Welsh Mental Health Strategy: Response to Consultation

MENTAL HEALTH FOUNDATION

The overall vision

Question 1: How much do you agree that the following statement sets out an overall vision that is right for Wales?

Overall Vision Statement: "People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales."

Question 1a: What are your reasons for your answer to question 1?

Answer: Overall, we agree with the vision set out for the Mental Health Strategy, though we would like to see specific mention of prevention which is distinct from promotion of mental health. Prevention refers to measures and interventions that act early to prevent circumstances, experiences and distress escalating into diagnosable mental health problems. The Mental Health Strategy should include both promotion and prevention.

We especially support the focus on fostering communities that promote, support and empower people to improve their mental health and wellbeing. We also support the aspiration to a Wales that is free from stigma and discrimination. We support a rights-based approach to mental health and the commitment to the best mental health possible.

In order to accommodate diverse people in Wales, we recommend that the sentence on 'care and support' benefit from the addition of 'culturally appropriate', in addition to person-centred, compassionate and recovery-focussed. Working towards person-centred care does not guarantee that services will be competent and sensitive to cultural diversity, and therefore we think that a separate commitment to 'culturally appropriate' support is needed.

In order to reflect the Welsh Government's responsibilities under international human rights law, the Vision should incorporate 'protecting' people's mental health. Therefore, we recommend the wording of the Vision Statement be amended to read: "… live in communities which **protect**, promote, support and empower, etc."

Question 2: In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones?

(The ten principles are: all-age focus, person-centred, rights-based approach, no wrong door, informed by wider determinants of health, trauma-informed, equity of access, experience and

outcomes without discrimination, evidence driven and outcome focused, preventative and value-based, free of stigma and shame, blame and judgement. The Strategy also commits to an anti-racist approach.)

We welcome the focus on a preventative approach. Mental health problems cost the Welsh economy £4.8 billion each year. It is possible to prevent mental health problems.

We welcome the focus on equity of access – this needs to be seen as extending beyond mental health services and health services generally to all public services.

However, we think that attention to gender is missing from the principles. We are disappointed that the 'inequality and promoting equity' section does not identify women as a key at risk group and does not commit to specific action to promote the mental health and wellbeing of women. The 2014 Adult Psychiatric Morbidity Survey in England highlighted higher rates of common mental health problems among women than men, and particularly high rates amongst young women and girls. In 2014, young women were three times more likely than men to experience common mental health problems, with more than 25% reporting symptoms of common mental disorders (sic) in the week prior to the survey. The Welsh Government's Equalities Impact Assessment for the draft Mental Health and Wellbeing Strategy recognises gender as an issue and reports that, in Wales, "women continue to report worse mental health than men." Women's gender puts them at higher risk of domestic violence and financial stress, both of which are strong risk factors for poor mental health. Gendered social roles also disproportionately affect women, e.g. greater caring responsibilities, as well as physiological life course stages including pregnancy, child birth, and the menopause. It is also important to highlight the gendered nature of poverty given that poverty is a key driver of poor mental health.

Therefore, we recommend that gender be identified as a priority issue with regard to addressing inequalities and inequity.

We welcome the principle of 'informed by wider determinants of health'. In almost all cases of poor mental health, our genes do nothing more than carry a slight risk. What is more important to look at is the wide range of social, economic, family and emotional factors that interact with our genes and our biology. These factors can make us more or less likely to develop a mental health problem. We particularly welcome the Strategy's reference to poverty as a key driver of poor mental health.

We welcome the principle on stigma. In our view, tackling stigma and discrimination based on mental health status will be fundamental to the success of the strategy.

We welcome the 'all-age' focus.

We welcome the focus on being evidence-driven and outcomes-focussed. It will be important to incorporate lived experience evidence as a valued type of evidence to inform the strategy's implementation, and this lived experience should include those who have used mental health services but extend also to those with diverse experiences of inequalities and disadvantage that has put their mental health at risk, even if they have not had a mental health diagnosis. An example of this type of lived experience is the Diverse Experiences Advisory Panel (DEAP) in Scotland (see Diverse Experiences Advisory Panel (DEAP) | Mental Health Foundation).

We are disappointed that there is no principle of lived experience and/or co—production. Involving lived experience is different from being person-centred and focussed on the individual, it is about valuing the particular expertise that those with lived experience bring to discussions about mental health, their own and in general, and ensuring that these perspectives are involved in decisions at all levels of the mental health system. It is also important to recognise that many people with diverse experiences of disadvantage have valuable insights on mental health for the purposes of developing policy and services, as is demonstrated in the Scottish Diverse Experiences Advisory Panel. We therefore recommend adding the principle of 'diverse lived experience involvement'.

We welcome the 'trauma-informed' principle which we recommended in our previous submission.

We welcome the commitment to an anti-racist approach and ensuring that the Strategy contributes to anti-racism efforts in Wales, as we recommended previously. We are disappointed that the Strategy does not specifically commit to culturally appropriate services.

We are also concerned about the omission of specific reference to people seeking sanctuary (asylum-seekers) and refugees. People seeking sanctuary face specific prejudice and discrimination, as reflected in the UK Government's 'hostile environment' policy, and therefore a targeted approach is needed to overcome this prejudice.

Vision Statement 1

Question 3: Vision Statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

Question 3a What are your reasons for your answer to question 3?

We welcome the Vision statement with its acknowledgement that people need not only the knowledge on how to act to improve their mental health and wellbeing but also the confidence and opportunities to do so. The Foundation's Top Tips for mental health may be a useful resource in implementation of actions under this Vision Statement Our best mental health tips - backed by research | Mental Health Foundation.

However, we are concerned that the 'What this means' section does not make clear the extent to which circumstances beyond the individual's control can affect their mental health. The section seems to imply that the main factor is people's knowledge of how to look after their mental health, which is inaccurate. For example, under 'Factors influencing our mental health', the reference to 'financial position' is misleading, since it fails to identify that poverty and financial strain are the main financial factors that increase the risk rather than 'financial position' of the financially secure. Similarly, in the section 'Reducing the risk of poor mental health', neither unemployment nor debt are mentioned despite these being well-known risk factors for poor mental health. Nor does this section reference the impacts of climate change, unsafe neighbourhoods, lack of access to leisure and play facilities, etc.

We recommend that this section make more clear the connections between poverty, financial stress, unemployment, debt and poor mental health. Supporting evidence can be found in our briefing paper Mental health and the cost-of-living crisis report: another pandemic in the making? |

Mental Health Foundation. We also recommend that this section highlight the role of places and communities, including factors such as climate change and the environment, neighbourhood safety, and access to housing and to leisure and play facilities.

We also recommend that the public information developed under this Vision Statement include understanding of the relationship between healthy diet and nutrition and mental health.

We recommend that this section has more clear support for the role of the Arts and Culture in supporting mental health. There is a growing body of evidence around how the arts are supporting health and wellbeing, including World Health Organisation research which highlights the role of the arts in communicating valuable messages across cultures see (https://www.who.int/initiatives/arts-and-health), and WHO evidence on the role of the arts in improving health and wellbeing (see What is the evidence on the role of the arts in improving health and well-being? A scoping review (who.int). In a vulnerable economic climate, we need to ensure the benefits of arts interventions are valued alongside medical interventions.

We welcome the recognition that some people face barriers to good mental health and require help.

Question 3b: We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions? Question 3c Are there any changes you would like to see made to these actions?

Overall, we believe that the actions focus too much on conveying information to individuals about the behaviours they can take, while not adequately addressing the need to provide opportunities for them to do so, nor on information about the societal factors that could negatively affect their mental health. As the social determinants of mental health play such a significant role in mental health outcomes, it is important that the general public understands them and their influence.

We are also concerned that the value of community assets has been deprioritised in the Strategy by saying that they will grow and decline depending on funding. It is important that community assets are prioritised for funding as befits their value in preventing poor mental health.

> **We recommend that Action VS1.2 be expanded to include educating the general public about the role of the social determinants of mental health.**
>
> **We recommend that Action VS1.6 be amended to include increasing the availability of social prescribing options in the community.**
>
> **We recommend that Action VS1.7 be expanded to include increasing the funding for and utilisation of community assets for mental health promotion.**

A recent systematic review of public health capacity-building interventions found that they can enhance knowledge, skill, self-efficacy (including confidence), changes in practice or policies, behaviour change, application, and system-level capacity.[1]

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[1] See DeCorby-Watson, et al. (2018) at Effectiveness of capacity building interventions relevant to public health practice: a systematic review | BMC Public Health (springer.com)

We recommend the addition of a new action under VS1 to build community organisations' capacity to engage in preventative mental health support. This should include a sustained funding stream of multi-annual funding for community organisations to carry out prevention initiatives.

We are also concerned that the intention to reduce mental health inequalities is not adequately reflected in the actions under Vision Statement 1. There needs to be a commitment within this section to ensuring that those most at risk of poor mental health are given the greatest resources for supporting their mental health. For example, it is important that targeted interventions are provided to increase mental health literacy among people seeking sanctuary and refugees.

Proportionate universalism is an approach recommended in the Marmot Review. Such approaches balance universal and targeted approaches, allocating resources according to levels of need and risk for particular social groups in order to obtain the greatest gains for the resources available. In simple terms, this is an approach to addressing inequalities which means ensuring support for everyone, because we all have mental health, but also focusing targeted support to address the greater risks faced by some people and groups.

We recommend the addition of a new action under VS1 to ensure that all actions under this Vision Statement are carried out with a proportionate universal approach that provides universal support as well as targeted interventions for people most at risk, in line with the recommendations of the Marmot Review. In practice, this means ensuring that all actions are proofed against protected characteristics under the equality legislation, as well as for the under-served groups mentioned in the draft Strategy.

We welcome Action VS1.1 which commits to finding out what works to protect and promote mental health and wellbeing and what works to protect against the development of mental health conditions. We especially welcome the focus on identifying and listening to under-served groups traditionally excluded from mainstream services. The Foundation's forthcoming publication on conducting health economics research with seldom-heard groups may support this action.

We are concerned that Action VS1.4 on stigma is too vague and does not lend itself to measurement of success. It would be better if this action incorporated measurable improvement in attitudes to mental health.

We recommend that VS1.4 be amended to include a commitment to measurable improvement in attitudes to mental health and in mental health literacy.

We are concerned that there is no dedicated action under Vision Statement 1 to improve preventative mental health support in workplaces, nor to support employers to foster mentally healthy workplaces. Having a fulfilling job with good working conditions is important for many people's mental health and general wellbeing. The Mental Health Foundation believes in workplaces where everyone can thrive. We also believe in the role of employers, employees, and businesses in creating thriving communities. Good mental health at work and good management go hand in hand and there is strong evidence that workplaces with high levels of mental wellbeing are more productive. Addressing wellbeing at work increases productivity by as much as 12%.

According to our report The Economic Case for Investing in the Prevention of Mental Health Conditions, in workplaces, rapid access to psychological supports alongside programmes to create mentally healthy workplaces are cost-effective. However, some employers, particularly those running SMEs, may not have the funds required to access mental health capacity building training and support. Therefore, the Welsh Government should work with SMEs to develop supports that enable them to provide effective prevention and early intervention for mental health. We believe that more can be done to strengthen the impact of Healthy Workplace Wales, beyond providing online resources.

We recommend an action is added for the Welsh Government to work with employers, including SMEs, to develop supports for prevention and early intervention in the workplace, going beyond the online resources at Healthy Workplace Wales.

We are concerned that there is no action to improve resources for implementing Vision Statement 1. No other group of health conditions comes close to mental health problems in relation to the prevalence, persistence and breadth of damage that can be caused, requiring the most urgent public health commitment of our generation. The Mental Health Foundation/LSE report on the economic case for investing in prevention of mental health conditions found that mental health problems cost the Welsh economy £4.8B per annum.[2]
Prevention is possible: Our LSE report showed that there are well-evidenced, cost-effective programmes that can reduce the likelihood of developing mental health problems.

We recommend an action to develop a transparent funding stream to support implementation of Vision Statement 1.

We are concerned that VS1.9 refers only to life stages of children and adolescents. A life course approach is valuable across the whole lifetime from perinatal and infancy through working and child-bearing age to later life. The full range of life stages should be included in VS1.9.

We note that the proposed indicators do not measure mental health literacy, which is one of the aims of this section.

We recommend that an indicator be added to this section to measure population mental health literacy at regular intervals.

We recommend an indicator be added on the availability of community assets that support mental health.

Vision Statement 2

Question 4: Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

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[2] Mental Health Foundation/London School of Economics (2022) The Economic Case for Investing in the Prevention of Mental Health Conditions in the UK, available at https://www.mentalhealth.org.uk/explore-mental-health/publications/economic-case-investing-prevention-mental-health-conditions-UK

The discussion of Vision Statement 2 seems to be missing the cultural and civil rights aspects that foster good mental health, i.e. living free from prejudice and discrimination and participation (having a voice in decisions about one's life). We previously pointed out that the Marmot principles do not cover respect (i.e. freedom from prejudice and discrimination). Experiences of racism, disablism, sexism and prejudice and discrimination in all its forms put mental health at risk.

> **We recommend that the principle of freedom from prejudice and discrimination be added to the framework that underpins cross-departmental action on page 27 of the draft Strategy.**

Question 4a What are your reasons for your answer to question 4?

Experiences of prejudice and discrimination are widespread in society and put mental health at risk. For example, associations have been found between perceived racism and psychological distress, and the emotional and psychological effects of racism have been found to be consistent with traumatic stress (see Mental Health Foundation: Tackling Social Inequalities to Reduce Mental Health Problems).

In this section we say what different parts of Welsh Government will do to meet the objectives of vision statement 2:

- what mental health policy can do (question 4b)
- what wider Welsh Government will do (question 4c)

Question 4b: Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

> Based on international good practice, **we recommend that a cross-departmental structure is established for development, coordination and monitoring of action to implement the Mental Health Strategy.**
>
> It is not enough for individual departments to undertake their own mental health impact assessments. Effective cross-departmental action requires coordination between activities of different departments and agencies. Examples of such cross-departmental structures include the Northern Ireland Steering Group on Prevention and Early Intervention under its Mental Health Strategy 2021-2031 (see Action Plan at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.publichealth.hscni.net%2Fsites%2), and the cross-departmental monitoring group for the Mental Health Strategy in the Republic of Ireland.

We are concerned that the implementation of mental health in health impact assessments will not be sufficient due to lack of capacity in Government Departments beyond health.
As public bodies may not be skilled or knowledgeable in mental health and wellbeing, it will be important that they understand fundamentally that the HIA must address not only potential effects o n mental illness but also the effects (positive and negative) on the promotion of mental health and

wellbeing. It is also vital that the guidance makes clear that mental health, including the promotion o f positive mental health and wellbeing, is given attention on an equal basis to physical health.

While guidance will be necessary, it will not be sufficient to ensure that public bodies are able to carry out HIAs. There is a need for a programme of capacity building among public servants responsible for HIAs, so that they have the knowledge and skills to carry out HIAs that fully address mental health and wellbeing, and so that the HIA becomes a tool for promoting population mental health. This capacity building programme should include training that has a specific focus on mental health impact assessment.

> **We recommend a funded programme of capacity building be developed for Government Departments to be able to carry out mental health impact assessments.**

Question 4c There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

> **Wales' anti-bullying in schools guidance and programme to embed anti-bullying in schools should be included in the listed cross-departmental actions on mental health.**

Many children and young people can experience homophobic, biphobic, and transphobic bullying behaviours, language use, and comments from their peers. Research conducted by the University of Cambridge for Stonewall in The School Report (2017)141 found that nearly half of LGBT+ young people (45 per cent) – including 64 per cent of trans young people – are bullied for being LGBT+ at school or college across the UK. As bullying is a known risk factor for mental health problems, it is important to protect all children and young people from experiencing bullying.

Question 4d: We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

We welcome all of the actions under Vision Statement 2.

Question: 4e Are there any changes you would like to see made to these actions?

> **We recommend action to provide sustainable funding for youth mentoring programmes across Wales.**

Research has shown that one of the strongest predictors of good mental health amongst young people is the presence of at least 'one good adult', who they can dependably turn to for guidance and support[i]. A recent large survey of young people in Ireland found that the presence of such a figure was associated with lower levels of anxiety and depression and greater levels of good life satisfaction, high self-esteem, healthy coping strategies and optimism for the future[ii]. Previous studies have also conversely found that the absence of such a relationship is associated with an increased risk of self-harm and suicidal thoughts[iii]; higher rates of youth offending and poorer outcomes among youth in care[iv]. Despite these findings, concerns have been raised that societal and demographic changes have diminished the availability and quality of youth–adult relationships, particularly among those who are most vulnerable[31]. The Mental Health Foundation's 'State of Generation' report identified that 1 in 5 young adults (20%) surveyed in Scotland felt they did not have a trusted adult to go to for advice and support if they were experiencing a problem and over a quarter said they "often" feel they lack companionship (27%)[v].

The Welsh Government should invest in evidence-based mentoring programmes based on the one good adult model. All children at risk across Wales should have the support of someone who they trust and look up to, who is available to them in times of need, in order to enhance their resilience and give them the best start in life.

Preventing trauma and adverse childhood experiences: Traumatic experiences include interpersonal trauma such as bullying, abuse and domestic violence and childhood traumas such as abuse, neglect, abandonment and family separation. Trauma can also include community trauma such as bullying, gang culture and war[3] and less understood social traumas such as marginalisation, racism and the legacy of violence against entire groups, such as genocide.[4]

There is a rapidly growing awareness of Adverse Childhood Experiences (or ACEs) and longitudinal studies and a body of wide body of literature seeking to understand the impacts of ACEs[5][6]. We welcome the increased emphasis on ACEs and trauma informed approaches in Wales, including: the national Trauma Framework, the focus on ACEs by the Future Generations Commissioner, the establishment of ACE Aware Wales, the emphasis on using trauma-informed approaches in the new statutory guidance for schools on a 'whole school approach' and the adoption of the NEST framework [specify this].

We believe that a dedicated, resourced programme is needed to embed the trauma-informed approach across all public services, similar to the National Trauma Transformation Programme in Scotland. Listening, empathetic services that place the person at their centre should become the norm for all public services, education settings, workplaces, health and social care services, emergency services and criminal justice. This requires appropriate training about trauma and its impact for the professionals working in these services as well as organisational leadership and review of public service operations.

> **We recommend that trauma-informed services be embedded in all public services in Wales and the Welsh Government should commit to being a trauma-informed organisation, similar to the National Trauma Transformation Programme in Scotland.**[7]

Free transport for all young people age 16-25, all asylum-seekers and refugees, and all people on low incomes: This recommendation stems from the importance of maintaining social

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[3] Van der Kolk, B.A. (2005) Developmental trauma disorder: towards a rational diagnosis for chronically traumatized children, Psychiatric Annals, Vol. 35 No. 5, pp. 401-8 In Sweeney, A., Clement, S., Filson, B., Kennedy, A., (2016) "Trauma-informed mental healthcare in the UK: what is it and how can we further its development?" Mental Health Review Journal, Vol. 21 Issue: 3, pp.174-192

[4] Blanch, A., Filson, B., Penney, D. and Cave, C. (2012), Engaging Women in Trauma-informed Peer Support: A
Guidebook, National Center for Trauma-Informed Care, Rockville, MD in Sweeney,A., Clement, S., Filson, B.,Kennedy, A., (2016) "Trauma-informed mental healthcare in the UK: what is it and how can we further its development?" Mental Health Review Journal, Vol. 21 Issue: 3, pp.174-192

[5] Bellis MA, Hughes K, Leckenby N, Harcastle KA, Perkins C, Lowey H (2015) Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. J Public Health (Oxf).2015;37:445–54.

[6] Hughes K, Bellis MA, Hardcastle KA,Sethi D, Butchart A, Mikton C, Jones L,Dunne MP (2017) The impact of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2017;2:e356NP–66

[7] NHS Education for Scotland

connectedness to prevent mental health problems. It is supported by the Welsh Youth Parliament, the Future Generations Commissioner, and Plaid Cymru, with regard to young people.

Providing free transport is an effective means of giving more young people access to employment and education opportunities; leisure, sport, and recreational opportunities; and opportunities to connect with others in a meaningful way, while reducing social isolation among asylum-seekers/refugees and people on low incomes.

> **Therefore, we recommend an action in the Mental Health Strategy to provide free transport for all young people age 16-25, all people seeking sanctuary and refugees, and all people on low incomes.**

Housing and homelessness: As reported in our briefing paper Tackling Social Inequalities to Reduce Mental Health Problems, the Foundation has previously highlighted the importance of a safe, secure and suitable home for mental wellbeing. A recent systematic review has found a consistent, robust, and temporally ordered association between prior housing disadvantage and mental health, where housing disadvantage was defined in terms of tenure, precarity and physical characteristics.

Being homeless or at risk of homelessness is strongly associated with mental health problems and this association is supported by at least one systematic review. One 2014 study found that 80% of homeless people in England reported that they experienced mental distress, with 45% having been diagnosed with a mental health problem. England's Five Year Forward View on Mental Health affirmed that common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to fifteen times higher. Homelessness also can have a considerable impact on children if adequate supports are not in place. Homelessness increases the risk of pre-term birth and low birth weight, while homeless infants experience significant development delays between 4 and 30 months, which can negatively impact on their cognitive, behavioural and academic development. The quality of a person's home is also important for their mental health. Poor quality housing, and housing that is unsafe and insecure, are risk factors for poor mental health and the exacerbation of existing mental health problems.

The issue of homelessness risk is very high among refugees if and when they are given only seven days' notice to leave their asylum accommodation. The mental health risks of this policy should be recognised and acted upon.

> **We recommend that the Welsh Government and Local Authorities carry out a mental health impact assessment of their housing and homelessness plans**.

Physical activity is known to protect mental health, however people seeking sanctuary may face barriers to participation due to cost, given their extremely low incomes. The current scheme for free gym membership for refugees should be extended to people seeking sanctuary in Wales so that they can use gyms to support their mental health.

We recommend that the Welsh Government and Local Authorities extend free gym membership to people seeking sanctuary.

Building resilient communities: In its September, 2023 report on resilient communities, the Building Communities Trust found that "Our research shows that communities with fewer places to meet, a less engaged and active community and poorer connectivity to the wider economy, experience significantly different social and economic outcomes compared to communities possessing more of these assets." (see Executive+summary+-+English+v.2.pdf (squarespace.com)
. These disadvantages all relate to ways of protecting mental health, including having opportunities for social connection and community engagement, work and education. Therefore,

We support the Building Communities Trust recommendation that the Welsh Government should distribute resources based on resilience as well as deprivation. This can be facilitated by recognising the mental health benefits of resourcing for resilient communities.

Vision Statement 3

Question 5: Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this?

In general, we support the aims and intentions of the section described under Vision statement 3. However, we think that employment and housing services should be added in as public services that need to be connected in with health services.

We recommend adding employment and housing services into the list of services that need to be better connected.

Question 5a What are your reasons for your answer to question 5?

Good quality employment opportunities and good quality housing are both fundamental determinants of mental health. People recovering from a mental health difficulty may need support to access these, and evidence shows that this support is more effective when well coordinated with mental health supports.

Question 5b We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

Question 5c Are there any changes you would like to see made to these actions?

Fundamentally, an inadequate level of service provision militates against prevention and early intervention, if people seeking support face long waiting lists. Therefore, **it is vital to ensure that waiting lists for early intervention and specialist mental health supports are reduced.**

Care-experienced children: We are concerned that care-experienced children may not be getting the support and early intervention they need to prevent mental health problems. Although the Social Services and Wellbeing Act makes provision for a needs assessment for care-experienced children, the legislation is not specific on the content of this needs assessment, leading to varying

approaches across local authorities. There is a need to standardise needs assessments to ensure that mental health and the related supports needed for care-experienced children are addressed.

> **We recommend an action to ensure that all children and young people entering the care system have their mental health needs assessed and are offered support with their mental health.**

Vision Statement 4

Question 6 Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this?

Question 6a What are you reasons for your answer to answer to question 6? Nothing to say here.

Question 6b We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

Question 6c Are there any changes you would like to see made to these actions

We are concerned that the draft Mental Health Strategy does not commit to providing language interpretation supports within health services. We believe that more specific action should be set out in the Mental Health Strategy with regard to people seeking sanctuary and refugees. In particular, **we recommend the following actions be added under Vision Statement 4:**

> NHS Wales should develop and deliver training for healthcare staff on the healthcare rights and entitlements of people seeking sanctuary and refugees. There must be mechanisms to monitor and address any barriers to accessing healthcare services (including maternity care) experienced by these groups.
>
> NHS Wales should ensure healthcare services provide appropriate professional interpreters for people seeking sanctuary and refugees. This is an important step in ensuring people from these groups can engage with healthcare services and are supported in navigating an unfamiliar healthcare system.
>
> NHS services should ensure that healthcare information and support is available in the languages required by people seeking sanctuary and refugees, including pregnant women.
>
> NHS Wales should continue to increase the diversity of its workforce, including recruiting mental health professionals and other members of staff from a range of ethnic and cultural backgrounds. This can be accomplished in part by easing the means by which people seeking sanctuary can enter the workforce and use their skills in contributing to the NHS and social care.
>
> NHS Wales should ensure that training in cultural competency and humility, and anti-discrimination training (including anti-racism) training is mandatory for all staff who have contact with patients, including receptionists.

NHS Wales should ensure that healthcare provision recognises the situation and personal characteristics of migrant women and girls and that it is age- and gender-sensitive.

NHS Wales should ensure that targeted outreach is undertaken to support people from Black and minoritised ethnic communities to access parenting supports.

Question 7: We have identified some areas where action is needed to support the mental health system as a whole. These areas are: • digital and technology • data capture and measurement of outcomes • supporting the mental health workforce • physical infrastructure (including the physical estate of services) • science, research and innovation • communications. Do you agree these are the rights areas to focus on?

[Note that the Workforce section looks good in its commitment to cultural competency and diversity.]

- **We recommend that the mental health core data set includes information so that it can record and report on mental inequalities groups**
- **Prevalence information for Wales:** Wales is at a disadvantage in planning its mental health system due to the lack of Wales-specific prevalence data. **We recommend a mental health morbidity survey for Wales.**

Question 7a What are your reasons for your answer to question 7?

It is not possible to plan services well for Wales without Welsh-specific information on the extent and nature of mental health problems in the nation. That information currently does not exist. Wales has specific circumstances including high levels of poverty, a rural population and other demographics that mean it should have its own prevalence data.

The Strategy Overall

Question 8 The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

- Establishing a cross-government governance structure for implementing and monitoring the strategy
- Capacity-building in mental health impact assessment for the public sector
- Extending free transport to people seeking sanctuary
- Embedding anti-bullying programmes in all schools

Question 9 This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

No comment.

Question 9a: What are your reasons for your answer to question 9?

Question 10: We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

> The impact assessments omitted climate change which is a current and future stressor affecting people's mental health. The impact assessment should include information on the likely impact of climate change on people's mental health.

Question 11: We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

No comment

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them

We are concerned about the funding for the Strategy. An unfunded Strategy is an undeliverable Strategy and will not achieve its aims. We recommended that a 10-year funding plan accompany the Strategy, with a commitment to transparency on funding for prevention.

> **We recommend that funding for prevention within the mental health budget be increased proportionally so that it reaches 10% of the mental health budget.**

We are also concerned about the lack of certainty provided to voluntary and third sector organisations who will be vital to implementation of the Strategy.

> **We call for a commitment in the Strategy to multi-annual funding for voluntary and third sector organisations supporting delivery of the Strategy.**
>
> Based on international good practice, we repeat that **we recommend that a cross-departmental structure is established for development, coordination and monitoring of action to implement the Mental Health Strategy.**
>
> It is not enough for individual departments to undertake their own mental health impact assessments. Effective cross-departmental action requires coordination between activities of different departments and agencies. We believe that the governance arrangements for the Mental Health Strategy should incorporate Government Departments beyond Health who have significant roles in delivering population mental health, including those covering education, housing, employment and communities.
>
> Examples of such cross-departmental structures include the Northern Ireland Steering Group on Prevention and Early Intervention under its Mental Health Strategy 2021-2031

(see Action Plan at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.publichealth.hscni.net%2Fsites%2), and the cross-departmental monitoring group for the Mental Health Strategy in the Republic of Ireland.

Mental Health Foundation

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