



Title: 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

Summary of options proposed:

Section 48 of the Mental Health (Wales) Measure (2010) (MHM) requires Welsh Ministers to review sections of the Measure on a regular basis. This impact assessment is looking at options relating to the regulations that set out which professions can undertake Part I assessments, currently limited to registrants (social workers, occupational therapist, mental health nurses, registered psychologists and medics)

The options being explored include:

1. Do nothing (leave regulations as they are)

Positive Impacts

- Registration provides clear roles for staff
- To protect staff who are offering specialist interventions from having to do Part I assessments

Negative IMPACTs:

- Reviews identified variable quality of assessments
- Less flexibility in using staff resources
- Possible impacts on managing capacity and demand / meeting wait times

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

Positive Impacts

- To recognise the skills of other professional groups who may already possess the skills to assess
- To reduce duplication in assessment
- More flexibility to use staff resources / widen recruitment pool
- To manage capacity and demand / Reduce wait times

Negative IMPACTs:

- Higher risks of variable quality assessments than currently
- Would need to change regulations frequently to recognise emerging professions
- Increases risk of harm without additional measures to ensure quality

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

Positive Impacts

- Ensures the competency level of the individual practitioners to undertake the assessment role / improved quality of assessments
- Less risk of harm
- Enables staff to pursue professional development and increase career choices for non-registrants

Negative IMPACTs:

- Reduces risk of harm through standardised training approaches though still there with all three options
- Time and resource heavy

- **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.



Teitl: Adolygiad o Asesiadau Rhan I o dan Fesur Iechyd Meddwl (Cymru) 2010: Ystyried yr effaith o newid y rheoliadau i ehangu ar y rhestr o weithwyr proffesiynol sy'n gymwys i wneud asesiadau

Crynodeb o'r opsiynau a gynigir:

O dan Adran 48 o Fesur Iechyd Meddwl (Cymru) 2010, rhaid i Weinidogion Cymru adolygu'r adrannau yn y Mesur yn rheolaidd. Mae'r asesiad o effaith hwn yn edrych ar opsiynau'n ymwneud â'r rheoliadau sy'n disgrifio pa broffesiynau sy'n gallu gwneud asesiadau Rhan I, sydd wedi eu cyfyngu ar hyn o bryd i weithwyr cofrestredig (gweithwyr cymdeithasol, therapyddion galwedigaethol, nyrsys iechyd meddwl, seicolegwyr cofrestredig a meddygon)

Mae'r opsiynau dan sylw'n cynnwys:

1. Gwneud dim (gadael y rheoliadau fel y maen nhw)

Effeithiau Positif

- Mae cofrestru'n rhoi rolau clir i staff
- Gwarchod staff sy'n cynnig ymyriadau arbenigol rhag gorfod gwneud asesiadau Rhan I

Effeithiau Negyddol:

- Mae adolygiadau wedi adnabod bod ansawdd yr asesiadau'n amrywio
- Llai o hyblygrwydd i ddefnyddio adnoddau staff
- Effeithiau posib ar reoli capaciti a galw / cwrdd ag amseroedd aros

2. Ehangu'r rhestr o weithwyr proffesiynol sy'n gallu gwneud asesiadau (dim hyfforddiant ychwanegol)

Effeithiau Positif

- Cydnabod sgiliau grwpiau proffesiynol eraill a allai eisoes fod â'r sgiliau i asesu
- Lleihau dyblygu mewn asesu
- Mwy o hyblygrwydd i ddefnyddio adnoddau staff / ehangu'r gronfa reciwtio
- Rheoli capaciti a galw / lleihau amseroedd aros

Effeithiau Negyddol:

- Risg uwch bod ansawdd asesiadau'n amrywio nag ar hyn o bryd
- Byddai angen newid y rheoliadau'n aml i gydnabod proffesiynau newydd
- Cynyddu'r risg o niwed heb gael mesurau ychwanegol i sicrhau ansawdd

3. Ehangu'r rhestr o weithwyr proffesiynol (dull cymwyseddau)

Effeithiau Positif

- Yn sicrhau lefel cymhwysedd yr ymarferwyr unigol i gyflawni'r rôl asesu / asesiadau o ansawdd gwell
- Llai o risg o niwed
- Gallai staff gyflawni datblygiad proffesiynol a byddai'n rhoi mwy o ddewisidaau gyrafa i weithwyr anghofrestredig

Effeithiau Negyddol:

- Yn lleihau'r risg o niwed drwy ddulliau hyfforddiant safonol er bod hyn yn dal i fodoli gyda phob un o'r tri opsiwn
- Trwm ar amser ac adnoddau

• Argymhellir bod Llywodraeth Cymru yn newid y rheoliadau i alluogi dull cymwyseddau o ddewis aseswyr Rhan I

• Argymhellir bod AaGIC a Gofal Cymdeithasol Cymru'n gweithio ag ystod o randdeiliaid i adolygu ac ehangu ar y gwaith gwreiddiol a wnaed i gynhyrchu cwricwlwm PMHSS, er mwyn cyflwyno fframwaith cymwyseddau clir a llwybr achredu drwy fodiolau ar gyfer gwneud asesiadau Rhan I.



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

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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:
 - o work within limits of competence,
 - o undertake assessments in English / Welsh with appropriate documentation completed,
 - o assess both needs and risks (with management plan if needed),
 - o 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 Regulations^{1 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 rise¹³. 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	Likelihood of impact	Negative
Impacts that are considered to improve health status or provide an opportunity to do so	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 Negative: -14 TOTAL: -7
	Positive	Protection of time for highly qualified therapists offering interventions	1	1	
	Positive	No additional time / resources needed	3	1	
	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	
<hr/>					
2) Expand List (change regulations only)	Positive	Better management of capacity and demand / wait times	1	2	Positive: +11 Negative: -8 TOTAL: +3
	Positive	More flexibility to use staff resources	2	2	
	Positive	Reduced duplication in assessments	1	3	
	Positive	No additional time/resources needed (after reg change)	2	1	
	Negative	Risk of harm from variable quality of assessments	3	3	
	Negative	Requirement for frequent changes to address emerging professions	2	1	
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3) Competency Route (change regulations and develop skill-based approach)	Positive	Improved quality of assessments	2	3	Positive: +19 Negative: -9 TOTAL: +10
	Positive	More flexibility to use staff resources	2	2	
	Positive	Better management of capacity and demand / wait times	1	2	
	Positive	Reduced duplication in assessments	1	3	
	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.

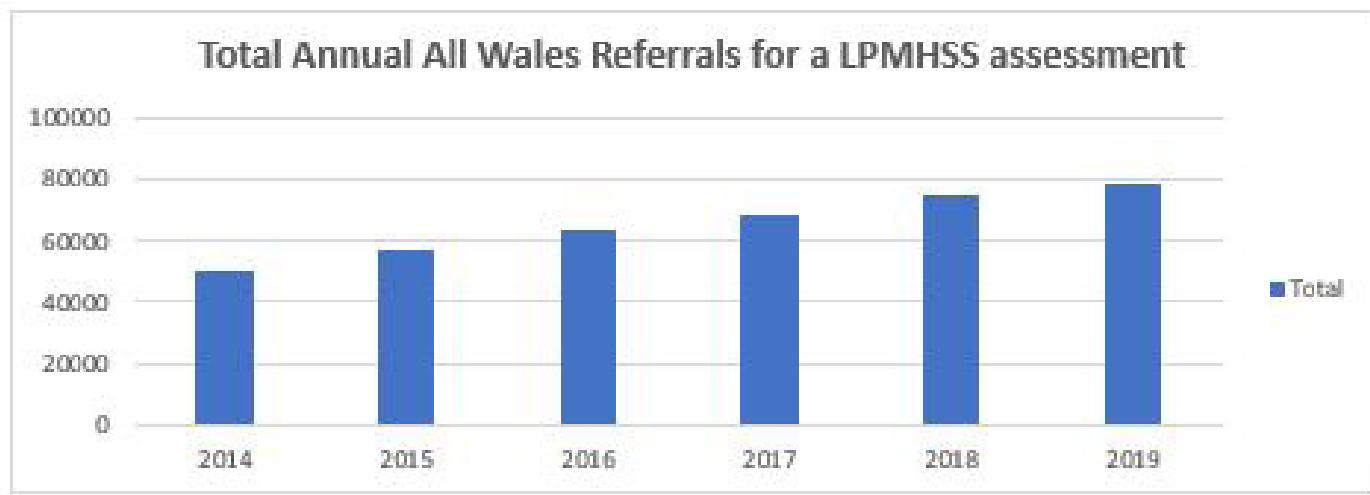
However, it has been identified that quality varies and that other professional groups may already possess skills needed to assess, or be able to learn these with additional training, increasing the pool of staff able to support the assessment function.

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.

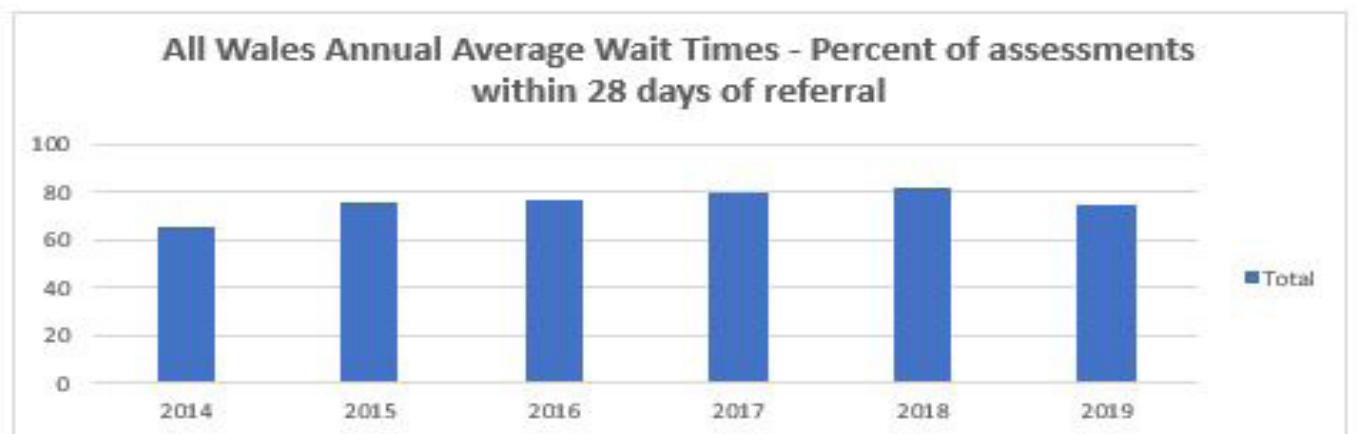
- **It is recommended that the Welsh Government change regulations to enable a competency-based approach to determining Part I assessors**
- **It is recommended that HEIW and Social Care Wales work with a range of stakeholders to review and expand upon original work done to develop a PMHSS curriculum,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

Appendix 1

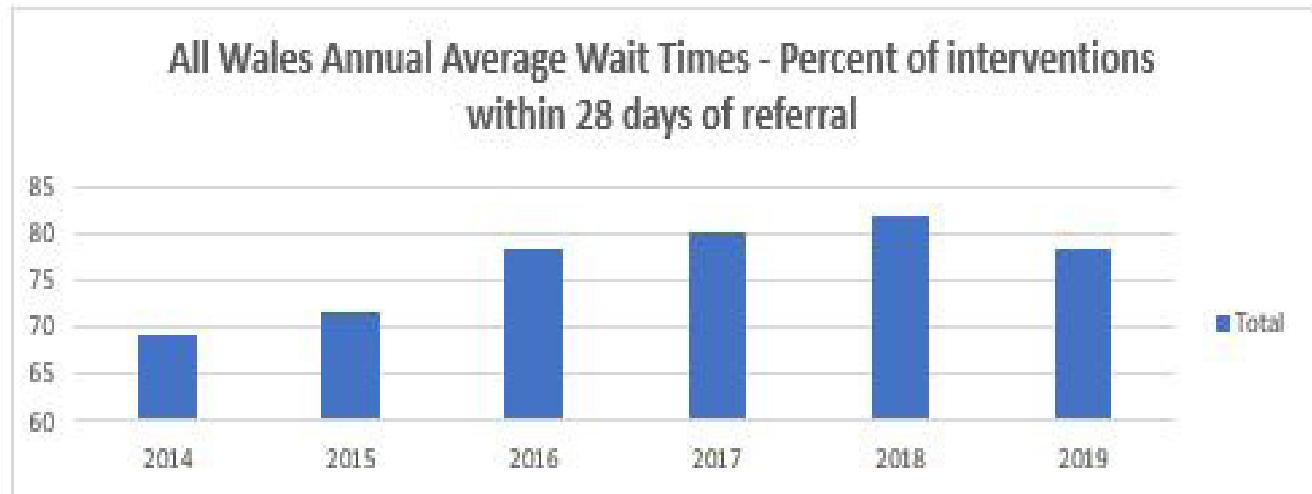
For all graphical interpretations the 2020 figures have been excluded due to the very unusual activity during the Covid 19 pandemic.



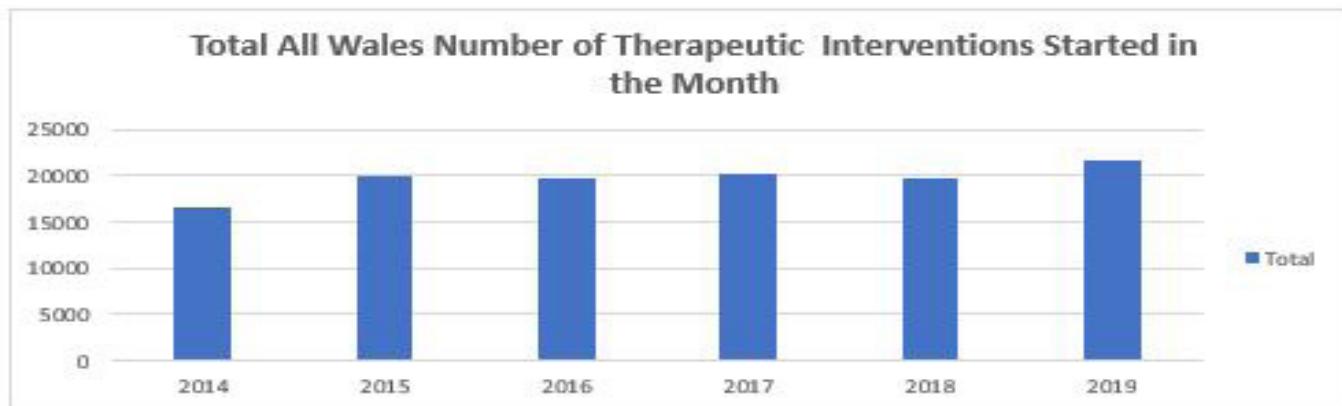
Referral rates have gradually increased year on year.



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.

References

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Adolygiad o Asesiadau Rhan I o dan Fesur Iechyd Meddwl (Cymru) 2010:

**Ystyried effaith newid y rheoliadau er mwyn
ehangu'r rhestr o weithwyr proffesiynol sy'n
gymwys i wneud asesiadau**

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|

Adran 1: Rhagarweiniad

1.1 Cefndir

Nod yr Asesiad o Effaith ar lechyd hwn yw ystyried a ddylid newid Rheoliadau Mesur lechyd Meddwl (Cymru) 20101 er mwyn ehangu'r rhestr o weithwyr proffesiynol sy'n cael gwneud asesiad iechyd meddwl o dan Ran I y Mesur.

Mae Mesur lechyd Meddwl (Cymru) 20102 (MHM) yn ddarn unigryw o ddeddfwriaeth a ddyfeisiwyd i ddarparu fframwaith cyfreithiol i wella gwasanaethau iechyd meddwl yng Nghymru. Dechreuodd y gwaith o gyflwyno'r gwasanaethau sy'n rhaid eu darparu o dan y Mesur yn raddol o fis Ionawr 2012 ymlaen.

Cyflwynodd y Mesur wasanaethau cymorth iechyd Meddwl Sylfaenol i Gymru. O'r dyddiad hwnnw, gall unrhyw berson yng Nghymru (unrhyw oed) dderbyn asesiad ac ymyriadau priodol ar gyfer eu hiechyd meddwl a'u lles, ar gyfer cyflyrau iechyd meddwl ysgafn i ganolig neu sefydlog a difrifol. Gall cleifion gael eu hatgyfeirio gan feddyg teulu neu wasanaeth gofal eilaidd.

O dan Adran 47(1)(b) o'r Mesur, mae gan Weinidogion Cymru bŵer i lunio rheoliadau'n nodi pa unigolion sy'n gymwys i wneud asesiadau iechyd meddwl sylfaenol o dan Adran 9 y Mesur. Mae'r rheoliadau hyn1 yn ategu'r ddeddfwriaeth a disgrifio'r gofynion proffesiynol ac o ran cymhwyster ar gyfer staff sy'n gwneud asesiadau.

Mae Rhan 3 y rheoliadau'n disgrifio'r gofynion proffesiynol sy'n nodi bod yn rhaid i aseswyr fod wedi cofrestru gyda chyrff perthnasol sy'n darparu'r cymwysterau isod er mwyn gallu gwneud asesiad.

- gweithiwr cymdeithasol cymwysedig a chofrestredig
- nrys lefel gyntaf neu ail, wedi cofrestru i ymarfer mewn iechyd meddwl neu anableddau dysgu
- therapydd galwedigaethol cymwysedig a chofrestredig
- seicolegydd-ymarferydd cofrestredig
- ymarferydd meddygol cofrestredig

Mae'r gofynion cymhwyster yn nodi bod yn rhaid i'r gweithiwr proffesiynol hefyd ddangos, i fodhad y partner iechyd meddwl lleol perthnasol, bod ganddynt y profiad, sgiliau neu'r hyfforddiant priodol gan ystyried Cod Ymarfer y Mesur lechyd Meddwl3 (Adran 44) ac unrhyw ganllawiau a gyhoeddwyd gan Weinidogion Cymru.

O dan Adran 48 y Mesur lechyd Meddwl, rhaid i Weinidogion Cymru adolygu adrannau'r Mesur yn rheolaidd. Cyhoeddwyd y cyntaf o'r adolygiadau hyn – yr adroddiad Dyletswydd i Adolygu4, yn 2015.

Ar ôl i grŵp gorchwyl a gorffen adolygu'r canfyddiadau, un o'r argymhellion yn yr adroddiad Dyletswydd i Adolygu oedd:

Diwygio'r Rheoliadau er mwyn:

'ehangu ar restr y gweithwyr iechyd proffesiynol cofrestredig â chorff proffesiynol rheoledig sy'n gallu gwneud asesiad gwasanaethau cymorth iechyd meddwl sylfaenol lleol (LPMHSS)'

Adleisiwyd yr argymhelliaid hwn yn Adolygiad Sicrwydd Cymru Gyfan 2019 yr Uned Gyflawni o'r Gwasanaethau Iechyd Meddwl Gofal Sylfaenol ar gyfer Plant a'r Glasoed (CAMHS)⁵ 'Dylai Llywodraeth Cymru ystyried diwygio'r rheoliadau'n ymwneud â Rhan 1 y Mesur naill ai er mwyn ehangu ar y rhestr o weithwyr cofrestredig sy'n gallu gwneud asesiadau Rhan 1 neu

fabwysiadu dull cymwyseddau o sicrhau ymarferwyr sy'n gallu cyflawni'r rôl asesu'.

Mae Llywodraeth Cymru wedi comisiynu Addysg a Gwella lechyd Cymru (AaGIC) a Gofal Cymdeithasol Cymru i ddatblygu cynllun gweithlu iechyd meddwl cenedlaethol, fel rhan o Gynllun Darparu Law yn Llaw at lechyd Meddwl 2019-226

Fel rhan o'r cynllun gweithlu, cafodd hyn ei nodi:

'O bersbectif polisi, er bod Llywodraeth Cymru o blaid yr argymhelliaid mewn egwyddor, nid yw effaith newid y rheoliadau ac effaith y cynnydd cysylltiedig mewn capaciti i wneud asesiadau wedi cael ei brofi'.

Mae'r asesiad o effaith hwn, felly, yn ystyried opsiynau'n ymwneud â'r argymhellion i adolygu rheoliadau ar gyfer y Mesur lechyd Meddwl, fel rhan o'r cynllun gweithlu.

1.2 Opsiynau

Mae'r opsiynau dan sylw'n cynnwys:

1. Gwneud dim (gadael y rheoliadau fel y maen nhw)
2. Ehangu'r rhestr o weithwyr proffesiynol sy'n gallu gwneud asesiadau (dim hyfforddiant ychwanegol)
3. Ehangu'r rhestr o weithwyr proffesiynol (dull cymwyseddau)

1.3 Beth a wnaethom

Mae'r adolygiad wedi'i gynnwl drwy ddefnyddio dull methodoleg gymysg, gan gynnwys adolygiad o'r llenyddiaeth, data ansoddol a meintiol, ymgynghori a chyfweld rhanddeiliaid, gan gynnwys llais y bobl sydd â phrofiad byw, yngyd â gofalwyr, ymarferwyr, cyrff cenedlaethol a cholegau. Rhoddir rhestr lawn o'r rhanddeiliaid y gwnaethom ymgynghori â nhw yn Atodiad I.

Adran 2: Asesiad o'r Effaith ar lechyd (HIA)

2.1 Adolygiad o'r Llenyddiaeth

Mae dogfennau allweddol yn disgrifio'r gofyniad i asesu o dan y Mesur lechyd Meddwl. Mae Canllawiau'r Mesur (2010)⁷ yn nodi y bydd gwasanaethau'n cynnwys 'asesiadau iechyd meddwl cynhwysfawr o unigolion sydd wedi eu gweld yn gyntaf gan eu meddyg teulu, ac weithiau bydd unigolion wedi eu hatgyfeirio gan wasanaethau iechyd meddwl eilaidd';

Wrth ddatblygu'r rheoliadau, noda'r ddeddfwriaeth fod 'Asesiad o Effaith y Rheoliadau wedi'i wneud ar y gost a'r manteision tebygol o gydymffurfio â'r rheoliadau hyn'¹. Fodd bynnag, cawsom wybod gan Lywodraeth Cymru nad yw'r ddogfen hon mwyach ar gael.

Mae'r Model Gwasanaeth Cenedlaethol ar gyfer PMHSS (2011)⁸ yn rhoi mwy o fanylion am y disgwyliadau i wneud asesiad o dan y Mesur lechyd Meddwl, wedi'i grynhau fel a ganlyn:

- Pwrpas yr asesiad yw ystyried iechyd meddwl person ac ystyried beth a allai helpu i'w wella, gan gynnwys: tîm CMHT, gwasanaethau cymunedol neu eraill, tai, gwasanaethau lles, addysg, hyfforddiant neu unrhyw gymorth arall ar sail amcanion y person
- Bydd staff:
 - o yn gweithio o fewn cyfyngiadau eu cymwyseddau,
 - o yn gwneud asesiadau yn Gymraeg / Saesneg a chwblhau'r dogfennau priodol
 - o yn asesu anghenion a risgau (gyda chynllun rheoli os oes angen)
 - o yn cael eu goruchwylion rheolaidd.

Mae nifer o bethau sy'n cyplysu'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant a'r Mesur, fel y mae'r canllawiau gweithredol a ddatblygwyd gan ADSS9 yn ei nodi, yn disgrifio'r disgwyliadau ar gyfer asesu fel bod yn gymesur, dull ar sail cryfderau, a gofal person-ganolog. Adleisiwyd yr egwyddorion hyn yn y cwricwlwm PMHSS a ddatblygwyd ag Agored Cymru10 ar ddechrau gweithredu'r Mesur lechyd Meddwl.

Mae'r Ddyletswydd i Adolygu (2015)⁴ yn tynnu sylw at y dystiolaeth sy'n ategu'r argymhelliaid bod angen diwygio'r rheoliadau. Noda'r adroddiad:

'Ers gweithredu, mae'r meini prawf cymhwyster y mae'n rhaid i weithwyr proffesiynol eu cwrdd i wneud asesiadau LPMHSS wedi cynyddu'n gyson. Mae'r farn am hyn yn rhanedig gan amrywio o rai sy'n meddwl bod y meini prawf cymhwyster presennol (yn unol â Rheoliad 14) yn rhoi sicrwydd priodol o sgiliau a chymhwysedd staff sy'n gallu gwneud asesiadau iechyd meddwl sylfaenol; a rhai sy'n ystyried nad yw adnoddau staff gwerthfawr (fel nyrsys pediatrig a chwnselwyr) yn cael eu defnyddio'n llawn oherwydd na fedrant wneud asesiadau LPMHSS o dan ddarpariaethau'r Mesur'.

Felly hefyd, noda'r adolygiad CAMHS Sylfaenol (PCAMHS) (2019)⁵ fod rhanddeiliaid eisiau ehangu'r meini prawf, gan gyfeirio at gynnydd yn y galw a thrafferthion reciwtio staff digon cymwys i swyddi PCAMHS fel heriau wrth geisio darparu asesiadau o fewn yr amseroedd a nodir yn y Mesur.

2.2 Cyfweliadau gyda rhanddeiliaid

Dyweddodd rai o'r rhanddeiliaid gwreiddiol a helpodd i ddatblygu'r Mesur a'r rheoliadau fod llawer o drafod wedi bod am ba broffesiynau i'w cynnwys a'r rhesymau dros gyfyngu'r rhestr.

I ddechrau, teimlai'r rhai a luniodd y ddeddfwriaeth y dylai fod proses debyg i Ddeddf lechyd Meddwl 198311, gyda rolau a chyfrifoldebau clir yn gysylltiedig â swyddogaethau. Roedd ymdrech i danlinellu pwysigrwydd yr ymarferydd cymwysedig a'r wybodaeth arbenigol y gall nyrsys iechyd meddwl ei chyfrannu'n dilyn blwyddyn ychwanegol o astudiaeth, o'i gymharu er enghraifft â nyrsys pediatrig sy'n arbenigo mewn plant. Roedd dadleuon fod gan grwpiau staff eraill sy'n anghofrestredig, fel cwnselwyr heb gofrestru â'r HPC, efallai brofiad a fyddai'n eu gwneud yn gymwys i gyflawni asesiadau, neu y gellid eu hyfforddi i wneud hynny.

Fodd bynnag roedd drafftwyr y Mesur wedi nodi, yn ystod proses y ddyletswydd i adolygu, bod staff wedi adnabod rhai canlyniadau anfwriadol o fod ond yn gallu defnyddio gweithwyr cofrestredig, fel llai o hyblygrwydd i reoli capaciti a galw a lefelau cymhwysedd amrywiol gan aseswyr oedd ag ystod eang o gefndiroedd o ran sgiliau, profiad a hyfforddiant. At ei gilydd felly, penderfynodd grŵp gorchwyl a gorffen yn 2015 y dylid cyflawni asesiad o effaith mwy cynhwysfawr i benderfynu a oedd angen newid y rheoliadau.<

Cyfeiriodd randdeiliaid at gwricwlwm PMHSS gwreiddiol oedd wedi'i ddatblygu ag Agored Cymru10. Roedd y cyrsiau hyn yn trafod asesiad fel un o'r modiwlau, er eu bod ar y pryd wedi eu dylunio ar gyfer staff cymwysedig. Yn anffodus ni chawsant erioed eu defnyddio gan fyrddau iechyd nac i ddarparu hyfforddiant ac felly penderfynwyd 'ymddeol' y cynnwys (er ei fod ar gael o hyd i'w adolygu).

Roedd y rhai oedd yn defnyddio'r gwasanaethau eisiau sicrwydd bod gan staff sy'n gyfrifol am bob agwedd ar eu gofal y sgiliau a'r hyfforddiant priodol – fodd bynnag, nid oedd ffordd o fesur hyn na bod yn sicr ar sail cofrestriad yn unig.

2.3 Y dystiolaeth

Grwpiau poblogaeth yr effeithir arnynt

O dan yr MHM, mae unrhyw berson yn gymwys i dderbyn asesiad gofal sylfaenol Rhan I os ystyrir

bod ganddynt angen wedi'i adnabod. Felly gallai unrhyw un gael ei effeithio gan y newidiadau arfaethedig i'r rheoliadau. Roedd grwpiau penodol yn cynnwys:

- | | |
|-------------------------|---------------------------------|
| • Pobl hŷn | Pobl ag anghenion iechyd meddwl |
| • Lleiafrifoedd ethnig | Staff |
| • Grwpiau ar incwm isel | Oedolion bregus |
| • Siaradwyr Cymraeg | Plant a phobl ifanc |

Y prif bryderon yw'r effeithiau ar ansawdd y gofal a roddir i bobl sy'n rhan o asesiad o dan Ran I a sicrhau eu diogelwch i osgoi unrhyw niwed anfwriadol posib a allai gael ei achosi gan y broses asesu.

Cytunwyd y byddai unrhyw heriau a achosir gan asesiadau gwael neu staff heb gymwysterau iawn yn cael eu gwaethyu gan ffactorau eraill y gwyddom sy'n creu anfantais i grwpiau gyda nodweddlion gwarchodedig neu risg uwch o fod yn fregus, fel trafferthion cyrraedd apwyntiadau oherwydd diffyg incwm, diffyg clinigwyr sy'n siarad Cymraeg, gwahanol safbwytiau ar iechyd meddwl, ac yn y blaen.

Mae'n arbennig o bwysig felly sicrhau nad yw'r opsiwn a ddewisir yn yr asesiad hwn yn gwneud unrhyw niwed a'i fod yn ceisio gwella'r profiad asesu i bawb a allai fod yn ei dderbyn.

OPSIWN 1: GWNEUD DIM

- Mae bod yn gofrestredig yn rhoi sicrwydd o gymhwysedd gweithwyr

Roedd y cyfweliadau gyda rhanddeiliaid allweddol a helpodd i ddatblygu'r Mesur a'r rheoliadau yn 2010 wedi adnabod bod cael gweithwyr cofrestredig i wneud asesiadau (h.y. staff wedi cofrestru â chyrrf proffesiynol) yn benderfyniad a wnaed i roi haen arall o sicrwydd cymhwysedd fel bod y rhai a fyddai'n derbyn gwasanaethau'n gwybod bod staff yn weithwyr proffesiynol cofrestredig.

Teimlai rhai staff a gymrodd ran yn y Ddyletswydd i Adolygu4 fod y meini prawf cymhwysedd presennol (a ddisgrifir yn Rheoliad 141) yn rhoi sicrwydd priodol o sgiliau a chymhwysedd staff sy'n gallu cyflawni asesiadau iechyd meddwl sylfaenol, ond teimlai eraill nad oedd cofrestru'n unig yn ddigon i ddangos hyn.

Er yn wir fod gan nyrsys iechyd meddwl hyfforddiant iechyd meddwl ychwanegol sylweddol i ennill eu statws cofrestru, nid yw hyn yn wir am weithwyr proffesiynol cofrestredig eraill fel therapyddion galwedigaethol, gweithwyr cymdeithasol a meddygon, na dderbyniodd efallai unrhyw hyfforddiant iechyd meddwl penodol wrth astudio eu graddau israddedig. Felly nid yw'n bosib gwybod a fydd gan staff newydd gymhwyswr sgiliau angenrheidiol i wneud asesiad Rhan I, yn enwedig os na chawsant unrhyw hyfforddiant iechyd meddwl ychwanegol, er enghraifft ar leoliad yn ystod eu hastudiaethau.

Mae dadleuon eraill dros gadw'r trefniadau presennol yn cynnwys:

- I warchod staff sy'n cynnig ymyriadau arbenigol rhag gorfol gwneud asesiadau Rhan I Lleisiodd rai clinigwyr bryderon y byddai angen iddynt wneud asesiadau'n hytrach na darparu therapïau (yn enwedig rhai sy'n darparu therapïau seicolegol arbenigol neu dra-arbenigol), a fyddai'n cael effaith o ganlyniad drwy gynyddu'r amseroedd aros am ymyriadau.

Roedd eraill yn dadlau y byddai cael cronfa ehangach o weithwyr er mwyn symud adnoddau o gwmpas yn helpu i reoli'r galw, gyda gwneud asesiadau a darparu ymyriadau.

Roedd y dystiolaeth hefyd yn nodi fod rhai byrddau iechyd wedi darganfod ffyrdd 'o gwmpas y rheoliadau' drwy alluogi staff anghofrestredig i wneud asesiadau sydd yna'n cael eu cadarnhau gan staff cymwysedig, neu dan oruchwyliaeth staff cymwysedig. Mae hyn yn codi'r posibilrwydd y gallai niwed anfwriadol ddigwydd pe bai staff heb hyfforddiant priodol yn cael eu gadael i asesu.

Dyna pam y teimlwyd nad oedd hyn yn opsiwn a ffafrir.

OPSIWN 2: EHANGU'R RHESTR O WEITHWYR PROFFESIYNOL

- Cydnabod sgiliau grwpiau proffesiynol eraill a allai fod â'r sgiliau i asesu Mae rhoi'n dadlau bod gan grwpiau proffesiynol eraill y sgiliau a'r hyfforddiant i wneud asesiadau. Teimlai rai o'r staff a gymrodd ran yn y Ddyletswydd i Adolygu fod adnoddau staff gwerthfawr (fel nyrssys pediatrig a chwnselwyr) yn cael eu tan-ddefnyddio oherwydd nad ydynt yn gallu gwneud asesiadau LPMHSS o dan ddarpariaethau'r Mesur.⁴

Dros y blynnyddoedd, cyfeiriwyd at nifer o broffesiynau a allai fod â sgiliau cyfwerth â gweithwyr cofrestredig, gan gynnwys nyrssys pediatrig, graddedigion seicoleg, cwnselwyr, therapyddion celf, cerddoriaeth a drama, therapyddion teuluol, seicotherapyddion ayyb.

- Cydnabod proffesiynau newydd Yn y blynnyddoedd diwethaf, crëwyd rolau 'newydd' ym maes iechyd meddwl, fel gweithwyr cyswllt Meddygon Teulu, cynorthwywyr seicoleg, uwch-ymarferwyr nyrssio ayyb.

Mae gan y proffesiynau hyn i gyd wahanol fandiau, gwahanol hyfforddiant a rolau ychydig yn wahanol mewn byrddau iechyd, a hyd yn oed rhwng timau. Ni fyddai'n bosib asesu potensial pob proffesiwn i gyflawni'r dasg o asesu heb ystyried profiad yr unigolion yn y proffesiynau hyn. Ni fyddai ychwaith yn ymarferol diwygio'r rheoliadau cyfreithiol bob tro y mae proffesiwn newydd yn ymddangos.

Am y rheswm hwn, teimlai'r rhan fwyaf o'r rhai a holwyd y byddai cael fframwaith cymwyseddau'n golygu bod staff yn gallu nodi eu sgiliau, naill ai drwy hyfforddiant neu brofiad, a derbyn hyfforddiant addas i sicrhau bod unrhyw fylchau yn eu dysgu'n cael eu llenwi cyn cyflawni'r rôl asesu. Ni theimlwyd fod rhestru gwahanol swyddi'n ddigon i sicrhau ansawdd yr asesiadau a wneir.

- Lleihau dyblygu mewn asesu Un o'r prif ganfyddiadau mewn adolygiadau diweddar yw bod defnyddwyr gwasanaeth yn adrodd gorfod cael amryw o asesiadau o bwynt eu hatgyfeirio nes bo'r ymyriadau'n dechrau. Gall gorfod ailadrodd yr un hanes bob tro fod yn rhwystredig a blinedig gan arwain, yn y pen draw, at bobl yn rhoi'r gorau i'r broses cyn derbyn y cymorth sydd ei angen arnynt.

Teimlai rai rhanddeiliaid, drwy gynyddu'r ystod o staff a allai asesu, y gallai'r asesiad cyntaf wedyn fod yr unig un (h.y. pe bai angen am gwnsela wedi'i nodi yn yr atgyfeiriad, y gallai cwnselydd yna asesu a dechrau ar y driniaeth yn syth, yn lle cael staff cofrestredig yn 'brysben' ac atgyfeirio ymlaen am ail-asesiad gan y cwnselydd).

- Rheoli capaciti a galw / lleihau amseroedd aros Noda adolygiad PCAMHS (2019)⁵: 'Mae PCAMHS wedi gweld cynnydd sylweddol mewn galw ers dechrau'r Mesur. Mae'r cynnydd hwn mewn galw'n parhau.... Mae llawer o'r gwasanaethau wedi cael trafferth reciwtio i swyddi PCAMHS, ac yn benodol i swyddi lle mae angen gwneud asesiadau'n unol â gofynion y Mesur. Yn rhannol mae hyn oherwydd prinder staff gyda'r sgiliau a'r cofrestriad proffesiynol angenrheidiol, wedi'i waethyg gan swyddi gwag, salwch hirdymor ac absenoldeb mamolaeth'.

Adroddwyd mai un o brif fanteision cael staff ychwanegol i gynorthwyo'r rôl asesu oedd cael yr hyblygrwydd i symud capaciti o gwmpas y system i gefnogi timau i gwrdd â thargedau cyfreithiol y Mesur. Drwy fod â staff band 5/6 (fel graddedigion seicoleg neu gynorthwy-wyr therapi) a allai wneud asesiadau, byddai mwy o glinigwyr hyfforddedig lefel uwch yn cael eu rhyddhau i ddarparu

ymyriadau fel therapiâu seicolegol tra-arbenigol; gan felly roi mwy o opsiynau i fyrrdau iechyd sydd efallai'n cael trafferth reciwtio.

Er yn wir fod cyfraddau atgyfeirio wedi cynyddu'n sylweddol o un flwyddyn i'r llall¹², mae hefyd yn wir fod amseroedd aros, ar ôl cynyddu i ddechrau, wedi aros yn sefydlog yn y blynnyddoedd diwethaf¹³. Noda'r Ddyletswydd i Adolygu fod peth twf wedi bod ym maint y timau PMHSS yng Nghymru⁴ a allai egluro'r lefelu hyn i raddau. Mae nifer yr ymyriadau a wnaed wedi amrywio gyda'r amseroedd aros am ymyriadau wedi aros yn gymharol sefydlog¹⁴ (Atodiad 1 – crynodeb graffegol)

OPSIWN 3: Y dystiolaeth dros gael dull cymwyseddau

Cytunodd y rhan fwyaf o randdeiliaid nad oedd gwneud dim ond ehangu'r rhestr o broffesiynau'n ddigon i sicrhau cymhwysedd yr ymarferwyr unigol i gyflawni'r rôl asesu, ac nad oedd statws cofrestru ynddo'i hun ychwaith yn ddigon ar gyfer staff y gwahanol broffesiynau a restrir yn y rheoliadau presennol. Y teimlad oedd bod y risg o niwed anfwriadol yn uwch gyda'r ddau opsiwn cyntaf ac y gellid lliniaru hyn i raddau drwy gael llwybr cymwyseddau clir i benderfynu pwy oedd yn gymwys i wneud asesiadau Rhan I neu beidio.

Er na ddefnyddiwyd cwrs Agored Cymru erioed a'i fod bellach wedi'i 'archifo', byddai'n bosib adolygu / gloywî'r cynnwys a'i gynnig naill ai fel cwrs ar-lein neu mewn ystafell ddosbarth i staff sy'n dymuno hyfforddi mewn sgiliau asesu PMHSS. Gellid cyd-gynhyrchu'r cynnwys gyda chymorth AaGIC ac adnabod y cyfryngau mwyaf priodol ar gyfer cyflawni hyfforddiant ychwanegol (fel ESR).

Barnodd adolygiad PCAMHS (2019)⁵ fod ansawdd yr asesiadau gan y gweithwyr proffesiynol cofrestredig presennol yn amrywio, gan gadarnhau na fyddai cofrestriad ar ei ben ei hun yn ddigon i asesu sgiliau a chymhwysedd aseswyr:

'Mae'r broses o asesu plant a phobl ifanc yn amrywio ar draws Cymru. Dangosodd yr archwiliad o nodiadau achosion fod ansawdd y cofnodion asesu o fewn a rhwng gwasanaethau'n amrywio. Mewn rhai gwasanaethau, roedd yr asesiadau'n annigonol a ddim yn berson-ganolog, ond roedd eraill wedi defnyddio dulliau plentyn-ganolog wedi eu personoleiddio'n dda iawn i gofnodi a chyfathrebu canlyniad yr asesiadau'.

Barnodd y Ddyletswydd i Adolygu a'r Adolygiad PCAMHS fod ansawdd yr hyfforddiant i staff yn amrywiol. Mae nifer o wasanaethau nad ydynt yn darparu rhaglen hyfforddiant gynhwysfawr i staff PCAMHS.⁵

'Mae gwybodaeth a dealltwriaeth ymarferwyr cyffredinol a staff gofal sylfaenol iechyd meddwl yn gwella, ond mae angen gwneud mwy. 4

Adran 3: Canfyddiadau Allweddol

3.1 Effeithiau newid y rheoliadau

Ystyriwyd nifer o effeithiau wrth arfarnu'r opsiynau, ar sail y dystiolaeth a gasglwyd drwy gydol yr asesiad. Rhoddir crynodeb isod o'r prif effeithiau positif a negyddol.

Effeithiau ar bobl yn defnyddio'r gwasanaethau

Cadarnhawyd fod ansawdd yr asesiadau o dan y trefniadau presennol yn amrywio, ac nad yw statws cofrestru'n unig efallai'n adlewyrchu cymhwysedd.

Lleisiwyd pryderon y byddai ansawdd yn dioddef o ehangu gormod ar y proffesiynau a allai asesu, yn enwedig gyda rolau heb dderbyn gymaint o hyfforddiant manwl â gweithwyr cofrestredig.

Dyweddodd y rhan fwyaf y byddai dull cymwyseddau'n sicrhau mwy o gysondeb o ran ansawdd ac

yn rhoi sicrwydd ychwanegol i bobl am lefelau sgiliau staff.

Effeithiau ar staff

Mae gadael y rheoliadau fel y maent yn rhoi eglurder i rolau. Y teimlad oedd y byddai newid y rheoliadau'n rhoi mwy o hyblygrwydd ynghyd â photensial i ehangu'r rhestr reciwtio, er enghraifft drwy ddefnyddio graddedigion seicoleg heb hyfforddiant ychwanegol sydd wedi eu cyfyngu i wneud ymyriadau lefel isel ar hyn o bryd.

Y teimlad oedd y byddai peidio â newid y rheoliadau'n gwarchod staff tra-arbenigol i ddarparu ymyriadau dwys, ac y byddai gwneud asesiadau'n amharu ar hyn. Un wrth-ddadl yw y byddai ehangu'r rhestr o weithwyr sy'n gallu asesu yn gwarchod yr amser sydd gan staff cofrestredig gyda sgiliau arbenigol i wneud mwy o ymyriadau a llai o asesiadau.

Gallai dull cymwyseddau roi cyfle i staff gyflawni datblygiad proffesiynol a chynyddu'r dewisiadau gyrra i weithwyr anghofrestredig.

Byddai dull cymwyseddau'n cydnabod staff medrus a chymwys am eu sgiliau a'u profiad presennol.

Risg o niwed

Oherwydd ansawdd amrywiol yr asesiadau presennol, mae peth tystiolaeth o risg o niwed drwy adael y rheoliadau heb eu newid.

Fodd bynnag, y farn oedd y byddai gwneud dim ond ehangu'r rhestr o weithwyr a allai asesu'n cynyddu'r risg heb fesurau ychwanegol i sicrhau ansawdd.

Y farn oedd y byddai risgiau'n gysylltiedig â'r ddau opsiwn cyntaf yn lleihau'n sylweddol gyda dull cymwyseddau.

Effeithiau ar amseroedd aros

Roedd peth tystiolaeth bod y rheoliadau presennol wedi effeithio ar amseroedd aros am asesiad (sydd wedi aros yn sefydlog er bod cyfraddau atgyfeirio wedi cynyddu). Fodd bynnag, gallai hyn fod oherwydd bod timau PMHSS wedi cynyddu ar draws Cymru, ochr yn ochr â'r buddsoddiad.

Er hynny ni chafwyd yr un cynnydd mewn ymyriadau, sydd wedi amrywio o un flwyddyn i'r llall. Mae llawer mwy o asesiadau nag ymyriadau a gychwynnir yn digwydd, a allai awgrymu bod staff yn gwario amser anghymesur yn asesu gyda llai o gapasiti wedyn i ddarparu ymyriadau. Mae angen mwy o waith dadansoddi i ddeall yr effeithiau posib.

Amser / adnoddau

Nid oes angen unrhyw waith / adnoddau pellach ar gyfer yr opsiwn gwneud dim.

Byddai newid y rheoliadau i wneud dim ond ehangu'r rhestr yn gofyn am newidiadau deddfwriaethol a newid ymarfer, er na fyddai'r gost ariannol efallai'n sylweddol. Y risg gyda'r opsiwn hwn y byddai angen ail-edrych ar y rheoliadau bob yn hyn a hyn o flynyddoedd, wrth i broffesiynau newydd ymddangos.

Gyda'r dull cymwyseddau, byddai angen newid deddfwriaethol yn ogystal â buddsoddiad i gyd-gynhyrchu fframweithiau sgiliau a chymwyseddau a modiwlau hyfforddiant, ac yna i gyflwyno pob dim, ynghyd ag ystyried sut i fonitro sgiliau clinigwyr. Byddai hefyd yn golygu newid ymarfer sylweddol a dyma'r opsiwn mwyaf dwys yn ariannol ac o ran adnoddau.

3.2 Bylchau yn y dystiolaeth

Er bod gan Ystadegau Cymru ddata trylwyr ar nifer yr atgyfeiriadau a'r amseroedd aros o bwynt yr

atgyfeiriad at y pwynt asesu ac ymyriad, nid yw gwasanaethau iechyd meddwl sylfaenol Cymru'n defnyddio mesurau canlyniad yn gyson o gwbl. Mae hyn yn cael sylw ar hyn o bryd drwy'r rhaglen genedlaethol i gyflwyno mesurau canlyniad gan Gwelliant Cymru a bydd hyn yn helpu i godi ymwybyddiaeth o effeithiolrwydd gwasanaethau iechyd meddwl i wella canlyniadau pobl.

Roedd ansawdd amrywiol yr asesiadau yn un o ganfyddiadau Dyletswydd i Adolygu 2015 ac adolygiadau CMHT15 / CTP16 2019, fodd bynnag ychydig iawn a wyddom a oes unrhyw gysylltiad â chefndir neu hyfforddiant / profiad yr ymarferwyr.

Dylid ystyried gwneud mwy o ymchwil i'r modiwlau cymhwysedd penodol sy'n rhan o bob rhaglen hyfforddiant craidd broffesiynol i oleuo unrhyw ddull cymwyseddau a chydnabod staff sydd eisoes wedi derbyn hyfforddiant mewn gwneud asesiadau bio-seicogymdeithasol person-ganolog ar sail cryfderau – er enghraifft mae nyrssys iechyd meddwl / anabledd dysgu'n derbyn blwyddyn ychwanegol lawn o hyfforddiant iechyd meddwl. Bydd hyn yn helpu i oleuo sut i gydnabod sgiliau presennol ac efallai i gefnogi cynnwys y modiwlau hyfforddiant a gyd-gynhyrchir o ganlyniad i'r gwaith hwn.

Dylid hefyd gwneud gwaith pellach i ystyried sut y bwriedir cyflwyno cyfarwyddiadau polisi newydd ar asesu risg ar draws Cymru, ac a ddylid datblygu modiwlau hyfforddiant i gefnogi asesiadau risg a Rhan I.

I roi sylw i'r bylchau hyn yn y dystiolaeth, argymhellir bod AaGIC a Gofal Cymdeithasol Cymru'n arwain ar ddarn manwl o waith i ystyried y pethau hyn yn fwy manwl fel rhan o'r camau nesaf yn dilyn yr asesiad o effaith hwn.

Adran 4: Arfarnu'r Opsiynau

Cafodd bob effaith bosib ei harfarnu fel un positif neu negyddol gan dderbyn sgôr rhwng 1-3 ar gyfer pa mor debygol a pha mor ddifrifol a fyddai'r effaith. Cafodd y sgoriau hyn eu lluosi a'u hadio i roi cyfanswm sgôr ar gyfer pob opsiwn. Crynhoir y canlyniadau yn y tabl isod:

		Type of impact	
Positive / opportunity		Negative	
		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

MATRICS ARFARNU

Opsiwn	Math o effaith	Disgrifiad	Pa mor debygol yw'r effaith	Pa mor ddifrifol yw'r effaith	Cyfanswm y sgoriau
1) Gwneud dim	Positif	Rolau clir i staff cofrestredig o'i gymharu â staff anghofrestredig	3	1	Positif: +7
	Positif	Gwarchod amser therapyddion trachymwys i ddarparu ymyriadau	1	1	Negyddol: -14
	Positif	Dim angen mwy o amser / adnoddau	3	1	CYFANSWM: -7
	Negyddol	Risg o niwed cherwydd ansawdd amrywiol yr asesiadau	2	3	
	Negyddol	Llai o hyblygrwydd i ddefnyddio adnoddau staff	3	2	
	Negyddol	Trafferthion yn rheoli capasiti a galw / amseroedd aros	1	2	
2) Ehangu'r rhestr (newid y rheoliadau'n unig)	Positif	Gallu rheoli capasiti a galw / amseroedd aros yn well	1	2	Positif: +11
	Positif	Mwy o hyblygrwydd i ddefnyddio adnoddau staff	2	2	Negyddol: -8
	Positif	Llai o ddyblygu asesiadau	1	3	CYFANSWM: +3
	Positif	Dim angen mwy o amser / adnoddau (ar ôl newid y rheoliadau)	2	1	
	Negyddol	Risg o niwed cherwydd ansawdd amrywiol yr asesiadau	3	3	
	Negyddol	Angen newidiadau rheolaidd ar gyfer proffesiynau newydd	2	1	
3) Dull cymwyseddau (newid y rheoliadau a datblygu dull ar sail sgiliau)	Positif	Asesiadau o ansawdd gwell	2	3	Positif: +19
	Positif	Mwy o hyblygrwydd i ddefnyddio adnoddau staff	2	2	Negyddol: -9
	Positif	Rheoli capasiti a galw / amseroedd aros yn well	1	2	CYFANSWM: +10
	Positif	Llai o ddyblygu asesiadau	1	3	
	Positif	Gallai staff gyflawni mwy o ddatblygiad proffesiynol	2	2	
	Negyddol	Risg o niwed cherwydd ansawdd amrywiol yr asesiadau	1	3	
	Negyddol	Trwm ar amser ac adnoddau	3	2	

Felly, y dull cymwyseddau oedd yr opsiwn a ffafryd gan randdeiliaid a hefyd yr un a sgoriwyd yn fwyaf cadarnhaol yn dilyn arfarnu'r opsiynau.

Rhan 5: Crynodeb

'Rhaid i wasanaethau lechyd Meddwl Sylfaenol sicrhau cydbwysedd priodol rhwng y rhai sy'n gallu gwneud asesiadau LPMHSS holistig a rhai, fel cwnselwyr, sydd â sgiliau arbenigol i ddarparu ymyriadau therapiwtig a aseswyd i fod eu hangen. Mae darparu ymyriadau therapiwtig, yn ogystal â chyngor, gwybodaeth a chymorth, gan gydweithwyr trydydd sector, yn rhywbeth y dylid ei

annog.'4

Crëwyd y Mesur Iechyd Meddwl a'i reoliadau cysylltiedig gyda'r bwriad o ddarparu asesiadau ac ymyriadau o ansawdd uchel i unrhyw un ag anghenion iechyd meddwl wedi eu hadnabod. Un o'r ffactorau dros gyfyngu'r rhestr o aseswyr i weithwyr cofrestredig oedd er mwyn rhoi sicrwydd yngylch sgiliau ymarferwyr a chydnabod pwysigrwydd staff wedi eu hyfforddi'n briodol i wneud y gwaith.

Fodd bynnag, canfuwyd bod ansawdd yr asesiadau'n amrywio a bod gan grwpiau proffesiynol eraill eisoes efallai'r sgiliau sydd ei angen i asesu, neu y gallent ddysgu'r sgiliau hyn gyda hyfforddiant ychwanegol, gan felly gynyddu'r gronfa o staff sy'n gallu asesu.

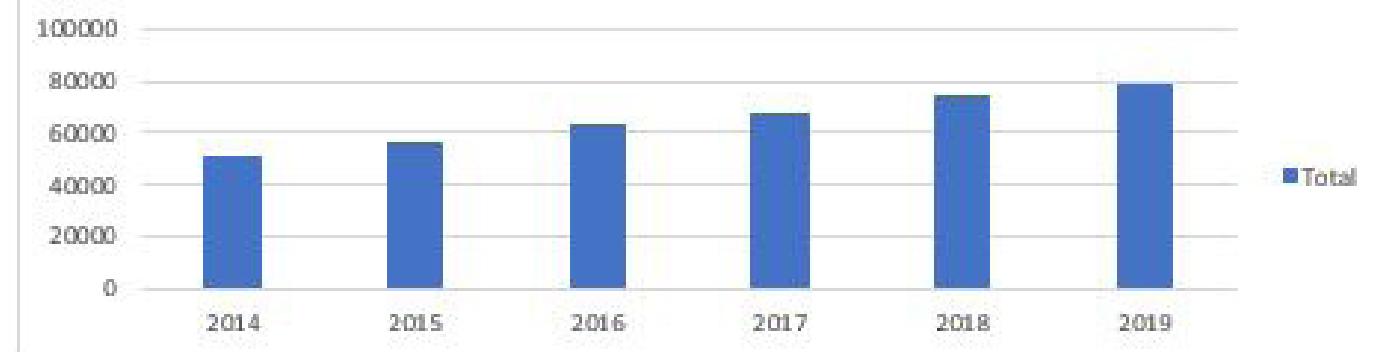
Yr opsiwn a ffafryd oedd newid y rheoliadau i gofleiddio dull cymwyseddau ac mai hyn a fyddai'n cael yr effaith fwyaf ac orau ar bobl a staff, gan leihau risg a gwella ansawdd.

- Argymhellir bod Llywodraeth Cymru yn newid y rheoliadau i alluogi dull cymwyseddau o ddewis aseswyr Rhan I
- Argymhellir bod AaGIC a Gofal Cymdeithasol Cymru'n gweithio ag ystod o randdeiliaid i adolygu ac ehangu ar y gwaith gwreiddiol a wnaed i gynhyrchu cwricwlwm PMHSS, er mwyn cyflwyno fframwaith cymwyseddau clir a llwybr achredu drwy fodiolau ar gyfer gwneud asesiadau Rhan I.

Atodiad 1

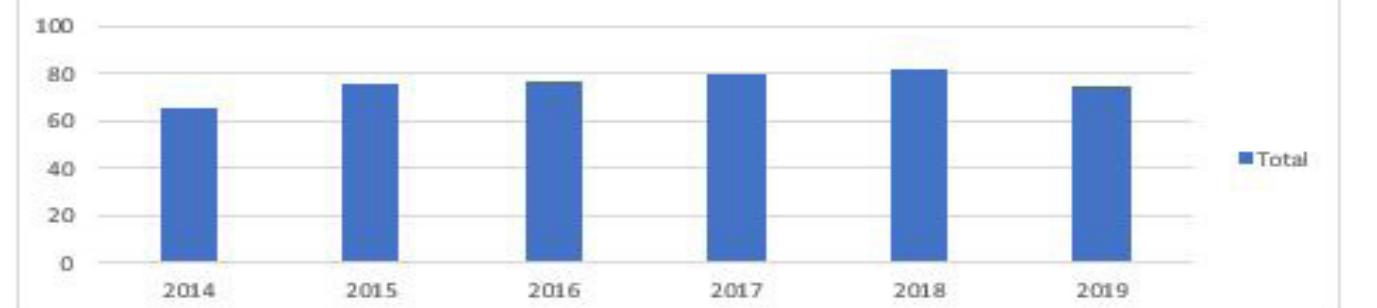
Ar gyfer pob dehongliad graff, mae ffigurau am 2020 wedi eu heithrio oherwydd y sefyllfa hynod anghyffredin yn ystod pandemig Covid-19.

**Cyfanswm Atgyfeiriadau Blynnyddol i gael asesiadau LPMHSS
(Cymru Gyfan)**



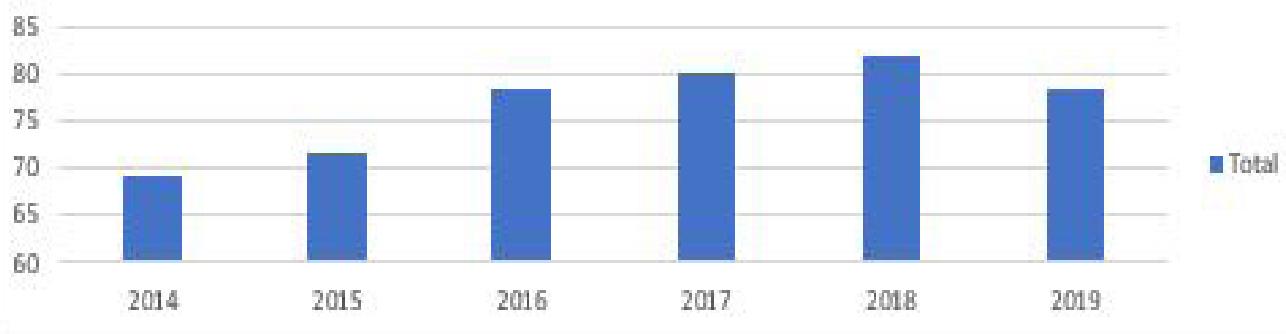
Mae'r cyfraddau atgyfeirio wedi cynyddu'n raddol o flwyddyn i flwyddyn.

**Amseroedd Aros Cyfartalog Blynnyddol (Cymru Gyfan) - Canran
o asesiadau o fewn 28 diwrnod i atgyfeirio**



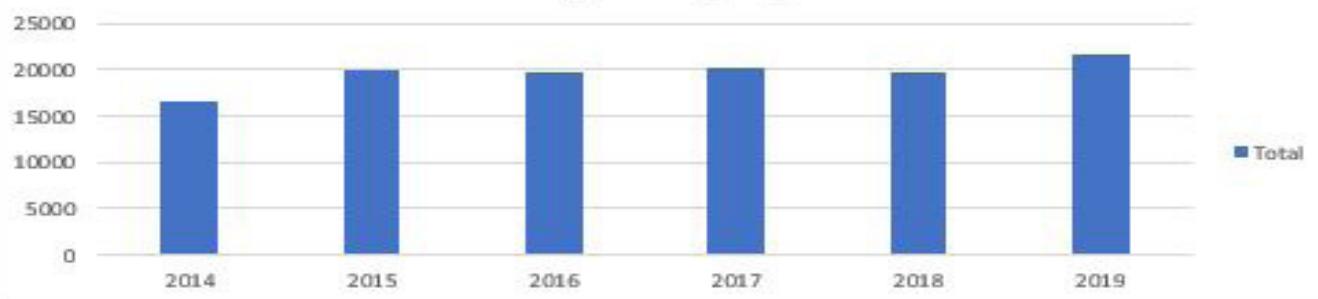
Mae'r amseroedd aros am asesiad wedi aros yn gymharol sefydlog ar draws Cymru, er y cynnydd mewn galw. Mae timau PMHSS wedi cynyddu4 .

Amseroedd Aros Cyfartalog Blynnyddol (Cymru Gyfan) - Canran o ymyriadau o fewn 28 diwrnod i atgyfeirio



Mae amseroedd aros am ymyriadau wedi amrywio dros amser.

Cyfanswm yr Ymyriadau Therapiwtig a Gychwynnodd yn y Mis (Cymru Gyfan)



Mae nifer yr ymyriadau a gychwynnodd bob mis wedi aros yn gymharol sefydlog er y cynnydd yn nifer yr atgyfeiriadau, a allai awgrymu bod llai o bobl yn derbyn ymyriadau.

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