



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Mental health nursing:

a profession that
must be valued



SAFE STAFFING SAVES LIVES

MAE STAFFIO DIOGEL YN ACHUB BYWYDAU



FAIR PAY FOR NURSING

TÂL TEG AR GYFER NYRSIO

Executive Summary

Mental health nurses deliver care for many of the most vulnerable, marginalised groups in our society – and this must be recognised and valued.

Mental health nursing is an extremely diverse role that delivers holistic and value-based care for individuals, their families and carers in all age groups and within a variety of settings. Mental health nurses have a unique skill set to meet the needs of those experiencing emotional distress regardless of the individual's medical diagnosis or psychological formulation. Mental health nurses can specialise in perinatal mental health services, child and adolescent services, severe and enduring mental ill-health, eating disorder services, secure services including the criminal justice system and prisons settings, substance use, and increasingly older people as rates of dementia increase.

Mental health nurses have a firm understanding of health legislation including, the Mental Health Act 1983, Mental Health (Nurse) (Wales) Order 2008 and Mental Health (Wales) Measure 2010.

Mental health nurses have legal responsibilities regarding the lawful detaining of individuals. The legislation clearly states that in order to do this a nurse must be registered with the Nursing and Midwifery Council (NMC) as a 'mental health nurse' or 'learning disability nurse'. Registered nurses whose field of practice entry is adult nursing or children's nursing cannot use the power to restrain (or detain) even if they work in mental health or learning disabilities services. The importance of having mental health nurses in all settings is not only for ensuring high quality patient care but also for ensuring that, if a patient needs to be restrained (or detained) due to mental ill-health, a health board or provider can do so lawfully. The Royal College of Nursing (RCN) is currently notifying all nurse leaders across the UK that if the statutory role of mental health and learning disability nurses is not preserved within workforce planning nationally and locally, this could impact on a patient's legal rights and safety.

A lack of financial investment in inpatient services and stigma remains around severe and enduring mental ill-health, which has contributed to inequalities within mental health provision. This needs to change. To do so, financial investment is needed to enhance the mental health nursing workforce, physical estates, and service provision.

This paper will touch upon prevention, but the main focus will be caring for those experiencing severe and enduring mental ill-health, the benefits of mental health nursing for people needing specialist nursing care, and the real danger of undervaluing the mental health nursing profession.



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About the Royal College of Nursing (RCN)



The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland. The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.



RECOMMENDATIONS

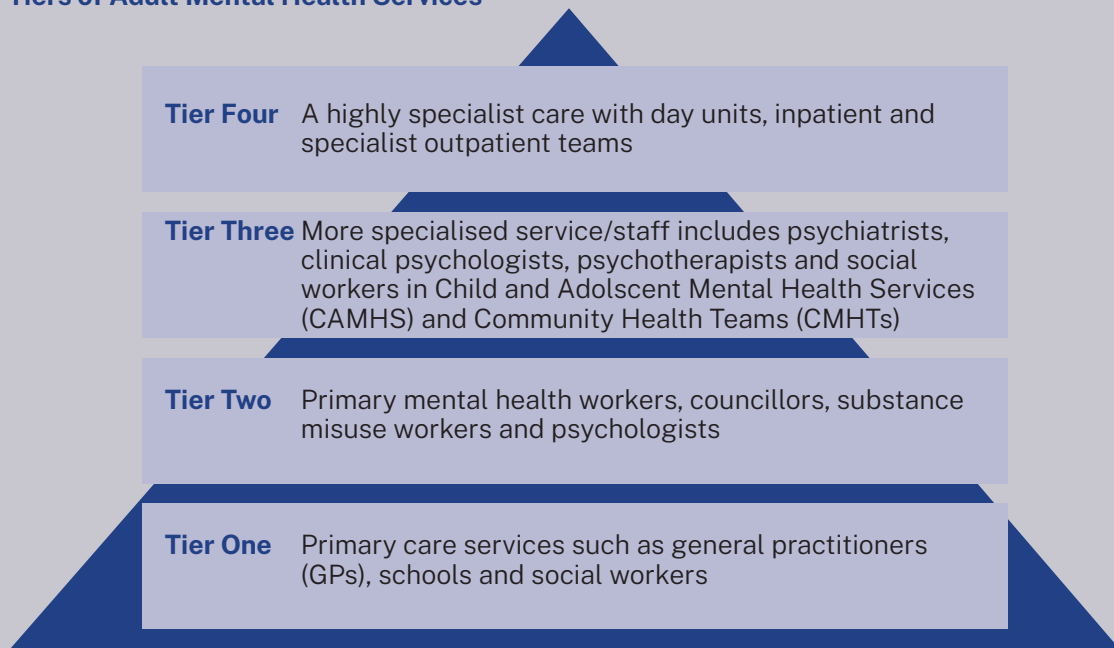
- 1** The Welsh Government must develop a clear strategy for investment in NHS mental health services to improve the provision of care for those needing secondary, acute and intensive psychiatric care.
- 2** Health Education and Improvement Wales needs to continue the roll out of the education module Specialist Child and Adolescent Mental Health Service (CAMHS) Level 7.
- 3** The Welsh Government should commission an independent and thorough review of the mental health nursing workforce, and the services mental health nurses are working in to ensure that Wales can safely and legally staff mental health services. This must include a review of mental health nurses working in the NHS, local authorities, prison and criminal justice settings, the private sector and charities.
- 4** The Welsh Government must continue to increase the number of pre-registration mental health nurses and develop a comprehensive recruitment strategy for mental health nursing which emphasises their statutory responsibilities.
- 5** Health boards should set out a detailed plan as to how they will support newly qualified mental health nurses from 2023 to use their skills and knowledge of prescribing. This includes enhanced medication management, and pathways to become independent prescribers and support the current nursing workforce to gain these skills.
- 6** Health Education and Improvement Wales must work in partnership with health boards and trusts to develop a career pathway for mental health nurses to advance their careers to specialist and advanced nurse practitioners and consultant nurses. This should be part of a wider workstream to develop a retention strategy for mental health nursing.
- 7** Health Education and Improvement Wales and Social Care Wales should implement the Welsh Government's *A Framework for Mental Health Nursing 2018 - 2028* alongside the mental health workforce strategy. This will ensure that the importance of nursing is recognised.
- 8** To protect vulnerable patients, the Welsh Government should set out a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards.

Introduction

The World Health Organization defines mental health as a 'state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community'¹. Mental ill-health, or a mental disorder, is characterised 'by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning'².

Mental health is best understood in terms of the level of support an individual needs. The level of support can vary from Tier 1-4, from self-help to highly specialised secure inpatient services.

Tiers of Adult Mental Health Services³



The tier system has been adapted for various diagnoses such as personality disorders, eating disorders, first episode psychosis, and for children and adolescent services. It provides a basic understanding of what level of support an individual needs and the level of commissioning required.

This paper recognises the importance of all tiers and the invaluable input of the nursing workforce in providing support at every tier. However, this paper will predominately concern itself with Tier 3-4 and the importance of nursing for people needing these services.

Section 1

What is severe and enduring mental ill-health?

Severe and enduring mental ill-health includes diagnoses of bipolar disorder, schizophrenia, personality disorders, other psychosis and any other mental health disorder (such as depression or anxiety) of a severe and enduring nature. Often those with severe and enduring mental ill-health will require the support of Tier 3 and 4 services at some point in their life.

There will always be individuals who have complex mental health needs that require care and treatment from health professionals in inpatient facilities. Severe and enduring mental ill-health is complex in cause and nature. For example, some conditions may be present from birth, whereas others are developed in conjunction with complex post-traumatic stress disorders following exposure to situations such as childbirth, physical/sexual and emotional abuse, bereavement, and military conflict. This can exacerbate existing mental health problems resulting in the need for evidence-based, trauma informed care and treatment.

In recent years there has been a significant emphasis on wellbeing and low-level mental health support. Investing in overall mental health support for the general population is welcomed as it will help prevent some mental health problems from developing or deteriorating, but it is a fallacy to assume that these important services will prevent all severe and enduring mental ill-health from happening.

The focus on wellbeing has unintentionally led to an inequality within mental health services as inpatient services and specialist community services receive very little additional investment. This in turn increases the likelihood that those with severe and enduring mental health conditions cannot get the help they need, leading to a worsening of their condition and increasing the risk to themselves and potentially others.

One in 50 people in Wales have a severe mental illness such as schizophrenia or bipolar disorder.⁴ Analysis by the Wales Governance Centre further reveals that the share of people experiencing severe mental health increased from 11.7% during the period immediately before the pandemic to 28.1% by April 2020.⁵

In 2020-2021, there were 7,639 admissions to mental health facilities in Wales, which includes 2,157 people detained under the Mental Health Act (MHA) 1983 and other legislations.⁶

Despite this demand, there has been a reduction of NHS inpatient mental health beds in Wales. In the last ten years, the number of mental health beds has decreased from 1,857.4 (2011-12) to 1,290.7 (2021-22).⁷

Individuals with severe and enduring mental ill-health may be vulnerable due to the nature of their illness but their vulnerability can increase due to the lack of strategic focus and investment in the workforce and mental health estate.

The increase of individuals offending as a direct result of mental illness has led to many being faced with imprisonment rather than receiving the care they need. In addition, many of those experiencing mental ill-health are often living in areas of high socio-economic deprivation and are frequently at risk from people around them. As they are stigmatised and often seen as “less than” by the wider population, they are prone to abuse and violence from their peers, and are at higher risk of using substances to manage their symptoms.

The exact number of people experiencing severe and enduring mental ill-health is largely unknown as the Welsh Government does not publish this information centrally. What is known is that in 2018-2019 there were 31,597 people registered as having a mental illness on the GP Quality and Outcome Framework (QOF), although the breakdown is not provided.⁸ More recent data has not been published. The QOF only applies to those who have a recordable diagnosis, if there is no record of such a diagnosis, which is more likely if patients cannot get access to mental health services, then the QOF will again be an underestimate.

StatsWales publish quarterly data regarding the number of people who have been detained under Section 135 and 136 of the MHA. The latest quarterly figures (December 2022) show that 461 people were detained, 59 of whom agreed to go to hospital and 106 who were admitted under the MHA.⁹

Excellence in mental healthcare means investment in caring for those with all levels and types of mental ill-health, including those that require specialist care and treatment and those with comorbidities such as substance use and neurodevelopmental disorders.

RECOMMENDATION

The Welsh Government must develop a clear strategy for investment in NHS mental health services to improve the provision of care for those needing secondary, acute and intensive psychiatric care and for those needing high, medium and low secure facilities in Wales.

Independent Sector - inpatient services

People with severe and enduring mental ill-health may need to be cared for in low, medium or high secure inpatient facilities. They can receive this care in NHS hospitals and the independent sector, including private hospitals, charities and social enterprise.

The reduction of NHS inpatient mental health beds in Wales has caused a surge in demand for independent sector beds. Since 2010, the number of mental health beds has decreased from 1,919 to 1,393. However, in 2019-2020 there were a recorded 7,466 people admitted to mental health facilities in Wales, including the admission of patients detained under the Mental Health Act 1983 and other legislations.¹⁰

In addition to this, the reduction of secure beds links to the number of people in prison. The limited number of secure beds often means that while someone in a prison has been identified as needing a secure bed, they are unable to get one and remain in prison, which leads to a deterioration of their mental health.

The Making Days Count report identified that at the time of the audit the proportion of patients cared for in non-NHS Wales hospitals was 56.4%. The report further detailed that 27.6% of patients were cared for in England.¹¹

Between 2013 and 2021, there have been, on average, 107 Welsh patients placed in independent hospitals or NHS England hospitals on census day, 31 March, each year. There are:

- On average, 17 male patients have been placed in non-NHS Wales medium secure hospitals
- On average, 10 female patients have been placed in non-NHS Wales medium secure hospitals
- On average, 53 male patients have been placed in non-NHS Wales low secure hospitals.
- On average, 27 female patients have been placed in non-NHS Wales low secure hospitals.¹²

This is a damning insight into mental health services within the Welsh NHS and the lack of focus on severe and enduring mental ill-health. It further highlights that Wales is reliant on the independent sector and providers in England and Scotland.

Many of these patients have extremely complex presentations that require highly skilled, evidence-based interventions provided by a clinically competent workforce to ensure patient safety is paramount.

Why did you choose mental health nursing?



“I’ve always been interested in mental health, have family who live with alcoholism, autism, schizophrenia, EUPD, and I have ADHD. I wanted to use these experiences to support those that suffer by providing tools to improve quality of life outcomes. The need for mental health nurses was apparent in my community and the development of the field is vital to battle the ever-increasing need for mental health services in Wales.” **Dominic Smith, Third Year Student Nurse (Mental Health)**

“It felt natural to my personality and interest in people’s emotional needs” **Matthew Galloway, Practice Facilitator, Older Adult Mental Health Learning & Development**

“I chose ‘mental health’ in the first instance, and having spent a period of six months as a volunteer with the charity Mind and having met students of mental health nursing on placement, I realised this was work that I wanted to do.” **Ben Hannigan, Mental Health Nurse Academic**

“I was working as an OT helper in a large psychiatric institution straight out of school in the late 80s and working with people with mental health issues became very important to me – I felt I had something to give and realised there were people society had forgotten / left behind. I felt I needed to know and learn more so applied for my nurse training.” **Michaela Morris Mental Health & Dementia Programme Lead Improvement Manager, Improvement Cymru**

What one piece of advice would you give someone thinking of becoming a mental health nurse?

“Go for it, mental health nursing allows you to not only provide vital support for mental health sufferers in various stages of recovery but also self-development. You’ll learn insights into yourself which will allow you to grow as an individual and gain valuable life skills. Make sure you explore your funding options though, as a single parent living in rural Wales, the bursary scheme was critical in my decision making.” **Dominic Smith, Third Year Student Nurse (Mental Health)**

“Great job, hard work, rewarding – if you want to work hard there is a career for you as it’s a tough but special job” **Michaela Morris Mental Health & Dementia Programme Lead Improvement Manager, Improvement Cymru**

“Do it!! It’s really tough at times, exhausting but if you look after yourself (and colleagues) you should do well...and ask for regular supervision/ feedback.” **Matthew Galloway, Practice Facilitator, Older Adult Mental Health Learning & Development**

“Mental health nursing is rewarding, and also brings opportunities to work in a remarkably diverse range of roles over the course of a career. These can be found in clinical practice and leadership, therapeutic specialisation, education and research. Go for it, and make a difference!” **Ben Hannigan, Mental Health Nurse Academic**



Section 2

Child and Adolescent Services (CAMHS)

CAMHS provide care for children and adolescents experiencing a variety of mental health challenges and involves multidisciplinary teams. The nursing workforce is central to this.

The delivery of CAMHS is based on four tiers. The four-tier strategic approach is the basis of the commissioning process for CAMHS. Investment is urgently needed in Tier 3 and 4.

Tiers of Child and Adolescent Mental Health Services (CAMHS)

P A T I E N T S E V E R I T Y	Tier Four	Very specialised interventions and care (this includes inpatient psychiatric services for children and adolescents)
	Tier Three	Second-line specialist services provided by teams of staff from within specialist CAMHS
	Tier Two	First-line specialist services provided by professionals from specialist CAMHS whose primary role is mental healthcare
	Tier One	Primary or direct contact services

CAMHS is a highly specialised service and needs to have an appropriate number of staff with an appropriate skill mix in a safe environment. To achieve this there needs to be urgent investment in the workforce.

Children are experiencing a high level of mental ill-health. Research from Cardiff University found that one in five children were experiencing poor mental health prior to the COVID-19 pandemic. The research further identified that poor mental health was higher if:

- The child was a girl, with a significant gender difference by year 10;
- If the child was from a less affluent family;
- If the child did not identify as either a boy or a girl;
- Post COVID-19 the level of acuity has increased in the most severe mental health conditions such as psychosis, self-harm and eating disorders.¹³

Prior to COVID-19, the Welsh Government made significant financial investment in CAMHS services, but the pandemic has had a disproportionate impact on those already experiencing mental ill-health. Mind Cymru found that 45% of young people who responded to its survey (2021) have self-harmed to cope with the pandemic, making them more than three times as likely as adults (12%) to cope in this way.¹⁴

Across Wales, children are often spending several weeks in paediatric wards after their physical needs have been resolved, because an appropriate CAMHS bed has not been made available for them. Children are also spending time on adult wards which are not attuned to providing services for this age group and where the experience can be frightening and damaging for young people. Children and young people should not be cared for on an adult ward.

Children and young people can be detained under the Mental Health Act 1983. In the quarter ending December 2022, nine under 16s and twenty-nine 16–17-year-olds were detained during this time.¹⁵ Of these, six under 16 were female and twenty-five 16-17 year-olds were also female. This is deeply concerning; the Welsh Government should investigate why the younger female population are being detained in such significant numbers compared to younger men.

Upon being detained, children and young people are taken to a Section 136 suite for assessment. However, there is a complete lack of Section 136 suites for children and young people in Wales. This has resulted in children as young as 11 being taken to adult mental health facilities for assessments. On occasion, children and young people can be detained for several days in unsuitable facilities until a CAMHS bed becomes available. As the purpose of these facilities is for adult care, and not children and young people, there is a lack of CAMHS nurses at such facilities. This is of grave concern in regard to the appropriate safeguarding being in place.

There is a complete lack of inpatient services for specific conditions such as eating disorders, and also considerable challenges with transiting from CAMHS to adult services with many who require inpatient services being cared for far away from home. People needing inpatient support with eating disorders may be sent to Scotland following a lack of facilities in Wales and the end of a ten-year contract with a facility in Oxford.

Financial and workforce investment is needed in specialised CAMHS (Tiers 3 and 4) to ensure there are services available to care for this vulnerable group in society. HEIW needs to continue the roll out of the Specialist CAMHS level 7 course and the Essential CAMHS Programme. The implementation of the programme needs to be accessed by health boards and trusts across Wales.

RECOMMENDATION

Health Education and Improvement Wales needs to continue the roll out of the education module Specialist Child and Adolescent Mental Health Service (CAMHS) Level 7.

Section 3

Mental Health Legislation

Mental health nurses have a firm understanding of health legislation including the Mental Health Act 1983, Mental Health (Nurse) (Wales) Order 2008 and Mental Health (Wales) Measure 2010.

Mental health nurses have legal responsibilities regarding the lawful care and detention of individuals experiencing mental ill-health.

The Welsh Government needs to address the deficits in the mental health workforce for those responsible for delivering services and the new requirements soon to be introduced under the UK Mental Health Bill. The Welsh Government also needs to ensure that the existing workforce has sufficient training in relation to its legal requirements to provide assurance that healthcare providers are acting within the law.

Mental Health Act 1983

The Mental Health Act 1983 is the main piece of legislation that covers the assessment, treatment and rights of people with severe and enduring mental ill-health across England and Wales. The Act was updated in 2007.

In 2017, the UK Government commissioned an independent review of the Mental Health Act 1983 to understand:

- the rising rates of detention under the Mental Health Act;
- the disproportionate numbers of people from black, Asian and minority ethnic groups (BAME) in the detained population; and
- investigate concerns that some processes in the Act are out of step with a modern mental health system.

In December 2018, the final report of the Independent Review was published entitled *Modernising the Mental Health Act*.¹⁶

The Independent Review made over 150 recommendations and the UK Government accepted most of these and incorporated them in a subsequent Mental Health Bill introduced into the House of Commons in June 2022.¹⁷

The overall aim of the reforms is to bring the law in line with modern mental health care and ensure that patients are involved more closely in decisions about their care and treatment.¹⁸ However, it will have a significant impact on registered professionals and potentially increase health inequalities.

The Royal College of Nursing responded to the Department of Health and Social Care: Reforming the Mental Health Act. The response is available on the Royal College of Nursing website.¹⁹

Under the Bill, there will need to be an increased uptake of statutory roles, such as Approved Clinician (AC) and Responsible Clinician (RC), which are currently extremely limited among nurses and other professionals. There is a clear value to multi-professional opportunities in this area, both for patient experience and outcomes, as well as professional development. Likewise, the role of the Approved Mental Health Professional (AMHP) is most often held by social workers rather than mental health nurses and/or learning disabilities nurses.

Royal College of Nursing members who are Approved Clinicians or Responsible Clinicians have expressed positive feedback from patient experiences. There is a recognised shortage of AMHPs nationally which in turn impacts on patients being able to access inpatient care when in crisis.

Mental Health (Nurse) (Wales) Order 2008

The Mental Health Act 1983 Section 5(4) gives nurses the ability to detain someone in hospital for up to six hours. The Act does not specify what field of practice a nurse needs to be in to assert this power. However, the Mental Health (Nurse) (Wales) Order 2008 does.

Under the Mental Health (Nurse) (Wales) Order 2008, a nurse must be registered as entry indicating that their field of practice is either a mental health nursing or learning disability nursing.

There are four entry level fields of nursing: mental health, learning disability, adult, and child. Registered nurses whose field of practice entry is adult nursing or children's nursing cannot use the power to restrain (or detain) even if they work in mental health or learning disability services. The importance of having mental health nurses in all settings is not only for ensuring high quality patient care, but also for ensuring that if a patient needs to be restrained (or detained) due to mental ill-health, a health board or provider can do so lawfully.

There have been concerns raised by members that Mental Health Inpatient Services and Independent Sector Mental Health Services are endeavouring to close vacancy gaps by substituting Registered Mental Health Nurses and Registered Learning Disability Nurses with Adult or Children Registered Nurses.

Concerns have been raised that due to a shortage of suitable nurses, employers may not be adhering to the legal requirements, and this could potentially have consequences for patients and staff.

Although there are ongoing debates around transferable capabilities between Registered Mental Health and Learning Disability Nurses and other Registered Nurses (Adult and Child), there remain legal implications if such substitution occurs, including legal frameworks that are in place to uphold people's rights and promote patient safety.

Mental Health (Wales) Measure 2010

While the 1983 and 2007 Mental Health Acts are focused on compulsory powers, and admission to or discharge from hospital, the 2010 Measure focuses on the support that should be available for people with mental ill-health in Wales.

The guiding principles of the Measure are as follows:

- Patients and their carers should be involved in the planning, development and delivery of care and treatment to the fullest possible extent.
- Equality, dignity and diversity are required at all times.
- Clear communication in terms of language and culture is essential to ensure that patients and their carers are truly involved, and receive the best possible care and treatment.
- Care and treatment should be comprehensive holistic, and person-focussed.
- Care and treatment planning should be proportionate to need and risk.
- Care and treatment should be integrated and coordinated.

The Measure is set out in four parts:

Part 1 seeks to ensure that more mental health services are available within primary care.

Part 2 gives all people who receive secondary mental health services the right to have a Care and Treatment Plan.

Part 3 gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services.

Part 4 offers every inpatient access to the help of an independent mental health advocate.

“ I started experiencing mental health problems when I was 20 years old and was undertaking my student nurse training. My illness progressed quickly, and I remember feeling very alone and very frightened and started thinking people were against me and my family. I eventually came to the attention of services when I was admitted after taking an overdose and from that point my nightmare really began. I was sectioned under the Mental Health Act having assaulted a nurse and was diagnosed with schizophrenia and given typical antipsychotic drugs which didn't work for me. During this difficult time, I found it hard to trust anyone and believed that I was being punished by those attempting to care for me. After assaulting another nurse, I was sent to a high secure hospital which was terrifying but where I was eventually placed on Clozaril which really changed my life. I also developed a good therapeutic relationship with my male primary nurse who had a belief in me. I was also having regular contact with my home team from my local medium secure service in Wales who constantly reassured me that they had not given up on me and were committed to getting me back to Wales. Without that sense of hope I'm not sure I would have survived. I have now lived independently and happily in the community for the last 20 years and have received excellent ongoing support from my family, friends and from a range of services and I no longer need specialist mental health care. However, without the skilled care and compassion I received from the mental health nurses who worked with me at the most desperate times of my life I'm pretty sure I wouldn't be here today. The mental health nurses who worked with me during that time never gave up on me and gave me the hope and belief that I would recover and live my life to my full potential. ”

Joanne Roberts - Service User

What one thing would you like the public to know about your role?

“How diverse the role of a nurse is – covering all the agendas from newly qualified to topic specific, to the values nurse bring, to working with carers and people receiving care to becoming “specialists” and supporting people to navigate through their journey and the system – a nurse is key, as they need to know so much across health, care, social, psychology, functioning, medicine”
Michaela Morris Mental Health & Dementia Programme Lead Improvement Manager, Improvement Cymru

“That nurses require on going education, to be up to date and safe. For the public to know there are quality assurance strategies (and targets) in place to support CPD [Continuing Professional Development] and maintain standards of nursing.” **Matthew Galloway, Practice Facilitator, Older Adult Mental Health Learning & Development**

“Nurses lead research” **Ben Hannigan, Mental Health Nurse Academic**

“Working as a nurse in prison requires many different skills. You have to be a primary care nurse, an acute nurse, a mental health nurse, a palliative care and elderly nurse – and sometimes even a prison officer – all at the same time. I dealt with suicide, self-harm, serious mental health, the use of spice, acute abdominal pain, sepsis and even an incident of manslaughter – and that was just in one week” **RCN Wales member (prison nurse)**

What is the most rewarding part of your job?

“All of it is rewarding but I firmly believe and have done since a nursing student, that the nursing workforce is key to seeing best practice come alive – if we can support and nurture nurses then we get better quality of care. We often talk about the voice of the person receiving care and looking at care from their point of view, which is fundamental, but I also believe in equal parts the same goes for hearing the voice of nurses and seeing care from their view is important also – so supporting nurses is rewarding” **Michaela Morris Mental Health & Dementia Programme Lead Improvement Manager, Improvement Cymru**

“I work in staff education; seeing staff engage with concepts and willing to try new approaches in their interventions.” **Matthew Galloway, Practice Facilitator, Older Adult Mental Health Learning & Development**

“My job is distinct. I’m a mental health nurse academic, and my role combines lots of different elements. A lot of my time is spent as a researcher, working directly on funded projects, applying for grants, publishing, and more. I also teach mental health nurses (and others), and have a number of organisational responsibilities. A particularly rewarding part of my job is supporting others to develop, and supervising students as they work on (and then complete) their doctoral degrees.” **Ben Hannigan, Mental Health Nurse Academic**

Section 4

Mental Health Nursing

What is mental health nursing?

To become a nurse, an individual will most often complete a three-year pre-registration nursing degree. There is also an apprenticeship route which takes four years to complete and a postgraduate route for those who already have a degree.

Registered mental health nurses are highly skilled professionals educated to care for people suffering from mental ill-health, particularly those in a mental health crisis. Mental health nurses provide holistic value-based and non-judgemental care through utilising a psychological formulation and a psychiatric diagnosis while also focusing on all aspects of an individual's life through the development of a professional therapeutic relationship. Understanding the psychotherapeutic process is a distinguishing feature and core component of mental health nursing.

Mental health nursing is an extremely diverse role that works across a person's lifespan. Mental health nurses work within the following services: perinatal, children and adolescents, adults and older adults, and specialist services including substance misuse, first episode psychosis, forensic services and eating disorders.

Mental health nurses also need to have a firm understanding of physical health and health legislation, including the Mental Health Act 1983 and Mental Health Measure, as they are likely to come into contact with this legislation on a regular basis.

Individuals experiencing mental ill-health are likely to be experiencing physical health complications and therefore mental health nurses need to have an understanding of physical conditions. Research has found that:

- Of people with severe symptoms of mental ill-health, 37.6% also have a long-term physical condition, such as cardiovascular disorders.
- People with cancer, diabetes, asthma, heart disease and high blood pressure are at greater risk of a range of mental ill-health such as depression, anxiety and post-traumatic stress disorder (PTSD).²⁰

It is therefore important that mental health nurses understand physical health and can assess when an individual that is unable to communicate or is experiencing psychosis is also in physical distress due to a physical illness. Metabolic syndrome can be easily identified by using the Lester screening tool which can ensure that treatment is provided earlier to improve outcomes.

Simply put, there needs to be a highly skilled mental health nursing workforce available to provide the care and level of attention people experiencing mental ill-health need.

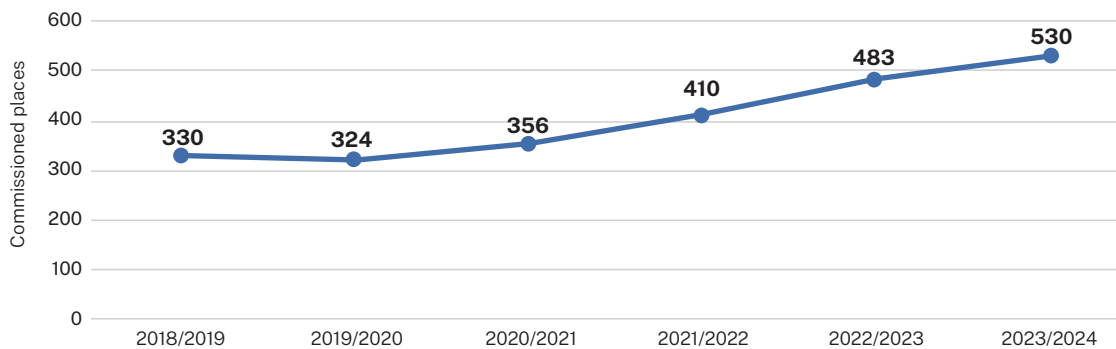
A recent review by Health Education England of services in England has warned of the risk of the mental health nurse role being “lost” unless there is urgent action. The report, “Commitment and Growth: advancing mental health nursing now and for the future”, included a comprehensive review of mental health nursing in England and a range of recommendations to develop the mental health nursing workforce going forward. A similar review of mental health nursing is needed in Wales.²¹

Is Wales educating enough mental health nurses?

In Wales, mental health nursing and the other three fields of pre-registration nursing are commissioned by the Welsh Government based on recommendations made by Health Education and Improvement Wales (HEIW) following consultation with health boards.

Mental health nursing is the second biggest field of pre-registration nursing, second only to adult nursing. The Welsh Government has steadily invested in the field since 2019/2020.

Pre-registration mental health nurse degree commissioning, 2018-2023



There will always be a need for mental health services and clinical support and demand is only increasing. Therefore, the Welsh Government needs to continue to increase pre-registration mental health nursing commissioning to ensure there is a workforce able to deliver care in the future.

Nursing students need to be supported while studying and on placements. RCN Wales is aware that the attrition rate within mental health nursing is very high. The very nature of mental health facilities means that a mental health nursing student will encounter vulnerable people from an early stage in their education. It is important that they feel supported by their university and registered nurses on their placements.

From 2023, nurses entering the workforce will have completed the Future Nurse Programme. This means that students will have a new and wider variety of practical skills that can be utilised when they enter the workforce, and this includes the skill and knowledge of prescribing.

Nurse prescribers are important to patient care, development of the workforce and relieving pressure on other professional groups. A benefit of nurse prescribing, which has featured in many studies, is the nurse prescriber's ability to provide an improved patient-centred care.²²

Health boards need to set out a plan for how they will utilise the new skills nurses graduating from 2023 will have and establish a clear vision for how these nurses can use their prescribing abilities. While not all may go on to be independent prescribers, these skills need to be built into nursing roles. Health boards further need to invest in the current workforce and provide opportunities for the current workforce to become independent prescribers through post-graduate courses.

RECOMMENDATIONS

The Welsh Government should commission an independent and thorough review of mental health nursing workforce, and the services mental health nurses are working in to ensure that Wales can safely and legally staff mental health services. This must include a review of mental health nurses working in the NHS, local authorities, prison and criminal justice settings, the private sector and charities.

The Welsh Government must continue to increase the number of pre-registration mental health nurses and develop a comprehensive recruitment strategy for mental health nursing, which emphasises their statutory responsibilities.

Health boards should set out a detailed plan as to how they will support newly qualified mental health nurses from 2023 to use their skills and knowledge of prescribing, including enhanced medication management as well pathways, to become independent prescribers. and support the current nursing workforce to gain these skills.

Post-registration nursing

Mental health nurses are a source of specialist advice and support and have knowledge and skills in de-escalation, which can help prevent incidents of abuse and disturbance developing into physical violence. These skills are utilised for the benefit and safety of patients and staff.

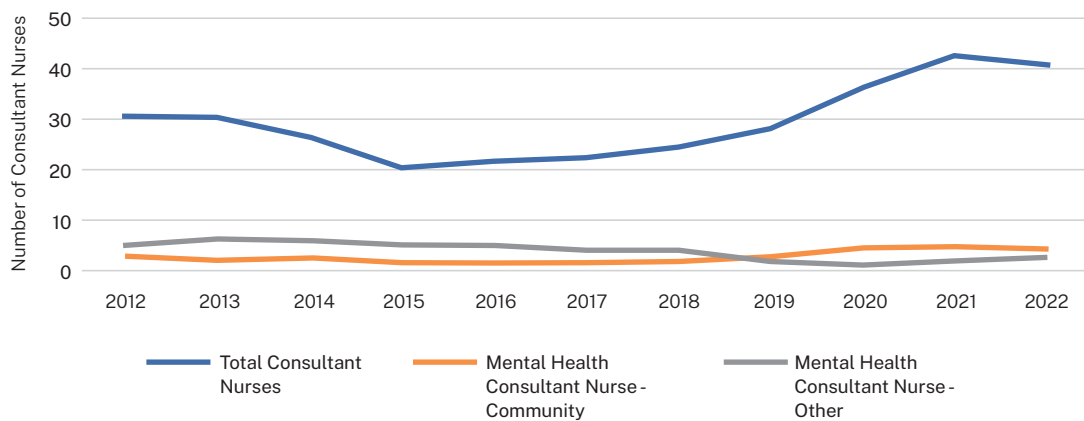
Mental health nurses can specialise in a number of areas and go on to gain post-registration qualifications that further demonstrate their extensive knowledge, skills and abilities. This can include community nursing, children's nursing, older people nursing, as well as becoming advance nurse practitioners and consultant nurses.

The health and justice service employs a significant number of nurses where both physical and mental health nursing skills are required. There has been an increase in nurse specialists in this area, which requires additional knowledge and skills.

Consultant nurses are an extremely senior post, providing education, research, strategic and clinical leadership. However, there has been a lack of investment in post-registration education and clinical career pathways.

The lack of investment in post-registration education has severely impacted on the development of expert nurse roles including consultant nurses. In the last ten years, the total number of mental health consultant nurses has not risen above ten and is currently at 7.2 (full time equivalent).

Number of Consultant Nurses 2012-2022, StatsWales



The number of mental health consultant nurses working in the community has risen from 3 in 2012 to 4.3 in 2022. The number of mental health consultant nurses working in other settings has decreased from 5 to 2.9. This has an inevitable impact on the Approved Clinician/ Responsible Clinician roles which will become even more crucial with the new MHA

Mental health nurses, similar to other registered nurses, struggle to find time to complete continuing professional development (CPD) and struggle with progressing their careers. In the RCN Employment Survey (2021), nearly half of respondents from Wales (47%) said they did not feel as though there were opportunities to progress within their current job. The top three reasons for this were: a limited number of promotions available, not enough opportunities to advance in their specific area of work, and too few opportunities to access training and development.

Completing core CPD is also proving difficult. More than a third (35%) of Welsh respondents to the RCN Employment survey (2021) had not completed their core training. Of those that did, 33% did so in their own time and an additional 31% did so in work and in their own time.

The challenges to progress nursing careers and completing CPD is not unique to mental health and more needs to be done to widen opportunities for all nurses to progress their careers within their own field of practice; this includes in mental health nursing.

The Welsh Government should ensure that registered mental health nurses, including advanced nurse practitioners and consultant nurses, are available to provide care and support for those experiencing mental health inequalities. This should take the form of health boards using an algorithm to calculate how many of these roles are needed based on population needs assessments and the retirement ages of current staff. This would allow for more coherent workforce planning.

There must be a clear clinical pathway so that nurses can plan their career from the outset, as is the case for other mental health professionals.

RECOMMENDATIONS

Health Education and Improvement Wales must work in partnership with health boards and trusts to develop a career pathway for mental health nurses to advance their careers to specialist and advanced nurse practitioners and consultant nurses. This should be part of a wider workstream to develop a retention strategy for mental health nursing.

Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) Workforce Strategy

The Welsh Government's Together for Mental Health Delivery Plan 2019-22 set out the ambition to produce a workforce plan for mental health services. This commitment was reaffirmed in HEIW and SCW's A Healthier Wales: Our workforce strategy for health and social care.

In 2022, HEIW and SCW produced a multi-professional workforce plan for mental health services. The plan seeks to drive 'radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings'²³

The Royal College of Nursing (RCN) Wales welcomes the workforce strategy but is concerned that the lack of focus on individual professions could dilute the importance and individuality of what professional groups can offer. There is also a concern that the creation of new roles would not offer the same level of public protection.

In 2018, the Welsh Government published *A Framework for Mental Health Nursing 2018 – 2028*²⁴. The framework was developed by the All Wales Senior Nurse Advisory Group, which consists of senior mental health nurses from each health board and from the higher education establishments. RCN Wales welcomed the report and looked forward to the opportunity of working with the Welsh Government to enhance and develop mental health nursing. Unfortunately, and through no lack of desire, the framework has not been implemented as national priorities have largely focused on the pandemic and ongoing financial restraints.

However, the framework covers the period 2018-2028 and is still valid. RCN Wales believes the framework should sit alongside HEIW and SCW's mental health workforce strategy. This would ensure that the importance of mental health nursing is recognised and given the same profile as mental health nursing in England.

RECOMMENDATION

Health Education and Improvement Wales and Social Care Wales should implement the Welsh Government's *A Framework for Mental Health Nursing 2018-2028* alongside the mental health workforce strategy. This will ensure that the importance of nursing is recognised.

"This excellent paper reminds us that mental health nursing is a highly skilled, much needed role within the broader health and social care landscape. Too often we still hear comments about medical versus social models, but this is not one or the other. People need personalised, holistic care and nurses with their person-centred focus are often best placed to make the assessments, identify best practice, deliver research based care and support, and evaluate the outcomes. Nursing should not however be seen as only needed at the more complex end of the care pathways, as often a skilled practitioner is able to assist individuals maintain their health, make healthy choices, and build resilience.

Mental health nursing remains under significant pressure. There are increasing demands on expanding the role of nurses and often this is without recognition that we are removing some of our most experienced and capable nurses from direct care. There must be an increase in pre-registration places in our schools of nursing, though this alone will not address the longer term issues of nurses leaving the profession. Mental health nurses must feel that they are able to deliver the quality care they came into the profession to do, and we should include the nursing role in all of our workforce planning across the health and social care sector, rather than see nursing as a separate function.

Adferiad Recovery is proud to be an employer of nurses across a range of services: I have been a nurse for over thirty years and my nursing background provides me with a range of skills, empathy, and understanding that supports all we do.

Alun Thomas, Chief Executive of Adferiad

Section 5

Staffing for Safe and Effective Care

People experiencing severe and enduring mental ill-health are more likely to need an inpatient facility at some point in their life. The RCN Wales strongly believes that if inpatient facilities are needed, the patient, their family and carers should know there are enough nurses with the right skills and experience to provide this care.

There have been a number of reported instances where inappropriate staffing levels have contributed to poor patient outcomes, and this includes the horrific case of Tawel Fan. Tawel Fan was an older people's mental health ward in Betsi Cadwaladr University Health Board where significant concerns were raised by staff and family members regarding the care of patients on that ward. This ultimately launched an independent investigation. The Ockenden Tawel Fan Report demonstrated the horrific impact on patient care that results when lack of funding, lack of sufficient staff, lack of skills in the workforce and lack of leadership all combine and yet are left unaddressed by management.

The Welsh Government needs to ensure that health boards and healthcare providers are able to fulfil their statutory duties under mental health legislation. This requires safe staffing levels.

Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 protects the patient and empowers the workforce. Section 25B of the Nurse Staffing Levels (Wales) Act 2016 places a legal duty on health boards and trusts in Wales to calculate and maintain nurse staffing levels on wards covered by Section 25B, acute medical and surgical wards (since April 2018) and paediatric wards (since October 2021).

Patients in hospitals with a higher patient to nurse ratio had a 26% higher mortality rate compared to better staffed wards. The nurses in hospitals with higher patient ratios were approximately twice as likely to be dissatisfied with their jobs, to show high burnout levels, and to report low or deteriorating quality of care on their wards and hospitals.²⁵

A 2021 study by Dr Aiken et al. of hospitals found that patients in hospitals where nurses had a high patient ratio compared to nurses with a lower patient ratio were more likely to experience adverse conditions, including a 41% higher chance of dying, 20% higher chance of being readmitted and 41% chance of staying longer.²⁶

People on mental health inpatient wards are most likely experiencing an extremely vulnerable time in their life. It is important that there are enough nurses and nursing staff to provide the skilled, evidence-based interventions to facilitate a person's recovery.

A Welsh Government report found that on a national level the number of nursing staff on wards covered by Section 25B is higher now than before the Act was passed. There were an additional 139.74 Full Time Equivalent (FTE) registered nurses and 597 additional FTE healthcare support workers in November 2020 compared to March 2018 (before Section 25B came into force)²⁷.

On wards covered by Section 25B, there have been fewer patient falls, pressure ulcers, and complaints about nursing where staffing levels have been considered a contributing factor. This demonstrates the importance of Section 25B to patient safety.

Additional evidence shows that in preparation for the extension of Section 25B to paediatric wards in October 2021 all health boards (where this would apply) recruited more paediatric nurses and proposed the need for additional funding and/or resources to the health board. The Nurse Staffing Levels (Wales) Act 2016 once again has shown that Section 25B means an increase in nursing staff and better patient care.²⁸

The All Wales Nurse Staffing Programme is the delivery group for the overarching programme to extend Section 25B to district nursing, health visiting and mental health inpatient wards. The mental health inpatient workstream is gathering the evidence base and designing the tools needed to extend Section 25B which ensures that NHS organisations can calculate the right number and skill mix of nursing staff required to provide the best care for patients.

A next step for the mental health workstream is for the Welsh Government to publish interim nurse staffing principles for mental health inpatient.

RECOMMENDATIONS

To protect vulnerable patients, the Welsh Government should set out a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards.

If the Welsh Government could do one thing to improve your role, what would it be?

“More people like me. Trained facilitators, to implement pre training staff engagement/ follow up and refresher sessions/ audit learning/ promote my team/ respond faster to deficits in knowledge and skills.” **Matthew Galloway, Practice Facilitator, Older Adult Mental Health Learning & Development**

“Have a focus on nurses and how they support...not enough has been done...to promote where and how nurses fit into everyday care –often only promoting senior nurses / consultant nurses / specialist nurses and academics but the nurse delivering day in day out gets very little attention. This may help with nurses having a voice and being given permission to innovate, deliver.”

Michaela Morris Mental Health & Dementia Programme Lead Improvement Manager, Improvement Cymru

“We need a serious investment in healthcare sciences and nursing research. Far too few nurses are supported to develop their skills and knowledge in this field, relative to the number of nurses in the overall workforce. There are opportunities for nurses (and others) to apply for support from Health and Care Research Wales, but what we need is a real step-change.” **Ben Hannigan, Mental Health Nurse Academic**

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Conclusion

There will always be individuals who have complex mental health needs that require care and treatment from health professionals in inpatient services.

Multi-disciplinary teams are essential for the delivery of services. However, mental health nurses are required by law and should occupy various roles within the team, from: staff nurse, named nurse, prescriber, therapist, Approved Clinician and Responsible Clinician. This is due to their legal standing and requirements.

Severe and enduring mental ill-health is complex in cause and nature and mental health nurses are intrinsically placed to provide holistic, value-based, non-judgemental and highly skilled care.

Excellence in mental healthcare means investment in all levels and types of mental health services, including specialist care and treatment facilities.

This paper has set out the population demand and the need to invest. A lack of financial investment and stigma remains around severe and enduring mental ill-health, which has led to inequalities within mental health provision. This needs to change. To do so, financial and educational investment is needed to destigmatise severe and enduring mental health. Investment and expansion of the mental health nursing workforce is key to achieving this.



SAFE STAFFING SAVES LIVES

MAE STAFFIO DIOGEL YN ACHUB BYWYDAU



FAIR PAY FOR NURSING

TÂL TEG AR GYFER NYRSIO

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