



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk




Mental Health (Wales) Measure 2010

National Service Model for Local Primary Mental Health Support Services

August 2011

Contents

Foreword by the Minister for Health and Social Services	5
Chapter 1 - Introduction	6
Purpose of the National Service Model	6
Status of the National Service Model	7
Presentation	7
Chapter 2 - Duties, Functions and Objectives of Local Primary Mental Health Support Services	8
The legislative framework	8
The Mental Health (Wales) Measure 2010	8
Joint schemes	8
Cooperative and joint working between partners, and information sharing	9
Objectives of local primary mental health support services	9
Equalities and mental health	10
Provision of services in English and Welsh	11
A tiered model of mental health services	11
Chapter 3 - Delivery of Local Primary Mental Health Support Services	13
Services to be provided	13
Eligibility	14
Assessment	15
Treatment (Interventions)	16
Referral onwards from services	17
Provision of information and advice to GPs and practice staff	18
Provision of information and advice for individuals and their carers	19
Chapter 4 - Operational Arrangements	21
Provision of services	21
Location	21
Management arrangements	22
Staffing	22
Governance	22
Performance arrangements	23
Responsibilities of Local Authorities and Local Health Boards	23



Appendix 1 - Glossary of key terms	26
Appendix 2 - The mental health whole system	28
Mental health system for persons aged 18 and over	28
Mental health system for persons aged under 18 years	28

Foreword by the Minister for Health and Social Services

I was delighted that when the Mental Health (Wales) Measure 2010 was debated before the National Assembly for Wales it made provision for the expansion and strengthening of mental health services at the primary care level.

General practitioners and primary care practitioners have a fundamental and vital role in caring for people with mental health problems. The GP is often the first point of contact for people with mental health concerns and the mental health care which they provide in local settings helps to normalise mental health issues.

GPs are also the link with other parts of mental health services, providing continuity and helping to build bridges for the individual. Through referrals to specialist services, primary care plays an important role in determining the utilisation of secondary mental health resources.

It is essential that when Part I of the Measure, which will establish local primary mental health support services in Wales, comes into force, Health Boards and Local Authorities come together to deliver strong, accessible and focussed local primary mental health support services for their communities. This National Service Model encourages flexibility in how those services may be delivered, but not variability in what services are to be delivered. It is based on the premise that local primary mental health support services will support, not supplant, General Medical Services.

I am confident that the services which will be established under Part I of the Measure, and the legal responsibilities which will rest with Local Health Boards and local authorities to arrange and deliver these services, will make a real and significant impact on the lives of individuals in Wales.

The Welsh Government has worked with a range of stakeholders to develop this National Service Model, and I am grateful to all individuals and organisations that have contributed to this process.



Lesley Griffiths AC/AM
Minister for Health and Social Services

Chapter 1 - Introduction

Purpose of the National Service Model

- 1.1 This National Service Model seeks to assist the delivery of local primary mental health support services across Wales. It sets out the expectations for these services which Local Health Boards (LHBs) and local authorities have a duty to deliver under sections 3 and 4 of the Mental Health (Wales) Measure 2010 (the Measure):
- 1.2 Local primary mental health support services are:
 - a) the carrying out of primary mental health assessments in accordance with Part I of the Measure;
 - b) the provision for individuals of local primary mental health treatment (interventions), where required, following assessment;
 - c) the making of referrals to other services which might improve or prevent a deterioration in the individual's mental health;
 - d) the provision of information and advice for individuals and their carers about other services that are available to them; and
 - e) information, advice and other assistance for primary care providers (GPs and practice staff) so as to improve the services related to mental health which they provide or arrange.
- 1.3 The aim of these services is to improve access to mental health care within primary care settings, and to improve the outcomes for individuals accessing these services. This should be achieved by increasing the availability of mental health services in primary care and, where possible, providing support for individuals in relation to their non-medical needs (such as support in accessing employment, housing and education services). There will also be increased support for primary care providers to help them improve the health and well-being of people with mental health problems.
- 1.4 The National Service Model addresses service issues, and seeks to support clinical responses to individuals being referred to services. It is not however a clinical model and does not set out pathways for care, nor clinical responses to particular conditions: it describes the functionality of services rather than the specific detail of delivery.
- 1.5 This document is guidance for local authorities and LHBs who have duties under Part I of the Measure to provide local primary mental health support services. It may be used as a framework for the development of the joint schemes which are required to be in place to deliver the services. The Model is also intended for use by primary care providers who will be involved in the delivery and use of those services. Finally, it is hoped that by explaining the functions of the service, the Model may also be useful to the individuals who access the services, their families and the organisations that support them.

Status of the National Service Model

- 1.6 This Model replaces ‘*Adult Mental Health Services in Primary Mental Healthcare Settings in Wales Policy Implementation Guidance*’¹ which was issued by the Welsh Government in 2006.
- 1.7 This Model may be reviewed and revised over time, as services are introduced and developed. The Welsh Ministers are under a duty to review the operation of Part I of the Measure within four years of the commencement of certain key provisions coming into force and to place a report of that review before the National Assembly for Wales; it is likely that this review will inform future development of this Model.

Presentation

- 1.8 Throughout the National Service Model, the Mental Health (Wales) Measure 2010 is referred to as ‘the Measure’. Where there are references to other statutes, the relevant Act or Measure is clearly indicated.
- 1.9 It is expected that the Welsh Ministers will, in due course, make regulations associated with Part I of the Measure. In anticipation of these being made, such subordinate legislation is referred to in this Model as ‘the regulations’.
- 1.10 Finally, a note on some of the terms used in this National Service Model:
- a) the term ‘service user’ is often used for people accessing services for care and treatment of their mental ill-health (regardless of their age); some people prefer the terms ‘survivor’, ‘client’, ‘consumer’ and ‘recipient’. Part I of the Measure uses the term ‘patient’ but this document generally uses the term ‘individual’;
 - b) Part I of the Measure also refers to ‘mental health treatment’, but unless specifically quoting the legislation, this document refers to ‘interventions’;
 - c) the term ‘primary care provider’ is used to refer to General Practitioners (GPs) and those acting with their authority;
 - d) there are references throughout this National Service Model to the Mental Health Act 1983; it is assumed that readers are familiar with the main provisions of that Act as it relates to the assessment, care and treatment of people with mental disorders. Guidance on the 1983 Act is given in *Mental Health Act 1983 Code of Practice for Wales* (Welsh Assembly Government, 2008²).
- 1.11 A list of key words and phrases used in this National Service Model is given in Appendix I.

¹ WHC (2006) 053

² www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33960

Chapter 2 - Duties, Functions and Objectives of Local Primary Mental Health Support Services

2.1 This Chapter sets the legislative and policy context for the establishment and delivery of local primary mental health support services.

The legislative framework

The Mental Health (Wales) Measure 2010

2.2 The Mental Health (Wales) Measure 2010, (“the Measure”), which deals with accessing and receiving care and interventions within primary and secondary mental health services, was approved by Her Majesty in Council on 15 December 2010.

2.3 Part I of the Measure seeks to strengthen the role of primary care in delivering effective mental health care and treatment, and sets out the requirement that local primary mental health support services will be provided throughout Wales. It is expected that the statutory duties on LHBs and local authorities to provide these services will come into force in October 2012.

Joint schemes

2.4 The Measure places statutory duties on all Local Health Boards (LHBs) and Local Authorities in Wales to develop joint schemes for the provision of local primary mental health support services. LHBs and Local Authorities will deliver such services in partnership, and it is expected that the services will, in the main, operate within or alongside existing GP practices.

2.5 The Measure requires a joint scheme to be in place for each local authority area in Wales. The Welsh Ministers may, by way of regulations, amend the operation of the Measure so as to provide that LHBs and local authorities can establish joint schemes for areas wider than a local authority area - in effect, regions. These regulations are currently in preparation, and it is likely that such wider area provision will take place across Wales. The Welsh Government will issue separate confirmation of regional arrangements in due course, but for the purposes of this National Service Model, reference to joint schemes should be read as a scheme for a local authority area, or a region, as the case may be.

2.6 It is envisaged that the majority of individuals who access the local primary mental health support services will do so through primary care, including “categories” of individuals who may not be registered with a GP. It is envisaged that these categories will be set out in forthcoming regulations, and are likely to include prisoners and young offenders, amongst others. In addition, local schemes may include further categories of people who are not provided for in regulations.

2.7 As well as referrals from GPs and other primary care practitioners, the Measure also provides scope for the joint schemes to include referrals to local primary mental health

support services from secondary mental health services, including referrals in respect of persons who are subject to the Mental Health Act 1983, or otherwise in receipt of secondary mental health services.


- 2.8 Access arrangements will need to be sufficiently flexible to accommodate all categories of people who have access to local primary mental health support services, whether accessed via primary care, or secondary care.
- 2.9 The Welsh Government intends to issue separate guidance for local authorities and LHBs regarding the creation and drafting of the written joint schemes.

Cooperative and joint working between partners, and information sharing

- 2.10 Section 41 of the Measure enables LHBs and local authorities, when acting together as partners under Part I of the Measure, to provide staff, goods, services, accommodation or other resources to each other. They may also establish and maintain a pooled fund - this is a fund made up of contributions from the partners, out of which payments may be made towards expenditure incurred in the discharge of the functions under Part I of the Measure.
- 2.11 Section 42 of the Measure allows one partner in the scheme to supply to the other partner information which has been obtained in the discharge of functions under Part I of the Measure, and which relates to an individual for whom local primary mental health support services are being, or might be, provided.

Objectives of local primary mental health support services

- 2.12 The overall objectives of local primary mental health support services are to:
 - a) increase the availability and uptake of mental health services at the primary care level, in order to improve outcomes for individuals of all ages and to increase effectiveness and efficiency in accessing secondary care, where this is indicated;
 - b) provide for people of all ages across Wales, effective primary mental health support services that are accessible and close to those who require them. These services should be appropriate, acceptable and outcome-focussed, with an emphasis on promotion of an individual's well-being, recovery and resilience;
 - c) work with and develop close relationships with GPs and practice staff, and to provide support, consultation, advice on clinical management, education, training, and liaison in order to develop capacity for, and approaches to, managing mental health problems in primary care.
- 2.13 These objectives may be achieved by:
 - a) increasing the capacity at primary care level for appropriate assessment, targeted brief therapy interventions, onward referral, advice and information for people of any age with any form of mild to moderate and/or severe and enduring mental health problem. This will include psychosocial, behavioural and emotional difficulties experienced by children and young people, and memory impairment experienced by older adults;

- 
- b) providing wider access to effective psychological therapies;
 - c) promoting the rights of individuals to access these services in the Welsh language;
 - d) providing wider access to and availability of mental health services, at the primary care level delivered in languages (other than English or Welsh) according to the needs of the local population;
 - e) ensuring intervention to promote early and accurate diagnosis, and appropriate and timely follow up, to improve emotional wellbeing and mental health outcomes, reduce the risk of the individual's condition worsening and, where appropriate, helping individuals to sustain employment and education;
 - f) involving individuals, and their carers where appropriate, in the individual's treatment and supporting and encouraging them in their own mental and physical health self-management where possible and appropriate;
 - g) appropriate prescribing (both medical and non-medical) for mental health conditions at primary care level, improving medication management and encouraging compliance with medication that is prescribed;
 - h) promoting and addressing the physical health needs of those who access mental health services at primary care level;
 - i) increasing the speed and appropriateness of referrals to secondary care mental health services through streamlined referral processes and effective communications, ensuring that individuals are supported at the level of care most appropriate to their need;
 - j) developing and maintaining effective interfaces with relevant services in all sectors to support individuals in their social and physical health needs to benefit their mental health;
 - k) reducing discrimination and improving community awareness through increased local provision and local access; and
 - l) assuring the effectiveness and quality of the services provided.

Equalities and mental health

2.14 The Equality and Human Rights Commission Wales has stated that people with experience of mental distress are among the most discriminated against in Wales³. Many people experience multiple disadvantages through discrimination on the grounds of their mental health problems and also on the grounds of their sexuality, ethnicity and other characteristics. People from minority groups often find it difficult to access mental health services, or they find the services that are available to them are culturally inappropriate or insensitive to their needs.

³ <http://www.equalityhumanrights.com/wales/projects/your-business-workplace-policies-on-domestic-abuse-and-mental-health/mental-health-is-your-business/>

- 2.15 In order to meet the objectives set out above, the local primary mental health support services will need to be delivered in ways which:
- a) tackle any misconceptions and discriminatory attitudes towards people with mental health problems in their locality;
 - b) embrace the provisions of the Public Sector Equality Duties⁴, delivering services which genuinely meet the needs of the people they serve, including specialist services for minority groups, and diverse needs in respect of sexuality, gender identity, ethnicity, age and language other than English and Welsh;
 - c) link effectively with the mental health aspects of the Rural Health Plan⁵.

Provision of services in English and Welsh

- 2.16 In order to enhance the range and efficiency of primary mental health services throughout Wales, effective communication between practitioners and individuals referred to services, is essential. Effective, safe and efficient mental health services depend on clear communication through talking, listening and understanding, so as to promote optimum clinical outcomes and recovery for the individuals who use mental health services. Poor communication can lead to misunderstanding, mistrust, misdiagnosis and subsequently inappropriate assessments, interventions and care, and potentially poorer outcomes for individuals and their carers.
- 2.17 All possible steps should be taken to ensure that primary mental health support services are available for Welsh speakers in the language that best meets their individual needs, and that services are suitably developed and supported to be delivered through the medium of English and Welsh. Local Health Boards and local authorities should promote the bilingual services that are already available and increase capacity for providing bilingual services where there is a shortfall of Welsh speaking staff. The onus is on Health Boards and Local Authorities to provide the appropriate service rather for an individual to have to ask for it.

A tiered model of mental health services

- 2.18 An integrated, whole system approach is critical to the effective delivery of mental health care. Previous Welsh Government guidance⁶ has set out the requirements for the development of seamless services, best delivered through a tiered, or stepped, approach to care, and the Welsh Government's aim is to achieve this across all mental health services in Wales. A tiered care model allocates appropriate resources to ensure that expertise and interventions match complexity of need, and should minimise the necessity for multiple assessments of an individual. However, it is important to remember

⁴ <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/>

⁵ <http://wales.gov.uk/topics/health/publications/health/strategies/ruralhealthplan/?lang=en>

⁶ *The Role of Community Mental Health Teams in Delivering Community Mental Health Services: Interim Policy Implementation Guidance and Standards* Welsh Assembly Government (2010)



that a tiered model is a conceptual framework, not a rigid structure, and the flows and linkages between the tiers are as important as the content of the tiers. To provide the best support for individuals, services need to be seamless and fluid and delivered in a supportive and integrated way.

- 2.19 Appendix 2 to this National Service Model places local primary mental health support services within both the tiered model of mental health services for individuals under the age of 18, and the model for individuals aged 18 and over.

Chapter 3 - Delivery of Local Primary Mental Health Support Services

- 3.1 This Chapter provides guidance, and sets out Welsh Government expectations, in relation to the five key functions of local primary mental health support services.
- 3.2 Local primary mental health support services are planned, scheduled services that sit within primary care; these services will provide specialist mental health expertise in primary care. They will have clear links with other tiers of care within the mental healthcare system and will need to ensure effective care pathways for individuals to move between tiers.

Services to be provided

- 3.3 This National Service Model seeks to eliminate variability in the core characteristics and qualities of local primary mental health support services, but allows for flexibility in how services are delivered locally.
- 3.4 Local primary mental health support services will provide local access to support for people of all ages who have mild to moderate and/or stable severe and enduring mental health problems, including psychosocial, behavioural and emotional difficulties experienced by children and young people and memory impairment experienced by older people, and will enrich and enhance relationships between primary and secondary care. The services that it is expected will be delivered within local primary mental health support services are:
 - a) comprehensive mental health assessments for individuals who have first been seen by a GP, and for whom the GP considers a more detailed assessment is required, or who are referred through secondary mental health services (where the local joint scheme provides that individuals in receipt of secondary mental health services are eligible);
 - b) short-term interventions (i.e. treatment), either individually or through group work, if the initial assessment has identified this as appropriate. Such interventions may include counselling, a range of psychological interventions including cognitive behavioural therapy, solution-focussed therapy, family work, online support, stress management, bibliotherapy and education;
 - c) onward referral and the co-ordination of next steps with secondary mental health services, where this is felt to be appropriate for an individual;
 - d) provision of support and advice to GPs and other primary care providers (such as practice nurses) to enable them to safely manage and care for people with mental health problems;
 - e) provision of information and advice to individuals and their carers about interventions and care, including the options available to them, as well as 'signposting' to other sources of support (such as support provided by third sector organisations), and helping them to access these services.

Guidance on all of these areas is set out below.

Eligibility

- 3.5 The local primary mental health support services will be available for individuals of all ages, from children and young people to older adults. Access is by referral, as established in sections 6, 7 and 8 of the Measure. Referrals can only be made by -
- a) the GP with whom the individual is registered (section 6); or
 - b) a GP with whom the individual is not registered, but the individual is either described in regulations to be made by the Welsh Ministers (such as a person held in prison), or is described in the local scheme (section 7); or
 - c) a person working in secondary mental health services in respect of an individual subject to the provisions of the Mental Health Act 1983, or in receipt of secondary mental health services, but only if the local joint scheme prescribes that such individuals are eligible, and the person making the referral is eligible to do so (as set out in the joint scheme) (section 8).
- 3.6 The Measure does not allow for self-referral to local primary mental health support services.
- 3.7 Within these referral mechanisms, referrals should only be made in respect of individuals (of any age) who present with any form of mild to moderate and/or stable severe and enduring mental health problem, regardless of whether that individual may also be experiencing any co-occurring condition such as a learning disability or a substance misuse problem. An individual subject to section 117 of the Mental Health Act 1983 may be referred to the service, provided that they are eligible via one of the referral routes outlined above, and it is appropriate to do so given their clinical presentation.
- 3.8 A referral can simply be a request from a GP to the local primary mental health support service to see someone in the surgery, and it is essential that referral systems do not become overly complex or developed as a way of managing demand. However, appropriate record keeping will be necessary to protect both the referrer and the individual: this could simply be a note on the GP record.
- 3.9 The Welsh Government preferred standard for the maximum length of time between a referral being made by a primary care practitioner and the assessment being carried out by the local primary mental health support services is 28 calendar days.
- 3.10 The local mental health partners will need to review their protocols for referral for assessment regularly to ensure that they remain relevant to local need, and that the skills of the local primary mental health support services staff are being used appropriately.
- 3.11 The local primary mental health support service will not be appropriate for all individuals with mental health problems who present to GPs. Where a GP considers that other services within the mental health care system would be appropriate to meet an individual's needs, the GP should continue to refer them to these services (e.g. Community Mental Health Teams, specialist CAMHS, substance misuse services, etc). The GP may wish to be guided and supported in relation to the appropriate referral of individuals through consultation with, and/or advice from, the local primary mental health support service.

Assessment

- 3.12 The purpose of a primary mental health assessment is to consider an individual's mental health and to identify the local primary mental health treatment (if any) and other services (if any) which might improve, or prevent a deterioration in, that person's mental health. "Other services" in this context means -
- a) secondary mental health services;
 - b) services of a type that are normally provided by primary care providers;
 - c) community care services (other than those which are delivered by secondary mental health services);
 - d) services provided under Part III of the Children Act 1989 (that are not also secondary mental health services);
 - e) housing or well-being services; and
 - f) education or training which may be beneficial to an individual's mental health.
- 3.13 Only a practitioner who is eligible can undertake such an assessment; eligibility to assess will be set out in regulations which will be introduced by the Welsh Government under section 47 of the Measure later in 2011.
- 3.14 It is expected that in relation to assessment:
- a) practitioners working within the services will work within the limits of their competence and will receive regular supervision;
 - b) recognised, evidence-based assessment tools that can be benchmarked across all local primary mental health support services in Wales will be used, in conjunction with relevant guidance as appropriate, for example NICE guidance⁷. Different assessment tools may be used for people of different ages and with different clinical presentations;
 - c) the assessment process must be fit for purpose and must identify needs in a timely fashion, so as to ensure a balance of time and activity for the other functions of the local primary mental health support service, and specifically the delivery of the mental health interventions that are intended to support individuals and improve their mental health and well-being;
 - d) all assessments will cover need and risk, including suicide risk where relevant, and any subsequent management plans will address both the needs and risks identified;
 - e) it ought to be possible for every assessment to be made through the medium of Welsh, wherever the individual requests this. Where this does not occur, it should be noted that the assessment has not been undertaken in the language of choice of the individual, and this should be drawn to the attention of the managers of the service;
 - f) appropriate documentation will be completed and held within primary care and shared with other agencies where appropriate;

⁷ For example, *Common mental health disorders: Identification and pathways to care* NICE Clinical Guideline 123 (May 2011)

- g) the assessment report and the accompanying documentation will be transferable to and, wherever possible, accepted by any further statutory services or other agencies to which the individual is referred by the local primary mental health support service. However, it is recognised that some re-assessment may be needed in particular circumstances and that certain services cannot be referred to, but must be applied for;
- h) there will be clear “step up” and “step out” criteria for individuals to access the opportunities and interventions most appropriate to their need, with local agreement on the pathway of care between and within the various tiers of the mental health system, taking into account points of transition between age groups.

Treatment (Interventions)

- 3.15 Section 2 of the Measure requires that each joint scheme must identify the mental health treatment which is to be made available for the local authority area of that scheme.
- 3.16 Local primary mental health support services should offer a portfolio of evidence-based, time limited interventions which are appropriate to individual clinical need to treat common mental health problems in all age groups. The short-term interventions (i.e. treatment), should be delivered either at an individual level or through group work, dependent on which approach the assessment has identified as appropriate. Such interventions may include counselling, psychological interventions, (including cognitive behavioural therapy, solution-focussed therapy, family work, online support, stress management), bibliotherapy and education.
- 3.17 Individuals should expect to receive culturally-appropriate, evidence-based interventions which reflect individual need and should receive a sufficient number of sessions to give benefit. Such interventions are likely to be appropriately delivered within six to ten sessions in most cases.
- 3.18 It is expected that the interventions will be recovery-focussed, with clear expected outcomes, and will be underpinned and quality assured by evidence-based approaches. They will be based on a thorough assessment of each individual and delivered by suitably skilled and trained staff who are appropriately supervised. Wherever possible, the interventions agreed will support individual self-management, health promotion and prevention of deterioration.
- 3.19 Care plans that are proportionate to need should be developed for individuals treated within the service. The care of people who are seen within the local primary mental health support services will not normally be subject to care and treatment planning, although some individuals whose care is already subject to the care and treatment planning requirements of Part 2 of the Measure may also be seen within the local primary mental health support services. In such circumstances it is likely that responsibility for their care coordination and care and treatment plan will remain in secondary care.
- 3.20 Documentation will be held within the primary care records: local joint schemes should set out the arrangements for this.

Referral onwards from local primary mental health support services

- 3.21 Section 5(1) of the Measure defines the meaning of local primary mental health support services, and specifies the five functions which make up primary mental health support services. These functions include: *“the making of referrals...following a primary mental health assessment, concerning other services the provision of which might improve or prevent deterioration in the assessed individual’s mental health”*.
- 3.22 It is expected that onward referrals to other services will be offered to individuals where it is felt that they would benefit from an intervention that is outside the remit of the local primary mental health support service. Referrals can be offered and made at any stage of a person’s involvement with the local primary mental health support service. The GP will be informed when an individual’s contact with this service ends and of any further referral made, or signposting offered.
- 3.23 Specific requirements in relation to referral are set out in section 10 of the Measure. In meeting these requirements the local mental health partner which carried out the assessment must inform the recipient of the referral that:
- a) the referral is being made under section 10 of the Mental Health (Wales) Measure 2010, because the assessment has identified services which are considered might improve, or prevent a deterioration in, the individual’s mental health; and
 - b) they (the referring partner) considers that the recipient of the referral would be the authority responsible for providing those services (if a decision was made to provide those services).
- 3.24 It is for the recipient of the referral to consider and decide whether the provision of any services to which the referral relates is called for.
- 3.25 In more general terms, in relation to referrals, the local mental health partner which carries out the assessment should:
- a) consider the individual circumstances of each individual, and address their needs individually and holistically;
 - b) communicate with the individual to whom the referral relates and ensure that s/he understands why the referral is being made;
 - c) pay due regard to risk assessment and risk management;
 - d) ensure that accurate information about the individual’s preferred language is included in the referral;
 - e) maintain appropriate patient records;
 - f) support the development of effective and seamless care pathways for individuals, based on age, condition, or other specific criteria, to ensure that individuals access the appropriate services with the minimum possible delay.
- 3.26 To ensure that the referral process works effectively and efficiently, it will be important that effective relationships between the local primary mental health support service and other services within the mental health system are developed and maintained.

This will support the making of onward referrals as appropriate to need, enable referrals to be reviewed to support seamless service provision for individuals, and receive feedback on outcomes so as to refine future referrals.

Provision of information and advice to GPs and practice staff

- 3.27 One of the key aims for local primary mental health support services is to work closely with General Practitioners and practice staff to develop the practice knowledge of the nature of mental health, to enhance their skills so that they can work most effectively with individuals at the primary care level, and make informed decisions so that individuals of all ages can be managed at the level of service most suited to their need.
- 3.28 In accordance with section 5 of the Measure, part of the function of local primary mental health support services is to provide “...*information, advice and other assistance to primary care providers to meet the providers’ reasonable requirements for such information, advice and other assistance for the purpose of improving the services related to mental health which they provide or arrange*”.
- 3.29 This ‘information, advice and other assistance’ may include:
- a) promoting a person-centred, holistic understanding of mental health and well-being and developing therapeutic relationships based on trust, openness and individual need;
 - b) training and support for primary care staff (including General Practitioners, practice nurses, practice counsellors, receptionists and administrative staff, district nurses and health visitors) with the provision of both case-specific and generic advice to:
 - enhance skills within primary care in identifying symptoms of depression, anxiety, dementia, early psychosis, relationship difficulties, lifestyle problems, emotional and behavioural difficulties, suicide risk, etc.;
 - clarify and support the role of primary care providers in treating common mental health disorders and enduring stable mental health conditions, with the aim of maximising the benefits of the services that are available within the mental health care system;
 - support primary care providers to further develop skills which will enable them to better identify mental health problems and related issues such as self-harm, social problems and housing need, and increase their capacity to respond;
 - advise and support primary care providers in running their depot or lithium clinics and monitoring psychiatric medication;
 - clarify the roles and capability of different parts of the mental healthcare system, including third sector organisations;
 - refer individuals appropriately, and to identify and accept any potential risks associated with their decisions.
 - c) help to ensure that accurate and relevant information on mental health conditions, and on the availability and remit of local mental health services (including third sector services), is available within general practice;

- d) help to ensure that accurate and relevant information on the availability and remit of other services which can support people with mental health problems, e.g. housing services, employment services, etc, is available within general practice;
- e) providing feedback on referrals received by the local primary mental health support services, so as to inform and maintain future appropriate requests for assessment;
- f) supporting the development of practice protocols for the management of individuals with mental health problems; and
- g) supporting effective service planning and integration of services, facilitating local service development.

3.30 The importance and benefits of maintaining regular contact (including informal contact) between the local primary mental health support service and GPs and practice staff should not be underestimated. It is well recognised that strong working relationships between practitioners can support and improve the provision of services for individuals.

3.31 It is recommended that local joint schemes should set out the likely percentage of time the local primary mental health support services will spend in supporting primary care providers to develop their mental health capacity.

Provision of information and advice for individuals and their carers

3.32 One of the functions of 'local primary mental health support services' (as defined at section 5(1)(e) of the Measure) is "*...the provision for patients and their carers of information and advice about the services available to them, to meet their reasonable requirements for such information and advice*".

3.33 The aim is for local primary mental health support services to support individual choice for service users and carers, through the provision of information and advice, about interventions and care. This will include information on the options available to them, as well as "signposting" to other sources of support, such as support provided by third sector organisations, emotional health and well-being, physical health self help, parenting and carer support, housing and education services and, where relevant, occupational health or other services designed to support sustained employment.

3.34 The important role of carers is recognised and valued. Where appropriate, carers should be able to access information and advice from the local primary mental health support service where the individual for whom they care for is engaged with those services. In the context of the Measure, 'carer' means a member of the family of the individual, or a friend of the individual, who is involved in that individual's care. In the case of a child, 'carer' includes the child's local authority foster parent where applicable.

3.35 To achieve this aim, it is expected that local primary mental health support services will need to address:

- a) the provision of information to individuals and their carers as equal partners, with a focus on trust, good communication, equality and holistic, person-centred approaches. This will involve defining and agreeing responsibilities with individuals and promoting

- their engagement in their well-being and the choices available to them, to help to build resilience for the future;
- b) issues of confidentiality, and training for staff in relation to the provision of information and advice;
 - c) promotion of engagement with carers at an early stage and supporting ease of access to relevant information at an early stage;
 - d) how best to maintain accurate information about the availability of existing statutory and non-statutory services and to link into existing information sources, e.g. CALL, NHS Direct, local Mental Health Development Workers, to ensure good validated information. In the longer term there will be a need to ensure compatibility and incorporation within the information directory and signposting functions of the 'communication hubs' being developed by Health Boards as an integral part of implementing *Setting the Direction*⁸;
 - e) the development and maintenance of constructive relationships with a range of agencies and services in the local community, including third sector organisations, and with mental health promotion, physical health and public health services. This will serve to support appropriate referrals and/or signposting to other services, the review of such referrals and/or signposting, to share feedback on outcomes between agencies, and to refine future referrals and/or signposting, along with the development of seamless services;
 - f) the provision of information and advice, both to individuals and more generally (for example in waiting areas and on notice boards), which takes account of differing communication needs and requirements;
 - g) the means to ensure that where possible the information and advice to carers complements existing arrangements operating by GPs (for example 97% of GP practices in Wales, have carer identification and referral protocols in place under the GMS contract Quality and Outcomes Framework, Practice Management Indicator 9⁹);
 - h) how the local primary mental health support services staff will be supported to achieve and maintain appropriate skills for working with, and advising on, the range of voluntary, community and specialist mental health organisations and individuals who can help individuals with mild to moderate and/or stable severe and enduring mental health needs.

3.36 When the duties of the Carers Strategies (Wales) Measure 2010¹⁰ and associated regulations come into force, Health Boards and Local Authorities will need to ensure that their respective strategies include approaches to meet the duties for provision of information and advice to carers within local primary mental health support services.

⁸ *Setting the Direction: Primary & Community Services Strategic Delivery Programme* Welsh Assembly Government (2010)

⁹ <http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/QualityOutcomesFramework.aspx>

¹⁰ <http://www.legislation.gov.uk/mwa/2010/5/contents>

Chapter 4 - Operational Arrangements

4.1 This Chapter provides guidance to local mental health partners (i.e. the local authority and LHB) on the operational arrangements that need to be in place for the local primary mental health support services.

Provision of services

4.2 The Measure places a statutory duty on local authorities and LHBs to provide local primary mental health support services that will deliver the five required functions provided by Part 1 of the Measure, as set out in Chapter 3.

4.3 In establishing local primary mental health support services (or further developing these services where they already exist) the Welsh Government expects that there will be no duplication with other services, such as First Access services, and CAMHS primary mental health workers. Some remodelling of existing services may be required to avoid duplication and service complexity: this will be for local determination. It is recognised that the process and timescales for the establishment of new services and/or their integration with existing services are likely to be incremental and will be determined locally. Where other mental health services are also provided in primary care beyond those prescribed in Part 1 of the Measure, it should be decided locally how these services are to be accessed, what they should comprise, and what the relationship with the local primary mental health support services provided under the Measure should be.

4.4 Whilst the statutory duty for the provision of local primary mental health support services lies with Local Authorities and LHBs, local partners may wish to secure their provision through other agencies and organisations on their behalf. This National Service Model recognises the potential role of third sector organisations in the provision of these services, under appropriate arrangements.

Location

4.5 The local primary mental health support services will be a specialism in the community and it is strongly expected that they will operate within or alongside existing GP practices, except where the provision of services to certain groups, such as prisoners, requires other arrangements.

4.6 Local Authorities and LHBs will need to ensure compatibility and effective communications with the community networks, and associated clinical resource teams, that are being established as part of the requirements of *Setting the Direction*¹¹.

¹¹ *Setting the Direction: Primary & Community Services Strategic Delivery Programme* Welsh Assembly Government (2010)

Management arrangements

- 4.7 The funding for the development and provision of local primary mental health support services will be held and managed by LHBs and Local Authorities. The local primary mental health support services and their staff will also be managed by LHBs and Local Authorities, ideally with increasing degrees of joint working between these organisations. Such integration should promote effective linkages and smooth pathways between primary care and other local and specialised services within the mental healthcare system.
- 4.8 The most suitable configuration for the management of the local primary mental health support services will be determined locally and should be set out in the joint scheme.

Staffing

- 4.9 The practitioners who work within the local primary mental health support services will require several fundamental skills and competencies to fulfil the functions set out in Part I of the Measure; i.e. to assess, provide interventions, refer, and provide advice and information to individuals, carers and primary care providers.
- 4.10 It will be for local decision, dependent on the local configuration for the delivery of local primary mental health support services and local factors such as geography, demography and deprivation, and bearing in mind the importance of skill mix in determining outcome, as to how each service is staffed. An indicative ratio is one primary mental health worker for every 20,000 population (all ages)).
- 4.11 It is expected that staff will have appropriate skills and experience for this work including language skills and will work within a recognised competency framework and within their limits of competency. It is also expected that staff will have regular professional supervision and regular opportunities for appropriate continued professional development.
- 4.12 Eligibility to provide assessments within the local primary mental health support services will be set out in regulations which are expected to be introduced by the Welsh Government in 2011.

Governance

- 4.13 Record keeping for the local primary mental health support services will be maintained within primary care. Primary care providers will remain responsible for those records, including, for example, responsibility to protect any information recorded on primary care systems through the Caldicott Guardian, as well as sharing information appropriately and safely.
- 4.14 Throughout the duration of an individual's contact with the local primary mental health support services, clinical responsibility for the individual will be shared between the service and the GP, in respect of individuals who have accessed the service via the GP. Clinical responsibility for individuals who access the local primary mental health support services via secondary mental health services would remain with the secondary mental health service. Individual professionals are however accountable for their own professional decisions.

4.15 Governance responsibilities for the service will lie with LHBs and local authorities under the joint schemes. They will be expected to develop and maintain robust governance systems to ensure the effective use of the resources of the service and optimum outcomes for service users.

Performance arrangements

4.16 Local authorities and LHBs will be accountable for the performance of the local primary mental health support services and will establish robust performance management arrangements to monitor the impact of the services.

4.17 In addition to locally agreed performance management information, they will ensure that information is routinely collected for the Welsh Government in relation to:

- a) The number of primary care practitioners per 20,000 population (all ages);
- b) The number of assessments undertaken;
- c) Waiting times for assessment (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) User, carer and GP satisfaction levels.

4.18 The Welsh Government will, in due course, issue requirements to LHBs and local authorities for reporting against these performance measures.


4.19 It is expected that alongside the performance measures, the service will undertake regular local audits against nationally benchmarked quality standards in relation to access, outcomes, appropriateness and acceptability for the five functions of the service. This will support improvements in practice and give stakeholders assurance about service delivery. The expected benefits and required quality standards should be determined at the outset of service development and reviewed regularly. A coordinated approach to the development of these quality standards across Wales will be established.


Responsibilities of local authorities and Local Health Boards

4.20 To ensure the smooth operation of the local primary mental health support services, local authorities and LHBs will need to work together, and at times in collaboration with primary care providers, to:

- a) prepare the joint scheme required under section 2 of the Measure;
- b) include the joint scheme within the Children and Young People's plans (required under the Children Act 2004¹²);
- c) provide clarity as to the role and capacity of the local primary mental health support services, and that service's relationship with other relevant services within the mental health system in the area of the scheme;

¹² Children Act 2004

- 
- d) define specific roles and responsibilities within the local primary mental health support services, and ensure appropriate and timely recruitment, training and deployment of staff to fulfil those roles;
 - e) manage the resources for the local primary mental health support service to ensure its effective and efficient operation;
 - f) confirm a base, or bases, in, or close to, primary care from which the service can operate;
 - g) ensure robust interfaces between the planned local primary mental health support service and other planned and unscheduled services within the mental health whole system (including substance misuse services), to facilitate smooth transition between services and minimise the risk of individuals being “lost” between services, and to optimise the appropriate use of resources (including minimisation or elimination of duplication in service provision);
 - h) provide mechanisms for the support, supervision and training for local primary mental health support services staff;
 - i) ensure that there is agreement and clarity regarding the eligibility (inclusion and exclusion) criteria for assessment and intervention in local primary mental health support services, and for assessment and intervention in secondary mental health services or other alternatives;
 - j) determine the mental health treatment (interventions) which are to be provided by the local primary mental health support services;
 - k) ensure that the local primary mental health support service is promoted as an integral part of a comprehensive mental health service and embedded within an overall strategy of how services are provided;
 - l) ensure that clear referral and discharge guidelines are in place to ensure that the maximum benefit is derived from the service;
 - m) ensure review in cases where planned care is unexpectedly extended;
 - n) ensure clarity on the pathway of care within the local primary mental health support services between defined entry and exit points;
 - o) ensure appropriate record keeping and guardianship of records;
 - p) ensure regular case load management and review in relation to case mix and workload to ensure that the guidelines and staffing are appropriate and effective;
 - q) ensure effective arrangements for audit and evaluation of the service;
 - r) pursue the benefits of joint management structures and shared information as appropriate to local circumstances;
 - s) ensure that the local primary mental health support services, as for all mental health services in Wales, are underpinned by the principle that the Welsh and English language should be treated on a basis of equality. Consideration of the effective and efficient provision of services in both English and Welsh may include identifying potential need within local areas, mapping workforce skills and developing and supporting a suitably skilled workforce for the future;

- 
- t) meet their obligations under the Equality Act 2010, including the completion of Equality Impact Assessments during the development and introduction of the local primary mental health support services, and ensure robust service planning and delivery so as to avoid discrimination in any form;
 - u) recognise and draw upon the contribution and expertise of specialist third sector organisations and service providers in local service provision, as appropriate to local circumstances and individual needs.

Glossary of key terms

The following terms and abbreviations have been used in this National Service Model.

Term	Meaning
Carer(s)	Within the context of Part I of the Measure this means members of the families of patients, and friends of patients, who are involved in their care and in the case of a patient who is a child, includes the child's local authority foster parent
Child (also children)	A person under the age of 18
CAMHS	Child and adolescent mental health services Specialist mental health services for children and adolescents
Community care services	Has the same meaning as in section 46 of the National Health Service and Community Care Act 1990, namely services which a local authority may provide or arrange to be provided under - <ul style="list-style-type: none"> • Part III of the National Assistance Act 1948 • section 45 of the Health Services and Public Health Act 1968 • section 254 of, and Schedule 20 to, the National Health Service Act 2006 • section 192 of, and Schedule 15 to, the National Health Service (Wales) Act 2006 • section 117 of the Mental Health Act 1983
Detention/detained	Unless otherwise stated, being held compulsorily in hospital under the Mental Health Act 1983 for a period of assessment or medical treatment for mental disorder. Sometimes referred to as “sectioning” or “sectioned”
GP	A service user's general practitioner (or ‘family doctor’)
Local authority	A county council or a county borough council
Local Health Board (LHB)	Type of NHS body established in accordance with section 11 of the National Health Service (Wales) Act 2006, responsible for providing NHS services in a local area
Local primary mental health treatment	In relation to a local authority area, it is the treatment referred to in the scheme for that area as agreed by the local mental health partners
Local mental health partners	Within the context of Part I of the Measure the bodies (Local Health Boards and local authorities) which are responsible for providing primary mental health support services for a local authority area

Term	Meaning
Mental Health (Wales) Measure 2010	The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to local primary mental health support services
The Measure	The Mental Health (Wales) Measure 2010, unless the context otherwise requires
Patient(s)	Within the context of Part I of the Measure means individuals who have, or may have, a mental disorder
Primary care provider	Essentially these are GPs, as they are - <ul style="list-style-type: none"> • contractors under a general medical services contract made under section 42 of the National Health Service (Wales) Act 2006 • persons with whom arrangements have made under section 50 of that Act • registered medical practitioners employed by a LHB under section 41 of the Act • registered medical practitioners providing services to prisoners under arrangements made with a person responsible for the provision or running of a contracted out prison in Wales
Section 117	Section 117 of the Mental Health Act 1983 covers the provision of after-care following the discharge of a patient from detention or treatment under that Act
Welsh Ministers	Ministers in the Welsh Government

The mental health whole system

Mental health system for persons aged 18 and over

At Tier 1 for persons aged 18 and over, primary care services provide assessment and treatment of common mental health problems such as anxiety and mild to moderate depression, monitor the physical and mental healthcare needs of people with a severe and enduring mental health problem, and provide information and sign-posting to other services (figure 1).

Local primary mental health support services will operate within Tier 1.

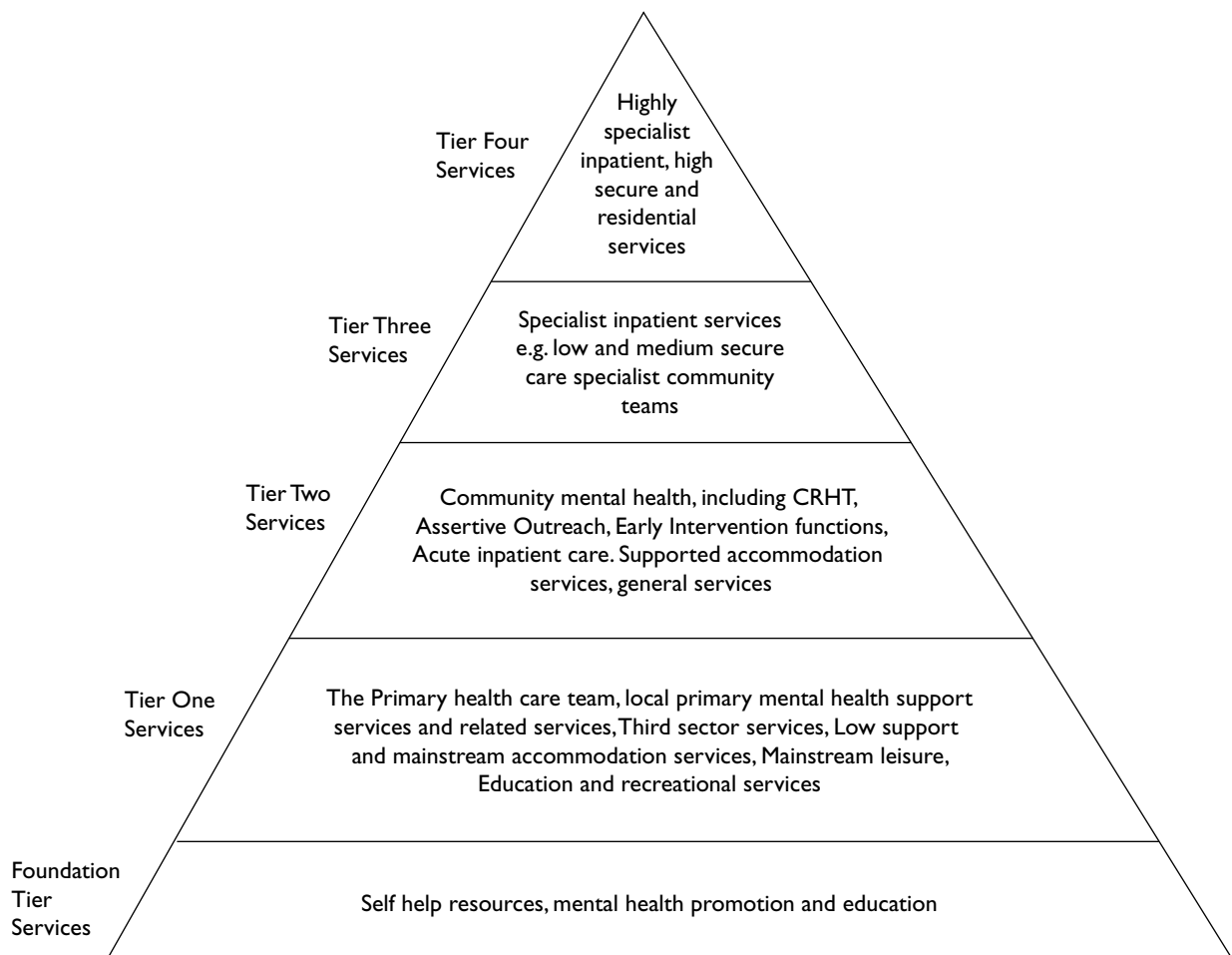


Figure 1 - Mental Health Whole System: A Tiered Model for Adults

Mental health system for persons aged under 18 years

For children and young people (those under the age of 18 years), Tier 1 describes the frontline of service delivery, as the public has direct access to its components. Staff at this level are not necessarily trained as specialists in mental health, but by virtue of their first contacts with,

and their continuing responsibilities for, young people and/or their families, staff in front line direct contact services are well-placed to recognise, assess and intervene with children's mental health problems. Tier 1 staff include GPs, other primary health carers, health visitors, school counsellors, nurses, teachers and other school staff, non-specialist children's social workers, foster carers and many non-statutory sector workers.

In this model, Tier 2 is the first line of specialist services where the staff includes members of the specialist Child and Adolescent Mental Health Services (CAMHS), the staff of education support services, including educational psychologists and specialist teachers, specialist social workers and staff of some third sector organisations.

Across Tiers 1 and 2 CAMHS Primary Mental Health Workers provide consultation, training and short term interventions for Tier 1 professionals and other staff to increase the 'mental capital and capacity' of Tier 1 staff. Primary Mental Health Workers also promote joint working and partnerships with statutory and non-statutory agencies and assessment, and/or short term intervention for children and young people on a one-to-one, or small group basis.

Local primary mental health support services will straddle Tiers 1 and 2 of the tiered model for children and young people.

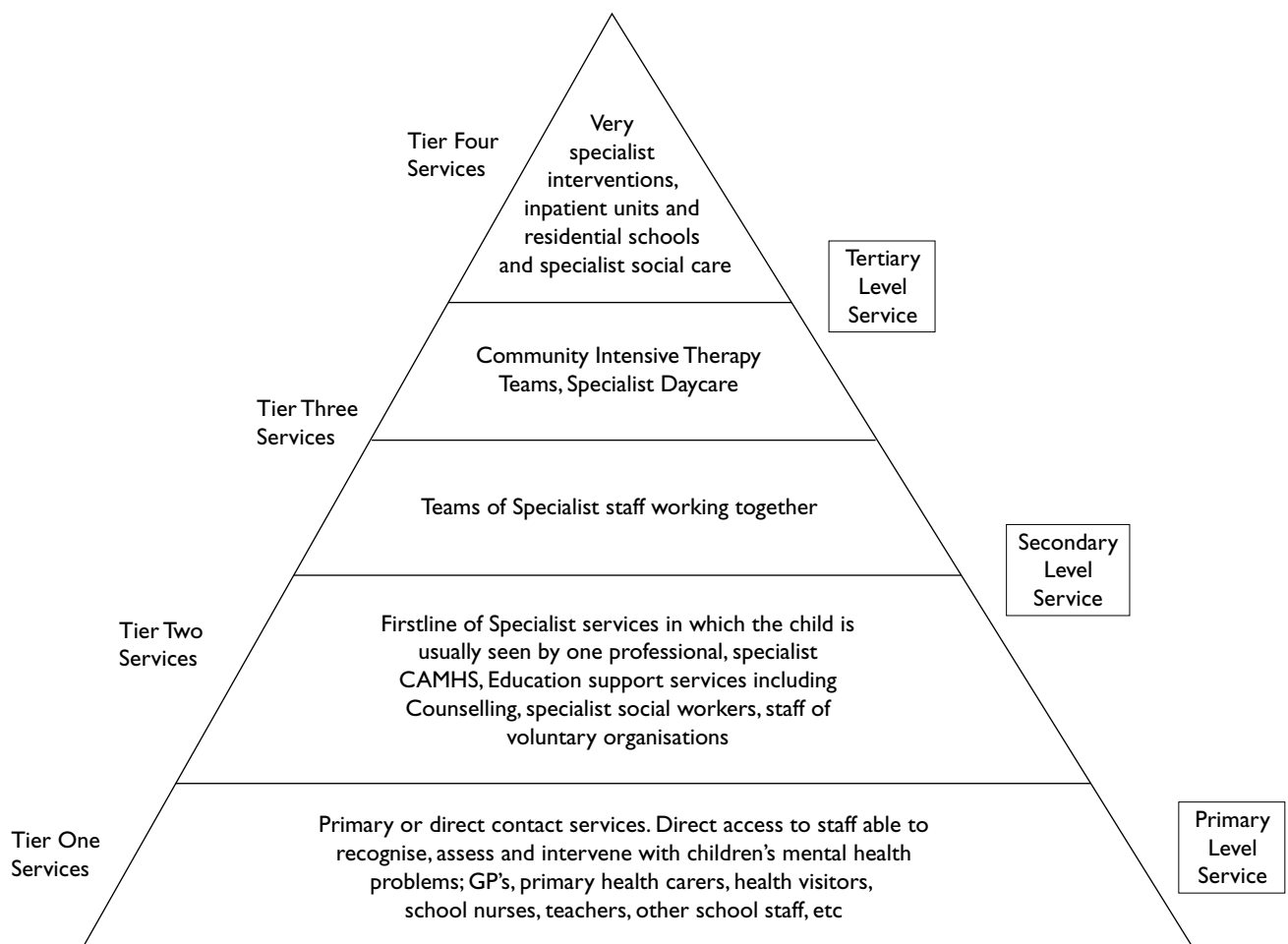


Figure 2 - Mental Health Whole System: A Tiered Model for Children and Young People

