

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 04

Ymateb gan: | Response from: Mind Cymru

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# Mind Cymru's response to the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists.

## About Mind Cymru

We're Mind Cymru, the mental health charity. We work nationally and locally.

Nationally, we campaign to raise awareness, promote understanding and drive change. We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year. Locally, in communities across Wales, independent local Minds provide life-changing face-to-face support to more than 25,000 people each year.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

We welcome the opportunity to respond to the Health and Social Care Committee's call for evidence on the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists.

## Overall view

We are concerned that the Welsh Government's plan (the plan) for transforming and modernising planned care and reducing waiting lists does not sufficiently consider mental health services. The plan focuses on, and establishes long-term targets against, waiting times statistics which do not include mental health services. The executive summary makes clear that while mental health interventions are included within the definition of planned care, the plan does not cover all areas and "focuses on the planned care which is predominantly linked to waiting lists". This is despite the

plan recognising that waiting lists in mental health services – as in physical health services - have grown significantly and are likely to continue growing in the coming months.

Our view is that the plan contains lots of commitments which would significantly improve people's experiences of accessing mental health services, particularly in terms of improving the provision of appropriate information, building planned care capacity, and eliminating long-waiters at all stages. Similarly, we support the five goals for planned care transformation, outlined on page 5 of the plan, and would like to see further information on what actions are being undertaken to achieve these goals in mental health services. We believe the Welsh Government should urgently clarify whether the commitments outlined within the plan apply to mental health services and outline specific targets to measure progress toward reducing waiting times therein.

### **Waiting times within mental health services**

We share the Welsh Government's view, as outlined in the plan, of the impact of the (COVID-19) pandemic on people's mental health. We have previously highlighted to this Committee the negative and unequal impact the pandemic has had on people's mental health and how pre-existing inequalities and service-challenges have been compounded.<sup>1</sup>

We also share the Welsh Government's view that the pandemic is likely to have longer-term impacts on waiting lists for mental health services. However, as we highlighted in our written evidence to this Committee's inquiry into the impact of the waiting times backlog, it is important to recognise that mental health services were under considerable pressure before the pandemic, with many people facing unacceptably long waits for support, including hundreds of people waiting longer than a year for specialist psychological therapies and thousands of people waiting longer than the 26-week target.<sup>2</sup> This underpins the need to go beyond resetting mental health services to their pre-pandemic performance.

The plan notes that demand for mental health services surged post lockdown which added to waiting times and service pressures. Specifically, the plan highlights increased referrals to specialist mental health services, particularly those supporting young people with eating disorders (though it is worth noting that figures on referrals or waiting times for eating disorder specific services are not published by the Welsh Government). The plan goes on to highlight the Welsh Government's expenditure on mental health services and commitment to increased investment, which we

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<sup>1</sup> <https://business.senedd.wales/documents/s123799/MHI%2047%20-%20Mind%20Cymru.pdf>

<sup>2</sup> <https://business.senedd.wales/documents/s122255/WT%2025%20-%20Mind%20Cymru.pdf>

welcome, but does not adequately seek to set-out a plan for reducing waiting times within mental health services.

### Waiting times targets

In stark contrast with the sub-speciality referral-to-treatment waiting time statistics available for most physical health secondary care services, little information is available for mental health services. Statistics on waiting times for mental health services are only published for two parts of the system, Local Primary Mental Health Support Services and Specialist Child and Adolescent Mental Health Services. The equivalent waiting times figures for adults accessing secondary care, or adult mental health services, are not reported. This is despite clear waiting times standards being set, for example, for community mental health teams, “that emergency referrals are to be seen within 4 hours of request, urgent referrals within 48 hours of request, and all other referrals within 28 days of request.”<sup>3</sup> We would question the relevance of waiting times standards that are not reported.

Where data on mental health services is collected it is not always published, for example, waiting times for access to specialist psychological therapies are not currently published despite a commitment from the Welsh Government to do so from the first year of the Together for Mental Health 2019-22 delivery plan.<sup>4</sup> Additionally, improving the access, quality and range of psychological therapies and delivering a significant reduction in waiting times by the end of this Government, is one of six key priorities for the lifetime of the 2019-22 delivery plan. Clearly, it is not possible to measure progress toward this priority whilst waiting times information remains unpublished. This issue is further compounded by a lack of annual reporting of progress by the Welsh Government on the delivery of the Together for Mental Health Strategy. Despite a commitment to do so, no progress reports have been published against the Together for Mental Health 2019-22 delivery plan and so it is not clear why the commitment to publishing waiting times statistics, alongside other actions, have not been delivered.

The gap between the level of data and insights available into performance and waiting times within physical health and mental health services serves as a reminder of the significant efforts still required to deliver genuine parity and modernise mental health services. Understanding access, demand, outcomes and waiting times within mental health services has long been a significant

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<sup>3</sup> [https://senedd.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%202%20and%203%20of%20the%20Mental%20Health%20\(Wales\)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf](https://senedd.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%202%20and%203%20of%20the%20Mental%20Health%20(Wales)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf)

<sup>4</sup> Action 04 (ii), [https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19\\_0.pdf](https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf)

challenge due to limited access to and availability of services-data, these issues have been raised in several inquiries by Senedd Committees in recent years yet remain an ongoing issue.

The Welsh Government is committed to developing a Mental Health Core Dataset (MHCDS) for Wales for implementation this year (2022).<sup>5</sup> However, whilst Mind Cymru has supported the Welsh Government in developing the MHCDS we remain significantly concerned at the ongoing delays in its delivery. The original Together for Mental Health Delivery Plan (2012-16) committed to ensuring the MHCDS was operational by 2015. The Welsh Government need to ensure there are no further delays in delivery of the Mental Health Core Dataset and that a full range of protected characteristics data is collected and published. Additionally, we believe the Welsh Government should urgently review what data is currently collected, alongside clarifying waiting times targets across the mental health services system, and ensure these figures are collected and published.

### **Mental health support for people waiting for physical health treatment**

The plan rightly recognises that ‘long waits for health interventions are resulting in increased emotional and mental health concerns amongst those waiting’ and that ‘people report that uncertainty about diagnosis is adding to the stress of waiting times.’ We wholeheartedly agree with this view and believe the plan could be strengthened by further commitments to improving mental health support for people facing long-waits. Specifically, we would want to see considerations of mental health support embedded across patient pathways and service-design to ensure timely access to appropriate support. For example, where a person is likely to face a long wait to access surgery or other treatment, information and or signposting should be provided to access support for their mental health.

In our written submission to this inquiry, we highlighted the contribution that third sector commissioned services can make in supporting the wider health and social care system. The sector plays an important role in the provision of support and information to people, including those waiting for specialist treatment for their physical and/or mental health. For example, Active Monitoring, which is delivered by Mind Cymru nationally in partnership with Local Mind’s across Wales and funded by the Welsh Government. The service offers a 6-week guided self-help course for a range of mental health concerns. It is open to all on a self-referral basis and delivers timely and short-term interventions for people experiencing a range of mental health problems. This can include people facing long waiting lists for more specialist mental health support but may also be

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<sup>5</sup> Action 04 (ii), [https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19\\_0.pdf](https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf)

beneficial for people experiencing physical health problems that are impacting on their mental health.

Such services could provide a means for mitigating the negative mental health impact of waiting-times backlogs by providing short-term support to those who need it. This will require improved links and referral processes between third-sector support and other health services. We believe the plan would be strengthened by further considering how the third sector, like allied health professionals, can contribute to a wider whole system approach that ensures timely care and support for people to manage their health and stay well, at every level.

### **Primary, secondary and tertiary prevention**

Tackling the current backlog whilst building sustainable capacity in the long-term needs to ensure that prevention is delivered at every level of the service. This approach needs to be underpinned by a commitment to primary, secondary and tertiary prevention. Whilst upstreaming prevention to tackle mental health problems before they occur is a widely supported long-term ambition, priority must also be given to ensuring that people currently waiting for support are able to access it in the short and medium-term. This will ensure that people who need support are able to access it in a timely way and will help prevent their mental health deteriorating further.

### **Financial resources**

We welcome the increased funding for mental health support announced in the Welsh Government's 2022-23 draft budget, including targeted funding for preventative and acute services for children and young people. However, linked to the above, the way that expenditure on mental health services is reported makes it difficult to assess whether funding is being utilised in the most effective way or is sufficient to tackle waiting times. The plan notes that the Welsh Government spends more on mental health services than any other aspect of the health service. However, whilst technically correct, this is largely down to the way in which expenditure on health services are categorised. Whilst physical health services are broken down into multiple expenditure categories, mental health expenditure forms only a single category. Additionally, it is not clear what formula is used to decide mental health ring-fence allocations or overall expenditure. In our evidence to this Committee's inquiry into mental health inequalities we highlighted our view that the Welsh Government the Welsh Government should re-join the Adult Psychiatric Morbidity Survey (APMS) which 'provides data on the prevalence of both treated and untreated psychiatric disorder in the adult population (aged 16 and over)'.<sup>6</sup> Wales last participated in the study in 2000. Alongside

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<sup>6</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-of-mental-health-and-wellbeing-england-2014#highlights>

measuring prevalence, the survey also provides insights on access to mental health services and unmet need which would ensure adequate and appropriate resources are allocated based on local need.

Issues around transparency of funding for mental health services have also previously been raised by the Senedd's Health Committee. In the Committee's scrutiny report of the Welsh Government's draft budget for 2020-21, it recommended that the Welsh Government provides a breakdown of the £745m ring-fenced allocation for mental health. We support this recommendation as a vital step to understanding funding for different aspects of the mental health services system. For example, how much funding is currently attached to the delivery of specialist psychological therapies?

### Conclusion

Our view is that, despite the plan recognising increasing waiting times and demand for mental health support, the plan does not adequately consider mental health services. We would like to see urgent clarity on whether the commitments outlined within the plan apply to mental health services. If not, we would question why secondary care mental health services have been excluded in a plan that ostensibly focuses on tackling backlogs and building capacity within secondary care.

The executive summary suggests the plan focuses on 'planned care that is predominantly linked to waiting times.' It is unfortunate that, a lack of clear waiting times statistics and data more generally for mental health services – which itself is a disservice – seemingly means that mental health services have been excluded from the plan, despite a recognition of growing waiting lists and demand for support. Our view is that mental health services should receive parity with physical health services and that reducing waiting times, building capacity and improving data collection across the system should be prioritised by the Welsh Government with clear a plan, timescales and targets for delivery.