1. This document has been prepared in Microsoft Word. An explainer document is available in [Microsoft Word format](https://senedd.wales/media/qz5haotp/word-accessibility-options.docx) if you need any help to use the ‘Read aloud’ function, or to change the page background colours, text sizes or text colours.

# Summary

www.senedd.wales

Welsh Parliament

Health and Social Care Committee

Connecting the dots

Tackling mental health inequalities in Wales

December 2022

1. The Health and Social Care Committee published *Connecting the dots: tackling mental health inequalities in Wales* in December 2022. This is a summary of our conclusions and recommendations. The full report, and information about our inquiry, is available at [www.senedd.wales/seneddhealth](http://www.senedd.wales/seneddhealth).

## Mental health

1. 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.
2. 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

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 the Welsh Government’s new mental health strategy.
2. 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.
3. 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

1. 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.
2. 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.
3. 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.
4. 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’

1. 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.
2. 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

1. 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.
2. 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

1. 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.
2. 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.
3. 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.
4. 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

1. 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.
2. 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.
3. 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

1. 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.
2. 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.

# 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:

1. Freephone 24 hours a day on 0800 132 737, or text HELP to 81066.
2. Website [www.callhelpline.org.uk](http://www.callhelpline.org.uk)

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

1. Freephone 24 hours a day from any phone on 116 123.
2. Welsh Language Line: 0808 164 0123 (7pm-11pm, 7 days a week)
3. Email: jo@samaritans.org
4. Website: [www.samaritans.org/samaritans-cymru](https://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>