

Matrics Cymru

The Welsh Matrix Consultation

A Guide to better therapy in Wales

Easy summary version for people who have talking treatments and the people who care about them

Adapted by the National Mental Health Forum

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The *easy summary of Matrics Cymru* is divided into 6 Sections:

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Questions -

What information do you think the government should collect about what happens to people who get talking treatment?

Only using tested treatments means that new treatments cannot be tried. Do you want to be able to choose to have a new treatment that has not yet been tested?

A guide for people who get treatment and for their Carers will be written. What would you like to see in that guide?

Is there anything else you want to say about Matrics Cymru?

The Matrics Cymru: A Guide to Better Talking treatments

INTRODUCTION:

The *Matrics Cymru* is a guide to better talking treatment across Wales. It gives advice about specialist knowledge for staff and managers. The Welsh Government asked the National Psychological therapy Management Group to develop this guide.

The Matrics makes it clear that the way staff and the person they are helping get along with each other, is most important, and so is the way the organization works with individuals. It makes rules about staff training and tells people about which treatments are safe and helpful.

After this consultation a booklet will be written about the Matrics Cymru by people who have had talking treatment and by the people who care about them. Copies of the Matrics will be there in Welsh and on the web/internet.

The 6 parts of the full *Matrics Cymru* are:

1. About services	2. About Talking Treatment	3. About staff who give talking treatment.
4. Supervision,	5. Training.	6. Collecting information, which tells us how well services are doing.
7. The Evidence tables		

The Main things the Matrics Cymru wants to make happen

- To help to make services better for people and make it easier for people to get talking treatment that works and is safe
- To help make sure the same good services are available all across Wales,
- To say what staff need to know and to be able to do to give the talking treatments, which are right for people's problems
- To tell services how they must keep making services better
- To make sure there is good management of staff and money across Wales.
- To make sure that everyone knows what training, rules about work, and support from more senior staff, is needed to make treatments work sooner, and more often
- To collect Information about how well services are doing, such as how many people are seen and how well they respond to treatment,
- To have information that can show the differences between services

Services must first

- Aim for the same waiting times as for other mental and physical health services
- Make services better for people with common, and less changeable, but severe mental health problems
- Help to stop service users from getting long lasting difficulties, or problems that can't be treated
- Make services better for people with worse, more changeable problems
- Help people better with problems that are important close to where people live

The Matrics will help services to give talking treatment to people with physical health problems, or a learning disability as well as people seen only in mental health services.

Diversity and Equality in Wales

The service must meet the needs of all kinds of people, in all parts of the service.

* <http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/board/?lang=en>

Hyperlink to the Welsh language act and measure: * <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

Section 1: About Services

Talking Treatment Services should:

- have staff who have passed the right exams
- give a choice of helpful talking treatments which help people to have a better life
- work together with the people being treated and the people who care about them from their first appointment to their last appointment
- do something about what people being treated think about their progress and their relationship with staff
- work to increase what we know about talking treatment

Treatment is different for different kinds of problems

. People will be listened to carefully to decide what treatment they need.

The help different health and care staff can give

Staff group	What they can look for	Treatment they can give
All staff	See what people need for mental health	Kind helpful conversations
Staff with more training	Look for mental distress	support people to solve problems
Staff trained to work only with mental health needs	See how bad things are Get an idea of what is happening	Supportive conversations, and specific talking treatments
Staff with high expertise in mental health problems	Work out what is going on when the problems are very complicated	Use different kinds of talking treatments to create treatment that is just right for the person being treated

The most important things are;

- there are several different kinds of treatment to help people whether their problems are mild or more difficult
- staff have help to match people to the right treatment
- the service watches what is happening so that the treatment, or staff doing the treatment, can be changed if needed
- the service makes sure staff know what they are doing, and do it safely

Services which take account of how people feel

The Welsh Government wants all health and care staff to understand people's feelings, so that they can take better care of them and get people help for mental health problems when they need it.

Accountability – how the results of the service are watched and how services report their progress to the people who are in charge

Services are there first of all for the people who are treated. It is important that these people have their questions answered, and have any concerns worked out helpfully. This could include getting a new opinion from a different member of staff, or re-thinking with staff what their problems and the treatment needed could be.

It is important for top managers, other people in the service, the people who have talking treatments, and the people who care about them, to all make decisions about the service together. People need to be confident that services are easy to get, help as much as possible, help in a way that makes best use of money and staff ability, help in a way that service users are happy with, and in a way that causes no harm.

There need to be people at the very top of the health service making sure that decisions about talking treatments are given the attention needed to make sure the service is good enough. There are local and National groups making sure the service works well.

Co-production

This is where the people who are being treated work with staff, and have an influence over what happens to them, both in their own care, where their control over their own life must be as great as possible, and in bigger decisions about services for all.

Workforce Redesign – ensuring there are enough staff, with the right knowledge and ability to give the help that people need

Change in what, and how much organizations do, and in what their staff do, will be needed to make sure everybody gets the help they need. Money and people may need to be re-arranged to make this happen.

Money and people may need to be used in different ways to make this happen.

Matrics Cymru says managers need training to do this and need to use knowledge about making the whole service work better.

Giving a Service

Services need to understand that not all people want what they offer, and not all are able to get it. The Law says that Health Boards must find groups who have difficulty with getting to services and find ways to make services more attractive and easier to get.

Staff Management is discussed in sections 3, 4 and 5

Managers need to know what staff are there and what they need to be able to do to help local people and do the things that matter to Wales as a country. To make sure talking treatment services across Wales are similar, the expectations of services developed by Psychiatrists and psychologists will be used. (APPTS programme).

The main expectations fit in with what the English NHS inspectors look for, which is that services are: Safe; Make a positive difference; Caring; Respond to people's need; Well-led

Section 2: About Talking treatment

The Matrix describes five sets of treatments for people with different problems, from fairly common, straight forward and easily treated, up to uncommon, very complicated, and for people who have more than one problem at the same time. These are treatments that have been tested and shown to work. As the problems become more complicated, difficult and disabling, the treatments also become more complicated and difficult.

What people need to be able to do to give talking treatment.

There are four things people need to have or be able to do to give **any kind** of talking treatment. These are:

- Knowledge
- Meet people, find out about them, and have a conversation about what is happening to them and why
- Have a good, helpful relationship with the person having treatment
- Have help from someone who is more expert to make sure they work safely and as helpfully as possible. (this is called supervision)

There are lists of what staff must know, and be able to do to give talking treatment. These lists are not about managing services.

Different kinds of talking treatment

The usual types of talking treatment most often given within the Health Service across the UK are:

- Cognitive and Behavioural Therapies (which work with how changing your thinking changes the way you feel)
- Systemic Family Therapy (which works with whole families or groups)
- Brief Psychoanalytic/Psychodynamic Psychotherapy (learning about yourself through relationship, the worker is the expert)
- Humanistic/Person Centred/Experiential Therapy (learning about yourself through relationship, the person treated is the expert)

There are lots of other kinds of treatment as well, some of which are a mixture.

Matrix Cymru was written to make sure people are able to have treatments which have been tested to make sure they work. Most of the treatments work for about 3 out of 5 people. 2 out of 5 people may do better with a different kind of talking treatment, or with a different staff member.

The staff member and the person being helped work together to understand the person and decide what they need to do to help. The person getting treatment is told about different kinds of treatment, so that they can choose.

We know that treatment is more likely to work if the person is given the kind of treatment they want. We also know that a good, helpful relationship with the staff member giving the treatment makes more difference to the possibility of a good result, than anything else.

Matrics Cymru shows where to find the lists of what staff need to know and be able to do, on the web/internet.

Section 3: About staff who give talking treatments

A description has now been agreed by the National Committee.

A Psychological Therapist (someone who gives talking treatment) will need;

1. to have the right training and have passed their exams
2. to be on a list of people kept by an organization, which only puts or keeps people on their list if they are sure that they can do a good job and work safely. (one of 8 professional bodies, or 3 regulatory bodies)
3. to have spent enough time doing talking treatments with expert supervision, to be allowed onto a list

For some kinds of treatment staff must go through a talking treatment themselves.

It would also be good if staff work at a fairly expert level with people who have quite difficult problems.

Staff who only give short and simple treatments are better described as mental health workers. They may have trained for less time in giving talking treatments. Treatments given by mental health workers supervised by people with more training can still be very helpful. Mental health workers give most of the talking treatments in the NHS.

The Matrics describes what kind of training staff need, depending on how complicated and difficult the person's problems are and how difficult the treatment is to use. It says that staff must be able to do the things on the lists of abilities needed to do talking treatment. For the simplest treatments training is not described in detail, but staff must be supervised. Beyond that training ranges from one year to many years, with the most difficult treatments being given by people with the highest level of exams possible (Doctorate – PhD).

The Matrics describes 10 kinds of staff who give talking treatments, and what they can do. These include psychologists (experts in how the mind works), nurses, Allied Health Professionals (Occupational Therapists, Physiotherapists, Speech and Language Therapists, and dieticians), psychiatrists (Doctors who treat mental problems), Primary Care Staff (Family Doctors and the people who work with them, the Local Primary Care Mental Health Support Service), Counsellors, Arts therapists, Charities and voluntary organizations, and Talking Treatment trainees.

Carers

With agreement from people having treatment, Carers can help let staff know how the person is, and what they have been like through their life and outside the service. People can be different in the mental health service to the way they are in other places, because the mental health service is not like real life. Without this help, staff can be wrong about a person's problems.

Many Carers ask for support so that they too can be helpful. If the treated person agrees, and Carers have the right information and support, they can help their loved one to use what they have learnt from their treatment in everyday life.

Section 4: Supervision

Supporting staff who give talking treatments is called "supervision".

Supervision is an official way of giving staff support and helping them to learn so that staff can : get more knowledge and ability; make their own decisions about the way they work; take any comments about what they are doing seriously, and answer questions about what they do; and keep the people they help safe when what is happening is complicated. It helps staff to learn to do more different kinds of things, and gets staff to think about what they are doing, how well they are doing it, and to work out complicated ideas about what is happening with the people they are helping and about what choices they have to help them. This can work better if appointments are sound recorded. For some staff this needed for training.

Lots of top reports say that this kind of support is extremely important. When treatments are tested to see if they work, this is always done with supervision.

Supervision also:

- Makes sure that the staff member works with people in a way that follows rules about what is right
- Helps staff to give treatment in the same way as it was given in tests.
- Gives staff support and advice about treatments where the person being helped is not getting better, or where there are worries that the person or the people around them may not be safe
- Helps staff learn and helps the service to get better

When staff discuss people having treatment in groups, it is important not to use people's names 7 to make sure that staff can make their own mind up about people when they meet them

Being good at giving talking treatments is not enough on its own to make someone good at supervising.

What staff members need to know and be able to do, are on a list that can be found on the web/internet www.ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm

All supervisors should:

- Have passed exams about giving talking treatments and have used their knowledge to work with a lot of people (2-3 years working) *and*
- Have training so they know and are able to do all the things on the government's list of abilities they need to be able to supervise others.

Section 5: Training

Training and learning new abilities is needed to:

- Give a talking treatment service and supervision
- Increase the staff time and staff abilities available for current and any new staff, to give talking treatments that work well, properly, to enough people

All staff working in mental health services will believe in the importance of the *10 Essential Shared Capabilities* (abilities) These are:

- 1 Working with other people
- 2 Respecting the difference between people
- 3 Working in a way which is right
- 4 Saying something to stop people being treated in a different way that is unfair
- 5 Encouraging people to have a better life
- 6 Finding out what people need and what they are good at
- 7 Giving people care that is only about them
- 8 Making a difference
- 9 Encouraging safety and encouraging people to do things that are important to them, which might cause something bad to happen, in a way that makes it as unlikely as possible that a bad thing will happen.
- 10 Learning and becoming a better person, who is better at their job

As well as training staff about what is important when giving care, and helping people to live a better life, all mental health staff should know and be able to use the simplest ideas about how the mind works, including how to listen and talk to people, and how the effect they have on the person is very important for the person's well-being.

Local committees should make a plan for training in their area and watch over services to make sure that it happens. The National committee should look at how to teach people about the 10 shared capabilities and at how to teach the short, simple talking treatments .

Section 6: Collecting information which tells us how well services are doing

Information to be collected nationally:

To watch how long people wait for treatment.

To make sure people aren't being unfairly left without treatment

Information about other parts of the health service

To see if trying to make the service better makes other parts of the health service worse, or make people's care worse overall.

Information about what happens to people as a result of their treatment

- Are people better at doing what they want to do?
- Welsh Government organizations are *now* asking for people's ideas about information they could collect in every part of Wales, that would tell us how well people do as a result of treatment, and would also tell us if there are any differences in any parts of Wales

Information about kinds of treatment that have been tested to show that they work

Information will be collected from all over Wales, about people being given talking treatment with or without a care and treatment plan.

Information will be collected about how often untested treatments are used.

To see if a talking treatment is given in a way we know works, information will be collected to check if treatments are given:

- by staff with the right training
- to people on their own or in groups, face-to-face¹

¹ 'Face-to-face' will include treatments given by telephone or direct video link and in the future by video link and other web based systems.

- in sessions for that purpose, in time given to the staff to give these treatments
- with supervision and good records which say what really happened

Giving the treatments that have been tested to show that they work, makes it necessary to do things in the same way as they were done in the tests, as much as is possible.

The tables about treatments that have been tested and shown to help, do not tell us about all the possible problems people can need to be treated for. It is believed that health organizations will check with local and National experts to find out what is thought to be the best way to do things, where National information about what works best is not there.

What should be counted?

Information will be collected about mental health services and about the people who want or need to have talking treatments.

The information in *Matrics Cymru* can help people who plan services and manage, to think about what they do in their own organization.

Important Questions for planners and managers when they think about their organization

The Matrics asks questions about how talking treatments are given and watched over, and about other things that make a difference to how many people can have talking treatments, and how helpful those talking treatments are.

They includes questions about: Making sure the service is good; Collecting information well; Thinking about how the service will work; How many people are treated and what are the results like?; Training and supervising staff; and whether people are able to get a service.