

Connecting the dots: tackling mental health inequalities in Wales

December 2022



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Connecting the dots: tackling mental health inequalities in Wales

December 2022



About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:
www.senedd.wales/SeneddHealth

Current Committee membership:



**Committee Chair:
Russell George MS**
Welsh Conservatives



Rhun ap Iorwerth MS
Plaid Cymru



Gareth Davies MS
Welsh Conservatives



Sarah Murphy MS
Welsh Labour



Jack Sargeant MS
Welsh Labour



Joyce Watson MS
Welsh Labour

The following Member attended as a substitute during this inquiry.



Ken Skates MS
Welsh Labour

The following Member was also a member of the Committee during this inquiry.



Mike Hedges MS
Welsh Labour

Connecting the dots

Tackling mental health inequalities in Wales

December 2022

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Chair's foreword

We all have mental health. Just as our physical health may vary throughout our lives, sometimes our mental health will be positive, at other times we will experience poorer mental health, and some of us may become more seriously mentally unwell.

Our mental health is inextricably linked with our physical, emotional, and spiritual health, and the circumstances in which we live. We all have human needs which must be met if we are to thrive. Our specific needs will vary, according to who we are, our circumstances, and the communities we belong to. But we all need our communities, our health services, and our wider public services to recognise and respond to our needs, to help us build and sustain our mental health and wellbeing, to support us when we experience poorer mental health or become mentally unwell, and to see us as more than just our diagnoses or conditions.

Sadly, the evidence shows that some groups and communities are at greater risk of poor mental health than others, that such groups may have the most difficulty in accessing services, and that even when they do get support, their experiences and outcomes are poorer.

These inequalities are too-often rooted in deeper societal and structural inequalities, and tackling them must be a priority for the Welsh Government's next mental health strategy.

Connection is key to tackling mental health inequalities. Connecting poor mental health with its wider causes, particularly in the context of rising costs of living, gives us the opportunity to address those causes, not just patch up the symptoms. Connecting people with their communities, and bringing communities together, can create environments and circumstances which support, promote and nurture positive mental health and wellbeing. And connecting services will help the mental health and wider workforce to work together, and to co-produce solutions and resources with people with lived experience to ensure that everyone can get the help and support they need, when and how they need it.

Simply put, we cannot build a mentally healthy Wales, or successfully tackle mental health inequalities, without connecting the dots.

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a large initial 'R' and a horizontal line underneath.

Russell George MS

Chair of the Health and Social Care Committee

Recommendations

Recommendation 1. The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government’s new mental health strategy.

..... Page 34

Recommendation 2. Ideally in its response to our report, but at latest by July 2023, the Welsh Government should provide a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh Government, and which are within the control of the UK Government. This appraisal should be accompanied by a realistic assessment of how far the Welsh Government can go in improving the mental health and wellbeing of the population using the levers within the Welsh Government’s control, and information about how the Welsh and UK Governments are working together to ensure the levers at the UK Government’s disposal are used to best effect to improve mental health and wellbeing in Wales.

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Recommendation 3. By December 2023 the Welsh Government should have commissioned an independent review of the existing evidence, and such further research as may be necessary, to explore the impact of the UK welfare system on mental health and wellbeing in Wales, and what effect the devolution of welfare and/or the administration of welfare could have on tackling physical and mental health inequalities in Wales. The review and research should take into account issues of principle, as well as the practicalities and associated financial implications of retaining the current situation or any further devolution. The Welsh Government should commit to publishing the outcome of the review and research. Page 35

Recommendation 4. The Welsh Government should set out how the new mental health strategy will ensure that people with severe and enduring mental illness will have routine access to physical health checks, and what actions will be taken to minimise the impact of factors such as poverty, disadvantage and diagnostic overshadowing on this group.

..... Page 35

Recommendation 5. The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023, and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions..... Page 48

Recommendation 6. In its response to our report, the Welsh Government should provide assurance that work to develop cross-cutting early support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency. This should include setting out what specific actions will be taken and when, and details of when and how evaluation will be undertaken to assess whether people’s experiences and outcomes are improving. Consideration should be given to the use of peer support approaches, video buddies and neurodivergent champions. Page 48

Recommendation 7. In its response to our report, the Welsh Government should set out a clear timeline for the urgent review of mental health provision for deaf people and commit to providing us with an update on the review, and any conclusions or emerging findings, by Jul 2023. It should also provide assurances that the review will take account of the issues raised by the *All Wales Deaf Mental Health and Well-Being Group* in its report, *Deaf People Wales: Hidden Inequality*, and consider whether the establishment of a national specialist deaf mental health service for Wales is required. Page 49

Recommendation 8. In its response to our report, the Welsh Government should provide an update on the implementation of the recommendations made by the Auditor General for Wales in his 2018 report, *Speak my language: overcoming language and communication barriers in public services*. Page 50

Recommendation 9. In its response to our report, the Welsh Government should outline what duties are on health boards and other public services to provide interpretation and translation services for languages other than Welsh and English. In doing so, it should provide assurance that the duties in place are adequate, and are being implemented effectively, to reduce the reliance on family members or community volunteers to provide interpretation or translation other than in urgent or emergency cases. Page 50

Recommendation 10. We endorse and reiterate recommendation 1 made by the Equality and Social Justice Committee in its October 2022 report, *Gender based violence: the needs*

of migrant women, that the Welsh Government should consider creating and maintaining a directory of recognised interpreters. Page 50

Recommendation 11. By July 2023 the Welsh Government should publish the key deliverables and qualitative and quantitative measures for the impact of the trauma-informed framework for Wales, and put in place a robust evaluation framework. If the Welsh Government is not able to commit in its response to our report to the work being completed within this timeframe, it should explain why it is not achievable and provide information about the timescales within which the measures and evaluation framework will be completed. Page 51

Recommendation 12. The Welsh Government should work with relevant organisations to ensure that appropriate and supportive information on attachment and parent-child relational health is provided to expectant parents and new parents, for example in literature and via antenatal classes. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023. Page 51

Recommendation 13. The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required. Page 55

Recommendation 14. To accompany the publication and ongoing implementation of the social prescribing framework, the Welsh Government should develop and deliver targeted communication campaigns to promote awareness of social prescribing and the new framework among health professionals, services and community groups and organisations to which people could be prescribed, and the general public. Page 62

Recommendation 15. The Welsh Government’s social prescribing framework should include measures by which the health and social impacts and outcomes of social prescribing schemes at local, regional and national levels can be assessed. The Welsh Government should commit to publishing data as part of the ongoing evaluation of the social prescribing framework to enable us and stakeholders to monitor the impact of both social prescribing and the social prescribing framework. Page 63

Recommendation 16. In its response to our report, the Welsh Government should outline what actions it will take to develop a more professional structure for the social prescribing workforce, including how it will address variation in pay, terms and conditions, and improve funding sustainability for such roles. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023. Page 63

Recommendation 17. In its response to our report, the Welsh Government should set out how it, working with Health Education and Improvement Wales and Social Care Wales, will monitor the impact of the actions in the mental health workforce plan aimed at improving staff wellbeing. It should also commit to publishing annual reports setting out whether the actions in the plan are having the intended impact, and if not, what will be done differently. The first annual report should be published no later than December 2023. Page 70

Recommendation 18. Once the Welsh Government has published its draft budget for 2023-24, it should confirm which of the actions in the mental health workforce plan have been allocated full funding, which have been allocated partial funding, and which have not yet been allocated funding. It should also provide details of which partially-funded or unfunded actions will be prioritised should further funding become available. Page 70

Recommendation 19. The Welsh Government should work with neurodivergent people to co-produce training and awareness-raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people’s lives, how to support and help them, and developing positive, constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023. Page 70

Recommendation 20. The Welsh Government should ensure that the workforce survey to be undertaken across health and social care as part of the mental health workforce plan is undertaken as a matter of urgency, and no later than July 2023. The Welsh Government should work with groups and communities identified through analysis of the diversity data gathered through the survey as being underrepresented in the mental health workforce, and with neurodivergent people, to design and deliver a mentoring and support programme to help them enter the mental health workforce. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023. Page 70

Recommendation 21. The Welsh Government should require its civil servants to include, in every submission made to Welsh Government Ministers seeking a decision on policy, legislative, spending or taxation proposals, an assessment of how the recommended course of action will contribute to improving the mental health and wellbeing of the people of Wales..... Page 75

Recommendation 22. The Welsh Government should provide us with annual updates on progress made in implementing the recommendations set out in this report. The first annual update should be provided in December 2023..... Page 76

Recommendation 23. In its response to our report, the Welsh Government should commit to commissioning and publishing independent interim and final evaluations of its new mental health strategy. The interim evaluations should include assessment of the impact of the strategy to date on the mental health and wellbeing of Wales’ population, the outcomes it has achieved, and any learning points or recommendations for change. Alongside each interim evaluation report, the Welsh Government should publish details of what actions it will take in response to any learning points or recommendations for change. Page 76

Recommendation 24. In its response to our report, the Welsh Government should confirm that the data to be collated and published as part of the mental health core dataset will enable us and stakeholders to see and track progress over time in mental health inequalities relating to access to mental health services and outcomes for different groups and communities. This should include information about what data will be included, how frequently data will be published, what analysis will be undertaken, and confirmation that the data will be disaggregated on the basis of diversity characteristics. Page 77

Recommendation 25. Following the completion of the research commissioned from the University of South Wales on measuring clinical and social outcomes, the Welsh Government should set out a timetable for the development and implementation of wellbeing measures to inform the monitoring and evaluation of the impact the new mental health strategy has on tackling mental health inequalities. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023..... Page 77

Recommendation 26. The Welsh Government should work with the police and crime commissioners and the police forces in Wales to identify opportunities to improve access

for police officers to ongoing training in mental health awareness, suicide prevention, neurodiversity awareness, learning disability awareness, and cultural competence. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023..... Page 80

Recommendation 27. In its response to our report, the Welsh Government should provide an update on its discussions with the UK Government on the draft Mental Health Bill. This should include information about whether the Welsh Government has reached a view on whether it supports the UK Government’s intention to legislate in the devolved area of mental health, details of the analysis and consultation undertaken by the Welsh Government to inform its view on this matter, and information about the actions taken by the Welsh Government to ensure that the different legislative and policy contexts in Wales and England are being taken into account in the development of the legislation and planning for its implementation..... Page 80

Summary

Mental health

- Mental health is, to a great extent, shaped by the social, economic and physical environments in which people live. Mental health problems can affect anyone, but some groups or communities are disproportionately at risk. Such groups may also have the most difficulty in accessing services, and even when they do get support, their experiences and outcomes may be poorer.
- People's vulnerability to mental health problems is often linked to inequalities in society, such as those relating to protected characteristics, poverty, inadequate housing, and lack of access to education or employment.

Tackling mental health inequalities

- The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of the Welsh Government's new mental health strategy.
- Not all of the levers for tackling poverty and other social determinants of mental health are held by the Welsh Government. We are calling for an assessment of how far the Welsh Government can go in improving Wales' mental health and wellbeing using the tools within its control, and information about how the Welsh and UK Governments are working together to improve mental health and wellbeing in Wales. We also want further information about how the new mental health strategy will meet the needs of people with severe and enduring mental illness.
- There are different views within the Committee about whether the devolution of welfare, or the administration of welfare, would be effective or appropriate. But we all agree that the Welsh Government should commission an independent review into the impact any such devolution would have on tackling mental and physical health inequalities in Wales.

Person-centred services

- There are gaps in provision across the spectrum of mental health needs, and these are made worse by long NHS waiting times. Services need to be more joined-up, more flexible, and better able to work together to design and deliver support that meets individuals' needs.
- Neurodivergent people are particularly at risk of mental health inequalities. We want the Welsh Government to publish a roadmap with actions at national and local level to improve mental health among neurodivergent people, including steps to simplify and make the process for adults and children to be assessed for neurodivergent conditions more accessible. We are also seeking assurance that work to develop cross-cutting support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency.
- Making sure mental health services feel accessible and welcoming to everyone who may need them is key to reducing mental health inequalities. We are calling for clarity on the timescales for reviewing mental health provision for deaf people, and for improvements in the provision and availability of interpretation and translation services for languages other than Welsh and English.
- We welcome the publication of the trauma-informed framework for Wales, but would like clarity on the timescales for developing measures to assess its impact. We are also calling for improvements in the provision of information on attachment and parent-child relational health for expectant and new parents.

Mental health is 'made in communities'

- Mental health is a public health issue, and communities have a vital role to play in preventing mental ill health, promoting and protecting mental wellbeing, and supporting people who are living with mental ill health. Improvements to mental health services are necessary, but we also need much more focus on prevention, and on supporting communities to build, sustain and nurture positive mental health and wellbeing.
- It is not always clear what community services are available, so we are asking Welsh Government to work with partners to develop an online directory to complement what information there currently is. We welcome the steps taken by the Deputy Ministers to improve funding sustainability for third sector and community organisations, but we are

not yet persuaded that the issue has been resolved and will continue to monitor the situation.

Social prescribing

- Social prescribing is a way of linking people to sources of non-medical, community-based support to help them better manage their health and wellbeing. It is not a 'magic bullet' and it is not suitable for everyone or in all circumstances, but it has potential when used appropriately to reduce pressure on NHS services and improve people's health and social outcomes.
- We welcome the development of the national social prescribing framework, but want to see it accompanied by targeted communication campaigns to raise awareness among health professionals, community groups and the public. We are also calling for the framework to include measures for assessing the health and social impacts and outcomes at local, regional and national levels, and for commitments relating to the publication of data as part of the ongoing evaluation of the framework. The social prescribing workforce has a key role to play, and we are asking the Welsh Government what plans it has to develop its professional structure.

Workforce planning

- Specialist mental health staff are an important part of the picture, but addressing mental health inequalities requires viewing the workforce in its widest sense, including health services, social services, education, housing, public services, and the community and voluntary sectors.
- Issues relating to recruitment, retention and training gaps in the mental health and wider workforce pre-date the pandemic, but have worsened as a result of burnout and rising costs of living. We welcome the mental health workforce plan's focus on workforce wellbeing, but want to know more about how the impact of the plan on wellbeing will be monitored.
- In the context of budgetary constraints, and the need to balance tackling immediate workforce pressures with developing a mental health workforce fit for the future and equipped to meet diverse needs, we are also calling for more information about which actions within the mental health workforce plan have been allocated funding and how funding will be prioritised.

- Building the capacity of the workforce to meet the needs of diverse communities requires a more diverse workforce, improved equality awareness and training, and the removal of barriers preventing staff from accessing training opportunities. We want Welsh Government to work with neurodivergent people to co-produce training and awareness-raising campaigns, and to work with people from underrepresented communities to design and develop a mentoring and support programme to help them enter the mental health workforce.

Coordinated cross-government action

- The review and refresh of the Welsh Government's mental health strategy provides a valuable opportunity to tackle mental health inequalities and embed the needs of diverse communities into Wales' approach to mental health. Ensuring the strategy and associated frameworks translates into meaningful action and tangible impacts on the ground will need an effective, cross-government approach and coordination with other relevant plans and policies.
- We want every submission to Welsh Government Ministers seeking decisions on policy, legislation, spending or taxation to include an assessment of how the recommendation will contribute to improving mental health and wellbeing. We also want to receive annual updates on progress on implementing our recommendations, as well as commitments from the Welsh Government to commission and publish interim and final evaluations of its new mental health strategy including the impact it has had on mental health and wellbeing and the outcomes that have been achieved.
- We are keen to see the mental health core dataset introduced, but want confirmation that the data will be disaggregated so that we and stakeholders can track progress in tackling mental health inequalities. We also want more information about when wellbeing measures will be developed and implemented to inform the monitoring and evaluation of the new mental health strategy's impact.

Reform of the Mental Health Act 1983

- Finally, it is unacceptable that anyone is being inappropriately detained under mental health legislation, and even more so that some groups and communities are disproportionately at risk. We want to see Welsh Government work with police partners to improve access to ongoing training for police officers in mental health awareness, suicide

prevention, neurodiversity awareness, learning disability awareness, and cultural competence.

- If proposals in a UK Government Bill to reform the 1983 Act engaged the legislative consent procedure, we would expect to scrutinise any associated legislative consent memoranda. In the meantime, we have asked the Welsh Government to provide an update on its discussions with the UK Government on the development of the legislative proposals.

1. Introduction

Background

1. The Centre for Mental Health describes a ‘triple barrier’ of mental health inequality, which affects large numbers of people from different sections of the population:

- Some groups of people are disproportionately at risk of poor mental health. This is often linked to wider inequalities in society.
- Groups with particularly high levels of poor mental health can have the most difficulty accessing services.
- When people do get support, their experiences and outcomes are often poorer.¹

2. These inequalities existed before the COVID-19 pandemic, but the pandemic has made them worse.

Our inquiry

3. To ensure our work on mental health inequalities was led by the evidence and lived experience, we took a two-phase approach.

4. During the first phase we called for written evidence,² held focus groups with people with lived experience or who are at risk of experiencing mental health inequalities,³ and held scene-setting evidence sessions⁴ to explore:

- Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?
- For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

¹ Centre for Mental Health, [Mental health inequalities: factsheet](#), 11 November 2020

² Health and Social Care Committee, [Consultation: mental health inequalities](#)

³ Health and Social Care Committee, [Mental health inequalities: engagement findings](#), March 2022

⁴ Record of Proceedings (“RoP”) [paras 139-354], 24 March 2022. Links to the RoPs of Health and Social Care Committee meetings are [available on the Committee’s website](#).

- To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?
- What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

5. During the second phase we held further oral evidence sessions,⁵ visited projects working to promote and support mental health in their communities,⁶ held a private informal discussion with neurodivergent people,⁷ and held focus groups with key workforce groups⁸ and members of the Welsh Youth Parliament⁹ to explore four emerging themes:

- **Mental health and society:** the wider determinants of mental health, and the role of society and communities in promoting and supporting mental health.
- **Community solutions:** the role of communities in promoting and supporting mental health, and social prescribing.
- **The impact of mental health inequalities on neurodivergent people.** While many groups and communities are at risk of mental health inequalities, during the first phase of our work we heard significant concerns about the impact of such inequalities on neurodivergent people. Neurodivergent people are a diverse group, many of whom may also experience inequalities relating to their other characteristics. We decided, therefore, that looking at the experiences of this group would also help us to explore broader themes that affect other groups, including a lack of joined up services, limited awareness and training, and diagnostic overshadowing.
- **Role of the healthcare and wider workforce:** including mental health and equality awareness across the whole workforce, training, joined up working within the health service and with other organisations, and the role of GPs as the ‘front door’ to mental health services.

6. We also sought updates from the Deputy Minister for Mental Health and Wellbeing (“Deputy Minister for MHW”) on the implementation of recommendations made by the Fifth

⁵ RoP, 4 May; RoP, 19 May; RoP, 8 June; RoP, 6 July

⁶ Health and Social Care Committee, [Mental health inequalities: visit](#), 23 June 2022

⁷ Health and Social Care Committee, [Mental health inequalities: stakeholder discussion](#), 8 June 2022

⁸ Health and Social Care Committee, [Mental health inequalities: engagement summary: workforce](#), September 2022

⁹ Health and Social Care Committee, [Mental health inequalities: Welsh Youth Parliament focus group](#), 10 October 2022

Senedd Health, Social Care and Sport, and Children, Young People and Education Committees in their work on mental health and wellbeing.¹⁰

7. In September 2022 we held an evidence session with the Deputy Minister for MHW and the Deputy Minister for Social Services (“Deputy Minister for SS”) to explore all of the issues.¹¹

Listening to lived experience

8. We want people to be at the heart of health and social care, and at the heart of our work. Our approach to evidence gathering reflects this, providing a range of ways for people with lived experience and expertise to contribute. To maintain this as we prepared our report and recommendations, we established an online advisory group comprising people from across Wales with a range of different experiences. We are grateful to all advisory group members for their views, experience, expertise and constructive challenge.¹²

9. We are grateful to everyone who shared their experiences and expertise with us. Part of our role is to shine a light on people’s experiences and amplify their voices. We can only do this by listening to and understanding their stories, but we are very aware that this may sometimes be difficult for people and can risk retraumatising them. Throughout our inquiry we have worked with partner organisations to ensure that everyone who took part in our stakeholder sessions, focus groups, visits and advisory group has been supported by people they know and who have the right expertise. We also included information about sources of mental health and emotional support in our inquiry communications.¹³

Language and terminology

10. We recognise that where language and terminology do not resonate with people or communities it can exacerbate stigma or be a barrier to people accessing help or support. Ashra Khanom of the Neath Port Talbot Black Minority Ethnic Community Association explained:

“At one of the young persons’ workshops, one of the girls said, ‘We don’t want to talk about mental health because people call us “broken”, and one of the boys said, ‘In school and everything, there’s pressure to succeed, and your family saying’—especially

¹⁰ At time of writing, we have received updates on inquiries relating to [suicide prevention](#) and [perinatal mental health](#). Updates on inquiries relating to loneliness and isolation, the use of antipsychotic medication in care homes, mental health in policing and police custody, and the impact of the COVID-19 outbreak and its management on health and wellbeing are yet to be received.

¹¹ RoP, 28 September 2022

¹² A summary of the advisory group’s views has been published alongside this report.

¹³ Information about sources of mental health and emotional support is also provided in the annex to this report.

with ethnic minorities—'if you don't succeed, you're going to be discriminated against. Life is just more difficult, and a challenge'. So, everybody's like pushing, pushing for them to be useful to society, be perfect, not 'broken', as they were saying, and that was such a big issue for them. The boys were saying they would never seek mental health support from their GP because they didn't want to seem weak. Also, we talked around the language of mental health, and people were saying, 'If you use "mental health" with us, it's a barrier for us, because it's too strong a term'. That's what their words were. They said, 'Use words like "stress", "worry", "feeling unwell"', which we were surprised about as well, and somebody said, 'Do you know what? Why can't we have mental health as one group and mental illness?'.¹⁴

11. Dr Julie Bishop of Public Health Wales (“PHW”) agreed that the term ‘mental health’ is too often used to talk about mental illness, distress or poor mental health. She suggested that terms such as ‘mental wellbeing’ could be more appropriate when “trying to focus people and the wider system on thinking about what we can do to create the conditions to build good mental health as a preventative action”.¹⁵

12. Our aim is to be inclusive and evidence-led. This includes the language and terminology we use when considering issues relating to mental health and wellbeing, and to specific groups and communities. We have drawn on NHS guidance,¹⁶ and on input from our advisory group and others who have contributed to our work. We acknowledge that people are individuals with their own views and preferences, and that there may not always be consensus on the ‘right’ or ‘preferred’ terms. But, throughout our report, we aim to use language that recognises and affirms the identities of the people and groups affected by the issues we have considered, which is consistent with the social model of disability, and which avoids perpetuating stigma.

¹⁴ RoP [para 233], 19 May 2022

¹⁵ RoP [para 100], 19 May 2022

¹⁶ NHS England, [Making information and the words we use accessible](#) [accessed November 2022]

2. Mental health inequalities

Who is most at risk?

13. It is often stated that one in four people will experience a mental health problem. Recognising this can be helpful in reducing stigma, and encouraging people to talk about their own mental health or seek support. But, it can also disguise the fact that some individuals, groups or communities may be more at risk than others, and that this is often linked to broader inequalities in society. Box 1 identifies some of the groups and communities we were told may be at particular risk.

Box 1 Groups identified as being particularly at risk of experiencing mental health inequalities

- People from socioeconomically-disadvantaged backgrounds, or who are living in poverty.
- Ethnic minority communities and racialised communities, including Gypsies and Travellers.
- Older people.
- Children and younger people, especially those with experience of care, school exclusion or adverse childhood experiences (“ACEs”).
- Neurodivergent people, including autistic people and people with conditions such as ADHD.
- People with a learning disability, or communication, speech or language difficulties.
- People with sensory impairment or loss.
- LGBTQ+ people.
- Pregnant women and new mothers (the ‘perinatal’ period).
- Disabled people, or people living with a chronic health condition or with serious mental illness.
- Carers, including people who are caring for someone with a chronic or terminal illness, or who has mental health difficulties.
- People with substance misuse issues.

- Women, as a broad group.
- Men, as a broad group, but in particular young men, middle-aged men and unemployed men.
- Refugees and asylum seekers.
- Homeless people.
- People who have experienced trauma, including sexual violence or domestic abuse.
- Offenders or others who have experienced the criminal justice system.
- People living in rural areas, or in agricultural or fishing communities.
- The health, care and education workforces.

14. Within these groups, individuals' experiences can be very different, and the intersection of different inequalities and characteristics can exacerbate the impact of different inequalities and increase barriers (see Box 2 for examples). When considering mental health, support and services, the focus must be on the whole person rather than reducing them to aspects of their identity, condition or diagnosis.¹⁷

Box 2 Examples of intersectionality in the older population in Wales

- Ageism experienced by older people can be compounded by long-standing and pervasive inequalities such as racism or homophobia.¹⁸ Older LGBTQ+ people are less likely to have access to support from family members as a result of discrimination, and may also be less likely to access health and social care services due to fear of discrimination.¹⁹
- Overall, 23 per cent of respondents to Age Cymru's survey of older people's experiences of the pandemic reported taking on new or additional caring responsibilities during the pandemic. This rose to 43 per cent for older people from ethnic minority communities. Increased caring responsibilities can lead to people giving up employment, with corresponding implications for their income or financial security.²⁰

¹⁷ We explore issues relating to person-centred services in chapter 3.

¹⁸ RoP [para 262], 24 March 2022

¹⁹ MHI85 Age Cymru

²⁰ MHI85 Age Cymru

15. Some of the ways in which different people experience mental health inequalities may be specific to the groups or communities to which they belong; other experiences are more universal. Box 3 summarises some of the experiences described to us.

Box 3 How groups and communities experience mental health inequalities

- Stigma, including the fear of being judged, of losing existing support, or being penalised, for example by children being taken into care.
- Discrimination, including on the basis of age, ethnicity or sexuality.
- Cultural barriers and language issues.
- Lack of trust in services, including as a result of previous negative experiences or concerns about being dismissed or not feeling listened to.
- Lack of knowledge about what help may be available or how to access it.
- Lack of capacity within existing services, long waiting times, high thresholds for access, and gaps or variability in service provision, including a lack of specialist services.
- Lack of clarity about referral processes, restrictive referral processes, and exclusion from services as a result of diagnostic overshadowing.
- Geographic issues, including relating to rurality.
- Digital exclusion.

16. In the course of a single inquiry we have not been able to examine the experiences of every group or community. Indeed, it would be reductive to define individuals' experiences of mental health inequalities solely on the basis of their characteristics. However, focusing on the experiences of some specific groups (including those highlighted in Box 4) has helped us to examine broader systemic issues linked to mental health inequalities, including stigma and discrimination, inflexible services, and a lack of joined-up support.

Box 4 Examples of groups whose experiences of mental health inequalities we have explored

People living with severe and enduring mental illness

- While anyone may have periods of poor mental health, some people will experience more severe and enduring mental illness. This can be exacerbated by some of the wider,

external factors discussed throughout this report. People in this group can therefore be particularly vulnerable to mental health inequalities. They often have poorer physical health, and may die on average 15 to 20 years earlier than the general population.²¹ Children and young people in this group may be less likely to receive the support they need through either the whole-school approach or investment in early intervention.²²

- Suggestions made to improve support for people living with severe and enduring mental illness included more strategic national focus on workforce planning and development, greater investment in secondary and specialist mental health services, access to routine physical health assessments to identify and treat physical co-morbidities, expansion of programmes to support them into employment, and greater clarity about which health professional has overall responsibility for individuals' holistic care when they are being treated for both physical and mental health conditions.²³
- The Deputy Minister for MHW said the Welsh Government had reviewed mental health secure provision, made progress in early intervention in psychosis services, and was investing in improving Child and Adolescent Mental Health Services ("CAMHS") provision (including in-patient provision). She told us she was working with stakeholders to ensure the Welsh Government's new mental health strategy met the needs of people with severe and enduring mental illness.²⁴

Neurodivergent people

- Neurodivergent conditions include autism, ADHD, dyslexia, dyspraxia and other learning, motor language and tic conditions. Neurodivergent people may be at much higher risk of depression, anxiety, OCD, self-harm, suicide, and mental illnesses such as schizophrenia and bipolar. There are also links with poorer physical health, including obesity, cardiovascular disease, diabetes and asthma.²⁵ People with lived experience of neurodiversity—including some who are neurodivergent themselves or who are carers for neurodivergent people—told us that supporting a neurodivergent child or young person

²¹ RoP [para 8], 6 July 2022

²² MHI54 Royal College of Psychiatrists

²³ RoP [para 16], 6 July 2022; MHI65 Royal Pharmaceutical Society; MHI 73 Welsh NHS Confederation's Health and Wellbeing Alliance Mental Health Sub-Group

²⁴ RoP [paras 125-126], 28 September 2022

²⁵ RoP [para 32], 8 June 2022

with poor mental health can affect the mental health of parents, carers and the wider family.²⁶

- The inequalities faced by neurodivergent people can prevent them from seeking support, with consequences for individuals, their families and public services. Unmanaged ADHD can give rise to “unseen costs” for other public services such as healthcare, education, social services and the criminal justice system.²⁷ Exclusion from school is more common among neurodivergent people; it is possible that this relates to behaviours arising from an undiagnosed or unsupported condition. People who have been excluded from school are then less likely to be diagnosed or supported, leading to what Professor Amanda Kirby described as a “school-to-prison pipeline”. She added that once in the criminal justice system, individuals’ mental health might be considered, but “the underlying reasons, like ADHD, might not”.²⁸

People from ethnic minority communities

- Barriers and inequalities experienced by people from ethnic minority communities may include stigma, discrimination, lack of cultural awareness and sensitivity, insufficient service capacity and flexibility, fears of medication, inadequate translation services, financial barriers, and a workforce that does not reflect the diversity of Wales’ communities.²⁹
- The Deputy Minister for MHW said the Welsh Government was investing £1.4m in Time to Change Wales over three years, including work to “better understand the attitudes, beliefs and experiences of black, Asian and minority ethnic people towards mental health and accessing health and support services”. She said that other steps to improve mental health services for ethnic minority communities included setting up a task and finish group with the Wales Alliance for Mental Health, and funding Diverse Cymru to deliver a cultural competency scheme across Wales. She added that promoting cultural competency will “remain a key priority” in the Welsh Government’s new mental health strategy.³⁰

Children and young people

- Children and young people may be at particular risk of mental ill health, both as a broad general group and in relation to factors such as ACEs, experience of care, school exclusion

²⁶ Health and Social Care Committee, [Mental health inequalities: stakeholder discussion](#), 8 June 2022

²⁷ MHI01 ADHD Foundation

²⁸ RoP [para 30], 8 June 2022

²⁹ RoP [paras 218, 233, 271, 311, 322 and 343], 19 May 2022

³⁰ RoP [paras 56-58], 28 September 2022

or protected characteristics. The pandemic has affected children and young people as a group more than other age groups, and has also reinforced existing social inequalities.³¹ The then Children’s Commissioner for Wales told us in March 2022 that many families see CAMHS appointments as the “golden ticket” for resolving a child’s mental distress or ill health, but that in many cases there are underlying social factors that need to be addressed.³²

- Our focus group with Welsh Youth Parliament Members (“WYPMs”) highlighted concerns about school and exam pressures, peer pressure, bullying and body image, poverty and the rising costs of living, and uncertainty about the future. One of the most significant issues reported was inadequate support from CAMHS, with some participants saying that young people saw “no point” in going to CAMHS, that it “never helps”, and that it was seen “almost as a joke”.³³ Similar issues were raised by young people who worked with Mind Cymru on its *Sort the switch* report when we and the Children, Young People and Education Committee met them in November 2022 to discuss issues relating to the transition between children’s and adults’ mental health services.

Factors affecting mental health

Social determinants of mental health

17. During our work we have heard about the mental health implications of many external factors, including income uncertainty, poor housing, discrimination and fear, shame and humiliation, trauma, loneliness and isolation, and lack of voice, choice and control. Mencap Cymru spoke for many of those who gave evidence when it said:

“The key to erasing mental health inequalities is to address the underlying causes of mental ill-health. We feel that for most people with a learning disability, mental health problems are not the result of an internal problem, but a result of the external.”³⁴

18. A strong theme in the evidence was that the traditional ‘medical model’ of mental health—in which the provision of support and treatment is led by diagnosis of a condition—fails to recognise and address people’s broader needs because the human needs underlying a

³¹ RoP [para 276], 24 March 2022

³² RoP [para 282], 24 March 2022

³³ Health and Social Care Committee, [Mental health inequalities: Welsh Youth Parliament focus group](#), 10 October 2022

³⁴ MHI32 Mencap Cymru

person's poor mental health may be ignored or underexplored. Results include focusing on treatment instead of addressing root causes; siloed ways of working; and overly rigid and inflexible patient pathways.

19. Medication has an important role in treating mental health problems, but we heard concerns that too often it is used as a 'sticking plaster' for people who are struggling with their mental health while little is done to address their underlying issues. Adferiad said that antidepressants were widely-prescribed for problems that actually required practical support to resolve, for example issues with housing, unemployment or abusive relationships, adding:

"In some disadvantaged communities antidepressants are seen as the only 'answer' to a poor quality of life, especially for women."³⁵

20. Dr Jen Daffin of Psychologists for Social Change explained that where poor mental health results from external factors or circumstances, medication can do little to address the underlying causes or help people change their circumstances, and the long-term use of medications can in fact be harmful.³⁶ Similarly, Andy Bell of the Centre for Mental Health said that greater recognition of factors that can contribute to poor mental health would provide opportunities to tackle the underlying issues, and "support people to live well and to recover".³⁷

21. The first priority in the Welsh Government's current Together for Mental Health Delivery Plan 2019-22 is:

"To improve mental health and well-being and reduce inequalities through a focus on strengthening protective factors."³⁸

22. In September 2022, the Deputy Minister for MHW said that protective factors that contribute to good mental health include strong relationships, feelings of safety and security, access to food and warmth, employment (for income, protective focus and connection), good housing, and access to supportive public services. She added that the Welsh Government's holistic cross-government approach to tackling mental health inequalities was reflected in its additional investment in mental health: £50m in 2022-23 rising to £90m in 2024-25.³⁹

³⁵ MHI62 Adferiad Recovery

³⁶ RoP [para 36], 4 May 2022

³⁷ RoP [para 174], 24 March 2022

³⁸ Welsh Government, [Mental health delivery plan 2019 to 2022](#), 23 November 2021

³⁹ RoP [paras 12-13], 28 September 2022

Poverty and disadvantage

23. The structural link between poverty and poor mental health was highlighted by many. We also heard significant concerns about the potential impact of rising costs of living on existing inequalities. Dr Tracey Cooper of PHW told us in May 2022 that she anticipated that the situation for people at risk of mental health inequalities would “deteriorate” as a result of increasing living costs,⁴⁰ and in September 2022 the Chief Medical Officer for Wales told us he was concerned about the impact of rising costs of living on people’s ability to heat their homes and afford healthy food.⁴¹

24. Dr Jen Daffin said the relationship between poverty and mental health is two-way—poverty can be both a cause and a consequence of poor mental health and distress. She added that failing to recognise the impact of poverty could be a barrier to finding solutions:

“...why, when we know that these things are causing people distress, would we just look to medicate that and to hide that distress? What we’re seeing is not a tsunami of mental illness, but a tsunami of distress. And so the long-term solution to this, to break intergenerational cycles of mental health problems, of trauma, of distress, of poverty, is to go upstream and figure out how do we break that cycle.”⁴²

25. Illustrating this point, Andy Bell noted that people whose poor mental health results from living in poverty or income insecurity, or who are at risk of homelessness through losing tenancy or missing mortgage payments, may be prescribed traditional approaches such as medication or talking therapies. However, while this may treat their mental health symptoms, such methods will not resolve the underlying issues.⁴³

26. The Centre for Mental Health has published proposals it argues could increase incomes or lower costs for the poorest, or improve services in areas of greatest need.⁴⁴ Some of these proposals have already been implemented at least in part by the Welsh Government (such as free school meals and the introduction of the Real Living Wage in social care), and others would be within devolved competence (such as improving the provision of financial advice, increasing the supply of energy efficient social rent homes, improving access to free or cheap bikes or reducing smoking). Other solutions suggested to us for tackling the mental health inequalities

⁴⁰ RoP [para 132], 19 May 2022

⁴¹ RoP [para 189], 21 September 2022

⁴² RoP [para 59], 4 May 2022

⁴³ RoP [para 185], 24 March 2022

⁴⁴ Centre for Mental Health, [Briefing: Poverty, economic inequality and mental health](#), July 2022, pp.13-14

faced by people living in poverty or disadvantage included improving access to advice services for housing and debt, as well as services such as legal aid.⁴⁵ Care and Repair Cymru suggested a practical step could be for the Welsh Government to work with organisations such as Dŵr Cymru Welsh Water to include information on mental health support in customer literature.⁴⁶

27. The Deputy Minister for MHW agreed that poverty was a key factor in mental distress. She described the rising costs of living as the Welsh Government's "primary concern", and outlined actions including fuel support for people on low incomes, steps to ensure that carers can access financial support, and a single advice fund. She said that in 2022-23, the Welsh Government was spending up to £1.6 billion on targeted and universal support, and advice and information relating to the cost of living.⁴⁷

Welfare benefits

28. Professor Rob Poole of the Centre for Mental Health and Society at Bangor University suggested that devolving responsibility for either the benefits assessment system or the wider benefits system to Wales could enable the Welsh Government to alleviate poverty by addressing barriers that may otherwise prevent people from accessing benefits to which they are entitled.⁴⁸ Similar calls were made by the Fair Treatment for the Women of Wales, which suggested that the devolution of social security and benefits could help support and empower disabled people, reduce their needs for mental health services, and reduce the likelihood of them living in poverty.⁴⁹

Box 5 Devolution of welfare: recent parliamentary and government activity

- **April and May 2018:** the Fifth Senedd Equality, Local Government and Communities ("ELGC") Committee twice recommended exploring the devolution of benefits.⁵⁰ The then Welsh Government rejected both recommendations.⁵¹

⁴⁵ RoP [paras 13 and 106], 4 May 2022

⁴⁶ MMHI39 Care and Repair Cymru

⁴⁷ RoP [paras 132-133], 28 September 2022

⁴⁸ RoP [paras 13 and 106], 4 May 2022; [Additional information from Professor Rob Poole, Centre for Mental Health and Society at Bangor University](#), May 2022

⁴⁹ MHI37 Fair Treatment for the Women of Wales

⁵⁰ Equality, Local Government and Communities Committee, [Life on the streets: preventing and tackling rough sleeping in Wales](#), April 2018, recommendation 10; Equality, Local Government and Communities Committee, [Making the economy work for people on low incomes](#), May 2018, recommendation 23

⁵¹ Welsh Government, [Response to recommendations from the Equality, Local Government and Communities Committee report: Life on the streets: preventing and tackling rough sleeping in Wales](#), June 2018; Welsh Government, [Response to Making the economy work for people on low incomes](#), July 2018

- **January 2019:** the then new First Minister told Plenary he believed the devolution of the administration of universal credit should be explored, but that it should be done carefully to avoid disputes arising in respect of funding as had occurred in respect of the devolution of council tax benefit.⁵²
- **April 2019:** the Wales Governance Centre published research which found that, depending on the mechanism used, the Welsh Treasury could “stand to benefit considerably from the devolution of welfare powers”.⁵³
- **October 2019:** the ELGC Committee published a report on options for improving the delivery of benefits in Wales and recommended “further detailed exploratory work to better understand the costs, risks, practical implementation and benefits of the housing element of Universal Credit”.⁵⁴ Responding to the report, the Welsh Government indicated that further consideration was needed on its position on the devolution of any parts of the social security system.⁵⁵
- **December 2021:** the Programme for Government committed the Welsh Government to “explore the necessary infrastructure required to prepare for the devolution of the administration of welfare”.⁵⁶ This reflected the Cooperation Agreement between the Welsh Government and Plaid Cymru, which also notes that any transfer of power “would need to be accompanied by the transfer of appropriate financial support”.⁵⁷
- **March 2022:** the House of Commons Welsh Affairs Select Committee recommended the establishment of a UK-Welsh Government Inter-ministerial Advisory Board on Social Security, which should (among other things) assess the potential merits of devolving the administration of the same benefits to Wales as have been devolved to Scotland.⁵⁸ The UK Government rejected both recommendations, stating it “had no intention to devolve social security to the Welsh Government”.⁵⁹

⁵² Plenary RoP [para 189], 15 January 2019

⁵³ Wales Governance Centre, [Devolving Welfare: How well would Wales fare? Assessing the fiscal impact of devolving welfare to Wales](#), April 2019

⁵⁴ Equality, Local Government and Communities Committee, Benefits in Wales: options for better delivery, October 2019, recommendation 11

⁵⁵ [Letter from the Deputy Minister for Housing and Local Government](#), 20 May 2020

⁵⁶ Welsh Government, [Programme for government: update](#), 7 December 2021

⁵⁷ Welsh Government, [The Co-operation Agreement: full policy programme](#), 1 December 2021

⁵⁸ House of Commons Welsh Affairs Select Committee, [The benefits system in Wales](#), 9 March 2022, paragraphs 118 and 161

⁵⁹ House of Commons Welsh Affairs Select Committee, [The Benefits System in Wales: Government response to the Committee’s Fourth Report of Session 2021–22, and correspondence from the Welsh Government](#), 22 June 2022

Diagnostic overshadowing

29. Failure to take a person-centred view and consider the wider determinants of mental health can result in diagnostic overshadowing, in which too much focus is placed on a person's primary diagnosis. People may be bounced between different services or excluded from services entirely. Specific issues raised with us include:

- People who have been diagnosed with personality disorders may be particularly at risk of stigma or a lack of support. This often includes women who have experienced abuse or violence, who we have heard may sometimes be inappropriately diagnosed with personality disorders when their symptoms may in fact be normal responses to trauma.⁶⁰ According to Andy Bell, people with such diagnoses may receive negative treatment from health professionals, be 'blamed' or stigmatised for their experiences, struggle to access support, or experience a lack of compassion.⁶¹
- Mental health problems can be seen as an "inevitable consequence" of neurodivergence, leaving neurodivergent people unable to access mental health support.⁶²
- People who have a learning disability may find that their behaviours are seen as part of, or attributed to, their learning disability or condition when they may in fact be experiencing poor mental health or even a mental health crisis.⁶³
- Substance misuse can be a symptom and a consequence of poor mental health, but siloed ways of working can mean that support for mental health needs is denied until substance misuse issues have been addressed. Treatment pathways for 'dual diagnosis' (i.e. for mental health and substance misuse issues) do exist, but may not be working effectively across Wales.⁶⁴

Experience of trauma

30. Trauma results from an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life-threatening, and that has lasting, adverse effects on their functioning or mental or physical wellbeing.⁶⁵ Throughout our inquiry

⁶⁰ MHI70 Platform

⁶¹ RoP [para 214], 24 March 2022

⁶² MHI08 Parents Voices in Wales CIC

⁶³ MHI32 Mencap Cymru

⁶⁴ MHI60 The Wallich

⁶⁵ King's Fund, *Tackling poor health outcomes: the role of trauma-informed care*, 14 November 2019

we have heard that trauma is a significant cause of poor mental health, but that traditional mental health service models fail to adequately take it into account. Psychologists for Social Change said this risks perpetuating mental health inequity as it “obscures the necessary solutions from view”.⁶⁶ Expanding on this point in oral evidence, Dr Jen Daffin said that 81 per cent of people diagnosed with personality disorders had a history of trauma, but that diagnostic overshadowing, combined with a failure to explore individuals’ trauma, prevented them from receiving support for their trauma or distress-related issues.⁶⁷

Our view

31. We believe that as a society, and as policymakers, we need to develop a shared and coherent narrative about mental health which is clear that mental health is more than the presence or absence of mental illness. While we need to ensure that there is effective support for people experiencing a range of mental health problems, we also need to build and maintain a greater focus on, and understanding of, the causes of mental ill health and what is needed to create good mental wellbeing. This would help to reduce stigma, and improve understanding that many people’s distress does not stem from something being wrong with them, rather it is an understandable response to their environment, circumstances and/or adverse events. This means recognising that mental health is complex, with many interplaying factors including mental, physical, spiritual and external circumstances. In addition, for good mental health, people’s ‘relational’ needs (i.e. having safe and supportive relationships with families, friends, and communities) must also be met.

32. Mental health is, to a great extent, shaped by the social, economic and physical environments in which people live. Mental health problems can affect anyone, but some groups of people are disproportionately at risk. We would encourage the Welsh Government, as it develops its new strategy for mental health, to review the evidence we have gathered, and to reflect on whether its strategy will adequately meet the diverse needs of the many groups who may be at risk.

33. We agree with the Centre for Mental Health and Society at Bangor University that mental health inequalities, like other types of inequality, do not just affect discrete, disadvantaged groups. Rather, “all sectors of society would experience tangible benefits from reductions in inequality”.⁶⁸ Unfortunately, we do not live in a society that is fully inclusive, accepting of difference, and where all people feel they belong. For too many people, there are significant

⁶⁶ MHI36 Psychologists for Social Change

⁶⁷ RoP [para 52], 4 May 2022

⁶⁸ MHI43 Centre for Mental Health and Society

barriers to accessing services, opportunities, and taking part in everyday activities. Those who experience disadvantage and discrimination in society are at much higher risk of poor mental health, and are also less able to access appropriate support. People's vulnerability to mental health problems is often linked to inequalities in society. This includes inequalities related to protected characteristics and other factors such as poverty, inadequate housing, and lack of access to education or employment.

Recommendation 1. The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government's new mental health strategy.

34. The Welsh Government's existing mental health strategy aims to address the range of factors that affect mental health by working across Ministerial portfolios. However, while we welcome this cross-cutting approach, we must acknowledge that not all of the policy, legislative and financial levers needed to tackle poverty or other social determinants of mental health are within the Welsh Government's control. Others are controlled by the UK Government, and the Welsh Government can only seek to influence their use.

Recommendation 2. Ideally in its response to our report, but at latest by July 2023, the Welsh Government should provide a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh Government, and which are within the control of the UK Government. This appraisal should be accompanied by a realistic assessment of how far the Welsh Government can go in improving the mental health and wellbeing of the population using the levers within the Welsh Government's control, and information about how the Welsh and UK Governments are working together to ensure the levers at the UK Government's disposal are used to best effect to improve mental health and wellbeing in Wales.

35. The impact of the rising costs of living and the increased pressures on household finances on mental health and wellbeing is an acute concern. We welcome the provision of energy bill support for people on low incomes, and the steps being taken by the Welsh Government to ensure carers and vulnerable families can access support. However, many individuals and families may still struggle, with consequences for their mental health and wellbeing, and every effort must be made to ensure that people are supported.

36. We note the suggestion that devolving benefits, or the administration of benefits, could be a mechanism for improving mental health and wellbeing. We also note the Programme for Government and Cooperation Agreement commitments in this respect. There are different views within the Committee about whether this would be effective or appropriate. However, we all agree that it would help to inform the debate if the Welsh Government's exploratory work were to include the commissioning of an independent review, and further research if necessary, into the impact that any such devolution would have on tackling physical and mental health inequalities in Wales.

Recommendation 3. By December 2023 the Welsh Government should have commissioned an independent review of the existing evidence, and such further research as may be necessary, to explore the impact of the UK welfare system on mental health and wellbeing in Wales, and what effect the devolution of welfare and/or the administration of welfare could have on tackling physical and mental health inequalities in Wales. The review and research should take into account issues of principle, as well as the practicalities and associated financial implications of retaining the current situation or any further devolution. The Welsh Government should commit to publishing the outcome of the review and research.

37. While severe and enduring mental illness may not be caused by the wider external determinants of mental health, factors such as poor physical health, insecure income and underemployment may exacerbate the underlying mental illness. We welcome the indication from the Deputy Minister for MHW that she is working with stakeholders to ensure the Welsh Government's new mental health strategy meets the needs of people with severe and enduring mental illness. In addition to ensuring they receive the specialist treatment and support they need, steps must also be taken to mitigate the harm that can result from factors such as poorer physical health and insecure employment.

Recommendation 4. The Welsh Government should set out how the new mental health strategy will ensure that people with severe and enduring mental illness will have routine access to physical health checks, and what actions will be taken to minimise the impact of factors such as poverty, disadvantage and diagnostic overshadowing on this group.

38. It is a significant concern to us that participants in our Welsh Youth Parliament focus group told us that young people perceive CAMHS provision as a "joke" and that they see "no point" in referrals to CAMHS due to lengthy waiting times, being turned down for support, or being offered inadequate help. Our discussions with young people who have experienced the transition from CAMHS to adult mental health services also highlighted significant issues that

need to be addressed, and we urge the Welsh Government to consider the recommendations made by Mind Cymru in its May 2022 report *Sort the Switch*.⁶⁹

39. In its recent report, *Young minds matter*, the Welsh Youth Parliament Mental Health and Wellbeing Committee called for the review and reform of CAMHS. When making its recommendation, it said:

"The first WYP recommended that CAMHS be reviewed as a matter of urgency, to reduce waiting times and provide the funding and capacity to provide necessary support. Our consultation tells us that more work is desperately needed in this area as the issues our predecessor committee highlighted in 2020 are still as relevant today, and the impact its having on young people in the meantime can be devastating.

[...]

We want to see CAMHS reformed and overhauled. We know that the system is failing, and because of this we worry that that further financial investment will not have the desired effect."⁷⁰

40. We agree with the Welsh Youth Parliament that work is urgently needed to ensure that CAMHS is fit for purpose, and we urge the Welsh Government to consider and respond to the recommendations in *Young minds matter*.

⁶⁹ Mind Cymru, [Sort the switch: the experiences of young people moving from specialist child and adult mental health services to adult mental health services in Wales](#), May 2022

⁷⁰ Welsh Youth Parliament Mental Health and Wellbeing Committee, [Young minds matter](#), November 2022

3. Person-centred services

Provision

41. Respondents to our consultation described a lack of provision across the spectrum of mental health needs, from early intervention through to specialist and crisis services. They also highlighted waiting times as a significant issue, as well as gaps in provision for particular groups including older people.

42. We also heard concerns about the extent of services available once people have been able to access them. The Genetic Alliance UK explained that people accessing counselling or therapy through the NHS may receive only six sessions, and added that for people living with rare physical or other health conditions much of this time can be needed to explain the condition itself.⁷¹ The experience of a stroke survivor shared by the Stroke Association illustrates how damaging such limitations can be:

"I received six weeks of mental health therapy, but was then dropped by the system and I have been struggling with my depression ever since. In a way I was disappointed that the stroke didn't leave me with a physical disability instead, because everyone who saw me thought, 'You look well'. You just end up lying and saying you're doing fine."⁷²

43. Others were concerned about a lack of follow up or ongoing support to help people to stay well, including people who have been discharged from A&E following self-harm,⁷³ or leaving hospital after crisis care.⁷⁴ The Centre for Mental Health and Society suggested that even where follow up services are available they fail to take account of the social aspects of service users' lives.⁷⁵

Capacity and waiting times

44. As we noted in our April 2022 report, *Waiting well? The impact of the waiting times backlog on people in Wales*,⁷⁶ mental health services were already severely stretched before the

⁷¹ MHI64 Genetic Alliance UK

⁷² MHI42 Stroke Association

⁷³ MHI34 Samaritans Cymru

⁷⁴ MHI56 Llamau

⁷⁵ MHI43 Centre for Mental Health and Society

⁷⁶ Health and Social Care Committee, *Waiting well? The impact of the waiting times backlog on people in Wales*, April 2022

pandemic. The impact of the underlying issues has been intensified by the pandemic, and further exacerbated because the backlog affects some groups and communities disproportionately, including older people, people living in more deprived areas, the digitally excluded, and those less able to advocate for themselves—all groups who are also at greater risk of experiencing mental health inequalities.

45. Reflecting on the impact of the pandemic on access to mental health crisis services, the Wallich said that inadequate capacity to support people who are in severe mental distress or at risk of harming themselves or others could result in situations deteriorating and the police being called. It added that “people in severe mental distress have ended up being detained in a police cell”, which it described as “the punishment and criminalisation of people simply for having an acute episode of mental illness”.⁷⁷

46. The mental health impacts of living with a physical health condition are also increased by long waiting times for other NHS services, affecting people who are living with undiagnosed physical health conditions, are facing long waits for treatment, or who receive inadequate rehabilitation support. Endometriosis UK suggested that access to mental health support, including while people are waiting for diagnosis, could be improved by incorporating it as standard into care pathways.⁷⁸

Waiting times: impact on neurodivergent people

47. Long waiting times can be a particular problem for neurodivergent people, as the absence of a formal diagnosis can be a barrier to accessing help or support. This can contribute to poor mental health, and we heard calls for more emphasis on early intervention and support for children and young people who may be neurodivergent, without them having to wait to receive a formal diagnosis.

48. The Deputy Minister for MHW agreed support should be available without a diagnosis, adding that this “is exactly what our whole-school approach and our nurturing, empowering, safe and trusted framework is designed to do”.⁷⁹ The Deputy Minister for SS acknowledged that young people and families are struggling and need early support. She described the Welsh Government’s new three-year, £12 million programme to develop neurodevelopmental services, and said that one of its first priorities would be the provision of ‘cross-cutting’ early support for parents and families. She said a neurodevelopmental services ministerial advisory group had

⁷⁷ MHI60 The Wallich

⁷⁸ MHI19 Endometriosis UK

⁷⁹ RoP [para 35], 28 September 2022

been established to provide advice on the programme, and that services would be co-produced with people with lived experience.⁸⁰

Flexibility

49. Like many who contributed to our work, Diverse Cymru said services should be designed around individuals' needs "rather than fitting people into a limited range of expected services".⁸¹ This echoes our conclusion in *Waiting well?*, that:

*"Care and services must be patient-centred, and make sure that people, and those supporting them, including families and carers, have choice, voice and control."*⁸²

50. Professor Rob Poole said services must stop seeing groups as hard to reach. He suggested that services need to make better connections with their communities, and take steps to meet people where they are at—both figuratively and literally:

*"If you went out and spoke to community groups, formed relationships, formed continuous relationships between the teams, employed more local people from the local community within your service, listened to what people said, provided services that were close to where they were, then, actually, people became much less hard to reach. If you started working with people in their home, and [...] not clinic-based, but actually going to people in their own space, which often was less threatening to people and less alienating."*⁸³

51. Unfortunately, many people and organisations told us that mental health services are not sufficiently flexible or person-centred. We heard about people being 'bounced' between services, including between primary and secondary care, because they were "too ill for primary care/not ill enough for secondary care".⁸⁴ Others described being unable to access support because they did not fit into existing service set-ups or arrangements:

⁸⁰ RoP [paras 31-33], 28 September 2022

⁸¹ MHI61 Diverse Cymru

⁸² Health and Social Care Committee, [Waiting well? The impact of the waiting times backlog on people in Wales](#), April 2022, para 120

⁸³ RoP [para 87], 4 May 2022

⁸⁴ MHI92 Rhian Phillips

"You must attend an anxiety group even if you don't trust people and are suicidal, before we can offer anything else."⁸⁵

"Within the NHS, there is a lack of flexibility in service provision and if patients aren't able to attend within these specific time-frame they are withdrawn from treatment without any discussion of how needs could be reasonably met."⁸⁶

52. We were told that traditional clinic-based service models, while helpful for some, can deter others from accessing help and that models that are more aligned to people's lives and family relationships could be more effective.⁸⁷ For example, Professor Euan Hails of the Royal College of Nursing ("RCN") described an organisation in Australia that provides mental health services in shopping centres, gyms and leisure centres, removing the stigma that may be associated with traditional settings.⁸⁸

53. We saw this for ourselves when we visited Barnardo's Cymru Beyond the Blue in Neath, which offers a community-based whole family approach. In addition to providing the service from a community centre, the project also delivers outreach and virtual alternatives where appropriate for the type of intervention or support. Beyond the Blue told us that its holistic approach to wellbeing helps children, young people and their families benefit from different approaches and intervention styles that can be tailored to their needs, while being delivered by one service with whom they can build trust and relationships. It explained that this breaks down siloes as well as having a positive impact on children and their families.⁸⁹

Accessibility for different groups

54. The evidence shows that the people and communities most vulnerable to mental health inequalities face more barriers to accessing appropriate support. In many cases, the support available may appear less relevant to them, or be too inflexible in its design. The way mental health is talked about may resonate with some groups, but not others. For example the Older People's Commissioner for Wales said that messaging that works for children and young people

⁸⁵ MHI56 Llamau

⁸⁶ MHI10 An individual (who identifies themselves in their response as a mental health practitioner)

⁸⁷ RoP [para 85], 4 May 2022

⁸⁸ RoP [para 37], 6 July 2022

⁸⁹ Health and Social Care Committee, [Mental health inequalities: visit](#), 23 June 2022

will not necessarily work for older people, whose needs and concerns may be very different.⁹⁰ Similarly, the needs and expectations of people from different ethnic communities may vary. Ashra Khanom of the Neath Port Talbot Black Minority Ethnic Community Association described a conversation with asylum seekers in Swansea Bay:

"...before I came to the meeting, I asked Swansea bay asylum seekers groups to provide some recommendations for me to pass on to the committee. And they were saying that sport was one of the best ways that they found that mental health worked for them. They don't like the issue where you had to go into a darkened room and talk to somebody about your mental health. One person, I think a couple of years ago, said to me, 'If I was in Africa, we'd be in a community group and we'd drum our sorrows away'. Here, it's like you talk your sorrows away, and it's really difficult for them to understand that."⁹¹

55. As Andy Bell said, if groups are not engaging with services, or are having poorer experiences, the solution must be to change the nature of the support or services rather than just "shout louder".⁹²

Box 6 Accessibility barriers

- Inadequate Welsh language service availability creates barriers that could put the health and wellbeing of Welsh speakers at risk if they are not able to access services in their preferred language.⁹³ The RCN suggested that linguistic skills should be recognised more strongly in workforce planning.⁹⁴
- People from racialised communities are less likely to be referred for mental health support by their GP, but more likely to come into contact with services via the police.⁹⁵
- Services may appear threatening, resulting in people being fearful about seeking support. Our advisory group told us that parents may worry that their children will be taken into care if they admit they are not coping; older people may fear losing their control and independence if they ask for help;⁹⁶ and neurodivergent people may fear being detained

⁹⁰ RoP [para 301], 24 March 2022

⁹¹ Rop [para 246], 19 May 2022

⁹² RoP [para 216], 24 March 2022

⁹³ MHI22 Cymdeithas yr Iaith Health and Wellbeing Group

⁹⁴ RoP [para 55], 6 July 2022

⁹⁵ MHI80 Centre for Mental Health

⁹⁶ RoP [para 301], 24 March 2022

under the Mental Health Act 1983 on the basis that “Autism is still classed as grounds to be able to section people—when you have a GP who doesn’t understand autism and they have that power it’s really scary”.⁹⁷

- Deaf people and people with hearing loss or impairment are more likely to experience mental distress or mental ill health, but provision is severely lacking. PHW said that “Wales is the only UK country that does not provide a clear pathway or service to meet the needs of Deaf people experiencing poor mental health”.⁹⁸
- People in rural communities, including farming and fishing communities, may have to travel long distances, navigate poor transport links, and struggle to access services within limited opening hours.⁹⁹ The DPJ Foundation, a mental health charity that works with agricultural communities in Wales, also described a failure to recognise or empathise with farming identities and lifestyles.¹⁰⁰
- Some groups, including healthcare students, may find the lack of evening and weekend appointments, or limited availability of virtual appointments, prevent them from accessing services they need.¹⁰¹
- Increasing use of digital delivery may increase accessibility for some groups or communities, but create barriers for others. We heard that a significant number of older people do not have access to the internet, or lack the confidence and skills to engage with digital technology.¹⁰² Similarly, only 79 per cent of people with disabilities feel safe and confident using the internet compared to 93 per cent of people who do not have long term conditions or disabilities.¹⁰³
- Our advisory group told us that people seeking support may be faced with bureaucracy, including long or complicated forms which use jargon or otherwise inaccessible language. Public services’ complaints processes can be similarly inaccessible, which people with lived experience of neurodivergence told us could increase mental distress. They suggested

⁹⁷ Health and Social Care Committee, [Mental health inequalities: engagement findings](#), March 2022

⁹⁸ MHI82 Public Health Wales

⁹⁹ RoP [para 164] 24 March 2022

¹⁰⁰ MHI75 DPJ Foundation

¹⁰¹ MHI33 Council of Deans of Health

¹⁰² RoP [para 261], 24 March 2022

¹⁰³ RoP [para 240], 19 May 2022

there was a need to increase the availability of advocates who “understand neurodiversity, the experience of neurodivergent people, and how to communicate effectively”.¹⁰⁴

Interpretation and translation for languages other than Welsh or English

56. The lack of adequate interpretation and translation services to enable people whose main language or preferred language for accessing mental health services or support is a language other than Welsh or English¹⁰⁵ was a strong theme in the evidence. Professor Keith Lloyd of the Royal College of Psychiatrists Wales described improving access to interpretation services as a “simple measure” that could help people who are otherwise “significantly disadvantaged”.¹⁰⁶

57. In 2018 the then Auditor General for Wales (“AGW”) published a report on language and communication barriers relating to public services in Wales. He found that 84,500 people in Wales had a main language that was not Welsh or English, and there are more than 80 main languages other than Welsh and English. The majority of these people live in one of four local authority areas: Wrexham, Swansea, Newport and Cardiff. He also found that 19,500 people did not speak Welsh or English well, and 3,500 did not speak Welsh or English at all. The report concluded that public bodies “varied in the degree to which they understood the needs of their communities and ensured their services were accessible to people needing interpretation and translation services”. Among other things, it recommended that:

“...the Welsh Government work with public bodies, representative groups and other interested parties to make sure that:

- *the supply of interpreters is sufficient especially for languages in high demand such as BSL and Arabic;*
- *interpreters with specialist training are available to work in mental health services and with people who have experienced trauma or violence; and*
- *quality assurance and safeguarding procedures are in place.”¹⁰⁷*

58. In July 2018 the Welsh Government accepted all of the AGW’s recommendations.¹⁰⁸

¹⁰⁴ Health and Social Care Committee, [Mental health inequalities: stakeholder discussion](#), 8 June 2022

¹⁰⁵ Including, for example, British Sign Language as well as community languages.

¹⁰⁶ RoP para 157], 6 July 2022

¹⁰⁷ Auditor General for Wales, [Speak my language: overcoming language and communication barriers in public services](#), April 2018

¹⁰⁸ [Letter from the Permanent Secretary of the Welsh Government to the Auditor General for Wales](#), 30 July 2018

59. During our visit to EYST Cymru in Swansea, staff, volunteers and service users told us that the lack of interpretation services for languages other than Welsh and English continued to be a significant issue. They told us that young children may have to interpret for their parents at medical appointments, including in relation to issues such as rape. EYST Cymru’s own staff and volunteers also find themselves called upon to provide translation, or even counselling, to service users in respect of traumatic events, sometimes causing them to relive their own traumatic experiences with corresponding implications for their own mental health. Most family members or volunteers are not trained interpreters; if they find themselves called upon to translate in their second or even third language they may struggle to interpret technical medical terms, placing people at risk of receiving the wrong treatment or taking the wrong medication. We also heard about particular difficulties for people to navigate health triage systems such as GP appointment systems or NHS 111.¹⁰⁹

60. Dr Julie Keely of the Royal College of General Practitioners Wales told us that arranging interpretation or translation for acute needs could be difficult, but that it was “not a problem” to arrange medical translation for pre-arranged appointments.¹¹⁰

61. The Deputy Minister for MHW said that resources were being made available in “multiple languages”, including the National Centre for Mental Health trauma toolkit, Time to Change campaign materials, and materials to promote the CALL mental health helpline. She added that the CALL helpline also uses LanguageLine to help people access the service.¹¹¹

Trauma-informed services

62. While acknowledging that the COVID-19 pandemic had not necessarily led to a significant rise in mental disorders, the Fifth Senedd Health, Social Care and Sport Committee described it as a cause of “population-level trauma”.¹¹² Similarly, the Centre for Mental Health forecast in 2020 that around 10 million people in England would need additional support for their mental health.¹¹³ The impact on children and young people has been particularly acute; the then Children’s Commissioner for Wales highlighted, for example the impact of loneliness, uncertainty about schooling and exams, and fears about their future.¹¹⁴ She told us that the

¹⁰⁹ Health and Social Care Committee, [Mental health inequalities: visit](#), 23 June 2022

¹¹⁰ RoP [para 49], 6 July 2022

¹¹¹ RoP [paras 57-58], 28 September 2022

¹¹² Health, Social Care and Sport Committee, [Inquiry into the impact of the Covid-19 outbreak and its management on health and social care in Wales: Report 2 – Impact on mental health and wellbeing](#), December 2020, p.12

¹¹³ Centre for Mental Health, [Up to 10 million people in England may need support for their mental health as a result of the pandemic, says Centre for Mental Health](#), 1 October 2020

¹¹⁴ MHI29 Children’s Commissioner for Wales

experience of trauma was not equal across all children and young people, rather the pandemic had exacerbated existing social inequalities:

"...disabled children and ethnic minority children reported significantly more negative feelings across many indicators, and that included anxiety amongst children from black and ethnic minority backgrounds about the impact of the pandemic on their relatives, including their older relatives, with, obviously, the higher death rate amongst those communities."¹¹⁵

63. Dr Antonis Kousoulis of the Mental Health Foundation called for a trauma-informed approach across mental health and other public services. He highlighted Wales' whole-school approach to children and young people's mental health and wellbeing as a positive example of this, describing Wales as a "real leader internationally in this space".¹¹⁶

64. Trauma-informed approaches are ways of supporting people that recognise the impact of past or ongoing trauma, and the specific needs a person may have as a result. A trauma-informed framework for Wales was published earlier this year, defining a trauma-informed approach as:

- One that recognises that everyone has a role in sensitively facilitating opportunities and life chances for people affected by trauma and adversity.
- Where a person, family, community, organisation, service or system takes account of the widespread impact of adversity and trauma and understands potential ways of preventing, healing and overcoming this as an individual or with the support of others, including communities and services.
- Where people recognise the multiple presentations of being affected by trauma in individuals, families, communities, staff, and others in organisations and systems across all Welsh society.
- In this approach knowledge about trauma and its effects are integrated into policies, procedures, and practices. It seeks to actively resist traumatising people again and prevent and mitigate adverse consequences, prioritising physical and emotional

¹¹⁵ RoP [para 276], 24 March 2022

¹¹⁶ RoP [para 178], 24 March 2022

safety and commits to 'do no harm' in practice and to proactively support and help affected people make their own informed decisions.

65. It acknowledges, however, that there is more work to be done to identify how to assess the impact of a trauma-informed approach on the population, including "detailed work to identify key deliverables and qualitative and quantitative indicators of success that can be routinely measured".¹¹⁷

66. The Deputy Minister for MHW told us that implementing trauma-informed approaches will require a significant cultural shift across many different organisations. She told us this would be led by the ACEs Hub and Traumatic Stress Wales in a co-productive way, supported by £300k¹¹⁸ of Welsh Government funding.¹¹⁹

Joined-up working

67. Many people and organisations called for services to be more joined-up, and focused on the whole person instead of seeing and treating problems or conditions in isolation. Otherwise, people may be bounced between services, receive poorly-coordinated care, or even be excluded from some services if there is too much focus on their primary diagnosis. For example, experts in neurodiversity described the disconnect between neurodevelopmental services and mental health services as a key barrier that could prevent people receiving diagnoses or appropriate treatment. Professor Anita Thapar of Cardiff University told us:

"...people who have got mental health problems, which have been really chronic, long term and not responding to treatment, quite a good proportion of them have had undetected neurodevelopmental conditions. So, the disconnect between neurodevelopmental and mental health is a problem across the lifespan."¹²⁰

68. The Royal Pharmaceutical Society said the absence of shared care arrangements between primary and secondary care could cause "delays in obtaining medications and medication advice in primary care settings which can be a problem when a patient's condition needs to be stabilised". It called for greater support for GPs, the introduction of shared care protocols, and

¹¹⁷ Traumatic Stress Wales and ACE Hub Wales, Trauma-informed Wales: A societal approach to understanding, preventing and supporting the impacts of trauma and adversity, 2022

¹¹⁸ The £300k has been provided for the implementation of the trauma-informed framework and the Adverse Childhood Experiences plan.

¹¹⁹ RoP [paras 26-27], 28 September 2022

¹²⁰ RoP [para 28], 8 June 2022

improvements in the interoperability of IT systems in use in primary care and specialist services.¹²¹

69. Our advisory group similarly highlighted the need for effective information sharing between services to minimise the need for people to repeat their experiences and relive their trauma over and over again. They cautioned, however, that patients need to have ownership over their medical records, and a say in which medical professionals have access to the full details of their experiences.

70. The Children’s Commissioner for Wales told us that while progress was being made on joined up working between mental health and social services, issues still remained.¹²² The Royal College of Psychiatrists Wales similarly suggested that joined-up working should go beyond health services to take account of people’s broader needs and reflect the wider social determinants of mental health. For example, it suggested co-locating financial and housing advice services with mental health services to help address the root causes of distress as well as mental health and wellbeing needs.¹²³ Professor Euan Hails told us that most health boards’ CAMHS services now operated on a “no bounce” basis i.e. if someone presents they are then directed to the appropriate service, whether that is primary or secondary care, social services or education.¹²⁴

71. The Deputy Minister for MHW acknowledged that joined up working can be challenging, but said that it was a focus for the Welsh Government and that progress was being made.¹²⁵

Our view

72. It is deeply regrettable that groups with particularly high levels of poor mental health often have the most difficulty accessing support, and when they do get help, their experiences and outcomes are often poorer.

73. Services need to be more joined-up rather than operating in siloes, more flexible and person-centred, and better able to work together to design and deliver support that is tailored to individuals’ needs with pathways that reflect individuals’ own circumstances. This is particularly important for people who have co-occurring conditions or problems, such as mental health, eating disorders, or alcohol or substance misuse. We agree with our advisory group that

¹²¹ MHI65 Royal Pharmaceutical Society

¹²² RoP [para 344], 24 March 2022

¹²³ MHI54 Royal College of Psychiatrists

¹²⁴ RoP [para 41], 6 July 2022

¹²⁵ RoP [para 62], 28 September 2022

an important part of developing person-centred services is ensuring that people are involved in the design of their support. We also agree with them that this could be facilitated through increasing access to care coordinators, independent advisers and advocates to support people who may be struggling to navigate systems, including complaints processes.

74. We have heard about a lack of provision across the spectrum of needs, as well as gaps in provision affecting particular groups. This is exacerbated by lengthy NHS waiting times, support being time-limited once it is available, and a lack of follow up support. We have acknowledged that the NHS waiting times backlog will take time to resolve.¹²⁶ However, in the meantime, steps can and must be taken to minimise the mental health and other impacts of the backlog on people who are waiting. Neurodivergent people are particularly at risk from mental health inequalities. Neurodivergent people, and people who are waiting for assessment and diagnosis, are also particularly affected by the waiting times backlog.

Recommendation 5. The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023, and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions.

75. Improvements are particularly needed in the early support for children and young people who may be neurodivergent and their families, including ensuring such support is available without a formal diagnosis. We welcome the new three year, £12m programme to develop neurodevelopmental services including cross-cutting early support, and want to see this progress with pace and urgency.

Recommendation 6. In its response to our report, the Welsh Government should provide assurance that work to develop cross-cutting early support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency. This should include setting out what specific actions will be taken and when, and details of when and how evaluation will be undertaken to assess whether people's experiences and outcomes are improving. Consideration should be given to the use of peer support approaches, video buddies and neurodivergent champions.

76. We will not see mental health inequalities reducing unless mental health services feel accessible and welcoming to everyone who may need them. We agree with Ewan Hilton of

¹²⁶ Health and Social Care Committee, [Waiting, well? The impact of the waiting times backlog on people in Wales](#), April 2022

Platform that it is not that people are hard to reach, rather services are too often structured and managed in ways that makes it hard for people to reach them.¹²⁷ While some services need to be delivered in clinical settings, others can and should be delivered in non-clinical community settings. This can help people feel more comfortable and welcome, as well as addressing barriers such as transport costs or the time people need to be away from caring responsibilities, education or employment. Effective use of digital technology can also bring services closer to people and communities, provided alternatives remain available and action is taken to close the digital divide and guard against perpetuating existing inequalities or creating new ones.

77. We are particularly concerned at the lack of specialist deaf mental health provision in Wales. As the National Deaf Children's Society said in its submission to our consultation:

"Deafness itself does not increase the risk of mental health difficulties, but rather the impact of being deaf in a hearing-orientated world and the challenges deaf young people face therein can increase the incidence."¹²⁸

78. We are concerned that Wales is the only UK nation without a specialist deaf mental health service, but welcome the evidence from the Deputy Minister for MHW that she is looking to make the All Wales standards for accessible communication and information compulsory for the NHS and social care, improve access for deaf people who use British Sign Language, and undertake a comprehensive review of mental health provision for deaf people of all ages.¹²⁹

Recommendation 7. In its response to our report, the Welsh Government should set out a clear timeline for the urgent review of mental health provision for deaf people and commit to providing us with an update on the review, and any conclusions or emerging findings, by July 2023. It should also provide assurances that the review will take account of the issues raised by the All Wales Deaf Mental Health and Well-Being Group in its report, *Deaf People Wales: Hidden Inequality*, and consider whether the establishment of a national specialist deaf mental health service for Wales is required.

79. The barriers caused by inadequate translation and interpretation services are also a concern. It affects not only the individual in need of help or support, but also their family, friends or community members who may be called upon to provide translation or interpretation support without being trained to do so and who may experience trauma as a result. We note

¹²⁷ RoP [para 82], 4 May 2022

¹²⁸ MHI44 National Deaf Children's Society

¹²⁹ RoP [para 60], 28 September 2022

that medical translation services do exist, and we welcome the evidence from the Deputy Minister for MHW that resources are being translated into community languages. However, the evidence suggests there may be a disconnect between what should be available, and what people are actually able to access. In our view, access to interpretation and translation is a public service issue, not just a health service issue. Creating environments in which people can thrive, and which build positive mental health and wellbeing, requires tackling the wider social determinants of mental health. To do this, we need to overcome barriers to accessing wider public services, such as education, housing and financial advice, as well as barriers to accessing mental health services for people who need them.

Recommendation 8. In its response to our report, the Welsh Government should provide an update on the implementation of the recommendations made by the Auditor General for Wales in his 2018 report, *Speak my language: overcoming language and communication barriers in public services*.

Recommendation 9. In its response to our report, the Welsh Government should outline what duties are on health boards and other public services to provide interpretation and translation services for languages other than Welsh and English. In doing so, it should provide assurance that the duties in place are adequate, and are being implemented effectively, to reduce the reliance on family members or community volunteers to provide interpretation or translation other than in urgent or emergency cases.

Recommendation 10. We endorse and reiterate recommendation 1 made by the Equality and Social Justice Committee in its October 2022 report, *Gender based violence: the needs of migrant women*, that the Welsh Government should consider creating and maintaining a directory of recognised interpreters.

80. We also want to see greater recognition that the distress and difficulties many people experience may be the result of trauma, including ACEs. We support the development of trauma-informed services, and the delivery of trauma-informed training for mental health, health care and other public service staff. But, we also recognise that such training must be accompanied by broader cultural shifts to ensure that 'trauma-informed' does not become a label, a buzzword or simply a tick-box exercise. To this end, we welcome the publication of the trauma-informed framework for Wales, although as with any framework, its potential impact can only be secured through its effective implementation. We note that the framework states that monitoring progress and evaluating the impact of a trauma-informed approach will be

“challenging”, and that work is needed to “identify key deliverables and qualitative and quantitative indicators of success that can be routinely measured”.¹³⁰

Recommendation 11. By July 2023 the Welsh Government should publish the key deliverables and qualitative and quantitative measures for the impact of the trauma-informed framework for Wales, and put in place a robust evaluation framework. If the Welsh Government is not able to commit in its response to our report to the work being completed within this timeframe, it should explain why it is not achievable and provide information about the timescales within which the measures and evaluation framework will be completed.

81. As many of those who gave evidence told us, building positive mental health and wellbeing should begin early in a child’s life.¹³¹ We agree that positive and healthy relationships and connection in the earliest months of an infant’s life are vital for their healthy development and their future mental health.

Recommendation 12. The Welsh Government should work with relevant organisations to ensure that appropriate and supportive information on attachment and parent-child relational health is provided to expectant parents and new parents, for example in literature and via antenatal classes. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

¹³⁰ Traumatic Stress Wales and ACE Hub Wales, [Trauma-informed Wales: A societal approach to understanding, preventing and supporting the impacts of trauma and adversity](#), 2022

¹³¹ For example MHI24 An individual, MHI63 Colegau Cymru, MHI82 Public Health Wales

4. Mental health is 'made in communities'

The role of communities

82. Communities have a vital role to play in preventing mental ill health, promoting and protecting mental wellbeing, and supporting people who are living with mental ill health. Dr Jen Daffin described relationships and connections as key conditions required for people to thrive, saying that safe and supportive relationships with families, friends and communities provide “security, meaning, purpose and trust”.¹³²

83. We have heard calls throughout our work for greater investment in communities, and to build the capacity of local voluntary and community groups to develop and deliver services, including improving access to community hubs. Andy Bell spoke for many when he said:

“...put simply, mental health is made in communities. We often think about mental health as being a deficit—you either have perfect mental health or you have mental illness. And, of course, the reality is much more complex than that, and good mental health is something you have to go out and make—it doesn't just happen in the absence of mental illness, if you like. And one of the things that we observe is that it's in communities where you create the conditions for people to have good mental health, when that community is a local area or a neighbourhood, whether it's a school, whether it's a digital community—whatever it is, that's where we protect and promote good mental health.”¹³³

84. We heard calls for a whole-communities approach to supporting wellbeing to build on the whole-school approach already being implemented in Wales. This would see all partners working more effectively together, including statutory services and the voluntary and community sector. The Welsh Local Government Association suggested that the role of local government should feature more strongly in discussions about improving and delivering mental health support:

“...for example, broadening the use of parks and green space, championing wellbeing in new planning requirements, supporting adult learning, improving access to leisure

¹³² RoP [para 18], 4 May 2022

¹³³ RoP [para 197], 24 March 2022

centres and sports facilities, or improving community links with local artists and cultural events.”¹³⁴

85. The Welsh Government published its Connected Communities strategy in February 2020.¹³⁵ The strategy notes that the Welsh Government can foster environments where community links are broadened and deepened by “making sure the necessary foundations are in place to bring them together and to provide the services we all need to stay healthy, to learn, to access employment, and to build prosperity”. It highlights that all parts of Government have a role to play in tackling loneliness and social isolation, and commits to setting up a cross-government loneliness and social isolation advisory group to oversee the strategy’s implementation. When asked about this, the Deputy Minister for SS said that the Welsh Government was also working with stakeholders such as PHW, Samaritans and Mind Cymru. She added, however, that “tackling loneliness and isolation is such a huge agenda that we can, really, only make steps in it”.¹³⁶

Funding

86. There are already many community and third sector projects and initiatives, led by and meeting the needs of different groups and communities. However a lack of sustainable long-term funding was a significant concern. Diverse Cymru said:

“Longer term funding of services, including services commissioned from third sector and community groups and organisations, is vital to ensuring that services can focus on meeting the needs of different groups and communities and developing specialist services, rather than winding up and down every 3 years.”¹³⁷

87. During our visit to EYST Cymru, we were told that significant staff resource has to go into preparing new funding bids as projects reach the end of their funding period, even when projects have been proven successful. Insecure funding also risks losing valuable members of staff, and the relationships and trust they have built with their communities.¹³⁸

¹³⁴ MHI55 Welsh Local Government Association

¹³⁵ Welsh Government, [Connected communities: a strategy for tackling loneliness and social isolation and building stronger social connections](#), February 2020

¹³⁶ RoP [para 43], 28 September 2022

¹³⁷ MHI61 Diverse Cymru

¹³⁸ Health and Social Care Committee, [Mental health inequalities: visit](#), 23 June 2022

88. The Deputy Minister for SS told us that the three year £1.5m Connected Communities loneliness and isolation fund was focused on supporting grass-roots community groups and organisations aimed at bringing people together to make social connections in their local areas. She acknowledged that short-term funding could cause significant issues for voluntary bodies. She said that Connected Communities grants would be for up to three years, and grants under the Health and Social Care Regional Integration Fund (“HCRIF”) could be for up to five years.¹³⁹ The Deputy Minister for MHW agreed on the importance of longer term sustainable funding, but noted this depends on the provision of multiyear budget settlements from the UK Government. She said that following a mapping exercise to identify local third sector organisations providing mental health services, £5m had been allocated to health boards for spending on third sector service provision in their areas to improve funding sustainability.¹⁴⁰

Our view

89. Mental health and wellbeing is not just a matter for the NHS or specialist services; it is a much broader public health issue. Improvements to mental health services are necessary, but we also need much more focus on prevention, on tackling the issues that are making population health and wellbeing worse in the first place, and on supporting communities to build, sustain and nurture positive mental health and wellbeing. This is because mental health is made in communities. Communities play a vital role in prevention—building and protecting mental wellbeing—as well as supporting those living with mental ill health.

90. While there is information available in some parts of Wales about the community-based services that are available, this can be patchy across Wales and it is not always clear who has collated information, how up to date it is, or who is responsible for maintaining it. This, combined with a lack of a national and/or regional strategic approach to community service development, makes it difficult for individuals and health professionals to know what services or support may be available or where there may be gaps that need to be addressed. It can also lead to duplication, if different bodies do not work together to collate or maintain information. Our advisory group highlighted issues regarding the accessibility of community facilities and activities, and the need to improve the advertising and promotion of what services are available. Similarly, WYPMs told us there was a need for an online, anonymous chat service to support young people.¹⁴¹ Such services do already exist, for example those provided by Papyrus and

¹³⁹ RoP [paras 44 and 46], 28 September 2022

¹⁴⁰ RoP [para 48], 28 September 2022

¹⁴¹ Health and Social Care Committee, [Mental health inequalities: Welsh Youth Parliament focus group](#), 10 October 2022

Meic Cymru, but it is clear that if WYPMs who are themselves exploring issues relating to mental health are not aware of them, more needs to be done to promote them and raise awareness.

91. In relation to services for children and young people, the new NEST/NYTH framework¹⁴² developed by the Together for Children and Young People Programme may help contribute to a more strategic approach, but this does not extend to adults. It is positive that a mapping exercise has been undertaken to identify local third sector organisations providing mental health services to inform funding allocation.¹⁴³ However, the information gathered could and should also be used to improve understanding and awareness of the organisations and services that exist to support people with their mental health and wellbeing, and to identify whether the organisations active in each area meet the full range of their communities' needs. This should include, for example, whether there are sufficient spaces and activities for children and young people across the age spectrum.

Recommendation 13. The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required.

92. In our *Waiting well?* report we asked for assurance that the return to multiyear Welsh Government budgets would result in longer-term funding certainty for third sector organisations.¹⁴⁴ The Welsh Government accepted our recommendation.¹⁴⁵ This is welcome, as the detrimental effects of funding uncertainty are considerable, including disproportionate time and resources being spent on funding applications rather than service delivery, the risk of losing key personnel and their knowledge, expertise and relationships, and damage to trust between services and the communities they serve. We also share the views of our advisory group that community organisations should be able to access adequate support to help with set up and running costs, and that work is needed to improve the accessibility of the application process. The steps taken by the Deputy Ministers to increase funding sustainability and stability for third

¹⁴² NEST/NYTH is a planning tool for Regional Partnership Boards. It aims to ensure a whole system approach to the development of mental health and wellbeing support services for children and their families.

¹⁴³ RoP [para 48], 28 September 2022

¹⁴⁴ Health and Social Care Committee, [Waiting well? The impact of the waiting times backlog on people in Wales](#), April 2022, recommendation 8

¹⁴⁵ [Letter from the Minister for Health and Social Services](#), 30 May 2022

sector organisations by providing longer-term grants, including those from the HCRIF, are welcome. However, one-off grant funding, even over longer periods, should not be a substitute for continuous core funding for organisations or services able to evidence the ongoing benefits of their work for their communities.

93. We are not yet persuaded that the issue of funding sustainability for third sector and community organisations has been resolved, and will continue to monitor this issue.

5. Social prescribing

What is social prescribing

94. Social prescribing is a way of linking people to sources of non-medical, community-based support to help them better manage their health and wellbeing.¹⁴⁶ It generally emphasises seeing and supporting a person holistically, rather than through the lens of treating a specific condition. It is not simply about GPs prescribing gardening or art classes as an alternative to antidepressants, rather it is about exploring an individual's broader needs and what really matters to them.

95. Professor Carolyn Wallace of the Wales School of Social Prescribing Research ("WSSPR") told us that, in Wales, the dominant model is not primary-care based social prescribers or referrals, rather social prescribing is based in communities, with the third sector and local authorities working in partnership with primary care.¹⁴⁷

96. Social prescribing schemes can include a wide range of interventions and activities, for example volunteering, arts or creative activities, gardening, sports, adult learning, and befriending. Support for social welfare issues is an important element. It can be used with a range of patients, including people with mild or long-term mental health issues, vulnerable or isolated people, and people who are frequent users of primary or secondary mental health services.

97. Professor Sir Sam Everington, a pioneer of social prescribing, told us about his work in the Bromley by Bow Centre in east London. Referring to an "opioid crisis", he told us:

"...the beauty of social prescribing is you then give the tool to every GP to have an alternative. Because there's a lot of pressure on clinicians and doctors and nurses to prescribe, and so that's why we came up with the term 'social prescribing', because we wanted them to carry on prescribing, but actually do something very different to what they were doing before."¹⁴⁸

¹⁴⁶ Senedd Research, [Research briefing: Social prescribing](#), August 2021

¹⁴⁷ RoP [para 15], 19 May 2022

¹⁴⁸ RoP [para 359], 19 May 2022

Social prescribing in Wales

98. In 2016, PHW established a Primary Care Hub to explore the evidence base for social prescribing, identify current projects, and share learning.¹⁴⁹ In 2017, WSSPR was set up with an initial aim to establish a Wales Social Prescribing Research Network and build an evidence base for social prescribing in Wales. In October 2018, the Welsh Government announced £1.3m funding to support two social prescribing pilots.¹⁵⁰ This included a Mind Cymru run pilot designed to help people experiencing mild to moderate problems with their mental health and emotional wellbeing. The evaluation report, published in December 2020, found that:

- Clients were included in discussions about available support and felt heard and valued.
- Social prescribing offered a timely intervention for clients, especially in the context of long NHS mental health service waiting times.
- Link workers played a key role, were highly-valued, and helped to facilitate stakeholder and client buy-in and engagement.¹⁵¹

99. In June 2021, the First Minister described social prescribing as “an important part” of the future of primary care services for people with low-level mental health and wellbeing needs. He said that many of the opportunities available via social prescribing already exist in the community, but that “sometimes an introduction via a social prescription can break down the barriers that people can feel between their own needs and ways in which those could be met in the community”.¹⁵²

100. The Programme for Government includes a commitment to introduce an all-Wales framework to roll out social prescribing as a means of tackling isolation.¹⁵³ Professor Carolyn Wallace, who has been involved in the development of the framework, told us the intention was to provide a framework of principle and guidance rather than develop a national social prescribing service.¹⁵⁴ Between July and October 2022, the Welsh Government consulted on developing a national framework for social prescribing, which it said would provide “a common

¹⁴⁹ NHS Wales, [Social prescribing](#) [accessed August 2022]

¹⁵⁰ Welsh Government, [Written statement: Social prescribing pilots for mental health](#), 1 October 2018

¹⁵¹ Welsh Institute for Health and Social Care University of South Wales, [Evaluation of the pilot mental health social prescribing programme: final report for Mind Cymru](#), December 2020

¹⁵² Plenary RoP [para 11], 22 June 2021

¹⁵³ Welsh Government, [Welsh Government Programme for Government: update](#), 7 December 2021

¹⁵⁴ RoP [para 30], 19 May 2022

set of standards and ensure consistent delivery”.¹⁵⁵ Key issues in the consultation include the language used to describe social prescribing; a social prescribing model for Wales; what is already happening, what is working, and what is not; what action could be taken on a ‘once for Wales’ basis; how social prescribing could be embedded or developed; and what technological solutions may be needed.

Link workers

101. Following initial referrals from a health, social care, housing or third sector professional (or self-referral by an individual), referrals to social prescribing projects are usually undertaken by a link worker. The report of the 2016 Annual Social Prescribing Network conference described effective link workers as having a “critical role in making social prescribing approaches work”, but noted that:

“...there could be difficulties in finding skilled, networked link workers. The person specification is demanding, but pay may be relatively low. It is unrealistic to think volunteers could take on such a linking role.”¹⁵⁶

102. There is no standard job title for link workers, who may also be known as social prescribers, community connectors, or other more specialist titles. Salaries may vary considerably (for example between £16k and £36k), and while contract terms vary, many are on short term contracts of between 6 and 12 months due to the short term nature of the funding.¹⁵⁷

103. Professor Sir Sam Everington described what he saw as the core requirements for link workers:

“So, what is a social prescriber? What sort of characteristics do they have? And, for us, in a very deprived community, we actually have lots of people who don't have formal qualifications, often not a lot of GCSEs, but have fantastic talents—invariably, the significant majority of them women in our community—and they are emotionally intelligent, they like working with people. Most importantly, they're motivational coaches, and they are what I call a 'fixer'.”¹⁵⁸

¹⁵⁵ Welsh Government, [Consultation: Developing a national framework for social prescribing](#), 28 July 2022

¹⁵⁶ Social Prescribing Network, [Report of the Annual Social Prescribing Network Conference](#), January 2016, p.23

¹⁵⁷ RoP [paras 26-28], 19 May 2022

¹⁵⁸ RoP [para 361], 19 May 2022

104. Link workers are not regulated and there is no standardised training or requirements. Professor Carolyn Wallace identified this as a key issue, as she said it could result in inappropriate referrals being made particularly if greater reliance is placed on social prescribing as a way to support people who may face long waiting times for mental health services. She added that link workers themselves were concerned about this, as it was not always clear whether they were liable if something were to go wrong.¹⁵⁹

105. The Welsh Government's Connected Communities strategy includes a commitment to developing a national skills and competencies framework for the social prescribing workforce in Wales. This work is being led by Health Education and Improvement Wales ("HEIW"). The Deputy Minister for MHW told us that it will include details of the knowledge, skills and behaviours expected of link workers, will apply to employers, trainers and link workers, and will "enable entry level staff to train as social prescribers and progress to high levels of skill and responsibility".¹⁶⁰

Unlocking the potential

106. Many of those contributing to our inquiry have highlighted a need to 'unlock the potential' of social prescribing. There are schemes in place in some parts of Wales, but there are differences in approach and the level of service available. We also heard that people, including medical professionals, are often not aware that social prescribing could be an option. During our focus groups,¹⁶¹ some patients told us about positive experiences of social prescribing, but others said that people did not know about it:

"Pre pandemic I was in England and the GP surgeries were turning into hubs with lots of services. That as a way forward feels good. Right now there is nothing in my surgery—no social prescribing at all. Making GPs less venerated and more part of the community is the way forward."

"We need to talk about social prescribing. GPs shouldn't just be prescribing antidepressants. Young people don't know they can access free gym passes for

¹⁵⁹ RoP [para 23], 19 May 2022

¹⁶⁰ RoP [paras 71-72], 28 September 2022

¹⁶¹ Health and Social Care Committee, *Mental health inequalities: engagement findings*, March 2022

example and they don't get told this. My learners don't have a clue it's an option – it needs to be shared more."

107. Andy Bell said there was “an increasingly compelling evidence base for the benefits of social prescribing”. He acknowledged that it cannot change an individual’s economic or social conditions entirely, but suggested that it can mitigate them, give people more choice and autonomy, and help them to feel that they are part of their community.¹⁶²

108. While he noted the growing evidence base and the contribution social interventions such as employment placement support could make, Professor Rob Poole cautioned that gatekeeping access to social facilities and opportunities on the basis of “a mental health label” could be disempowering:

"If we can only access social facilities by them being prescribed, we haven't really solved any problems".¹⁶³

109. Others were also cautious, saying that social prescribing must be seen as one element of a wider package of care¹⁶⁴ and warning against any perception that it could be a “cheap replacement” for clinical services.¹⁶⁵

110. Digital technology plays a key role in effective social prescribing, both in terms of providing social prescribers with accessible, accurate directories of activities in their areas, and in capturing outcomes data. Professor Carolyn Wallace said that unlocking the potential of social prescribing would be facilitated by ensuring that health boards, GPs and link workers have access to effective digital platforms.¹⁶⁶

111. The Deputy Minister for MHW described evaluating the impact of social prescribing activity as “challenging”, in part because of variation in social prescribing models across Wales. She and her officials noted that the Welsh Government’s consultation was looking at different evaluation approaches, and that the Welsh Government was working with WSSPR to explore

¹⁶² RoP [paras 204-205], 24 March 2022

¹⁶³ RoP [para 99], 4 May 2022

¹⁶⁴ RoP [para 210], 6 July 2022

¹⁶⁵ Health and Social Care Committee, [Mental health inequalities: engagement summary: workforce](#), September 2022

¹⁶⁶ RoP [para 32], 19 May 2022

how to understand whether social prescribing pathways were delivering the desired impact for individuals.¹⁶⁷

Our view

112. The evidence shows that social prescribing offers the potential to address people's needs in a more holistic, personalised way. It is not a 'magic bullet' and it is not suitable for everyone or in all circumstances, but it has potential when used appropriately to reduce pressure on NHS services and improve people's health and social outcomes.

113. There is significant variation in social prescribing provision across Wales, and it is clear there is scope to develop the approach further, beginning with a shared understanding of what social prescribing means. Public and professional awareness of social prescribing are too often patchy and inconsistent, which could prevent people who could benefit from social prescribing from receiving the support they need to alleviate mental distress or build positive mental health and wellbeing.

114. We welcome the development of the national social prescribing framework. It could help to raise awareness and understanding of social prescribing across Wales, provided its publication and ongoing implementation is accompanied by appropriately-targeted communication campaigns to raise awareness among health professionals, services and community groups and organisations to which people could be prescribed, and the general public. Otherwise, the framework may fail to secure buy-in from all relevant partners, including people who could benefit from social prescribing.

Recommendation 14. To accompany the publication and ongoing implementation of the social prescribing framework, the Welsh Government should develop and deliver targeted communication campaigns to promote awareness of social prescribing and the new framework among health professionals, services and community groups and organisations to which people could be prescribed, and the general public.

115. A key challenge will be the development of appropriate outcome measures to assess the success or otherwise of the social prescribing framework. Where measures exist, they are often skewed towards health measures rather than social measures—this may fail to capture the impact of social prescribing in tackling the wider social determinants of mental ill health and mental health inequalities.

¹⁶⁷ RoP [paras 82-83], 28 September 2022

Recommendation 15. The Welsh Government's social prescribing framework should include measures by which the health and social impacts and outcomes of social prescribing schemes at local, regional and national levels can be assessed. The Welsh Government should commit to publishing data as part of the ongoing evaluation of the social prescribing framework to enable us and stakeholders to monitor the impact of both social prescribing and the social prescribing framework.

116. Ensuring that people are able to have quality conversations about what matters to them, and that they are supported in a personalised way is fundamental to unlocking the potential of social prescribing and tackling inequalities. We note the draft social prescribing framework includes limited reference to the role of link workers in this regard, and believe that further work is needed to develop a more professional structure that provides more standardisation and greater support for link workers. We welcome the Welsh Government's commitment to developing a skills and competencies framework for the social prescribing workforce, but we are not yet assured that a voluntary framework will be sufficient to provide clarity to link workers, health professionals, or the public about the role. We are also concerned about the degree of variation in pay, terms and conditions, and the issues that have been raised with us about the lack of sustainable funding for these posts. We agree with recent research that greater professional infrastructure is needed, including job descriptions, salary guides and supervision requirements, as well as a skills and competency framework and training requirements.¹⁶⁸

Recommendation 16. In its response to our report, the Welsh Government should outline what actions it will take to develop a more professional structure for the social prescribing workforce, including how it will address variation in pay, terms and conditions, and improve funding sustainability for such roles. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

¹⁶⁸ Wales School for Social Prescribing Research, PRIME Centre Wales, Data Cymru and Public Health Wales, [Understanding social prescribing in Wales: a mixed methods study: a final report](#), September 2021

6. Workforce

Workforce planning

117. Specialist mental health staff are an important part of the picture, but addressing mental health inequalities requires viewing the workforce in its widest sense, including health services, social services, education, housing, public services, and the community and voluntary sectors. Participants in our workforce focus groups told us about the potential for other roles to support mental health services, including allied health professionals such as speech and language therapists and occupational therapists. They suggested that greater representation for allied health professions in leadership positions could inform the development of more effective pathways and services.¹⁶⁹

118. Between February and March 2022, HEIW and Social Care Wales (“SCW”) consulted on a draft mental health workforce plan for health and social care. It highlighted recruitment challenges, high levels of vacancies and increasing workloads, and the need to grow the mental health workforce to keep pace with demand and address deficits in key professions in the specialist workforce.¹⁷⁰ The Royal College of Speech and Language Therapists described the workforce plan as “a real opportunity to remodel current provision and create sustainable services which ensure that all people in Wales can access appropriate mental health support”.¹⁷¹

119. The strategic mental health workforce plan for health and social care was published in November 2022.¹⁷² Giving evidence to us in September 2022, before the plan’s publication, the Deputy Minister for MHW described it as a “very comprehensive and impressive document”. She said it identified work needed to tackle immediate pressures as well as longer-term planning for the future mental health workforce, including the different types of roles that may be needed and scope for greater involvement of the wider workforce including allied health professionals in the delivery of mental health services.¹⁷³ Tracey Breheny, the Welsh Government’s deputy director for mental health, substance misuse and vulnerable groups, explained that HEIW and SCW had graded elements of the plan according to “must do/could do” and identified

¹⁶⁹ Health and Social Care Committee, [Mental health inequalities: engagement summary: workforce](#), September 2022

¹⁷⁰ Health Education and Improvement Wales and Social Care Wales, [Consultation on the mental health workforce plan for health and social care](#) [accessed August 2022]

¹⁷¹ MHI83 Royal College of Speech and Language Therapists

¹⁷² Health Education and Improvement Wales and Social Care Wales, [A Strategic Mental Health Workforce Plan for Health and Social Care](#), November 2022

¹⁷³ RoP [paras 87-88], 28 September 2022

associated costs.¹⁷⁴ The Deputy Minister for MHW said that she could not confirm that sufficient financial resources would be available to enable all elements of the plan to be implemented, as budget discussions within Welsh Government were ongoing.¹⁷⁵

Representativeness of the workforce

120. Many of those who contributed to our work have suggested that the mental health workforce, and the wider health workforce, are not sufficiently representative of the diverse communities they serve. Our advisory group suggested that one way to address this would be to provide training and support to neurodivergent people to help them enter the mental health workforce.

121. The Deputy Minister for MHW acknowledged that the workforce is not sufficiently representative. She told us that the HEIW and SCW workforce plan and training framework, together with the Welsh Government’s anti-racist action plan, would help make the mental health and health workforce more representative.¹⁷⁶ The strategic mental health workforce plan includes a commitment to improving data about the diversity of the mental health workforce, including information to be gathered via a broader survey of health and social care staff. It also states that the plan’s implementation will:

“...reflect strategic equality plans, taken forward with strong compassionate inclusive leadership ensuring a clear focus on engaging and addressing inequalities for people from differing socio-economic circumstances, including those who share the same protected characteristics and those who do not.”¹⁷⁷

122. Similarly, the joint HEIW and SCW workforce strategy for health and social care published in October 2020 describes an ambition for a “workforce that is reflective of the population’s diversity, Welsh language and cultural identity”, as well as a focus on “exemplar employment practices with a clear focus on equality and diversity, employee voice and collective representation”.¹⁷⁸

¹⁷⁴ RoP [para 97], 28 September 2022

¹⁷⁵ RoP [paras 87 and 94], 28 September 2022

¹⁷⁶ RoP [para 57], 28 September 2022

¹⁷⁷ Health Education and Improvement Wales and Social Care Wales, [A Strategic Mental Health Workforce Plan for Health and Social Care](#), November 2022

¹⁷⁸ Health Education and Improvement Wales and Social Care Wales, [Health and Social Care Workforce Strategy](#), October 2020

Recruitment, retention and wellbeing

123. Recruitment and retention issues in the mental health workforce pre-date the COVID-19 pandemic, but staff are increasingly experiencing burnout, and attracting staff to train and work in mental health is challenging. The result is shortages, including specialist staff such as old age psychiatry¹⁷⁹ and child and adolescent mental health services.¹⁸⁰ The Royal College of Psychiatrists Wales said that “CAMHS services in Wales desperately need increased funding and staff”, and that staff and resources should be allocated equitably across Wales to “ensure we do not have regional discrepancy in access and mental health outcomes”.¹⁸¹ It added that more needs to be done to attract people to work in mental health services, and suggested that this could include flexible or remote working opportunities, and making it easier for retired professionals or people with caring responsibilities to return to work.¹⁸²

124. The Royal College of General Practitioners Wales called for investment in the primary care workforce, including GPs and social prescribers, as well as other professionals. It suggested that community pharmacists could play a greater role in supporting people experiencing lower-level mental health issues.¹⁸³ Similarly, the British Association for Counselling and Psychotherapy, which represents the counselling professions, described its members as “highly-trained yet underutilised”, noting that its recent workforce survey had identified additional capacity across its members amounting to “almost 10,000 client hours per week”.¹⁸⁴

125. Efforts to recruit and train more staff were welcomed, but many of those contributing to our work emphasised the importance of staff retention and the role of staff wellbeing in this. Dr Julie Keely reported that many people were leaving the workforce due to physical or mental ill health, as well as the personal and professional impact of COVID-19 pressures.¹⁸⁵ Our workforce focus group participants emphasised that there are many positives to working in mental health services, but also highlighted the challenging, and sometime traumatic, working environment, as well as other factors including the rising costs of living and issues with pay structures:

“With regards to the mental health and wellbeing needs of the workforce itself. I think a lot of it is fairly straightforward stuff. Decent pay and decent working conditions. Specific services like counselling and wellbeing services have their place, but they

¹⁷⁹ RoP [para 320], 24 March 2022

¹⁸⁰ RoP [para 322], 24 March 2022

¹⁸¹ MHI54 Royal College of Psychiatrists Wales

¹⁸² MHI54 Royal College of Psychiatrists Wales

¹⁸³ MHI96 Royal College of General Practitioners Wales

¹⁸⁴ MHI25 British Association for Counselling and Psychotherapy

¹⁸⁵ RoP [para 12], 6 July 2022

*shouldn't be used as a sticking plaster for not having a well-functioning, well-supported workplace. It's no good sending somebody working in a toxic workplace to a counselling service.*¹⁸⁶

126. HEIW and SCW's mental health workforce plan highlights the impact working in mental health services, especially acute and specialist services, can have on staff wellbeing, for example when dealing with cases of suicide, homicide, or coroner's inquests.¹⁸⁷ The Deputy Minister for MHW emphasised the "strong focus" on wellbeing in the workforce plan, and added that workforce wellbeing was already a priority for the Welsh Government, including programmes such as Canopi, Healthy Working Wales, and Time to Change.¹⁸⁸

Awareness and training

127. The need for greater equality awareness and mental health training among frontline staff across public services has been consistently highlighted. For example, Cymorth Cymru noted that people who are homeless and experience a mental health crisis may be more likely to come into contact with the police, social workers and housing officers rather than GPs or mental health services. It cautioned that unless services are trained to respond to trauma or mental health crises, people could be dismissed or detained which could delay or prevent access to mental health treatment and support.¹⁸⁹

128. In particular, GPs were identified as a key professional group where improved awareness and training in relation to mental health and equality issues is needed. GPs are often the first port of call for people who are experiencing a mental health issue, or who attend GP services for physical health issues but who may have hidden mental health issues manifesting as physical symptoms.¹⁹⁰ We heard evidence that older people and people from racialised communities are less likely than other age groups to be referred by GPs to appropriate mental health services.¹⁹¹ Participants in our lived experience focus groups identified particular barriers in accessing GP services, with participants highlighting a lack of understanding or training for receptionists and other frontline staff in GP surgeries, as well as a lack of training for GPs themselves:

¹⁸⁶ Health and Social Care Committee, [Mental health inequalities: engagement summary: workforce](#), September 2022

¹⁸⁷ Health Education and Improvement Wales and Social Care Wales, [A Strategic Mental Health Workforce Plan for Health and Social Care](#), November 2022

¹⁸⁸ RoP [paras 103-105], 28 September 2022

¹⁸⁹ MHI89 Cymorth Cymru

¹⁹⁰ MHI28 Welsh Police Forces: joint response

¹⁹¹ MHI54 Royal College of Psychiatrists Wales, MHI80 Centre for Mental Health

"Getting to the front line to GPs is difficult. Getting past the receptionist or front line staff is so hard. Front line staff that just can't communicate with you and that is particularly common with autistic people."¹⁹²

129. Other issues raised included:

- Insufficient neurodiversity awareness and understanding among the healthcare and wider workforce including schools. In addition to general training, role-specific training may be needed, for example for teaching staff. Neurodivergent people told us the focus should be on:

"...how to support and help people, and developing positive, constructive and helpful attitudes and cultures. For example, it could include how to communicate effectively, what language and terminology is appropriate, how to adapt or tailor services and support to meet neurodiverse people's needs, and how to ensure that services and support enable neurodiverse people rather than 'disabling' them."¹⁹³

- Disability awareness training is needed to give clinicians and others working with disabled people a better understanding of their needs (i.e. not just training about conditions).
- A lack of cultural awareness or competence among the mental health and other health service and public service workforce.
- A need for more understanding of trauma, and the implementation of trauma-informed approaches. Such approaches could be beneficial for health and social care services, but also other settings such as emergency services and in the criminal justice system.
- Training gaps in relation to the mental health and other needs of specific groups or communities, including older people, people with sensory impairment or loss, people diagnosed with personality disorders, unpaid carers, and people experiencing grief. Gaps were also identified in relation to women's health issues and suicide prevention awareness.

¹⁹² Health and Social Care Committee, [Mental health inequalities: engagement findings](#), March 2022

¹⁹³ Health and Social Care Committee, [Mental health inequalities: stakeholder discussion](#), 8 June 2022

130. Workforce representatives recognised the need for training, but described workforce pressures and a lack of protected time to undertake training as significant barriers.¹⁹⁴ Lisa Turnbull of the RCN said:

*"Very often, there is excellent education available on, say, learning disabilities and dementia or specific cultural issues or linguistic issues, and people know that they're in need of it and want to access it. But if you're talking about coming home after a 12 or 14-hour shift and then you've got caring responsibilities, when precisely are we expecting people to do this? So, once again, it's a really high expectation on these people, and yet not necessarily rewarded or recognised or given the opportunity to actually reach that level, just criticised when they don't."*¹⁹⁵

131. The Deputy Minister for MHW acknowledged the Welsh Government had a leadership role in this regard, and committed to ensuring that equality, diversity and inclusion were "core topics and areas of focus for all our leaders". She added that the Welsh Government was working with Diverse Cymru and other partners to make sure cultural competency training was available. However, she said that ensuring there were mechanisms in place for staff to undertake training was a matter for employers.¹⁹⁶

Our view

132. Issues relating to recruitment, retention and training gaps in the mental health and wider workforce pre-date the COVID-19 pandemic. However, they have been exacerbated, and staff are experiencing increased burnout in addition to the impact of rising costs of living. Further action is needed to improve and sustain staff wellbeing, including a greater focus on workplace culture and the wider causes of poor mental wellbeing among the workforce. To this end, we welcome the focus on workforce wellbeing in the mental health workforce plan, and the Deputy Minister's confirmation that workforce wellbeing continues to be a Welsh Government priority.

133. As with all plans, the impact will be in the implementation. In the context of budgetary constraints there may be difficult choices to make in order to balance tackling immediate workforce pressures with developing a mental health workforce that is fit for the future and properly equipped to meet individuals' diverse needs.

¹⁹⁴ Health and Social Care Committee, [Mental health inequalities: engagement summary: workforce](#), September 2022

¹⁹⁵ RoP [para 71], 6 July 2022

¹⁹⁶ RoP [para 101], 28 September 2022

Recommendation 17. In its response to our report, the Welsh Government should set out how it, working with Health Education and Improvement Wales and Social Care Wales, will monitor the impact of the actions in the mental health workforce plan aimed at improving staff wellbeing. It should also commit to publishing annual reports setting out whether the actions in the plan are having the intended impact, and if not, what will be done differently. The first annual report should be published no later than December 2023.

Recommendation 18. Once the Welsh Government has published its draft budget for 2023-24, it should confirm which of the actions in the mental health workforce plan have been allocated full funding, which have been allocated partial funding, and which have not yet been allocated funding. It should also provide details of which partially-funded or unfunded actions will be prioritised should further funding become available.

134. We need to build the capacity of the mental health and wider public service workforce to meet the needs of diverse communities more effectively. This will require a more diverse workforce that better reflects the communities it serves, improved equality awareness and training, and the removal of barriers that prevent staff from accessing training opportunities.

Recommendation 19. The Welsh Government should work with neurodivergent people to co-produce training and awareness-raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people's lives, how to support and help them, and developing positive, constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

135. We also agree with our advisory group that training and support should be provided to people with lived experience to enable them to enter the mental health workforce. This should include neurodivergent people, as well as other groups identified as being underrepresented in the workforce.

Recommendation 20. The Welsh Government should ensure that the workforce survey to be undertaken across health and social care as part of the mental health workforce plan is undertaken as a matter of urgency, and no later than July 2023. The Welsh Government should work with groups and communities identified through analysis of the diversity data gathered through the survey as being underrepresented in the mental health workforce, and with neurodivergent people, to design and deliver a mentoring and support programme to help

them enter the mental health workforce. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

7. Coordinated cross-government action

Welsh Government strategy

136. The Welsh Government's current Together for Mental Health strategy comes to an end this year. Stakeholders described the strategy's review and refresh as an opportunity to address the needs of a wider range of communities who experience discrimination and/or disadvantage, including, for example, older people, Gypsies and Travellers, and people living with chronic conditions. It also provides opportunities to learn from the COVID-19 pandemic, particularly "the entrenched and widening existing economic, social, cultural and environmental inequalities that have led to poorer mental health".¹⁹⁷

137. Stakeholders broadly welcome the Welsh Government's vision for improving mental health, including the Wellbeing of Future Generations (Wales) Act 2015 and the whole-school approach to emotional and mental wellbeing.¹⁹⁸ However, we heard concerns that policy is not always translated into practice, and that more needs to be done to bring together the various action plans and policies relating to mental health, health inequalities, and to particular groups and communities who may experience discrimination or disadvantage.¹⁹⁹

138. A number of the Royal Colleges, including the Royal College of Physicians, are jointly calling for a cross-government strategy to tackle mental and physical health inequalities.²⁰⁰ The Deputy Minister for MHW dismissed the need for such a strategy as having a strategy would not "guarantee delivery". She added that the Welsh Government was already "driving forward work in this area", including Healthy Weight, Healthy Wales, the Welsh Government's tobacco control plan, and a joint Welsh Government and NHS working group. She said:

*"So, I think the important thing now is to focus on action. I think we know what we need to do and we need to get on with it, and we don't need another new strategy."*²⁰¹

'Mental health in all policies'

139. We heard different views on whether a 'mental health in all policies' approach was needed. Andy Bell said that it could mean that Welsh Government would need to "deliberately

¹⁹⁷ MHI55 Welsh Local Government Association

¹⁹⁸ RoP [para 234], 24 March 2022

¹⁹⁹ For example, RoP [para 243], 24 March 2022, MHI85 Age Cymru

²⁰⁰ MHI15 Royal College of Physicians

²⁰¹ RoP [para 135], 28 September 2022

and explicitly” identify how policies and decisions would seek to improve mental health, reduce inequalities and improve things for people living with mental illness.²⁰² Others cautioned that the approach could be a tick-box exercise, and suggested instead identifying what is needed in practice to create the circumstances for good mental health and wellbeing, and ensuring that this informs policy and practice.²⁰³

Scaling up and rolling out

140. It is not always clear what structures or processes are in place to support the timely evaluation and roll out of successful projects or models of care. Many stakeholders spoke about a need to ensure effective interventions and ways of working are rolled out more widely. The Older People’s Commissioner for Wales described implementation as “key”, and called for more focus on “what are the support, services and interventions that are proven to work, and how can those be better rolled out across Wales”.²⁰⁴

141. The Deputy Minister for MHW acknowledged that “good practice doesn’t travel well”. She said the Welsh Government was looking at ways to improve this, including establishing communities of practice as part of the HCRIF as well as ongoing challenge to Regional Partnership Boards and others to encourage them to share good practice and work in a collaborative way.²⁰⁵

Reporting and data

142. Many people and organisations were concerned that available data provides an inadequate understanding of the extent of mental ill health in Wales, how well different groups are able to access mental health services and have their needs met, and whether there is variation across Wales.²⁰⁶ Mind Cymru summarised the issue:

“...there is no routine, reliable and comparable measure of the prevalence (both treated and untreated) of mental health problems within the Welsh population. As a result, the true scale of mental health problems, inequalities between groups and changes over time remains unclear.”²⁰⁷

²⁰² RoP [para 232], 24 March 2022

²⁰³ RoP [para 143], 4 May 2022

²⁰⁴ RoP [para 342], 24 March 2022

²⁰⁵ RoP [para 63], 28 September 2022

²⁰⁶ RoP [para 334], 24 March 2022

²⁰⁷ MHI47 Mind Cymru

143. Limitations include a lack of demographic disaggregation, including socioeconomic disadvantage, ethnic background, age, and other diagnoses (including neurodevelopmental conditions, or sensory impairment or loss). Such data as is available also focuses on outputs rather than clinical or social outcomes. This is problematic in terms of the wider determinants of mental health and mental health inequalities. Professor Rob Poole said:

"Social outcomes are much more important to people than clinical outcomes. [...] People are concerned about how they live their lives. And if we put greater emphasis on how people live, then we're going to get a much better measure of how we're doing."²⁰⁸

144. The development of a core mental health dataset for Wales is widely welcomed, but we heard concerns about ongoing delays to its development and implementation. Sue O'Leary of Mind Cymru told us the need to make progress with the dataset and measure demographic data was her key message to Welsh Government, as assessing the true picture of mental health inequality would enable it to be addressed.²⁰⁹

145. The Deputy Minister for MHW told us in September 2022 that the draft core mental health dataset had been impact tested, and work was underway to strengthen the programme arrangements. She added that health boards were being trained on the recording and use of patient experience outcomes and data, and that she had commissioned work from the University of South Wales on measuring patient outcomes.²¹⁰

Our view

146. The review and refresh of the Welsh Government's mental health strategy provides a valuable opportunity to tackle mental health inequalities, and embed the needs of diverse communities into Wales' approach to mental health. Achieving this will need more than a strategy and a plan—it needs an effective, cross-government approach, and coordination with plans and policies relating to groups who experience disadvantage. Adequate funding must be available, but against a backdrop of financial constraints all spending must be considered and monitored in terms of value for money and outcomes to ensure that it is targeted where it is most needed, and spent in ways that make a positive difference. We also agree with the Deputy

²⁰⁸ RoP [para 141], 4 May 2022

²⁰⁹ RoP [paras 340-341], 19 May 2022

²¹⁰ RoP [para 119], 28 September 2022

Ministers that working with people with lived experience and lived expertise to co-produce the strategy is essential.

147. Throughout our inquiry we have heard about a range of frameworks, including a trauma-informed framework, the NEST/NYTH framework, and a social prescribing framework. The ideas and aspirations of these frameworks are to be applauded, but we share the concerns of our advisory group that it is not always clear how such frameworks work together or translate into meaningful action or tangible impacts in communities. The Programme for Government states that:

"...responsibility for the commitments that directly contribute to our wellbeing objectives will rest with the First Minister and the full Cabinet as these will require the highest level of coordination and integration across the whole of government."²¹¹

148. We agree this is appropriate in terms of overall accountability, as tackling mental health inequalities and addressing the wider determinants of mental health and wellbeing requires action across all Ministerial portfolios. However, where accountability is shared across 14 Ministers and Deputy Ministers there is a risk that unless consideration is routinely given to the impact of decisions on the mental health and wellbeing of the people of Wales, it will be too easy for mental health, and especially mental health inequalities, to be squeezed out by the other pressing priorities facing Ministers.

Recommendation 21. The Welsh Government should require its civil servants to include, in every submission made to Welsh Government Ministers seeking a decision on policy, legislative, spending or taxation proposals, an assessment of how the recommended course of action will contribute to improving the mental health and wellbeing of the people of Wales.

149. We will monitor the development of the successor mental health strategy and associated plans through our scrutiny of the Ministers with responsibility for health and social care, and further targeted or follow up work as needed. However, as a Senedd, if we want to see a cross-government approach to tackling mental health inequalities, we must also play our part through cross-portfolio scrutiny. We urge all Senedd committees, in their scrutiny of the Welsh Government, to include consideration of the impact and outcomes of policies, legislation, spending and taxation for the mental health and wellbeing of Wales' population.

²¹¹ Welsh Government, [Welsh Government Programme for Government: update](#), 7 December 2021. The ten wellbeing objectives include objectives to "provide effective, high quality and sustainable health care" and "celebrate diversity and move to eliminate inequality in all of its forms".

Recommendation 22. The Welsh Government should provide us with annual updates on progress made in implementing the recommendations set out in this report. The first annual update should be provided in December 2023.

Recommendation 23. In its response to our report, the Welsh Government should commit to commissioning and publishing independent interim and final evaluations of its new mental health strategy. The interim evaluations should include assessment of the impact of the strategy to date on the mental health and wellbeing of Wales' population, the outcomes it has achieved, and any learning points or recommendations for change. Alongside each interim evaluation report, the Welsh Government should publish details of what actions it will take in response to any learning points or recommendations for change.

150. Innovating for improvement is one of our cross-cutting themes for the Sixth Senedd. Innovation is key to tackling the issues faced by our health and social care sectors, and delivering the high quality, high performing services the people of Wales deserve. We welcome the availability of transformation funding, such as the HCRIF, including the potential for such funding to be allocated on a multiyear basis. However, it is disappointing that we, like our predecessors, are continuing to hear from stakeholders that good practice is slow to spread, and that ambitious and pioneering strategies, policies and frameworks are failing to have the desired impact on the ground. Unless the implementation gap is closed, people and communities across Wales will continue to experience mental health inequalities.

151. We support many of the Welsh Government's intentions and ambitions for tackling mental health inequalities, but it is clear the available data is inadequate to provide a clear understanding of the extent of mental ill health among the population in Wales, or how well different groups are able to access mental health services and have their needs met. The data that does exist focuses on outputs rather than outcomes. If we are to be able to understand whether progress is being made in addressing the wider determinants of mental health, and reducing the inequalities that disproportionately affect some groups and communities, we must measure not only clinical outcomes, but also social outcomes.

152. In our report on the impact of the NHS waiting times backlog, we recommended that all health data collected and published in Wales should be disaggregated on the basis of diversity characteristics.²¹² The Welsh Government partially accepted our recommendation, saying that while it agreed with the aspiration, it was "restricted by the structure of the data collections and

²¹² Health and Social Care Committee, [Waiting, well? The impact of the waiting times backlog on people in Wales](#), April 2022, recommendation 23

systems and local health boards are also independent legal entities in their own right". It added that "to retrospectively collect data for those data collections in place would be complicated", but committed to ensuring that diversity data was collected and published in future.²¹³

Recommendation 24. In its response to our report, the Welsh Government should confirm that the data to be collated and published as part of the mental health core dataset will enable us and stakeholders to see and track progress over time in mental health inequalities relating to access to mental health services and outcomes for different groups and communities. This should include information about what data will be included, how frequently data will be published, what analysis will be undertaken, and confirmation that the data will be disaggregated on the basis of diversity characteristics.

Recommendation 25. Following the completion of the research commissioned from the University of South Wales on measuring clinical and social outcomes, the Welsh Government should set out a timetable for the development and implementation of wellbeing measures to inform the monitoring and evaluation of the impact the new mental health strategy has on tackling mental health inequalities. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

²¹³ Letter from the Minister for Health and Social Services, 30 May 2022

8. Reform of the Mental Health Act 1983

Background

153. Evidence suggests the number of people from ethnic minority groups detained under the Mental Health Act 1983 (“the 1983 Act”) is disproportionate, and that their experience and outcomes of detention are worse. Autistic people and people with a learning disability have also been inappropriately detained. This can prevent some marginalised or racialised communities seeking mental health support:

“Marginalised young people express fears that health professionals are no different to the police and they won’t be safe if they engage. Mental health services need to be actively anti-racist—taking proactive steps to combat and reverse ingrained patterns of oppression and injustice towards racialised communities.”²¹⁴

154. Andy Bell said different approaches may be taken to policing different groups or communities on the basis of age or ethnic background. He noted increases in detentions under the 1983 Act and the potential exacerbation of existing trauma and inequalities:

“...the more we see the use of coercion in the mental health system, the more people are detained under the Mental Health Act 1983, which sadly is rising year after year after year, we know that can do harm long term. It may be necessary to save a life, but potentially those experiences of coercion can reinforce some of those traumatic experiences people have been through, and we know that’s used unequally. So, if you are from an African or Caribbean background, you’re something like four times more likely than a white person to be subject to the mental health Act, and there’s something deeply, deeply wrong about that.”²¹⁵

155. Llamau described an incident in which a number of police officers and several vehicles had responded to a young person who was suicidal, which they said “frightened the young person and didn’t help with their mental health crisis”.²¹⁶ Similarly, Life Warriors, a peer-led therapeutic

²¹⁴ MHI80 Centre for Mental Health

²¹⁵ RoP [paras 162 and 176], 24 March 2022

²¹⁶ MHI56 Llamau

support group for people with a diagnosis of (or who identify with the characteristics of) 'personality disorder', told us:

*"[The police] are most often first responders to someone in mental health crisis, so do need those specialist skills to remain person centred at times where people need help the most. 'In moments of crisis, I am vulnerable and frightened, yet I am thrown in the back of a van and treated like a criminal, not explaining where we are or where we are going'. 'If they understood us, they would be much kinder than they are'."*²¹⁷

156. Others also highlighted the need for police officers to be trained to deal appropriately with people (including children and young people) experiencing mental health issues or crises, including training in mental health awareness and suicide prevention.²¹⁸

Plans for reform

157. Following an independent review of the 1983 Act in 2018,²¹⁹ the UK Government published a White Paper in 2021²²⁰ and a draft Mental Health Bill in June 2022.²²¹ The proposed reforms include:

- Ensuring greater choice and autonomy for patients in a mental health crisis.
- Tackling racial disparities in mental health services.
- Better meeting the needs of people with a learning disability and autistic people.
- Ensuring appropriate care for people with serious mental illness within the criminal justice system.

158. The UK Parliament has established a joint committee to scrutinise the draft Bill. We wrote to the joint committee to highlight the evidence we have gathered, and to emphasise the importance of ensuring that the different legislative and policy contexts in respect of mental health in Wales and England are taken into account in the development and scrutiny of the

²¹⁷ MHI17 Life Warriors

²¹⁸ For example, MHI35 Barnardo's Cymru, MHI75 DPJ Foundation

²¹⁹ UK Government, [Independent report: Modernising the Mental Health Act – final report from the independent review](#), December 2018

²²⁰ UK Government, [Consultation outcome: Reforming the Mental Health Act](#), 24 August 2021

²²¹ UK Government, [Policy paper: Draft Mental Health Bill](#), 27 June 2022

legislation, and in its implementation, to ensure that any changes complement rather than complicate the current legislative and policy framework in Wales.²²²

Our view

159. It is unacceptable that anyone is being inappropriately detained under mental health legislation, and even more so that some groups and communities are disproportionately at risk. It harms and traumatises the individuals who experience inappropriate detention, damages trust and confidence in public services, and deters others from the same groups or communities from seeking help and support.

Recommendation 26. The Welsh Government should work with the police and crime commissioners and the police forces in Wales to identify opportunities to improve access for police officers to ongoing training in mental health awareness, suicide prevention, neurodiversity awareness, learning disability awareness, and cultural competence. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

160. We note that the Explanatory Notes published with the draft Bill say the UK and Welsh Governments are discussing the legislative proposals, the majority of which would apply to Wales and would therefore engage the legislative consent process if the Bill were to be introduced in its current form.²²³ We would anticipate that any legislative consent memorandum would be referred to us for scrutiny.

Recommendation 27. In its response to our report, the Welsh Government should provide an update on its discussions with the UK Government on the draft Mental Health Bill. This should include information about whether the Welsh Government has reached a view on whether it supports the UK Government's intention to legislate in the devolved area of mental health, details of the analysis and consultation undertaken by the Welsh Government to inform its view on this matter, and information about the actions taken by the Welsh Government to ensure that the different legislative and policy contexts in Wales and England are being taken into account in the development of the legislation and planning for its implementation.

²²² Letter to the Joint Committee on the Draft Mental Health Bill, 11 October 2022

²²³ UK Government, Draft Mental Health Bill: explanatory notes, July 2022

Annex: Mental health and emotional support

If you need help and support, the C.A.L.L mental health helpline for Wales provides mental health and emotional support, and signposting to local services:

Freephone 24 hours a day on 0800 132 737, or text HELP to 81066.

Website: www.callhelpline.org.uk

If you're struggling to cope, need to talk to someone or feeling suicidal, you can contact Samaritans:

Freephone 24 hours a day from any phone on 116 123.

Welsh Language Line: 0808 164 0123 (7pm-11pm, 7 days a week)

Email: jo@samaritans.org

Website: www.samaritans.org/samaritans-cymru

You can also find information about other mental health resources and sources of support in the Senedd Research mental health support factsheet:

<https://research.senedd.wales/research-articles/constituency-factsheet-mental-health-support>