



Getting in on the Act

*dros adferiad
o afiechyd
meddwl difrifol*

hafal

*for recovery
from serious
mental illness*

SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014

LEARNING RESOURCE:

Carers: Caring for People with Mental Health Conditions

Overview

This learning resource is for statutory and third sector organisations that wish to provide training to people who work with carers of people with mental health conditions, and the opportunities provided by the Social Services and Well-being (Wales) Act 2014 to ensure that more help and support is available.

At its core is a workshop programme consisting of a PowerPoint presentation, some video clips of carers talking about their experiences, and four information handouts.

The five sections that make up this resource are:

- **Section 1: Aims, Audience and Outcomes**
- **Section 2: Workshop Programme Overview**
- **Section 3: PowerPoint Presentation with Trainers' Notes**
- **Section 4: Video Resources**
- **Section 5: Information Handouts**

Section 1: Aims, Audience and Outcomes

The aims of this training material are:

- To help statutory and third sector staff better understand the implications of the Social Services and Well-being (Wales) Act (the Act) with regard to carers of people with mental health conditions
- To help statutory and third sector staff better understand carers' rights and entitlements under the Act
- To help statutory and third sector staff understand carers' rights under mental health legislation

Audience

The audience of this training are statutory and third sector staff who work with carers of people with mental health conditions. The training assumes that participants have some existing knowledge and awareness of the main principles and basis of the Act.

Outcomes: After attending this training, trainees will have gained:

- A better understanding about the impact of the Act
- An awareness of how the Act changes the legal status of carers, e.g. definition of a carer
- An understanding of what the rights of carers are, e.g. changes to the arrangements for carers' assessments
- An understanding of the rights of carers under the Mental Health Act (1983) and the Mental Health (Wales) Measure 2010

Section 2: Workshop Programme Overview

Part 1 of the workshop will consist of:

- Introduction and welcome to the workshop
- PowerPoint presentation covering:
 - Aims and outcomes for the training
 - Overview of the Social Services and Well-being (Wales) Act 2014 (the Act)
 - Main provisions and aspects of the Act that relate to carers

Part 2 of the workshop will consist of:

- The showing of 2 short films of carers talking about their experience
- A group discussion about the main issues that impact on carers and how the Act may help address many of these issues.

Part 3 of the workshop will consist of:

- A PowerPoint presentation covering:
 - The rights and entitlement of carers under the Act – with a specific focus on assessments of carers of people with mental health conditions.
 - Carers' rights under the Mental Health Act 1983 – including the role of the 'Nearest Relative'
 - Carers' rights under the Mental Health (Wales) Measure 2010

Section 3: PowerPoint Presentation with Facilitator Notes

The following presentation is what will be delivered by the trainer:

Slide 1



Cyngor Gofal Cymru
Care Council for Wales
Hyder mewn Gofal - Confidence in Care

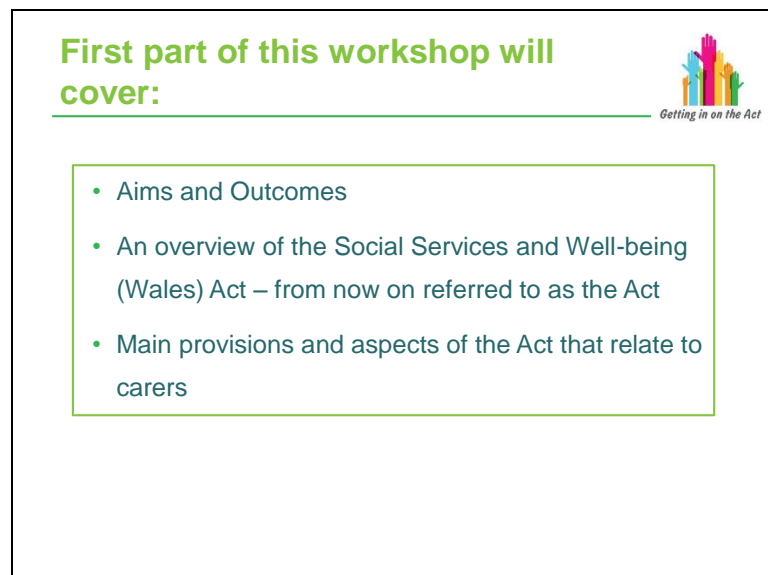
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Social Services and Well-Being (Wales) Act
Carers of People with Mental Health Conditions

Getting in on the Act

Slide 2



First part of this workshop will cover:

- Aims and Outcomes
- An overview of the Social Services and Well-being (Wales) Act – from now on referred to as the Act
- Main provisions and aspects of the Act that relate to carers


Getting in on the Act

Facilitator Notes:

Let participants know that for the rest of the workshop the Social Services and Well-being (Wales) Act will just be referred to as the Act.

Slide 3

Second part of this workshop will cover:



Getting in on the Act


- Some of the issues that impact on carers of people with mental health conditions
- The impact of the Act and how it relates to carers of people with mental health conditions
- Includes a short film of carers talking about their experiences
- Includes a group discussion about the film and how the Act may help address some of the issues and concerns raised

Facilitator Notes:

Explain to participants that it might be useful to take notes during the film that will be shown – which lasts about 12 minutes – to help with the group discussion that will follow. The main aim of the discussion is to see how the Act may help to address some of the issues and concerns that carers have.

Slide 4

Third part of this workshop will cover:



Getting in on the Act

- Carers' rights under the Act – with a main focus on assessments for carers of people with mental health conditions
- Carers' rights under the Mental Health Act 1983
- Carers' rights under the Mental Health (Wales) Measure 2010

Facilitator Notes:

Explain to participants that this final part of the workshop will summarise parts 1 and 2 of this workshop before going on to show what rights carers have under 2 major pieces of mental health legislation – the Mental Health Act 1983 which applies across England and Wales, and the Mental Health (Wales) Measure 2010 which applies to Wales only.

Where there are references to 'carers' rights' this reflects that there is a statutory duty under legislation. Also explain that although the Mental Capacity Act 2005 is not covered in this workshop, participants should also familiarise themselves with this important piece of legislation.

Slide 5




Aims

- To help statutory and third sector staff better understand the implications of the Social Services and Well-being (Wales) Act (the Act) with regard to carers of people with mental health conditions
- To help statutory and third sector staff better understand carers' rights and entitlements under the Act
- To help statutory and third sector staff understand carers' rights under mental health legislation

Facilitator Notes:

The main part of this presentation relates to how the Act can help better support carers of people with mental health conditions, but this group of carers also have rights under both the Mental Health Act 1983 and the Mental Health (Wales) Measure 2010.

Slide 6



Outcomes


In relation to carers of people with mental health conditions participants will:

1. Better understand the impact of the Act
2. Understand how the Act changes the legal status of carers
3. Understand what the rights are of carers
4. Understand rights of carers under the Mental Health Act (1983) and the Mental Health (Wales) Measure 2010
5. Know where to signpost mental health carers to for further information and services that relate to the Act

Facilitator Notes:

- 2. e.g. definition of a carer.
- 3. e.g. changes to the arrangements for carers' assessments.

Slide 7



Overview of the Act

- Part 1: Introduction
- Part 2: General Functions
- Part 3: Assessing the Needs of Individuals
- Part 4: Meeting Needs
- Part 5: Charging and Financial Assessment
- Part 6: Looked After and Accommodated Children
- Part 7: Safeguarding
- Part 8: Social Services Functions
- Part 9: Co-operation and Partnership
- Part 10: Complaints, Representations and Advocacy Services
- Part 11: Miscellaneous and General

Facilitator Notes:

Let participants know that you will not be going through every part of the Act, but will be focusing on the key parts that relate to carers – mainly Parts 1, 2, 3 and 4.


After summarising the key provisions and aspects of the Act that specifically relate to carers, you will be focusing on the specific needs of carers of people with mental health problems and discussing how the Act can help support them.

Although the focus of this training is on carers, the provisions within the Act apply equally to people who need care and support. One of the strengths of the Act is that carers have equal rights to those who need care and support.

Inform participants that there is further training available that covers in much greater detail every part of the Act, and signpost to where this is available.

Slide 8

Part 1 of the Act: Introduction



Getting in on the Act

- Makes provision for improving the well-being outcomes for carers who need support – and defines the meaning of ‘well-being’

- Defines a carer as; ‘a person who provides or intends to provide care for an adult or disabled child’

Facilitator Notes:

New definition of carers removes the previous requirement that carers must be providing “a substantial amount of care on a regular basis”.

Meaning of ‘well-being’

‘Well-being’, in relation to a person, means well-being in relation to any of the following:

- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Education, training and recreation
- Domestic, family and personal relationships
- Contribution made to society
- Securing rights and entitlements
- Social and economic well-being
- Suitability of living accommodation


In relation to a child, ‘well-being’ also includes:

- Physical, intellectual, emotional, social and behavioural development
- ‘Welfare’ as that word is interpreted for the purposes of the Children Act 1989

In relation to an adult, ‘well-being’ also includes:

- Control over day to day life
- Participation in work.

Slide 9



Part 2 of the Act: General Functions

- Overarching duties - General duty to promote the well-being of a carer who has, or may have, needs for support
- Well-being outcomes - Welsh Ministers must issue a statement relating to the well-being of carers in Wales who need support
- Population Assessment – Local authorities and Local Health Boards must jointly carry out an assessment of support needs of carers
- Preventative services – A local authority must provide or arrange for the provision of a range and level of preventative services
- Provision of information, advice and assistance – A local authority must secure the provision of a service for providing carers with information, advice and assistance relating to accessing support

Facilitator Notes:

Overarching duties

The overarching duty applies to a person exercising functions under this Act.

The Act requires that persons exercising functions under the Act (in relation to an adult carer): 'must have due regard to the United Nations Principles for Older Persons' - **Give as a handout (1)**

Well-being outcomes

The statement must specify the outcomes that are to be achieved, in terms of the well-being of carers, by means of:

- Support provided by local authorities under this Act
- Support provided by others which is of a kind that could be provided by local authorities under this Act
- The statement must also specify measures by reference to which the achievement of those outcomes is to be assessed

Population Assessment

A local authority and each local health board whose area lies within that of the local authority must jointly assess:

- The extent to which there are carers in the local authority's area who need support
- The extent to which there are carers whose needs for support are not being met (by the authority, the LHB or otherwise)
- The range and level of services required to meet the support needs of carers
- The range and level of preventative services that is available
- How these services will be delivered through the medium of Welsh.

Provision of information, advice and assistance

A local authority must provide:

- Information on support that is available and that is accurate and up to date
- Advice on support for carers that is appropriate to the individual following a proportionate assessment
- Advice which is comprehensive, impartial, and in the best interests of the individual.

Slide 10

Facilitator Notes:

Remind participants that the carer no longer needs to be providing 'a substantial amount of care on a regular basis', as previous legislation required.

Emphasise to participants that a local authority must offer an assessment to any carer where it appears to that authority that the carer may have needs for support.

Tell participants that some examples of where a carer (for someone with a mental health problem) may have needs for support will be explored later in this workshop.

Part 3 of the Act: Assessing the Needs of Individuals



- The Act creates a duty for local authorities to undertake a carer's assessment where it appears that the carer has needs for support
- The Act requires assessments to be proportionate to ensure more energy is focused on delivering support
- Carers will be assessed as to whether they have 'an eligible need' for support against eligibility criteria
- Local authorities must assess the extent to which the carer is able (and will continue to be able), to provide care for the person their caring for.

Slide 11

Facilitator Notes:

In determining whether the provision of support will assist the carer to meet their personal outcomes the local authority must take into account the well-being outcomes statements that underpin the definition of well-being, under each aspect of well-being – see facilitator notes for slide 8.

The entitlement to a direct payment has not changed as a result of this Act, and is subject to a financial assessment.

The regulations and code of practice promote direct payments and make them easier for carers to access and use.

Part 4 of the Act: Meeting Needs (and Direct Payments)



- A local authority must determine whether the provision of support will assist the carer to meet their personal outcomes
- If carer assessed and confirmed as having 'an eligible need' for support the local authority will put in place a support plan
- Carers assessed as having an eligible need for support will be entitled to receive direct payments to arrange their own support

Slide 12 – Slide 14

BREAK

Mental health and some of the issues that impact on carers of people with mental health conditions

Video Resources

Watch the following carers discuss their lives:

Frank -

Janice, Pam and Evelyn -

Facilitator Notes:

Explain to participants that you are now going to show some video clips of carers talking about their experiences. Ask participants to think about how the Act may be able to address any of the issues that are raised in the clips.

If embedded videos do not play, click on the hyperlinks to open the YouTube videos on your web browser.

Slide 15


Facilitator Notes:

Remind participants that this part of the workshop is specifically about carers of people with mental health conditions. Generate discussion on some of the key issues identified within the video clips Summarise the main issues and concerns identified and write up on a flip chart. Following a group discussion **give as a handout: Briefing paper: Caring for People with a Serious Mental Illness (2).**

Discussion

- What are some of the main issues and concerns that have been raised in the video?

Slide 16



Priorities

Many carers of people who have a mental health condition say that they:

- Prefer to receive services that directly engage with the person cared for
- Feel ignored and left alone to cope
- Are not given sufficient or appropriate information regarding the care and treatment of the person they care for
- Need training and support to better help them cope

Facilitator Notes:

Give participants handout (3) of the **Top 25 priorities identified by carers in a Hafal survey**.

The types of training and support that carers mention include: confidence building, learning about coping skills, rights and responsibilities, how and where to access advice and support.

Inform participants that only a sample of the key issues has been included in this slide.

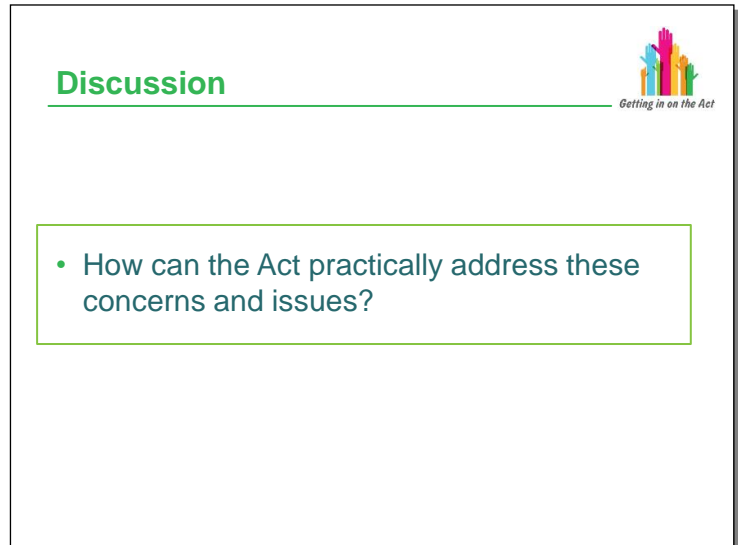
Many more of the key issues are highlighted in the briefing/discussion paper handed out, and includes:

- Generally, carers of people living with a serious mental illness would prefer to receive services that directly engage with the person they are caring for, and do not draw such a distinction between their own needs as carers and the needs of people being cared for
- It is particularly important to ensure that an assessment of a carer's needs is completed as early as possible to ensure information, advice, support and assistance is easily available to help prevent the deterioration in their loved one's condition and help prevent potential admission to hospital
- Many carers of people living with a serious mental illness feel they are not given sufficient and/or appropriate information regarding the care and treatment of their loved one with professionals often citing 'confidentiality' as the reason
- Carers of people with a serious mental illness often feel excluded or ignored by health and social care professionals from the care and treatment provided by statutory services. This is particularly so when a carer or family identify to professionals that the person is exhibiting relapse indicator symptoms
- Many carers and families want to have better information on a particular type of mental illness, and to have further learning opportunities to develop skills for dealing with a person's symptoms and not just be contacted when a crisis develops
- Carers also often talk about how they feel they are not involved enough in the care and treatment of the person they are caring for whilst they are in hospital; again often feeling ignored and excluded
- Carers often feel a lack of discussion or communication with them when a person is going to be discharged from hospital. This includes no communication/discussion on the discharge process itself and any potential consequences or risks involving the discharge from hospital
- The symptoms experienced by a person with a serious mental illness may be episodic, which means for much of the time the person may be well. It is usually the carer or family who will spot the signs that the person may be becoming unwell and in need of professional support, care and treatment


Slide 17

Facilitator Notes:

Participants should be invited to consider the issues that have been raised in the briefing/discussion paper, the table showing the 25 main priorities and the flip chart that highlights some of the issues raised in the video clips, and to see how they can be related to and addressed by the Act.



Discussion

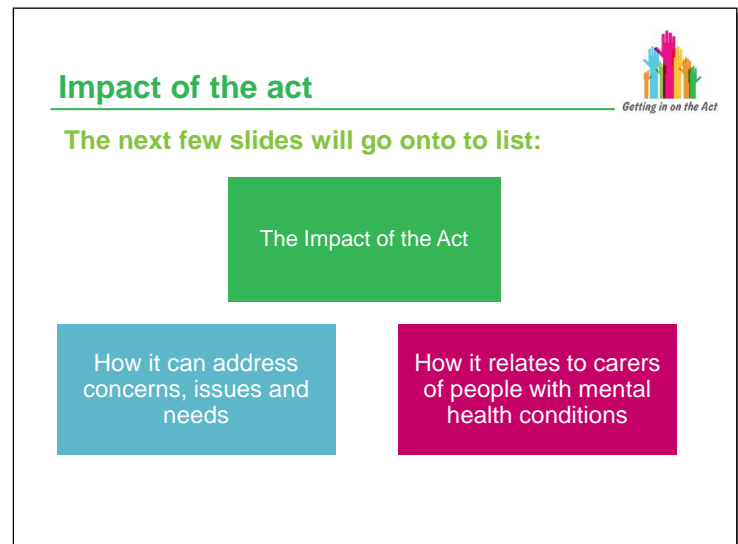


- How can the Act practically address these concerns and issues?


Slide 18

Facilitator Notes:

The next few slides detail specific parts of the Act and sets out how these may be able to address some of the issues and concerns raised.



Impact of the act



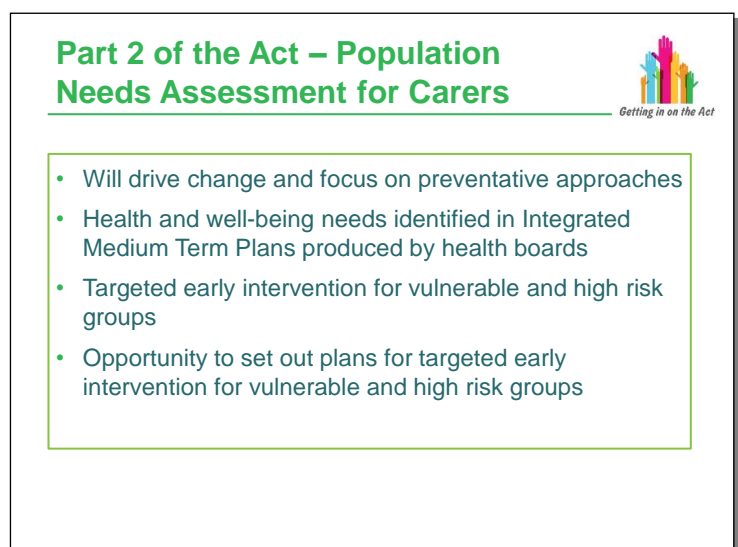
The next few slides will go onto to list:

- The Impact of the Act
- How it can address concerns, issues and needs
- How it relates to carers of people with mental health conditions


Slide 19

Facilitator Notes:

Integrated Medium Term Plans (IMTPs) are developed by health boards, trusts and NHS support organisations. They are the key organisational planning documents, and are rolling three-year plans that are refreshed, or rewritten, on an annual rolling basis. A part of each organisation's IMTP must set out how resources will be used to address needs relating to the health and well-being of carers and improve health outcomes. They provide an opportunity to set out what early intervention services or initiatives, as well as a range of other services, are available within the local area for carers.




Part 2 of the Act – Population Needs Assessment for Carers



- Will drive change and focus on preventative approaches
- Health and well-being needs identified in Integrated Medium Term Plans produced by health boards
- Targeted early intervention for vulnerable and high risk groups
- Opportunity to set out plans for targeted early intervention for vulnerable and high risk groups

Slide 20

Part 3 of the Act – Individual Carers Assessment



- Should be proportionate to the individual's needs
- May include how the carer will be supported in their caring role in addition to any direct support they may need for their own health and well-being
- May set out how professionals will engage with carers/families on a regular basis about the care and treatment of the person they care for, and the process/protocol for doing so

Facilitator Notes:


Issue handout (4): **What a local authority must do in carrying out a needs assessment for carers.**

A local authority must:

- Assess the extent to which the carer is able, and will continue to be able, to provide care for the person for whom the carer provides or intends to provide care
- Assess the extent to which the carer is willing, and will continue to be willing, to do so
- For a carer who is an adult, seek to identify the outcomes that the carer wishes to achieve
- For a carer who is a child, seek to identify the outcomes that the carer wishes to achieve, to the extent it considers appropriate having regard to the carer's age and understanding, and the wishes of those with parental responsibility for the carer with regard to promoting their well-being

Slide 21

Part 4 of the Act – Support Plans for Carers



What could be included in Support Plans for carers of people with mental health conditions:

- Breaks for carers (respite)
- Training for carers e.g.

Confidence building	How to engage with health and social care professionals	Family Therapy services
Other types of talking therapies	Types of mental health conditions	Mental health medication and side effects

Slide 22

 **Cyngor Gofal Cymru**
Care Council for Wales
Hyder meun Gofal - Confidence in Care

 **hafal**

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BREAK



Getting in on the Act

Slide 23


Summary of main rights and entitlements for carers under the Act, and duties on statutory services



Getting in on the Act

Facilitator Notes:


Explain to participants that most of what is included in the next few slides has already been identified and discussed within the workshop, and represents a summary of the key points in the Act that relates to carers. These next 6 slides summarise and confirm much of what has been learnt and discussed so far.



Part 2 of the Act

States that:


- Carers who need support must have their well-being promoted
- Carers views, wishes and feelings must be listened to (in so far as is reasonably practicable)
- Carers must be respected and treated with dignity
- Carers must receive appropriate support to enable them to participate in decisions that affect them



Part 2 of the Act - Duties

Places these duties on statutory services:


- A statement of the well-being outcomes to be achieved by carers who need support must be issued by Welsh Ministers
- Local authorities and Health Boards must jointly assess the extent to which there are carers who need support
- Local authorities must provide a service to give carers:
 - Information and advice relating to care and support
 - Assistance in accessing care and support



Part 3 of the Act

Places a duty on local authorities to assess the needs of a carer for support:


- Where it appears that a carer may have needs for support
- If they do have needs for support - establish what those needs are, or are likely to be in the future



Carers Needs Assessments

In carrying out a needs assessment a local authority must:


- Assess the extent to which the carer is able, and will continue to be able, to provide care for the person being cared for
- Assess the extent to which the carer is willing, and will continue to be willing, to do so
- Seek to identify the outcomes that an adult carer wishes to achieve
- Assess whether, and if so to what extent, the provision of support, preventative services or information, advice or assistance could contribute to achieving those outcomes or meet identified needs



Carers Needs Assessments

In carrying out a needs assessment a local authority must have regard to:

- Whether the carer works or wishes to do so
- Whether the carer is participating in or wishes to participate in education, training or any leisure activity
- In the case of a carer who is a child –
 - i. The development needs of the child, and
 - ii. Whether it is appropriate for the child to provide the care (or any care) in light of those needs



Part 4 of the Act Meeting Carers Needs

- Must determine whether the provision of support will assist the carer to meet their personal outcomes
- If the carer has 'an eligible need' for support a support plan will be put in place
- Entitled to receive direct payments to arrange own support


Slide 30

Facilitator Notes:

Explain to participants that this final part of the workshop will link the Act with two major pieces of mental health legislation in Wales:

- The Mental Health Act 1983
- The Mental Health (Wales) Measure 2010


Slides 31 - 33



Links to Mental Health Legislation

Carer's may have rights under the:

- The Mental Health Act 1983
- The Mental Health (Wales) Measure 2010



Mental Health Act 1983

The purpose of the Legislation:


- Main purpose is to ensure that people with serious mental disorders can be treated irrespective of their consent where it is necessary to prevent them harming themselves or others.
- Reception, care and treatment of mentally disordered people.
- Sets out the process and safeguards for patients.



Guiding Principles

These 2 pages will detail the guiding principles of the legislation:

- Patient's well being and safety at the heart of decision making
- Retaining independence wherever practicable
- Involved in planning, development of their care
- Practitioners must respect the diverse needs and values of patients
- The views and needs of family and carers must be taken into account




Guiding Principles (Cont.)

- A person subject to detention under the Act must be provided with appropriate treatment
- Health, social care and other agencies must work together to provide services that are effective accessible and of a high quality
- Staff should have sufficient skills, information and knowledge of the Act to support patients
- There should be clear mechanisms for accessing specialist support for those with additional needs

Facilitator Notes:

A revised Mental Health Act Code of Practice for Wales is being developed and due to be published after these learning materials are published. Participants should become familiar with this revised code of practice.




Mental Health Act 1983

Nearest Relative

The term 'Nearest Relative' is used frequently in mental health legislation to refer to the person closest to a patient who is, or is being assessed with a view to being, detained under the Mental Health Act.

- The Nearest 'Relative' may have a significant role in caring for the patient but does not have to a carer or next of kin.
- A patient's 'Nearest Relative' has an important role under the Mental Health Act as being a safeguard for them.




Mental Health Act 1983

- A patient's 'Nearest Relative' is not necessarily their carer or their next of kin.
- Who acts as a 'Nearest Relative' is set out in Section 26 of the Mental Health Act - it is normally the person highest in the following list:

Husband, wife or civil partner	Son or daughter	Father or mother	Brother or sister
Grandfather or grandmother	Uncle or aunt	Nephew or Niece	

- Where there are two potential contenders at the same level, it will be the elder of the two (irrespective of gender)



Mental Health Act 1983


The 'Nearest Relative' has an important role and has certain legal rights under the Mental Health Act:

- The 'Nearest Relative' should be informed about, consulted on, and be able to contribute to a range of key decisions about the patient's care and treatment.
- They also have a number of very specific legal roles specified in the Act concerning a patient's admission, assessment, detention and discharge from hospital

Slides 37 - 39

Facilitator Notes:


Refer participants to the Chapter 5 of the Mental Health Act 1983 Code of Practice for Wales which gives full details on the role of the 'Nearest Relative'. Please note that a revised Code of Practice for Wales is due to be published in 2016.



Mental Health Act 1983


The role of the 'Nearest Relative'

- The role of the nearest relative under the Act is an important safeguard for patients.
- Section 26 of the Act defines 'relative' and who can act in the role.
- The functions exercised by the 'Nearest Relative' may alter according to which part of the Act a patient is detained.
- An application for admission for treatment cannot be made without consultation with the 'Nearest Relative'



Carers and the Mental Health Act

- Unlike the 'Nearest Relative', carers have no formal or specific rights or roles given to them through the Mental Health Act.
- However, the importance of carers is recognised in the Mental Health Act Code of Practice for Wales.



The Mental Health Act Code of Practice

- Provides guidance on how professionals should communicate and involve carers in decision making around the patient
- Provides guidance on how carers should be informed about, contribute to and be involved in the patient's assessment, care planning, treatment, discharge and aftercare.
- Stresses the need for professionals to have regard to the needs of carers when undertaking their caring role, including their need for information, training or support, and also regard to the risks and pressures they may face

The Mental Health (Wales) Measure 2010

The Measure is a piece of law made by the Welsh Government – it is primary legislation

The Measure made legislative changes to the assessment and care and treatment planning for people with mental health conditions

Overview of the Measure


The Measure is divided into 6 Parts

- Part 1 - Local primary mental health support services
- Part 2 - Coordination of care and treatment planning for secondary mental health service users
- Part 3 - Assessments of former users of secondary mental health services
- Part 4 - Mental Health Advocacy
- Part 5 – General
- Part 6 – Miscellaneous and supplemental

Part 2- Coordination of care and treatment planning for secondary mental health service users

- Mental health service providers have a duty to appoint a care coordinator for a relevant patient as soon as is reasonably practicable.
- Relevant patients are those who are currently receiving a secondary mental health service irrespective of age
- Service providers should ensure that services for an individual are coordinated
- Care coordinators will agree outcomes and record a care and treatment plan for achieving those outcomes.
- Further regulations stipulate the frequency of reviews and who care coordinators must consult and provide with copies of the care and treatment plan

Slide 43

Mental Health (Wales) Measure 2010 

The Measure places a duty upon the Care Coordinator to collaborate with the person receiving mental health services, with a view to:

- a) agreeing the outcomes which the provision of mental health services are designed to achieve;
- b) agreeing a Care and Treatment Plan;
- c) reviewing and, if necessary, revising the plan


Facilitator Notes:

Refer participants to paragraphs 97 to 100 of the Part 4 Code of Practice (Meeting Needs) for the Social Services and Well-being (Wales) Act 2014. This states that:

Para. 97: ‘The process of preparing, reviewing or revising a care and support plan may link in with the preparation, review or revision of plans by other bodies for the person in question. Local authorities may co-ordinate the preparation and review of plans where another body is preparing a relevant plan at the same time.’

Para. 98: ‘Where there are overlapping duties to prepare plans that are nationally or legally prescribed (for example a Care and Treatment Plan prescribed under the Mental Health (Wales) Measure 2010... and there is a plan that meets the requirements of a care and support plan; the preparation, delivery and review of that plan can be regarded as the way for the local authority to meet its duties to prepare, deliver and review a care and support plan.’

Slide 44

Mental Health (Wales) Measure 2010 

- The regulations for part 2 of the Measure require care coordinators to take all practicable steps to consult with parents and any carer(s) who may have a caring relationship with the person receiving mental health services during the preparation or review of the care and treatment plan
- Before any such consultation takes place, the care coordinator is required to take account of the views of the person receiving mental health services as to whether the parent or carer should be consulted with

Mental Health (Wales) Measure 2010



- The person receiving mental health services may wish to nominate family, friends and/or carers to support the delivery of the Care and Treatment Plan; these supporters can play a major role in providing practical assistance in the delivery of the Care and Treatment Plan
- The Measure acknowledges that Carers play a key role in supporting a person receiving mental health services, and where it is decided that consultation, or sharing copies of the care plan with parents or carers should not take place, it is good practice to record the reasons for this decision

Carers



- For further information about third sector services for carers please see the following websites:
- <http://www.carersuk.org/wales>
- <https://www.carers.org/wales>
- <http://www.carersuk.org/help-and-advice/get-resources/carers-rights-guide?qclid=CL2844alnCSCFaoy0wodhyoMyQ>
- <http://www.hafal.org/services/carers/>



Getting in on the Act



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Section 4: Video Resources

Show the following videos to the trainees and facilitate discussion:

Carers

<https://www.youtube.com/watch?v=rs5Q30Lfpwl&feature=youtu.be>

Frank

<https://www.youtube.com/watch?v=nPu95Mx4324&feature=youtu.be>

Section 5: Information Handouts

The following resources are to be used as handouts during the presentation and discussed as a group.

(Handouts start on the following pages and are available in PDF form and as separate documents).

To download each handout, click on the following links:

[Handout 1 – United Nations Principles for Older Persons](#)

[Handout 2 – Background and briefing paper on caring for someone with a mental illness](#)

[Handout 3 – Priorities identified by a group of carers at Hafal's AGM on 5th November 2015](#)

[Handout 4 – Guidance of Carers' Assessments](#)

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Handout 1

Framework for the treatment of older people

United Nations Principles for Older Persons

THE UNITED NATIONS PRINCIPLES WERE ADOPTED ON 16TH DECEMBER 1991. GOVERNMENTS WERE ENCOURAGED TO INCORPORATE THEM INTO THEIR NATIONAL PROGRAMMES WHEREVER POSSIBLE. THE OLDER PEOPLE'S COMMISSIONER FOR WALES IS LEGALLY OBLIGED TO HAVE REGARD TO THESE PRINCIPLES AND ALL ORGANISATIONS SHOULD USE THEM AS A FRAMEWORK.

Governments are encouraged to incorporate the following principles into their national programmes whenever possible:

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
4. Older persons should have access to appropriate education and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
9. Older persons should be able to form movements or associations of older persons.

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
13. Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfilment

15. Older persons should be able to pursue opportunities for the full development of their potential.
16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Handout 2

Background and briefing paper on caring for someone with a mental illness

Caring for someone with a mental health problem or mental illness

It is not certain how many of the 370,000 carers in Wales are carers for someone with a mental health condition. If the same percentage was used that has been used in the survey of carers of households in England, the number of carers of people with a mental health problem in Wales is about 48,000.

Mental illness is often surrounded by prejudice and ignorance, and people identified as having mental health problems regularly face stigma and discrimination. For many it remains a hidden illness, and there may be some families who do not wish their community or even extended family to know about the mental health condition of their loved one. The next section highlights some of the key points and issues that are specific and unique to carers of people who have a mental illness.

Nature and characteristics of living with a serious mental illness

People living with a serious mental illness (such as Schizophrenia, Bipolar disorder or other type of psychotic illness) are extremely vulnerable, usually have highly complex needs and may often lead chaotic lives. It is often the carer or the family who sees the impact this has on the person they are caring for on a daily basis, and who will spot the signs that the person may be becoming unwell and in need of early professional support, care and treatment. The symptoms experienced by a person with a serious mental illness may be episodic, which means for much of the time the person may be well.

Mental illness is the only illness whereby a person experiencing it may be detained, and receive compulsory treatment against their will (Mental Health Act 1983 as amended). This can lead to tensions within families and potential disputes and disagreements between the person with a mental illness and their carer or family.

For some people it is this perceived threat, or risk of detention/sectioning under the Mental Health Act, that leads to them behaving differently when they meet

with a health and/or social care professional. It is often the carer or family who sees the person as they really are.

There is a specific stigma and discrimination associated with mental illness. This is sometimes exacerbated by the involvement of the police and/or other criminal justice agencies, displays of what other people may consider bizarre and/or threatening behaviour, and sometimes there is a link to the overuse or misuse of drugs and/or alcohol.

When someone living with psychotic illness is unwell they may appear delusional, display signs of paranoia and/or experience hallucinations. The carer usually has most insight into what is happening and may at times be the focus of the delusion as the nearest person.

Often it is left solely to the carer/family to support the individual through this trying and very difficult time. There can be tensions, conflicts and feelings of guilt within families. This is a unique and specific aspect relating to people and families living with mental illness.

The need for mental health specialist support

Both people living with a serious mental illness and their carers or families need specialist care, support and treatment due to the nature and complexity of the illness, as well as any potential legal consequences.

Many carers of people living with a serious mental illness are a 'Nearest Relative', and as such have certain rights and powers under the Mental Health Act 1983, e.g. to be consulted, to be able to ask for an assessment, to request that their relative is discharged from hospital, to seek support from an independent advocate, etc.

Often carers of people living with a serious mental illness say they are not given information regarding the care and treatment of their loved one with professionals often citing 'confidentiality' as the reason. (*The Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010 does allow professionals to consult with a carer against the patient's wishes where it is considered to be in the patient's best interest*).

The use of advance directives and advance statements¹ may often be appropriate for safeguarding and promoting the wishes, feelings, interests and health of a

¹ Advance directives and advance statements are documents drawn up by individuals when well to express their wishes as to their future care and medical treatment when they may be unable to express those wishes themselves.

loved one. They are likely to have a significant place in the care and treatment of people who fall under the Mental Health Act.

Generally, carers of people living with a serious mental illness would prefer to receive services that directly engage with the person they are caring for, and do not draw such a distinction between the needs of carers and the needs of people being cared for.

It is likely that only support workers who work within mental health will develop the knowledge, expertise and have access to resources to provide effective support when complex and difficult issues arise relating to the carer and the person cared for.

Generic services often emphasise “signposting” to other services rather than providing comprehensive support. Specialist mental health support workers are able to devote more resources and knowledge to help resolve the issues that arise.

It is particularly important to ensure that an assessment of a carer's needs (carer's assessment²) is completed as early as possible to ensure information, advice, support and assistance is easily available to help prevent the deterioration in their loved one's condition and help prevent potential admission to hospital.

Frequently carers do not get in contact until a situation occurs that involves statutory mental health services. This requires an immediate response which is less likely to be available from a generic carer service because of a lack of detailed knowledge of mental health legislation and policies.

Investment in specialist mental health carer services has a long term (and sometimes short term) economic benefit to health and social services. Specialist mental health carer support services are able to provide support to carers, and indirectly to the cared for, which can avoid crisis management. For example, where early signs of relapse are detected, third sector staff with mental health experience/knowledge can support a carer to provide a stronger case to statutory services for early intervention that may avoid a costly in-patient stay.

² A carer's assessment is a way of identifying your needs as a carer. It looks at your role as a carer: how being a carer affects you, how much caring you can realistically do (while still allowing you to be involved in other activities outside caring), and any help you may need.



Getting in on the Act

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from serious
mental illness*

Handout 3

Priorities identified by a group of carers at Hafal's AGM on 5th November 2015

Workstation Theme	Top 2 Priorities		Other Priorities		
<p>Involvement of carers and families, being listened to, and issues around confidentiality</p>	<p>There needs to be a discussion between health and social care professionals when early warning signs are there of the cared for becoming unwell. The views and concerns of carers must be taken more seriously – particularly when crisis signs are there</p>	<p>A triangle of care needs to be established between the cared for, the carer and the health/social care professional at the beginning of treatment to establish how the person's care, support and treatment will be taken forward, roles, responsibilities and boundaries, etc. Carers need to be more involved in the planning and implementation of care for their loved ones</p>	<p>There needs to be greater flexibility with arranging meetings and appointments, and more support in helping carers attend meetings and appointments</p>	<p>Consent to share information should be sought through a trusted third party, and be agreed at the beginning of treatment</p>	<p>Wording in Codes of Practice, other guidance and legislation should always try to use the terminology that professionals 'must' work with carers, rather than using the term 'where necessary'</p>
<p>Advice and training on issues affecting carers needs to be received by health professionals as well as by carers themselves</p>	<p>Health professionals need to receive regular, mandatory and on-going specific training relating to family/carers' needs, and how better to engage and involve, etc.</p>	<p>Training for health professionals should emphasise the importance of care co-ordinators engaging more with families/carers to listen to their needs, and visiting the family house</p>	<p>Staff in CMHTs and other professionals need increased understanding of the impact of the carer's role, and need to have a good understanding of what other support services are available, including from the third sector</p>	<p>Carers need to receive training in the mental health system, about their rights, discharge planning, etc. and should be involved in developing and delivering this training</p>	<p>Professionals need more training on carers' issues, and part of this should be talking to carers and listening to their experiences</p>

Handout 3

<p>Better help and support for carers</p>	<p>There needs to be more specialist mental health advocates and mental health carers' champions to act as the link between carers and support services and organisations</p>	<p>There needs to be increased awareness of mental health carers' issues within primary care services, particularly in GP surgeries</p>	<p>There needs to be more whole family intervention services and family involvement around carers' needs</p>	<p>Carers need to be more involved in formal reviews aimed at mapping their loved ones progress and prognosis</p>	<p>There needs to be more anti stigma campaigns (public) and training (organisations)</p>
<p>Carers' Rights</p>	<p>Carers need to have greater access to information about their rights. 'We don't know what our rights are!'</p>	<p>Professionals are not always listening to the word of carers, and sometimes carers feel they are undermined. Carers therefore need to be aware what their rights are</p>	<p>Need to have dedicated advocates for carers</p>	<p>Need to explore ways to ensure meaningful and impartial carers' assessments are properly carried out</p>	<p>Need to explore the option of having joint appointments with the carer and cared for to meet with the professional</p>
<p>Other issues</p>	<p>Some carers need talking therapies, as well as access to drop in clinics for carers, to receive advice, support, information and signposting</p>	<p>Consider establishing an advice line for carers. There is a strong need for better support and advice, particularly around who to contact in a crisis</p>	<p>Need for carers' champions to be established</p>	<p>Find ways of better liaison with the carer on discharge from in-patient care – assessment for suitable housing</p>	<p>Needs to be better primary care services for carers, including talking therapies, and better link between GP and social services</p>

Carers' Assessments

Duty on local authority

A local authority must:

- offer an assessment to any carer where it appears to that authority that the carer may have needs for support
- assess whether the carer has needs for support (or is likely to do so in the future) and if they do, what those needs are likely to be

The duty is triggered if it appears to the local authority that a carer may have needs for support. The duty to assess applies regardless of the authority's view of the level of support the carer needs or the financial resources he or she has, or the financial resources of the person needing care.

What must be included in an assessment

The assessment must include an assessment of the extent to which the carer is able and willing to provide the care and to continue to provide the care; the outcomes the carer wishes to achieve both in terms of themselves; and, if a child is a carer, the outcomes the person(s) with parental responsibility for that child wish(es) to achieve for them. As well as the extent to which support, preventative services, or the provision of information, advice or assistance could assist in achieving the identified outcomes.

The local authority must involve the carer and where feasible the person for whom the carer provides or intends to provide care in the assessment, which must have regard to whether the carer works or wishes to work and whether they are participating or wish to participate in education, training or leisure activities.

The assessment must also include:

- The outcomes the carer wishes to achieve
- The extent to which support, preventative services, or the provision of information, advice or assistance could assist in achieving the identified outcomes
- Consideration of whether the carer works or wishes to work
- Consideration of whether the carer is participating in or wishes to participate in education, training or leisure activities

Proportionality

The practitioner should undertake an assessment that is proportionate to the needs and circumstance, but a completed assessment should at a minimum record the core data and take into account the five elements to determine eligibility. (Although, the obligation to complete the core data set out in its entirety is only required to be met when an individual's needs are deemed to be eligible and a care and support plan, or support plan for a carer, is required)

Information, Advice and Assistance Service

The assessment process will often start when a person accesses the information, advice and assistance service. Access to an assessment should not be restricted to being accessible through this service alone.

Assessment Process

The assessment process should be based on the principle of co-production ensuring that it involves a relationship where practitioners and individuals share the power to plan and deliver support together, and recognising that all partners have vital contributions to make in helping to meet identified personal outcomes.

An assessment may conclude that, immediate needs having been met, a more comprehensive assessment is required and the further assessment can be undertaken by a single practitioner with further information from other sources.

It will often be the case that where a more comprehensive assessment is required, an assessment of care and support needs may need to comprise a compendium of one or more professional assessments which will supplement the minimum data required in the national assessment and eligibility tool.

The need for a more specialist assessment to be undertaken must not prevent or delay appropriate services being provided.

A local authority may combine a person's needs assessment with the needs assessment of his or her carer if it considers it would be beneficial to do so. However, the local authority may only do so if valid consent is given by or in respect of those persons.

In order to avoid the duplication of assessments under different legislation being carried out separately, a local authority may carry out a needs assessment under the Act at the same time as it carries out an assessment under other acts or at the same time as another body carries out an assessment under other acts. In such cases, the local authority may carry out the assessment on behalf of or jointly with the other body. In cases where the other body has arranged for the other assessment to be carried out jointly with another person, the local authority may carry out the other assessment jointly with the other body and that other person.

For more in depth guidance on assessments, an excellent factsheet has been developed by Carers Wales called, '*Assessments: A guide to getting an assessment in Wales from April 2016*'. It can be accessed here:

http://www.carersuk.org/images/publications/Factsheets/Factsheet_W1020_Assessments_a_guide_to_getting_an_assessment_in_Wales_from_April_2016.pdf