Gofal Cymdeithasol Cymru
Social Care Wales

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

A Review of Part I Assessments Under the Mental Health Measure (Wales) 2010:

Exploring the impact of changing regulations to expand professionals eligible to undertake assessments

Contents

Section 1: Introduction

1.1 Background

The aim of this Health Impact Assessment is to consider whether a change to the Mental Health (Wales) Measure 2010 Regulations1 should be initiated, to expand the list of professionals who are permitted to undertake a mental health assessment under Part I of the Measure.

The Mental Health (Wales) Measure 20102 (MHM) is a unique piece of legislation designed to provide a legal framework to improve mental health services in Wales. Implementation of the services required by the Measure began, on a phased basis, from January 2012.

The Measure introduced Primary Mental Health Support Services in Wales. This enables any person in Wales (of all ages) to access an assessment and appropriate interventions to support mental health and wellbeing, for mild to moderate or stable and severe mental health conditions. Referrals can come from the GP or secondary care.

Section 47(1)(b) of the Measure gives Welsh Ministers the power to make regulations making provision about the eligibility of individuals to carry out primary mental health assessments under section 9 of the Measure. This set of regulations1 underpin the legislation, setting out both professional and eligibility requirements for staff undertaking assessments.

Part 3 of the regulations sets out the professional requirements, which specify that the assessor must be registrants with relevant bodies for the below qualifications to carry out an assessment:

- a qualified and registered social worker
- a first or second level nurse, registered to practice in mental health or learning disabilities
- a qualified and registered occupational therapist
- a registered practitioner psychologist
- a registered medical practitioner

Eligibility requirements set out that the professional must also have demonstrated, to the satisfaction of the relevant local mental health partner, that he or she has appropriate experience, skills or training taking into regard the MHM Code of Practice3 (section 44) and any guidance issued by Welsh Ministers.

Section 48 of the MHM requires Welsh Ministers to review sections of the Measure on a regular basis. The first of these reviews– the Duty to Review Report4, was published in 2015. Following a task and finish group-based review of findings, one of the recommendations set out in the Duty to Review report is as follows:

That Regulations are amended to:
'expand the list of health professionals registered with a regulated professional body able to undertake a local primary mental health support service (LPMHSS) assessment'

The recommendation was echoed in the 2019 Delivery Unit All Wales Assurance Review of Primary Care Child and Adolescent Mental Health Services (CAMHS)5
'Welsh Government should consider amending the regulations to Part 1 of the Measure to either expand the breadth of registrants able to undertake Part 1 assessments or adopt a competency-based approach ensuring capability to fulfil the assessment role'.

Welsh Government has commissioned Health Education and Improvement Wales (HEIW) and

Social Care Wales to develop a national mental health workforce plan, as part of the Together for Mental Health Delivery Plan 2019-226

As part of the workforce plan, it was noted that:
'Whilst from a policy perspective the Welsh Government supports the recommendation in principle, the impact of changes to the regulations and the associated increase in the capacity to undertake assessments has not been tested'.

This impact assessment is therefore looking at options in respect of the recommendations to review the regulations for the Mental Health Measure, as part of the workforce plan.

1.2 Options

The options being explored include:
1. Do nothing (leave regulations as they are)

2. Expand the list of professionals able to undertake assessments (no additional training)

3. Expand the list of professionals (competency-based approach)

1.3 What We Did
The review has been undertaken using a mixed methodological approach including a literature review, quantitative and qualitative data, stakeholder interviews and consultation, including the voice of people with lived experience and carers, practitioners, national bodies and colleges. A full list of stakeholders consulted can be found in Appendix one.

Section 2: Health Impact Assessment (HIA)

2.1 Literature review
Key documents set out the requirement to assess under the MHM. MHM Guidance (2010)7 states that services will include *'comprehensive mental health assessments for individuals who have first been seen by their GP, and in some cases, individuals may be referred by secondary mental health services';*

In developing the regulations, the legislation notes that '*a Regulatory Impact Assessment has been prepared as to the likely costs and benefits of complying with these regulations'1.* However, the Welsh Government advises that this document is no longer available.

The National Service Model for PMHSS (2011)8 sets out more detail about expectations to undertake an assessment under the Mental Health Measure, summarised as follows:
- The purpose of the assessment is to consider an individual's mental health and to identify appropriate supports to improve it, which may include: CMHT, community or other services, housing, well-being services, education, training or any other supports based on the person's goals
- Staff will:
  - work within limits of competence,
  - undertake assessments in English / Welsh with appropriate documentation completed,
  - assess both needs and risks (with management plan if needed),
  - receive regular supervision

There are numerous interfaces between the Social Services and Wellbeing Act and the Measure, as specified in operational guidance developed by ADSS9 which sets out expectations around

assessment such as proportionality, strength-based approach and person-centred care. These principles are echoed in the PMHSS curriculum developed with Agored Cymru10 at the start of MHM implementation.

The Duty to Review (2015)4 highlights the evidence underpinning the recommendation that the regulations be amended. The report notes:

'*Since implementation, the eligibility criteria relating to which professionals are able to undertake LPMHSS assessments has been consistently raised. There has been a divergence of views, ranging from those who consider the current eligibility criteria (as laid down by the Regulations14) to offer appropriate assurance of the skills and competence of staff able to conduct primary mental health assessments; to those who consider that valuable staff resources (such as paediatric nurses and counsellors) are not being fully utilised because they cannot conduct LPMHSS assessments under the provisions of the Measure'.*

Similarly, the Primary CAMHS (PCAMHS) review (2019)5 notes a desire by stakeholders to widen criteria, citing rising demand and struggles to recruit suitably qualified staff into PCAMHS posts as challenges in delivering assessments in line with the timescales set out in the Measure.

2.2 Stakeholder Interviews

Original stakeholders who helped to develop the MHM and regulations shared that there was a lot of debate around which professions to include and the rationale for limiting the list.

Initially, lawmakers felt that there should be a comparable process to the Mental Health Act 198311 with clear roles and responsibilities associated with functions. There was an effort to emphasise the importance of the qualified practitioner and the specialist knowledge that mental health nurses bring following an additional year of study vs. for example paediatric nurses who specialise in children. There were arguments made that other staff groups who are non-registrants such as non-HPC registered counsellors may have experience which would qualify them to undertake assessment, or that they could be trained to do so.

However, those who drafted the measure did note that during the duty to review process, staff were identifying some unintended consequences of only being able to use registrants, such as less flexibility in managing capacity and demand, and variation in competency levels of assessors who had wide ranging backgrounds in terms of training, skills and experience. On balance, it was therefore decided by a task and finish group in 2015 that a more in-depth assessment of impact should be undertaken to determine whether a change in regulations is indicated.

Stakeholders referenced an original PMHSS curriculum that was developed with Agored Cymru10. These courses covered assessment as one of the modules, however, were designed at the time for qualified staff. They were unfortunately never taken up by health boards or used to provide training and the content was thus retired (though is still available to review).

Those accessing services wanted assurance that staff undertaking all aspects of their care have the appropriate skills and training to undertake their roles – however, there was no way to measure this or to be certain based on registration alone.

2.3 Evidence

Population Groups Affected
Under the MHM, any citizen is eligible to access a part I primary care assessment if it is felt that they have an identified need to do so. Therefore, anyone could be affected by the proposed

changes to regulations. Particular groups that were identified included:

Older people	People with mental health difficulties
Ethnic minorities	Staff
Low-income groups	Vulnerable adults
Welsh speakers	Children and young people

The main concerns are around the impacts of quality of care on citizens taking part in an assessment under Part I and ensuring their safety to avoid the potential iatrogenic (unintended) harm cause by the assessment process.

It was agreed that any challenges caused by poor quality assessments or unsuitably qualified staff would be amplified by other factors which are known to disadvantage groups with protected characteristics or at higher risk of vulnerability such as difficulties getting to appointments due to insufficient income, lack of Welsh speaking clinicians, different perspectives on mental health etc.

It is therefore especially important to ensure that the chosen option in this assessment does no harm and seeks to improve the assessment experience for all citizens who might be accessing it.

OPTION 1: DO NOTHING

- Registration provides assurance of competence

Interviews with key stakeholders who helped to develop the Measure and regulations in 2010 identified that having registrants undertake assessments (ie. staff registered with professional bodies) was a decision taken to afford an extra layer of assurance of competence, so that those accessing services would know that staff were registered professionals.
Some staff who participated in the Duty to Review4 felt that the current eligibility criteria (as set out by the Regulations1 14) offers appropriate assurance of the skills and competence of staff able to conduct primary mental health assessments, while others did not feel registration alone was sufficient to demonstrate this.

Whilst it is true that mental health nurses have significant additional training in mental health to achieve their registration status, this is not true of other registered professionals such as occupational therapists, social workers and medics, who may have had no specific mental health training in their undergraduate degrees. It is therefore not possible to know that newly qualified staff will arrive with the required skillset to undertake a Part I assessment, particularly where they have had no additional training in mental health, for example on placement during their studies.

Other arguments for remaining with existing arrangements are:

- To protect staff who are offering specialist interventions from having to do Part I assessments

Some clinicians raised concerns that they would be asked to undertake assessments rather than delivering therapies (particularly those delivering specialist or highly specialist Psychological Therapies), which would have a knock-on impact of increasing wait times for intervention.

Others argued that having a greater pool from which to move resources around would assist in managing demand, both in undertaking assessments and delivering interventions.

Evidence also showed however, that some health boards have found ways ‘around the regulations’ by enabling unregistered staff to undertake assessments that are then signed off by qualified staff, or under the supervision of a registrant. This leaves open the possibility of unintended harm should staff without appropriate training be left to assess.
It is for these reasons that this was not felt to be a preferred option.

OPTION 2: EXPAND THE LIST OF PROFESSIONS

- To recognise the skills of other professional groups who may possess the skills to assess

There is an argument that other professional groups have training and skills in undertaking assessments.

Some staff who participated in the Duty to Review felt that valuable staff resources (such as paediatric nurses and counsellors) are not being fully utilised because they cannot conduct LPMHSS assessments under the provisions of the Measure.4

Over the years, several professions have been cited as possibly having equivalent skills to registrants, including paediatric nurses, psychology graduates, counsellors, art, music and drama therapists, family therapists, psychotherapists etc.

- To recognise emerging professions

In recent years, there have been some 'new' roles emerging in mental health, such as GP link workers, psychology assistants, advanced nurse practitioners etc.

All of these professions have different bandings, different training and slightly different roles within health boards and even between teams. It would not be possible to assess each profession's potential to fulfil the assessment function without considering the experience of the individuals in them. Nor would it be practical to revise the legal regulations each time a new profession emerged.

For this reason, the majority of those consulted felt that having a competency framework would enable staff to identify their skills, either through training or experience, and to undertake suitable training to ensure any gaps in learning were satisfied before undertaking the assessment role. Simply listing types of jobs was not felt to be sufficient to ensure the quality of assessments undertaken.

- To reduce duplication in assessment

One of the major findings in recent reviews has been that service users report having to undertake multiple assessments from the point of referral until they begin their interventions. This need to retell the same story can be frustrating, overwhelming, and ultimately can lead to people abandoning the process before receiving needed support.

Some stakeholders felt that by increasing the range of staff able to assess this would allow for the first assessment to be the only one (ie. if a need for counselling was identified in the referral, that a counsellor could assess and begin treatment right away, rather than having a registered staff member 'triage' and refer on for re-assessment by the counsellor).

- To manage capacity and demand / Reduce wait times

The PCAMHS review (2019)5 notes that:

'PCAMHS has seen a significant increase in demand since commencement of the Measure. This increase in demand is continuing… Many of the services have struggled to recruit to PCAMHS posts and specifically to posts to undertake assessments in line with the requirements of the Measure. This is in part due to a shortage of staff with the skill set and required professional registration… exacerbated by vacancies, long term sickness and maternity absence'.

One of the major benefits in having additional staff to support the assessment function was reported as having the flexibility to move capacity around the system to support teams in meeting MHM legal targets. By having Band 5/6 staff (such as psychology graduates or therapy

assistants) able to undertake assessments, this would free up more senior trained clinicians to deliver interventions such as highly specialist psychological therapies; thereby opening up options for health boards who may be struggling with recruitment.

Whilst it is true that referral rates have increased significantly year on year12, it is also true that wait times have remained stable in recent years following an initial rise 13. The Duty to Review notes that there has been growth in the size of PMHSS teams in Wales4 which may account for some of this levelling. The number of interventions undertaken has fluctuated and wait times for interventions have remained relatively stable14 (Appendix 1 - graphical summary)

OPTION 3: The evidence for a Competency-based approach

Most stakeholders agreed that just having an expanded list of professions was not suitable to ensure the competency level of the individual practitioners to undertake the assessment role, nor was registrant status in itself enough for staff across the range of professions in the regulations as they are now. The risks of iatrogenic harm were felt to be higher with the first two options and could be somewhat mitigated by having a clear competency route to determine those qualified to undertake Part I assessments.

Though the Agored Cymru course was never utilised and has now been archived, there would be potential to review / refresh the content and to offer this as either an online or classroom-based course to staff wishing to train in the skill of PMHSS assessment. Content could be co-produced with the support of HEIW and the most appropriate vehicles for undertaking additional training identified (such as ESR).

The PCAMHS review (2019)5 found that the quality of assessments with existing registrant professionals was variable, affirming that registration alone may not be sufficient to assess the skills and competency of assessors:

'*The process for assessing children and young people varies across Wales. The case note audit revealed variance in the quality of assessment records within and between services. In some services assessments were very scant and not person centred whilst in others highly personalised child centred approaches to record and communicate the outcome of assessments were used'.*

Training of staff was found to be variable in quality in both the Duty to review and PCAMHS review. Many services do not provide a robust training programme for PCAMHS staff. 5

'The knowledge and understanding of general practitioners and primary care staff in mental health is improving but further work is required. 4

Section 3: Key Findings

3.1 Impacts of changing regulations

A number of impacts were considered in appraising the options, based on the evidence gathered throughout the assessment. A summary of the primary positive and negative impacts is provided below.

Impacts on citizens accessing services

It was confirmed that there is variable quality of assessments under current arrangements, and that registrant status alone may not reflect competency.

Concerns were raised that by opening the types of professions too widely, the quality would suffer, particularly with roles that may not have as in-depth training as registrants.

It was expressed by most that a competency-based approach would ensure greater consistency in quality and provide additional assurance to citizens about the skill levels of staff.

Impacts on staff
Leaving the regulations as they are enables clarity of roles. Changing regulations was felt to enable greater flexibility and to have the potential to widen the pool for recruitment, for example the use of psychology graduates without additional training who are currently limited to low level interventions.

Leaving regulations as they are was felt to protect highly specialist staff to enable them to deliver high intensity interventions, while undertaking assessments was felt to detract from this. A counterargument is that by enabling a wider pool of staff to assess, this could protect staff with specialist skills who are registrants to do more interventions and fewer assessments.

A competency-based approach would enable staff to pursue professional development and increase career choices for non-registrants.

A competency-based approach would recognise skilled and competent staff for their existing skills and experience

Risk of harm
Due to the variable quality in existing assessments, there is some evidence of existing risk of harm by leaving regulations as they are.
However, it was felt that simply increasing the list of professionals able to assess would increase that risk without additional measures to ensure quality.

The risks for these first two options were felt to be significantly reduced by a competency-based approach

Impacts on wait times
There was limited evidence that assessment wait times have been impacted by regulations as they are now (they have remained stable despite rising referral rates). However, this could be due to the increasing size of PMHSS teams across Wales in parallel with investment.

However, there has not been as a clear a rise in interventions, which have fluctuated year on year. Many more assessments than commenced interventions take place, which might indicate that staff are spending disproportionate amounts of time assessing with less capacity to provide interventions. Further analysis is required to understand the potential impacts.

Time/resources
The do-nothing option requires no additional work / resources.

Changing regulations to expand the list alone requires legislative changes and represents a change to practice, though financial costs may not be significant. There is a risk with this option that the regulations would need to be revisited every few years, as new professions emerge.

The competency-based approach requires legislative change, as well as investment to develop coproduced competency and skills frameworks, training modules, and to roll this out, along with consideration about how to monitor the skills of clinicians. It also represents a significant change to practice and is the most resource and financially intensive options.

3.2 Evidence Gaps

Whilst Stats Wales has robust data about the number of referrals and wait times from referral to

assessment and intervention, outcomes measures are still not consistently used across primary mental health services in Wales. This is being addressed through the national Improvement Cymru roll out of outcomes measures presently and will help to improve our awareness of effectiveness of mental health services in improving outcomes for citizens.

Variability in the quality of assessments was found in 2015 duty to review as well as 2019 CMHT15 / CTP16 reviews, however little is known about what relation this may or may not have to practitioner background or training / experience.

More research around specific competency modules taught in each of the professional core training programs should be explored to inform any competency-based approach and to recognise staff who have already had training in undertaking person-centred, strength-based, biopsychosocial assessments – for example, mental health/learning disability nurses have a full additional year of mental-health training. This will help to inform the recognition of existing skills and potentially to support the content of training modules coproduced as a result of this work.

Further work should also be done to explore how new policy directions around risk assessment will be rolled out across Wales, and whether training modules should be developed to support both risk and Part I assessment.

To address these evidence gaps, it is recommended that HEIW and Social Care Wales lead on a detailed piece of work to explore these issues in more depth as part of the next steps from this impact assessment.

Section 4: Options Appraisal

Each identified potential impact was determined to be either positive or negative, and assigned a score of 1-3 for both likelihood and severity of impact. These scores were multiplied and totalled to provide an overall score for each option. The summary of outcomes is tabled below:

Type of impact		
Positive / opportunity Impacts that are considered to improve health status or provide an opportunity to do so		**Negative** Impacts that are considered to diminish health status
Likelihood of impact		
Confirmed	Strong direct evidence e.g. from a wide range of sources that an impact has already happened or will happen	**Confirmed**
Probable	More likely to happen than not. Direct evidence but from limited sources	**Probable**
Possible	May or may not happen. Plausible, but with limited evidence to support	**Possible**
Intensity / severity of impact		
Major	Significant in intensity, quality or extent. Significant or important enough to be worthy of attention, noteworthy	**Major**
Moderate	Average in intensity, quality or degree	**Moderate**
Minimal	Of a minimum amount, quantity or degree, negligible	**Minimal**

APPRAISAL MATRIX

Option	Type of Impact	Description	Likelihood of Impact	Severity of Impact	Total Scores
1) Do nothing	Positive	Clear roles for registrant vs. non-registrant staff	3	1	Positive: +7
	Positive	Protection of time for highly qualified therapists offering interventions	1	1	Negative: -14
	Positive	No additional time / resources needed	3	1	TOTAL: -7
	Negative	Risk of harm from variable quality of assessments	2	3	
	Negative	Less flexibility to use staff resources	3	2	
	Negative	Difficulties managing capacity and demand / wait times	1	2	
2) Expand List (change regulations only)	Positive	Better management of capacity and demand / wait times	1	2	Positive: +11
	Positive	More flexibility to use staff resources	2	2	Negative: -8
	Positive	Reduced duplication in assessments	1	3	
	Positive	No additional time/resources needed (after reg change)	2	1	TOTAL: +3
	Negative	Risk of harm from variable quality of assessments	3	3	
	Negative	Requirement for frequent changes to address emerging professions	2	1	
3) Competency Route (change regulations and develop skill-based approach)	Positive	Improved quality of assessments	2	3	Positive: +19
	Positive	More flexibility to use staff resources	2	2	
	Positive	Better management of capacity and demand / wait times	1	2	Negative: -9
	Positive	Reduced duplication in assessments	1	3	TOTAL: +10
	Positive	Enables staff to pursue professional development	2	2	
	Negative	Risk of harm from variable quality of assessments	1	3	
	Negative	Time and resource heavy	3	2	

The competency-based approach was the preferred option from stakeholders and also scored most positively following the options appraisal.

Section 5: Summary

'Primary Mental Health Services must ensure there is an appropriate balance between those able to undertake the holistic LPMHSS assessment and those, such as counsellors, who have specialist skills to provide the therapeutic interventions that have been assessed as required. The provision of therapeutic interventions as well as advice, information and support by third sector colleagues and peers is to be encouraged.'4

The Mental Health Measure and associated regulations were created with the intention of providing high quality assessment and interventions for any citizen with an identified mental health

need. One of the driving factors for limiting the list of assessors to registrants was to provide a level of assurance about the skills of practitioners, and to recognise the importance of properly trained staff to undertake the role.

However, it has been identified that quality varies and that other professional groups may already possess skills needed to assess, or be able to learn these with additional training, increasing the pool of staff able to support the assessment function.

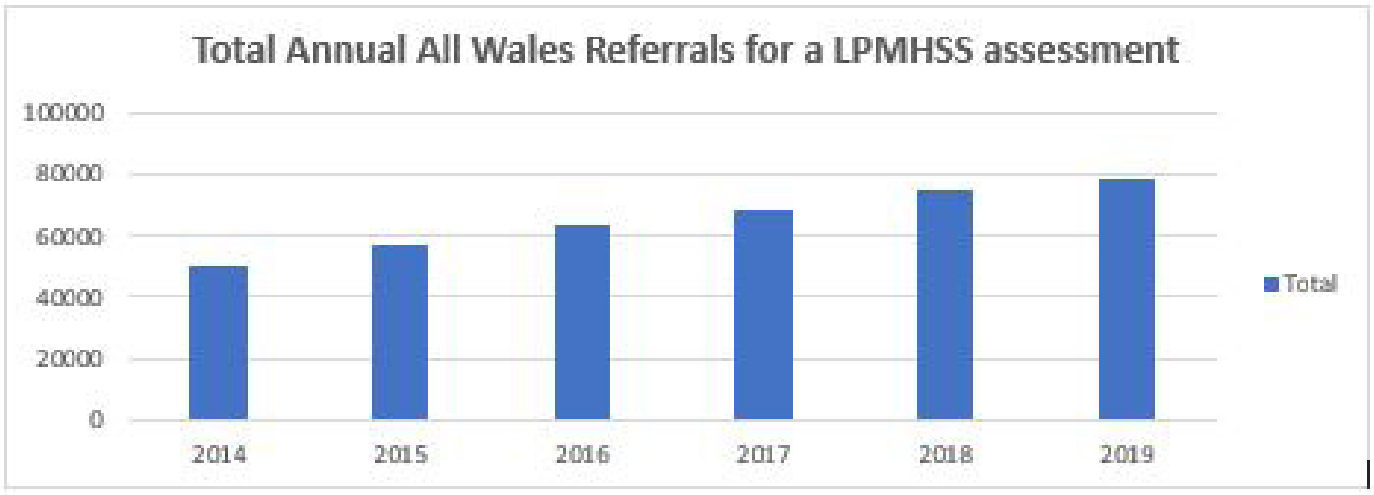
The preferred option was a change to regulations to embrace a competency-based approach, which was felt to have the greatest positive impact on citizens and staff, whilst reducing risk and improving quality.

- **It is recommended that the Welsh Government change regulations to enable a competency-based approach to determining Part I assessors**

- **It is recommended that HEIW and Social Care Wales work with a range of stakeholders to review and expand upon original work done to develop a PMHSS curriculum, to introduce a clear competency framework and module-based accreditation route to undertaking Part I assessments.**

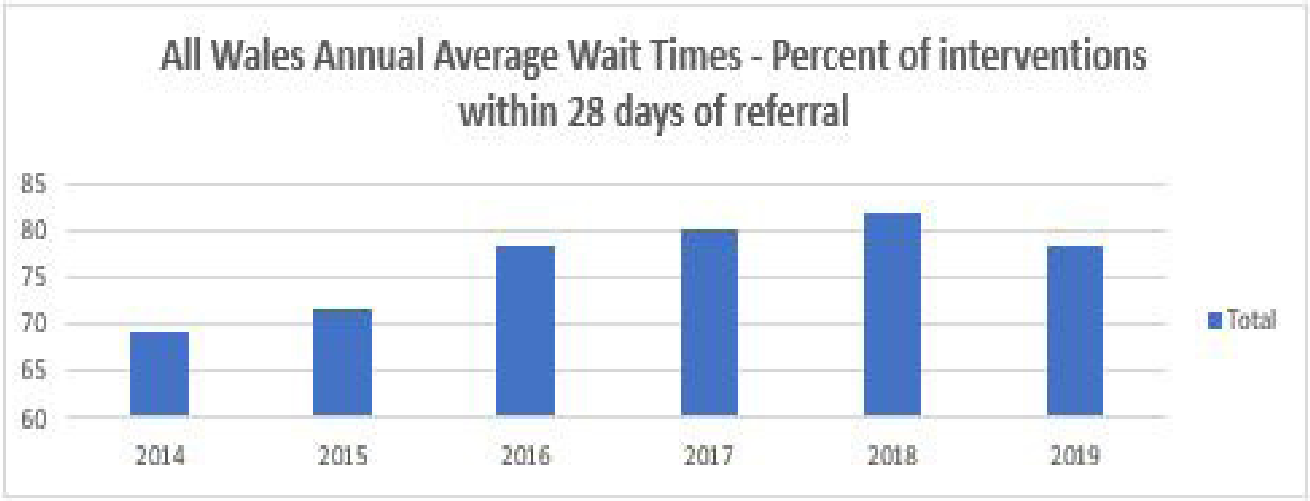
Appendix 1

For all graphical interpretations the 2020 figures have been excluded due to the very unusual activity during the Covid 19 pandemic.

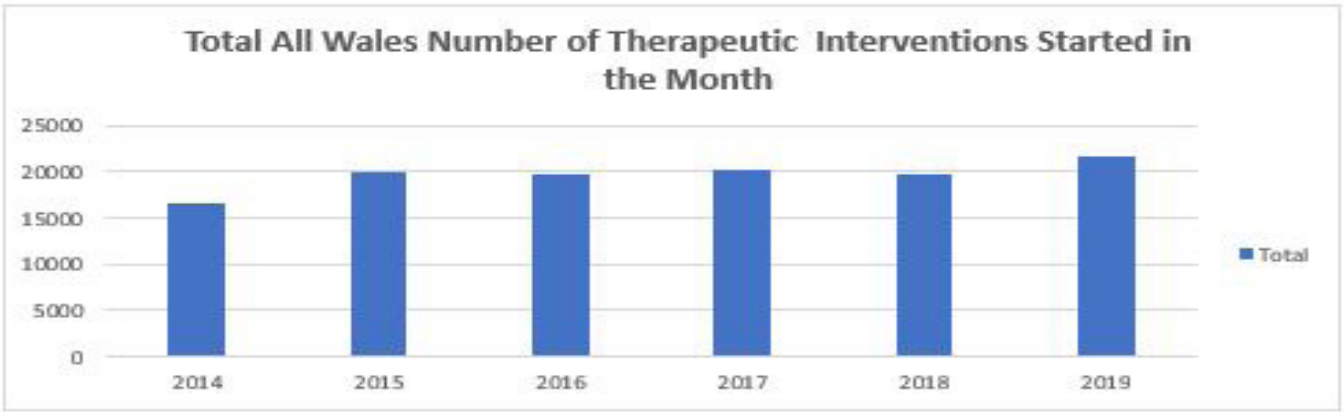


Referral rates have gradually increased year on year.

Wait times for assessment have remained relatively stable across Wales, despite higher demand. The size of PMHSS teams has grown4 .



Wait times for interventions have varied over time



The number of interventions started each month has remained relatively stable despite rising referrals, which may suggest less people are receiving interventions.

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