



Yr Ymarferydd Gwasanaethau Cymdeithasol

Deall y Ddeddf Iechyd
Meddwl (1983)

Social Services Practitioner

Understand the
Mental Health Act
(1983)



Facilitator notes

WELSH

Cyn mynychu, mae'n ofynnol i ddysgwyr gael mynediad at gopi digidol neu gopi caled o'u Cod Ymarfer/Ymddygiad perthnasol gan gynnwys fersiwn 'i Gyflogwyr', rheoliadau RISCA a swydd ddisgrifiad, ac unrhyw ganllawiau ymarfer perthnasol eraill.

ENGLISH

Prior to attending, learners are required to have access to a digital or hard copy of their relevant Code of Practice/Conduct including 'for Employers' version, RISCA regulations and job description, and any other relevant practice guidance.

Mae'r adnodd hwn wedi'i ddatblygu mewn partneriaeth â'r Consortiwm Ymarferwyr Gwasanaethau Cymdeithasol (SSP) ar ran Gofal Cymdeithasol Cymru. Mae'r consortiwm yn cynnwys y partneriaid canlynol:

This resource has been developed in partnership by the Social Services Practitioner (SSP) Consortium on behalf of Social Care Wales. The consortium is made up of the following partners:



Gofal Cymdeithasol Cymru a'i gyngorwyr penodedig sy'n berchen ar hawlfraint y deunyddiau hyn. Gall darparwyr dysgu, awdurdodau lleol a darparwyr gwasanaethau gofal yng Nghymru gopïo, atgynhyrchu, dosbarthu neu drefnu bod y Rhaglen Ddysgu Ymarferwyr Gwasanaethau Cymdeithasol (SSP) ar gael fel arall i unrhyw drydydd parti arall ar sail ddielw yn unig. Rhaid i unrhyw bartïon eraill sy'n dymuno copïo, atgynhyrchu, dosbarthu neu fel arall wneud y Rhaglen Ymarferwyr Gwasanaethau Cymdeithasol (SSP) ar gael i unrhyw drydydd parti arall geisio caniatâd ysgrifenedig Gofal Cymdeithasol Cymru ymlaen llaw.

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Sgiliau Astudio / Study Skills



Cyfeirnod / Referencing



Darllen / Reading



Ysgrifenu / Writing



Myfyrdod Beirniadol /
Critical Reflection



Cyfathrebiad /
Communication



Gwaith Grŵp / Group Work



Cyflwyniad / Presentation



Ymchwil / Research



Sgiliau rhyngpersonol /
Interpersonal Skills



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Yn ôl ym
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Sgiliau Astudio Cudd / Hidden Study Skills

Peidiwch ag anghofio bod amrywiaeth o sgiliau wedi'u gwreiddio, gan gynnwys...

Trefniadaeth

Cadw amser

Cynllunio

Cymryd nodyn

Cynllunio Traethawd

Gwrandawriad

Datrys problemau

Penderfyniadau

Cwestiynu

Siarad yn effeithiol

Cyfathrebu llafar

Efallai y bydd rhai o'r rhain yn rhan o'ch sgiliau rhyngpersonol hefyd.

Don't forget there are a range of skills embedded including...

Organisation

Time keeping

Planning

Note taking

Essay planning

Listening

Problem solving

Decision making

Questioning

Effective speaking

Verbal communication

Some of these may form part of your Interpersonal Skills too.

Nodau a Deilliannau Dysgu

- Deall pwrpas Deddf Iechyd Meddwl 1983, fel y'i diwygiwyd gan Ddeddf Iechyd Meddwl 2007, Mesur Iechyd Meddwl (Cymru) 2010.
- Gwybod y gwahaniaeth rhwng cleifion ffurfiol ac anffurfiol o dan y Ddeddf Iechyd Meddwl.
- Gwybod beth yw ystyr y term 'gorfodaeth'.
- Gwybod y llwybrau a'r meini prawf ar gyfer cael eich cadw dan y Ddeddf Iechyd Meddwl.
- Gwybod pryd mae dyletswydd i hysbysu unigolyn am ei hawl i gael cymorth gan Eiriolwr Iechyd Meddwl Annibynnol.
- Gwybod pryd mae dyletswydd i ystyried atgyfeiriad at Eiriolwr Iechyd Meddwl Annibynnol ar gyfer eiriolaeth heb gyfarwyddyd.
- Gwybod y pwerau o fewn y ddeddfwriaeth Iechyd Meddwl gyfredol a phwy all arfer y rhain.
- Gwybod yr ystod o fesurau diogelu o fewn y ddeddfwriaeth Iechyd Meddwl gyfredol.

Aims and Learning Outcomes



- Understand the purpose of the Mental Health Act 1983, as amended by the Mental Health Act 2007, Mental Health (Wales) Measure 2010.
- Know the difference between formal and informal patients under the Mental Health Act.
- Know what is meant by the term 'compulsion'.
- Know the routes and criteria for being detained under the Mental Health Act.
- Know when there is a duty to inform an individual to their right for support from an Independent Mental Health Advocate.
- Know when there is a duty to consider a referral to Independent Mental Health Advocate for non-instructed advocacy.
- Know the powers within current mental health legislation and who may exercise these.
- Know the range of safeguards within the current mental health legislation.

Facilitator notes

Welsh:

Mae'r rhain yn adlewyrchu'r meini prawf asesu ar gyfer deilliant dysgu 8.

English:

These reflect the assessment criteria for learning outcome 8.

Sut mae'r MHA yn berthnasol i ddeddfwriaeth arall?

- Deddf Diogelu Data 1998
- Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014
- Mesur Iechyd Meddwl (Cymru) 2010
- Deddf Hawliau Dynol 1998
- Deddf Cydraddoldeb 2010
- Deddf Galluedd Meddyliol (2005)
- Mesur y Gymraeg (Cymru) 2011
- Deddf Hawliau Dynol 1998
- Deddf Tai (Cymru) 2014
- Confensiwn y Cenhedloedd Unedig ar Hawliau Pobl ag Anableddau

How does the MHA apply to other legislation?

- Data Protection Act 1998
- Social Services and Well-being (Wales) Act 2014
- Mental Health (Wales) Measure 2010
- Human Rights Act 1998
- Equality Act 2010
- Mental Capacity Act 2005
- Welsh Language (Wales) Measure 2011
- Human Rights Act 1998
- Housing (Wales) Act 2014
- United Nations Convention on the Rights of Persons with Disabilities



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Facilitator notes

Welsh:

Mae deddfwriaeth arall y mae'r MHA yn gymwys iddi yn cynnwys: Deddf Plant 1989 a 2004 / Diogeliadau Amddifadu o Ryddid 2007/ Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn / Mesur y Gymraeg (Cymru) 2011

English:

Other legislation that the MHA is applicable to includes: Children Act 1989 and 2004 / Deprivation of Liberty Safeguards 2007/ United Nations Convention on the Rights of the Child/ Welsh Language (Wales) Measure 2011

Ymarfer: beth ydych
chi'n ei wybod am y
Ddeddf Iechyd Meddwl?

Exercise: what do you
know about the Mental
Health Act?



Mental Health Act 1983



Mental Health Act 1983

Beth yw'r Ddeddf Iechyd Meddwl (1983)?

- Deddf Iechyd Meddwl (MHA) 1983 yw'r gyfraith yng Nghymru a Lloegr a ddiweddarwyd yn 2007. Mae'n dweud wrth bobl â phroblemau iechyd meddwl beth yw eu hawliau yn ymwneud â:
 - asesiad a thriniaeth yn yr ysbyty
 - triniaeth yn y gymuned
 - llwybrau i'r ysbyty, a all fod yn sifil neu'n droseddol
- Mewn rhai amgylchiadau gellir gorfodi person i fynd i ysbyty neu i aros yno o dan adran o'r Ddeddf Iechyd Meddwl, hyd yn oed os nad yw'n dymuno gwneud hynny – gelwir hyn yn cael eich 'secsiynu'.

What is the Mental Health Act (1983)?

- The Mental Health Act (MHA) 1983 is the law in England and Wales which was updated in 2007. It tells people with mental health problems what their rights are regarding:
 - assessment and treatment in hospital
 - treatment in the community
 - pathways into hospital, which can be civil or criminal
- In certain circumstances a person can be made to go to, or stay in hospital under a section of the Mental Health Act, even if they don't want to - this is commonly known as being 'sectioned'

Mae gan y Ddeddf Iechyd Meddwl egwyddorion arweiniol:

1. Urddas a pharch
2. Yr opsiwn lleiaf cyfyngol a mwyafu annibyniaeth
3. Tegwch, cydraddoldeb a chyfiawnder
4. Grymuso a chynnwys
5. Cadw pobl yn ddiogel
6. Effeithiolrwydd ac effeithlonrwydd

The Mental Health Act has guiding principles:

1. Dignity and respect
2. Least restrictive option and maximising independence
3. Fairness, equality and equity
4. Empowerment and involvement
5. Keeping people safe
6. Effectiveness and efficiency

Facilitator notes

Welsh:

Urddas a pharch: Dylai ymarferwyr sy'n cyflawni swyddogaethau o dan y Ddeddf barchu hawliau ac urddas cleifion a'u teuluoedd a'u gofalwyr, gan sicrhau hefyd eu diogelwch hwy a diogelwch eraill. Dylid parchu cleifion, teuluoedd a gofalwyr, a dylid gwrandao arnynt a dylid gwerthfawrogi eu barn yn gadarnhaol, ei chofnodi a'i hystyried wrth wneud penderfyniadau.

Yr opsiwn lleiaf cyfyngol a mwyafu annibyniaeth: Dylid darparu gwasanaethau yn unol â'r rhagdybiaeth o alluedd, dylai fod yr opsiwn lleiaf cyfyngol, bod er lles pennaf y person a mwyafu annibyniaeth. Dylai cadw annibyniaeth a hybu adferiad y claf fod yn ganolog i bob ymyriad o dan y Ddeddf. Dylid ystyried yr opsiynau lleiaf cyfyngol bob amser a dylid ymchwilio i ddewisiadau eraill i osgoi defnyddio pwerau gorfodol cyn gwneud cais am le. Pan fo modd trin claf yn ddiogel ac yn gyfreithlon heb ei gadw dan y Ddeddf, ni ddylid cadw'r claf.

Tegwch, cydraddoldeb a chyfiawnder: Rhaid i bobl sy'n gwneud penderfyniadau o dan y Ddeddf gydnabod a pharchu anghenion, gwerthoedd ac amgylchiadau amrywiol pob claf, gan gynnwys eu hoedran, anabledd, ailbennu rhywedd, priodas a phartneriaeth sifil, beichiogrwydd a mamolaeth, hil, crefydd neu gred, rhyw a chyfeiriadedd rhywiol a diwylliant, neu unrhyw gyfuniad o'r rhain. Ni ddylai fod unrhyw wahaniaethu anghyfreithlon a rhaid gwneud addasiadau rhesymol. Dylid ystyried nodweddion gwarchoddedig unigolion a dilyn arferion da ym mhob agwedd ar gynllunio a gweithredu gofal a thriniaeth.

Grymuso a chynnwys: Dylid galluogi pob claf a rhoi cyfle iddynt gymryd rhan mewn cynllunio, datblygu ac adolygu ei ofal a'i driniaeth ei hun. Dylid cynnwys teuluoedd, gofalwyr a phobl eraill berthnasol pan fo hynny'n ymarferol. Dylai cynllunio gofal a thriniaeth ddefnyddio cryfderau cleifion ac adeiladu arnynt a dylai geisio galluogi cleifion i symud tuag at adferiad ac ailsefydlu neu fwyafu annibyniaeth cyn gynted ag y bo'n ddiogel ymarferol. Lle bynnag y bo modd, dylai gofal a thriniaeth annog ymdeimlad o obaith a dyhead. Dylai cleifion hefyd gael cymorth i reoli cymaint o agweddau eraill ar eu bywydau â phosibl, yn unol â'u dymuniadau.

Cadw pobl yn ddiogel: Dylai lles a diogelwch cleifion fod wrth wraidd yr holl benderfyniadau a wneir o dan y Ddeddf. Dylai hyn fod yn gyson â sicrhau llesiant a diogelwch eraill pan fo angen. Dylai cleifion, eu teuluoedd a/neu ofalwyr ac unigolion perthnasol eraill, lle bo'n briodol, gymryd rhan weithredol yn y gwaith o asesu'r risgiau i iechyd a diogelwch y claf ac eraill. Lle bo hynny'n ymarferol, dylai cleifion gael eu cynnwys yn y gwaith o greu a gweithredu cynllun rheoli risg.

Effeithiolrwydd ac effeithlonrwydd: Rhaid darparu asesiad a/neu driniaeth a gofal priodol i unrhyw un a wneir yn ddarostyngedig i orfodaeth o dan y Ddeddf, a dylai'r dibenion hyn fod fel a ganlyn: sefydlu presenoldeb; lleddfu; lleihau'r niwed a achosir gan; neu atal gwaethygu eu hanhwylder meddwl, neu unrhyw un o'i symptomau neu amlygiadau. Dylai asiantaethau iechyd, gofal cymdeithasol ac asiantaethau perthnasol eraill gydweithio i sicrhau bod cleifion yn cael amrywiaeth o wasanaethau iechyd meddwl sy'n effeithiol, yn hygyrch, yn ymatebol ac o ansawdd uchel.

English:

Dignity and respect: Practitioners performing functions under the Act should respect the rights and dignity of patients and their families and carers, while also ensuring their safety and that of others. Patients, families and carers should be respected, listened to and their views positively valued, recorded and taken into account when decisions are made.

Least restrictive option and maximising independence: Services should be provided in line with the presumption of capacity, be the least restrictive option, serve a person's best interests and maximise independence. Retaining independence and promoting the patient's recovery should be central to all interventions under the Act. The least restrictive options should always be considered and alternatives to avoid the use of compulsory powers should be explored before making an application for admission. Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained.

Fairness, equality and equity: People taking decisions under the Act must recognise and respect the diverse needs, values and circumstances of each patient, including their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and culture, or any combination of these. There must be no unlawful discrimination and reasonable adjustments must be made. Individuals' protected characteristics should be taken into account and good practice followed in all aspects of care and treatment planning and implementation.

Empowerment and involvement: All patients should be enabled and given the opportunity to participate in planning, developing and reviewing their own care and treatment. Families, carers and relevant others should be involved when practicable. Care and treatment planning should draw on and build on patients' strengths and should seek to enable patients to progress towards recovery and to re-establish or maximise independence as soon as is safely practicable. Whenever possible, care and treatment should encourage a sense of

hope and aspiration. Patients should also be supported to manage, in accordance with their wishes, as many other aspects of their lives as possible.

Keeping people safe : Patient well-being and safety should be at the heart of all decision-making under the Act. This should be consistent with ensuring the well-being and safety of others when needed. Patients, their families and/or carers and other relevant individuals should, where appropriate, be actively involved in assessing the risks posed to the health and safety of the patient and others. Patients should, wherever practicable, be involved in creating and implementing a risk management plan.

Effectiveness and efficiency: 6 Anyone made subject to compulsion under the Act must be provided with appropriate assessment and/or treatment and care, the purpose of which should be: to establish the presence of; to alleviate; to minimise the harm caused by; or prevent a worsening of, their mental disorder, or any of its symptoms or manifestations. Health, social care and other relevant agencies should work together to ensure patients are provided with a range of mental health services that are effective, accessible, responsive and of high quality.

- Mae llawer o bobl sy'n cael triniaeth cleifion mewnol ar wardiau seiciatrig wedi cytuno i fynd i'r ysbyty fel cleifion anffurfiol ([a](#) elwir hefyd yn gleifion gwirfoddol). Fodd bynnag, mae dros hanner yn yr ysbyty heb eu cytundeb fel cleifion ffurfiol. Mae hyn oherwydd eu bod wedi cael eu cadw o dan y Ddeddf Iechyd Meddwl ([a](#) elwir yn aml yn cael eich secsiynu).
- Mae'n bosibl y bydd claf ffurfiol yn colli rhai hawliau, gan gynnwys yr hawl i adael yr ysbyty'n rhydd, felly mae'n bwysig eu bod yn gwybod eu hawliau o dan y Ddeddf Iechyd Meddwl.
- Many people who receive inpatient treatment on psychiatric wards have agreed to go into hospital as informal patients (also known as voluntary patients). However, over half are in hospital without their agreement as formal patients. This is because they have been detained under the Mental Health Act (often called being sectioned).
- A formal patient may lose you certain rights, including the right to leave hospital freely, so it is important that they know their rights under the Mental Health Act.

Beth yw claf anffurfiol/gwirfoddol?

- Mae claf gwirfoddol (a elwir weithiau yn 'glaf anffurfiol') yn rhywun sy'n cael triniaeth mewn ysbyty seiciatrig o'i ewyllys rhydd ei hun.
- Mae gan glaf gwirfoddol yr hawl i gael triniaeth ar gyfer ei broblem iechyd meddwl, yn ogystal â phroblemau iechyd corfforol. Mae ganddyn nhw hefyd yr hawl i wrthod triniaeth nad ydyn nhw ei heisiau. Gallan nhw adael yr ysbyty pan fyddan nhw eisïau, ond mae disgwyl iddyn nhw gymryd rhan yn eu cynllun triniaeth o hyd.
- Dim ond os yw'r tîm gofal yn poeni am y risgiau iddo'i hun, neu i eraill os bydd yn gadael y ward, y byddai'r person yn cael ei secsiynu.

What is an informal/voluntary patient?

- A voluntary patient (sometimes called an 'informal patient') is someone having treatment in a psychiatric hospital of their own free will.
- A voluntary patient, has the right to get treatment for their mental health problem, as well as physical health problems. They also have the right to refuse treatment they don't want. They can leave the hospital when they want, but they are still expected to take part in their treatment plan.
- The person would only be sectioned if the care team is worried about the risks to themselves, or others if they leave the ward.

Welsh:

Claf Gwirfoddol: Dylai fod gan y person y galluedd i ddeall ei fod yn mynd i'r ysbyty a chytuno i driniaeth ar gyfer ei broblem iechyd meddwl.

English:

A **Voluntary Patient:** The person should have capacity to understand that they are going into hospital and agree to treatment for their mental health problem.

Cael eich Secsiynu

- Mae'n rhaid i berson gael ei asesu gan weithiwr iechyd proffesiynol cyn iddo gael ei 'secsiynu' yn gyfreithiol.
- Gall hyn ddigwydd gartref, mewn ysbyty neu fan diogel.
- Bydd yr AMHP yn cyfwrdd â'r person er mwyn iddo allu penderfynu ai ei gadw yn yr ysbyty yw'r ffordd orau o ddarparu'r gofal a'r driniaeth sydd ei angen arno. Rhaid i ddau feddyg gytuno â hyn hefyd.

Being Sectioned

- A person must be assessed by a health professional before they are legally 'sectioned'.
- This may take place at home, hospital or a place of safety.
- The AMHP will interview the person so that they can decide if keeping them in hospital is the best way of providing the care and treatment they need. Two doctors must also agree with this.



Facilitator notes

Welsh:

AMHP: Gweithiwr Proffesiynol Iechyd Meddwl Cymeradwy. Bydd y AMHP yn penderfynu a fydd yn bwrw ymlaen â'r cais i'r person gael ei secsiynu. Dylai hefyd ddweud hyn wrth:

- Y perthynas agosaf.
 - Y meddygon sydd wedi asesu.
 - -Cydlynnydd gofal, os oes un.
- Meddyg Teulu'r person, os nad oedd yn rhan o'r asesiad.

English:

AMHP: "Approved Mental Health Professional". The AMHP will decide whether to go ahead with the application for the person to be sectioned. They should also tell this to:

- The nearest relative.
- The doctors who have assessed.
- A care coordinator, if there is one.
- The person's GP, if they were not involved in the assessment.

Beth mae'n rhaid i'r Ddeddf ei gydnabod?

- Rhaid i'r rhai sy'n cyflawni eu dyletswyddau o dan y Ddeddf gydnabod deddfwriaeth berthnasol a chonfensiynau rhyngwladol:
- **Hawliau Dynol:** Mae deddfwriaeth hawliau dynol yn darparu fframwaith ar gyfer gweithwyr proffesiynol i'w helpu i gyflawni'r canlyniadau gorau posibl i bawb sy'n defnyddio gwasanaethau iechyd meddwl.
- **Cydraddoldeb:** mae'r Ddeddf Cydraddoldeb yn ei gwneud yn anghyfreithlon i wahaniaethu, naill ai'n uniongyrchol neu'n anuniongyrchol, yn erbyn person ar sail nodwedd warchoddedig neu gyfuniad o nodweddion gwarchoddedig, megis anabledd.

What must the Act recognise?

- Those delivering their duties under the Act, must recognise relevant legislation and international conventions:
- **Human Rights:** Human rights legislation provides a framework for professionals to help them achieve the best possible outcomes for everyone who uses mental health services.
- **Equality:** the Equality Act makes it unlawful to discriminate, either directly or indirectly, against a person on the basis of a protected characteristic or combination of protected characteristics, such as a disability.

MHA a Chod Ymarfer (Cymru) 2016

- Mewn ymateb i ddiwygiadau i'r MHA (2007) ac i fodloni gofynion Mesur Iechyd Meddwl (Cymru) 2010, mae Cymru wedi cynhyrchu ei Chod Ymarfer ei hun sy'n darparu'r egwyddorion a'r canllawiau ar sut y dylid rhoi'r MHA ar waith yn ymarferol.
- Mae'r Cod yn berthnasol i'r rhai sydd â swyddogaethau perthnasol o dan yr MHA. Maent yn cynnwys: meddygon, clinigwyr, rheolwyr, staff ysbytai, cartrefi gofal, eiriolwyr iechyd meddwl cymeradwy, a gweithwyr iechyd meddwl proffesiynol cymeradwy. Mae'r Cod yn hysbysu sut y dylai pobl fwrw ymlaen â'u dyletswyddau o dan y Ddeddf.

The MHA & Code of Practice (Wales) 2016

- In response to amendments to the MHA (2007) and to meet the requirements of the Mental Health (Wales) Measure 2010, Wales has produced its own Code of Practice that provides the principles and guidance on how the MHA should be applied in practice.
- The Code applies to those who have relevant functions under the MHA. They include: doctors, clinicians, managers, hospital staff, care homes, approved mental health advocates, and approved mental health professionals. The Code informs how people should proceed with their duties under the Act.

Facilitator notes

Welsh:

Mae'r Cod yn rhoi canllawiau i unigolion penodol gan gynnwys ymarferwyr meddygol cofrestredig ('meddygon'), clinigwyr cymeradwy, rheolwyr a staff ysbytai, ysbytai annibynnol a chartrefi gofal, eiriolwyr iechyd meddwl annibynnol a gweithwyr iechyd meddwl proffesiynol cymeradwy ar sut y dylent fwrw ymlaen wrth gyflawni swyddogaethau a dyletswyddau o dan y Ddeddf. Mae hefyd yn rhoi arweiniad i feddygon a gweithwyr proffesiynol eraill ar agweddau penodol ar driniaeth feddygol ar gyfer anhwylder meddwl yn fwy cyffredinol.

Nid yw'r **Cod Ymarfer** yn **gyfraith** y mae'n rhaid **ei dilyn yn awtomatig**, ond mae'n ddogfen bwysig gan ei bod yn cynnig "**arweiniad statudol**", a gall gweithwyr proffesiynol nad ydynt yn dilyn y canllawiau hyn gael eu herio yn y llys.

English:

The Code provides guidance to particular individuals including registered medical practitioners ('doctors'), approved clinicians, managers and staff of hospitals, independent hospitals and care homes, independent mental health advocates and approved mental health professionals on how they should proceed when undertaking functions and duties under the Act. It also gives guidance to doctors and other professionals about certain aspects of medical treatment for mental disorder more generally.

The **Code of Practice** is **not law** which must **be automatically** followed, but it is an important document as it offers “**statutory guidance**”, and professionals who do not follow this guidance can be challenged in court.

Diffiniad o anhwylder meddwl Definition of mental disorder

- Diffinnir anhwylder meddwl gan adran 1(2) o Ddeddf Iechyd Meddwl 1983 (y Ddeddf) fel 'unrhyw anhwylder neu anabledd meddwl'.
- Rhaid defnyddio arfer clinigol da a safonau penderfynu derbyniol i sefydlu anhwylder meddwl neu anabledd.
- Nid yw'r ffaith bod gan rywun anhwylder meddwl yn sail ddigonol i gymryd camau gorfodol o dan y Ddeddf.
- Ni ddylid cymysgu gwahaniaeth ag anhwylder; anhwylder meddwl ar sail stereoteipiau neu ragdybiaethau am bobl a/neu fethiant i werthfawrogi gwahaniaethau diwylliannol a chymdeithasol.
- Mental disorder is defined by section 1(2) of the Mental Health Act 1983 (the Act) as 'any disorder or disability of the mind'.
- Good clinical practice and acceptable standards of determination must be used to establish mental disorder or disability.
- The fact that someone has a mental disorder is not sufficient grounds for compulsory measures to be taken under the Act.
- Difference should not be confused with disorder: mental disorder on the basis of stereotypes or assumptions about people and/or a failure to appreciate cultural and social differences.

Facilitator notes

Welsh:

Anableddau dysgu: ni all rhywun ag anabledd dysgu a dim ffurf arall ar anhwylder meddwl gael ei gadw ar gyfer triniaeth neu ei wneud yn destun gwarcheidiaeth neu orchymyn triniaeth gymunedol (CTO) o dan y Ddeddf oni bai bod ei anabledd dysgu yn gysylltiedig ag ymddygiad ymosodol annormal neu ddifrifol anghyfrifol ar ran y person dan sylw. Fodd bynnag, gellir ei gadw i'w asesu o dan adran 2 o'r Ddeddf. Ni ddylid ystyried bod unrhyw un ag anhwylder meddwl dim ond oherwydd ei gredoau gwleidyddol, crefyddol neu ddiwylliannol, cyfeiriadedd rhywiol neu hunaniaeth rhywedd, gwerthoedd, barn neu unrhyw nodwedd warchoddedig neu bersonol arall yn unig.

Mae'r un peth yn wir am ymwneud person, neu ymwneud tebygol, ag ymddygiad anghyfreithlon, gwrthgymdeithasol, neu ymddygiad y gall rhai ei ystyried yn anfoesol. Nid yw credoau, ymddygiadau neu weithredoedd nad ydynt yn deillio o anhwylder neu anabledd meddwl yn sail i fesurau gorfodol o dan y Ddeddf, hyd yn oed os ydynt yn ymddangos yn anarferol neu'n achosi braw, trallod neu berygl i bobl eraill.

English:

Learning disabilities: someone with a learning disability and no other form of mental disorder may not be detained for treatment or made subject to guardianship or a community treatment order (CTO) under the Act unless their learning disability is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned. They can however be detained for assessment under section 2 of the Act. No-one should be considered mentally disordered solely because of their political, religious or cultural beliefs, sexual orientation or gender identity, values, opinions or any other protected or personal characteristic alone.

The same is true of a person's involvement, or likely involvement, in illegal, anti-social behaviour, or behaviour that may be considered by some to be immoral. Beliefs, behaviours or actions which do not result from a disorder or disability of the mind are not a basis for compulsory measures under the Act, even if they appear unusual or cause other people alarm, distress or danger.

Beth yw'r Ddeddf Iechyd Meddwl 2007?

- Mae Deddf 2007 yn diwygio Deddf 1983 yn unig, nid yw'n ei disodli.
- Deddf Iechyd Meddwl 1983 yw'r darn pwysig o ddeddfwriaeth sy'n nodi'r fframwaith cyfreithiol ar gyfer pwerau gorfodol yng Nghymru a Lloegr, ac mae'n parhau i fod felly.
- Mae Deddf 2007 yn diwygio ac yn cyflwyno newidiadau i Ddeddf 1983:
 - **Diffiniad o anhwylder meddwl:** mae un diffiniad yn berthnasol drwy'r Ddeddf gyfan ac mae'n diddymu cyfeiriadau at categorïau o anhwylder: "unrhyw anhwylder neu anabled meddwl"
 - **Meini prawf ar gyfer cadw:** yn cyflwyno prawf "triniaeth feddygol briodol" newydd.

What is the Mental Health Act 2007?

- The 2007 Act just amends the 1983 Act, it does not replace it.
- The 1983 Mental Health Act is, and remains, the important piece of legislation setting out the legal framework for compulsory powers in England and Wales.
- The 2007 Act amends and introduces changes to the 1983 Act:
 - **Definition of mental disorder:** a single definition applies throughout the Act and abolishes references to categories of disorder: "any disorder or disability of mind"
 - **Criteria for detention:** introduces a new "appropriate medical treatment" test.

Facilitator notes

Welsh:

Diffiniad o anhwylder meddwl: Mae categorïau o anhwylder yn cael eu diddymu, ac mae'r gwelliant hwn yn ategu'r newidiadau i'r meini prawf ar gyfer cadw defnyddwyr gwasanaeth. : Nid oes angen bellach i roi label cyfreithiol ar anhwylderau cleifion. Mae pob anhwylder iechyd meddwl bellach yn cael ei drin yn yr un modd. Mae dibyniaeth ar alcohol a chyffuriau yn parhau i fod wedi'i heithrio, ond mae anhwylderau meddwl 'gwriadol yn rhywiol' bellach wedi'u cynnwys.

Meini prawf ar gyfer cadw: Mae prawf 'triniaeth feddygol briodol' newydd yn berthnasol i bob pŵer cadw ar gyfer triniaeth. O ganlyniad, ni ellir cadw defnyddwyr gwasanaeth yn orfodol i gael triniaeth oni bai bod triniaeth feddygol briodol ar gael iddynt. Nid yw'r 'prawf trinadwyedd' yn berthnasol mwyach.

English:

Definition of mental disorder: Categories of disorder are abolished, and this amendment complements the changes to the criteria for detaining service users. : It is no longer necessary to put a legal label to patients' disorders. All mental health disorders are now treated in the same way. Alcohol and drug dependence remain excluded, but 'sexually deviant' mental disorders are now included.

Criteria for detention: A new 'appropriate medical treatment' test applies to all powers of detention for treatment. As a result, service users cannot be compulsorily detained for

treatment unless appropriate medical treatment is available to them. The 'treatability test' no longer applies.

- **Triniaeth gymunedol dan oruchwyliaeth (SCT):** Mae gorchmynion triniaeth gymunedol newydd yn ei gwneud yn ofynnol i gleifion addas gael cyfnod o driniaeth gymunedol dan oruchwyliaeth yn dilyn cyfnod cychwynnol o gadw yn yr ysbyty am driniaeth.
- **Perthynas agosaf:** caniatáu i gleifion wneud cais i'r llys i ddisodli eu perthynas agosaf. Mae hefyd yn ychwanegu partneriaid sifil at y rhestr perthnasau agosaf.
- **Therapi electrogynhyrfol:** Mae'r Ddeddf yn cynnig mwy o sgôp i ddefnyddwyr gwasanaethau sydd wedi'u cadw wrthod therapi electrogynhyrfol. Mae hefyd yn gwneud darpariaeth i ychwanegu triniaethau pellach y gallai defnyddwyr gwasanaeth eu gwrthod hefyd.
- **Supervised community treatment (SCT):** New community treatment orders require suitable patients to undergo a period of supervised community treatment following an initial period of detention in hospital for treatment.
- **Nearest relative:** allows patients to apply to court to displace their nearest relative. It also adds civil partners to the nearest relative list.
- **Electro-convulsive therapy:** The Act offers more scope for detained service users to refuse electro-convulsive therapy. It also makes provision to add further treatments that service users could also refuse.

Facilitator notes

Welsh:

Triniaeth gymunedol dan oruchwyliaeth (SCT): Bydd y gwelliant hwn yn caniatáu i rai defnyddwyr gwasanaeth ag anhwylder meddwl fyw yn y gymuned tra'n ddarostyngedig i amodau penodol er mwyn sicrhau eu bod yn parhau â'r driniaeth feddygol sydd ei hangen arnynt. Gall y clinigydd â chyfrifoldeb eu galw'n ôl i'r ysbyty os oes angen. : Bydd angen i ymddiriedolaethau sicrhau cynllunio gofal unigol effeithiol a bod adnoddau iechyd a gofal cymdeithasol ar gael yn y gymuned i ddarparu gofalu cymunedol priodol. Yr offeryn hunanasesu gweithredu (ISAT). Gall darparwyr a chyrrff comisiynu ddefnyddio'r ISAT i feincnodi eu systemau a gwneud cynnydd wrth roi'r Ddeddf ar waith yn effeithiol. Mae'r ISAT yn rhoi pwyslais arbennig ar: • casglu, dadansoddi a defnyddio data i wella gwasanaethau • cyflawni'r Ddeddf o fewn fframwaith moesegol • ymgysylltu â defnyddwyr gwasanaethau wrth gynllunio, darparu a monitro. Mae SCT yn disodli "ôl-ofal dan oruchwyliaeth" Adran 25, ac yn y dyfodol dylid ei ddefnyddio dim ond gan RC i gytuno i absenoldeb tymor byr o'r ysbyty.

Perthynas agosaf: mae rôl y perthynas agosaf yn wahanol i'r perthynas deuluol agosaf. Mae gan y perthynas agosaf hawl i gael gwybod bod yr unigolyn yn destun cais o dan derbyn Adran 2. Mae ganddo hefyd yr hawl i gael ei ymgynghori y gallai fod angen cadw'r claf dan Adran 3. Gall hefyd wrthwynebu'r cais arfaethedig i gadw claf dan Adran 3. Mae gan y perthynas agosaf yr hawl o dan yr MHA i ofyn am asesiad, yr hawl i ofyn am wybodaeth am driniaeth y claf, yr hawl i gael ei

ymgyngori, yr hawl i wneud cais i ryddhau'r claf, a gall wneud cais i gynnal tribiwnlys ynghylch cadw'r claf.

Therapi electrogynhyrfol: ECT Mae gan Ddeddf 2007 Adran newydd bwysig sy'n nodi pryd y gellir rhoi therapi electrogynhyrfol (ECT) i berson. Ar gyfer oedolion (pobl dros 18) mae dwy sefyllfa arferol pan ellir rhoi ECT: - Yn gyntaf, pan fo'r claf sy'n cael ei gadw yn cydsynio. Fodd bynnag, hyd yn oed wedyn rhaid i feddyg (Clinigydd Cymeradwy fel arfer) ddatgan yn ysgrifenedig bod y claf yn deall y driniaeth ac yn cydsynio iddi. Yn ogystal, gall y claf dynnu ei gydsyniad yn ôl ar unrhyw adeg. - Yn ail, os na all y claf roi cydsyniad, rhaid i feddyg annibynnol (SOAD) roi ei gymeradwyaeth cyn y gellir rhoi ECT wedyn, a dim ond ar ôl mynd drwy nifer o gamau y gall y meddyg hwn roi ei gymeradwyaeth. Yn gyntaf, rhaid i'r meddyg ymgynghori â dau berson arall, y mae'n rhaid i un ohonynt fod yn nyrs a'r llall yn weithiwr proffesiynol sy'n ymwneud â gofal y person. Yna mae'n rhaid i'r meddyg ddatgan yn ysgrifenedig nad yw'r claf yn gallu rhoi cydsyniad a hefyd bod ECT yn driniaeth briodol. Yn olaf, dim ond os nad yw'r person wedi gwneud "penderfyniad ymlaen llaw" yn nodi ei fod ef neu hi yn gwrthod ECT y gall y meddyg wneud hyn.

English:

Supervised community treatment (SCT): This amendment will allow some service users with a mental disorder to live in the community while subject to certain conditions to ensure they continue with the medical treatment they need. The responsible clinician can recall them to hospital if necessary. : Trusts will need to ensure effective individual care planning and that health and social care resources are available in the community to provide appropriate community The implementation self-assessment tool (ISAT) Providers and commissioning bodies can use the ISAT to benchmark their systems and make progress in the effective implementation of the Act. The ISAT places particular emphasis on: • the collection, analysis and use of data to improve services • delivery of the Act within an ethical framework • engagement of service users in planning, delivery and monitoring. SCT replaces Section 25 "after-care under supervision", and in future Section 17 leave should only be used by a RC to agree to short term leave from hospital.

Nearest relative: the nearest relative role is different to the next of kin. The nearest relative has a right to be informed that the individual is subject to an application under Section 2 admission. They also have the right to be consulted that the patient may need to be detained under Section 3. They can also object to the proposed application for detention under Section 3. The nearest relative has the right under the MHA to request an assessment, the right to request information regarding the treatment of the patient, the right to be consulted, the right to apply for the patient to be discharged, and they can apply for a tribunal to be heard regarding the patient's detention.

Electro-convulsive therapy: ECT The 2007 Act has an important new Section setting out when a person may be given electro-convulsive therapy (ECT). For adults (people over 18) there are two usual situations when ECT can be given: - First, where the detained patient consents. However, even then a doctor (usually an Approved Clinician) must state in writing that the patient understands the treatment and consents to it. In addition the patient can still withdraw their consent at any point. - Second, if the patient is incapable of giving consent, an independent doctor (a SOAD) must give their approval before ECT can then be given, and this doctor can only give their approval after going through a number of steps. First, the doctor must consult with two other people, one of whom must be a nurse and the

other a professional involved in the person's care. Then the doctor must state in writing that the patient is incapable of giving consent and also that ECT is an appropriate treatment. Finally the doctor can only do this if the person has not made an "advance decision" stating that he or she refuses ECT.

- **Eiriolaeth iechyd meddwl:** mae gan gleifion sy'n cael eu cadw dan Ddeddf Iechyd Meddwl 1983 bellach hawl statudol i wasanaeth eiriolaeth.
- **Rolau proffesiynol:** ehangu'r grŵp o ymarferwyr a all ymgymryd â'r swyddogaethau a gyflawnir ar hyn o bryd gan y gweithiwr cymdeithasol cymeradwy a'r swyddog meddygol cyfrifol.
- **Tribiwnlys Adolygu Iechyd Meddwl (MHRT):** bydd yn rhaid i reolwyr ysbytai atgyfeirio rhai cleifion i dribiwnlysoedd adolygu iechyd meddwl yn gynt nag o'r blaen. Hefyd, gall yr Ysgrifennydd Gwladol dros Iechyd a Gweinidogion Cymru nawr leihau'r amser cyn i achos claf gael ei gyfeirio'n awtomatig.
- **Mental health advocacy:** patients detained under the Mental Health Act 1983 now have a statutory right to an advocacy service.
- **Professional roles:** broadens the group of practitioners who can take on the functions currently performed by the approved social worker and responsible medical officer.
- **Mental Health Review Tribunal (MHRT):** hospital managers will have to refer some patients to mental health review tribunals sooner than previously. Also, the Secretary of State for Health and Welsh ministers can now reduce the amount of time before a patient's case is automatically referred.

Facilitator notes

Welsh:

Eiriolaeth iechyd meddwl: Mae'r ddeddfwriaeth yn gosod dyletswydd ar ddarparwyr gwasanaethau i hysbysu defnyddwyr gwasanaethau am wasanaethau eiriolaeth ac i gymryd pob cam ymarferol i wneud yn siŵr eu bod yn deall yr hyn sydd ar gael iddynt a sut y gallant gael cymorth. Mae rôl yr eiriolwr iechyd meddwl yn cynnwys sicrhau bod gan y defnyddiwr gwasanaeth wybodaeth lawn am weithrediad y Ddeddf yn ei achos penodol a'r gwahanol fesurau diogelu sydd ar gael iddynt, gan gynnwys hawl i gynrychiolaeth gyfreithiol ac apelio i dribiwnlys. Caiff y gwasanaeth eirioli ofyn am wybodaeth gan y darparwr gwasanaeth er mwyn cyflawni ei ddyletswyddau; er enghraifft, mynediad at gofnodion neu adroddiadau perthnasol ynghylch y penderfyniad i ddefnyddio gorfodaeth o dan y Ddeddf.

Rolau proffesiynol: Gall nifer o weithwyr proffesiynol iechyd meddwl cymwysedig sydd â'r sgiliau a'r hyfforddiant priodol ymgymryd â rôl newydd clinigydd â chyfrifoldeb. Disodlir Gweithwyr Cymdeithasol Cymeradwy gan AMHP (Gweithwyr Proffesiynol Iechyd Meddwl Cymeradwy), a disodlir RMO (Swyddogion Meddygol Cyfrifol) gan RC (Clinigwyr Cyfrifol). Yn ogystal â gweithwyr cymdeithasol, gall nyrsys, therapyddion galwedigaethol (OT) a seicolegwyr (ond nid meddygon) fod yn AMHP bellach, cyn belled â bod ganddynt y sgiliau a'r profiad angenrheidiol. Mae AMHP yn cael eu cymeradwyo a'u penodi gan Awdurdodau Lleol

Tribiwnlys Adolygu Iechyd Meddwl: fel y nodwyd.

English:

Mental health advocacy: The legislation puts a duty on service providers to inform service users about advocacy services and to take all practical steps to make sure they understand what is available to them and how they can obtain help. The role of the mental health advocate includes ensuring that the service user has full information about the application of the Act in their particular case and the various safeguards which are available to them, including entitlement to legal representation and appeal to a tribunal. The advocacy service may require information from the service provider in order to undertake its duties; for example, access to relevant records or reports concerning the decision to use compulsion under the Act.

Professional roles: The new role of responsible clinician can be undertaken by a number of qualified mental health professionals with the appropriate skills and training. ASWs (Approved Social Workers) are replaced by AMHPs (Approved Mental Health Professionals), and - RMOs (Responsible Medical Officers) are replaced by RCs (Responsible Clinicians). As well as social workers, nurses, occupational therapists (OTs) and psychologists (but not doctors) can now be AMHPs, as long as they have the necessary skills and experience. AMHPs are approved and appointed by Local Authorities

Mental Health Review Tribunal: as stated.

- **Gwasanaethau sy'n briodol i oedran:** rhaid i ymddiriedolaethau ddarparu amgylchedd yn yr ysbyty ar gyfer cleifion mewnol iechyd meddwl plant a'r glasoed sy'n briodol i'w hoedran (yn amodol ar eu hanghenion penodol).
- **Age-appropriate services:** trusts must provide an environment in hospital for child and adolescent mental health in-patients which is appropriate to their age (subject to their particular needs).

Facilitator notes

Welsh:

Gwasanaethau sy'n briodol i oedran: yn ei gwneud yn ofynnol i reolwyr ysbyty sicrhau bod cleifion dan 18 oed a dderbynnir i'r ysbyty oherwydd anhwylder meddwl yn cael eu lletya mewn amgylchedd sy'n addas i'w hoedran (yn amodol ar eu hanghenion).

English:

Age-appropriate services: requires hospital managers to ensure that patients aged under 18 admitted to hospital for mental disorder are accommodated in an environment that is suitable for their age (subject to their needs).

Mesur Iechyd Meddwl (Cymru) 2010

Mae Mesur Iechyd Meddwl (Cymru) 2010 yn gyfraith a luniwyd gan Lywodraeth Cymru a fydd yn helpu pobl â phroblemau iechyd meddwl mewn pedair ffordd wahanol:

1. Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol

2. Cydlynu Gofal a Gofal a Thriniaeth Cynllunio

3. Asesiad o bobl sydd wedi defnyddio gwasanaethau iechyd meddwl arbenigol o'r blaen

4. Eiriolaeth Iechyd Meddwl Annibynnol

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 is a law made by the Welsh Government which will help people with mental health problems in four different ways:

1. Local Primary Mental Health Support Services

2. Care Coordination and Care and Treatment Planning

3. Assessment of people who have used specialist mental health services before

4. Independent Mental Health Advocacy



www.gofalcymdeithasol.cymru
www.socialcare.wales



Facilitator notes

Welsh:

- Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol:** Bydd y Mesur yn sicrhau bod mwy o wasanaethau ar gael i'ch Meddyg Teulu eich atgyfeirio atynt os oes gennych broblemau iechyd meddwl fel gorbryder neu iselder. Bydd y gwasanaethau hyn, a all gynnwys er enghraifft cwnsela, rheoli straen a phryder, naill ai yn eich practis meddyg teulu neu gerllaw felly bydd yn haws eu cyrraedd. Byddwch hefyd yn cael gwybod am wasanaethau eraill a allai fod o gymorth i chi, megis y rhai a ddarperir gan grwpiau fel grwpiau gwirfoddol lleol neu gyngor am arian neu dai.
- Cydlynu Gofal a Chynllunio Gofal a Thriniaeth:** Mae gan rai pobl broblemau iechyd meddwl sydd angen gofal a chymorth mwy arbenigol (a ddarperir yn yr ysbyty weithiau). Os ydych yn derbyn y gwasanaethau hyn yna bydd eich gofal a thriniaeth yn cael eu goruchwyllo gan weithiwr proffesiynol fel seiciatrydd, seicolegydd, nyrs neu weithiwr cymdeithasol. Gelwir y bobl hyn yn Gydlynwyr Gofal a byddant yn ysgrifennu cynllun gofal a thriniaeth i chi – gan weithio gyda chi gymaint â phosibl. Bydd y cynllun hwn yn nodi'r nodau yr ydych yn gweithio tuag atynt a'r gwasanaethau a ddarperir gan y GIG a'r awdurdod lleol ac asiantaethau eraill i'ch helpu i'w cyrraedd. Rhaid adolygu'r cynllun hwn gyda chi o leiaf unwaith y flwyddyn.
- Asesiad o bobl sydd wedi defnyddio gwasanaethau iechyd meddwl arbenigol o'r blaen:** Os ydych wedi derbyn triniaeth arbenigol yn y

gorffennol a chwsoch eich rhyddhau oherwydd bod eich cyflwr wedi gwella, ond nawr eich bod yn teimlo bod eich iechyd meddwl yn gwaethygu, yna gallwch fynd yn syth yn ôl i'r gwasanaeth iechyd meddwl a oedd yn gofalu amdanoch o'r blaen a gofyn iddynt wirio a oes angen unrhyw gymorth neu driniaeth bellach arnoch. Nid oes angen i chi fynd at eich meddyg teulu yn gyntaf, er efallai y byddwch am drafod y mater. Gallwch ofyn am hyn hyd at dair blynedd ar ôl i chi gael eich rhyddhau o'r tîm arbenigol.

4. **Eiriolaeth Iechyd Meddwl Annibynnol:** Os ydych yn yr ysbyty a bod gennych broblemau iechyd meddwl gallwch ofyn am help gan Eiriolwr Iechyd Meddwl Annibynnol (IMHA). Mae IMHA yn arbenigwr mewn iechyd meddwl a fydd yn eich helpu i fynegi eich barn a gwneud penderfyniadau mewn perthynas â'ch gofal a'ch triniaeth (ond ni fydd yn gwneud penderfyniadau ar eich rhan!)

English:

1. **Local Primary Mental Health Support Services:** The Measure will make sure that more services are available for your GP to refer you to if you have mental health problems such as anxiety or depression. These services, which may include for example counselling, stress and anxiety management, will either be at your GP practice or nearby so it will be easier to get to them. You will also be told about other services which might help you, such as those provided by groups such as local voluntary groups or advice about money or housing.
2. **Care Coordination and Care and Treatment Planning:** Some people have mental health problems which require more specialised care and support, (sometimes provided in hospital). If you are receiving these services then your care and treatment will be overseen by a professional such as a psychiatrist, psychologist, nurse or social worker. These people will be called Care Coordinators and will write you a care and treatment plan – working with you as much as possible. This plan will set out the goals you are working towards and the services that will be provided by the NHS and the local authority and other agencies to help you reach them. This plan must be reviewed with you at least once a year.
3. **Assessment of people who have used specialist mental health services before:** If you have received specialised treatment in the past and were discharged because your condition improved, but now you feel that your mental health is becoming worse, then you can go straight back to the mental health service which was looking after you before and ask them to check whether you need any further help or treatment. You don't need to go to your GP first, although you may wish to talk it through. You can ask for this up to three years after you are discharged from the specialist team.
4. **Independent Mental Health Advocacy:** If you are in hospital and you have mental health problems you can ask for help from an Independent Mental Health Advocate (IMHA). An IMHA is an expert in mental health who will help you to make your views known and take decisions in relation to your care and treatment (but will not take decisions on your behalf!)

1. Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol

- Nod Rhan 1 yw sicrhau bod pobl sy'n gweld eu meddyg teulu am y tro cyntaf ynghylch problem iechyd meddwl yn gallu cael eu hatgyfeirio am asesiad cynhwysfawr.
- Gall asesiad nodi'r angen am driniaeth, megis: cwnsela, therapi ymddygiad gwybyddol, therapi grŵp, rheoli straen ac ymyriadau seicolegol eraill.
- Darparu gwybodaeth, gan gynnwys i sefydliadau trydydd sector.
- Sicrhau bod meddygon teulu a staff yn cael cymorth a chynghor i gefnogi iechyd meddwl rhywun yn ddiogel.
- Gwella'r broses atgyfeirio ymlaen i wasanaethau eilaidd.

1. Local Primary Mental Health Support Services

- Part 1 aims to ensure that people who first see their GP regarding a mental health problem, are able to be referred for a comprehensive assessment.
- Assessment may identify the need for treatment, such as: counselling, cognitive behavioural therapy, group therapy, stress management and other psychological interventions.
- Provide information, including to third sector organisations.
- Ensure that GPs and staff receive support and advice in safely supporting someone's mental health.
- Improve onward referral process to secondary services.

Facilitator notes

Welsh:

Cyflwyniad: Mae Llywodraeth Cynulliad Cymru yn cydnabod y rhan hollbwysig y mae gofal sylfaenol yn ei chwarae wrth ddarparu gofal a thriniaeth iechyd meddwl effeithiol. Nod y Mesur yw cryfhau'r rôl honno fel bod gwasanaethau cymorth iechyd meddwl gofal sylfaenol lleol ledled Cymru.

English:

Introduction: The Welsh Assembly Government recognises the crucial role that primary care plays in delivering effective mental health care and treatment. The aim of the Measure is to strengthen that role so that throughout Wales there will be local primary care mental health support services.

2. Cydlynu Gofal a Chynllunio Gofal a Thriniaeth

- Yn gosod dyletswyddau ar ddarparwyr gwasanaethau - Byrddau Iechyd Lleol ac awdurdodau lleol yng Nghymru - i weithredu mewn modd cydgysylltiedig i wella effeithiolrwydd gwasanaethau iechyd meddwl.
- Yn ei gwneud yn ofynnol i gynllunio gofal a thriniaeth gael eu darparu ar gyfer defnyddwyr gwasanaeth o bob oed yr aseswyd bod angen gofal a thriniaeth arnynt o fewn gwasanaethau iechyd meddwl eilaidd.
- Bydd pob cynllun gofal a thriniaeth yn cael ei ddatblygu gan gydlynnydd gofal mewn ymgynghoriad â'r defnyddiwr gwasanaeth a darparwyr gwasanaethau iechyd meddwl.

2. Care Coordination and Care and Treatment Planning

- Places duties on service providers - Local Health Boards and local authorities in Wales - to act in a coordinated manner to improve the effectiveness of the mental health services.
- Requires that care and treatment plans be provided for service users of all ages who have been assessed as requiring care and treatment within secondary mental health services.
- Each care and treatment plan will be developed by a care coordinator in consultation with the service user and mental health service providers.

Facilitator notes

Welsh:

Mae gan rai pobl broblemau iechyd meddwl sydd angen gofal a chymorth mwy arbenigol (a ddarperir yn yr ysbyty weithiau). Os ydych yn derbyn y gwasanaethau hyn yna bydd eich gofal a thriniaeth yn cael eu goruchwyllo gan weithiwr proffesiynol fel seiciatrydd, seicolegydd, nyrs neu weithiwr cymdeithasol. Gelwir y bobl hyn yn Gydlynwyr Gofal a byddant yn ysgrifennu cynllun gofal a thriniaeth i chi – gan weithio gyda chi gymaint â phosibl. Bydd y cynllun hwn yn nodi'r nodau yr ydych yn gweithio tuag atynt a'r gwasanaethau a ddarperir gan y GIG a'r awdurdod lleol ac asiantaethau eraill i'ch helpu i'w cyrraedd. Rhaid adolygu'r cynllun hwn gyda chi o leiaf unwaith y flwyddyn. (Gall y cynllun Gofal a Thriniaeth gael ei ddatblygu heb fewnbwn y claf lle na ellir cytuno ar y canlyniadau rhwng yr holl bartïon).

Yn aml, gofal sylfaenol yw'r pwynt cyswllt cyntaf ar gyfer pobl sydd angen gofal iechyd. Fe'i darperir gan weithwyr proffesiynol fel meddygon teulu, deintyddion a fferyllwyr. Mae gofal eilaidd yn wasanaethau sydd fel arfer angen atgyfeiriad gan feddyg teulu. Enghreifftiau o wasanaethau iechyd meddwl eilaidd yw ysbytai, rhai gwasanaethau lles seicolegol, timau iechyd meddwl cymunedol (TIMC), timau datrys argyfwng a thriniaeth yn y cartref (CRHT) timau allgymorth gweithredol thimau ymyrraeth gynnar. Mae gofal trydyddol yn driniaeth arbenigol iawn fel gwasanaethau iechyd meddwl fforensig diogel.

English:

Some people have mental health problems which require more specialised care and support, (sometimes provided in hospital). If you are receiving these services then your care and treatment will be overseen by a professional such as a psychiatrist, psychologist, nurse or social worker. These people will be called Care Coordinators and will write you a care and treatment plan – working with you as much as possible. This plan will set out the goals you are working towards and the services that will be provided by the NHS and the local authority and other agencies to help you reach them. This plan must be reviewed with you at least once a year.

(The Care & Treatment plan may be developed without the input of the patient where the outcomes cannot be agreed between all parties).

Primary care is often the first point of contact for people in need of healthcare. It's provided by professionals such as GPs, dentists and pharmacists.

Secondary care is services which generally will need a referral from a GP. Examples of secondary mental health services are hospitals, some psychological wellbeing services, community mental health teams (CMHTs), crisis resolution and home treatment teams (CRHTs) assertive outreach teams and early intervention teams.

Tertiary care is highly specialised treatment such as secure forensic mental health services.

3. Asesiad o bobl sydd wedi defnyddio gwasanaethau iechyd meddwl arbenigol o'r blaen

- Prosesau atgyfeirio cyflymach lle mae angen gwasanaethau iechyd meddwl.
- Bydd gan Fyrddau Iechyd Lleol ac Awdurdodau Lleol drefniadau ar waith i dderbyn hunan-atgyfeiriadau mewn modd amserol.
- Ceir rheoliadau sy'n sicrhau bod pobl y mae angen asesiad pellach arnynt yn gymwys i'w gael.

3. Assessment of people who have used specialist mental health services before

- Quicker referral processes where mental health services are needed.
- Local Health Boards and Local Authorities will have arrangements in place to receive self-referrals in a timely manner.
- There are regulations that ensure people who require further assessment are eligible to receive it.

Facilitator notes

Welsh:

Prosesau atgyfeirio cyflymach: mae hyn yn galluogi oedolion cymwys sydd wedi'u rhyddhau o wasanaethau iechyd meddwl eilaidd, ond sy'n credu wedi hynny bod eu hiechyd meddwl yn dirywio i'r fath raddau fel bod angen gofal a thriniaeth o'r fath eto arnynt, i atgyfeirio eu hunain yn ôl at wasanaethau eilaidd yn uniongyrchol, heb fod angen o reidrwydd i fynd yn gyntaf at eu meddyg teulu.

Rheoliadau Cymhwysedd: (3 blynedd o'r dyddiad rhyddhau) a threfniadau ar gyfer ymdrin â cheisiadau lle mae anghydfod ynghylch man preswyllo arferol yr unigolyn – cytunwyd gan Gymnulliad Cenedlaethol Cymru ym mis Hydref 2011.

English:

Quicker referral processes: this enables eligible adults who have been discharged from secondary mental health services, but who subsequently believe that their mental health is deteriorating to such a point as to require such care and treatment again, to refer themselves back to secondary services directly, without necessarily needing to first go to their general practitioner.

Eligibility Regulations: (3 years from the date of discharge) and arrangements for dealing with requests where the individual's place of usual residence is disputed – were agreed by the National Assembly for Wales in October 2011.

4. Eiriolaeth Iechyd Meddwl Annibynnol

- Bydd Eiriolwyr Iechyd Meddwl Annibynnol (IMHA) ar gael i gleifion a gedwir dan Ddeddf Iechyd Meddwl 1983.
- Mae'r Mesur yn sicrhau bod dyletswyddau statudol i sicrhau cymorth o'r fath a bod cymorth ar gael i bob claf mewnol.
- Mae Llywodraeth Cymru yn cydnabod bod cleifion yn profi gwell gwasanaethau iechyd meddwl lle mae eiriolaeth yn cael ei chynnwys.

4. Independent Mental Health Advocacy

- Independent Mental Health Advocates (IMHAs) will be available to patients detained under the Mental Health Act 1983.
- The Measure ensures that there are statutory duties to ensure such help and that support is available for all inpatients.
- The Welsh Government acknowledges that patients experience better mental health services where there is inclusion of advocacy.

Facilitator notes

Welsh:

Pwynt 1: , gan gynnwys y cleifion hynny a gedwir o dan adrannau 4 a 5(2) a 5(4) o'r Ddeddf honno.

Mae'r Mesur yn cyflwyno cynllun statudol estynedig o eiriolaeth iechyd meddwl annibynnol, ar gyfer cleifion sy'n destun gorfodaeth o dan Ddeddf Iechyd Meddwl 1983, a'r rhai sydd yn yr ysbyty'n wirfoddol.

English:

Point 1: , including those patients detained under sections 4 and 5(2) and 5(4) of that Act. The Measure introduces an expanded statutory scheme of independent mental health advocacy, both for patients subject to compulsion under the Mental Health Act 1983, and for those in hospital voluntarily.

Beth yw ystyr y term 'Gorfodaeth'?

- Mae gorfodaeth yn cyfeirio at y ddarpariaeth i ddarparu cadw gorfodol a thriniaeth orfodol.
- Gall hyn ddigwydd o dan Adran 2 (asesiad am hyd at 28 diwrnod).
- O dan Adran 3 (triniaeth am hyd at 6 mis - neu fwy).
- O dan Adrannau 7 ac 8 (gwarcheidiaeth gydag amodau penodol).
- Amodau a roddwyd o dan Orchymyn Triniaeth Gymunedol.
- Ar gyfer cadw a thriniaeth cyn ymddangos yn y llys.
- Lle nad oes gan rywun alluedd.
- Pan fydd angen triniaeth mewn argyfwng (i atal niwed difrifol i'r person neu eraill).

What is meant by the term 'Compulsion'?

- Compulsion refers to the provision to provide both compulsory detention and compulsory treatment.
- This can happen under Section 2 (assessment for up to 28 days).
- Under Section 3 (treatment for up to 6 months- or longer).
- Under Sections 7 & 8 (guardianship with specific conditions).
- Conditions granted under a Community Treatment Order.
- For detention and treatment before appearing in court.
- Where someone lacks capacity.
- When treatment is needed in an emergency (to prevent serious harm to the person or others).

Facilitator notes

Welsh:

Gwarcheidiaeth: Pŵer (o dan adrannau 7 ac 8) i dderbyn person i warcheidiaeth ar y sail ei fod yn dioddef o salwch meddwl, nam meddyliol difrifol, anhwylder seicopathig neu nam meddyliol sy'n cyfiawnhau derbyniad o'r fath er budd lles y person neu er mwyn diogelu personau eraill. Unwaith y caiff person ei dderbyn i warcheidiaeth gall fod yn ofynnol iddo: a) byw mewn man penodedig; b) mynychu manau penodedig at ddibenion triniaeth feddygol, galwedigaeth, addysg neu hyfforddiant; c) darparu mynediad at ymarferwyr meddygol, gweithwyr cymdeithasol a phersonau penodedig eraill.

English:

Guardianship: A power (under sections 7 and 8) to admit a person to guardianship on the grounds that they suffer from mental illness, severe mental impairment, psychopathic disorder or mental impairment which warrants such admission in the interests of the person's welfare or for the protection of other persons. Once admitted to guardianship a person can be required to: a) live at a specified place; b) attend at specified places for the purposes of medical treatment, occupation, education or training; c) provide access to medical practitioners, social workers and other specified persons.

Gorfodaeth: pa ddyletswyddau moesol a moesegol sy'n rhaid eu cyflawni i gefnogi'r unigolyn yn eich barn chi?

Compulsion: what moral and ethical duties do you think must occur to support the individual?

Facilitator notes

Welsh:
Ymarfer

English:
Exercise

Gorfodaeth a dyletswydd foesol / foesegol: mewn perthynas â phobl...

- Cydnabyddir bod ganddynt hawliau sy'n cael eu hyrwyddo a'u hamddiffyn.
- Cael eu trin ag urddas a pharch a gwrandewir ar eu barn.
- Cael eu cadw'n ddiogel yn y man diogel mwyaf priodol am y cyfnod lleiaf o amser.
- Gallu cael eiriolwr iechyd meddwl annibynnol (IMHA).
- Sicrhawyd bod teuluoedd a gofalwyr yn cael y wybodaeth sydd ei hangen arnynt i sicrhau eu bod yn deall pam eu bod yn yr ysbyty a pham fod angen triniaeth.
- Yn destun yr isafswm o gyfyngiadau a bod rhyddhau yn cael ei hwyluso cyn gynted â phosibl.

Compulsion & moral/ethical duty: people are...

- Recognised as having rights that are promoted and protected.
- Treated with dignity and respect and their views are listened to.
- Kept safe in the most appropriate place of safety for the least amount of time.
- Able to access an independent mental health advocate (IMHA).
- Assured that family and carers are given the information they require to ensure they understand why they are in hospital and why treatment is necessary.
- Subject to minimum restrictions and that discharge is facilitated as soon as possible.

Facilitator notes

Welsh:

Y ddyletswydd ar weithwyr proffesiynol a staff gofal iechyd yn gyffredinol yw cadw at y Cod Ymarfer. Dyma rai enghreifftiau pellach o ddyletswyddau moesol a moesegol lle mae unigolion yn destun cadw a thriniaeth orfodol:

- Cludir cleifion yn ôl ac ymlaen i'r ysbyty yn y modd mwyaf diogel a phriodol.
- bod cyfathrebu yn digwydd gyda chleifion, eu teuluoedd a'u gofalwyr mewn ffordd sy'n diwallu eu hanghenion orau.
- Mae cleifion yn cael eu trin yn deg ac yn gyfartal.
- Mae gan gleifion yn yr ysbyty fynediad at deulu a ffrindiau; yn gallu cyfathrebu â nhw yn breifat; a, lle y bo'n briodol, cysylltu â'r bobl o'u dewis trwy amrywiol ddulliau, heb amharu ar breifatrwydd, diogelwch ac urddas eu hunain neu eraill.
- Mae staff yn cael yr hyfforddiant i gyflawni eu rôl.
- Mae cleifion yn cael eu galluogi, cyn belled ag y bo'n ymarferol, i gyfrannu'n llawn at eu cynllun gofal a thriniaeth, a gwneud cymaint o benderfyniadau â phosibl drostynt eu hunain.
- Mae cleifion heb alluedd i wneud penderfyniadau penodol i gael eu cynnwys cymaint â phosibl yn eu gofal a'u triniaeth.

- Pan fo penderfyniadau yn y cynllun gofal a thriniaeth yn groes i ddymuniadau'r claf neu eraill, caiff y rhesymau eu hesbonio iddynt a'u cofnodi.

English:

The duty on professionals and healthcare staff is to generally abide by the Code of Practice. Here are some further examples of moral and ethical duties where individuals are subject to compulsory detention and treatment:

- Patients are transported to and from hospital by the safest and most appropriate means.
- patients, their families and carers are communicated with in a way that best meets their needs.
- Patients are treated with equity and equality.
- Patients in hospital have access to family and friends; can communicate with them in private; and, where appropriate, contact the people they choose through various means, without detriment to the privacy, safety and dignity of themselves or others.
- Staff have the training to undertake their role.
- Patients are enabled, as far as practicable, to contribute fully to their care and treatment plan, and make as many decisions as possible for themselves.
- Patients without capacity to make specific decisions are to be involved as much as possible in their care and treatment.
- When decisions in the care and treatment plan are contrary to the wishes of the patient or others, the reasons are explained to them and recorded.

**Ymarfer: pryd ddylai
rhywun gael ei secsiynu
dan yr MHA?**

**Exercise: when should
someone be sectioned
under the MHA?**



Mental Health Act 1983



Mental Health Act 1983

Cael eich cadw dan yr MHA

Dylid eich secsiynu dim ond os:

- mae angen i chi gael eich asesu neu eich trin ar gyfer eich problem iechyd meddwl.
- byddai eich iechyd mewn perygl o waethygu pe na baech yn cael triniaeth.
- byddai eich diogelwch chi neu ddiogelwch rhywun arall mewn perygl pe na baech yn cael triniaeth.
- mae eich meddyg yn meddwl bod angen i chi gael eich asesu neu eich trin yn yr ysbyty, er enghraifft os oes angen eich monitro'n rheolaidd iawn oherwydd bod yn rhaid i chi gymryd meddyginiaeth newydd neu bwerus iawn. Fel arall, efallai y gofynnir i chi fynychu clinig cleifion allanol ysbyty.

Being detained under the MHA

You should only be sectioned if:

- you need to be assessed or treated for your mental health problem.
- your health would be at risk of getting worse if you did not get treatment.
- your safety or someone else's safety would be at risk if you did not get treatment.
- your doctor thinks you need to be assessed or treated in hospital, for example if you need to be monitored very regularly because you have to take new or very powerful medication. Otherwise, you may be asked to attend a hospital out-patient clinic.



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Adran 2 – Derby'n ar gyfer Aseiad

- Bydd gweithwyr iechyd proffesiynol yn asesu iechyd meddwl yr unigolyn ac yn penderfynu mai'r ffordd orau o drin y person fydd ei dderbyn i'r ysbyty.
- Gall y person gael ei gadw yn yr ysbyty am hyd at 28 diwrnod.
- Gall y clinigydd â chyfrifoldeb benderfynu bod angen triniaeth am fwy na 28 diwrnod, ac os felly bydd yr unigolyn yn cael ei gadw yn yr ysbyty o dan Adran 3.
- Gellir rhoi meddyginiaeth heb gydsyniad. Fodd bynnag, ceisir cydsyniad bob amser.

Section 2 – Admission for Assessment

- Health professionals will assess the individual's mental health and decide that the best way to treat the person will be to admit them to hospital.
- The person can be kept in hospital for up to 28 days.
- The responsible clinician may decide that treatment is needed longer than 28 days, in which case the individual will be kept in hospital under a Section 3.
- Medication can be given without consent. However, consent will always be sought.

Facilitator notes

Welsh:

Mae gennych hawliau penodol pan fyddwch yn yr ysbyty. Mae'r rhain yn cynnwys yr hawl i:

- Gwybodaeth am eich secsiwn a'r rhesymau dros gadw
- Gwybodaeth am gydsyniad i driniaeth
- Gwybodaeth am eich hawliau i apelio i'r Tribiwnlys Iechyd Meddwl
- Gwybodaeth am sut i gysylltu â chyfreithiwr cymwys
- Gwybodaeth am eich hawl i apelio i Reolwyr yr Ysbyty
- Gwybodaeth am sut i gael cymorth a chefnogaeth Eiriolwr Iechyd Meddwl Annibynnol (IMHA)
- Gohebiaeth ac ymwelwyr
- Gwybodaeth am sut i wneud cwyn
- Gwybodaeth am ddiogelu

English:

You have certain rights when you are in hospital. These include the right to:

- Information about your section and the reasons for detention
- Information about consent to treatment
- Information about your rights of appeal to the Mental Health Tribunal
- Information about how to contact a suitably qualified solicitor
- Information about your right to appeal to the Hospital Managers

Information on how to obtain the help and support of an Independent Mental Health Advocate (IMHA)

Correspondence and visitors

Information on how to make a complaint

Information about safeguarding

Adran 3 – Derbyn ar gyfer Triniaeth

- Fe'i gelwir yn gyffredin yn 'orchymyn triniaeth'.
- Mae'r person yn dioddef o anhwylder meddwl o natur neu raddau sy'n ei gwneud yn briodol iddo dderbyn triniaeth feddygol mewn ysbyty.
- Ar sail iechyd a diogelwch y claf ac eraill, mae angen ei gadw ar gyfer triniaeth yn yr ysbyty.
- Gellir darparu triniaeth yn yr ysbyty.

Section 3 – Admission for Treatment

- Commonly known as a 'treatment order'.
- The person is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment in a hospital.
- On the grounds of health & safety to the patient and others, detention for treatment is necessary in hospital.
- Treatment can be provided in hospital.

Adran 4 - Derbyn ar gyfer asesiad mewn achosion brys

- Mae angen brys i'r claf gael ei dderbyn a'i gadw o dan adran 2.
- Mae gan y cyfnod cadw bwerau cychwynnol i bara hyd at 72 awr at ddiben ail farn feddygol.
- Fodd bynnag, dim ond un argymhelliad meddygol sydd ei angen yn y lle cyntaf.
- Gallai asesiad eilaidd olygu cadw am 28 diwrnod o dan Adran 2, neu 6 mis o dan Adran 3.
- Efallai na fydd angen secsiwn pellach ar y claf ond efallai y bydd am gael ei drin yn wirfoddol.

Section 4 - Admission for assessment in cases of emergency

- There is urgent necessity for the patient to be admitted and detained under section 2.
- The detention has initial powers to last for up to 72 hours for the purpose of a second medical opinion.
- However, only one medical recommendation is required in the first instance.
- A secondary assessment might involve detention for 28 days under Section 2, or 6 months under Section 3.
- The patient may not need further sectioning but may wish to be treated voluntarily.

Facilitator notes

Welsh:

Yn ddelfrydol, dylai'r argymhelliad meddygol gael ei wneud gan rywun y mae'r claf yn ei adnabod, fel ei feddyg teulu neu seiciatrydd. Fel arall, bydd angen i'r argymhelliad ddod gan feddyg cymeradwy Adran 12.

Mae dileu o Adran 4 yn digwydd os yw'r farn feddygol yn golygu nad oes angen trin y claf yn yr ysbyty, ac os yw'r claf yn cytuno ar y cyd i beidio ag aros yn yr ysbyty i gael triniaeth.

English:

The medical recommendation should ideally be undertaken by someone the patient knows, such as their GP or psychiatrist. Otherwise, the recommendation will need to come from a Section 12 approved doctor.

Removal from Section 4 occurs if the medical opinion is such that the patient does not need to be treated in hospital, and if the patient mutually agrees to not remain in hospital for treatment.

Adran 35 - Cleifion sy'n ymwneud ag achosion troseddol neu dan ddedfryd

- Gall llys benderfynu y dylai unigolyn cyhuddedig gael ei gadw yn yr ysbyty er mwyn sefydlu ei gyflwr meddwl.
- Mae angen i'r llys fod yn fodlon bod, neu nad oes, cyflwr meddwl sy'n berthnasol i'r drosedd y cyhuddir y person ohoni.
- Gall y cyfnod cadw bara hyd at 28 diwrnod ond gellir ei ymestyn am hyd at 12 wythnos.
- Gall y person wrthod triniaeth ond gellir ei drin yn erbyn ei ewyllys os asesir ei fod heb alluedd.

Section 35 - Patients concerned in criminal proceedings or under sentence

- A court may decide that an accused individual should be detained in hospital for the purpose of establishing their mental condition.
- The court needs to be satisfied that there is, or is not, a mental condition applicable to the offence the person is accused of.
- The detainment can last for up to 28 days but can be extended for up to 12 weeks.
- The person can refuse treatment but can be treated against their will if they are assessed as lacking capacity.

Facilitator notes

Welsh:

Gall y Llys ddefnyddio'r adran hon ar unrhyw adeg yn ystod achos llys.

Bydd gweithiwr meddygol proffesiynol yn ysgrifennu adroddiad am iechyd meddwl y person ac yn argymhell yr hyn y dylai'r llys ei wneud.

Os yw'r llys o'r farn y gellir gwneud yr adroddiad yn y carchar, gallant remandio'r unigolyn yno yn hytrach nag i ysbyty.

English:

The Court can use this section at any point during a court case.

A medical professional will write a report about the person's mental health and will recommend what the court should do.

If the court think that the report can be done in prison, they can remand the individual there instead of to a hospital.

Adran 37/41 – Pwerau llysoedd i orchymyn derbyn iad i'r ysbyty neu warcheidiaeth/ Cyfyngu ar ryddhau o'r ysbyty

- Gorchymyn ysbyty gyda chyfyngiadau ychwanegol wedi'u gosod arno.
- Pwerau yw'r rhain i roi troseddwr yn yr ysbyty, yn hytrach na charchar.
- Nid oes dyddiad gorffen yn adran 37 - yn wahanol i ddedfryd carchar.
- Os caiff gorchymyn cyfyngu Adran 41 ei ychwanegu at Adran 37, yna dim ond drwy awdurdod y Weinyddiaeth Gyfiawnder y gellir rhyddhau'r unigolyn o'r ysbyty.
- Rhaid i'r clinigydd â chyfrifoldeb gynhyrchu adroddiad blynyddol i'r Weinyddiaeth Gyfiawnder ar gynydd yr unigolyn.

Section 37/41 – Powers of courts to order hospital admission or guardianship/ Restrict discharge from hospital

- Is a hospital order with added restrictions placed upon it.
- These are powers to place an offender in hospital, rather than a prison.
- Section 37 has no end date- unlike a prison sentence.
- If a Section 41 restriction order is added to Section 37, then the individual can only be released from hospital by the authority of the Ministry of Justice.
- The responsible clinician must produce an annual report to the MOJ on the progress of the individual.

Facilitator notes

Welsh:

Gelwir Adran 41 hefyd yn “orchymyn cyfyngu” ac mae’n gweithredu fel secsiwn cymunedol. Mae rhywun yn wreiddiol ar Adran 37/41 ac sydd wedi’i ryddhau o Adran 37 gan Dribiwnlys Iechyd Meddwl neu’r Weinyddiaeth Gyfiawnder, yn golygu y gallent fod yn gymwys i fyw yn y gymuned gyda nifer o amodau wedi’u gosod arnynt. Gelwir hyn yn “rhyddhau amodol”. Mae’r pwerau yn Adran 41 yn hyblyg ond gallant gynnwys bod y person yn byw mewn man penodedig ac yn derbyn triniaeth ar gyfer ei salwch meddwl. Fodd bynnag, dim ond gyda chydysyniad y gellir rhoi triniaeth. Gallai fod yn ofynnol i’r person hefyd gadw apwyntiadau gyda goruchwyliwr, a fydd fel arfer yn weithiwr iechyd meddwl proffesiynol cymeradwy (AMHP) neu’n swyddog prawf a hefyd gyda chlinigydd cyfrifol. Mae dwy ffordd i’r rhyddhad amodol ddod i ben: naill ai drwy’r Weinyddiaeth Gyfiawnder neu Dribiwnlys Iechyd Meddwl yn caniatáu rhyddhad absoliwt.

English:

A Section 41 is also called a “restriction order” and operates like a community section. Someone originally on a Section 37/41 and who has been discharged from Section 37 by a Mental Health Tribunal or the Ministry of Justice, means that they may be eligible to live in the community with a number of conditions imposed on them. This is known as a “conditional discharge”.

The powers in Section 41 are flexible but may include that the person lives at a specified place and accepts treatment for their mental illness. However, treatment can only be given

with consent. The person could also be required to keep appointments with a supervisor, who will usually be an approved mental health professional (AMHP) or probation officer and also with a responsible clinician.

There are two ways for the conditional discharge to end: either by the Ministry of Justice or a Mental Health Tribunal granting an absolute discharge.

Beth yw 'Gorchymyn Gwarcheidiaeth'?

Mae gorchymyn gwarcheidiaeth yn darparu'r fframwaith cyfreithiol i ddarparu gofal i unigolion agored i niwed yn y gymuned.

Mae'r ddeddf hon yn rhoi gwybod i bobl â salwch meddwl beth yw eu hawliau ynglŷn â:

- Triniaeth yn y gymuned
- Asesiad a thriniaeth yn yr ysbyty
- Mynediad i'r ysbyty

Gellir penodi gwarcheidwad i ofalu am unigolyn a gwneud penderfyniadau ar ei ran. Mae'r ddeddf hon hefyd yn caniatáu iddynt fyw o fewn y gymuned, yn hytrach na chael eu cadw yn yr ysbyty.

Nid oes gan y gwarcheidwad unrhyw reolaeth dros arian, materion ariannol nac eiddo'r person.

What is a 'Guardianship order'?

A guardianship order provides the legal framework to provide care for vulnerable individuals in the community.

This act informs people with mental illnesses what their rights are regarding:

- Treatment in the community
- Assessment and treatment in hospital
- Entry into the hospital

A guardian can be appointed to look after an individual and make decisions on their behalf. This act also allows them to live within the community, rather than being detained in hospital.

The guardian has no control over the person's money, financial affairs or property.

Facilitator notes

Welsh:

BETH MAE GWARCHEIDIAETH YN EI OLYGU?

Gallwch wneud cais am warcheidiaeth os yw salwch anwylyd yn golygu ei fod yn bodloni meini prawf Adran Dau o'r Ddeddf Iechyd Meddwl - cadw ar gyfer asesiad yn yr ysbyty. Gall gwarcheidiaeth eu hatal rhag mynd i'r ysbyty a gadael iddynt fyw yn y gymuned o dan eich gwylidwriaeth. Mae'r gorchymyn hwn hefyd yn rhoi pwerau cyfreithiol arbennig i chi, fel y gwarcheidwad, i wneud rhai penderfyniadau ar eu rhan.

Mae gan warcheidwad dri phŵer:

Yr hawl i benderfynu lle bydd y person yn byw

Yr hawl i benderfynu a oes angen i'r person fynd am ofal meddygol, triniaeth neu i weithio

Yr hawl i fynnu bod meddyg yn dod i weld y person yn y lle y mae'n byw.

Mae angen i'r cais am warcheidiaeth gael ei dderbyn gan yr awdurdod lleol cyn bod y person dan warcheidiaeth yn swyddogol. Pan gaiff ei chymeradwyo, bydd y warcheidiaeth yn para chwe mis cyn dod i ben a gellir ei hadnewyddu am chwe mis arall. Ar ôl hyn, caiff y warcheidiaeth ei hadnewyddu unwaith y flwyddyn. Rhaid i'r adnewyddiad ddigwydd o fewn dau fis olaf y cyfnod gwarcheidiaeth.

English:

WHAT DOES A GUARDIANSHIP ENTAIL?

You can apply for guardianship if a loved one's illness means that they meet the criteria of Section Two of the Mental Health Act – detention for assessment in hospital. A guardianship can prevent them from being hospitalised and lets them live in the community under your watch. This order also gives you, as the guardian, special legal powers to make some decisions on their behalf.

A guardian has three powers:

The right to decide where the person will live

The right to decide if the person needs to go for medical care, treatment or to work

The right to demand that a doctor comes to see the person in the place where they live.

The application for guardianship needs to be accepted by the local authority before the person is officially under guardianship. When approved, the guardianship will last six months before expiring and can be renewed for another six months. After this, the guardianship is renewed once a year. The renewal must happen within the last two months of the guardianship period.

Beth yw Gorchymyn Triniaeth Gymunedol dan Oruchwyliaeth?

- Mae gorchymyn triniaeth gymunedol (CTO) yn orchymyn a wneir gan glinigydd cyfrifol i roi triniaeth yn y gymuned dan oruchwyliaeth i berson.
- Gall y clinigydd â chyfrifoldeb ddychwelyd y person i'r ysbyty a rhoi triniaeth ar unwaith os oes angen.
- Bydd gan bob CTO y ddau amod hyn:
 - Rhaid i'r person sicrhau ei fod ar gael i weld ei glinigydd cyfrifol os yw ei CTO yn mynd i gael ei adnewyddu.
 - Rhaid i'r person weld y meddyg ail farn penodedig os gofynnir iddo wneud hynny.

What is a Supervised Community Treatment Order?

- A community treatment order (CTO) is an order made by a responsible clinician to give a person supervised treatment in the community.
- The responsible clinician can return the person to hospital and give immediate treatment if necessary.
- Every CTO will have these two conditions:
 - The person must make themselves available to see their responsible clinician if their CTO is going to be renewed.
 - The person must see the second opinion appointed doctor if they are asked to.

Facilitator notes

Welsh:

Beth yw Clinigydd Cyfrifol? Dyma'r gweithiwr iechyd meddwl proffesiynol sy'n gyfrifol am eich gofal a'ch triniaeth tra byddwch chi dan [secsiwn](#) dan y [Ddeddf Iechyd Meddwl](#).

Mae rhai penderfyniadau, fel gwneud cais am rywun sydd wedi'i secsiynu i fynd ar [orchymyn triniaeth gymunedol \(CTO\)](#), dim ond y clinigydd â chyfrifoldeb all eu gwneud.

Rhaid i bob clinigydd cyfrifol fod yn [glinigwyr cymeradwy](#). Nid oes rhaid iddynt fod yn feddyg, ond yn ymarferol mae llawer ohonynt yn feddygon.

Mae enghreifftiau o amodau eraill yn cynnwys:

gorfod byw mewn man arbennig

mynychu gweithgareddau neu therapi

cael eich profi am alcohol neu gyffuriau anghyfreithlon

mynychu apwyntiadau am driniaeth.

Rhaid cytuno ar unrhyw amodau a ychwanegir at eich CTO gyda'ch [gweithiwr iechyd meddwl cymeradwy](#). Rhaid i'r amodau hefyd fod yn angenrheidiol neu'n briodol i sicrhau eich bod yn cael triniaeth feddygol, atal risg i'ch iechyd a diogelwch neu amddiffyn pobl eraill.

Ni allwch gael eich [galw'n nôl](#) dim ond oherwydd nad ydych yn cytuno i driniaeth feddygol.

Cyn belled â bod gennych chi [alluedd](#) i gydsynio i driniaeth, dim ond os byddwch yn cydsynio iddi y gallwch gael triniaeth. Ond mae rheolau gwahanol os cewch eich galw'n ôl i'r ysbyty

neu os nad oes gennych y galluedd. (Gweler ein tudalen ar [alw yn ôl i'r ysbyty](#) i ddarganfod mwy).

English:

What is a Responsible Clinician? This is the mental health professional in charge of your care and treatment while you are [sectioned](#) under the [Mental Health Act](#).

Certain decisions, such as applying for someone who is sectioned to go onto a [community treatment order \(CTO\)](#), can only be taken by the responsible clinician.

All responsible clinicians must be [approved clinicians](#). They do not have to be a doctor, but in practice many of them are.

Examples of other conditions include:

having to live in a certain place

attending activities or therapy

being tested for alcohol or illegal drugs

attending appointments for treatment.

Any conditions that are added to your CTO must be agreed with your [approved mental health professional](#). The conditions must also be necessary or appropriate to make sure you get medical treatment, prevent risk to your health and safety or protect other people.

You cannot be [recalled](#) just because you don't agree to medical treatment. As long as you have [capacity](#) to consent to treatment, you can only be given treatment if you consent to it.

But there are different rules if you are recalled to hospital or do not have capacity. (See our page on [recall to hospital](#) to find out more.).

Pwerau'r Heddlu o dan yr MHA

Adran 135: yn awdurdodi'r heddlu i fynd â rhywun o'i gartref ei hun i 'fan diogel' fel y gellir asesu ei iechyd meddwl. Bydd angen i weithiwr iechyd meddwl proffesiynol cymeradwy gael gwarant gan lys ynadon i gael mynediad i'r eiddo. Mae adran 135 yn para 24 awr ond gellir ei hymestyn i 36 awr.

Police Powers under the MHA

Section 135: authorises the police to take someone from their own home to a 'place of safety' so that their mental health can be assessed. An approved mental health professional will need to obtain a warrant from a magistrate's court to gain entry to the property. Section 135 lasts 24 hours but can be extended to 36 hours.



Facilitator notes

Welsh:

Man diogel: gallai gynnwys cadw'r person gartref hyd nes y gellir ei asesu. Ond gallai hefyd fod yn ysbyty, cartref gofal, gorsaf heddlu, neu hyd yn oed gartref rhywun arall y mae'r heddlu'n ei ystyried yn briodol.

Gall y cais am warant ymwneud â phryderon bod y person yn dioddef o broblem iechyd meddwl, yn cael ei esgeuluso, yn cael ei gam-drin, ac sydd yn gyffredinol yn peri perygl iddo'i hun neu i eraill.

Ni ellir mynd â phobl o dan 18 oed i orsaf heddlu o dan Adran 135.

Bydd galluedd rhywun yn dylanwadu ar hyd y Secsiwn, a hefyd a all y person aros gartref, neu gael ei gludo i'r ysbyty i'w asesu a'i dderbyn o bosibl.

English:

Place of safety: might include keeping the person at home until they can be assessed. But it might also be a hospital, a care home, a police station, or even someone else's home that the police deem appropriate.

The application for a warrant may relate to concerns that the person is suffering with a mental health problem, is being neglected, ill-treated, and who generally is at risk to themselves or others.

People under the age of 18 cannot be taken to a police station under Section 135.

Someone's capacity will influence the duration of the Section, and also whether the person can stay at home, or be taken to hospital for assessment and possible admission.

Pwerau'r heddlu o dan yr MHA

Adran 136: yn awdurdodi'r heddlu i fynd â rhywun o lle y mae i fan diogel i gael asesiad meddygol. Rhaid credu bod y person yn dioddef o anhwylder meddwl. Rhaid i arolygydd heddlu awdurdodi y gellir mynd â'r person i fan diogel. Mae'r gorchymyn yn para 24 awr ond gellir ei ymestyn i 36 awr.

Police powers under the MHA

Section 136: authorises the police to take someone from where they are to a place of safety to be medically assessed. The person must be believed to be suffering with a mental disorder. A police inspector must authorise that the person can be taken to a place of safety. The order lasts 24 hours but can be extended to 36 hours.



Facilitator notes

Welsh:

Man diogel: gall yr heddlu ddefnyddio'r Ddeddf hon pan nad yw person mewn ystafell neu dŷ lle mae'n byw. Cyn mynd â pherson i fan diogel, rhaid i'r heddlu ymgynghori ag arbenigwr priodol. Gallai hwn fod yn barafeddyg, yn ymarferydd meddygol cofrestredig, yn nyrs gofrestrdig, yn ymarferydd iechyd meddwl cymeradwy, neu'n therapydd galwedigaethol. Gall man diogel fod yn ysbyty, cartref gofal, cartref y person neu gartref rhywun arall. Mewn rhai amgylchiadau, gall y man diogel fod yn orsaf heddlu.

English:

Place of safety: the police can use this Act where a person is not in a room or house where they live. Before taking a person to a place of safety, the police must consult an appropriate specialist. This might be a paramedic, a registered medical practitioner, a registered nurse, an approved mental health practitioner, or an occupational therapist. A place of safety may be a hospital, a care home, the person's home or someone else's home. In certain circumstances, the place of safety may be a police station.

Beth yw Eiriolwr Iechyd Meddwl Annibynnol?

- Bydd IMHA yn cefnogi'r person i arfer ei hawliau o dan y Ddeddf Iechyd Meddwl.
- Helpu i fynegi barn y person am ofal a thriniaeth.
- Codi pryderon neu wneud cwyn am ofal neu driniaeth.
- Archwilio dewisiadau eraill yn lle'r driniaeth arfaethedig.
- Gorfodi hawliau.
- Gwneud cais i Dribiwnlys Adolygu Iechyd Meddwl Cymru.
- Cyflwyno barn a chefnogaeth mewn gwrandawriad gerbron Tribiwnlys Adolygu Iechyd Meddwl Cymru.
- Cael mynediad at gofnodion meddygol neu gofnodion eraill.
- Deall a dilyn i fyny ar unrhyw benderfyniadau neu gyfarwyddiadau a wneir.

What is an Independent Mental Health Advocate?

- An IMHA will support the person to exercise their rights under the Mental Health Act.
- Help express the person's views about care and treatment.
- Raise concerns or make a complaint about care or treatment.
- Explore alternatives to the proposed treatment.
- Enforce rights.
- Make an application to the Mental Health Review Tribunal for Wales.
- Present views and support at a hearing before the Mental Health Review Tribunal for Wales.
- Access medical or other records.
- Understand and follow up any decisions or directions made.



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Facilitator notes

Welsh:

Dylai eich IMHA allu:

mynd i'r ward neu'r uned lle'r ydych yn aros.

Cyfarfod â chi yn breifat, oni bai eich bod yn gwrthwynebu neu ei fod yn amhriodol fel arall (er enghraifft, os ydych yn peri risg i ddiogelwch yr IMHA).

Mynd gyda chi i gyfarfodydd gyda gweithwyr proffesiynol sy'n ymwneud â'ch gofal a'ch triniaeth pan fyddwch yn gofyn iddynt wneud hynny

Gweld unrhyw gofnodion meddygol, gwasanaethau cymdeithasol neu gofnodion eraill am eich cyfnod cadw, triniaeth ac ôl-ofal (dim ond gyda'ch caniatâd chi y gall IMHA wneud hyn, oni bai nad oes gennych y galluedd i gydsynio).

Cwrdd a siarad ag unrhyw un sy'n ymwneud yn broffesiynol â'ch triniaeth feddygol.

Os ydych yn glaf dan orfodaeth cymwys, gall y bobl ganlynol hefyd ofyn i IMHA ymweld â chi:

eich perthynas agosaf

AMHP

eich clinigydd cyfrifol

rheolwyr yr ysbyty

gweithiwr cymdeithasol sy'n ymwneud â'ch gofal, eich triniaeth neu'ch asesiad

eich derbynnydd neu [ddirprwy](#) (os oes gennych chi un). (Gair arall am atwrnai a benodir mewn [pŵer atwrnai parhaus yw derbynnydd](#).)

Os ydych yn glaf anffurfiol cymwys, gall y bobl ganlynol hefyd ofyn i IMHA ymweld â chi:
eich gofalwr
rheolwyr yr ysbyty
gweithiwr cymdeithasol sy'n ymwneud â'ch gofal, eich triniaeth neu'ch asesiad
eich derbynnydd neu ddirprwy (os oes gennych chi un). (Gair arall am atwrnai a benodir
mewn pŵer atwrnai parhaus yw derbynnydd.)

English:

Your IMHA should be able to:

Access the ward or unit where you are staying.

Meet with you in private, unless you object or it is otherwise inappropriate (for example, if you pose a risk to the IMHA's safety).

Accompany you to meetings with professionals involved in your care and treatment when you ask them to

See any medical, social services or other records about your detention, treatment and aftercare (an IMHA can only do this with your consent, unless you lack capacity to consent).

Meet and talk to anyone who is professionally involved with your medical treatment.

If you are a qualifying compulsory patient, the following people can also ask an IMHA to visit you:

your nearest relative

an AMHP

your responsible clinician

the hospital managers

a social worker involved with your care, treatment or assessment

your donee or [deputy](#) (if you have one). (A donee is another word for an attorney appointed in a [lasting power of attorney](#).)

If you are a qualifying informal patient, the following people can also ask an IMHA to visit you:

your carer

the hospital managers

a social worker involved with your care, treatment or assessment

your donee or deputy (if you have one). (A donee is another word for an attorney appointed in a lasting power of attorney.)

Beth yw eiriolaeth gyfarwyddedig a heb gyfarwyddyd?

- Mae person â galluedd, ac sy'n dewis archwilio sut y gellir cyfleu ei ddymuniadau, ei farn a'i opsiynau trwy eiriolwr, yn arfer 'eiriolaeth gyfarwyddedig'.
- Fodd bynnag, gall rhywun sydd heb alluedd, ac nad yw'n deall sut y gellir cyfarwyddo'r materion hyn, gael ei gefnogi drwy 'eiriolaeth heb gyfarwyddyd'.
- Bydd eiriolaeth heb gyfarwyddyd yn arwain at yr IMHA yn gweithio i ddeall yr hyn y byddai'r person am ei weld yn digwydd. Bydd yn gwneud hyn drwy gynnal hawliau'r person yn llawn o dan yr MHA.

What is instructed and non-instructed advocacy?

- A person with capacity, and who chooses to explore how their wishes, views and options can be conveyed through an advocate, is exercising 'instructed advocacy'.
- However, someone lacking capacity, and who does not understand how these issues can be instructed, can be supported through 'non-instructed advocacy'.
- Non-instructed advocacy will result in the IMHA working to understand what the person would want to happen. They will do this by fully upholding the person's rights under the MHA.

Facilitator notes

Welsh:

Mae'r eiriolwr yn defnyddio dulliau eraill i sicrhau nad yw dewisiadau bywyd yr unigolyn yn cael eu peryglu. Oherwydd anaf i'r ymennydd, problem iechyd meddwl, camddefnyddio sylweddau neu anymwybyddiaeth dros dro, efallai na fydd rhywun yn gallu gwneud penderfyniad drosto'i hun. Gwaith eiriolwr yw sicrhau bod ei les pennaf yn cael ei gynrychioli. Bydd yn gwneud hyn trwy siarad â staff, rheolwyr ysbytai a gofal, mynychu gwrandawiadau amlddisgyblaethol, cyrchu cofnodion a siarad â pha bynnag weithwyr proffesiynol sy'n ymwneud â'r unigolyn.

English:

The advocate uses other approaches to make sure the individual's life choices aren't compromised. It could be that because of a brain injury, mental health issue, substance misuse or temporary unconsciousness, someone isn't able to make a decision for themselves. An advocate's job is to make sure their best interests are represented. They will do this by speaking with staff, hospital and care managers, attend multi-disciplinary hearings, access records and speak with whatever professionals are concerned with the individual.

Pryd mae dyletswydd i hysbysu Eiriolwr Iechyd Meddwl Annibynnol?

- Yng Nghymru, mae gan berson yr hawl i gael IMHA os yw'n "glaf gorfodol cymwys" neu'n "glaf anffurfiol cymwys".
- Mae'n glaf gorfodol cymwys os yw'n:

Cael ei gadw o dan y Ddeddf Iechyd Meddwl, ac eithrio pan eir ag ef i fan diogel o dan adran 135 neu 136.

"Yn agored i gael ei gadw" – mae hyn yn cynnwys ar ganiatâd i fod yn absennol o'r ysbyty.

Lle bo'n absennol heb ganiatâd o'r ysbyty.

Lle mae gorchymyn llys neu gais am fynediad wedi ei wneud mewn perthynas â chi.

- Yn amodol ar orchymyn triniaeth gymunedol (CTO).
- Yn amodol ar warcheidiaeth.
- Claf dan gyfyngiadau a ryddhawyd yn amodol.
- Mae derbyn triniaethau, gan gynnwys therapi electrogynhyrfol (ECT) a niwrolawdriniaeth, yn cael eu hystyried fel opsiynau triniaeth.

When is there a duty to inform an Independent Mental Health Advocate?

- In Wales, a person has the right to an IMHA if they are a "qualifying compulsory patient" or a "qualifying informal patient".
- They are a qualifying compulsory patient if:

Detained under the Mental Health Act, except when taken to a place of safety under section 135 or 136.

"Liable to be detained" – this includes on leave of absence from hospital.

Where absent without leave from hospital.

Where a court order or application for admission has been made in relation to you.

- Subject to a community treatment order (CTO).
- Subject to guardianship.
- A conditionally discharged restricted patient.
- Receiving treatments, including electroconvulsive therapy (ECT) and neurosurgery, are being considered as treatment options.

Facilitator notes

Welsh:

Rydych yn glaf anffurfiol cymwys hefyd os ydych yn yr ysbyty fel claf gwirfoddol.

Mae bod yn glaf gorfodol cymwys neu'n glaf anffurfiol cymwys yn golygu eich bod wedi bodloni'r gofynion a restrir uchod. Fel claf gorfodol cymwys neu glaf anffurfiol cymwys, mae gennych hawl gyfreithiol i gymorth gan IMHA. Ni ellir dweud wrthy, er enghraifft, nad oes gwasanaeth IMHA yn eich ardal, gan fod rhwymedigaeth gyfreithiol ar bob Bwrdd Iechyd Lleol i sicrhau bod darpariaeth ar waith.

Os ydych yn glaf gorfodol cymwys neu'n glaf anffurfiol cymwys a bod cymorth IMHA wedi'i wrthod i chi, dylech geisio cyngor cyfreithiol gan gyfreithiwr iechyd meddwl neu ofal cymunedol. Gweler tudalen Cyngor ar Bopeth ar y system gyfreithiol i gael rhagor o wybodaeth am sut i ddod o hyd i gymorth cyfreithiol a chymryd camau cyfreithiol.

Os ydych yn glaf dan orfodaeth cymwys, gall y bobl ganlynol hefyd ofyn i IMHA ymweld â chi:

eich perthynas agosaf

AMHP

eich clinigydd cyfrifol

rheolwyr yr ysbyty

gweithiwr cymdeithasol sy'n ymwneud â'ch gofal, eich triniaeth neu'ch asesiad

eich derbynnydd neu [ddirprwy](#) (os oes gennych chi un). (Gair arall am atwrnai a benodir

mewn [pŵer atwrnai parhaus yw derbynnydd](#).)

Os ydych yn glaf anffurfiol cymwys, gall y bobl ganlynol hefyd ofyn i IMHA ymweld â chi: eich gofalwr
rheolwyr yr ysbyty
gweithiwr cymdeithasol sy'n ymwneud â'ch gofal, eich triniaeth neu'ch asesiad
eich derbynnydd neu [ddirprwy](#) (os oes gennych chi un). (Gair arall am atwrnai a benodir
mewn [pŵer atwrnai parhaus yw derbynnydd.](#))

English:

You are a qualifying informal patient also if you are in hospital as a voluntary patient. Being a qualifying compulsory patient or a qualifying informal patient means that you have met the requirements listed above. As a qualifying compulsory or qualifying informal patient, you have a legal right to support from an IMHA. You can't, for example, be told that there is no IMHA service in your area, as every Local Health Board has a legal obligation to ensure that there is provision in place.

If you are a qualifying compulsory patient or qualifying informal patient and you have been denied the support of an IMHA, you should seek legal advice from a mental health or community care solicitor. See Citizens Advice's page on the legal system for more information on how to find legal help and taking legal action.

If you are a qualifying compulsory patient, the following people can also ask an IMHA to visit you:

your nearest relative

an AMHP

your responsible clinician

the hospital managers

a social worker involved with your care, treatment or assessment

your donee or [deputy](#) (if you have one). (A donee is another word for an attorney appointed in a [lasting power of attorney.](#))

If you are a qualifying informal patient, the following people can also ask an IMHA to visit you:

your carer

the hospital managers

a social worker involved with your care, treatment or assessment

your donee or [deputy](#) (if you have one). (A donee is another word for an attorney appointed in a [lasting power of attorney.](#))

Beth yw Tribiwnlys Haen Gyntaf?

- Mae Tribiwnlys Adolygu Iechyd Meddwl Cymru (MHRT Cymru) yn diogelu cleifion y mae eu rhyddid wedi'i gyfyngu o dan y Ddeddf Iechyd Meddwl.
- Mae'n adolygu achosion cleifion sy'n cael eu cadw mewn ysbyty neu sy'n byw yn y gymuned sy'n destun rhyddhad amodol, triniaeth gymunedol neu orchymyn gwarcheidiaeth.
- Gall ceisiadau i adolygu achos gael eu gwneud gan glaf neu ar ran y claf pan fo person wedi'i awdurdodi gan yr ymgeisydd i wneud hynny.
- O dan rai amgylchiadau, gall perthynas agosaf claf sy'n cael ei gadw neu sy'n destun gorchymyn wneud cais i adolygu'r achos. Efallai y bydd y perthynas agosaf hefyd yn gallu bod yn bresennol yn y gwrandawriad tribiwnlys.

What is a First Tier Tribunal?

- The Mental Health Review Tribunal for Wales (MHRT for Wales) safeguards patients who have had their liberty restricted under the Mental Health Act.
- It reviews the cases of patients who are detained in a hospital or living in the community subject to a conditional discharge, community treatment or guardianship order.
- Applications to have a case reviewed can be made by a patient or on behalf of the patient where a person has been authorised by the applicant to do so.
- The nearest relative of a patient who is detained or subject to an order can in certain circumstances make an application to have the case reviewed. The nearest relative may also be able to attend the tribunal hearing.



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Facilitator notes

Welsh:

1. Gellir cyfeirio achos claf yn awtomatig i'w adolygu. Mae gan y sefydliad sy'n gyfrifol am y claf ddyletswyddau amrywiol i atgyfeirio achosion i'w hadolygu. Mae yna hefyd achosion eraill pan all achos gael ei gyfeirio.

2. Yr awdurdod cyfrifol yw'r sefydliad neu'r unigolyn sy'n gyfrifol am glaf sy'n cael ei gadw neu sy'n destun gorchymyn a wnaed o dan y Ddeddf Iechyd Meddwl. Mae gan yr awdurdod cyfrifol rai dyletswyddau cyfreithiol mewn perthynas â chleifion a'u hawl i gael adolygiad o'u hachos gan Dribiwnlys Adolygu Iechyd Meddwl Cymru. Y bwrdd iechyd lleol neu reolwyr yr ysbyty cyfrifol neu'r awdurdod gwasanaethau cymdeithasol lleol yw hwn fel arfer.

Mae gan yr awdurdod cyfrifol ddyletswyddau penodol mewn perthynas â'r cleifion hyn a'u hawl i wneud cais i Dribiwnlys Adolygu Iechyd Meddwl Cymru i'w hachos gael ei adolygu, gan gynnwys:

Ceisiadau: sicrhau bod cleifion yn gwybod ac yn deall eu hawl i wneud cais i Dribiwnlys Adolygu Iechyd Meddwl Cymru i gael adolygiad o'u hachos.

Cyfeiriadau: sicrhau bod y ddyletswydd ar yr awdurdod cyfrifol i atgyfeirio achosion i Dribiwnlys Adolygu Iechyd Meddwl Cymru i'w hadolygu yn cael ei bodloni neu fod y ddyletswydd i ofyn i weinidogion perthnasol y llywodraeth atgyfeirio achos i'w adolygu yn cael ei bodloni.

Ariennir Tribiwnlys Adolygu Iechyd Meddwl Cymru gan Lywodraeth Cymru, ond mae'n sefydliad statudol.

English:

1. A patient's case can be referred automatically for review. The organisation that has responsibility for the patient has various duties to refer cases for review. There are also other instances when a case may be referred.

2. The responsible authority is the organisation or individual that has responsibility for a patient who is detained or subject to an order made under the Mental Health Act. The responsible authority has certain legal duties in relation to patients and their right to have their case reviewed by the MHRT for Wales. This is usually the local health board or managers of the responsible hospital or the local social services authority.

The responsible authority has certain duties in relation to these patients and their right to make an application to the Mental Health Review Tribunal for Wales to have their case reviewed, including:

Applications: ensuring patients know about and understand their right to make an application to the Mental Health Review Tribunal for Wales to have their case reviewed.

References: ensuring that the duty on the responsible authority to refer cases to the Mental Health Review Tribunal for Wales for review is met or that the duty to ask the relevant government ministers to refer a case for review is met.

The MHRT for Wales is funded by Welsh Government, but is a statutory organisation.

Adran 26 - Perthynas Agosaf

- Nid yw'r MHA yn defnyddio'r term 'perthynas teuluol agosaf'. Yn hytrach, defnyddir 'perthynas agosaf'. Nid oes gan y perthynas teuluol agosaf unrhyw hawliau o dan y Ddeddf.
- Ni all unrhyw un fod yn berthynas agosaf. Fel arfer, fodd bynnag, gallai fod yn briod, partner sifil, rhiant hynaf neu frawd neu chwaer hynaf.
- Mae perthynas agosaf yn ddull diogelu pwysig i bobl y mae'r Ddeddf Iechyd Meddwl yn effeithio arnynt. Mae'r perthynas agosaf yn ffordd arall o sicrhau bod hawliau'n cael eu hamddiffyn pan fo pobl yn sâl, ac fel arfer yn rhywun y gellir ymddiried ynddo.
- Gellir defnyddio'r perthynas agosaf lle mae angen triniaeth (hefyd ar gyfer gorchmynion gwarcheidiaeth a thriniaeth gymunedol)

Section 26 - Nearest Relative

- The MHA does not use the term 'next of kin'. Rather, 'nearest relative is used'. NOK have no rights under the Act.
- Not anyone can be a nearest relative. Usually, however, it could be a spouse, civil partner, oldest parent or oldest sibling.
- Nearest relative is an important safeguard for people who are affected by the Mental Health Act. The nearest relative is another way of making sure that rights are protected when people are unwell, and it is normally someone that is trusted.
- The nearest relative can be used where treatment is needed (also for guardianship and community treatment orders)

Facilitator notes

Welsh:

Sefyllfaoedd eraill sy'n effeithio ar bwy allai fod eich perthynas agosaf

Os ydych o dan 18 oed ac yn destun gorchymyn gofal, yr awdurdod lleol fydd eich perthynas agosaf, oni bai bod gennych ŵr, gwraig neu bartner sifil.

Os ydych wedi eich gwahanu'n barhaol oddi wrth eich partner, ni all ef/hi fod eich perthynas agosaf.

Os oes dau berson o'r un grŵp, y person hŷn yw'r perthynas agosaf. Felly, er enghraifft, os oes gennych ddau frawd neu chwaer, yr hynaf fyddai eich perthynas agosaf.

Os ydych chi wedi byw gyda pherthynas neu'n cael gofal gan un o'ch perthnasau, nhw fydd eich perthynas agosaf. Felly er enghraifft, os mai eich chwaer yw eich gofalwr ond bod gennych chi dad hefyd, yn y sefyllfa hon eich chwaer fyddai eich perthynas agosaf.

Os ydych wedi byw gyda rhywun nad yw'n perthyn i chi am fwy na 5 mlynedd, byddant yn cael eu hychwanegu at waelod eich rhestr o berthnasau ar ôl nith a nai. Felly, er enghraifft, os oes gennych ffrind sydd wedi byw gyda chi am 7 mlynedd byddant yn cael eu hychwanegu at y rhestr. Os oes gennych chi hefyd fam a brawd, yn y sefyllfa hon eich mam fyddai eich perthynas agosaf.

Os oes gennych berthnasau hanner gwaed (fel hanner brawd neu chwaer) yna gallant fod yn berthynas agosaf i chi. Ond bydd perthynas gwaed cyfan yn cael blaenoriaeth dros hanner gwaed. Felly, er enghraifft, os oes gennych frawd llawn sy'n 20 oed, a hanner chwaer sy'n 32

oed, fel arfer yr hynaf fyddai'r perthynas agosaf. Ond gan ei bod yn berthynas hanner gwaed, yn yr achos hwn eich brawd fyddai'ch perthynas agosaf atoch.

Os oes gennych berthnasoedd mabwysiadol (fel mam neu dad mabwysiadol) yna gallant fod yn berthynas agosaf i chi.

Os oes gennych lys-berthnasau (fel llysfam neu lys-dad) yna ni allant fod yn berthynas agosaf i chi.

Pa hawliau sydd gan fy mherthynas agosaf?

O dan y [Ddeddf Iechyd Meddwl](#), mae eich [perthynas agosaf](#) yn gallu:

gwneud cais i'ch [secsiynu](#) chi neu eich gosod dan [warcheidiaeth](#)

gwrthwynebu i chi gael eich secsiynu neu eich rhoi dan warcheidiaeth

eich rhyddhau os cewch eich secsiynu a gwneud cais i'r [Tribiwnlys Iechyd Meddwl](#) os gwrthodir hyn

gofyn am eiriolwr annibynnol i roi cymorth i chi

cael ei ymgynghori a/neu roi gwybodaeth amdanoch os cewch eich secsiynu

penodi rhywun arall i fod yn berthynas agosaf i chi.

English:

Other situations that affect who your nearest relative might be

If you are under 18 and subject to a care order, the local authority will be your nearest relative, unless you have a husband, wife or civil partner.

If you are permanently separated from your partner, they cannot be your nearest relative.

If there are two people from the same group, the elder person is nearest relative. So for example, if you have two siblings, the elder one would be your nearest relative.

If you have lived with a relative or are cared for by one of your relatives, they will become your nearest relative. So for example, if your sister is your carer but you also have a father, in this situation your sister would be your nearest relative.

If you have lived with someone who is not related to you for more than 5 years, they will be added to the bottom of your list of relatives after niece and nephew. So for example, if you have a friend who has lived with you for 7 years they will be added to the list. If you also have a mother and a brother, in this situation your mother would be your nearest relative.

If you have half blood relatives (like a half brother or sister) then they can be your nearest relative. But a whole blood relationship will take priority over half blood. So for example, if you have a full brother who is 20 years old, and a half-sister who is 32 years old, normally the elder would be the nearest relative. But because it is a half-blood relationship, here your brother would be your nearest relative.

If you have adoptive relationships (like an adoptive mother or father) then they can be your nearest relative.

If you have step-relationships (like a step-mother or step-father) then they cannot be your nearest relative.

What rights does my nearest relative have?

Under the [Mental Health Act](#), your [nearest relative](#) can:

apply to [section](#) you or place you under a [guardianship](#)

object to you being sectioned or placed under a guardianship

discharge you if you are sectioned and apply to the [Mental Health Tribunal](#) if this is refused

ask for an independent advocate to give you support

be consulted and/or given information about you if you are sectioned

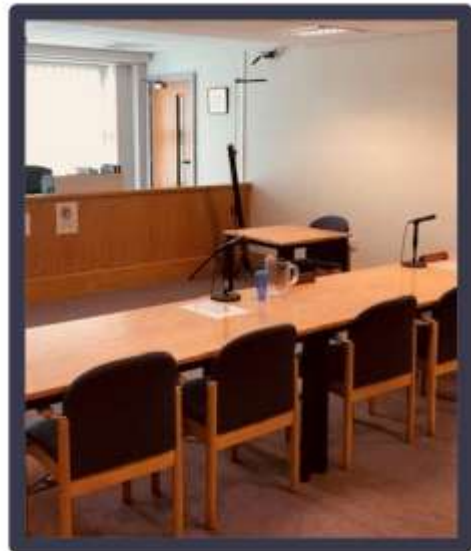
appoint someone else to be your nearest relative.

Gwrandawriad Rheolwyr Ysbytai

- Panel a benodir yn arbennig i edrych a ddylai pobl gael eu rhyddhau yw rheolwyr ysbytai. Maent yn annibynnol ar yr ysbyty, neu unrhyw sefydliad sy'n rhedeg yr ysbyty, oherwydd ni allant fod yn swyddogion nac yn weithwyr.
- Gall rheolwyr ysbyty gynnal adolygiad i weld a ddylai rhywun gael ei ryddhau ai peidio ar unrhyw adeg. Rhaid iddynt naill ai ystyried rhyddhau ar eu pen eu hunain neu drefnu i 'banel rheolwyr' ddefnyddio eu pŵer rhyddhau.

Hospital Managers' Hearing

- Hospital managers are a panel appointed specially to look at whether people should be discharged. They are independent of the hospital, or any organisation that runs the hospital, because they cannot be officers or employees.
- Hospital managers can hold a review of whether or not someone should be discharged at any time. They must either consider discharging by themselves or arrange for their power of discharge to be used by a 'managers' panel'.



Facilitator notes

Welsh:

Rhaid iddynt gynnal adolygiad os:

mae eich [clinigydd cyfrifol](#) yn anfon adroddiad yn adnewyddu eich secsiwn cadw neu CTO, hyd yn oed os nad ydych wedi herio'r adnewyddiad. Rhaid iddynt ystyried a ddylech gael eich rhyddhau beth bynnag.

Dylent ystyried cynnal adolygiad os:

rydych chi'n gofyn am un. Os ydych o dan secsiwn cadw, gwarcheidiaeth, neu CTO, gallwch [ofyn i'r rheolwyr eich rhyddhau](#).

mae eich clinigydd â chyfrifoldeb wedi gwneud adroddiad iddynt. Gelwir hyn yn '[adroddiad gwahardd](#)', ac mae'n rhwystro hawl eich perthynas agosaf i'ch rhyddhau. I gael rhagor o wybodaeth am hyn gweler ein tudalennau ar y [perthynas agosaf](#).

mae eich secsiwn neu CTO yn dod i ben, ac nid yw eich clinigydd â chyfrifoldeb wedi cynnal adolygiad.

Ni all rheolwyr yr ysbyty eich rhyddhau os:

rydych wedi cael eich anfon i'r ysbyty gan lys o dan adrannau 35, 36, neu 38

yn cael eich cadw yn yr ysbyty o dan adran 5

mewn ysbyty neu fan diogel o dan adrannau 135 neu 136

Gallant eich rhyddhau yn [yr un ffordd â'ch clinigydd â chyfrifoldeb](#).

Mae ganddynt hefyd ddyletswydd i ystyried materion penodol yn annibynnol ar y clinigydd â chyfrifoldeb a staff y ward, megis problemau a allai fod wedi codi yn ystod eich amser dan secsiwn.

Ond nid oes ganddynt y pŵer i:

eich rhyddhau i'r gymuned i CTO neu ryddhad amodol

rhoi seibiant o'r ysbyty i chi, neu ganiatâd i adael y ward a'r ysbyty am gyfnod byr, tra'ch bod yn dal i fod dan y secsiwn

Dim ond eich clinigydd cyfrifol fyddai'n gallu gwneud y pethau hyn.

Os ydych ar secsiwn

Gallant eich rhyddhau os nad yw'r rhesymau dros eich secsiynu bellach yn berthnasol, a dylent ystyried:

a oes gennych broblem iechyd meddwl o hyd

rydych dal angen asesiad a thriniaeth neu driniaeth yn yr ysbyty

byddai eich iechyd mewn perygl, neu byddai eich diogelwch chi neu rywun arall mewn

perygl petaech yn cael eich rhyddhau o'ch secsiwn a/neu'n gadael yr ysbyty

a oes gennych chi opsiynau eraill, fel a allwch chi gael eich trin am eich problem iechyd

meddwl yn y gymuned, a bydd [triniaeth briodol](#) yn dal ar gael i chi

Maent yn debygol o edrych ar adroddiadau gan eich:

clinigydd cyfrifol

[cydlynnydd gofal](#)

nyrs a enwir

gweithwyr gofal iechyd proffesiynol eraill sy'n ymwneud â'ch gofal

Mae hyn oherwydd y bydd angen i reolwyr edrych ar eich hanes gofal a thriniaeth yn y

gorffennol a manylion unrhyw gynlluniau ar gyfer y dyfodol. Bydd hyn yn cynnwys eich

cynllun gofal o dan y [Dull Cynllun Gofal](#) neu [Gynllun Gofal a Thriniaeth](#), os oes gennych chi un.

Byddant yn canolbwyntio'n arbennig ar unrhyw asesiad risg diweddar neu gynllun rheoli

risg, ac unrhyw wybodaeth eich bod wedi hunan-niweidio yn y gorffennol neu wedi

defnyddio trais yn erbyn unrhyw un arall.

Dylech allu gweld yr adroddiadau, oni bai bod y rheolwyr yn meddwl bod hyn yn debygol o

achosi niwed difrifol i'ch iechyd corfforol neu feddyliol neu i rywun arall. Os mai dyna yw eu penderfyniad, bydd angen iddynt roi rhesymau.

Pobl eraill a allai gael copi o'r adroddiadau yw eich:

cynrychiolydd cyfreithiol neu gynrychiolydd arall – fel eich [atwrnai](#) neu [ddirprwy](#)

[IMHA](#)

[perthynas agosaf](#) (os ydych yn cytuno)

gofalwr (os ydych yn cytuno)

Mae'n rhaid i'r rheolwyr ystyried y ffactorau hyn wrth wneud penderfyniad ynghylch a

ddylid eich rhyddhau, ond mae ganddynt ddisgresiwn i'ch rhyddhau beth bynnag os ydynt

yn teimlo y byddai eich amgylchiadau unigol yn cyfiawnhau hynny. Dylent ystyried yr opsiwn

lleiaf rhwystrol i chi gael triniaeth a'r ffordd orau o wneud y mwyaf o'ch annibyniaeth.

English:

They must hold a review if:

your [responsible clinician](#) sends them a report renewing your detention section or CTO, even if you have not challenged the renewal. They must consider whether you should be discharged anyway.

They should consider holding a review if:

you request one. If you are under a detention section, guardianship, or a CTO, you can [ask the managers to discharge you](#).

your responsible clinician has made a report to them. This is called a '[barring report](#)', and it blocks your nearest relative's right to discharge you. For more information on this see our pages on the [nearest relative](#).

your section or CTO is coming to an end, and your responsible clinician has not held a review.

The hospital managers can't discharge you if you:

have been sent to hospital by a court under sections 35, 36, or 38

are being held in hospital under a section 5

are in a hospital or place of safety under sections 135 or 136

They can discharge you in the [same way as your responsible clinician](#).

They also have a duty to consider certain matters independently of the responsible clinician and ward staff, such as problems that may have arisen during your time under section.

But they don't have the power to:

discharge you into the community onto a CTO or onto conditional discharge

give you hospital leave, or permission to leave the ward and hospital for a short time, while you are still under section

Only your responsible clinician would be able to do these things.

If you are on a section

They can discharge you if the reasons for your sectioning no longer apply, and should consider whether:

you still have a mental health problem

you still need assessment and treatment or treatment in hospital

your health would be at risk, or your safety or someone else's would be at risk if you were discharged from your section and/or left hospital

you have other options, such as whether you can be treated for your mental health problem in the community, and [appropriate treatment](#) will still be available to you

They are likely to look at reports from your:

responsible clinician

[care coordinator](#)

named nurse

other healthcare professionals involved in your care

This is because the managers will need to look at your past history of care and treatment and details of any future plans. This will include your care plan under the [Care Plan Approach](#) or [Care and Treatment Plan](#), if you have one.

They will focus especially on any recent risk assessment or risk management plan, and any information that you have self-harmed in the past or used violence against anyone else.

You should be able to see the reports, unless the managers think that this is likely to cause serious harm to your physical or mental health or to someone else's. If that is their decision, they will need to give reasons.

Other people who may get a copy of the reports are your:

legal or other representative – such as your [attorney](#) or [deputy](#)

[IMHA](#)

[nearest relative](#) (if you agree)

carer (if you agree)

The managers have to consider these factors when coming to a decision about whether to discharge you, but have a discretion to discharge you anyway if they feel your individual circumstances would justify it. They should consider the least restrictive option for you getting treatment and how best to maximise your independence.

Adran 68 - Dyletswyddau Rheolwr yr Ysbyty

- Mae'r adran hon yn sicrhau nad yw cleifion nad ydynt yn arfer eu hawliau i wneud cais i dribiwnlys yn cael eu gadael heb arolygiaeth farnwrol.
- Mae'n ofynnol yn rheolaidd i reolwyr ysbyty atgyfeirio cleifion o'r fath i'r tribiwnlys.
- Gallant ryddhau rhywun os nad yw'r rhesymau dros y secsiynu bellach yn berthnasol, a dylent ystyried:
 - a oes ganddynt broblem iechyd meddwl o hyd
 - a all triniaeth ar gyfer y broblem iechyd meddwl ddigwydd yn y gymuned.
 - nad yw'r person bellach yn berygl rhesymol iddo'i hun nac i eraill.

Section 68 - Duties of the Hospital Manager

- This section ensures that patients who do not exercise their rights to apply to a tribunal are not left without judicial oversight.
- Hospital managers are required at regular intervals to refer such patients to the tribunal.
- They can discharge someone if the reasons for sectioning no longer apply, and should consider whether:
 - they still have a mental health problem.
 - whether treatment for the mental health problem can occur in the community.
 - the person is no longer a reasonable danger to themselves or others.

Facilitator notes

Welsh:

Nid oes gan reolwyr ysbyty'r pŵer i: eich rhyddhau i'r gymuned i CTO neu ryddhad amodol. Rhoi seibiant o'r ysbyty i chi, neu ganiatâd i adael y ward a'r ysbyty am gyfnod byr, tra'ch bod yn dal i fod dan y secsiwn

Dim ond eich clinigydd cyfrifol fyddai'n gallu gwneud y pethau hyn.

Dylai'r rheolwyr eich cefnogi i gymryd rhan yn y broses cyn belled ag y bo modd, a dylech gael digon o wybodaeth fel y gallwch ddeall y broses a'i defnyddio mor llawn ag y gallwch. Gallwch gael cymorth ychwanegol os dymunwch. Dylai rheolwyr drefnu gwrandawiadau a rhoi digon o rybudd fel y gallwch gael rhywun yno i'ch cefnogi.

Mae hyn yn golygu y gallwch chi gael:

cynrychiolydd o'ch dewis eich hun i'ch helpu i fynegi eich barn i'r panel – gallai hwn fod yn gynghorydd cyfreithiol neu'n gyfreithiwr

perthynas, ffrind, gofalwr neu [eiriolwr](#) i'ch cefnogi

y cyfle i siarad â'r panel ar eich pen eich hun os dymunwch, gyda neu heb eich cynrychiolydd neu unrhyw un arall yr ydych wedi gofyn i'ch cefnogi yn y gwrandawriad. Yr unig eithriad yw os ystyrir bod hyn yn rhy anniogel.

English:

Hospital managers do not have the power to: discharge you into the community onto a CTO or onto conditional discharge.

Give you hospital leave, or permission to leave the ward and hospital for a short time, while you are still under section.

Only your responsible clinician would be able to do these things.

The managers should support you to take part in the process as far as possible, and you should be given enough information so that you can understand the process and use it as fully as you can.

You can have extra support if you want. Managers should arrange hearings and give enough notice so that you can have someone there to support you.

This means you can have:

a representative of your own choice to help you put your views to the panel – this could be a legal adviser or solicitor

a relative, friend, carer or [advocate](#) to support you

the chance to speak to the panel alone if you want to, with or without your representative or anyone else you have asked to support you at the hearing. The only exception is if this is considered too unsafe.

SOAD: Meddyg Ail Farn Penodedig

- Cyflwynodd MHA 1983 y Gwasanaeth SOAD i ddiogelu hawliau cleifion sy'n cael eu cadw dan y Ddeddf sydd naill ai'n gwrthod y driniaeth a ragnodwyd gan y Clinigydd Cymeradwy neu y bernir eu bod yn analluog i gydsynio.
- Nid rôl y SOAD yw rhoi ail farn glinigol ar y ffurf feddygol a ddeallir yn gonfensiynol, ond penderfynu a yw'r driniaeth a argymhellir yn glinigol amddiffynadwy ac a roddwyd ystyriaeth ddyledus i farn a hawliau'r claf.
- Mae'r SOAD yn Seiciatrydd Ymgynghorol annibynnol a benodir gan Arolygiaeth Gofal Iechyd Cymru i gyflawni'r swyddogaeth statudol hon.

SOAD: Second Opinion Appointed Doctor

- The MHA 1983 introduced the SOAD Service as a safeguard of the rights of patients detained under the Act who either refuse the treatment prescribed by the Approved Clinician or are deemed incapable of consenting.
- The role of the SOAD is not to give a second clinical opinion in the conventionally understood medical form, but to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient.
- The SOAD is an independent Consultant Psychiatrist appointed by Healthcare Inspectorate Wales to undertake this statutory function.

Facilitator notes

Welsh:

Mae'r Gwasanaeth SOAD yn cael ei gefnogi gan dîm ymroddedig o staff AGIC sy'n derbyn ceisiadau am ail farn gan ddarparwyr ac yn gweithio gyda SOAD i ddyrannu ceisiadau'n brydlon.

Mae'r rhai sydd wedi dod yn SOAD yn deall pwysigrwydd eu rôl fel amddiffyniad i gleifion sy'n cael eu cadw a'r gwahaniaeth y gallant ei wneud i gleifion a gwasanaethau eraill trwy eu cysylltiad â chleifion a staff ysbytai.

Disgwylir i SOAD weithio yn unol â thargedau perfformiad AGIC y cytunwyd arnynt ac ymgymryd â phob agwedd ar y rôl sy'n ymwneud ag Adran 58, Adran 58a a Thriniaeth Gymunedol dan Oruchwyliaeth a rhaid iddynt: Cyfweld y claf yn breifat (lle bynnag y bo modd), darllen nodiadau'r claf, darllen cynllun triniaeth y Clinigydd Cyfrifol (RC). Siarad â'r RC a'r staff nyrsio.

Mae'n ofynnol i SOAD wneud penderfyniadau, yn seiliedig ar eu barn annibynnol eu hunain, gan ystyried y rhesymeg glinigol, buddiannau a dewis y claf, Deddf Iechyd Meddwl 1983, Deddf Galluedd Meddyliol 2005 a'r Cod Ymarfer.

English:

The SOAD Service is supported by HIW's dedicated team of staff who receive the requests for second opinions from providers and works with SOADs to allocate requests promptly.

Those who have become SOADs understand the importance of their role as a safeguard for detained patients and the difference they can make to patients and other services through their contact with patients and hospital staff.

SOADs are expected to work to agreed HIW performance targets and undertake all aspects of the role relating to Section 58, Section 58a and Supervised Community Treatment and must: Interview the patient in private (wherever possible), read the patient's notes, read the Responsible Clinician (RC)'s treatment plan. Talk to the RC and nursing staff.

A SOAD is required to make decisions, based on their own independent judgement, taking into consideration clinical rationale, the interests and preference of the patient, the Mental Health Act 1983, the Mental Capacity Act 2005 and the Code of Practice.

Ymarfer: pam y gallai rhywun ofyn am ail farn?

Exercise: why might someone request a second opinion?

Facilitator notes

Welsh:

Gallai atebion gynnwys:

Ail farn os ydych yn anghytuno â'ch diagnosis neu driniaeth.

Cadarnhau y farn gyntaf.

Eisiau asesiad mwy arbenigol os ydych chi'n teimlo nad yw hyn wedi'i wneud yn y lle cyntaf.

Cyfleu gwybodaeth neu dystiolaeth na fyddai efallai wedi bod ar gael neu wedi'i hystyried gyntaf -

at ddiben herio triniaeth a gofal a ddarperir o dan y diagnosis cyntaf.

Anghytuno â meddyginiaethau rhagnodedig (gan gynnwys sgîl-ffeithiau).

English:

Answers might include:

A second opinion if you disagree with your diagnosis or treatment.

Have the first opinion confirmed.

Want a more specialist assessment if you feel this has not been undertaken in the first instance.

Convey information or evidence that might not have been first available or considered for the purpose of challenging treatment and care provided under the first diagnosis.

Disagreeing with prescribed medications (including side-effects).

Gwneud cwyn (iechyd meddwl)

- Yn gyntaf, mae'n bwysig sefydlu a yw'r broblem ynghylch **gofal iechyd neu ofal cymdeithasol**, oherwydd bydd hyn yn penderfynu pwy sy'n delio â'r gŵyn.
- Gofal iechyd yng Nghymru: byddai cwyn yn cael ei hadnabod fel 'codi pryder'.
- y darparwr gofal: er enghraifft, yr ysbyty, cartref gofal neu sefydliad sy'n darparu'r gwasanaeth, triniaeth neu ofal arall.
- y corff sy'n gyfrifol am ddarparu gofal: y Bwrdd Iechyd Lleol.
- Fel arfer, rhaid gwneud y gŵyn o fewn 12 mis i'r digwyddiad, neu pan oedd rhywun yn ymwybodol o'r mater gyntaf.

Making a complaint (mental health)

- Firstly, it is important to establish if the problem is about **health care or social care**, because this will determine who deals with the complaint.
- Health care in Wales: a complaint would be known as 'raising a concern'.
- the care provider: for example, the hospital, care home or organisation providing the service, treatment or other care.
- the body responsible for providing care: the Local Health Board.
- Normally, the complaint must be made within 12 months of the event, or when someone was first aware of the issue.

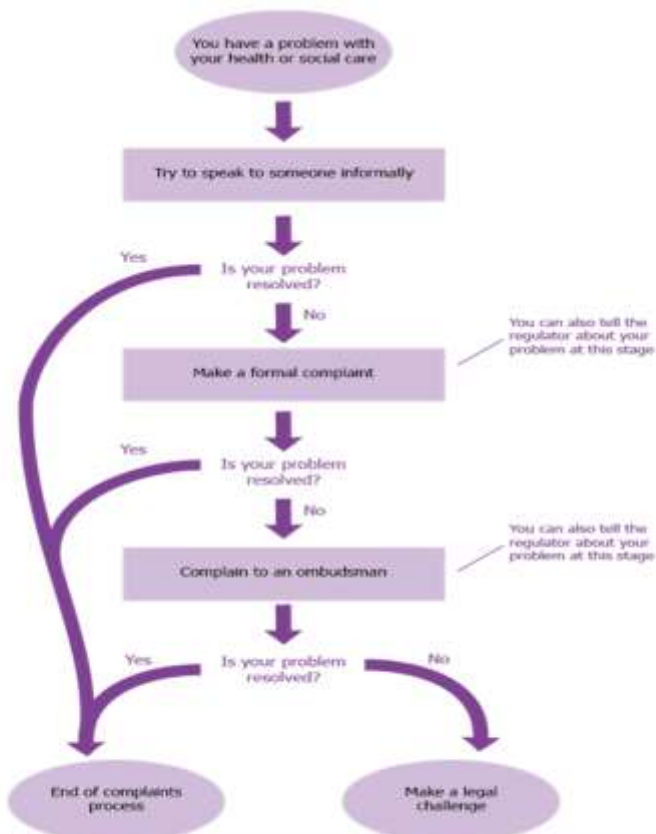
Facilitator notes

Welsh:

Gallwch wneud cwyn am eich gofal iechyd p'un a ydych yn ei dderbyn mewn: cartref gofal, eich cartref eich hun, llety â chymorth ac ysbyty, gan gynnwys cael eich cadw dan y Ddeddf Iechyd Meddwl.

English:

You can make a complaint about your health care whether you are receiving it in: a care home, your own home, supported accommodation and a hospital, including being detained under the Mental Health Act.



N.B. This image is only available in English