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Llywodraeth Cymru  
Welsh Government

Welsh Government  
Consultation Document

## Draft Mental Health and Wellbeing Strategy 2024-2034

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Action required: Responses by 11 June 2024

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome  
correspondence and telephone calls in Welsh

## Overview

Welsh Government is publishing a new draft Mental Health and Wellbeing Strategy (2024-2034) for public consultation, which will replace the previous ten year strategy [Together for Mental Health](#). We are also consulting on a new draft Suicide and Self-Harm Prevention Strategy, which will replace [Talk to me 2: the suicide and self-harm prevention strategy for 2015-2022](#).

The Mental Health and Wellbeing Strategy aims to improve and protect the mental health and wellbeing of people in Wales. The strategy sets out an overarching vision for mental health and wellbeing in Wales, alongside four key vision statements, supporting principles, and a series of high level actions to support implementation.

## How to respond

Please respond by completing the online form or completing this questionnaire and sending it to:

Email: [mentalhealthandvulnerablegroups@gov.wales](mailto:mentalhealthandvulnerablegroups@gov.wales)

If you intend to respond in writing, please send completed forms to:

Mental Health Policy Team  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

When you reply, it would be useful if you confirm whether you are replying as an individual or submitting an official response on behalf of an organisation and include:

- your name
- your position (if applicable)
- the name of organisation (if applicable)

## Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

## Having your own discussions

We understand that there are lots of groups that may want to discuss the strategy and respond to the consultation. To support these discussions, we have created an engagement pack with ideas and information on how to feedback. Please contact:

[mentalhealthandvulnerablegroups@gov.wales](mailto:mentalhealthandvulnerablegroups@gov.wales)

## Engagement with children and young people

We want to make sure that we listen to the views of children and young people on the Mental Health and Wellbeing Strategy for Wales (2024-2034). To do this we have created a children and young people friendly version of the strategy.

The Co-Production Network for Wales are running focus groups and can support people to run their own consultation sessions with the children and young people they work with. If you are a teacher, clinician, youth or playworker, mentor or anyone else working with children and young people and you would like support to run a session on the Mental Health and Wellbeing Strategy for Wales (2024-2034) please contact: [MHStrategy@copronet.wales](mailto:MHStrategy@copronet.wales)

## Help and support for your own mental health

If you need support with your mental health, you can ring the CALL Helpline: 0800 132 737. Or for urgent support please call the NHS on 111 and press 2.

## Contact details

For more information:

Mental Health Policy Team

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

[mentalhealthandvulnerablegroups@gov.wales](mailto:mentalhealthandvulnerablegroups@gov.wales)

This document is also available in Welsh: <https://www.llyw.cymru/strategaeth-iechyd-meddwl-llesiant-meddyliol>

## **UK General Data Protection Regulation (UK GDPR)**

The Welsh Government will be data controller for Welsh Government consultations and for any personal data you provide as part of your response to the consultation.

Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. The lawful basis for processing information in this data collection exercise is our public task; that is, exercising our official authority to undertake the core role and functions of the Welsh Government. (Art 6(1)(e))

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about or planning future consultations. In the case of joint consultations this may also include other public authorities. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data.

In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation and that the Welsh Government may be under a legal obligation to disclose some information.

If your details are published as part of the consultation response then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

### Your rights

Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the UK GDPR, please see contact details below:

Data Protection Officer  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ  
Email: [dataprotectionofficer@gov.wales](mailto:dataprotectionofficer@gov.wales)

The contact details for the Information Commissioner's Office are:

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Telephone: 0303 123 1113  
Website: <https://ico.org.uk/>

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## Introduction

The right to good physical and mental health is one that belongs to all; a fundamental human right for everyone, without exception.

Our previous cross-Government strategy, “Together for Mental Health”, was published in 2012. This set out our goals for improving mental health and mental health services in Wales. It was our first mental health strategy that covered all ages, promoted the mental wellbeing of all people in Wales, and aimed to ensure that people with mental health conditions got the support they need. We will publish a closure report for the Together for Mental Health Strategy and our previous suicide and self-harm prevention strategy “Talk to Me 2”, which provides further detail on key developments.

Over the past two years or so, the Welsh Government has commissioned several reviews to engage a range of services, people with lived experience and broader stakeholders to help shape priorities for the successor to both the Together for Mental Health and Talk to Me 2 Strategies. This includes the [Independent Review of Together for Mental Health and Talk to Me 2 Strategies \(2012-2022\)](#) which acknowledged that we have made some important progress over the last ten years, whilst also recognising that “there remains some way to go”. The review identified that the outcomes we are looking to achieve require societal change and are likely to be long-term or even generational.<sup>1</sup>

The evaluation is set in the context of a broader programme of work to shape early thinking about themes and priorities for future plans. We have also considered the specific recommendations made by Senedd Committees regarding mental health.

Collectively this information has drawn together the views of people with lived experience, practitioners, services and the public to provide a comprehensive insight to inform planning for the future. The overall aim was to develop themes/visions and values for the new strategies based on this engagement (which are set out below) and with a view to supporting further co-production.

The feedback received from stakeholders has been integral to the development of the vision statements and the underlying principles for the Mental Health and Wellbeing Strategy (2024-2034), as well as supporting actions. Within the strategy and under each of the vision statements (and also in the supporting impact assessments), we summarise the voices of people with lived experience and other key stakeholders.

The overarching vision for this strategy is:

People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across

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<sup>1</sup> [Review of Together for Mental Health and Talk to Me 2 Strategies | GOV.WALES](#)

health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.

Delivery of the overarching vision will be supported by the following vision statements:

**Vision Statement 1:** People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.

**Vision Statement 2:** There is cross Government action to protect good mental health and wellbeing.

**Vision Statement 3:** There is a connected system where all people will receive the appropriate level of support wherever they reach out for help.

**Vision Statement 4:** There are seamless mental health pathways – person-centred, needs led and guided to the right support first time, without delay.

A fifth vision that “People in Wales will live in communities which are free from the fear and stigma associated with suicide and self-harm and are empowered and supported to both seek and offer help when it is needed” – will be taken forward through the new Suicide and Self-Harm Prevention Strategy for Wales which has also been published for consultation.

Alongside the vision statements, we tested a number of principles to complement those outlined in [A Healthier Wales: our Plan for Health and Social Care](#) (A Healthier Wales). These principles apply across the vision statements and the associated actions set out in the strategy.

**All-age focus:** we have taken an all-age approach to develop this strategy to ensure we have a system which will support everyone and which promotes better integration between services. Throughout this strategy, when we say “people” we are talking about all ages including babies, children, young people and older people.

**Person-centred:** this means treating people as individuals and as equal partners in their healthcare, being mindful and respectful of their individual needs (including a person’s preferred language), providing any reasonable adjustments to meet needs and providing compassionate care.

**Rights-based approach:** respecting, protecting and fulfilling the rights of individuals in the care they receive. This includes taking account of the specific rights some groups have, for example children’s rights and disability rights.

**No wrong door:** so people can present at any point in the system and be guided to the right support without delay and without having to explain their needs multiple times.



**Informed by wider determinants of health:** this recognises that the economic and social conditions that people live and work in are fundamental to their wellbeing, and that good health, and good mental health particularly, is dependent on a wide range of factors.

**Trauma-informed:** making use of the [Trauma-Informed Wales Framework](#) to help everyone in Wales understand how trauma and adversity can impact people and their role in supporting those affected by trauma. Its overall goal is to help Wales become a trauma-informed nation.

**Equity of access, experience and outcomes without discrimination:** ensuring services and support are accessible and appropriate for all. This means understanding the barriers people face and putting necessary systems in place so that when people get support, there is equity in terms of experiences and outcomes. To achieve this, support and services will need to be culturally and age appropriate and meet the needs of Welsh speakers, ethnic minority people, LGBTQ+ communities and people with sensory loss. Services will also need to meet the needs of under-served groups such as people with co-occurring substance misuse, people who are care experienced, neurodivergent people and people who are experiencing poverty and people who are experiencing homelessness.

**Evidence driven and outcome focused:** ensuring actions in the strategy are informed by evidence and they can be evaluated.

**Preventative and value-based:** ensuring a focus on prevention first, and then doing what is needed whilst causing no harm. This is also about reducing variation in outcomes and experiences for people.

**Free of stigma and shame, blame and judgement:** tackling stigma and societal views associated with poor mental health.

## **Embedding an anti-racist approach**

Racism in all its forms is highly corrosive. It has a significant impact on mental health and wellbeing and is unfortunately not an uncommon experience in Wales. People tell us that they do not want preferential treatment, just fair access to services and the ability to achieve the same outcomes as everyone else. Sadly, all too often this is not the case, and we acknowledge that we have more work to do to improve the mental wellbeing of ethnic minority people in Wales.

As set out in our [Anti-racist Wales Action Plan](#), we want to see an anti-racist approach embedded throughout the delivery of this strategy. We want to work with the people of Wales to make a measurable difference to the lives of Black, Asian and Minority Ethnic people and for it to align clearly with the vision, purpose and values of the Anti-racist Wales Action Plan.

## Supporting delivery plans

This strategy sets out our priorities for the direction of mental health support over the next ten years. It will not all be achieved at once, and the detail of short-term targets will be set out in delivery plans.

These delivery plans will be reviewed regularly and will lay out the actions that we will take to achieve our vision, ensuring best use of existing resources, and providing an opportunity to be clear about what can realistically be delivered. Within this strategy document, we have identified some of our priority areas that we will focus on. The final strategy will be published with a more detailed delivery plan.

The rest of the strategy will focus on what stakeholders and service users have told us is important to them to achieve the vision statements and will outline the approach that we intend to take for each one. We have also provided further information on some of those key actions that will help us to achieve each of our vision statements, and importantly how we intend to monitor progress.

## Definitions for mental health, mental health conditions, mental wellbeing and emotions and feelings

Through our engagement work to date, there have been calls for the strategy to clearly define what we mean by mental health, mental health conditions, mental wellbeing and emotions and feelings.

**Mental health** is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.<sup>2</sup> People with poor mental health can have a mental health condition but this is not always or necessarily the case.

**Mental health conditions** is a broad term covering conditions that affect emotions, thinking and behaviour, and which substantially interfere with our life. Mental health conditions can significantly impact daily living, including our ability to work, care for ourselves and our family, and our ability to relate and interact with others. This is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time, for each person. Mental health conditions can range from mild through to severe and enduring illness. People with mental health conditions are more likely to experience lower levels of physical and mental wellbeing, but this is not always or necessarily the case. Some mental health conditions like eating disorders and schizophrenia are associated with a higher risk of mortality.

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<sup>2</sup> [World Health Organisation - Mental Health Definition](#)

**Mental wellbeing** is the internal positive view that we are coping well with the everyday stresses of life.

**Emotions** are how we feel about something and how our body reacts. For example, if we experience fear, we might feel our heart beating faster or notice our hands shaking.<sup>3</sup>

**Feelings** are how we experience our emotions and give meaning to them. They are different for everyone. For example, you might associate your hands shaking with feeling anxious.<sup>4</sup>

This strategy is mainly concerned with how to protect good mental health and wellbeing, and how to support people with poor mental health and mental health conditions. It does not deal in detail with the everyday emotions and feelings that people experience, as these are often a normal and necessary part of everyday life. However, the strategy does consider how people can develop their emotional intelligence to protect their mental health. Experiencing difficult feelings and emotions can be a normal part of life, for example, feeling sad or anxious after the death of a loved one. They can be a sign of poor mental health but as this example shows this is not always or necessarily the case.

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<sup>3</sup> [MIND – Emotions Definition](#)

<sup>4</sup> [MIND – Feelings Definition](#)

## Strategic context

### How does this strategy fit with the wider policy agenda of Welsh Government?

The Mental Health and Wellbeing Strategy (2024-2034) has been developed in the context of [A Healthier Wales](#) which sets out the vision for health and social care in Wales. This lays out the Welsh Government's ambitions for progress and improvement and describes the core values that underpin the health and social care system in Wales. These are:

- Putting quality and safety above all else
- Integrating improvement into everyday working
- Focusing on prevention, health improvement and inequality
- Working in true partnerships
- Investing in our staff

The Mental Health and Wellbeing Strategy (2024-2034) supports all of these ambitions. This strategy also sets out our commitment to a joint health and social care approach to mental health, that is person-centred so that it makes no difference who is providing individual services.

It directly supports the seven connected wellbeing goals for Wales in the [Well-being of Future Generations \(Wales\) Act 2015](#) including a resilient Wales; a healthier Wales; and a more equal Wales. The strategy has been developed in line with the five ways of working set out in the Act, which says that we must:

- take account of the long term
- help to prevent problems occurring or getting worse
- take an integrated approach
- take a collaborative approach
- consider and involve people of all ages and with diverse characteristics and needs.

The strategy reinforces the principles under the [Social Services and Well-being \(Wales\) Act 2014](#) that support people who have care and support needs to achieve wellbeing, by placing people at the heart of the system; by emphasising partnership and co-operation to drive service delivery; by focussing on services that will promote the prevention of escalating need; and ensuring the right help is available at the right time.

This strategy also supports our [Programme for Government \(PfG\) 2021-26](#). The programme commits to providing effective, high quality and sustainable healthcare, which includes the following commitments:

- Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector

- Prioritise investment in mental health
- Prioritise service redesign to improve prevention, tackle stigma and promote a no wrong door approach to mental health support
- Roll out child and adolescent mental health services “in reach” in schools across Wales
- Introduce an all-Wales framework to roll out social prescribing to tackle isolation.

### **A focus on inequality and promoting equity**

The Senedd Cymru Health and Social Care Committee inquiry [Connecting the dots: tackling mental health inequalities in Wales](#) covered this issue in depth, highlighting those in the population who have the greatest risk of mental health inequality and how different groups and communities can experience this inequality. It made a number of recommendations which have informed the development of this strategy.

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:

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

The right to good mental health and wellbeing is everyone’s and yet we know there are a number of societal conditions that put some groups at a greater risk of poor mental health, and how inequalities can contribute to poor mental health, as set out by the [Mental Health Foundation](#). We also know that marginalised groups who experience discrimination, racism or exclusion solely based on age, gender, race, sex, sexual orientation, disability or other characteristics protected by the [Equality Act 2010](#) will be disproportionately impacted. This includes asylum seekers, refugees and migrants who may be at greater risk of mental health conditions.<sup>5</sup> The mental health needs of these groups have been highlighted in other key policies and plans, including the [Anti-racist Wales Action Plan](#), the [LGBTQ+ Action Plan for Wales](#), the [Nation of Sanctuary Refugee and Asylum Seeker Plan](#), the [Enabling Gypsies, Roma and Travellers Plan](#), the new [Child Poverty Strategy for Wales](#), the [Violence Against Women, Domestic Abuse and Sexual Violence Strategy](#), the Neurodivergence Improvement Programme and the work of the [Disability Rights Taskforce](#).

We also know that while the mental health system can go some way to mitigate inequalities, there is also evidence that it can exacerbate inequalities. This underlines the need to focus on promoting equity when it comes to people’s experiences and outcomes (and not just focus on reducing inequity in terms of access to services and support).

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<sup>5</sup> [World Health Organisation \(October 2023\) Mental health of refugees and migrants: risk and protective factors and access to care](#)

As we develop actions across Government, we will specifically consider the wider determinants of mental health, and through the impact assessments we will also consider the following population groups that may require additional support in protecting their mental health. These groups include the following:

- Black, Asian and Minority Ethnic people, including Gypsy, Roma and Traveller people
- Babies, children and young people
- Asylum seekers, refugees and migrants
- Young women and girls between the ages of 16 and 24
- Older people
- People who are at risk of homelessness
- People who are experiencing homelessness
- People living in poverty
- People without access to adequate, stable and safe accommodation
- People who are unemployed or without fair work
- People living in social isolation and loneliness
- People living in rural areas.
- People impacted by traumatic and adverse life experiences, and abuse and neglect
- People impacted by violence, domestic abuse, sexual violence and assault
- Disabled people
- LGBTQ+ people
- People who are in “at risk” occupational groups
- Babies, children and young people who are looked after or care experienced
- People in prison
- Offenders and people in contact with the criminal justice system
- People affected by substance misuse, both alcohol and drugs
- Veterans
- People with additional learning needs
- Neurodivergent people
- People with a long-term physical health condition
- Pregnant and post-natal people
- Unpaid carers including young carers

In the strategy, we have referred to these groups as being under-served.

### **A rights-based approach**

The work of this strategy is underpinned by a rights-based approach. The priorities in this strategy relate to:

- Embedding collaborative action to protect mental health and wellbeing
- Empowering people to know about and feel capable to claim their rights

- Listening to people’s needs in order to shape and inform the services and care they receive
- Putting in place systems that enable equitable access and outcomes for all people, without exception
- Increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling people’s rights.

The strategy will support human rights and children’s rights (for example by addressing inequalities in outcomes) in line with the Equality Act 2010, the Rights of Children and Young Persons (Wales) Measure 2011 and the United Nations Convention on Rights of the Child (UNCRC). An ongoing focus on the individual articles of the UNCRC, the recommendations in the UN Committee on the Rights of the Child Concluding Observations 2023 [Report](#), and how policies can improve mental health and wellbeing is critical.

Furthermore, and in line with the priorities in the Anti-racist Wales Action Plan and the LGBTQ+ plan, we have included a specific focus on the mental health workforce (with commitments to increasing diversity and improving cultural competency), data (with commitments to improving the collection of data on those with protected characteristics), leadership (with commitments to improving representation from under-served communities), and reducing mental health inequalities (in terms of access, experiences and outcomes). The quality statements referred to in Vision Statement 4 will be key to the latter.

### **A focus on Welsh Language**

The Welsh Government has ambitions for Wales to be a welcoming, bilingual, diverse and inclusive nation. [Cymraeg 2050: Welsh Language Strategy](#) sets out our long-term approach to achieving a million Welsh speakers. We have ensured the strategy is supporting delivery of the [More Than Just Words Five Year Plan \(2022-2027\)](#) which is the Welsh Government’s strategic framework for promoting the Welsh language in health and social care and which identified mental health service users as one of the priority groups. Our vision for “More Than Just Words” is for Welsh to belong and be embedded in health and social care services across Wales so that individuals receive care that meets their language needs without having to ask for it, leading to better outcomes.<sup>6</sup> The More Than Just Words Framework seeks to drive progress through a focus on the three themes of Welsh language planning and policies including data; supporting and developing the Welsh language skills of the current and future workforce; and sharing best practice and an enabling approach.

Receiving treatment in one’s own language can be particularly important for people experiencing poor mental health. The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and reinforces the principle that the Welsh language should not be treated less favourably than the English language when providing services. Ensuring that mental health care is provided through the

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<sup>6</sup> [More than just words](#)

medium of Welsh, and that this is actively offered to people receiving support, is crucial.

## **Government commitments across the Programme for Government**

We recognise that other commitments across the Programme for Government will also support mental health and wellbeing. Details of how the work in different parts of Government supports mental health and wellbeing are outlined under Vision Statement 2.

## **Governance arrangements**

We have established the “Mental Health: Joint Ministerial Assurance Board” to ensure robust governance arrangements are in place to provide strategic oversight of the Mental Health and Wellbeing Strategy (2024-2034) and the Suicide and Self-Harm Prevention Strategy. The Board is chaired by the Deputy Minister for Mental Health and Wellbeing, with the Deputy Minister for Social Services as the Vice Chair. The Joint Ministerial Assurance Board reflects the role and statutory responsibilities of the NHS and local authorities to provide mental health support.

Progress on the implementation of the strategies will be reported to the Board on a quarterly basis.

To support the implementation of the Mental Health and Wellbeing Strategy (2024-2034), we will refresh the Mental Health National Partnership Board (NPB). The NPB will draw together key stakeholders, partners and service users to provide regular updates on progress against the actions in the strategy. The terms of reference and the membership for the NPB will be updated to ensure:

- Alignment with the governance arrangements for the [Strategic Programme for Mental Health](#) and the Strategic Clinical Networks
- All-age service user and unpaid carer representatives
- Representation of people with protected characteristics and economically disadvantaged people with lived experience
- Links with local mental health planning and delivery structures are strengthened
- Capacity to scrutinise progress against the evaluation framework/indicators.

Delivering our strategic aims requires cross-Government and cross-sector action. As such, accountability and responsibility for the delivery of each action will need to sit in the right part of the system.

Therefore, we will review all other national and local governance arrangements to ensure robust mechanisms are in place to deliver and provide assurance on the key actions in the strategy and accompanying delivery plan(s). The delivery plans will identify partners with responsibility to deliver individual actions and the governance arrangement for assurance. Actions requiring a partnership approach will have a clear link into existing mechanisms, such as Regional Partnership Boards.



## **Monitoring and evaluating the impact of the strategy**

A “theory of change” is being developed for the Mental Health and Wellbeing Strategy (2024-2034). The theory of change will set out the mechanisms by which the strategy is intended to achieve its outcomes. It will be used as the basis for planning an evaluation of the strategy. It is intended that an evaluation of the strategy will be commissioned in due course.

Throughout the strategy we have also identified a number of measurable indicators that we will monitor as part of the implementation of the strategy. These, and further indicators to be identified, will also support the evaluation of the strategy when commissioned.

## **Funding the implementation of the strategy**

This strategy is being developed in a period of financial constraint and as such we have developed it with the understanding that there will need to be a way of setting priorities, ensuring best use of existing resources and an opportunity to be clear about what can realistically be delivered.

The published strategy will be accompanied by a delivery plan which, over the life of the strategy, will be renewed and refreshed.

# **Vision Statement 1: People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing**

## **What this means**

This vision statement examines the factors influencing our mental health and wellbeing and the risk of developing mental health conditions. It recognises that looking after our mental health and wellbeing not only helps to protect against mental health conditions, but it can also help us to cope better when we experience symptoms, or have a diagnosis.

This vision statement is about making it easier for people to know what behaviours support positive mental health and wellbeing, whatever their physical or mental health status, and ensuring information and resources to protect and improve mental wellbeing are available and accessible for all. It is about helping people take action to support their own mental health and wellbeing, and highlights the importance of community in facilitating positive wellbeing.

It recognises that everyone is different, that some people may need more support than others, and our need changes throughout our lifetime depending on the conditions, setting or environment we find ourselves in. We recognise that we will need to support people to overcome barriers in order to have equitable access, experience and outcome.

## **What you told us**

You have told us that maintaining good mental health and wellbeing is important, but there is a need for a better understanding of what good mental health and wellbeing is and how to protect and promote it. There are barriers preventing access to information, activities and support that may protect and promote good mental health and wellbeing.

You also told us external factors outside of your control can have a negative impact on your mental health and wellbeing. Our engagement also highlighted there are groups of people who will always need support to look after their own mental health and wellbeing including babies, children and young people (whose parents, guardians or carers may be asked to make decisions on their behalf) and some people with additional learning needs.

You told us that however we tackle these challenges there needs to be equity in health outcomes and how resources are used to ensure no one gets left behind.

## **Factors influencing our mental health and wellbeing**

A range of factors influence our mental health and wellbeing, from our relationships with others, our physical health status, previous traumatic experiences, substance misuse, our financial position and wider community, social and environmental factors.

Public Health Wales developed a '[Mental Wellbeing and Health Outcomes](#)' model which depicts the relationship between individual mental wellbeing and community wellbeing and the key elements that influence each level.<sup>7</sup>

Fundamental to our mental health and wellbeing is having a sense of connection: a connection to ourselves (being in tune with how we're feeling physically and emotionally and what matters to us), a connection with others (positive relationships, trust and a sense of belonging), and a connection to the world (feeling part of something bigger).

We all experience a wide range of emotions but being able to identify, understand and manage what we're feeling isn't always easy. It requires knowledge and skills that aren't commonly taught but can be learnt and developed. Developing "emotional intelligence" can help us to better regulate our own emotions and to understand the emotions of others, enabling us to form healthier relationships with ourselves and with others.

## **Reducing the risk of poor mental health**

Some mental health conditions are unavoidable and we are all susceptible to poor mental health. There are factors that can increase our susceptibility. For instance, people living with long-term physical health conditions are two to three times more likely to experience mental health conditions than the general population. We also know that disabled people<sup>8</sup> and neurodivergent people<sup>9</sup> are at particular risk of experiencing poor mental health and wellbeing.

People in different communities experience different levels of risk and protective factors over their lifetime. Risk factors include poverty, substance misuse, violence or discrimination. Protective factors include trusting social relationships, secure housing and outdoor environments and communities where people feel safe and can connect with others, with nature and take part in activities that are meaningful to them.

## **Babies, children and young people**

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure,

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<sup>7</sup> [Promoting individual and community wellbeing - Public Health Wales \(nhs.wales\)](#)

<sup>8</sup> [Disability, well-being and loneliness, UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>9</sup> [Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study](#)

responsive relationships that they need to thrive.<sup>10</sup> Early relationships are fundamental to infant mental health and create the foundations for positive development throughout childhood and adolescence.

Half of mental health conditions are established by the age of 14 and 75 percent by age 24. Globally, an estimated one in five (20.1 percent) children aged between one and seven years have been estimated to have a mental health condition and this has been compounded by the COVID-19 pandemic.<sup>11</sup>

There are many risk factors which can contribute to a baby, child or young person developing a mental health condition including experiencing adverse childhood experiences including, abuse, neglect, bullying or other childhood traumas like domestic violence, or the impact of socioeconomic deprivation. Babies and very young children can also experience trauma because of suboptimal relationships with their primary caregivers. Conversely positive relationships in the early years and access to trusted adults as children grow and develop can be protective of good mental health and wellbeing and enable them to thrive during childhood and into adulthood.

Research suggests that 10–25 percent of young children experience significant difficulties in their relationships with their main carer, which can increase their risk of experiencing mental health conditions later on in life, as well as a range of poor social, emotional and educational outcomes.<sup>12</sup>

Therefore, action to support positive psychosocial development for babies, children and young people, including the first 1,000 days of life and throughout their education, is vital for enabling them to thrive and can influence outcomes in later life. This includes good quality perinatal support and action to reduce the fear and stigma for parents and carers in seeking support.

## **Protecting and improving our mental health and wellbeing**

The factors influencing our mental health and wellbeing can be complex. However, we know from evidence that there are activities we can undertake to protect and improve our mental health and wellbeing to help us cope through difficult times and to flourish when times are good.<sup>13</sup>

The specific activities we undertake to improve our individual mental health and wellbeing will be unique to each of us but there are common themes that can help at all stages of life including:

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<sup>10</sup> Parent-Infant Foundation (2021) [Infant Mental Health and Specialised Parent-Infant Relationship Teams: A briefing for Commissioners](#)

<sup>11</sup> Royal College of Psychiatrists (2023) College Report CR238 – [Infant and early childhood mental health: the case for action](#)

<sup>12</sup> Parent-Infant Foundation (2021) [Infant Mental Health Briefing for Commissioners](#). See also: Royal College of Psychiatrists (2023) College Report [Infant and early childhood mental health: the case for action](#); and [Disorganized attachment in early childhood: meta-analysis of precursors, concomitants, and sequelae](#).

<sup>13</sup> [How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action](#)

- Connecting with people and developing trusted relationships
- Moving more and being physically active
- Finding ways to be creative
- Engaging with nature, culture and heritage
- Learning something new or making time for hobbies
- Helping others and volunteering
- Finding time to relax and, for babies, children and young people, time to play<sup>14</sup>
- Good quality sleep

Our ability to access these protective factors and resources will of course vary by context and circumstances. It is important that people who face barriers in accessing these resources are supported to do so.

Many of these activities can be interconnected. For example, joining a local outdoor walking group can help us feel part of a community as well as providing an opportunity for physical activity and a chance to engage with nature. We often connect with people with similar interests and experiences, so doing activities we enjoy as part of a group can help us form social bonds. It can also help us to meet new people and people with different experiences, helping to build a wider sense of community.

Engaging with activities, particularly those that help us achieve a sense of “flow” (where we’re so engaged with an activity, we lose sense of time), can help us to regulate our emotions.<sup>15</sup>

People should also be enabled to seek advice and support for specific concerns which could impact their mental health and wellbeing, for example bereavement, caring responsibilities, money worries or housing concerns.

## **The role of the community in supporting mental health and wellbeing**

### **Community assets**

Being able to participate in activities which support good mental health and wellbeing is dependent on the circumstances in which people live, where they work, learn, play and engage with recreation and culture.

It is dependent on the community assets available to them. Community assets is a collective term for anything that can be used to improve the quality of community life. This can include community groups, interventions and services which could be delivered online or in person, as well as buildings, land or even a person within a community.

Examples include parks and green spaces; community centres and community cafés; cultural assets such as libraries, museums and arts centres; swimming pools and leisure centres; information and advice services; community-based groups;

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<sup>14</sup> [Right to play - Play Wales](#)

<sup>15</sup> [Flow Activities as a Route to Living Well With Less](#)

children's clubs, play and youth services; and outreach and physical activity services for older people.

A full range of sustainable community assets is crucial. However, it is inevitable that these will vary across localities and may grow and decline depending on funding, demand and changing needs.

## **Community cohesion and culture**

Connecting people to their community may have a wide range of benefits. For example, we know that people who are lonely and/or socially isolated are at greater risk of being inactive, heart disease, stroke, high blood pressure and premature death. They are also more likely to experience depression, low self-esteem, sleep problems and an increased response to stress. Having inclusive, welcoming communities is an important aspect of supporting the wellbeing of individuals within those communities, as well as enabling a broader sense of "community wellbeing". [Connected communities](#) sets out our strategy for tackling loneliness and social isolation and building stronger social connections.

The Welsh Government has ambitions for Wales to be a welcoming, bilingual, diverse and inclusive nation. [Cymraeg 2050: Welsh language strategy sets out our long term approach to achieving a million Welsh speakers](#) and create more opportunities for people to use Welsh in their everyday lives. [Compassionate Cymru](#) sets out our vision "to be a compassionate and caring nation" with other strategic plans such as the [Anti-racist Wales Action Plan](#), the [LGBTQ+ Action Plan for Wales](#); and the [Nation of Sanctuary](#) Asylum Seeker and Refugee Plan clearly stating the Welsh Government's intent.

Culture is also fundamental to how people choose to live and enjoy life. Interacting with culture can be creative and playful, energising and dynamic. Whether we experience culture as creators, as participants or as consumers, how we interact with culture shapes us and affects our sense of wellbeing. The Welsh Government's planned Culture Strategy will set out our vision for culture in Wales.

## **Empowering people to take action to support their own mental health and wellbeing**

Often, people will have the confidence and ability to recognise opportunities and act themselves to support their own health and wellbeing. Or they may be prompted and supported to do so by family members and friends.

People can and should be empowered to directly access community assets to support their health and wellbeing. However, we recognise that reducing the stigma associated with mental health and wellbeing is the first step. How we behave towards people is crucial.

A spectrum of support may be required, which can vary over a person's lifetime and be dependent on the circumstances in which people find themselves. The spectrum

of support needed can range from self-empowerment, advice, signposting and / or referral (“Making Every Contact Count”),<sup>16</sup> dedicated wellbeing support such as social prescribing, or referral to NHS / social care services. This could also include specific peer support programmes, where people with a lived experience of a condition support others to engage.

**Therefore, we will:**

Using what you have told us and what we know from wider research and evidence, we are going to:

- VS1.1** Strengthen our knowledge and understanding of what works to protect and promote mental health and wellbeing and what works to protect against the development of mental health conditions. This will include a specific focus on identifying and listening to under-served groups traditionally excluded from mainstream services<sup>17</sup> to better understand what impacts their mental health and wellbeing.
- VS1.2** Improve mental health literacy by building on the advice already available for the public on managing thoughts and feelings. Communicate, in a culturally sensitive way, the latest evidence on protecting and promoting mental health and wellbeing.
- VS1.3** Launch a national conversation on mental health and wellbeing. The national conversation will encourage people to consider what works for them and to encourage and inspire others to take positive steps to protect and improve their mental health and wellbeing.
- VS1.4** Build on current action to address mental health stigma both amongst the public and within services.
- VS1.5** Work to increase the knowledge, opportunities and confidence of the frontline workforce to support their own mental health and wellbeing and of those they come into contact with.
- VS1.6** Embed the national framework for social prescribing in a way which meets the needs of all communities.
- VS1.7** Promote ways (including social prescribing, digital options and alternative channels) to increase the public’s knowledge and awareness of local community assets.
- VS1.8** Work in partnership with national organisations from wider sectors, including culture and heritage, the natural environment and sports to reduce the barriers under-served communities face in accessing community assets.

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<sup>16</sup> [Making Every Contact Count](#)

<sup>17</sup> [Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE](#)

**VS1.9** Implement a life-course approach to protecting and promoting mental wellbeing, for example, strengthening public and professional understanding of the importance of parent-infant relationships, infant mental health and other key developmental periods such as adolescence.

Vision Statement 2 explores in more detail the cross-Government action to protect good mental health.

### **How we will measure success (national averages and inequalities)**

We measure population wellbeing, loneliness and sense of community via the National Indicators from the Well-being of Future Generations (Wales) Act 2015. Three indicators are directly relevant:

- The percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect. This helps us to understand the sense of community people feel. National Indicator 27 – Well-being of Future Generations (Wales) Act 2015.
- Mean mental wellbeing score for children and adults in Wales. This helps us to measure changes in population wellbeing across the country. National Indicator 29 – Well-being of Future Generations (Wales) Act 2015.
- Percentage of people who are lonely. This helps us to measure changes in population loneliness. National Indicator 30 – Well-being of Future Generations (Wales) Act 2015.

Beyond the National Indicators, we are committed to exploring a range of data that will enable us to measure success. Some of these are already in place, such as the data collected on wellbeing through the School Health Research Network and the National Survey for Wales.<sup>18</sup>

These indicators will be part of the set of measurable, cross-Government indicators that will be used to track progress (see Vision Statement 2 and action VS2.3).

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<sup>18</sup> The School Health Research Network's Student Health and Wellbeing Survey collects data on mental wellbeing for 11-16 year olds, as measured by the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS). The National Survey for Wales collects data on mental wellbeing for people aged 16 and over, as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).



## **Vision Statement 2: There is cross-Government action to protect good mental health and wellbeing**

We all have a part to play in promoting good mental health and wellbeing, and protecting against poor mental health. This section will explain how other areas of Government will work to support the wider determinants of mental health and wellbeing. These can be social, economic and environmental factors.

These factors drive differences or inequalities in health and wellbeing between groups of people. Factors can include access to money and resources; our level of education and skills; the availability of fair work; the quality and security of our housing; and our surroundings.<sup>19</sup>

There are a number of experiences that can have a detrimental impact on people's mental health and wellbeing, and increase the risk of people experiencing mental health conditions. These include being exposed to trauma and adverse childhood experiences, and experiencing poverty, homelessness, abuse, neglect and violence, substance misuse and discrimination.

### **What you told us**

There was support for the focus on equity and addressing the wider determinants, but you called for a clear definition and clear actions on what this means for mental health services and how this principle would be delivered. The intersectional nature of mental health and wellbeing needs to be recognised, with calls for a focus on poverty, social barriers, language, power imbalance, age, gender, sexuality, ethnicity and race.

There is a need for financial security to underpin good mental health and wellbeing. This means that good quality work and secure housing are essential. Feedback received explained the impact that living in poverty has on a person's ability to manage their mental health and wellbeing, and that financial insecurity and poverty puts people's mental health and wellbeing at risk. In particular: when a person's basic needs are not being met because of poverty, this can create a barrier to engaging with services about their mental health. You asked us to set out practical ways to prevent people with mental health conditions falling into poverty, and ways to combat the poverty people already face, in light of mental health conditions.

You spoke about the need to have the time and ability to pursue activities that promote and support mental health and wellbeing. This means that these activities need to be accessible, affordable and you have the time away from work and other responsibilities to engage in them. There were specific calls for supportive employment, flexible working policies particularly for families and unpaid carers, fairer wages (to help address in-work poverty), mental health and wellbeing support in education settings for children and young people, and safe and sufficient housing

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<sup>19</sup> [Wider Determinants of Health Unit - Public Health Wales](#)

for all. You also talked about the impacts of trauma and the impacts of racism on a person's mental health, as well as the importance of accessing services in a person's preferred language.

You want to be able to access community-based support networks. You talked about the importance of experiencing understanding and acceptance from the community, and being able to access support in ways that foster dignity and respect.

You want to be empowered to take control of the decisions and actions you need to take in life. This isn't just in relation to healthcare decisions, but being enabled to take action in all areas of your life, like housing, work and interacting with government bodies.

## **What we are doing**

We recognise that there are multiple factors that have an impact on people's mental health and wellbeing. Whilst a number of these factors relate to having effective mental health services that meet people's needs, this is not enough to protect and improve the mental health and wellbeing of the whole population. In order to improve the mental health and wellbeing of the population, we need to look at the social determinants of health which cause some people to have worse health outcomes than others.

In order to do this, we will embed the principles of this strategy throughout the work of Government by ensuring public bodies undertake health impact assessments in specified circumstances that specifically consider the impact on mental health.

We will ensure there is training in place to support Government officials to effectively consider how their policy areas can support the mental health of people in Wales. We will measure the impact of this by identifying a series of cross-Government indicators.

## **The principles that underpin this approach**

Whilst there have been a number of approaches that seek to capture how policy can be targeted to achieve change in these social determinants, the Marmot Review sets out a comprehensive and evidence-based strategy that articulates a number of core principles that should be addressed. The Marmot Review identifies that people with higher socio-economic status have better life chances and better health. The better off someone is socially and economically, the better their health.<sup>20</sup> It is therefore essential that a strategy looking to improve mental health and wellbeing needs to consider how it can improve the socio-economic status of the population. This approach is embedded consistently through Welsh Government policy making and will be integral to helping people have better mental health and wellbeing.

The Marmot Review identified a number of areas of daily life where action should be taken to reduce this social gradient (where people who are less advantaged in terms

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<sup>20</sup> [Fair Society Healthy Lives \(The Marmot Review\)](#)

of socio-economic position have poorer health outcomes and reduced life expectancy). Action in these areas should seek to redress the imbalance created by the unequal distribution of power, money and resources. This results in six key principles to improve health outcomes:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

These principles are used below as a framework to set out the work that is being prioritised across Government that will have a positive impact on the mental health and wellbeing of people living in Wales.

### **What this strategy will do**

These principles make it clear that action needs to be taken not just in health policy, but across the whole of Government. Action needs to be taken across the whole life course, combatting the disadvantages that are evident from before birth through the whole life of a person. In this respect, the strategy is reinforcing the Programme for Government which prioritises action on mental health across Welsh Government.<sup>21</sup>

This strategy is putting these principles at the heart of developing Government policy. For the other vision statements within the strategy to be effective, there needs to be a joined-up, whole-Government approach to ensuring that children get the best start, that people have good quality work, that people have stable housing and have the financial security to lead a fulfilling life.

Within the context of a mental health and wellbeing strategy, it is not possible to outline all the actions that each area of Government will undertake to support the breadth of this work. Therefore, it is important that this strategy connects and aligns with other policies, frameworks and relevant legislation, and is seen as a key driver for improving mental health and wellbeing. We will continue to work within Government to enable policies to join up in line with our ambition to support mental health and wellbeing.

This strategy will focus on the mechanism for ensuring that mental health and wellbeing is considered as part of all policy making; and where negative impacts are identified, that these are actively mitigated.

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<sup>21</sup> [Welsh Government - Programme for Government - Update](#)

## **What mental health policy can do**

### **Care and treatment planning: The Mental Health (Wales) Measure 2010**

The Mental Health (Wales) Measure 2010 places duties on mental health service providers and care co-ordinators to develop care and treatment planning which focuses on a number of areas of life (and outcomes to be achieved) that we know have an impact on individuals. These are:

- Finance and money
- Accommodation.
- Personal care and physical wellbeing
- Education and training
- Work and occupation
- Parenting or caring relationships
- Social, cultural or spiritual
- Medical and other forms of treatment, including psychological interventions.

These areas reflect the social determinants of health that have an impact on people's mental health and provide for a rights-based approach to mental health support. Care and Treatment Plans must also set out the details of the services that are to be provided, or actions taken, to achieve planned outcomes (including when and by whom those services are to be provided or actions taken) and any language or communication requirements (including in relation to the use of the Welsh language).

The use of care and treatment planning needs to be developed to ensure that all individual plans take these areas into account, and that there is consistency across Wales. Care and treatment planning also needs to take into account the views and needs of individuals, their families and unpaid carers. This will improve outcomes for people and ensure that support is coordinated, helping individuals in the areas of their lives that impact their mental health. This is particularly important for young people who are transitioning between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health (AMH) services.

### **Influencing wider Government**

Although the policy work of departments across Government is likely to seek improvements in the key areas that will deliver progress in all aspects of health, including mental health, it is important we ensure that improving mental health and wellbeing is at the forefront of thinking across Government.

We need to develop mechanisms that ensure policy officials consider how best to shape their policies to promote and protect mental health and wellbeing, and think about the ways in which policies could negatively impact mental health and wellbeing and build in approaches to mitigate this.

To achieve this, we need to continue to raise the visibility of mental health and wellbeing within Government, and ensure that officials are confident in assessing the impacts of their policies. We need to ensure this is linked directly to the assessment

of impacts in relation to those with protected characteristics, in line with the Equality Act 2010 and the UNCRC.

Government needs to assess the impact of policy work on babies, children and young people through children's rights impact assessments and must have due regard to the UNCRC. Government departments whose main work concerns the lives of babies, children and young people will also use the [NYTH/NEST framework](#) to create more connected policies with shared key principles for children's mental health and wellbeing.

### **Therefore, we will:**

- **VS2.1** Embed the principles of this strategy throughout the work of Government by ensuring that public bodies undertake health impact assessments that specifically consider the impact on mental health. This will be enabled by developing regulations to support the Public Health (Wales) Act 2017 requiring public bodies (including the Welsh Government) to carry out a health impact assessment, considering mental and physical health.
- **VS2.2** Following the publication of the regulations to support the Public Health (Wales) Act 2017, update our impact assessment approach within Welsh Government and provide additional training to officials to support their policy capability.
- **VS2.3** Identify and monitor a set of measurable, cross-Government indicators to track progress at a population and programme level – and develop a monitoring approach that embeds learning from these indicators into the development of policy impacting mental health and wellbeing.
- **VS2.4** Embed the NYTH/NEST Framework across all relevant Welsh Government policies.
- **VS2.5** Identify and share best practice in relation to care and treatment planning.

### **What wider Welsh Government will do**

All of Government has a responsibility to take actions to improve those areas of daily life that the Marmot Review identified. Progress made in other areas will have a direct impact on the mental health and wellbeing of people in Wales. These are some of the key areas where action is being taken that will support the mental health and wellbeing of people in Wales by addressing the unfairness that surrounds the social determinants of health.

In addition to the work identified under the Marmot principles set out below, it is essential that all policy has at its heart a non-discriminatory, anti-racist approach and considers how it can contribute to making Wales the most LGBTQ+ friendly nation in Europe. [Our Plan for Equality in Wales](#), the [Anti Racist Wales Action Plan](#), and the [LGBTQ+ Action Plan](#) provide more detail on this.

## **Give every child the best start in life**

### *Why is this important?*

“Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.” (Marmot Review, 2010)

Ensuring that children get this best start in life not only increases their chances across their life, but also ensures they are able to experience happy and healthy childhoods.

### *What are the major strategies and policies to support this?*

To improve long-term outcomes for the whole population, there is a need to ensure that every child has the best possible start in life, with a focus on ensuring that children who are the most vulnerable and at risk are identified and supported. Across Welsh Government, a number of policies support this principle. These initiatives are key to supporting mental health and wellbeing and building resilience amongst children and young people.

The [Children and Young People’s Plan](#) states that we will take into account the wider determinants of mental health and emotional wellbeing of children and young people in everything we do; that we will support initiatives to improve the wellbeing of all children and young people; and that we will improve access to low level support for children and young people’s mental health, as well as specialised services when needed. The [Anti-racist Wales Action Plan](#) also includes a specific focus on childcare and play with goals that support improving people’s experience in the workplace, offering more culturally appropriate provision, and improving the experience of children.

[Healthy Child Wales Programme](#) is a universal health programme that supports all families with children aged 0-7.

[Flying start](#) is a targeted Early Years programme for families with children under 4 years of age in some of the most disadvantaged areas of Wales.

[Families First and Family Information Services](#) is designed to improve outcomes for children, young people and families. It places an emphasis on early intervention, prevention, and providing support for whole families, rather than individuals. [Family Information Services](#) provide high quality information and advice to families about a wide range of services available in their communities.

[Parenting. Give it time](#) provides practical information about positive parenting, advice and support for parents and caregivers with responsibility for raising children up to the age of 18 years of age on all aspects of parenting. More specifically, it includes links to information to support the mental health and wellbeing of children, and the parent and carer themselves.

Both parenting and family support offer access to universal and targeted services. [Welsh Government Guidance on Engagement and Support](#) outlines the underpinning principles that should guide parenting support, including bonding and attachment and how this supports the parent/child relationship.

The [Corporate Parenting Charter](#) is open to all public, private and third sector organisations to sign up and become “corporate parents” and support and promote the rights and life chances of care-experienced children and young people.

[Childcare, play and early years workforce plan](#) looks to support those who work in the childcare and play sector.

[Play Sufficiency](#) places a duty on all local authorities to assess and secure sufficient opportunities for playing. Having the time, space and permission to play is crucial to children’s sense of wellbeing, development and resilience.

[Talk with me](#) is an initiative to support children with their speech and language.

The [Youth Justice Blueprint for Wales](#), published in July 2019 and relaunched in 2023, sets out our vision for youth justice in Wales, taking a ‘children first’ rights approach. A Youth Justice Prevention Framework is being developed under the Youth Justice Blueprint which will be published Spring 2024. The Framework will support children at risk of entering the criminal justice system and will be relevant to youth justice and wider children’s services in fulfilling their role in preventing offending behaviour.

The [Child Poverty Strategy for Wales 2024](#) has committed to promote ‘one-stop shop’-style multi-agency services in the community to help address the range of interconnected needs and disadvantages people living in poverty experience, and support the implementation of the Trauma-Informed Wales Framework.<sup>22</sup>

#### *How will progress be measured?*

Increase the percentage of children with two or more healthy behaviours to 94 percent by 2035 and more than 99 percent by 2050. This is one of nine key milestones included in the Welsh Government’s Children and Young People’s Plan for Wales. National Indicator 5 – Well-being of Future Generations (Wales) Act 2015.

A measurement of the development of young children using the on-entry assessments of children in reception class in schools, which are part of the Foundation Phase Profile. Progress will be tracked using the Personal, Social Development, Wellbeing and Cultural Diversity area of learning. National Indicator 6 – Well-being of Future Generations (Wales) Act 2015.

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<sup>22</sup> [Trauma-Informed Wales Framework](#)

## **Enable children, young people and adults to maximise their capabilities and have control over their lives**

“Inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life. The graded relationship between socioeconomic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health.” (Marmot Review, 2010)<sup>23</sup>

*What are the major strategies and policies to support this?*

The new [Curriculum for Wales](#) is underpinned by a focus on six areas of learning and experience including health and wellbeing. The [Anti-racist Wales Action Plan](#) also includes a specific focus on education with goals that support cultural change towards anti-racism, a curriculum that is anti-racist, taking positive action to increase the number of employees from minority ethnic people, and addressing people’s experience of racism.

The [Whole School Approach to Emotional Health and Wellbeing Framework](#) is aimed at the needs of school-age learners and the workforce supporting their learning and wellbeing needs. The Framework is intended to support schools, in reviewing their own wellbeing landscape and in developing plans to address their weaknesses and build on their strengths.

The Welsh Government’s [Digital Strategy for Wales](#) aims to accelerate the benefits of digital innovation for people, public services and across our business community. Specifically within Health, the Welsh Government’s [Digital and Data Strategy for Health and Social Care](#) identifies six cross-cutting missions which will improve the way that digital services support and improve the way that health and social care services across Wales are delivered.

The [Youth Engagement and Progression Framework](#) supports partners to identify and respond to young people at risk of becoming NEET (not in employment, education or training), who are NEET, and/or who are at risk of being homeless. Underpinning the delivery of the Youth Engagement and Progression Framework is the recognition of the link between not being in education, employment or training and experiencing homelessness and poor mental health.

The [Young Person’s Guarantee](#) provides young people aged 16 to 24 in Wales with an ongoing offer of support to gain a place in education or training, find a job or become self-employed. A number of its programmes include mental health and wellbeing support to build confidence and learn the life skills they need to get ready for their next step.

Welsh Government’s [Youth Work Strategy](#) offers a shared vision of youth work co-developed by young people and the youth work sector to offer services that support young people to maximise their capabilities through young-person led and chosen activities. Action is being taken in response to the [Interim Youth Work Board’s recommendations](#) to achieve a sustainable delivery model for youth work services in

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<sup>23</sup> [Fair Society, Healthy Lives \(The Marmot Review\)](#)



Wales, empowering young people with skills and experiences to help them to fulfil their potential and support them through significant changes in their lives.

The Welsh Government through the [Higher Education Funding Council for Wales \(HEFCW\)](#) currently funds support for wellbeing and health in the Higher Education sector, including funding for mental health strategies and suicide safer strategies to support student services and all students, including international students. HEFCW also continues to fund [Myf.Cymru](#) (a mental health and wellbeing resource aimed at Welsh-speaking higher education students studying in Wales and beyond), and [Ynglŷn â Student Space](#) (developed collaboratively with services, higher education professionals, researchers and students to complement the existing services available to students and to provide safe, confidential and free information and advice).

[Further Education Institutions \(FEIs\) in Wales](#) are responsible for producing their own wellbeing strategies, as part of the Welsh Government funding requirements. These strategies have been reviewed by Estyn and are regularly updated. The Welsh Government funds support for both learner and staff mental wellbeing in the further education sector, including the development of a national approach to trauma-informed practice and a network of staff wellbeing representatives.

The Welsh Government's [Stronger Fairer Greener Wales: A Plan for Employability and Skills](#) sets out clear policy and investment priorities, and sharpens our delivery focus and the activity of partners. The key priorities for the Plan are young people realising their potential; tackling economic inequality; championing fair work for all; supporting people with a long term health condition, disability or neurodivergence to work; and nurturing a learning for life culture.

*How will progress be measured?*

Percentage of people in education, employment or training, measured for different age groups: National Indicator 22 – Well-being of Future Generations (Wales) Act 2015.

## **Create fair employment and good work for all**

*Why is this important?*

“Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities. However, jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health.” (Marmot Review, 2010)

As set out by the Health Foundation: “The relationship between mental health and unemployment is bi-directional. Good mental health is a key influence on employment, finding a job and remaining in that job. Unemployment causes stress,

which ultimately has long-term physiological health effects and can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem."<sup>24</sup>

*What are the major strategies and policies to support this?*

The Child Poverty Strategy has recently been published. The Child Poverty Strategy includes a specific priority to create a Fair Work Nation.

Improving the wellbeing of everyone in Wales is the mission which drives our Government's approach to the economy through our Prosperity for All: Economic Action Plan.

The Social Partnership and Public Procurement (Wales) Act 2023 puts new social partnership duties on specified public bodies in Wales, to promote fair work and create a duty for socially responsible public procurement.

Fair work means supporting and encouraging employers to create high quality employment, to improve the offer to workers, to champion fair employment practices, to ensure the social value of investment and to encourage the public sector to embed these priorities in workforce planning. We are taking forward the recommendations of the Fair Work Commission to achieve this. The Anti-racist Wales Action Plan also includes a focus on employability and skills, with goals that support embedding anti-racism in our approach to increasing the prevalence of fair work.

Healthy Working Wales is a Welsh Government-funded programme of work delivered by Public Health Wales, which helps employers to develop and sustain environments, policies and cultures that promote good health, as well as support the appropriate and timely return to work of those who are absent from work due to sickness.

Our Health Employment Programmes offer an Out of Work Peer Mentoring Service and an In Work Support Service. In October 2022, contracts were awarded to deliver a new Out of Work Peer Mentoring Service to support people to March 2025 who are recovering from mental ill-health and/or substance misuse. Each participant is assigned a dedicated peer mentor who will provide support to help them towards education, training and employment. In April 2023, a successor In-Work Support Service was expanded to provide support across Wales to support people with mental and physical ill-health to remain in, or return to, work. The service offers free and rapid access to therapeutic support to employees in Wales predominantly from Small and Medium-sized Enterprises (SMEs) who generally lack access to occupational health services.

Canopi offers sustainable, high quality, multi-tiered psychological and mental health support to the NHS and social care workforce in Wales. Their aim is to build and increase collaboration with organisations across social and health care; contribute to the positive promotion of mental health; work alongside and complement existing

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<sup>24</sup> The Health Foundation (April 2021) [Unemployment and mental health Why both require action for our Covid-19 recovery](#)

mental health and wellbeing support services; and enable disclosure for those who feel unable to access employer-based services.

#### *How will progress be measured?*

Percentage of people in employment who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) and who earn at least the real Living Wage. National Indicator 16 – Well-being of Future Generations (Wales) Act 2015.

Percentage of people living in households in income poverty relative to the UK median, measured for children, working age and those of pension age. National Indicator 18 – Well-being of Future Generations (Wales) Act 2015.

Percentage of people in employment. National Indicator 21 – Well-being of Future Generations (Wales) Act 2015.

### **Ensure a healthy standard of living for all**

#### *Why is this important?*

A key driver of health inequalities is inequality in levels of income and resources. Increasing costs of goods and services raises the level of resources that are necessary in order to live a healthy life. These resources are needed to ensure adequate nutrition, physical activity, housing, social interactions, transport, medical care and hygiene. An inability to be able to afford adequate levels of these goods and services has a negative impact on mental health.

#### *What are the major strategies and policies to support this?*

The [Child Poverty Strategy](#) includes objectives and underpinning actions to reduce costs and maximise the incomes of families; to create pathways out of poverty so that children and young people and their families have opportunities to realise their potential; to support child and family wellbeing and make sure that work across Welsh Government delivers for children living in poverty, including those with protected characteristics, so that they can enjoy their rights and have better outcomes; to ensure children, young people and their families are treated with dignity and respect by the people and services who interact with and support them and to challenge the stigma of poverty; and to ensure that effective cross-Government working at the national level enables strong collaboration at the regional and local level.

Good quality, affordable and safe housing is vital to support mental health. We have a range of plans to support this including our [Ending Homelessness Action Plan \(EHAP\)](#). This action plan reflects our commitment for homelessness to be rare, brief, and unrepeatable. This means that we will act to prevent people from becoming homeless in the first place, ensure that housing stock is sufficient to enable people to reach settled housing as quickly as possible rather than relying on temporary

accommodation, and will put systems in place to allow people to succeed and thrive in the right homes in the right communities.

The Ending Homelessness Action Plan recognises however that homelessness is also caused by factors other than access and availability of affordable homes, and calls for an “all public services response” to address issues related to trauma and adverse childhood experiences, mental ill health and substance misuse. The specific actions added in the 2023 update to the Action Plan improve practice and provision of services for people with mental health and substance misuse issues. In response to the Programme for Government commitment to fundamentally reform homelessness, a white paper – ending homelessness in Wales was published, which ended in January 2024.<sup>25</sup> Further detail on the outcomes of this consultation will be included in the final strategy.

For people with homes, the rising cost of housing means that they are less able to purchase other resources necessary to support good mental health.

We have supported a number of policies to support financial inclusion with a range of actions to support the current cost of living. Local authorities are able to offer services and support to assist with the cost of living. These services need to be mindful of mental health and take a trauma-informed approach when supporting individuals.

The foundational economy describes the goods and services we all use in our daily lives regardless of what background we are from or what age we are. Estimates provided by academic researchers suggest four in ten jobs in Wales and £1 in every three that we spend fall within this economy.<sup>26</sup> By investing in the foundational economy, we can make our communities stronger and resilient and reach out to people who are feeling disengaged or left behind. It will enable us to help older people who are finding life difficult today, but it is also an investment in all our futures.

In line with a rights-based approach, the Welsh Government’s Foundational Economy Challenge Fund is investing in projects that develop regional economies so that prosperity can be shared more evenly across Wales.

#### *How will progress be measured?*

Percentage of people living in households in income poverty relative to the UK median, measured for children, working age and those of pension age (Households Below Average Income Dataset, DWP). National Indicator 18 – Well-being of Future Generations (Wales) Act 2015.

Number of households successfully prevented from becoming homeless per 10,000 households (Statutory Homeless Data collection from local authorities). National Indicator 34 – Well-being of Future Generations (Wales) Act 2015.

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<sup>25</sup> [White Paper on ending homelessness in Wales | GOV.WALES](#)

<sup>26</sup> [Foundational Economy | Business Wales \(gov.wales\)](#)

Percentage of households spending 30 percent or more of their income on housing costs (Family Resources Survey). National Indicator 49 – Well-being of Future Generations (Wales) Act 2015.

Our Ending Homelessness Outcomes Framework includes detailed outcomes, underpinning the strategic outcomes, which have at least one proposed ‘data indicator’ that has been identified to measure progress over time in achieving an outcome. These indicators will, where possible, be measured by making use of existing data sources. Following the consultation period which closed on 18 September 2023, the final EHO will be published in early 2024.

## **Create and develop healthy and sustainable places and communities**

### *Why is this important?*

“Communities are important for physical and mental health and well-being. The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health...Social capital describes the links between individuals: links that bind and connect people within and between communities. It provides a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental well-being, and through the networks that help people find work, or get through economic and other material difficulties. The extent of people’s participation in their communities and the added control over their lives that this brings has the potential to contribute to their psychosocial well-being and, as a result, to other health outcomes. It is vital to build social capital at a local level to ensure that policies are both owned by those most affected and are shaped by their experiences. Building healthier and more sustainable communities involves choosing to invest differently.” (Marmot Review, 2010)<sup>27</sup>

### *What are the major strategies and policies to support this?*

The commitment to invest in a new generation of integrated health and social care centres is being delivered collaboratively with colleagues in social care via the [Integration and Rebalancing Capital Fund \(IRCF\)](#). The aims of the Fund are to:

- Support a coherent approach to planning the co-location and integration of health and social care services within the community across Wales
- Deliver integrated health and social care community hubs and centres that provide an opportunity to support the delivery of seamless services through creating local single points of access and co-location of staff and services delivering integrated care pathways.

Welsh Government recognises the crucial role that communities themselves play in responding to issues at a local level. We want people in Wales to live long and

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<sup>27</sup> [Fair Society, Healthy Lives \(The Marmot Review\)](#)

healthy lives and recognise the importance of building resilience in communities as central to making that a reality for everyone.

We recognise the importance of physical community assets, such as buildings and green spaces, and intangible assets such as skills, energy and creativity of people in their communities.

Our long-running [Communities Facilities Programme](#) and our new and innovative [Community Assets Loan Fund](#) are just some of the ways we recognise and support ongoing development of infrastructure for community hubs, working with community partners to strengthen resilience in communities.

[Sustainable Management of Natural Resources and our Well-being](#) outlines how the environment and our wellbeing and health are connected and what action can be taken to support our natural environment.

The [Local Places for Nature Programme](#) was established in 2020 to create areas that support nature within communities, particularly in urban and peri-urban areas, thus encouraging a greater appreciation and value of nature. The programme delivers actions towards the commitment to create more green spaces as well as a number of measures to support this and wider biodiversity objectives.

[Sustainable Landscapes, Sustainable Places](#) is a Welsh Government capital fund for improving access to the countryside and supporting more sustainable and resilient landscapes and communities. Funding is in several separate streams and includes projects to improve our National Parks and Areas of Outstanding Natural Beauty, as well as for improving recreational access in the countryside.

We have committed to [designate Wales' inland waters for recreation purposes](#), strengthening our water quality monitoring commitments. Open bodies of water have increasingly become used for bathing and recreation, with awareness around open water swimming and positive impact on physical and mental wellbeing. We have seen increased public scrutiny on ensuring our waters are in good environmental condition.

The [Clean Air Plan for Wales](#) is designed to improve air quality and reduce the impacts of air pollution on human health, biodiversity, the natural environment and our economy. This Plan supports delivery of commitments under [Prosperity for All: A Low Carbon Wales](#) – our national strategy. In particular, “reducing emissions and delivering vital improvements in air quality” to support “healthier communities and better environments”.

[Age Friendly Wales: Our Strategy for an Aging Society](#) outlines what we will do to use the potential of today's older people and support our ageing society. This sets out the steps that Welsh Government and key partners will take to ensure that the rights of older people across Wales are respected to help combat health inequalities.

*How will progress be measured?*

Percentage of people satisfied with local area as a place to live. National Indicator 26 – Well-being of Future Generations (Wales) Act 2015.

Percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect. National Indicator 27 – Well-being of Future Generations (Wales) Act 2015.

Percentage of people who volunteer. National Indicator 28 – Well-being of Future Generations (Wales) Act 2015.

Percentage of people who are lonely. National Indicator 30 – Well-being of Future Generations (Wales) Act 2015.

## **Strengthen the role and impact of ill health prevention**

### *Why is it important?*

Looking after our physical health is important for our mental health and wellbeing. Having a healthy diet and being physically active can offer protection for our mental health, particularly in relation to anxiety and depression. Studies also highlight the importance of sleep for our mental health and wellbeing.<sup>28</sup>

Good mental health and wellbeing can also be helped by reducing behaviours that can be harmful to our mental health and wellbeing, including gambling, excess social media usage, smoking, excess alcohol consumption, substance misuse or other addictive behaviours.<sup>29</sup>

### *What are the major strategies and policies to support this?*

Welsh Government wants everyone to have long, healthy, happy lives. For this to happen we need to create the conditions that help people to look after themselves well, and we need to make sure we have the right health and social care services to help people stay well, get better when they are ill, or live the best life possible when they have problems that won't get better. [A Healthier Wales – Our Plan for Health and Social Care](#) sets out how we want to achieve this. The [Anti-racist Wales Action Plan](#) also includes a specific focus on health and social care with goals to support anti-racism, diversity and inclusion.

Our [Healthy Weight: Healthy Wales Strategy](#) sets four themes including healthy environments, healthy settings, healthy people and leadership and enabling change.

- **Healthy environments** – aims to support people to be able to make healthy choices. This focuses on changing the way people shop, the way they eat out, the way they travel, or how they use outdoor spaces.

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<sup>28</sup> [A meta-review of “lifestyle psychiatry”: the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders.](#)

<sup>29</sup> [Addiction: what is it? - NHS Wales](#)

- **Healthy settings** – will develop supportive environments to promote healthier choices. This includes childcare settings, schools and higher and further education, workplaces and community settings.
- **Healthy people** – is about providing advice, information and support. This includes providing people with the opportunity to regularly discuss their lifestyle choices with health and care professionals.
- **Leadership and enabling change** – is about the leadership and accountability to deliver Healthy Weight: Healthy Wales across all sectors.

On smoking, we know that smoking rates are often higher amongst people who have mental health conditions and this can have a significant impact on health and life expectancy. We published our new Tobacco Control Strategy for Wales “[A Smoke-free Wales](#)” which sets out our ambition for Wales to be smoke-free by 2030, and our first delivery plan highlights the importance of targeted and tailored support to reduce smoking prevalence for those with mental health conditions.

Whilst gambling is a popular pastime, it can lead to considerable, wide-reaching harms for many individuals and their families, including for those with poor mental health. Following a review of the Gambling Act, the UK Government have decided to reform the regulation and legislation governing the gambling sector and will be establishing a statutory levy to fund research, education and treatment of gambling harms in Great Britain. This levy will provide secure, independent funding for these activities so that we can provide comprehensive treatment services for those experiencing gambling-related harm in Wales.

The Welsh Government’s [Substance Misuse Delivery Plan](#) published in October 2019 and revised in 2021 is rooted in a harm-reduction approach and recognises substance misuse as a public health issue as opposed to one that is solely related to criminal justice. The overall aim of the Delivery Plan continues to be to ensure that people in Wales are aware of the dangers and the impact of substance misuse and know where they can seek information, help and support.

Substance misuse and mental health services are prioritised within the Delivery Plan and oversight of this work is undertaken through the National Co-occurring Substance Misuse and Mental Health Board which aims to enhance collaborative working across a range of agencies, including mental health, housing and substance misuse. Our [Service Framework](#) for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem sets out the care and support needed for people with complex needs, including homelessness, and how services should work in partnership to meet these needs.

The Partnership Agreement for Prison Health sets out agreed priorities for improving the health and wellbeing outcomes of people in prison. Welsh Government will be working with partners to implement a new Substance Misuse Treatment Framework and new standards for mental health services for people in prison.

The [Women’s Justice Blueprint](#) aims to reduce the number of women sentenced to custody (with a focus on short-term custody), with a number of supporting initiatives



contributing to improving mental health and wellbeing of both the women and their families. This includes gender and trauma-informed training for those working with women in the justice system. We need to further strengthen the care pathways for both substance misuse and mental health between prisons and the community, in particular focussing on the challenges for women serving custodial sentences. To support this we will publish our substance misuse treatment framework and new standards for mental health services in prisons.

## **Vision Statement 3: There is a connected system where all people will receive the appropriate level of support wherever they reach out for help**

Vision Statement 2 set out how we all have a part to play in protecting good mental health, and highlighted a number of wider determinants of health that need to be addressed across Government.

As well as having a responsibility to create a positive environment which supports good mental health, we need to ensure that public sector and voluntary sector organisations work together to help individuals with their mental health.

In order to achieve this, we need to develop a “connected system”.

### **What do we mean by a connected system?**

We recognise that support for mental health and wellbeing is provided in many different ways by lots of different services.

Across all ages, these services can include:

- Health
- Social care
- Substance misuse
- Housing
- Sports, leisure and culture
- The voluntary sector
- The justice system
- Education settings.

In addition, for babies, children and young people:

- Infant and early years provision
- Childcare settings
- Youthwork and play settings.

Our overall goal is to ensure that all these areas work together to provide a joined-up service that is easy to access and easy to navigate, and is equitable when it comes to people’s experiences and outcomes.<sup>30</sup> Services should actively support people to find the right help, in the right place, at the right time.

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<sup>30</sup> This is sometimes referred to as a “whole system approach”.

To achieve a connected system, we need services to:

- Work together to make sure people don't have to tell their story lots of times or get told they have come to the wrong place<sup>31</sup>
- Know what other services are available and help the people they work with to access them
- Provide easy access to inclusive and bilingual services across the system (not single-entry points to each sector)
- Provide reasonable adjustments to enable access to assessments and services
- Share expertise and knowledge between services
- As part of the Active Offer<sup>32</sup> of Welsh language services, ensure that language choice is recorded and passed on between different services
- Communicate well between services to provide a seamless experience of being supported by multiple services
- Understand and value other interventions (including preventative, community and voluntary sector work)
- Train and empower staff to deliver a connected service
- Provide services which are trauma-informed and direct people to the appropriate level of intervention
- Listen and respond to people's needs.

We want to broaden the conversation away from just thinking that help for poor mental health is the domain of specialist health services only. These services are important, but there is much more that can be done to provide support (we talk more about this in Vision Statement 1).

### **What you told us**

Services at all levels need to be more joined-up and offer a seamless journey for the service user. There needs to be more flexibility and fewer administrative and bureaucratic barriers that make it difficult for people to move between services as their needs change.

People should be able to access the system at any point and be guided to the right place. They should not have to repeat their story at each stage or be told they have come to the wrong place.

NHS and Social Care need to communicate better with each other, as the lack of communication can have a negative impact on people's experiences of accessing support, which can in turn impact on outcomes.

There should be a focus on improving professionals' recognition of, and response to, trauma.

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<sup>31</sup> This is sometimes referred to as "no wrong door".

<sup>32</sup> The Active Offer is providing a service in Welsh without someone having to ask for it.

## What we are doing

We are connecting systems and making sure the people who provide services have the confidence and knowledge to engage with people who need mental health support, aligned with the principles of the [Trauma-Informed Wales Framework](#).

Given the prevalence of co-occurring neurodivergent conditions and mental health, we will be connecting systems to ensure the people who provide mental health services have the confidence and knowledge to engage with neurodivergent people who need mental health support. We will do this by engaging with the Neurodivergence Improvement Programme. We will continue to work with our Area Planning Boards to ensure the needs of people with co-occurring substance misuse and mental health are met (including working with our criminal justice partners to address the needs of offenders in the community and people in prison).

[NHS 111 press option 2 for mental health support](#) (MH111#2) has made a positive impact for members of the public who require urgent mental health support. We are looking at opportunities to expand offering information and advice to professionals who support people with poor mental health.

We have implemented joint health and social care oversight arrangements to support better join up between services.

We also need to make mental health advice more accessible for professionals who are supporting someone with poor mental health. We already do this through our schools in-reach service, and we are looking at other opportunities to provide this support, for instance through MH111#2.

## What we are doing to embed a trauma-informed approach

As set out in the [Trauma-Informed Wales Framework](#): "Different people react in different ways to traumatic experiences, some people will not experience any distress, others will have a self-limiting response and a minority will experience more marked difficulties."<sup>33</sup> Early trauma, especially prolonged and repeated trauma, can significantly impact babies', children's and young people's social, emotional, cognitive and physical development. In particular: "Some people will notice changes in their own or others' behaviours. Some people will develop one or more diagnosable conditions such as PTSD [Post Traumatic Stress Disorder], CPTSD [Complex Post Traumatic Stress Disorder], personality, depressive, anxiety and substance use disorders, and, more rarely, psychosis. Other people's reactions and needs will be shaped by co-existing factors, for example, impaired capacity to make decisions, additional learning needs, neurodivergence, substance misuse, cognitive impairment and factors such as a person's asylum status."<sup>34</sup>

If everyone in society becomes trauma-informed then fewer people will need additional support as they will have been able to get help earlier and in the right way. In essence: "Trauma-informed organisations understand that adversity, trauma and distress can occur to anyone and at any point across the life course. They aim to

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<sup>33</sup> [Trauma-Informed Wales \(traumaframeworkcymru.com\)](#) (page 8)

<sup>34</sup> [Trauma-Informed Wales Framework](#) (page 8)

create psychosocially healthy conditions for both the workforce and people they support to minimise exposure to adversity, trauma and distress. They will be confident in understanding what interventions and supportive factors someone may need in place to prevent and mitigate the long-term impact on physical and mental health and wellbeing.”<sup>35</sup> These are the key expectations for those individuals, organisations and services who are supporting the aims of the Mental Health and Wellbeing Strategy (2024-2034), and will contribute to our aim of a seamless, connected service.

The Trauma-Informed Wales Framework has four defined practice levels. The levels describe the different roles that people may have within a variety of contexts. Many people affected by traumatic events will need support from different levels at the same time and a person-centred, integrated, interacting system is vital to maximise its effectiveness. It is anticipated that more people will require support from the trauma-aware, trauma-skilled and trauma-enhanced practice levels than the specialist intervention practice level. There will be mental health and wellbeing support and services that map across to each of the four defined practice levels: trauma aware / trauma skilled / trauma enhanced / specialist intervention.

We also expect all mental health and wellbeing services and support to be aligned with the five core principles underpinning the Trauma-Informed Wales Framework. These are: a universal approach that does no harm; person-centred; relationship-focussed; resilience and strengths focussed; and inclusive.

## **What we are doing on the co-occurring mental health and substance misuse agenda**

Our substance misuse and mental health services are prioritised by the Welsh Government. Alongside a range of interventions, our focus is also on early intervention and prevention which aims to reduce the risk of harm at an early point. We have issued a [substance misuse treatment framework on co-occurring substance misuse and mental health needs](#) and all Area Planning Boards and health boards via their lead role in local mental health partnership boards (LMHPBs) are required to have a service framework in place to respond to this challenging issue.

## **What we are doing for babies, children and young people**

We acknowledge that children, young people and their families tell us that the current means of accessing mental health and wellbeing support has room for improvement and does not always work as a connected system.<sup>36</sup> Children, young people and their families tell us they experience being “bounced between” services or being told they have come to the wrong place for support.<sup>37</sup> In response to these issues, we have co-produced the [NYTH/NEST Framework](#) for implementing a

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<sup>35</sup> [Trauma-Informed Wales Framework](#) (page 8)

<sup>36</sup> [No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)

<sup>37</sup> [No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)

connected approach to mental health and wellbeing services for babies, children, young people and their families.<sup>38</sup>

The purpose of the NYTH/NEST framework is to make expertise and advice quicker to access, and to give the adults closest to children and young people of all ages the skills and confidence to understand what they can do to help. When extra help is needed, it aims to join up support so children, young people and families get the right help at the right time and in a way that is right for them. This directly supports the strategy's core principles of providing equity, in terms of access to services, people's experiences and their outcomes.

Through the [perinatal mental health network](#) we have developed universal pathways that support midwives, health visitors and GPs to promote mental health and emotional wellbeing. Whilst we will continue to ensure that specialist perinatal services are developed to provide the quality of care needed for those with severe and enduring mental health conditions, it is vital to ensure that we make every contact count with expecting and new parents to provide support across the spectrum of mental health needs that can be faced at this time.

Education is a vital part of the connected system when considering the needs of children and young people and because of this we work with schools to deliver the [Whole School Approach to Emotional Mental Health and Wellbeing](#). The Whole School Approach to Emotional Mental Health and Wellbeing is intended to support schools, including pupil referral units (PRUs) and education settings, in reviewing their own wellbeing landscape and in developing plans to address their weaknesses and build on their strengths. It recognises that the school alone cannot meet all the needs of a complex population of children and young people, and sets out the role of regional bodies, the NHS and others such as the third sector, in supporting the school. It is meant to support and complement the new national Curriculum for Wales. It also supports children and young people to access timely and appropriate support through school and community-based counselling services and CAMHS school in-reach, which sees dedicated mental health practitioners in schools.

The further education sector is working closely with the [ACE Hub Wales](#), to develop and embed trauma-informed practice in every college in Wales. Over the past three years, this has resulted in a guidance framework tailored to the specific context of the FE sector; professional learning modules for staff involved in supporting learners; and a network of practice, facilitated by ACE Hub Wales, to ensure a consistent level of support and to share best practice.

### **Therefore, we will:**

- **VS3.1** Explore how we can provide easy access to advice to people working in all services who may need guidance to support people with poor mental health. This may include extension of the MH111#2.

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<sup>38</sup> The acronym of Nurturing, Empowering, Safe and Trusted was created by young people and stakeholders during our co-production sessions and sets out the core values they want in mental health services. [NEST framework \(mental health and wellbeing\): introduction | GOV.WALES](#)

- **VS3.2** Ensure access routes into support for mental health and wellbeing are timely, accessible to all, and joined-up between sectors, including improving the transition from Child and Adolescent Mental Health Services to Adult Mental Health Services, and between neurodiversity and substance misuse services, and mental health services.
- **VS3.3** Work with partners and stakeholders to develop a set of actions to tackle the barriers, both real and perceived, that prevent different parts of the system from working better together and stand in the way of a connected approach. This includes working with the Ethnic Minorities Mental Health Task and Finish Group, and people with lived experience.
- **VS3.4** Continue to support the implementation of the Trauma-Informed Wales Framework across all practice levels by ensuring mental health and wellbeing services and support are compassionate, easy to engage with, and trauma-informed.
- **VS3.5** Continue to implement the NYTH/NEST Framework through Regional Partnership Boards and wider partners to develop a connected (no wrong door) and children's rights-based approach to mental health and wellbeing for babies, children, young people and their families.
- **VS3.6** Develop support for people with mild to moderate perinatal mental health and wellbeing support in universal maternity care, health visiting and the third sector.
- **VS3.7** Continue to support the delivery of Whole School Approach to Emotional Health and Wellbeing plans to improve support in schools.
- **VS3.8** Strengthen the response to the mental health and wellbeing needs of students in Higher Education and Further Education within their educational settings.
- **VS3.9** Continue to promote the Active Offer and the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss (and the Accessible Information Standard Requirements)<sup>39</sup> across all services, in line with the principles set out in More Than Just Words and duties under the Equality Act 2010.
- **VS3.10** Hear the voices of ethnic minority people, involve them in decision making and embed the anti-racist approach throughout our delivery plans.

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<sup>39</sup> The Minister for Health and Social Services recently agreed recommendations to renew and broaden the Standards to include patients whose main language is not English or Welsh; patients who have language and communication barriers due to disability, dementia, learning difficulties or autism; and parents and carers who have language or communication barriers.

- **VS3.11** Publish our Substance Misuse Treatment Framework (SMTF) – Integrated Substance Misuse Service Provision for Children and Young People.

### **How we will measure success**

These measures will be developed as part of the final strategy, but will include:

- More mental health and wellbeing services for babies, children and young people offer a connected, whole system approach to support – NYTH/NEST national annual reporting.
- Indicators that measure user experience of accessing related support.
- Evaluation of the impact of adopting and embedding trauma-informed approaches.



## **Vision Statement 4: There are seamless mental health services – person-centred, needs led and guided to the right support first time, without delay**

This vision statement covers access to quality, evidence-based mental health services for everyone who would benefit from them, and for those services to be outcome and recovery-focused for people with mild to moderate mental health conditions as well as people with severe and enduring mental health conditions. The vision is to achieve:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services (and improved experiences of services and support)
- Higher value health and social care, and
- A motivated and sustainable health and social care workforce.

This chapter outlines our work to support the delivery of mental health services in the context of A Healthier Wales. This will create a clear plan for services to work together to meet growing mental health needs, with a focus on early intervention, more support in the community and alternatives to hospital admission.

Our available prevalence data predicts that mental health needs across all ages will increase, and we must ensure that we develop a system that can respond to future needs. We also know that we have an ageing population and older people are higher users of health and care services, often with multiple conditions. Planning for future changes to mental health needs whilst services and wider society are still recovering from the impact of COVID-19 is a complex challenge.

### **What you told us**

Our focus in this chapter has been informed by what you told us is important to you. This is:

- A no wrong door approach to trauma-informed services, which reduces complexity in the system
- A clear offer at every level of service which is consistent across Wales and that people are aware of what that offer is
- The offer to include what can be expected across the age range from babies to older adults
- A clear focus on core community services and how we can enhance the use of care and treatment planning, enabling recovery-focused services to be delivered in a person-centred way
- A focus on supporting the delivery of evidence-based psychological therapies
- Clear actions that would support those with severe and enduring mental illness
- Clarity on how we support people who have a mental health condition and co-occurring substance misuse issues

- Clarity on how we support neurodivergent people with co-occurring mental health conditions, including an understanding of best practice, adaptations to therapy and the recovery approach and guidance on reasonable adjustments
- Better collaboration across providers and levels of service
- Transparency around funding and clarity about how changes will be implemented.

## What we are doing

We want to see an early intervention approach become the norm. This involves support at an early stage to prevent more serious difficulties developing later on. Needs-led support will be available in more places, with services not waiting until someone is in crisis or is very unwell to offer help. Services will focus on the outcomes that matter to people. We will be able to measure those outcomes and be held to account for them.

We want to see person-centred mental health services that are recovery-focused and trauma-informed, and which promote the Active Offer. We need to be prudent with our resources and develop a “value-based” approach. In supporting people across the continuum of care needs, we will consider the needs of those with co-occurring diagnoses such as neurodivergent conditions and mental health, and substance misuse and mental health, recognising that we need to support the “whole person”. We want to see much stronger collaboration and an end to people feeling like they are being passed between services. The NHS Executive, Health Education and Improvement Wales (HEIW), health boards, local authorities and partners must work together to achieve this. People should experience care as an integrated offer; not one of overlapping, competing or fragmented systems and processes.

We will embed a systematic co-productive approach, which will be informed by the Wales Mental Health and Wellbeing Forum National Guidance on Engagement.

## Supporting the links between primary care and mental health

Primary care plays a key role in delivering mental health support. Since 2018, an ambitious **primary care contract reform programme** has been underway in Wales with four overarching priorities: to improve access to and from primary care, to focus on quality and prevention, to bring together key partners through clusters to plan and deliver services; and to strengthen the primary care workforce. Increasing the level of service provided in the community is key to delivering many of the objectives of *A Healthier Wales*, particularly around prevention. The contract reform programme is driving contractual changes which will further these ambitions.

This includes work that is being taken forward by Welsh Government, Public Health Wales and partners to develop a service specification for health boards in Wales for **Inclusion Health Services**. The aim of this service is to identify and meet the needs of people traditionally excluded from mainstream primary care in a place-based approach and to help individuals integrate into universal services when appropriate. This will support better access to primary care amongst under-served groups, including asylum seekers, refugees and migrants in Wales, and people in contact with the justice system.

## **Evidence-based offer for mild to moderate mental health conditions**

We want mild to moderate mental health conditions to be identified earlier and for appropriate, timely interventions to be offered to avoid deterioration and to support recovery and enablement. We want people to have access to the right intervention, at the right time; and for many this will be access to guided self-help or evidence-based talking therapies.

We need to enable people to have online access to therapies for people who choose this approach, but we also need to develop open access into local primary mental health support services (LPMHSS), reducing pressures on GPs and making it easier for the public to understand where and how to access support. Furthermore, we need to ensure that LPMHSS services operate consistently across Wales, have a visible, web-based front door and have a clear focus on achieving outcomes. We expect the NHS Executive to work with health boards and other partners to develop a clear and consistent set of outcome metrics for LPMHSS, ensuring that these are co-produced with people who use these services and that they are relevant to their lives.

There need to be clear pathways in place to access this support from other areas of the system – for instance those that are presenting for “crisis” support or those that have a long-term physical health condition that requires mental health input.

## **Recovery-focused approach in secondary care**

We will establish a revitalised purpose and identity for community mental health services. As part of this re-design, we will ensure a no wrong door approach and an inclusive model of care for people with coexisting needs, such as substance misuse and neurodivergence, plus a model that supports not just the individual but also their family and unpaid carers.

We need to ensure that teams are recovery-focused and have models that are developed on the best evidence available. There is also an important role for both paid peer worker roles and support for unpaid carers. We need to be clear about how our community mental health system supports clear referral and recovery pathways into “specialist services” e.g. perinatal, eating disorders, early intervention in psychosis and also community alcohol and substance misuse teams. These services also need to be built on the same evidence-based recovery model. We need to ensure this work is supported by clinically meaningful waiting times and outcome measurement.

A recovery-focused approach will enable us to be strengths-based (or asset-based), where we focus on an individual’s strengths (including personal strengths and social and community networks) and not on their deficits. Strengths-based practice is holistic and multidisciplinary and works with the individual to promote their wellbeing. It is outcomes led and not services led.<sup>40</sup> As part of our recovery-focused approach,

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<sup>40</sup> [Strengths-based approaches | Social Care Institute for Excellence](#)

we will embed roles for people with lived experience in our core community mental health teams.

In developing a recovery-focused approach, we need to ensure that people feel confident that if they are discharged from a service, they can access support whenever the need arises without going through a complicated referral process.

People who have a severe and enduring mental health condition experience worse health outcomes, report lower life satisfaction and die much earlier than the rest of the population. We must take robust and swift action to address this over the life of this strategy. This will require us to see some mental health conditions as long term conditions requiring integrated and assertive support and treatment to address people's biological, psychological and social needs. Services for people with a long-term mental health condition need to be changed to assertively manage and address their physical health needs and focus on improving life satisfaction.

### **Supported transitions**

When young people move from children's services to adult's services, we want them to feel supported and confident in their transition between services. We will work to remove any existing barriers between children's and adult's services for those young people who need secondary care mental health services at 18.

We also want to see action on transitions from working age adult services into older adult services, and the removal of inappropriate age barriers to services. Work will continue to implement and embed our Transitions Guidance but also to co-create practice-based evidence to support ongoing service review, development and improvement across age-ranges.

### **Reliable, safe and therapeutic crisis and acute care services**

Urgent and crisis mental health support has been a significant and ongoing focus for improvement over the lifetime of the previous strategy. We have seen improvements in how people can access crisis support via MH111#2, a growth in alternatives to hospital admission and improvements in how crisis teams operate across Wales. We have developed a multi-agency approach to respond to crisis with health boards, the Welsh Ambulance Services NHS Trust, the police forces, local authorities and the third sector. This recognises the breadth of social and welfare needs of those in crisis.

These developments have transformed our crisis care system and we now need to ensure that we build on this groundwork by developing a model that continues to be informed by evidence and will support health boards and local authorities in planning and delivering consistent and high-quality crisis services across Wales. We expect partners to deliver crisis care services that are fair and are equitable in terms of access, experience and outcomes, regardless of where people live, their age, ethnicity, preferred language, or their gender.

We expect services to build a position where support is not based on age but based on need, level of care required or vulnerability. With our ageing population, we need

to see a much stronger emphasis on services for older people with complex needs. We also need to ensure our crisis provision for children and young people is appropriate and tailored to their age and needs.

In addition to our online and phone crisis response we need to enable rapid face-to-face response for people who are experiencing an acute mental health crisis. These services would aim to treat people in a community setting where possible, and only admit to hospital where it is necessary. When someone is admitted to hospital they will be provided with therapeutic inpatient care.

We also want to see the removal of organisational barriers to people with co-occurring conditions, so people are able to access timely support from mental health services. To do this, we will engage with the Neurodivergence Improvement Programme and Substance Misuse Area Planning Boards, working collaboratively to upskill the mental health workforce and other services to adapt their practice and make reasonable adjustments.

### **High quality specialised services**

We need to ensure that we have a joined-up approach to commissioning to utilise the benefits of nationally, regionally or locally commissioning services, where appropriate, and to ensure it is done in partnership with local services and communities.

The effective commissioning of services will enable us to ensure we have in place high quality, best outcomes and best value services and reduce unnecessary variation across Wales.

When commissioning specialist services we need to ensure we have in place:

- Clear flow pathways into and out of specialist services
- Specialist services which understand and can meet the needs of neurodivergent people
- Repatriate, when appropriate, people from specialist services to local services as soon as clinically appropriate to do so
- Support for families and unpaid carers of people who access specialist services.

This work will be supported by the Welsh Health Specialised Service Committee (WHSSC) Specialised Services Strategy,<sup>41</sup> that looks to ensure the commissioning of high quality, specialist mental health services for the people of Wales.

### **Person-centred care in the community for people with long term support needs**

We know that some people will need extra care to support them to remain out of hospital, whether this is domiciliary care, supported housing, residential care or

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<sup>41</sup> Specialised services strategy covers the following services: CAMHS / Forensic Adolescent Consultation Service, Eating Disorders, Perinatal, Secure Services and Neuropsychiatry.

nursing home care under section 117 aftercare or continuing health care arrangements.

We need to make sure that people know and understand their rights to aftercare under the Mental Health Act. We also need to have a stronger focus on keeping people well and feeling supported in their own homes, particularly after discharge from hospital, so we reduce cycles of re-admission for people who have severe and enduring mental illness. We expect to see the piloting of different approaches to prevent readmission. This needs to support people with the eight areas of life defined in our care and treatment planning approach. We need to develop support for discharge from mental health services into correct support and, in doing so, develop the right skillset in primary care and social care to support people with ongoing mental health concerns.

We will ensure this is aligned with the National Framework for commissioned care and support, which is part of the social care “Rebalancing Care and Support Programme”.

### **Infant mental health**

Good infant mental health is nurtured when babies experience sensitive and safe relationships with their primary caregivers. If this is absent, babies can be vulnerable to experiencing trauma, adversity, abuse and neglect, the impact of which can have long-lasting effects across the course of someone’s life.

In order to support babies, children and young people, parents or carers will need easy access to expertise and support. We want to ensure that support is offered holistically and involves the whole family. We detail this in our NYTH/NEST framework.<sup>42</sup>

We want to build on the existing skill set in Health Visiting through more learning opportunities on attachment and parenting, and specialist roles within health visiting teams that can share these skills, including consultant health visitor and midwifery roles. We also need to develop an approach that supports learning attachment-based parenting skills and then build on this to strengthen the universal and targeted offer to parents. We want to ensure that this support is available before, during and after pregnancy and is inclusive for neurodivergent people.

### **How we will deliver the change**

Change will be delivered by the mechanisms outlined in the National Clinical Framework (2021), the Quality and Safety Framework (2021) and the Duty of Quality (2023), all of which have been developed by Welsh Government to support the delivery of A Healthier Wales (2018).

In the Health and Social Care (Quality and Engagement) (Wales) Act 2020 a duty of quality was introduced. The health and care quality standards in the duty provides an opportunity to directly align the standards not only with the duty but also with the

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<sup>42</sup> [NEST framework \(mental health and wellbeing\): core principles | GOV.WALES](#)

wider quality management practice. They comprise six domains of quality (safe, timely, effective, efficient, equitable and person-centred) supported by six quality enablers (leadership, workforce, culture, information, learning, improvement and research, and whole systems approach).

**Figure 1: Health and quality care standards**



The NHS Executive will develop a **Strategic Programme for Mental Health** and **Strategic Clinical Networks** that have a strong focus on improving the quality of mental health services in Wales. We expect this programme to form the delivery plan for Vision Statement 4 of this strategy.

The approach embodied by the programme will align with the Health and Care Standards. It will include delivery of:

**Safe services:** Our mental healthcare system will be a high quality, highly reliable and safe system that avoids preventable harm, maximises the things that go right and learns from when things go wrong to prevent them occurring again.

**Timely services:** We will reduce waiting times for services, eradicating long waits, and setting waiting time standards that are clinically meaningful.

**Effective services:** We will have decision making, care and treatment that reflect evidence-based best practice, and that people receive the right care to achieve the optimal and possible outcomes that matter to them. We will design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment and rehabilitation; and embed these into local service delivery.

**Efficient services:** Our mental health system will take a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We will make the most effective use of resources to achieve best value in an efficient way. We will only do what is needed and undertake

treatments that ensure any interventions represent the best value that will improve outcomes for people. We will ensure that services are planned or delivered on a regional or national footprint where this would add value and improve efficiency.

**Equitable services:** Our mental health system will provide everyone with an equal opportunity to attain their full potential for a healthy life. It will not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system, and will continue to promote and ensure the implementation of the Active Offer.

**Person-centred services:** Our mental health system will meet people's needs and ensure that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the wellbeing of individuals, their families, unpaid carers and our staff. We will ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity, human rights and any need for reasonable adjustments. A key aspect of this work will be to drive up the quality of care and treatment planning for those in secondary care services. Getting this right is fundamental as it allows people to be fully involved in the decisions that affect their lives, the care, support and treatment they get and enables a focus on the things that matter most to people. Families and unpaid carers play a crucial role in supporting people who are living with poor mental health, and care and treatment planning also enable us to capture this effectively, allowing us to be truly person-centred and provide a focus on being "recovery-focused".

### **The National Clinical Framework (NCF) sets out a new model for planning and delivery of clinical services**

- Quality Statements, based on the Health and Care Quality Standards, will set out the vision for specific clinical services and pathways and be underpinned by more detailed service specifications describing the outcomes and benefits. These Quality Statements will support delivery of the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss (to note this will be informed by a recent review of mental health services for deaf people) and commitments in More than Just Words.
- Through the Strategic Programme and Strategic Clinical Networks there will be a national co-creation and local adoption of higher value pathways.
- The NHS Executive will oversee the implementation of the pathways through its Strategic Programmes and Strategic Clinical Networks.
- Professionals and service users will co-produce national innovations and pathways as well as implementing them according to local context.
- Local and regional plans will respond to the NCF via the Strategic Programme and Strategic Clinical Network.



The Quality Management System,<sup>43</sup> as set out in the [Duty of Quality \(2023\)](#), will be used at all levels across the system from local teams to the national programme to drive forward the changes needed.

### How we will measure success

By 2034:

- More people will be accessing evidence-based mental health care and support in a timely manner.
- More people will have a positive experience of mental health services.
- More neurodivergent people will have a positive experience of accessing mental health services which know how to support them and make reasonable adjustments.
- More people will achieve outcomes that matter to them as measured by patient reported outcome measures.
- The quality of care and treatment planning in secondary care services will improve.
- More people with long term mental health conditions will have better physical health outcomes.
- Quality statements and standards will be in place and measured and monitored across all pathways.
- A quality management system will be embedded in all parts of the service.

### Therefore, we will:

- **VS4.1** Develop an integrated quality statement for mental health and individual quality statements that set the standards for what health boards and local authorities are expected to deliver to ensure good quality mental health services.
- **VS4.2** These quality statements will support a person-centred approach and enable equitable access to services for those with protected characteristics (as described in the Equality Act 2010) and preferred language. They will also include how services respond to those with co-occurring mental health needs.
- **VS4.3** Work with people with lived experience and the third sector to better understand the priorities as we move to a system where support is not based solely on age but based on need, level of care required or vulnerability.
- **VS4.4** Develop a Mental Health Safety Programme, which will follow a quality management approach. The programme will eventually cover all services but will start with an inpatient focus.

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<sup>43</sup> The quality management system includes a focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning and improving environment, and of creating a culture of quality within organisations.

- **VS4.5** Work collaboratively with the Strategic Programme for Primary Care, prevention and wellbeing workstream, to develop how we respond to mental health conditions in a primary care context, including meeting the mental health needs of neurodivergent people in a primary care context.
- **VS4.6** Establish a new cluster-based specification improving the physical health of people with severe and enduring mental health conditions, supported by clear data. This will focus on our ambition to reduce the mortality gap between people who have severe and enduring mental health conditions and those that do not.
- **VS4.7** Develop a programme that will support access to psychological therapies, which will include a focus on mental health conditions such as anxiety and depression as well as supporting people with psychosis, bipolar disorder and personality disorder and people with long term physical health conditions.
- **VS4.8** Ensure people living with long term mental health conditions are supported in having their physical health needs met by expanding access to evidence-based physical health care.
- **VS4.9** Refresh the model for community mental health support in Wales, exploring the best evidence available on community mental health support, co-produced with the people who use and work in these services.
- **VS4.10** Through the Welsh Government's National Co-occurring Substance Misuse and Mental Health Board, work with the Area Planning Boards and a range of delivery partners, including health boards to ensure that the most appropriate support is put in place for those with a co-occurring substance misuse / mental health need.
- **VS4.11** Deliver on our commitment in More Than Just Words to develop tools to support mainstreaming Welsh language considerations into mental health planning and policies.
- **VS4.12** Build on our front-line remote assessment, intervention and support services (such as MH111#2 and CALL) to ensure they join up with other parts of the mental health, substance misuse, neurodivergence and physical health systems. We will ensure they are complementary, efficient, effective, available 24/7 and respond in a timely manner. We will ensure they connect to deaf; Black, Asian and Minority Ethnic People; LGBTQ+ people; and under-served communities.
- **VS4.13** Establish a sustainable approach to ensuring that services support the development of healthy parent infant relationships and infant mental health, including exploring options for specialist teams.

- **VS4.14** Ensure robust governance arrangements for mental health services in health boards and strengthen the profile of mental health in the NHS planning process.
- **VS4.15** Embed routine access, outcome and experience measures into practice.

## Supporting the mental health system

In our engagement, we also received feedback on action that you told us would support the mental health system as a whole. This included:

- Better use of technology to support access to services, but that this should not replace access to experienced and skilled professionals and off-line resources and alternative channels, as this will always be needed, particularly for those that are digitally excluded.
- Digital services that can improve care planning and the recording of care, as well as support the sharing of patient information safely. Enabling an increased offer of remote support, access to resources which overcomes geographical or logistical barriers for those in need of mental health support.
- Investment to ensure a skilled, supported, and sustainable mental health workforce which is essential for providing high-quality care.
- Our workforce to have the skills, knowledge and attitudes to deliver anti-racist, trauma-informed, culturally sensitive, LGBTQ+ sensitive, gender-sensitive, and fully accessible services.
- Action to support the welfare of our workforce.
- A clear focus on the physical infrastructure of our estate so mental health services can be delivered in a safe, therapeutic and recovery-focused way.
- Support to ensure that we use research to continually review what services have to offer and that we actively engage in research across Wales, to enable us to continue to build our knowledge on “what works”.
- We need to be clearer in terms of how we communicate and explain our vision for the Mental Health and Wellbeing Strategy (2024-2034) – and how each of the vision statements and underpinning principles will be realised and implemented.
- Specific consideration needs to be given to the language used to describe mental health conditions, mental wellbeing, and mental health / ill-health. Key phrases need clear explanations.
- The need to provide clear and accessible information tailored to needs, including culturally appropriate information for ethnic minority people; LGBTQ+ people; children and young people; people with sensory loss; and in a person’s preferred language.
- A focus on providing more accessible information for other professionals on how they can assist their own service users get access to support.

In the following section we outline our key priorities to support each of these key areas.

### What are we doing in relation to digital and technology

In the recently published [Welsh Government’s Digital and Data Strategy for Health and Social Care in Wales](#) we set out how we will deliver a whole system approach to health and social care in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. This aims to bring services together and to ensure they are designed and delivered around the needs

and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

Central to this ambition is the use of technology and digital solutions to support people to look after their health and wellbeing more easily and in a way that works for them and their circumstances, whilst also focussing on digital inclusion - and provide alternative channels for those people that cannot, or choose not to, access services digitally.

The Digital and Data Strategy for Health and Social Care in Wales will support the design of digital services that enable the health and social care workforce to deliver the best possible care in a way that supports their role and ways of working.

We are committed to enabling people to use digital technology to manage their wellbeing and care, but we recognise that digitally excluded people are some of the more frequent users of health care. Our approach will recognise the need to develop digital skills to be digitally inclusive, but also ensure that “offline” resources and alternative channels and materials are also available for those who do not have the skills, knowledge and resources to access support on-line.

In October 2023, we published the Innovation Delivery Plan to deliver the strategy, Wales Innovates. The Delivery Plan includes the goal to increase health and social care research development, providing innovation support and investment against the ministerial priorities in the NHS Planning Framework 2022-2025 – which includes Mental Health.

### **What we are doing in relation to data capture and measurement of outcomes**

A strong theme that came out of the review of the Together for Mental Health Strategy was the lack of embedded processes for data capture and measurement, and for reporting progress against outcomes.

We recognise that as a weakness, not least the delay in the implementation of a mental health core dataset, and there has been a renewed focus on strengthening mental health data over recent months. This is crucial as new services are established, for instance MH111#2.

We will continue to develop a mental health core dataset and, recognising that this is a complex piece of work, we are developing it in a phased approach. This will ensure that any data collected is robust and fit for purpose, and will include prioritising demographic data, such as age, gender, preferred language and ethnicity. This in turn will support our ability to plan services based on the needs and demands of our population.

## Therefore, we will:

- **MHS 1** Develop a digital and data plan for mental health. This will align work in DHCW, Health Technology Wales and TEC Cymru to improve digital and data service provision in mental health. It will be based on the principle of parity with physical health and will deliver on key areas including electronic records, data sharing, use of digital across services and improved mental health data.
- **MHS 2** Continue to work with Health Technology Wales and other stakeholders to support the use and implementation of technology and/or models of care relevant to improving the mental health and wellbeing of the people of Wales.
- **MHS 3** Continue to develop a mental health core dataset.
- **MHS 4** Develop data that supports the quality reporting process and ensure that this is embedded into the mental health core dataset.
- **MHS 5** Improve digital access to information about how to access support and services. At the same time, promote alternative channels and off-line information and resources.

## What we are doing in relation to the mental health workforce

One of the fundamental building blocks of the new Mental Health and Wellbeing Strategy (2024-2034) is a sustainable mental health workforce. This will be achieved through the implementation of the HEIW and Social Care Wales Strategic Mental Health Workforce Plan. Published at the end of 2022, the Mental Health Workforce Plan sets out 33 actions across seven key themes, and aims to improve prevention and early intervention services, as well as addressing pressures on services for people with serious mental health needs. The plan is aligned to the 10-year Workforce Strategy for Health and Social Care in Wales.

The actions set out in the Strategic Mental Health Workforce Plan are intended to deliver “a motivated, engaged and valued health and social care mental health workforce, with the capacity, competence and confidence to meet the needs of the people of Wales”.<sup>44</sup>

An Implementation Plan has been developed for the 33 actions (published in May 2023) and will support the delivery of a skilled, supported and sustainable mental health workforce.

Every action is underpinned by a focus on Welsh Language and equalities. HEIW are working with the Ethnic Minorities Mental Health Task and Finish Group, as well as engaging in dialogue with communities, and the NHS and social care workforce to better understand their experiences.

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<sup>44</sup> [heiw.nhs.wales/files/strategic-mental-health-workforce-plan/](https://heiw.nhs.wales/files/strategic-mental-health-workforce-plan/) Page 6

### Therefore, we will:

- **MHS 6** Continue to invest in the implementation of the Strategic Mental Health Workforce Plan.
- **MHS 7** Through the workforce plan, focus on increasing the diversity of our workforce and providing the skills and knowledge to deliver culturally sensitive and appropriate support including, ethnic minority people, LGBTQ+ people, and Welsh speakers.
- **MHS 8** Continuously review the Strategic Mental Health Workforce Plan in the context of new developments – for instance, the Strategic Programme for Mental Health.

### What we are doing in relation to physical infrastructure (the built environment)

To support our aim for more people to receive mental health support in the community; to provide a broader range of alternatives to admission; and to ensure in-patient provision is safe, therapeutic and recovery-focused, we need a clear plan for the NHS and wider mental health infrastructure. This will be aligned with wider developments for the NHS in Wales, including the development of integrated service hubs for Primary Care and the provision of health services and support in the community.

This strategy will need to consider the physical infrastructure of a wide range of mental health services and settings – from acute inpatient settings to community based mental health facilities. The planning and design of all facilities providing mental health services and support needs to be fit for purpose, provide value for money and support the delivery of key service objectives – it should not be the simple like for like replacement of existing estate.

Infrastructure is a key enabler for service development and delivery. With ever increasing pressures on the NHS, the need to have a modern estate that supports the delivery of safe sustainable services and that can also accommodate service change is essential.<sup>45</sup> The built environment plays a crucial role in patient care and patient experience.<sup>46</sup>

The physical environment is also key to supporting neurodivergent individuals with co-occurring mental health conditions. We now better understand the impact that sensory differences make upon neurodivergent individuals. Any physical environment that is designed and built to meet the needs of neurodivergent individuals is likely to meet the needs of the wider population also.

The Mental Health Act 1983 Code of Practice specifically identifies the importance of addressing the impact of the environment on patient safety, privacy, dignity, behaviour and wellbeing.

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<sup>45</sup> [NHS Wales infrastructure investment guidance \(gov.wales\)](https://gov.wales/nhs-wales-infrastructure-investment-guidance)

<sup>46</sup> [About Specialist Estates Services - NHS Wales Shared Services Partnership](#)

As we deliver our vision for mental health services in Wales, maintaining high standards and continually improving the physical environment of our settings will ensure we continue to provide purposeful, therapeutic and safe services for service users, and therefore improve the experiences of service users and staff.

The WHSSC Specialised Services Strategy, to be published shortly, will also support this work.

To deliver this vision we will need new models of service design and support, which include the provision of community hubs and drop-in support, as well as single point of access for adult Community Mental Health Services – with a skilled team, including an understanding of the needs of neurodivergent individuals at the front door to ensure each person gets to the right place, and 24/7 support in a crisis.

It is especially important to include a focus on infrastructure as part of the new Mental Health and Wellbeing Strategy (2024-2034) – as we move towards new models of service provision here in Wales.

The Health and Social Care Regional Integration Fund (the RIF) is a five year fund established to deliver a programme of change from April 2022 to March 2027 and seeks to create sustainable system change through the integration of health and social care services.

The RIF is a key lever to drive change and transformation across the health and social care system and is part of a cross-Government package funding for Regional Partnership Boards which also includes the Integration and Rebalancing Capital Fund and the Housing with Care Fund. Key priorities for this work are to support people with emotional health and mental wellbeing needs and in so doing will directly support the aims of the new Mental Health and Wellbeing Strategy (2024-2034). The RIF is also a key driver in helping us to deliver the NYTH/NEST model by leading a whole system approach to mental health and wellbeing services for babies, children and young people. The RIF funded projects focus on providing a wide range of services across the seven regions. These include, but are not limited to: prevention and wellbeing, a no wrong door approach across the system, providing the right support at the right time, supporting children with complex needs, and helping to build resilient families.

**Therefore, we will:**

- **MHS 9** Continue with key infrastructure projects we have already committed to – including in-patient infrastructure support for eating disorders and access to mother and baby unit provision across Wales, in line with the WHSSC Specialised Services Strategy.
- **MHS 10** Work with organisations to develop a prioritised capital and estates strategy, to ensure the physical environments for all mental health services are fit for purpose and fully accessible.



- **MHS 11** Ensure that we maximise opportunities across other capital funding schemes available to ensure wider alignment is recognised and developed, particularly with a focus on developing alternative models of support.

### **What we are doing in relation to science, research and innovation**

A focus on advancements in science, research and innovation will also support the delivery of the strategy.

The need to better co-ordinate research, innovation and improvement was a key action outlined by A Healthier Wales, and to help deliver this, each region / NHS Trust across Wales was given a two-year grant to build joint health and care research, innovation and improvement capacity through Research, Innovation and Improvement Co-ordination (RIIC) Hubs.

Hubs are expected to work with other regional hubs as a national network, and with national bodies such as the Life Sciences Hub, Health Technology Wales and Improvement Cymru.

#### **Therefore, we will:**

- **MHS 12** Continue to work with Health Technology Wales and other stakeholders to support the use and implementation of technology and/or models of care relevant to improving the mental health and wellbeing of the people of Wales.
- **MHS 13** Continue to support the work of the Research, Innovation and Improvement Co-ordination (RIIC) Hubs to share good practice and identify areas where further research is needed.

### **What we are doing in relation to communication**

In order for this strategy to be successfully implemented, there is a need for our vision to be effectively communicated. The public need to be able to understand how the system works, and we need to ensure there is clarity around access to support and services, what people can expect, and anticipated outcomes.

In the last couple of years, we have developed an approach of highlighting the support that is available both nationally and regionally but we know more needs to be done to ensure that this information is consistent, accessible and intuitive, to avoid creating barriers to people accessing the support they need.

We also know that this communication needs to take into account the specific needs of individuals and groups. This includes continuing to promote the Active Offer, to ensure that Welsh speakers are able to access the system in a way that maximises their health outcomes.

We recognise that there can be inconsistencies in the language used to describe mental health, and that this can lead to misconceptions, and expectations around available support not being met. This strategy seeks to establish a common language for when we talk about our mental health and wellbeing.

**Therefore, we will:**

- **MHS 14** Continue to develop and embed a consistent shared language for mental health and the terminology we use.
- **MHS 15** Develop a standardised approach to provide information about mental health services and how to access them (and in so doing promote the Active Offer for Welsh language and ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly).
- **MHS 16** Ensure all information for patients is reviewed to ensure it is person-centred, accessible and appropriate.

# Legislation for Wales

## Background

The fundamental aim of mental health legislation is to protect, promote and improve the lives and mental wellbeing of citizens. Legislation that complies with international human rights instruments is needed to protect, promote and support human rights.<sup>47</sup>

## The legislative framework for mental health in Wales

The 1983 and 2007 Mental Health Acts for England and Wales provide the legislative framework for assessing, treating and protecting the rights of people with a mental health disorder.<sup>48</sup>

Alongside this, the Mental Health (Wales) Measure 2010 has the same legal status as the Mental Health Act 1983 – but while the 1983 and 2007 Mental Health Acts are largely about compulsory powers, and admission to or discharge from hospital, the 2010 Measure is all about the support that should be available for people with poor mental health in Wales wherever they may be living.

Specifically, the Measure was introduced to provide early access to local primary mental health support services for individuals who are experiencing mild to moderate and stable, severe and enduring mental health conditions (Part 1). The aim of the legislation was to reduce the risk of further decline in mental health, and in some cases, to reduce the potential need for subsequent inpatient treatment and possible compulsory detention. The Measure was also designed to ensure that all individuals accepted into secondary mental health services in Wales have a dedicated care coordinator and receive a care and treatment plan (Part 2), and that service users discharged from secondary mental health services have access back to those services when they believe that their mental health may be deteriorating (Part 3). In addition, the Measure extended statutory mental health advocacy provision (Part 4).<sup>49</sup>

The Mental Health (Wales) Measure 2010 aligns directly with the intended outcomes of the Social Services and Well-being (Wales) Act 2014 and its focus on wellbeing, early intervention and prevention, and information and advice for the person (Part 2); assessing the needs of individuals and carers (Part 3); meeting the needs of individuals and carers (Part 4); safeguarding and protection (Part 7); and advocacy, including the provision of independent professional advocacy for vulnerable people with capacity (Part 10). The principles of both frameworks are also directly linked, including their focus on wellbeing, prevention and early intervention; integration and

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<sup>47</sup> [World Health Organisation \(2022\) World Mental Health Report. See also World Health Organisation \(October 2023\) Mental health, human rights and legislation: Guidance and Practice](#)

<sup>48</sup> [Mental Health Act - NHS](#)

<sup>49</sup> Mental Health (Wales) Measure 2010 Explanatory Memorandum (March 2010)

partnership across boundaries; proportionality; avoiding duplication; and having a named lead coordinator for care, support and treatment planning.<sup>50</sup>

## **Plans for reforming the Mental Health Act**

In 2017, the UK Government commissioned an Independent Review of the Mental Health Act 1983.

The Wessely Review outlined a number of areas where action was highlighted. This included:

- 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.

Welsh Government is dependent on the UK Government in terms of passing the reforms to the Mental Health Act in relation to non-devolved areas. In the absence of legislation being brought forward by the UK Government on an England and Wales basis, Welsh Government will consider alternative levers for achieving the intended aims of the reforms in the areas over which it has powers.

## **Duty to Review – and changes to supporting Regulations for Wales and the Mental Health (Wales) Measure 2010**

Section 48 of the Mental Health (Wales) Measure 2010 requires Welsh Ministers to review sections of the Measure on a regular basis. In 2015 – a Duty to Review Report was published, providing an assessment of the intended benefits of the legislation and setting out a series of recommendations for further improvement.<sup>51</sup>

Welsh Government is currently exploring potential changes to the Mental Health (Wales) Measure 2010 in order to improve both access to mental health services and the experiences and health and wellbeing outcomes of those seeking support.

## **Other legislative provisions**

We have a number of underpinning regulations and supporting guidance (statutory and non-statutory) that need to be kept operationally effective and fit for purpose, and also where specific provision and guidance needs to be updated. This includes the need for Directions for Wales on the approval of Section 12 Doctors; amendments to the Mental Health Act Regulations for Wales to allow forms to be signed and sent electronically; guidance for health boards in relation to discretionary payments for those subject to section 47/49 of the Mental Health Act; and guidance

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<sup>50</sup> [ADSS Cymru Operational Guidance - Social Services and Well-being \(Wales\) Act 2014 and its interface with Mental Health Legislation in Wales](#)

<sup>51</sup> Welsh Government (2015) [The Duty to Review Final Report Post-Legislative Assessment of the Mental Health \(Wales\) Measure 2010](#)

in relation to Section 117 on aftercare for the person previously detained under Section 3 of the Mental Health Act.

**What you told us:**

- We need a legislative framework that is fit for purpose that will support delivery of the intended outcomes of the strategy.
- Inequalities that currently exist need to be addressed – in terms of the disproportionate number of Black, Asian and Minority Ethnic people detained under the Mental Health Act.
- Services that ensure the person is at the centre of all care, support and treatment and which consider the needs of the person as a whole, and not in isolation, are essential.

**Therefore, we will:**

- **L1** Develop and implement a programme of work to support the outcomes intended from the Wessely Review and with a view to addressing racial disparities in the mental health system.
- **L2** Support the digitalisation of the Mental Health Act – including the communication of statutory forms and other documents electronically.
- **L3** Raise awareness and improve delivery of the Mental Health (Wales) Measure 2010, including care and treatment planning.
- **L4** Continue to monitor for opportunities where legislation is the most appropriate mechanism to deliver improvements for mental health in Wales.
- **L5** Continue to support the implementation of the [Reducing Restrictive Practices Framework](#).
- **L6** Develop a programme of work that reviews our current regulations and supporting guidance (statutory and non-statutory) to ensure that they are kept operationally effective and fit for purpose.

## Conclusion

*Following the finalisation of the strategy for consultation, a concluding section will be included here.*

## **Glossary of terms**

### **Active offer:**

The Active Offer is providing a service in Welsh without someone having to ask for it.

### **Acute care:**

Acute care refers to the medical and surgical treatment provided by a hospital.

### **Adult / Older Adult Mental Health Services (AMHS):**

These are services that assess and treat adults with mental or emotional difficulties. Some areas have services which cover the 18-65 age range and also have services for older adults (over 65).

### **Adverse Childhood Experiences (ACEs):**

Chronic stress on individuals during childhood. Such stress arises from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance use problems. Collectively such childhood stressors are called ACEs (Adverse Childhood Experiences).

### **Affected by suicide:**

What someone might experience when they lose someone to suicide, which can include intense sadness, shock, anger, frustration, confusion and isolation.

### **Anti-racism:**

Anti-racism is about changing the systems, policies and processes which for so long have embedded a negative view of ethnic minority people.

### **Bereavement / bereaved:**

Bereavement is the experience of losing someone important to us. It is characterised by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss. Someone who is bereaved is a person who is experiencing this loss.

### **Bilingual:**

Bilingualism is the ability to speak, read and write in two languages. Bilingual resources are those that are available in two languages, for example, Welsh and English

## **CAMHS:**

CAMHS is the name for the NHS services that assess and treatment people with emotional, behavioural or mental health difficulties. You might also see CYPMHS used, which stands for Children and Young People's Mental Health Services. are NHS-provided services that assess and treat children and young people with mental or emotional difficulties.

## **Care and Treatment Plan / Planning:**

A Care and Treatment Plan (CTP) is a written plan in Welsh or English covering what a patient wants to achieve and what mental health services will help to do this.

For further information: [Care and treatment plan template | GOV.WALES](#)

## **Care experienced:**

Care experienced people are those who are either looked after by the state under Wales national legislation, or were previously looked after by the state. In Welsh law, they are defined as Looked After Children or Care Leavers.

## **Cluster:**

A cluster is a group of GP surgeries working together to pool resources and share best practice.

## **Cluster (suicide):**

A suicide cluster may be defined as a group of suicides, suicide attempts, or self-harm events that occur closer together in time and space than would normally be expected in a given community.

## **Community assets:**

Cultural assets, or heritage assets, are community assets that have value due to their historical, artistic, scientific, and environmental value.

Community assets, in the context of social prescribing, provides a collective term for anything that can be used to improve the quality of community life. This can include buildings, land, services, groups or activities or even a person within a community.

## **Community Mental Health Teams (CMHTs):**

Community mental health teams are a group of people from different health and social care professions who work in the community to help people recover from, and cope with, mental health conditions. CMHTs work to help people with complex mental health conditions, such as schizophrenia or bipolar disorder. They aim to provide the day-to-day support a person might need to live independently in the community.



**Connected system:**

Mental health and wellbeing support is provided in lots of different ways by lots of different services. These services can include health, social care, housing, education, youth and playwork, sports and leisure and the voluntary sector. A “connected system” means that all these services work together to provide a joined-up service that is easy to access and easy to navigate.

**Co-occurring:**

This refers to having mental health conditions alongside other issues. For example, the co-occurrence of poor mental health with substance misuse, or neurodivergence.

**Co-production:**

This means people working together equally to make or develop something.

Co-production enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change.

**Crisis support:**

A mental health crisis often means that someone no longer feels able to cope or be in control of their situation. Crisis support is the help and advice available to someone who needs help.

**Custodial setting:**

Custodial settings include: border custody, court custody, police custody, prison, young offenders institutions, secure training centres, secure children’s homes.

**Delivery plans:**

The Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy will have supporting delivery plans. These will set out the actions that we will take to achieve our vision for mental health and wellbeing in Wales, and suicide and self-harm prevention.

**Digital Health and Care Wales (DHCW):**

DHCW provide the digital services that are helping to transform health and care delivery.

**Disorder:**

A mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.

Mental disorder is defined by section 1(2) of the Mental Health Act 1983 (the Act) as "any disorder or disability of the mind".

**Emotional Distress:**

There are times throughout life when we are presented with difficult situations, challenges or a mental health problem, and these may leave us feeling distressed and struggling to cope.

**Emotions:**

These are how we feel about something and how our body reacts. For example, if we experience fear, we might feel our heart beating faster or notice our hands shaking.

**Equality:**

Ensuring everyone is treated equally and fairly and ensuring that everyone's human rights are met.

**Equity:**

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

**Fair work:**

Fair work is the presence of observable conditions at work which means workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected.

**Feelings:**

These are how we experience our emotions and give meaning to them. They are different for everyone. For example, you might associate your hands shaking with feeling anxious.

**Health boards:**

Health boards are responsible within their area for planning, funding and delivering of: primary care services (GPs, pharmacies, dentists and optometrists); hospital services for inpatients and outpatients; and community services, including those provided through community health centres and mental health services.

## **Health Education and Improvement Wales (HEIW):**

Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales. Their aim is to develop a skilled and sustainable workforce that improves care and population health.

### **Holistic:**

This means the whole person. It is about supporting a person by recognising that the economic and social conditions that people live in are fundamental to their wellbeing, and that good health, and good mental health particularly, is dependent on a wide range of inter-dependent factors. For example, understanding that issues with housing, relationships, finance, employment and physical health may all impact and effect someone's mental health.

### **Homelessness:**

Homelessness means you do not have a home to live in. Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy accommodation. This would include overcrowding, 'sofa surfing', victims of abuse and many more scenarios. A person is also homeless if their accommodation is a moveable structure and there is no place where it can be placed.

### **Inequality:**

Inequality of outcome relates to any measurable difference in outcome between those who have experienced disadvantage (for example, socio-economic disadvantage) and the rest of the population.

### **Infant Mental Health:**

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive.

### **In-reach service:**

Services that work in settings outside of their usual location, with the view to improving access to services and outcomes.

### **Intersectionality:**

Intersectionality is the way in which different types of discrimination (i.e. unfair treatment because of a person's protected characteristics) are connected to and affect each other. Intersectional discrimination, sometimes known as combined discrimination, is where a person is discriminated against because of a particular combination of two or more protected characteristics.

### **Intervention (including early intervention):**

The action of becoming intentionally involved in a situation, in order to improve it or prevent it from getting worse.

### **Legislation:**

Legislation is law which has been made by a legislature or made by a person authorised by a legislature to make laws. A legislature is a body of persons, usually elected, which is empowered to make, change, or repeal the laws of a country or state.

There are two legislatures which pass laws which apply to Wales, the UK Parliament and Senedd Cymru.

Regulations are an example of laws that can be introduced by the UK Parliament and Senedd Cymru.

### **LGBTQ+:**

This refers to lesbian, gay, bisexual/bi, transgender/trans people, queer or questioning. Other letters can be added to the acronym to include other groups, orientations and identities, such as I (intersex) and A (asexual/aromantic). The + (plus) in the acronym is used as a shorthand to include and acknowledge other diverse terms people identify with and use to describe their identities and orientations, including intersex, asexual and aromantic people.

### **Lived experience:**

This refers to how people living in Wales experience and articulate the current situation as lived out by them and people they know.

### **Local Primary Mental Health Support Services:**

Each local authority in Wales will have a Local Primary Mental Health Support Services whose key purpose is to provide:

- mental health assessments for a person who has first been seen by a GP who that a more detained assessment is needed
- short term interventions
- onward referral and the co-ordination of next steps
- support and advice to GPs
- provision of information and advice to people and their carers about interventions and care

### **Locations of concern:**

A location of concern can be broadly defined as a specific, usually public, site that is used as a location for suicide and that provides either means or opportunity for suicide.

One or more incidents of suicidal behaviour at a particular location suggests that action should be considered to address the site in question.

### **Making Every Contact Count (MECC):**

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

### **Marmot Principles:**

The Marmot Principles are six policy objectives recommended in the Marmot Review Fair Society, Healthy Lives (2010) that aim to reduce the social gradient in health. The social gradient is where the poorest people have the poorest health.

### **Mental health:**

This is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. People with poor mental health can have a mental health condition but this is not always or necessarily the case.

### **Mental Health Act:**

The Mental Health Act is UK Government legislation which covers the assessment, treatment and rights of people with a mental health disorder.

### **Mental health conditions:**

This is a broad term covering conditions that affect emotions, thinking and behaviour, and which substantially interfere with our life. Mental health conditions can significantly impact daily living, including our ability to work, care for ourselves and our family, and our ability to relate and interact with others. This is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time, for each person. Mental health conditions can range from mild through to severe and enduring illness. People with mental health conditions are more likely to experience lower levels of physical and mental wellbeing, but this is not always or necessarily the case. Some mental health conditions like eating disorders and schizophrenia are associated with a higher risk of mortality.

**Mental Health (Wales) Measure 2010:**

The Mental Health (Wales) Measure 2010 is a unique piece of legislation designed to improve mental health services in Wales.

**Mental health workforce:**

The people who provide our mental health services across health and social care. They include employees in statutory organisations, contractor professions, independent and third sector providers, as well as volunteers and unpaid carers.

**Mental wellbeing:**

This is the internal positive view that we are coping well with the everyday stresses of life.

**Multi-sectoral collaboration:**

Where different organisations and agencies work together to achieve common goals.

**Neurodiversity and neurodivergent people:**

Neurodiversity refers to the different ways the brain can work and interpret information. It highlights that people naturally think about things differently. We have different interests and motivations, and are naturally better at some things and poorer at others.

Most people are neurotypical, meaning that the brain functions and processes information in the way society expects.

For neurodivergent people, the brain functions, learns and processes information differently.

**No wrong door:**

This means that people can present at any point in the system and be guided to the right support without delay and without having to unnecessarily explain their needs multiple times.

**NYTH/NEST:**

The NYTH/NEST framework is a planning tool for Welsh Government, Regional Partnership Boards, local authorities, health boards, education and the voluntary sector for improving mental health and wellbeing services for babies, children, young people and their families.

**NHS Executive:**

The NHS Wales Executive is a new, national support function, operational from 1 April 2023.

The key purpose is to drive improvements in the quality and safety of care – resulting in better and more equitable outcomes, access and patient experiences, reduced variation, and improvements in population health.

**Perinatal:**

Perinatal mental health covers the period during pregnancy and the first year after having a baby.

**Person-centred approach:**

This means treating people as individuals and as equal partners in their healthcare, being mindful and respectful of their individual needs (including a person's preferred language), providing any reasonable adjustments to meet needs and providing compassionate care.

**Primary Care:**

Primary care is about those services which provide the first point of care (day or night) for more than 90% of people's contact with the NHS in Wales. General practice (GP) is a core element of primary care, as well as pharmacy, dentistry, and optometry.

**Programme for Government:**

The Programme for Government sets out the commitments that Welsh Government will deliver (2021-2026). These commitments aim to tackle the challenges that we face and improve the lives of people across Wales.

**Protected Characteristics:**

It is against the law to discriminate against someone who has protected characteristics. The nine protected characteristics set out in the Equalities Act 2010 are: age, disability, race, religion or belief, sex, marriage and civil partnership, gender reassignment, pregnancy and maternity, and sexual orientation.

**Psychosocial:**

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. They include Motivational Interviewing (MI), Community Reinforcement Approach, Cognitive Behavioural Therapy, Family Therapy, Behavioural Couples Therapy, Structured day programmes, structured 1-1 counselling, structured group work.

## **PTSD and CPTSD:**

Post-traumatic stress disorder (PTSD) is the name given to a mental health condition that some people develop after they have experienced a major traumatic event.

Complex post-traumatic stress disorder (CPTSD) is the name given to another, related mental health condition that can occur after any type of traumatic event, but tends to occur more commonly after chronic, repeated or prolonged traumas where it is nearly impossible to escape from. Such as childhood abuse, childhood emotional neglect, domestic violence, or exposure to sustained civil war, torture or community violence.

## **Public bodies:**

A public body is a formally established organisation that is publicly funded to deliver a public or government service, though not as a ministerial department.

Public bodies in Wales include the Arts Council for Wales, the Auditor General for Wales, the Children's Commissioner for Wales, Estyn, the Future Generations Commissioner for Wales, the Higher education Funding Commissioner for Wales, Natural Resources Wales, Older People's Commissioner for Wales, social Care Wales, the Welsh Language Commissioner, Sport Wales and others.

The proposed definition of public body ("corff cyhoeddus") in the Health Impact Assessment Regulations means those bodies listed in section 110 of the Public Health (Wales) Act 2017.

## **Public Health Wales:**

Public Health Wales is one of the 11 organisations which makes up NHS Wales. They are the national public health agency in Wales.

Public Health Wales work to protect and improve health and well-being and reduce health inequalities for the people of Wales.

## **Quality Management System:**

A Quality Management System is a way for organisations to demonstrate their commitment to quality. For Welsh Ministers, quality is defined as continuously, reliably, and sustainably meeting the needs of the population of Wales. In achieving this, Welsh Ministers and NHS bodies will need to ensure that health services are safe, timely, effective, efficient, equitable and person-centred.

The duty of quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, came into force on 1 April 2023. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales.

## **Quality Statement:**

Quality statements describe what good quality services should look like.



### **Real Time Suspected Suicide Surveillance (RTSSS):**

The RTSSS collects information relating to sudden or unexplained deaths that are suspected to have been by suicide.

This system has been developed due to the delay between an unexpected death, and the death being recorded as a suicide following a coroner's inquest. This makes it difficult to implement an immediate response and support. The RTSSS in Wales will provide information without this delay, enabling services to respond much sooner.

The information from the new system will support services to develop preventative approaches and to ensure support is made available to individuals and communities directly affected. This can include providing bereavement support.

### **Regional Partnership Boards (RPBs):**

Regional Partnership Boards (RPBs) bring together health, local authorities, the third sector, citizens and other partners. Their purpose is to drive integration of health and social care in order to improve the outcomes and well-being of people and improve the efficiency and effectiveness of service delivery. Co-production is a key principle and Regional Partnership Boards are required to work with people to develop and deliver integrated services.

### **Rights Based Approach:**

Welsh Government legislation and policy seeks to promote a rights-based approach to practice with children and adults. This means involving people in decisions about the support and services they receive and the outcomes they want to achieve. It also means planning to meet needs in a person-centred way that promotes wellbeing and the opportunities for individuals to realise their rights.

### **Safeguarding:**

Safeguarding means keeping people safe from abuse, neglect and harm. Abuse is when someone hurts you or treats you badly. Neglect is also a type of abuse. It means not giving someone the care they need.

### **Secondary health care:**

Health care provided by hospitals. Testing, diagnostics and treatment usually overseen by a specialist.

### **Secondary mental health services:**

All services provided to an individual for the treatment of their mental health (except those which are delivered as part of the General Medical Services contract). The General Medical Services contract provides primary medical services.

**Self-harm:**

Self-harm refers to an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act, and is an expression of emotional distress. Self-harm includes suicide attempts as well as acts where little or no suicidal intent is involved (for example, where people harm themselves to reduce internal tension, communicate distress, or obtain relief from an otherwise overwhelming situation).

**Sensory loss:**

People who are d/Deaf, deafened or hard of hearing; or people who are Blind or partially sighted; or people who are Deafblind (those whose combined sight and hearing impairment cause difficulties with communication, access to information and mobility).

**Social determinants:**

The broad social and economic circumstances that together influence health throughout a person's life course.

**Social gradient:**

The social gradient in health is a term used to describe the phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged.

**Social prescribing:**

This is an umbrella term that describes a person-centred approach to linking people to community-based, non-clinical support. It can help empower individuals to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their personal health and well-being.

Despite using the term "prescribing" – the Welsh model of social prescribing moves away from a medicalised approach, instead proposing social prescribing, adopting a "no wrong door" approach where the sources of referral are cross-sectoral and not limited to healthcare / primary care.

**Socio-economic disadvantage:**

Living in less favourable social and economic circumstances than others in the same society.

**Substance misuse:**

Substance misuse is formally defined as the continued use of any psychoactive substance that substantially affects a person's physical and mental health, social situation and responsibilities. The most severe forms of substance misuse are normally treated by specialist drug and alcohol rehabilitation services. Substance misuse covers misuse of a range of psychoactive substances including alcohol, illicit drugs and licit drugs including prescribed medications taken in a way not recommended by a GP or the manufacturer.

**Stigma:**

This is used to describe the negative attitude that can exist in relation to a person's mental health.

**Suicide:**

The intentional act of taking one's own life.

**Suspected suicide:**

When a person is suspected to have taken their own life intentionally, but this has not been confirmed by a medical professional (a Coroner).

**Timely:**

Having access to something at the appropriate time. For example: Part 1 of the Mental Health (Wales) Measure 2010 aims to improve access to mental health services within primary care settings, with the view to improving the outcomes for individuals accessing these services. The Measure also looks to achieve "timely referrals" to secondary mental health services and support for patients discharged from secondary mental health services.

**Theory of Change:**

A Theory of Change provides a theory of how a strategy or intervention is expected to work, by setting out the steps involved in achieving desired outcomes.

**Therapy:**

Psychotherapy, also called talk therapy or usually just "therapy" is a form of treatment aimed at relieving emotional distress and mental health problems. Provided by any of a variety of trained professionals — psychiatrists, psychologists, social workers, or licensed counsellors — it involves examining and gaining insight into life choices and difficulties faced by individuals, couples, or families.

**Third sector:**

The third sector encompasses the full range of non-public, not-for-profit organisations that are non-governmental and "value driven". This means motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.

**Transition (between services):**

Often there will be a movement between services depending on the age and situation of the individual (for example – transition between child and adult mental health services). These services must work together to support people to access the support and treatment they need.

### **Trauma-informed:**

Trauma-informed is about understanding that lots of people have adversity and trauma that affects them in all kinds of ways.

### **Trauma-aware level:**

This is one of the four levels of the Trauma-Informed Wales Framework. This new framework will help make sure:

- everyone knows about adversity and trauma and understands how they affect people
- everyone knows how to step in and stop adversity and trauma happening
- everyone knows how to support someone affected by trauma

Everyone in Wales could benefit from understanding trauma and adversity. However, some may need additional training and support depending on their roles. In the Trauma-Informed Wales Framework, these have been called levels. Everyone across Wales should fit into one or more levels.

The trauma-aware level is aimed at everyone in Wales: Individuals, families, communities, services and organisations.

### **Trauma-skilled level:**

This is one of the four levels of the Trauma-Informed Wales Framework.

The trauma-skilled level is for everyone who provides care or support to people who may have experienced trauma, whether or not the trauma is known about. That includes staff and volunteers who work in health services, education, social services, organisations, community groups, faith-based groups, emergency services and the courts.

### **Trauma-enhanced level:**

This is one of the four levels of the Trauma-Informed Wales Framework.

This level is for workers who give direct or intensive support to people who've experienced traumatic events and help them cope with the effects. That includes staff with specific roles in health services, education, social services, charities, emergency services and the courts.

### **Specialist-intervention level:**

This is one of the four levels of the Trauma-Informed Wales Framework.

This level is for specialist staff and professionals who regularly give special personalised and co-produced interventions in a range of settings to people to help them deal with adversity and trauma. Or for staff who support organisations to become more Trauma-informed.

## **United Nations Convention on the Rights of the Child (UNCRC):**

The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement setting out the rights of children. The rationale for the UNCRC is that children's rights need specific consideration due to the special care and protection often needed by children and young people.

The UNCRC is a list of rights that all children and young people, everywhere in the world have. Children and young people aged 18 and under, have the right to be safe, to play, to have an education, to be healthy and be happy.

## **Under-served:**

Under-served groups can be defined as those less likely to benefit from an intervention because group members have specific needs that the intervention does not address, or who face additional challenges in engaging with the intervention.

## **Unexplained death:**

Deaths for which the cause remains unascertained after a full investigation.

## **Universal offer:**

Where everyone is offered the same service, support or training.

## **Value based:**

Value in health care is realised when we achieve the best possible health care outcomes for our population with the resources that we have, outcomes which should be comparable with the best in the world.

## **Whole life course:**

A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time.

It emphasises addressing people's health needs across life phases, including maternal, newborn, child and adolescent health, and healthy adulthood and ageing.

## **Whole School Approach:**

A whole school approach to emotional and mental wellbeing recognises that every aspect of school life can impact on health and wellbeing. It involves not just what takes place in a classroom but in all of the day-to-day activities of the school, the relationships between people and the environment in which learning and activities take place. A successful whole school approach involves learners, parents and carers, staff and governors working together to improve wellbeing based on a good understanding of the needs of the school.

**Whole System Approach:**

Mental health and wellbeing support is provided in lots of different ways by lots of different services. These services can include health, social care, housing, education, youth and playwork, sports and leisure and the voluntary sector. A “whole system approach” means that all these services work together to provide a joined-up service that is easy to access and easy to navigate.

## Consultation questions

### Question 1

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

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

### Question 1a

What are your reasons for your answer to question 1?

### Question 2

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

### Question 2a

What are your reasons for your answer to question 2?

In the strategy, we have a number of sections which are informed by four key vision statements. These four vision statements represent our overall aims. We would like to know what you think of each of them. You can answer questions about as many of the statements that are of interest to you.

## Vision Statement 1

### Question 3

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

### Question 3a

What are your reasons for your answer to question 3?

### **Question 3b**

We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

### **Question 3c**

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

## **Vision Statement 2**

### **Question 4**

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

### **Question 4a**

What are your reasons for your answer to question 4?

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

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

### **Question 4b**

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

### **Question 4c**

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

### **Question 4d**

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

### **Question 4e**

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



## **Vision Statement 3**

### **Question 5**

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

### **Question 5a**

What are your reasons for your answer to question 5?

### **Question 5b**

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

### **Question 5c**

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

## **Vision Statement 4**

### **Question 6**

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

### **Question 6a**

What are your reasons for your answer to answer to question 6?

### **Question 6b**

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

### **Question 6c**

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

## **Question 7**

We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

- digital and technology
- data capture and measurement of outcomes
- supporting the mental health workforce
- physical infrastructure (including the physical estate of services)
- science, research and innovation
- communications

Do you agree these are the right areas to focus on?

## **Question 7a**

What are your reasons for your answer to question 7?

## **The Strategy Overall**

### **Question 8**

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

### **Question 9**

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

### **Question 9a**

What are your reasons for your answer to question 9?

### **Question 10**

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

### **Question 11**

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

## **Question 12**

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