist teams are often created based on diagnosis or care.

People can find it difficult to access services because of inefficient systems and the development of multiple services with referral criteria that are too narrow and exclusive. Some people cannot always make an appointment with the same GP, which can impact on their continuity of care.

Assessment and triage services have been developed by secondary care services to manage referrals more efficiently. But often these have not had the desired effect and have sometimes made processes more complex and fragmented, increasing the possibility of people falling into gaps between services.

Across the community mental health system, waiting times are variable and often long. In addition, social care assessments can be difficult to access, as can personalised support and housing, advocacy, welfare advice and employment support.

At times, decisions about care can be overly focused on self-harm risk assessment and the use of risk assessment tools, despite risk assessment tools having poor predictive value of risk and therefore poor ability to predict allocation to interventions. This means that although care is becoming increasingly targeted it may not always be targeted in the right way. If initial support is limited or lacking, it is likely that people will later require more intensive support if their health deteriorates.

The decline in community and social care support is as much a cause of these pressures as the historic lack of adequate investment in NHS community mental health services.

Complicated referral and transitions processes or lack of the most appropriate support in one place to address multiple needs may contribute to this high figure. Transitions are a significant issue for young people moving into adult mental health services – a proportion of whom are lost in the transition from children and young people’s services to adult services, then may present to adult services later down the line with more complex needs – and people moving from general adult services to those for older people.

CMHTs have not been reviewed for over 10 years. It’s therefore essential that community mental health service development is a priority for Welsh Government.

Accordingly, we have given focus and comment to work that’s been developed throughout the sector that interacts with our identified area of focus. This has included, but is not limited to the Trauma Informed Framework, NEST Framework and the National Clinical Framework.

Through our scrutiny, it also became apparent that further focus needed to be given to the specialist area of services, and these are further documented in our report.

Mental Health Workforce Plan

Royal Colleges and many organisations have long recognised that a workforce plan for mental health has been both essential and overdue. The commitment for its creation within Welsh Government's Together for Mental Health delivery plan was universally welcomed.

The task of setting a plan for the mental health workforce is no small feat, and this was commissioned to Health Education & Improvement Wales (HEIW) and Social Care Wales (SCW).

We have to acknowledge that during the process, clarification and assurances over the direction and commitments to engage with Royal Colleges over the work had to be requested.

Additionally, the unique role that Royal Colleges provide in reflecting the needs of respective professional groups had to be reinforced.

Ultimately, the development of the formal consultation of the plan was strengthened by our involvement, the engagement received from HEIW & SCW, and by an increased understanding of the role and value that Royal Colleges provide. We worked constructively to promote as well as inform the plan through its consultation and it was heartening to hear that the consultation had received such a high volume of responses.

The consultation document highlighted a commitment to work in partnership with key organisations (including Royal Colleges directly) and readily referenced that the workforce plan needed to be 'owned' by everyone – that is a clear message, and one to be welcomed.

⁶ Welsh Government (2020) [Together for Mental Health Delivery Plan 2019-22](#)

⁷ Health Education & Improvement Wales (2022) [Consultation on the mental health workforce plan for health and social care](#)

⁸ Health Education & Improvement Wales (2022) [Developing a strategic mental health workforce plan for health and social care - consultation document](#)

We'll continue to work closely with HEIW and SCW on the implementation of the mental health workforce plan, and we've welcomed the collaborative relationship that has emerged.

Additionally, we have written to Welsh Government in highlighting the need to address the immediate challenges facing the workforce, as well as in planning for the longer term. This is readily acknowledged by HEIW and SCW; it's also acknowledged within the plan, whilst the remit of the plan is for longer term change.

These more immediate challenges relate to the impact of reforms such as the mental health act and liberty protection safeguards, staff leaving the service post-Covid as well as high levels of stress and burnout being experienced on an already under-resourced workforce.

Workforce Well-being

During our consideration on this focus area, we received presentations from BMA Cymru on work they've undertaken on the experiences and satisfaction of the workforce. It was clear that current and future working conditions were resulting in significant challenges and increased intentions to retire or leave the workforce post pandemic.

Whilst every profession is unique, allied health professional and nursing colleagues were able to share similar experiences and trends from research they had undertaken to understand the pressures upon their respective workforces.

More recently, we have worked to ensure that member Colleges are collaborating on approaches of peer support across speciality, whilst we have also written to the Chief Executive of NHS Wales to encourage the development and use of reflective spaces.

Several further themes have emerged through our discussions on workforce wellbeing, these have included the need to:

- Ensure that action, activity, and support for the workforce across the service is meaningful and readily available.
- Ensure the range of appropriate interventions and support is continued, and not just initial.
- Ensure that messaging and action taken is appropriate, respectful and doesn't serve to patronise.
- Ensure that support is tailored and offered to the workforce right across the health and care service. It's reflected that more could be done to structure support for colleagues working in primary care for instance

Secure Services

It's crucial we improve the experience and outcomes of people using secure mental health services, whilst we need to substantially reduce the number of people sent 'out of area' for care.

Ensuring access to primary healthcare is also essential, particularly in respect of physical health such as weight and smoking. This has been a historic problem.

Secure hospitals can also be a challenging place to work. This challenge is often compounded by a high number of staff vacancies and inadequate access to a full multi-disciplinary team in some hospitals.

During our scrutiny into secure services, we consulted with the National Collaborative Commissioning Unit. We commend the review into secure mental health hospital care Making Days Count.

The review is extensive and highlights a number of issues that need to be considered and addressed.

This National Review makes the case for a community first approach by continuous review and recommends introducing a 'patient passport' to minimise duplication of assessment, promote continuity of care and remove barriers to progress.

The review found that both NHS medium secure hospitals in Wales required modernisation and explores the impediment to the effective use of resources and the benefits of consolidating commissioning responsibilities within a single organisation. Whilst the review also found that there may be a requirement to consider expanding some areas of secure provision.

We have written to Welsh Government in support of the recommendations from the Making Days Count report, and received assurances that the recommendations will be taken forward, and that our groups view will be sought and valued in progress against recommendations.

Crisis Care

A high skill diversity and range of multi-disciplinary staff are required to provide high class crisis resolution, home treatment and psychiatric liaison services, across the age range.

Pathways and processes between crisis and liaison, home treatment and CMHTs must form a patient centred, seamless service that avoid delays in the transfer of care. For young people, this means the pathway across the whole CAMHS system.

During our scrutiny of Crisis Care provision in Wales, we met with the NHS Delivery Unit who are currently undertaking a review into Crisis Care

Several recommendations will emerge from the review and we will welcome a focus upon:

- The development of policy implementation guidance for a consistent rapid response and enhanced support to Children & Young people who present in crisis.
- Clarity on the role and function of crisis services, how people may access services and what support can be expected.
- How current data collection and monitoring processes for crisis resolution, home treatment and psychiatric liaison activity are accurately and consistently reported to reflect demand and service response.
- The resourcing of specialist crisis intervention training that includes brief therapeutic interventions and approaches that are applicable to supporting people who present in crisis.
- The consideration given in providing alternative places of crisis support such as mental health sanctuaries and crisis houses

summary

We are calling for the urgent transformation of mental health services to ensure the people of Wales can be assured of access to high quality, well-resourced and appropriately staffed services.

Accordingly, We are calling for a focus on:

the critical changes needed to improve the delivery and structure of mental health services across Wales in the **community, hospital and specialist secure settings**.

parity for our most vulnerable patients. We must ensure that our most vulnerable patients in the mental health service, have the same access to support that the most vulnerable patients would receive for physical health conditions.

the wellbeing of the workforce. This is vitally important for **staff retention, continuity of care**, and the delivery of **safe and effective care** right across the health and social care system. This must be a high priority for the NHS across Wales.

a well-trained, supported workforce that is fully equipped to meet the demands upon the mental health service. This is central to the future provision of mental health services for all ages. This **must include professionals with specialist training** and the mental health workforce must include the **full range of professions**, supported by a range of skillsets.

With thanks to the following organisations, who have presented to the group in the past 12 months;

BMA Cymru, Health Education & Improvement Wales, National Collaborative Commissioning Unit, NHS Wales Collaborative, NHS Delivery Unit, Royal College of Nursing, Social Care Wales, Traumatic Stress Wales and representatives from Welsh Government's National Clinical Framework.



The pressures on mental health services are not new but as they intensify, the need for action becomes ever more urgent.

As an expert group we look forward to continuing to work with key decision makers and listening to our professions on the ground to steer forward change with purpose and pace.