

Mental Health (Wales) Measure 2010 Data Freedom of Information Request 15305

Notes Applicable to All Mental Health (Wales) Measure 2010 Data Collections

Data provided by Delivery & Performance Division, Welsh Government

Boundary Change

From 1st April 2019, health service provision for residents of Bridgend local authority moved from Abertawe Bro Morgannwg to Cwm Taf. The health board names changed to reflect this boundary change with Cwm Taf University Health Board becoming Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board becoming Swansea Bay University Health Board.

COVID-19 (Coronavirus)

Data for the period March 2020 to March 2021 has potentially been impacted by the on-going COVID-19 pandemic.

Mental Health (Wales) Measure 2010 Data Part 1 Local Primary Mental Health Support Services (LPMHSS)

Part 1 of the Measure requires Local Health Boards and Local Authorities to work together to establish Local Primary Mental Health Support Services across Wales.

This service will be delivered within and alongside GP settings and will provide: assessment,

- short-term interventions,
- information, advice and,
- onward referral to other services, where appropriate.

The National Service Model for Local Primary Mental Health Service published by the Welsh Government in August 2011 sets out specific performance measures upon which the proposed tool and associated guidance has been based. They are:

- a) the number of primary care practitioners per 20,000 population (all ages);
- b) the number of assessment undertaken;
- c) waiting times for assessments (in calendar days) against the target of 28 calendar days;
- d) waiting times for interventions, where indicated (in calendar days);
- e) the number of completed interventions (to include treatment, referral or information);
- f) Users, carer and GP satisfaction levels.

Notes and Caveats – Mental Health (Wales) Measure 2010 Part 1

- The following indicators are only available for all ages and not by the specified age groups:
 - The total number of practitioners (WTE) as at the reporting date
 - The total local health board population
 - Rate of practitioners (WTE) per 20,000 of health board population

- Data for the following indicators is management information only. The indicators are currently not published as the quality of the data submitted by the seven local health boards to Welsh Government is unknown and therefore does not adhere to the principles as set out in the Code of Practice for Statistics ([Code of Practice for Statistics \(statisticsauthority.gov.uk\)](https://www.statisticsauthority.gov.uk))
 - The total number of practitioners (WTE) as at the reporting date
 - The total local health board population
 - Rate of practitioners (WTE) per 20,000 of health board population
 - Number of referrals for a LPMHSS assessment received during the month from primary care patients
 - Number of referrals for a LPMHSS assessment received during the month from secondary mental health service patients
 - Number of LPMHSS assessments undertaken during the month which were for primary care patients
 - Number of LPMHSS assessments undertaken during the month which were for secondary mental health service patients
 - Number of patients discharged during the month following a therapeutic intervention provided by the LPMHSS
 - Number of patients discharged during the month following a referral or signpost to other services (other than secondary mental health services)
 - Number of patients discharged during the month following the provision of information or advice
 - Number of patients discharged during the month following a referral to secondary care services
 - Total number of patients discharged during the month

- Data split by the specified age groups has only been published since April 2020. Prior to this date, the age split of data was not considered robust enough for publishing due to an inconsistency across health boards as to which age groups patients were reported under.

Mental Health (Wales) Measure 2010 Part 1 Definitions

Information is provided in relation to the functions of Local Primary Mental Health Support Services (LPMHSS) as set out in the Mental Health (Wales) Measure 2010 and not additional primary mental health services identified in local/regional schemes.

The age band for all indicators is determined by the patient's age at referral. For example, if a patient was 17 years old when they were referred for an assessment by the LPMHSS, but was 18 years old when they started a therapeutic intervention or discharged from the LPMHSS then they would be reported, for all indicators within the template, in the < 18 years age band.

“Practitioners”: applies to LPMHSS provided to all ages, including children and older persons. Includes:

- those eligible to undertake local primary mental health support services (LPMHSS) assessments.
- those providing LPMHSS interventions (including both qualified and unqualified staff, but not differentiating between the two and sessional input from other professionals e.g. consultant psychology).
- those on sick and maternity leave, as per usual workforce calculations.

Excludes:

- those practitioners providing primary mental health services included in the 'Scheme' which are not LPMHSS e.g. those responsible for providing services in the scheme such as memory clinics and child and adolescent practitioners receiving direct referrals from school counselling.

Whilst administrative staff will generally be critical to the functioning of LPMHSS they are not included in the definition of practitioners.

“LPMHSS”: local primary mental health support services as required under the Mental Health (Wales) Measure 2010, not additional primary mental health services identified in regional and local joint schemes.

“Primary care patients”: this includes:

- patients registered with the referring GP who are referred to the service covered by their Local Authority of residence and includes those initially referred by the GP to secondary care who, with the agreement of the GP, are referred for initial assessment to LPMHSS; and
- patients not registered with the referring GP who are referred to the service covered by that GP includes those initially referred by the GP to secondary care who, with the agreement of the GP, are referred for initial assessment to LPMHSS.

“Secondary mental health services patients”: existing patients who are referred from secondary mental health services.

Secondary mental health services: relates to services provided by secondary mental health and not included in LPMHSS schemes. They are defined as:

- a) a service in the form of treatment for an individual's mental disorder which is provided under Part 1 of the National Health Service (Wales) Act 2006;
- b) a service provided under section 117 of the Mental Health Act 1983;
- c) a community care service the main purpose of which is to meet a need related to an adult's mental health;
- d) a service provided for a child under Part III of the Children Act 1989 the main purpose of which is to meet a need related to that child's mental health.

A service in the form of treatment for an individual's mental disorder includes a service that, in the opinion of the person providing or making arrangements for the provision of the service, is intended to treat a mental disorder that the individual receiving the service is suspected to have.

“Assessments”: may be face-to-face or by telephone and will include assessments with parents or carers in relation to the individual who has been referred, either with or without that individual being present; will exclude any preliminary telephone contact to establish whether the individual wishes to have an assessment.

The assessment is an evaluation of the nature of a patient's mental health needs.

“Waiting time”: the waiting time starts at the point when a referral is received.

“Therapeutic interventions”: are interventions provided by the LPMHSS, delivered on either an individual or on a group basis. This would include:

- those people who have been referred by their GP and assessed by the local LPMHSS and it is agreed that a client would benefit from a Tier Zero course in the first instance, but would also benefit from a follow up appointment with the local LPMHSS.

“Referred or signposted to other services”: The number of individuals who have been discharged from the LPMHSS, during the month following referral or signposting to other services (other than secondary mental health services), provided by either the statutory or non- statutory sector. This would include:

- those people who have been referred by their GP and assessed by the LPMHSS and it is agreed with the client they would benefit from a Tier Zero course only (whether this is currently provided by LPMHSS or not). They are counted as signposted to a course and closed to the service.

“Provision of information or advice”: The number of individuals discharged from LPMHSS after receiving information or advice from the LPMHSS

“Referrals to secondary care”: The number of individuals discharged from LPMHSS following referral to secondary mental health services during the month.

Mental Health (Wales) Measure 2010 Data Part 2 Care and Treatment Plans (CTPs)

Part 2 of the Measure places duties on Local Health Boards and Local Authorities in Wales to work together to ensure that people of all ages within secondary mental health services have a care co-ordinator and a care and treatment plan that is reviewed at least yearly.

It places duties on service providers - Local Health Boards and Local Authorities in Wales - to act in a co-ordinated manner to improve the effectiveness of the mental health service they provide to an individual.

This Part of the Measure also requires that care and treatment plans be provided for service users of all ages who have been assessed as requiring care and treatment within secondary mental health services. Regulations made under Part 2 of the Measure (the Mental Health (Care Coordination and Care Treatment Planning) (Wales) Regulations 2011) also prescribe the content and the form of the care and treatment plan which all care coordinators will be required to use.

Under the regulation, each care and treatment plan will:

- a) be developed by a care coordinator in consultation with the service users and mental health providers (although the plan may be developed without the input of the patient where the outcomes cannot be agreed between all parties);
- b) in writing;
- c) record the outcomes that the provision of mental health services for the relevant patient are designed to achieve;
- d) list these outcomes, record the services and/or actions that are to be provided to achieve each outcome, including when they will be provided, and state who is responsible for providing the service as well as where it will take place;
- e) be kept under review and updated to reflect any changes in the type of care and treatment which may be required by the service user over time.

Notes and Caveats – Mental Health (Wales) Measure 2010 Part 2

- Data for the following indicators is management information only. The indicators are currently not published as the quality of the data submitted by the seven local health boards to Welsh Government is unknown and therefore does not adhere to the principles as set out in the Code of Practice for Statistics ([Code of Practice for Statistics \(statisticsauthority.gov.uk\)](http://statisticsauthority.gov.uk))
 - Total number of patients resident in the LHB new to secondary Mental Health services within the month
 - Number of patients resident in the LHB discharged / transferred out of secondary Mental Health Services within the month
- Data split by the specified age groups is only available since April 2020.
- The age groups consist of data which is submitted under the following service areas:
 - <18 years – this includes those in child and adolescent mental health services (CAMHS) and those less than 18 years in learning disability services
 - 18 – 64 years – this includes those in adult mental health services and those aged 18 – 64 years in learning disability services
 - 65+ years – this includes those in older mental health services and those aged 65+ years in learning disability services

Mental Health (Wales) Measure 2010 Part 2 Definitions

Information is provided for patients who are resident in the HB, NOT for the services provided by the HB.

"Valid CTP": a current (in-date) Care and Treatment Plan as defined in Part 2 of the Measure (see the Mental Health Measure Part 2 tab)

"Secondary Mental Health services": relates to services provided by secondary MH and not included in LPMHSS schemes. They are defined as:

- a) a service in the form of treatment for an individual's mental disorder which is provided under Part 1 of the National Health Service (Wales) Act 2006;
- b) a service provided under section 117 of the Mental Health Act 1983;
- c) a community care service the main purpose of which is to meet a need related to an adult's mental health;
- d) a service provided for a child under Part III of the Children Act 1989 the main purpose of which is to meet a need related to that child's mental health.

And

A service in the form of treatment for an individual's mental disorder includes a service that, in the opinion of the person providing or making arrangements for the

provision of the service, is intended to treat a mental disorder that the individual receiving the service is suspected to have.

"New to secondary Mental Health services": this is the number of new referrals during the month which includes patients transferred in from another HB (not transfers within HBs) and self-referrals under Part 3.

"Discharged patient": a patient no longer receiving secondary Mental Health services.

"Patient transferred out": a patient transferred out of your HB

Mental Health (Wales) Measure 2010 Data Part 3 Assessment of Former Secondary Care Patients

The aim of this Part of the Measure is to enable eligible adults who have been discharged from secondary mental health services, but who subsequently believe that their mental health is deteriorating, to refer themselves back to secondary services directly for an assessment, without needing to first go to their general practitioner.

Part 3 of the Measure requires that Health Boards and Local Authorities have arrangements in place to receive self-referrals of this kind, and to undertake timely assessments.

Regulations which set out the length of time an individual will be eligible for such an assessment following their discharge from services (3 years from the date of discharge) and arrangements for dealing with requests where the individual's place of usual residence is disputed - were agreed by the National Assembly for Wales in October 2011.

A Code of Practice to Parts 2 and 3 of the Measure has been published by the Welsh Government. This code contains guidance for Local Authorities, Health Boards and their staff in relation to their functions under Parts 2 and 3 of the Measure, to which they will be required to have regard when undertaking their functions. This Code provides information to patients, their families, carers and advocates on Parts 2 and 3 of the Measure.

The Mental Health (Secondary Mental Health Services) (Wales) Order 2012, seeks to ensure that people who have previously received certain secondary mental health services in other parts of the United Kingdom, but who are currently usually resident in Wales, receive the same right to request an assessment as individuals who have previously received secondary mental health services delivered in Wales.

Notes and Caveats – Mental Health (Wales) Measure 2010 Part 3

- Data split by the specified age groups is not available.
- Data for the following indicators is management information only. The indicators are currently not published as the quality of the data submitted by the seven local health boards to Welsh Government is unknown and therefore does not adhere to the principles as set out in the Code of Practice for Statistics ([Code of Practice for Statistics \(statisticsauthority.gov.uk\)](http://statisticsauthority.gov.uk))
 - The number of people resident in the LHB requesting an assessment under Part 3 of the Measure within the month
 - Number of people who had waited up to and including 4 hours for an emergency assessment from receipt of referral for an emergency assessment to assessment
 - Number of people who had waited over 4 hours and up to and including 48 hours for an emergency assessment from receipt of referral for an emergency assessment to assessment
 - Number of people who had waited over 48 hours and up to and including 28 calendar days for an emergency assessment from receipt of referral for an emergency assessment to assessment
 - Number of people who had waited over 28 calendar days for an emergency assessment from receipt of referral for an emergency assessment to assessment
 - Total number of people resident in the LHB assessed from receipt of referral for an emergency assessment to assessment
 - Number of people who had waited up to and including 4 hours for an urgent assessment from receipt of referral for an urgent assessment to assessment
 - Number of people who had waited over 4 hours and up to and including 48 hours for an urgent assessment from receipt of referral for an urgent assessment to assessment
 - Number of people who had waited over 48 hours and up to and including 28 calendar days for an urgent assessment from receipt of referral for an urgent assessment to assessment
 - Number of people who had waited over 28 calendar days for an urgent assessment from receipt of referral for an urgent assessment to assessment
 - Total number of people resident in your LHB assessed from receipt of referral for an urgent assessment to assessment
 - Number of people who had waited up to and including 4 hours for a routine assessment from receipt of referral for a routine assessment to assessment
 - Number of people who had waited over 4 hours and up to and including 48 hours for a routine assessment from receipt of referral for a routine assessment to assessment
 - Number of people who had waited over 48 hours and up to and including 28 calendar days for a routine assessment from receipt of referral for a routine assessment to assessment

- Number of people who had waited over 28 calendar days for a routine assessment from receipt of referral for a routine assessment to assessment
- Total number of people resident in your LHB assessed from receipt of referral for a routine assessment to assessment
- Number of people who had waited up to and including 4 hours for an assessment from receipt of referral to assessment
- Number of people who had waited over 4 hours and up to and including 48 hours for an assessment from receipt of referral to assessment
- Number of people who had waited over 48 hours and up to and including 28 calendar days for an assessment from receipt of referral to assessment
- Number of people who had waited over 28 calendar days for an assessment from receipt of referral to assessment
- Total number of people resident in your LHB assessed from receipt of referral to assessment
- The number of people resident in the LHB accepted onto the caseload under Part 3 of the measure within the month

Mental Health (Wales) Measure 2010 Part 3 Definitions

Information is provided for patients who are resident in the HB, NOT for the services provided by the HB.

"Part 3 assessment": a person who has referred themselves back into secondary services following discharge, within the time determined in Part 3 of the Measure.

"Referral Process": Requests for referrals under Part 3 of the Measure should be received by the appropriate clinician (usually based in the CMHT who will undertake a triage assessment) to ascertain the appropriate level of response i.e. an emergency assessment, an urgent assessment or a routine assessment. Screening the referrals will usually include examination of old notes, face to face and or telephone contact with the referrer. The information gathered must be sufficient to identify risks. The priority allocated by the clinician may be upgraded or downgraded by mutual agreement following discussion with the referrer.

"Emergency Assessment ": an emergency assessment should be undertaken within 4 hours and is one that has been deemed an emergency by the deciding clinician (see "Referral Process" above).

"Urgent Assessment": an urgent assessment should be undertaken within 48 hours and is one that has been deemed urgent by the deciding clinician (see "Referral Process" above).

"Routine Assessment ": a routine assessment should be undertaken within 28 days and is one that has been deemed routine by the deciding clinician (see "Referral Process" above).

"Outcome of assessment report": Mental health service providers are required to provide a written report following assessment which sets out whether any services have been identified that may improve or prevent deterioration in the individual's mental health.

The Regulations made under Part 3 require that a copy of the report is provided to the individual who was assessed no later than 10 working days after the conclusion of the assessment.

A report will be considered to have been provided when it has either been delivered by hand to the individual or sent by prepaid post to the individual's usual or last known address."

Mental Health (Wales) Measure 2010 Data Part 4 Advocacy Services

Part 4 of the Measure ensures all inpatients in Wales who are receiving assessment or treatment for a mental disorder are entitled to request support from an Independent Mental Health Advocate (IMHA). This extends the Independent Mental Health Advocacy scheme provided under the Mental Health Act 1983 (MHA 1983). It covers patients subject to compulsion under the MHA 1983, and those in hospital voluntarily. This includes patients that are receiving treatment for their mental disorder in: mental health specific hospitals, independent hospitals and general hospitals.

IMHA's (Independent Mental Health Advocates) under the Measure need to meet specific requirements:

- (1) The Welsh Ministers shall make such arrangements as they consider reasonable to enable persons ("independent mental health advocates") to be available to help
 - (a) Welsh qualifying compulsory patients; and
 - (b) Welsh qualifying informal patients.

- (2) The Welsh Ministers may by regulations make provision as to the appointment of persons as independent mental health advocates.

- (3) The regulations may, in particular, provide:
 - (a) that a person may act as an independent mental health advocate only in such circumstances, or only subject to such conditions, as may be specified in the regulations;
 - (b) for the appointment of a person as an independent mental health advocate to be subject to approval in accordance with the regulations.

- (4) In making arrangements under this section, the Welsh Ministers shall have regard to the principle that any help available to a patient under the arrangements should, so far as practicable, be provided by a person who is independent of any person who:
 - (a) is professionally concerned with the patient's medical treatment; or
 - (b) falls within a description specified in regulations made by the Welsh Ministers.

- (5) For the purposes of subsection (4) above, a person is not to be regarded as professionally concerned with a patient's medical treatment merely because he is representing him in accordance with arrangements:
 - (a) under section 35 of the Mental Capacity Act 2005; or
 - (b) of a description specified in regulations under this section.

- (6) Arrangements under this section may include provision for payments to be made to, or in relation to, persons carrying out functions in accordance with the

arrangements.

(7) Regulations under this section and sections 130F to 130H:

- (a) may make different provision for different cases;
- (b) may make provision which applies subject to specified exceptions;
- (c) may include transitional, consequential, incidental or supplemental provision.

Notes and Caveats – Mental Health (Wales) Measure 2020 Part 4

- Quarterly data is only available from quarter 3 2016/17.
- All data collected via the Mental Health (Wales) Measure 2020 Part 4 Pro Forma is management information only. The indicators are currently not published as the quality of the data submitted by the seven local health boards, on behalf of their advocacy service providers, to Welsh Government is unknown and therefore does not adhere to the principles as set out in the Code of Practice for Statistics ([Code of Practice for Statistics \(statisticsauthority.gov.uk\)](http://statisticsauthority.gov.uk))
- For the patient related indicators, any value which is less than 5 has been suppressed to ensure that the advocacy service provider data is non patient identifiable and is denoted in the data value field as “..”.

Mental Health (Wales) Measure 2010 Part 4 Definitions

“Qualifying patients”: Individuals are eligible for independent mental health IMHA services if they fall within the meaning of a Welsh qualifying compulsory patient (set out in section 130I of the Measure) or the meaning of a Welsh qualifying informal patient (set out in section 130J of the Measure).

“IMHA services”: The help which independent mental health advocates are to provide must include helping all eligible patients to obtain information about, and understand:

- a) what (if any) medical treatment is being given to the patient or is being proposed or discussed in the patient’s case;
- b) why such treatment is being given, proposed or discussed;
- c) the authority under which it is, or would be, given.

IMHAs can also help eligible patients:

- a) to become involved, or more involved, in decisions made about their care or treatment specifically, or more generally, decisions about care and treatment;
- b) to complain about their care or treatment;

- c) to receive information about other services which are or may be available to them.

In giving this help, the IMHA may represent the patient and speak on their behalf. But independent mental health advocates are not designed to take the place of advice from, or representation by, qualified legal professionals about such matters.

"New qualifying patient": each period of Independent Mental Health Advocacy (IMHA) service accessed. To include:

- the initial eligible contact;
- eligible contact following a change in legal status from formal to informal (and/or the reverse); and
- when a previous qualifying patient has become eligible again within the reporting period following a readmission to hospital.

The number of new qualifying patients is not the same as the number of new referrals received. To become a 'new patient' a patient must be accepted into the IMHA service. However, not all referrals will be accepted into the service due to, for example, the patient not agreeing and wanting to receive the service provided by the IMHA.

"Qualifying compulsory patients": patients who are:

- a) detained under the 1983 Act (which includes patients on leave of absence from hospital) in a hospital or registered establishment situated in Wales;
- b) conditionally discharged;
- c) subject to guardianship and the responsible local social services authority is situated in Wales; or
- d) subject to supervised community treatment (SCT), the responsible hospital for them is situated in Wales.

This includes patients who are:

- a) detained for assessment on the basis of an emergency application (section 4); or
- b) detained under the "holding powers" in section 5 of the 1983 Act.

It does not include a person detained in a place of safety under section 135 or 136 of the 1983 Act.

Other patients are eligible as Welsh qualifying compulsory patients if they are:

- a. being considered for a treatment to which section 57 applies ("a section 57 treatment") whether they are detained under the 1983 Act or not; or
- b. b. under 18 and being considered for electro-convulsive therapy (ECT) or any other treatment to which section 58A applies ("a section 58A treatment"), again whether they are detained under the 1983 Act or not.

Patients who qualify because they are being considered for one of these treatments remain eligible until the treatment is finished (or stopped), or it is decided that they will not be given the treatment for the time being.

“Qualifying informal patients”: is a person who is:

- a. an in-patient in a hospital or registered establishment³ situated in Wales;
- b. is receiving treatment for, or assessment in relation to, mental disorder at that hospital or registered establishment; and
- c. is not subject to powers under the 1983 Act who would render them liable to be detained.

“Caseload”: this refers to all open cases for the reporting quarter.

The role of an IMHA is to provide support to qualifying patients to ensure they understand the Mental Health Act 1983 (the Act) and their own rights and safeguards. This must include support in obtaining information about any of the following:

- the patient's rights under the Act;
- the provisions of the Act under which the patient qualifies for an IMHA;
- any conditions or restrictions which affect the patient;
- the medical treatment the patient is receiving, or which is being proposed or discussed and the reason for this;
- the legal authority for providing such treatment; and
- the requirements of the Act which apply to treatment.

An IMHA will:

- ensure that the patient's voice is heard by supporting the patient to articulate their views and to engage with the multi-disciplinary team;
- support the patient in accessing information, understanding better what is happening and what is planned, and understanding better options available to them;
- support the patient in exploring options, making better informed decisions and in engaging with the development of their care and treatment plan;
- support the patient to ensure they are valued for who they are; and
- support the patient to counteract any actual or potential discrimination.

“Discharged patient”: a patient no longer receiving IMHA services e.g. if a patient decides they no longer requires the service provided by the IMHA or they are discharged from hospital.

“First contact”: may be face-to-face or by telephone but will exclude any preliminary telephone contact to establish whether the individual wishes to receive IMHA services.

"Request for an IMHA": this is the date when the IMHA service is informed that a patient wishes to receive IMHA services."