Draft mental health and wellbeing strategy: equality impact assessment

Describe and explain the impact of the proposal on people with protected characteristics as described in the Equality Act 2010.

How will the proposal promote equality (Please see the general duties)?

The new Mental Health and Wellbeing Strategy for Wales (2024-2034) recognises the specific needs of those with protected characteristics, in terms of mental health and wellbeing. The impacts of intersectionality are also recognised – with stakeholders calling for the strategy to include a focus on poverty, social barriers, language, power imbalance, age, gender, sexuality, ethnicity and race.

The strategy sets out how we want the mental health system to work in Wales – to ensure everyone has access to the right support, at the right time. Furthermore, one of the underpinning principles of the strategy is delivering "equity" – in terms of access to services, experiences and outcomes for the individual, in relation to mental health and wellbeing.

The Mental Health and Wellbeing Strategy is underpinned by four key vision statements.

Vision statement 1

People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.

This sets out how we will give people opportunity to take action to support their own mental wellbeing, at a population level. This section recognises that some people need more help and support than others and addresses this. Ensuring resources and opportunities are accessible and take into account the needs of those with protected characteristics will be critical to delivering this Vision Statement.

Vision statement 2

There is cross government action to protect good mental health and wellbeing.

Within the Mental Health and Wellbeing Strategy, cross Government action to improve mental health and wellbeing is framed within the context of the Marmot Principles, which are focussed on giving every child the best start in life; enabling all children, young people and adults to maximise their capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; and strengthening the role and impact of ill health prevention. The needs of those with protected characteristics (and tackling the inequalities that currently exist) will be relevant across these principles.

Vision statement 3

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

Our overall goal is to ensure there is a joined-up service that is easy to access and easy to navigate.[1] Services should actively support people to find the right help, in the right place, at the right time. In particular, we have said that there should be easy access to inclusive and bi-lingual services across the system (not single-entry points to each sector).

Vision statement 4

There are seamless mental health services – person centred, needs led and guided to the right support first time without delay.

This is about providing access to quality, evidence-based mental health services to everyone who would benefit from them, and for those services to be outcome and recovery-focused with a priority for those with serious mental illness (SMI). Underpinning Vision Statement 4 is the commitment to 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. There is also a specific focus on delivering Equitable Services. As set out under Vision Statement 4 in the strategy: "Our mental health system will provide everyone with an equal opportunity to attain their full potential for a healthy life which does 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 continue to promote the Active Offer."

The Mental Health and Wellbeing Strategy is supported by policies and programmes that are also giving due regard to the needs of those with protected characteristics. Examples of how the strategy will promote equality include the following:

- One of the supporting principles of the Mental Health and Wellbeing Strategy (2024-2034) is **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. The strategy has stated that: 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.

[1] This is sometimes referred to as a "whole system approach".

- When we refer to ethnic minority people in the Mental Health and Wellbeing Strategy we include Gypsy, Roma and Traveller communities, and asylum seekers and refugees.

- In the strategy, we have committed to strengthening 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. **Action VS1.1** states that this will include "a specific focus on identifying and listening to under-served groups traditionally excluded from mainstream services[2] to better understand what impacts their mental health and wellbeing".

- A key priority is mental health services being able to respond to the needs of those with protected characteristics, supported by a sustainable mental health workforce and the Health Education and Improvement Wales and Social Care Wales Strategic Mental Health Workforce Plan**. Action MHS 7** states: 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 minorities, LGBTQ+ community and Welsh speakers.

- **We also make commitments that will support an ongoing focus on impact assessment.** For example – **Action VS2.1** states that we will: 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. **Action VS2.2** states: Following the publication of the regulations to support the Public Health (Wales) Act 2017, [we will] update our impact assessment approach within Welsh Government and provide additional training to officials to support their policy capability.

- Supporting better access to services is also key. **Action MHS 15** states that we will: 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).

- There is recognition that interventions and service delivery need to be designed and delivered with the needs of those with protected characteristics in mind. Vision Statement 4 **Action VS4.1** sets out commitments to develop an integrated quality statement for mental health services. Specifically, we have committed to developing 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**. Action VS4.2** states that: These quality statements will support a person-centred approach and enable equitable access to services for those with protected characteristics (as

[2] Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE

described in the Equality Act 2010) and preferred language. They will also include how services respond to those with co-occurring mental health needs.

- Crisis Care and Sanctuary Provision, and new developments such as 111 Press 2, are being implemented – where the focus is on delivering better access to help and advice, and the most appropriate level of support, for those who need it most. We expect partners to deliver crisis care services that are fair and have equitable access regardless of where people live, their age, ethnicity, disability, preferred language, or their gender. There are commitments included to ensure front line remote assessment, intervention and support services (such as Mental Health111#2 and the CALL helpline) join up with other parts of the mental health and physical health front door services. For example, Action **VS4.12** states that we will: 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.

- Within the strategy: There has been specific consideration of perinatal mental health and the needs of families with young children. Cross Government contributions to protect good mental health and wellbeing are aligned with the Marmot Principles – one of which is giving every child the best start in life.

- The strategy aligns with other key policies and actions plans already in place to support those with protected characteristics. For example, the LGBTQ+ Action Plan, the Anti-racist Wales Action Plan, the new Child Poverty Strategy, More Than Just Words, and the work of the Disability Rights Taskforce.

- The strategy will be supported by the implementation of other key frameworks, such as the NYTH/NEST Framework and the Trauma-Informed Wales Framework.

- We will continue to develop a Mental Health Core Dataset and are developing this using 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 will support our ability to plan services based on the needs and demands of our population.

What are the possible negative impacts on people in protected groups and those living in low-income households and how will you mitigate for these?

The Mental Health and Wellbeing Strategy includes new vision statements and supporting principles for improving the mental health and wellbeing of the people of Wales. We do not anticipate any negative impacts for those with protected characteristics – however this is something we will consider as part of the consultation and our engagement with those with protected characteristics. The needs of specific groups are considered. That said, it is important to acknowledge that the strategy is being developed in a period of considerable financial constraint, which will inevitably impact on what can ultimately be achieved. It is also important to recognise that we have to know about the disadvantages and challenges faced by

some groups for some time. This strategy will support the changes we know need to happen.

What, if any, barriers do people who share protected characteristics face? Can these barriers be reduced, removed, mitigated?

There is a body of evidence in relation to mental health and those with protected characteristics. In developing the Impact Assessments for the Mental Health and Wellbeing Strategy, this has been considered and a summary of key data and research is set out below.[3] We have also drawn on the Impact Assessments developed by other policy areas in Welsh Government, where the focus has been on mental health and wellbeing.

In summary: We know that health inequalities disproportionately affect certain communities and socio-economic deprivation is linked to worse health outcomes. This issue has been considered specifically by the Health and Social Care Senedd Committee and their inquiry into mental health and inequalities in Wales, and where the Connecting the Dots Committee Report sets out a series of recommendations. Inequalities in health outcomes are linked to factors such as having the conditions to sustain income security and social protection, decent living conditions, social and human capital, access to adequate health services and decent employment and working conditions. A 2021 review of evidence on socio-economic disadvantage by Welsh Government highlighted: "Mental health is worse in the most deprived areas of Wales and deprivation is linked to increased stress, mental health problems and suicide. The links between health and deprivation are complex and due to a number of interrelated factors. Those living in more deprived areas may have poorer access to sport and be less able to have healthier diets. This can lead to poorer physical outcomes. Living in more deprived areas can also affect mental wellbeing. Poorer mental wellbeing being is linked to a range of factors, including economic and work-related stress, structural problems around participation and feeling part of a community which can increase loneliness and social isolation."[4]

There are also examples of the intersectionality between health and factors such as race, socio-economic status, gender and age. For example, the 2021 review of evidence on socio-economic disadvantage also highlighted: "Disabled people and those living in rural communities face barriers in access to healthcare, with disabled people also having more unmet care needs due to waiting lists or costs. LGBTQ+ people are more likely to suffer from higher rates of psychological distress and lower levels of satisfaction with health services."[5]

Disability

- A review of evidence in inequalities in access to healthcare services for disabled people in Wales (published in 2015) found evidence of inequality in a number of

[3] A summary of mental health data sources used by the Welsh Government is available here. The document includes background information on key data sources, what data is available, how frequently it is released, and web links for further information.
[4] A review of evidence on socio-economic disadvantage and inequalities of outcome (summary) | GOV.WALES
[5] A review of evidence on socio-economic disadvantage and inequalities of outcome (summary) | GOV.WALES

areas, including life expectancy, health literacy, accessible communications, and mental health services.[6]

- According to the recently published Equality and Human Rights Is Wales Fairer? Report (December 2023): “Disabled adults report poorer mental health outcomes than non-disabled adults, as 34.3per cent per cent of disabled people reported having poor mental health, compared to 15.4per cent per cent of non-disabled people in 2018/19.”[7]

- Similarly, ONS data show that in the year ending June 2021: Disabled people report lower levels of wellbeing than non-disabled people, in relation to four personal wellbeing measures (life satisfaction; feeling that the things done in life are worthwhile; happiness yesterday; and anxiety yesterday).[8]
- There is evidence that the pandemic has had a disproportionate impact on the mental health and wellbeing of disabled people.[9]

- The need for equity of access to mental health services (and the inequalities that currently exist) has been specifically highlighted by the All Wales Deaf Mental Health and Wellbeing Group.[10]

- Analysis of the socio-demographic characteristics associated with death by suicide was undertaken using 2011 Census data[11] for England and Wales[12] and found that disabled men aged 40 to 50 were at the highest risk of suicide, and that regardless of sex, disability elevates suicide risk.

- Disabled people and neurodivergent individuals tend to have lower levels of wellbeing[13] and are at greater risk of experiencing poor mental health.[14] Based on longitudinal data, evidence also suggests that childhood ADHD is associated with an increased risk of recurrent depression in young-adulthood.[15] Furthermore, according to recent research: “Autistic people may be at higher risk of perinatal mental health conditions, given that autism and mental health conditions commonly co-occur and that autistic people face additional stressors such as barriers to appropriate maternity care.”[16] The recent inquiry into mental health

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[6] Review of evidence of inequalities in access to health services in Wales
[7] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)
[8] Outcomes for disabled people in the UK - Office for National Statistics (ons.gov.uk)
[9] Locked out: liberating disabled people’s lives and rights in Wales beyond COVID-19 [HTML] | GOV.WALES
[10] Terry, J., Redfern, P., Bond, J., Fowler-Powe, M., Booth, C. (2021). Deaf People Wales: Hidden Inequality. All Wales Deaf Mental Health & Well-Being Group. June 2021.
[11] This exercise has not yet been possible with 2021 Census data due to delays in death registration data, and these associations may have changed in that 10 year period.
[12] Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021 – Office for National Statistics
[13] Disability, well-being and loneliness, UK - Office for National Statistics (ons.gov.uk)
[14] Nimmo-Smith V, Heuvelman H, Dalman C, Lundberg M, Idring S, Carpenter P, Magnusson C, Rai D. Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study. J Autism Dev Disord. 2020 Jan;50(1):308-318. doi: 10.1007/s10803-019-04234-3. PMID: 31621020; PMCID: PMC6946757.
[15] ADHD and depression: investigating a causal explanation - PMC (nih.gov)
[16] Autistic mothers’ perinatal well-being and parenting styles - Sarah Hampton, Carrie Allison, Ezra Aydin, Simon Baron-Cohen, Rosemary Holt, 2022 (sagepub.com)

inequalities by the Health and Social Care Committee included a specific focus on the factors that contribute to poor mental health amongst neurodivergent people.[17] A summary of stakeholder discussions noted: "Insufficient awareness and understanding of neurodivergence in society and public services creates barriers that can disproportionately affect neurodivergent people, with corresponding trauma and detrimental implications for their mental health and wellbeing. Such barriers include trying to fit in with neurotypical social norms, bullying, discrimination, and ableism, as well as having to fight continually to be heard, respected and to receive the support they need, or that is needed by their child, family member, or person to whom they provide care. People who are neurodivergent may also experience a range of inequalities, including higher levels of unemployment, lower life expectancies, or increased risk of experiencing addiction, early pregnancy, domestic violence or of suicide." [18]

Ethnicity

- Black, Asian and Minority Ethnic people face inequalities in terms of access to services and appropriate care and support, as well as inequalities in terms of their experiences and outcomes. Key factors underpinning the inequalities that currently exist include the impacts of unconscious bias and the lack of culturally competent services.[19] Stigma has also been identified as a significant issue. Cultural stigma around mental health issues can deter young people from seeking help or talking openly about their struggles. They may feel pressure to conform to cultural expectations of strength or resilience, making it challenging to acknowledge and address mental health concerns. For example, a recent evidence review on racial disparities in mental health highlighted: "The stigma associated with mental health impacts on the help seeking behaviour and in turn the use of mental health services by minority ethnic communities. It then perpetuates a vicious cycle that is a detriment to the confidence and ability of the service user to feel comfortable in accessing help."[20]

- The Equality and Human Rights Is Wales Fairer? Report (December 2023) specifically highlighted the detrimental impacts of the COVID-19 pandemic on the mental health of ethnic minority people "who experienced a disproportionate loss of protective factors such as stable, secure employment" there may be differences in the impact of the pandemic between different ethnic minority age groups. For example, the School Health and Research Network Student and Health and Wellbeing Survey "showed a smaller relative decline in mental wellbeing among ethnic minority students compared with White students between 2019 and 2021".[21]

- Experiencing racism and discrimination can have a significant impact on a person's mental health.[22] Evidence suggests that: "Young people in the UK are growing up in a context where racism continues to profoundly – and adversely –

[17] Connecting the dots: tackling mental health inequalities in Wales (senedd.wales)

[18] Mental health inequalities stakeholder discussion - 8 June 2022.pdf (senedd.wales)

[19] Equality and Diversity Awareness Booklet: Black, Asian and Minority Ethnic Communities Mental Health Awareness Session

[20] Race Equality Foundation (2019) Racial disparities in mental health

[21] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)

[22] final_anti-racism-scoping-research-report.pdf (mind.org.uk)

impact their development. Research has demonstrated that that racism affects multiple domains of development – ranging from educational outcomes to mental health."[23]

- According to the Wellbeing of Wales 2023 report, there are "disparities in the prevalence of mental health disorders between children and young people from different ethnic backgrounds". In particular: "White adolescents tend to report worse mental health than young people from other ethnic groups, but rates of attempted suicide at age 17 were similar across ethnic groups." Furthermore: "There are known differences in referral routes to specialist mental health services, with minority ethnic young people more likely to be referred through compulsory pathways (e.g. social care, education, youth justice) rather than voluntary pathways."[24]

- There are also inequalities in relation to detention under the Mental Health Act 1983. In England: in the year to March 2022, black people were almost 5 times as likely as white people to be detained under the Mental Health Act – 342 detentions for every 100,000 people, compared with 72 for every 100,000 people.[25] Research on the reasons for these disparities have suggested "…increased prevalence of schizophrenia in some minority ethnic and migrant populations, insufficient patient awareness of mental health issues, more frequent adverse experiences with mental health services, experience of racism or health-care provider discrimination, and differing use of psychiatric services."[26]

- A 2016 study on perceived barriers to accessing mental health services amongst Black and minority ethnic communities in England identified two themes: "First, personal and environmental factors included inability to recognise and accept mental health problems, positive impact of social networks, reluctance to discuss psychological distress and seek help among men, cultural identity, negative perception of and social stigma against mental health and financial factors. Second, factors affecting the relationship between service user and healthcare provider included the impact of long waiting times for initial assessment, language barriers, poor communication between service users and providers, inadequate recognition or response to mental health needs, imbalance of power and authority between service users and providers, cultural naivety, insensitivity and discrimination towards the needs of BME service users and lack of awareness of different services among service users and providers."[27]

- According to the Equality and Human Rights Commission Report Is Wales Fairer? Published in 2018: "Barriers to accessing health services are a particular issue for Gypsy, Roma and Traveller families, and access to mental health service provision is a key challenge for refugees and asylum seekers. This can

[23] UKTC_ResearchRoundup_Racism.pdf (uktraumacouncil.link)

[24] Wellbeing of Wales, 2023: ethnicity and well-being (gov.wales)

[25] Detentions under the Mental Health Act - GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk) Comparable data for Wales are not currently available but Welsh Government is looking to address this through the collection of data on ethnicity as part of the KP90 data collection form: Mental health data sources: useful information (gov.wales)

[26] Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data - The Lancet Psychiatry

[27] Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England | BMJ Open

further compound people's feelings of loneliness and not belonging."[28] Analysis by the ONS of Gypsies' and Traveller's lived experience, relating to health found that: "Although participants described mental health challenges affecting Gypsies and Travellers, they suggested this topic is not widely spoken about within communities. Difficulties accessing mental healthcare were also mentioned. These partly linked to apprehension about seeking help and feeling misunderstood or treated unsympathetically by healthcare workers because of their ethnicity, and partly linked to difficulties asking for help at all."[29] The study by the ONS also highlighted specific barriers around access to health services more broadly.[30]

- Evidence suggests asylum seekers, refugees and migrants are more likely to experience mental health problems than the general population. The Royal College of Psychiatrists has highlighted: "Contributing factors to poor mental health include experiencing psychological trauma, continuous uncertainty, barriers to accessing support, and discrimination before, during and after migration." In particular: "There are high rates of distress, grief and PTSD in displaced people under 18. Children, women, elderly, disabled and LGBT+ displaced people are at particular risk of developing mental illness. Alcohol and substance use disorders, and intellectual disabilities further increase care needs. Some displaced people will already have received care for a mental illness before they arrive, while others can become unwell after arriving. Most displaced people will not be able to provide medical documents or a treatment history."[31]

- Language barriers can make it difficult for people to communicate their mental health concerns and access appropriate support or resources. A study into Health experiences of Asylum seekers and Refugees in Wales (HEAR) in 2019 revealed concerns around provision of interpretation services in health care.[32] The lack of interpretation services can lead to significant problems with care, such as the wrong diagnosis being made, ineffective treatments being advised, missed appointments, and issues with consent and confidentiality. Further research with asylum seekers and refugees and their experiences of access to interpretation and translation services (HEAR 2) has called for guidance and standards for interpretation in health and care for Wales, simplifying processes to access an interpreter especially for unplanned/urgent care and strengthening ways to feedback on interpretation services from patients and staff.[33]

- The Equality and Human Rights Is Wales Fairer? Report (December 2023) also highlighted research findings on asylum seeker and refugee housing and how

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[28] EHRC Is Wales fairer? report (equalityhumanrights.com)
[29] Gypsies' and Travellers' lived experiences, health, England and Wales - Office for National Statistics (ons.gov.uk)
[30] Gypsies' and Travellers' lived experiences, health, England and Wales - Office for National Statistics (ons.gov.uk)
[31] mental-health-of-asylum-seekers-and-refugees-for-health-and-social-care-professionals-april-2022.pdf (rcpsych.ac.uk)
[32] HEAR Study - World Health Organization Collaborating Centre On Investment for Health and Well-being (phwwhocc.co.uk)
[33] Health Experiences of asylum seekers and refugees: how well are their interpretation needs met? (HEAR 2) | Health Care Research Wales (healthandcareresearchwales.org)

this can create "social isolation, uncertainty and instability, affecting people's mental and physical health".[34]

- Registered suicides in England and Wales saw a significant increase in 2021, equating to 10.7 deaths per 100,000 people (12.7 deaths per 100,000 people in Wales). Whilst this is an increase from the 2020 data, rates remain consistent with those pre-COVID19 (2019 and 2018).[35] Suicide rates were higher in white and mixed/multiple ethnic groups than they were for other ethnicities. The lowest estimated rates were amongst the Arab group.[36] Furthermore: "Gypsy, Roma and Traveller communities are widely recognised to be more likely than the general population to face a variety of social risk factors for poor mental health and high suicide incidence. These include poverty, unemployment or low job security, lower educational attainment, insecure or lack of culturally pertinent accommodation, and extreme stress."[37]

Religion or Belief

- Analysis of health outcomes of people of different religious identifies in England and Wales shows that in 2016 to 2018: "…after adjustment for age, sex, broad ethnic group and region, those identifying as Sikh were significantly less likely to be in probable mental ill-health (11.5per cent per cent) than those who identified as Christian (18.2per cent per cent), with no religion (18.9per cent per cent), or with "any other religion" (32.5per cent)."[38]
- Belonging to a religious group was generally linked to lower rates of suicide, with Muslim affiliation seeing the lowest rates. The exception was those who reported Buddhist or 'other' religion (which included Pagan, Spiritualist, Mixed religion, Jain and Ravidassia).[39]
- The Equality and Human Rights Is Wales Fairer? Report (December 2023) included analysis of National Survey for Wales (NSW) data – which shows "there was a decrease in all religious groups reporting good health, particularly among religious minorities between 2016-2020". Specifically: "In 2016/17, 75.4per cent per cent of religious minorities reported good health, and this fell by 6.7 percentage points to 68.7per cent per cent in 2019/20. For Christians, 71.7per cent per cent reported good health in 2016/17 and this was down to 69.6per cent per cent in 2019/20. Those with No Religion saw a decrease of 3.4 percentage points, from 2016 (76.2per cent per cent) to 2019/20 (72.8per cent)."[40]

Age (including Children and Young People / Older People)

- The number of children and young people experiencing poor mental health is increasing, across the UK. The Networked Data Lab analysis of Welsh Ambulance Service Trust, emergency department and admissions data for Wales shows that in Wales in 2019, girls (11–15 years old) and young women (16–19

[34] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)
[35] Suicides in England and Wales - Office for National Statistics (ons.gov.uk) 2021 Registrations
[36] Religion and health in England and Wales - Office for National Statistics (ons.gov.uk)
[37] Research_summary_experiences_of_suicide_in_Gypsy_Roma_and_Traveller_communities.pdf (gypsy-traveller.org)
[38] Religion and health in England and Wales - Office for National Statistics (ons.gov.uk)
[39] Suicides in England and Wales - Office for National Statistics (ons.gov.uk) 2021 Registrations
[40] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)

years old) were twice as likely to present with crises than boys and young men of the same age.[41]

- Data from the School Health Research Network Health and Wellbeing Survey included in the Equality and Human Rights Is Wales Fairer? Report (December 2023) highlighted: “The pandemic had a negative impact on the mental health of children and young people as a higher proportion of pupils reported very high symptoms of poor mental health in 2021/22 (24per cent) compared to 2019/20 (19per cent). Wales has the highest demand for Community Mental Health Teams for children and young people in the UK.”[42]
- Data for Wales also shows that children and young people who live in the most deprived areas have increased rates of crisis events.[43]
- Self-harm rates have been gradually rising in girls aged 10-14. However, in 2021/22 the number of hospital admissions due to self-harm for girls aged 10-14 reached a record high of 800, which was 300 more than any other years.[44]
- Local authorities in Wales are required to make reasonable provision of independent counselling services for children and young people aged between 11 and 18 on the site of each secondary school that it maintains and for pupils in Year 6 of primary school. Data shows that in 2021/22, 12,522 children or young people received counselling services. Over half of referrals came from school-based and other education staff (56 per cent). Two-thirds of all children and young people who received counselling in 2021/22 were female, while 20 per cent of all children and young people who received counselling were in Year 10. The most common type of issue for children and young people who received counselling were anxiety and family issues. The data also shows that “87per cent of children and young people did not require onward referral after completion of counselling sessions”.[45]
- Children Receiving Care and Support records the number of children over the age of 10 who are experiencing emotional or behavioural development difficulties. Of the 8,490 children over the age of 10 in Wales who were receiving care and support in 2020, 14.2 per cent (1,185) had mental health problems.[46]
- According to the Equality and Human Rights Is Wales Fairer? Report (December 2023): “An NHS Benchmarking Network (NHSBN) data analysis found referrals to child and adolescent mental health services (CAMHS) grew by 39 per cent between 2020/21 and 2021/22 and Wales has the highest referral rate (per 100,000) in the UK (NHSBN, 2023).”[47]
- At the end of November 2023, data for Wales show that 338 patients were waiting for a first appointment for Specialist Child and Adolescent Mental Health

[41] Improving children and young people’s mental health services - The Health Foundation
[42] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)
[43] Improving children and young people’s mental health services - The Health Foundation
[44] Patient Episode Database for Wales
[45] Counselling for children and young people: September 2021 to August 2022 | GOV.WALES
[46] Measuring national well-being: A report on the national outcomes framework for people who need care and support and for carers who need support, 2020-2021 (gov.wales)
[47] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)

Services (sCAMHS). This is an NHS Delivery Framework Target. Of those, 301 (89.1 per cent) patient pathways were waiting less than 4 weeks.[48]

- There are particular challenges for children and young people as they move from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS).[49] Difficulties associated with the transition from CAMHS to AMHS include differences between the culture and structure of children and adult services, the timing of transition, and the fear and anxiety of the transition from CAMHS to AMHS.[50] There have been specific calls for young people to have information about what happens next when it comes to transitioning from children to adult services. In particular: "There needs to be a handover and transition guidance developed that is especially for mental health services and this needs to be implemented, including that young people need to be involved in their own care and treatment plan."[51]
- According to the Royal College of Psychiatrists: "Older people are no less prone to mental health problems than younger adults, although such difficulties often manifest differently in older age…Depression is the most common mental health problem in this age group. It is estimated that it affects 22 per cent of men and 28 per cent of women aged 65 or over and 40 per cent of older people in care homes."[52]
- The Older People's Commissioner for Wales has also highlighted: "Life events that lead to serious mental health issues have been felt by older people in particular: bereavement, illness, stress from caring, and trauma. The rising cost of living and spiralling fuel costs are adding to longstanding financial pressures felt by older people, causing anxiety and leading to difficult and dangerous decisions about heating or eating. The direct harms experienced by an individual have knock-on effects on the mental health of their families and other people close to them, many of whom are older people themselves."[53]
- According to the Equality and Human Rights Is Wales Fairer? Report (December 2023): "NSW [National Survey for Wales] data shows that people over 65 in Wales reported lower levels of poor mental wellbeing than younger age groups in 2018/19. The NSW results show that 14.3 per cent of 65–74 year-olds and 15.7 per cent of over-75s had poor mental wellbeing compared with 24.6 per cent of adults aged 45–54." The Is Wales Fairer Report also highlighted a study benchmarking the health of older people in Wales against the rest of the UK – which found that "over-60s in Wales had the poorest health outcomes for psychological wellbeing".[54]

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[48] Specialist Children and Adolescent Mental Health Service first appointment waiting times: November 2023 | GOV.WALES
[49] Sort the Switch (May 2022) The Experiences of young people moving from Specialist Child and Adolescent Mental Health Services to Adult Mental Health Services in Wales
[50] Review of Evidence on all-age Mental Health Services: summary (gov.wales)
[51] TGP Cymru (May 2022) Child to Adult Mental Health Transition Research The Young People's Voice
[52] Royal College of Psychiatrists (November 2018) Suffering in Silence: Age inequality in older people's mental health care College Report CR211
[53] Older People Commissioner (February 2022) Response to the Senedd Inquiry – Mental Health Inequalities
[54] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)

Sexual Orientation / LGBTQ+

- Research indicates that LGBTQ+ youth are at risk of experiencing poor mental health. For example, the Mental Health of Children and Young People in England Survey highlights the association between Lesbian, Gay and Bisexual (LGB) young people and mental health (NHS Digital, 2017). The survey finds that 34.9per cent of LGBQ+ young people had a mental disorder, compared to 13.2per cent of heterosexual young people.[55]

- Data from the Millennium Cohort Study revealed that at age 14 years, poor mental health including depressive symptoms and self-harm were all more prominent amongst LGB people than their non-LGB counterparts.[56] Moreover, LGB 14-year-olds appear to have lower self-esteem as well as being three times as likely to report being unsatisfied with life.

- Data from the Social Health Research Network Student Health and Wellbeing Survey show that the percentage of trans and non-binary youth who report higher life satisfaction scores is lower – compared to their cis-gender peers.[57] This was also highlighted recently in the Equality and Human Rights Is Wales Fairer? Report (December 2023): "Young people who identify as neither a girl nor a boy were shown in the 2019/20 SHRN [School Health Research Network] Student Health and Wellbeing Survey to have poorer mental health than pupils identifying as a boy or a girl before COVID-19…54 per cent of young people who identified as neither a girl nor a boy had mental health symptoms in the very high range compared with 19 per cent of young people overall. This increased to 65 per cent of young people who identified neither as a boy nor girl in 2021/22 compared to 24 per cent across all young people".[58]

- According to the Equality and Human Rights Is Wales Fairer? Report (December 2023): "Lesbian, gay and bisexual groups experience poorer physical and mental health than heterosexual adults. The gap in physical health outcomes has improved over time, but the gap in mental health outcomes was unchanged before the COVID-19 pandemic. In 2018/19 [based on National Survey for Wales data], 31.8 per cent of lesbian, gay and bisexual respondents reported poor mental health, compared to 20.9 per cent of heterosexual adults."[59]

Pregnancy and Maternity

- According to the 2021 Maternity and Birth Statistics: 29 per cent of pregnant women reported a mental health condition at their initial assessment. This is ten percentage points higher than in 2016. Younger pregnant women (aged 24 or younger) reported a higher percentage of mental health conditions (than other age groups), while those aged 30 to 34 reported the lowest percentage of mental health conditions of all age groups. In 2021, "the percentage increased to the highest on record for all age groups other than those aged 45 or over" and there

[55] Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital
[56] CLS | LGB teens at greater risk of poor mental health, new study finds (ucl.ac.uk)
[57] Data Analysis Requests - School Health Research Network (shrn.org.uk)
[58] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)
[59] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)

were “particularly large annual increases for those aged under 24 and between 40 and 44”.[60]

- According to the latest Wellbeing of Wales Report (published September 2023) data from 2022 show “mixed results for healthy lifestyle behaviours of pregnant women at initial assessment, with a lower percentage of women self-reporting as smokers, but a higher percentage recorded as obese or as having a mental health condition than in the previous year”. Furthermore: “Three out of ten (30 per cent) pregnant women reported a mental health condition at their initial assessment. This also continued a longer-term upward trend, with the latest data one percentage point higher than in the previous year, and eleven percentage points higher than in 2016 (the first year of comparable data).”[61]
- According to the latest Wellbeing of Wales: Ethnicity and Wellbeing Report (published September 2023) data show: “The percentage of pregnant women who reported a mental health condition was highest in women from a Mixed or multiple ethnic group (39 per cent) which includes those from a White and Asian, White and Black African, White and Black Caribbean and any other mixed or multiple ethnic group, followed by women from a White ethnic group (33 per cent). These two ethnic groups have seen similar increases since data was first collected in 2016, and both ethnic groups have been consistently higher than other ethnic groups. Pregnant women from both Asian and Black ethnic groups reported the lowest percentage with a mental health condition (10per cent). This percentage has been a broadly stable trend since 2016 for both ethnic groups. The percentage of pregnant women who reported a mental health condition from a Mixed or multiple ethnic group was nearly four times higher than women from Black and Asian ethnic groups in 2022.” [62] It is important to recognise, however, that lower reporting does not necessarily mean lower incidence.

Gender

- The Equality and Human Rights Is Wales Fairer? Report (December 2023) highlights that: “Analysis shows women and girls generally face more disadvantages than men and boys. They are particularly disadvantaged in areas such as mental health and access to healthcare.” In particular: “Women continue to report poorer mental health than men. Prior to COVID-19, the gender gap in mental health had narrowed, but it may now have widened again.”[63]
- In addition: “National Survey for Wales (NSW) data for 2018/19 shows some regional differences between men and women reporting poor mental health. For both, the highest proportions of poor mental health are in the South East and South West. The most notable disparity is in the North East, where 16.3 per cent of men report poor mental health compared with 23.9 per cent of women. However, these differences are not significant once age, material deprivation and the Welsh Index of Multiple Deprivation (WIMD) are taken into account.”[64]

[60] Maternity and birth statistics: 2021 | GOV.WALES
[61] Wellbeing of Wales, 2023 | GOV.WALES
[62] Wellbeing of Wales, 2023: ethnicity and well-being (gov.wales)
[63] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)
[64] Equality and Human Rights Monitor: Is Wales Fairer? (equalityhumanrights.com)

- According to the 2022 Wellbeing of Wales Report: “In 2021-22, mental wellbeing (as measured by the Warwick Edinburgh Mental Well-Being Scale for adults) was slightly higher for men than women, with males having a mean score of 49.2 and females having a mean score of 48.7. Suicide rates, however, remain more than three times higher for men than women. Whilst over the long-term suicide rates have fluctuated from year to year but have generally been falling, this decline is far more pronounced in women than men.”[65]

- Data on wellbeing from the School Health Research Network’s Student Health and Wellbeing survey (published in 2022) has highlighted that boys had a higher mean wellbeing score than girls, and young people who identified as neither a boy nor a girl. [66]

- It is suspected that the lower rate in suicide seen in 2020 in Wales is a result of both a decrease in male suicide during the early months of the pandemic, and delayed reporting and registration of death also due to the pandemic. Men are three times more likely to die by suicide than women, with middle-aged men (40 – 49) having the highest rates of suicide of any group (based on age and sex) since 2008. In Wales, in 2020 and 2021 men aged 45 to 49 years had the highest age-specific suicide rate. In the four years prior to 2021 men aged 40-44 had the highest suicide rate. Overall, since 2016, men between the ages of 40 and 54 had the highest rate of suicide.[67]

- There has been a decrease in the number of hospital admissions for self-harm [including self-harm and self-poisoning] in each year since 2018/19 in Wales. In 2018/19 there were 6,000 hospital admissions for self-harm. This dropped by a-third to 4,000 admissions in 2021/22. In 2017/18 60 per cent of people admitted to hospital for self-harm were female. The proportion of females admitted for self-harm has continued to increase with the latest statistics, 2021/22, showing 70 per cent of those admitted to hospital for self-harm as female, an increase of 10 percentage points over four years.[68]

Marriage and Civil Partnership

- Recent analysis of the Survey of Health, Ageing and Retirement in Europe (SHARE) database suggests that “being married or living with a partner can have a positive effect on life satisfaction and is associated with higher wellbeing, better mental health and fewer depressive symptoms in old age”.[69]

- According to the most recent data: in 2021, rates of suicide were lower in those who reported being in a partnership (married or civil partnership) than those who reported themselves as single, separated or widowed.[70]

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[65] Wellbeing of Wales, 2022: a more equal Wales [HTML] | GOV.WALES
[66] Data on mental wellbeing for 11-16 year olds are measured by the Short Warwick-Edinburgh Mental Wellbeing Scale. See SHRN-MHW-Briefing-Report-2022-FINAL-01.08.22-en.pdf
[67] Suicides in England and Wales - Office for National Statistics (ons.gov.uk) 2021 Registrations
[68] Patient Episode Database for Wales
[69] Becker, C., Kirchmaier, I. and Trautmann, S. T. (July 2019) Marriage, Parenthood and social network: Subjective wellbeing and mental health in old age PLOS ONE
[70] Suicides in England and Wales - Office for National Statistics (ons.gov.uk) 2021 Registrations

Socio-economic duty / living in poverty

- There is evidence to show a relationship between living in poverty and poor mental health and wellbeing: "Children from the poorest 20 per cent of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20 per cent."[71]
- A report focussing on the impacts of Brexit on health and wellbeing in Wales has shown that: "Unemployment, even if short-term, increases the risk of ill-health and suicide; precarious employment is associated with a higher risk of mortality and worse mental wellbeing."[72]
- A report on Mental Health and Unemployment by the Health Foundation has highlighted: "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."[73]
- A report on the impacts of the cost of living crisis has highlighted that: "Children are one of the population groups whose health and wellbeing are most affected by the cost of living crisis, both directly and indirectly. Direct impacts of the cost of living crisis on children's health include a higher risk of asthma and other health conditions as a result of living in a cold home, and a greater risk of obesity as a result of missing out on nutritious food. Indirect impacts include being at higher risk of exposure to adverse childhood experiences (ACEs), such as abuse, increased risk of chronic illnesses in adulthood and poorer employment prospects due to lower educational attainment."[74]
- A rapid evidence review focussing on the cost of living crisis and mental health shows us that: "Since 2021 the UK has experienced a sharp rise in inflation. For many, wages and welfare payments have not kept up with rising costs, leading to a cost of living crisis. There is evidence indicating that economic crises are damaging to population mental health and that some groups are particularly vulnerable."[75] According to the review: "The most vulnerable groups were identified as those who were living on lower incomes, in financial or housing insecurity or living in more deprived areas prior to the crisis. People who were unemployed or whose employment was precarious were at high risk of worsening mental health problems." [76]

[71] Poverty and mental health: it's a two-way street (senedd.wales)
[72] Brexit and Poverty in Wales: A Public Health Lens
[73] Health Foundation (2021) Unemployment and mental health Why both require action for our Covid 19 recovery
[74] Public Health Wales (September 2023) Children and the cost of living crisis in Wales: how children's health and wellbeing are impacted and areas for action
[75] Health and Care Research Wales Evidence Centre Report (2023) Measuring Mental Health in a Cost of Living Crisis: a rapid review
[76] Health and Care Research Wales Evidence Centre Report (2023) Measuring Mental Health in a Cost of Living Crisis: a rapid review

- Analysis of the socio-demographic characteristics associated with death by suicide was undertaken using 2011 Census data[77] for England and Wales,[78] and found that disabled men aged 40 to 50 were at the highest risk of suicide, and that regardless of sex, disability elevates suicide risk. Estimated rates of suicide are also high amongst those who are long term unemployed or have never worked, with the lowest rates amongst those in Class 1.1 occupations (higher managerial, administrative and professional occupations). In Wales, between 2011 and 2015, the occupational group most at risk were skilled trades.[79]

Other under-served groups

- **People in prison:** The Health, Social Care and Sport Committee Report on Health and Social Care in Prison Estate in Wales identified that the health and social care needs of the prison population are generally greater than those of the wider community. In particular: "…needs arising from "social deprivation, mental health, substance addiction, age and disability" are exacerbated by confinement in an intrinsically unhealthy environment."[80] According to 2017 NICE Guidance: "Mental health problems are very common among people in contact with the criminal justice system, with the amount of people affected ranging from 39per cent in police custody up to 90per cent in prison. There is also evidence that certain mental disorders, like personality disorders and psychotic disorders, are more prevalent in the prison population than the general population. It has also been reported that certain groups like females, black and minority ethnic groups, people older than 50 years and people with comorbid disorders are over-represented in prisoners with mental health disorders."

- **People in contact with the criminal justice system:** A recent review of deaths whilst under community supervision of probation services in Wales (between 1 April 2018 and 31 March 2021) found that the annual number of people dying whilst under probation services in Wales has increased by 194 per cent between 2018/19 and 2020/21.[81] Accidental drug related deaths were the leading cause of death (88 deaths out of 266) during the period of study. Drugs or alcohol were considered a primary cause of death for just under half of all deaths (115 deaths) with opiates being the most commonly named substance (63) deaths. Seventy deaths involved poly-drug use.[82] Women in contact with the criminal justice system typically have more complex needs than men. A higher proportion have been in care; have a learning disability; have experienced child or adult emotional, sexual or physical abuse; have mental health problems; and offend in response to substance misuse related needs.[83]

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[77] This exercise has not yet been possible with 2021 Census data due to delays in death registration data, and these associations may have changed in that 10 year period.
[78] Sociodemographic inequalities in suicides in England and Wales: 2011 to 2021 – Office for National Statistical
[79] Suicide by occupation: Wales - Office for National Statistics (ons.gov.uk)
[80] Health and social care provision in the adult prison estate in Wales (senedd.wales)
[81] Public Health Wales (September 2023) Review of deaths whilst under community supervision of probation services in Wales (between 1 April 2018 and 31 March 2021)
[82] Public Health Wales (September 2023) Review of deaths whilst under community supervision of probation services in Wales (between 1 April 2018 and 31 March 2021)
[83] Report by Wrexham Glyndwr University and Llamau (2023) Understanding the accommodation landscape for women with complex needs who are in, or at risk of entering, the Criminal Justice System in Wales.

- **People impacted by violence, domestic abuse, sexual violence and assault:** Recent research "suggests an association between sexual violence and a range of mental-health problems – including post-traumatic stress disorder, depression, psychosis and substance abuse problems".[84] In relation to violence against women and mental health: "The most common forms of violence against women are domestic abuse and sexual violence, and victimisation is associated with an increased risk of mental disorder. Despite clinical guidance on the role of mental health professionals in identifying violence against women and responding appropriately, poor identification persists and can lead to non-engagement with services and poor response to treatment."[85] Furthermore, recent analysis of Crime Survey data for England and Wales by the Office for National Statistics (ONS) shows that "mental or emotional problems" were the most common effect of rape or assault by penetration and that: "Violence against women and girls can lead to significant and long-lasting impacts such as mental health issues, suicide attempts and homelessness."[86] In terms of domestic abuse, according to the Mental Health Foundation: "Research suggests that women experiencing domestic abuse are more likely to experience mental health problems" and that women with mental health problems are "more likely to be domestically abused".[87]
- **People who are care experienced:** A recent overview of evidence relating care experienced children and young people suggests that care experienced children and young people have much higher rates of poor mental health than the general population, including a significant proportion who have more than one mental health condition.[88] Health and Care Research Wales are bringing together existing research that has tested programmes aiming to improve the mental health and well-being of care-experienced children and young people. The background to the systematic review highlights: "Care-experienced children and young people are individuals who have been placed in care at some point during their life. They are more likely to have poor mental health. This may affect their future, as it increases the risk of poor physical health, being involved in crime and being unemployed. Poor mental health may be the result of a young person's time in care, but may also be because of the reasons why they have had to come into care."[89]
- **People living in rural areas:** People living in rural areas may face additional barriers – when it comes to accessing mental health and wellbeing support and services, due to their geographical location. Although focussed specifically on England, the Environment, Food and Rural Affairs Committee Report on Rural Mental Health recently concluded: "While access to nature and the countryside is consistently identified as beneficial for people's mental health in general and often prescribed through 'green social prescribing', our evidence is clear that the isolation inherent in rural living represents a significant challenge to the mental

[84] Sexual violence and mental health | Epidemiology and Psychiatric Sciences | Cambridge Core
[85] Violence against women and mental health - The Lancet Psychiatry
[86] The lasting impact of violence against women and girls - Office for National Statistics (ons.gov.uk)
[87] Domestic violence: statistics | Mental Health Foundation
[88] Care experienced children and young people's mental health | Iriss
[89] Research in Wales making a difference to the mental health of Welsh children and young people | Health Care Research Wales (healthandcareresearchwales.org)

health of adults, children, and young people living in rural areas."[90] According to a report by the Centre for Mental Health (2020): "Available evidence suggests that children and young people living in remote areas across the UK share a number of similar experiences. Children experience poor transport infrastructure, fewer local choices, alienation and isolation (especially for those with specific identities or characteristics), poor digital connectivity, and a lack of opportunities to socialise with peers outside of school. Children living in remote areas face significant barriers to accessing support. These are disproportionately experienced by children living in poverty, children who have complex needs and children who face other risks of exclusion, alienation and marginalisation – for example young carers, disabled children, children from Gypsy, Roma and Traveller communities, and children whose gender or sexual identity is different than most of their peers."[91] There is also recognition of the mental health needs of specific occupational groups (e.g. farmers and those working in agriculture). Factors such as "loneliness, financial insecurity and inadequate digital infrastructure" [92] have been highlighted along with: "…the importance of preventing the causes of stress and anxiety amongst farming families including; viability and financial pressures, difficulties in succession planning, lack of digital infrastructure and a farming culture which can be supportive but also, at times, a barrier to seeking advice and support from others."[93]

- **Veterans:** Research suggests that: "Whilst the majority of service personnel leave the military voluntarily and without any medical difficulties, a minority require mental health treatment once no longer in uniform. In comparison to the civilian population, veterans display elevated rates of common mental health disorders, post-traumatic stress disorder (PTSD) and alcohol misuse".[94] A recent study that compared mental health disorders an alcohol misuse found that: "UK veterans who served at the time of recent military operations were more likely to report a significantly higher prevalence of common mental disorders (CMD) (23 per cent v. 16 per cent), post-traumatic stress disorder (PTSD) (8 per cent v. 5 per cent) and alcohol misuse (11 per cent v. 6 per cent) than non-veterans."

- **People with substance misuse needs:** According to Public Health Wales, the 2021-22 Annual Statistical Report on alcohol and drug use from health, social care, education and criminal justice services datasets in Wales shows "a complex picture of substance misuse in Wales, resulting in increased hospital admissions for alcohol-specific conditions and increased mortality from both problematic alcohol consumption and illicit drug use".[95] The Welsh Government's Service Framework for the Treatment of People with a Co-occurring Substance Misuse and Mental Health Problem recognises the impacts of co-occurrence on individuals and their families. In particular: "In the most extreme circumstances

[90] UK Parliament (May 2023) Environment, Food and Rural Affairs Committee Report Rural Mental Health

[91] Centre for Mental Health (2020) The Space Between Us Children's Mental Health and Wellbeing in isolated Areas

[92] Mental wellbeing in our farming communities - breaking down the stigma - Institute of Welsh Affairs (iwa.wales)

[93] Supporting farming communities at times of uncertainty

[94] Exploring help-seeking patterns of UK veterans with mental health difficulties: Referrals to Combat Stress 2012–2022 - ScienceDirect

[95] Data mining Wales: The annual profile for substance misuse 2021-22

the co-occurrence of these problems may lead to increased mortality by suicide, accidental fatal overdose, sepsis or liver disease and, in a very small number of cases, can become a factor in a person committing serious crimes. It can also lead to safeguarding issues, and can be a significant cause of homelessness and roofless-ness."[96] According to NICE Guidance (on co-existing severe mental illness (psychosis) and substance misuse: "Approximately 40% of people with psychosis misuse substances at some point in their lifetime, at least double the rate seen in the general population. In addition, people with coexisting substance misuse have a higher risk of relapse and hospitalisation, and have higher levels of unmet needs compared with other patients with psychosis who do not misuse substances."[97] Furthermore: "Substance misuse among individuals with psychiatric disorders is associated with significantly poorer outcomes than for individuals with a single disorder. These outcomes include worsening psychiatric symptoms, poorer physical health, increased use of institutional services, poor medication adherence, homelessness, increased risk of HIV infection, greater dropout from services and higher overall treatment costs. Social outcomes are also significantly worse, including greater homelessness and rooflessness, a higher impact on families and carers, and increased contact with the criminal justice system."[98]

- **People experiencing homelessness:** The Welsh Government's White Paper highlighted that: "Poor health is one of the causes and consequences of homelessness and the physical and mental health impacts of this experience are extremely serious and life limiting, with the average age of death amongst people experiencing all types of homelessness being 45 for a man and 43 for a woman in England and Wales (around 30 years lower than the general population)."[99] In particular: Certain groups are more at risk of homelessness. For example, 2021 Census data showed that 2 out of 5 people who are homeless were disabled.[100] Analysis of the health of individuals who have lived experience of homeless in Wales during the COVID-19 pandemic (using linked patient-level routine health and care datasets) by Public Health Wales found that "…the three most common long-term health conditions identified amongst individuals with lived experience of homelessness were alcohol dependency (17%), depression (15%) and drug dependency (11%). In comparison, within the general population the three most common conditions were hypertension (5%), chronic pulmonary disease (3%) and cardiac arrhythmias (2%)."[101] There is specific recognition amongst stakeholders that "good quality, affordable and safe housing is vital to good mental health" and that "poor housing – with damp and mould problems, antisocial neighbours, uncertain tenancies or overcrowded conditions, for

[96] service-framework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf (gov.wales)
[97] Introduction | Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings | Guidance | NICE
[98] Introduction | Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings | Guidance | NICE
[99] Welsh Government Consultation on the White Paper on Ending Homelessness in Wales
[100] People experiencing homelessness, England and Wales - Office for National Statistics (ons.gov.uk)
[101] Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic

example – can worsen our mental health problems".[102] A 2023 review of the impact of homeless on mental health "highlighted the prevalence of mental health disorders among homeless individuals, ranging from depression, suicide, alcoholism, substance abuse, and Schizophrenia" and "the complex relationship between homeless status and psychological well-being".[103] A 2019 review of Housing Insecurity and Mental Health in Wales included a focus on financial insecurity (housing affordability and insecurity is frequently cited as an issue by people experiencing mental ill health); spatial insecurity (evictions and foreclosures have been shown to have an adverse effect on mental health; and relational insecurity (poor mental health can place stresses on relationships, but it can also be an outcome of challenging relationships).[104] Furthermore: "People who are experiencing homelessness often have multiple disadvantages and challenges accessing mental health, substance misuse and physical health services."[105] An investigative report published in 2023 by the Wallich into access to mental health crisis support services for people experiencing homelessness called for greater alignment between mental health and homelessness services. There were also calls for the Trauma-Informed Wales Framework to be embedded across all public services, thereby "allowing a more holistic and compassionate approach to people whose poor mental health or substance use is a response to their experience of trauma".[106]

Engagement with stakeholders

With the view to informing the development of the vision statements for the Mental Health and Wellbeing Strategy and its supporting principles, Welsh Government carried out pre-consultation engagement with stakeholders in Wales, including an online survey, completed by over 250 individuals and organisations. This pre-consultation engagement also identified potential barriers for those with protected characteristics – particularly in terms of access to services / tackling stigma – and also highlighted how these should be reduced, removed, and mitigated.

There has also been engagement with children and young people, through forums such as the Youth National Stakeholder Group and the Youth Parliament, and with people with lived experience through the Mental Health Service User Forum. A summary of the key issues raised in pre-consultation engagement workshops with Children and Young People has been included in the Children's Rights Impact Assessment.

Key issues raised during the pre-consultation engagement on the proposed vision statements and supporting principles for the draft Mental Health and Wellbeing Strategy relevant to the Equalities Impact Assessment include:

[102] Housing and mental health | Mental Health Foundation
[103] A Review of the Impact of Homelessness on Mental Health (researchgate.net)
[104] 190327-Housing-insecurity-and-mental-health-in-Wales_final.pdf (housingevidence.ac.uk)
[105] NICE Guidelines on Integrated Health and Social Care for People Experiencing Homelessness | News and Events | Greater Manchester Mental Health NHS FT (gmmh.nhs.uk)
[106] MentalHealthOnHold_report_eng-1.pdf (thewallich.com)

- You were supportive of our plans to focus on equity and addressing the wider determinants, but 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, ethnicity, race.
- Strong support for a focus on equity of access – and also equality of outcomes. It was noted that equity of access is not the only reason for poorer mental health outcomes among people from inequalities groups. Other issues include stigma, prejudice and discrimination, and a higher risk of socioeconomic disadvantage amongst some groups.
- Strong recognition that societal factors impact on people's mental health – including the consequences of inequality, deprivation or poverty increasing the likelihood of some people suffering and being diagnosed with mental illness.
- Having access to resources and opportunities in local communities, having the knowledge and support to heal from difficult and challenging experiences, and ensuring that the impact of poverty and discrimination is minimised – are all critical.
- A focus on co-production and engagement with those with lived experience is essential – particularly since including service users in every single facet of the design and delivery of services is also central to engagement, acceptance, removal of stigma and also quality of design.
- Calls for using non-traditional approaches when it comes to engaging certain groups, with out reach services and support specifically mentioned.
- Responses highlighted the impacts of trauma and the impacts of racism on a person's mental health.
- The strategy should make a specific commitment to an anti-racist, culturally appropriate, gender-sensitive and LGBTQ+ sensitive mental health system. Our workforce need to have the skills, knowledge and attitudes to deliver anti-racist, trauma-informed, culturally-sensitive, LGBTQ+ sensitive, gender-sensitive, and fully accessible services.
- Data on outcomes for those with protected characteristics seen as critical.
- Access to interpretation and translation seen as critical to supporting better access to services.
- Important to recognise the intersectional nature of mental health and wellbeing. Individuals may have multiple identities and face overlapping forms of discrimination or disadvantage, such as being autistic and belonging to an ethnic minority or LGBTQ+ community. For example: Young people from Black, Asian and Minority Ethnic communities may experience multiple layers of discrimination and disadvantage based on their race, ethnicity, gender, sexual orientation, or other factors, which can compound mental health challenges.

- There was support for taking a human rights-based approach. There were calls for a vision statement that reflects the Welsh Government's obligation to fulfil people's human right to the highest attainable standard of mental health.
- Financial security underpins good mental health. This means that good quality work and secure housing are essential. Living in poverty impacts on people's ability to manage their own mental health, and that financial insecurity and poverty puts people's mental health 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. There were calls for Welsh Government to set out practical ways to prevent people with mental health problems falling into poverty, and ways to combat the poverty people already face, in light of mental ill-health.
- Responses highlighted the need to have the time and ability to pursue activities that promote and support wellbeing. This means that these activities need to be accessible, affordable and people need to 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 carers, fairer wages (to help address reduce in work poverty), mental health and wellbeing support in schools for children and young people, and safe and sufficient housing for all.
- Access to community based support networks is considered really important to mental health and wellbeing. Responses highlighted the importance of experiencing understanding and acceptance from the community, and being able to access support in ways that foster dignity and respect.

In terms of further engagement and consultation: We will be developing a resource pack that we will be sharing with stakeholders to support their engagement with partners and those with lived experience and protected characteristics. For example, we will be able to share the resource pack with social workers for them to engage with care experienced children, and with Gypsy, Roma and Traveller liaison leads for Gypsy Roma and Traveller sites or communities. (Specific work will also be carried out with children and young people – see the Children's Rights Impact Assessment for further detail.) We will be publishing the draft Equalities Impact Assessment, the Children's Rights Impact Assessment and the Welsh Language Impact Assessment – as part of both consultations, and will be asking a specific consultation question to gather stakeholder views on our assessment of impacts and other evidence that we should consider.

How have you/will you use the information you have obtained from research to identify impacts?

Our analysis of impacts has informed the development of the Mental Health and Wellbeing Strategy. There are specific commitments in the strategy that will ensure the needs of those with protected characteristics are taken into account as we move into implementation (see table 1 below).

There are also a number of ongoing research projects which will continue to inform the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Reduction Strategy. This includes the work of Administrative Data and Research (ADR) Wales

and their use of the SAIL Databank to analyse the impact of antidepressant prescribing guidance; mental health and self-harming behaviours in University students in Wales; mental health and self-harm in prisoners in Wales; the risk of suicide following school absenteeism and exclusion; mental health and self-harming behaviours in pupils Educated in Other Than at School (EOTAS) in Wales; and the mental health of socio-economic, ethnic minority and under-served groups. Welsh Government has also commissioned the Health and Care Research Wales Evidence Centre to carry out a review of what works to support better access to mental health services for minority groups to reduce inequalities.

How will you know if your piece of work is a success?

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.

There will be ongoing monitoring of key workstreams through the Mental Health Joint Ministerial Assurance Board.

Have you developed an outcomes framework to measure impact?

This is being developed. The new strategy includes intended outcomes in relation to each of the vision statements. Cross Government contributions to delivering the strategy are aligned with the Marmot Principles (which are outcomes focussed). Throughout the strategy we are also identifying a number of measurable indicators that 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.

Record of Impacts by protected characteristic

Lack of evidence is not a reason for not assessing equality impacts. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps. See Table 1.

Table 1: Impacts by Protected Characteristics

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
Age (think about different age groups)	This is an all age Mental Health and wellbeing Strategy – that recognises the needs of particular	See evidence summary on age.	The strategy sets out the Welsh Government's vision for mental health

	age groups, including babies, children, young people, adults, and older people.		services. This includes Children and Adolescent Mental Health Services (CAMHS), and Adult Mental Health Services. The strategy includes a focus on transition between CAMHS and AMHS. Vision Statement 1 (and its focus on prevention) is **People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing**. Vision Statement 1 is about ensuring information about how to protect and improve mental wellbeing and reduce the risk of developing a mental health condition, is available for all. It is about helping people to take action to support their own mental wellbeing. It is also about ensuring the wellbeing of the wider community. It recognises everyone is different and our needs change throughout our lifetime. Our needs will differ depending on the setting or

			environment we find ourselves in.
Disability (consider the social model of disability[107] and the way in which your proposal could inadvertently cause, or could be used to proactively remove, the barriers that disable people with different types of impairments)	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.[108] The Mental Health and Wellbeing Strategy sets out our vision for mental health services in Wales and so will directly support people accessing mental health support.	See evidence summary on disability. Vision Statement 1 specifically recognises that: People living with long-term physical health conditions are two to three times more likely to experience mental illness than the general population. We also know that disabled people and neurodivergent individuals tend to have lower levels of wellbeing[109] and are at greater risk of experiencing poor mental health.[110] Based on longitudinal data, evidence also suggests that childhood ADHD is associated with an increased risk of recurrent depression in young-adulthood.[111]	The strategy recognises that supporting the mental wellbeing of people with long-term conditions can help reduce the risks of poor mental health and wellbeing and improve physical health outcomes. [112] Action VS1.1 includes "…a specific focus on identifying and listening to under-served populations groups to better understand what impacts their mental health and wellbeing."

[107] Welsh Government uses the social model of disability. We understand that disabled people are not disabled by their impairments but by barriers that they encounter in society.
[108] Definition of disability under the Equality Act 2010 - GOV.UK (www.gov.uk)
[109] Disability, well-being and loneliness, UK - Office for National Statistics (ons.gov.uk)
[110] Nimmo-Smith V, Heuvelman H, Dalman C, Lundberg M, Idring S, Carpenter P, Magnusson C, Rai D. Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study. J Autism Dev Disord. 2020 Jan;50(1):308-318. doi: 10.1007/s10803-019-04234-3. PMID: 31621020; PMCID: PMC6946757.
[111] ADHD and depression: investigating a causal explanation - PMC (nih.gov)
[112] Long-term conditions and mental health | The King's Fund (kingsfund.org.uk)

Transgender people	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on sexual orientation / LGBTQ+.	The strategy includes the following: **Action 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.
Pregnancy and maternity	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on pregnancy and maternity.	The strategy includes a focus on delivering person-centred mental health services that are recovery-focused and trauma-informed. In developing a recovery-focused approach, the strategy states: "…we also 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." The strategy also states: "…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." The strategy highlights that: "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." Action **VS3.6 states that we will:** **"**Develop support for

			people with mild to moderate perinatal mental health and wellbeing support in universal maternity care, health visiting and the third sector.”
Race (include different ethnic minorities, Gypsies and Travellers and Migrants, Asylum seekers and Refugees)	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on race.	We have considered the needs of Black, Asian and Minority Ethnic Communities in the development of the strategy, in line with the commitment we gave in the Anti-racist Wales Action Plan to “work with community organisations, the third sector and the NHS to ensure the needs of Black, Asian and Minority Ethnic people, including Gypsy Roma and Traveller communities, are considered when developing new strategies and legislation for Mental Health”. We have engaged with the Mental Health Ethnic Minorities Task and Finish Group on the development of the vision statements and supporting principles. The strategy includes commitments to embedding an anti-

			racist approach. The strategy specifically states: “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 Anti-racist Wales Action Plan.” There are specific actions included in the strategy that will directly help to

			address the inequalities that currently exist, including: **Action L1:** Develop and implement a programme of work to support the outcomes intended from the Wessely Review and with the view to addressing racial disparities in the mental health system. **Action VS1.1** commits to "identifying and listening to under-served groups traditionally excluded from mainstream services[113] to better understand what impacts their mental health and wellbeing". **Action VS1.2** commits to: "Communicate, in a culturally sensitive way…".
Religion, belief and non-belief	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on religion.	Underpinning Vision Statement 4 is the commitment to 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

[113] Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE

			ensure good quality mental health services. There is also a specific focus on delivering Equitable Services – where: Our mental health system will provide everyone with an equal opportunity to attain their full potential for a healthy life which does 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). As above, regarding the focus on delivering equitable services.
Sex / Gender	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on sex / gender.	As above, regarding the focus on delivering equitable services.
Sexual orientation	The strategy recognises that certain population	See evidence summary on sexual orientation.	As above, regarding the focus on delivering equitable services.

(Lesbian, Gay and Bisexual)	groups may require additional support in protecting their mental health, and also in accessing services.		
Marriage and civil partnership	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on marriage and civil partnership.	As above, regarding the focus on delivering equitable services.
Children and young people up to the age of 18	The strategy recognises that certain population groups may require additional support in protecting their mental health, and also in accessing services.	See evidence summary on children and young people (and also the Children's Rights Impact Assessment for the draft Mental Health and Wellbeing Strategy).	Key actions in the strategy relating to children and young people include: **Action 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. **Action 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. **Action 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. **Action 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.
Low-income households	The strategy recognises that certain population groups may require additional support in protecting their mental	See evidence summary on socio-economic duty / living in poverty.	Vision Statement 2 in the Mental Health and Wellbeing Strategy focusses on cross Government action to protect good mental health. It aligns the work of Welsh

	health, and also in accessing services.		Government to the Marmot Principles, and includes a specific focus on addressing the wider determinants of mental health (which include tackling poverty and promoting good work). Other relevant actions also include: **Action 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.

Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people's human rights? (*Please refer to point 1.4 of the EIA Guidance for further information about Human Rights and the UN Conventions).*

Human Rights	**What are the positive or negative impacts of the proposal?**	**Reasons for your decision (including evidence)**	**How will you mitigate negative Impacts?**
The Mental Health and Wellbeing Strategy specifically considers the wider determinants of mental health and recognises	We are anticipating positive impacts as the Mental Health and Wellbeing Strategy takes a rights-based approach.	A number of the priorities in this new strategy are about empowering people to know and claim their rights, as well as increasing the ability and accountability of individuals and institutions who are responsible for	We will continue to review the impacts of the strategy. We have established the "Mental Health: Joint Ministerial Assurance Board" to ensure robust governance arrangements are in place to provide strategic oversight of

that certain population groups (including those with protected characteristics) may require additional support in protecting their mental health and wellbeing.		respecting, protecting and fulfilling rights. Specific consideration has been given to how the strategy can support human rights and children's rights (for example by addressing inequalities in outcomes), in line with the Equalities Act 2010 and the Rights of Children and Young Persons (Wales) Measure 2011.	the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy.

EU/EEA and Swiss Citizens' Rights

Part 2 of the EU-UK Withdrawal Agreement, along with the EEA EFTA Separation Agreement and Swiss Citizens Rights Agreement ("Citizens Rights Agreements") give EU, EEA[114] and Swiss citizens who were lawfully resident in the UK by 31 December 2020 certainty that their citizens' rights will be protected.

The Citizens Rights Agreements are implemented in domestic law by the European Union (Withdrawal Agreement) Act 2020 (EUWAA)[115]

Eligible individuals falling within scope of the Citizens Rights Agreements will have broadly the same continued entitlements to work, study and access public services and benefits, in as far as these entitlements have derived from UK membership of the EU as well as its participation in the EEA Agreement and the EU-Swiss Free Movement of Persons Agreement.

Subject to certain limited exceptions[116], individuals will need to have applied for a new residence status (either pre-settled or settled status) through the EU Settlement Scheme. The deadline for making such an application expired on 30 June 2021.

Policy considerations to take into account:

- Have you considered if your policy proposal will impact EU, EEA or Swiss citizens whose rights are protected by the Citizens Rights Agreements?
- If there is the potential for any negative impact on such EU EEA or Swiss citizens, how will any such impacts be eliminated or managed if management is deemed appropriate?

[114] The EAA includes the EU countries as well as Iceland, Liechtenstein and Norway.
[115] Sections 5 and 6 of EUWAA.
[116] E.g. where an individual has Irish citizenship (including dual British and Irish citizenship) or where they had indefinite leave to enter or remain in the UK)

- Is legal advice required?

Please consider the impacts of your policy on the areas below, indicating whether the impact is positive or negative and any action required to eliminate potential negative impact. Please note the basis for your answer, including where legal advice has been sought and please also indicate where a right is not relevant for your policy:

If there is the potential for any negative impact on such EU EEA or Swiss citizens, how will any such impacts be eliminated or managed if management is deemed appropriate?

Residency – the right to reside and other rights related to residence: rights of exit and entry, applications for residency, restrictions of rights of entry and residence.

Mutual recognition of professional qualifications – the continued recognition of professional qualifications obtained by EU/EEA/Swiss citizens in their countries (and already recognised in the UK).

Access to social security systems – these include benefits, access to education, housing and access to healthcare.

Equal treatment – this covers non-discrimination, equal treatment and rights of workers.

Workers rights – workers and self-employed persons who are covered under the Citizens Rights Agreements are guaranteed broadly the same rights as they enjoyed when the UK was a Member State. They have a right to not be discriminated against due to nationality, and the right to equal treatment with UK nationals.

(Frontier workers (those citizens who reside in one state and regularly work in another) can continue working in the UK if they did so by the 31 December 2020).

The proposed Mental Health and Wellbeing Strategy policy proposal will not negatively impact EU, EEA or Swiss citizens whose rights are protected by the Citizens Rights Agreements.