

Presentation to the National Assembly for Wales **Health and Social Services Committee**

15 June 2006

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1. About Hafal

Hafal is Wales' principal charity for people with severe mental illness, their families and carers.

We are an organisation run by the people we support: people who have had direct experience of mental illness. Hafal is managed by a board of Trustees, most of whom have either had severe mental illness themselves or are carers of a person with a mental illness.

Our mission is to empower people with severe mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to:

- achieve a better quality of life
- fulfil their ambitions for recovery, and
- fight discrimination.

Every day our 130 staff and 150 volunteers provide support to over 700 people affected by severe mental illness across all the 22 counties of Wales. These services include a range of activities for both clients and carers including: employment training; housing support; resource centres; befriending; arts projects; inpatient advocacy; family support; and carers' respite services.

Hafal also supports clients and carers in providing a much-needed voice in the planning of mental health services. We also campaign vigorously through research, publications and media work, and through direct contact with AMs and MPs to improve services for clients and families and to remove the stigma and isolation associated with severe mental illness.

What people say about us:

"I have managed to do so much more than I thought I was capable of thanks to Hafal's Recovery Programme. I now feel like I'm back in control of my life." – **Helen Oseman, Client**

"Attending the partnership meeting in my local project really enabled me to take part in running the project. I feel like I made a difference here." – **Truck Johnstone, Client**

"Hafal has provided support to both me and the person I care for. I now regularly take time out from caring thanks to Hafal, and this has really enabled me to achieve more things." – **Jane Ahearne, Carer**

"I have come to know Hafal well and would recommend the service wholeheartedly to mental health users, carers and professionals." – **Professor Keith Lloyd, The School of Medicine, University of Wales Swansea**

2. Hafal's services in Merthyr Tydfil

Hafal's Recovery Programme in Merthyr Tydfil is delivered through the following services:

Training and activities including: carpentry, IT, glass painting, stoneware, outreach gardening and maintenance, upholstery, card making, water colour painting, relaxation, keep fit, swim and gym, confidence and self-awareness building through the recovery programme and self management training.

Family Support Service: helping carers to support an individual with severe mental health in the most appropriate way by providing them with information and advice, regular carer support meetings.

Breaks for Carers: by engaging the person being cared for in an activity of their choice to enable their carer to take a break through trips and social activities.

General Support including: information, advice, group work, having a voice in the planning of services through sitting on forums within the area.

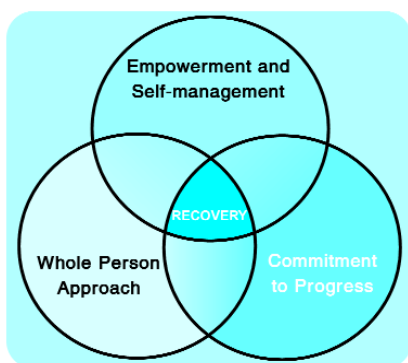
Clients are referred through the CMHT, CPN, social workers, GP etc. Opening Hours are: Mon-Fri, 9am-3pm; office hours are: Mon-Fri: 9am-5pm.

Contact:

Shan Davies
Service Manager
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Merthyr Industrial Estate
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MERTHYR TYDFIL
CF48 2SR

3. Hafal's Recovery Programme

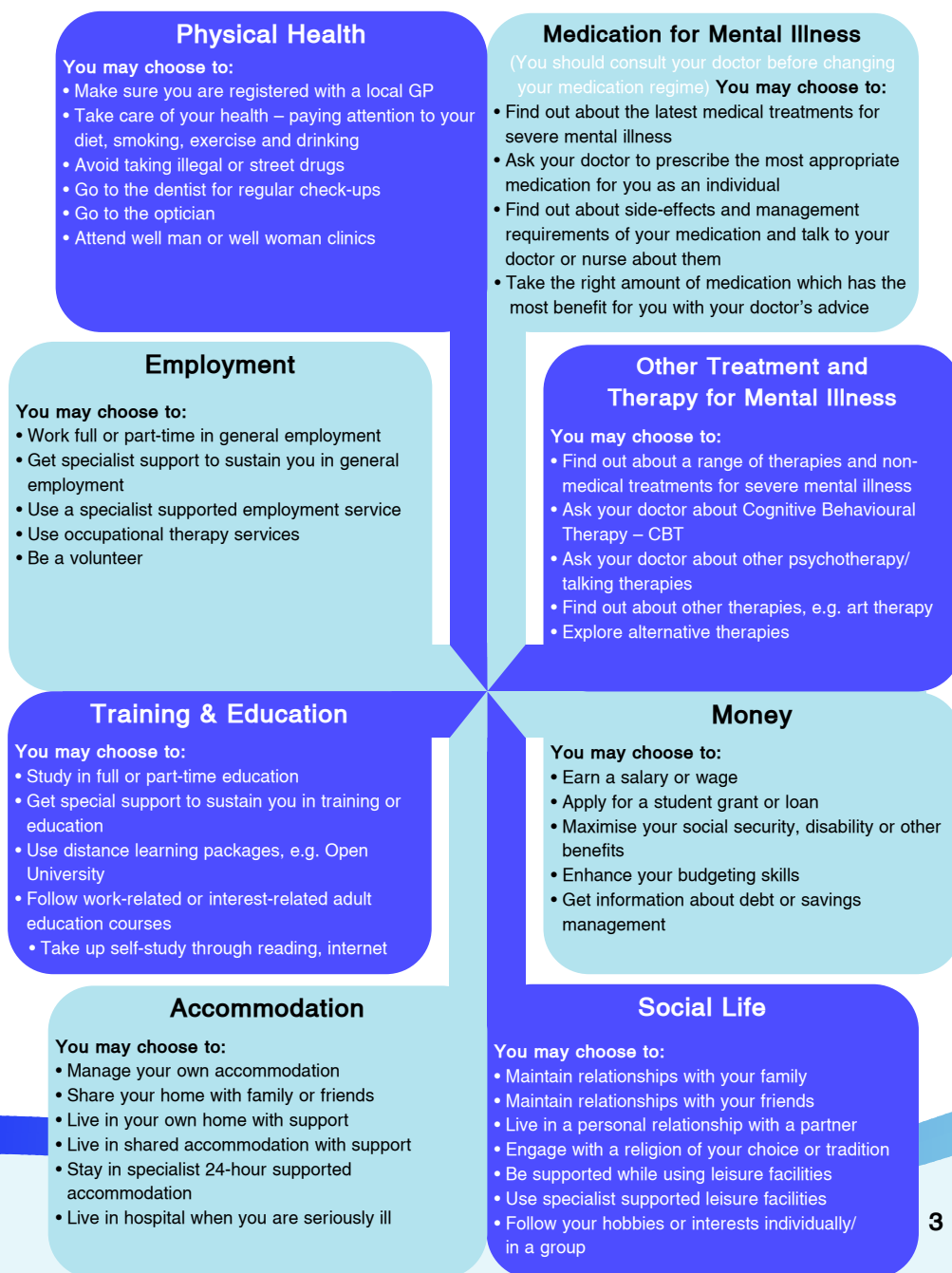
All Hafal's services are based on our unique Recovery Programme. Recovery means regaining mental health and achieving a better quality of life. It is focused on enabling people to improve their lives in all areas rather than just maintaining an adequate existence. Hafal's clients have found that recovery depends on these three components:



Empowerment and self-management means exercising rights and responsibilities in making choices about life (for instance, having the first and last word in any discussion about you) and taking the actions required to lead a life based on those choices (for example, writing a recovery plan in your own words or administering your own medication). *But it is acknowledged that occasionally it may be necessary for others to take control for reasons of safety.*

A **commitment to progress** involves actively taking steps to improve life. When planning your recovery it is vital to agree and act upon a step-by-step, goal-focused plan and work according to a timetable.

A **'Whole Person' approach** (sometimes called a 'holistic' approach) means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. Here we set out the Whole Person Approach along with some options for goals which people might set in the eight areas:



4. Mental health for men

While men are no more or less likely than women to be affected by **bipolar disorder**, their experience of the illness is often different. Men are more likely to develop bipolar disorder earlier in life and it is associated with a more severe condition. There is a similar difference in experience for **schizophrenia** although men are more likely to have a psychotic disorder than women.

Table showing rate per thousand of people aged 16-64 of psychotic disorder in the past year in 1993 and 2000:

	1993	2000	Change
Women	4	3	-1
Men	4	5	+1
All	4	4	-

Source: Office for National Statistics, Psychiatric morbidity among adults living in private households, 2000 (The Stationery Office; London, 2001)

On average, schizophrenia symptoms appear in men years earlier than they do in women, and men are more likely to have subtle symptoms such as a lack of will and energy. These are difficult to treat and men overall are less responsive to medication.

The implications for recovery are obvious: more severe symptoms (or having those that are less responsive to medication) means that men are more likely to have symptoms that persist and to have more personal troubles such as being unemployed or homeless. People who already have a mental illness are also at greater risk of suicide.

Since the 1980s the number of women committing suicide in the UK has halved, but the number of men committing suicide has increased by ten per cent. Now it's estimated that more than three times as many men than women commit suicide a year. For men aged 15 to 24, there were 16 suicides per 100,000 population in 2000, compared with a rate of 9 per 100,000 in 1974 and 10 per 100,000 a decade later.

Traditionally there has been a marked gender imbalance in **depression**, with three times as many women as men suffering from the condition. In fact, it now appears that rates of depression among men are rising, as those in women decrease. A study of rates of admission to hospital for depression over the period 1980 to 1995 in Scotland has shown that this reduced from 6.1 per 10,000 to 5.3 per 10,000 for women, while the corresponding rate for men increased from 3.1 to 3.5.

5. A current key issue for men and women – Incapacity Benefit reforms

While the Welsh Assembly Government National Service Framework and Adult Mental Health Strategies are clearly recovery-focused documents, Hafal has concern that those who fall under the Westminster Government reformed Incapacity Benefit system currently being developed may have their recovery jeopardised.

We welcome any support for people with a mental illness to return to employment as part of their recovery but the new system must be fair. The UK Government must take this opportunity to ensure that the Personal Capability Test (PCA) is as comprehensive and fair in its assessment of mental health as it is of physical health. The newly designed PCA must also be properly piloted to ensure this is the case.

We are especially concerned about the medical examination that is a part of the PCA. For the proposed system to work, assessors must have a proper knowledge of mental health issues and be trained to recognise when a person is not fit to work. If this is not the case, people who are severely mental ill could be forced into work at a time when they are not ready for it – and this could simply worsen their condition.

Launching the Revised Adult Mental Health National Service Framework last October the Health and Social Services Minister announced that mental health services will receive an extra £5 million in funding. Hafal is still waiting to see Local Health Boards and Local Authorities use this money to provide new services, and we are concerned that it may be filtered into supplementing old services. Without these new services the Incapacity Benefits reforms will not be implemented properly, as people with a mental illness will not be receiving the support they need – and this will create distress for a great number of people.