

Draft mental health and wellbeing strategy: Welsh language impact assessment

Cymraeg 2050 is our national strategy for increasing the number of Welsh speakers to a million by 2050.

The Welsh Government is fully committed to the new strategy, with the target of a million speakers included in its Programme for Government. A thriving Welsh language is also included in one of the 7 goals in the Well-being of Future Generations (Wales) Act 2015.

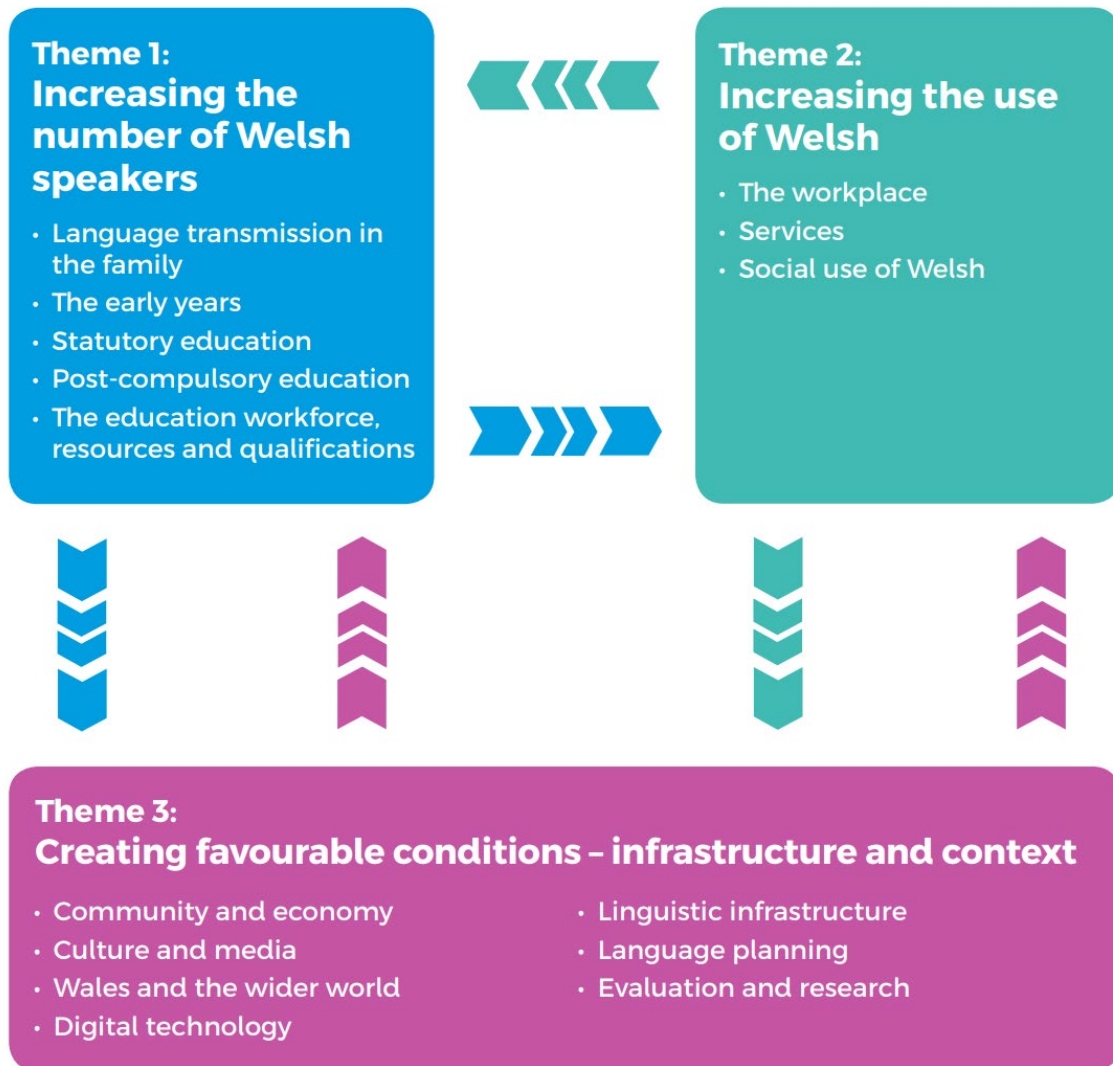
We also have a statutory obligation to fully consider the effects of our work on the Welsh Language. This means that any Welsh Government policy should consider how our policies affect the language and those who speak it.

The [Cymraeg 2050 strategy](#) has three interrelated themes:

1. Increasing the number of Welsh speakers.
2. Increasing the use of Welsh.
3. Creating favourable conditions – infrastructure and context.

The headings under each theme outline the scope of activities that can affect the language.

As a general rule, if your policy has the potential to impact on people, it will impact in some way on Welsh speakers and therefore on the Welsh language.



1. Welsh Language Impact Assessment reference number (completed by the Welsh Language Standards Team, email: Safonau.Standards@gov.wales).

03/12/2023

Does the proposal demonstrate a clear link with the Welsh Government’s strategy for the Welsh language? – [Cymraeg 2050 A million Welsh speakers and the related Work Programme for 2021-2026? Cymraeg 2050 work programme 2021-2026](#)

Background

Welsh Government is publishing a new Mental Health and Wellbeing Strategy (2024-2034) for public consultation. This Impact Assessment considered the impacts of the new strategy on Welsh Language.

The Well-being of Future Generations (Wales) Act 2015 sets out the approach to improve social, economic, environmental and cultural wellbeing – and to make public bodies think more long-term, looking to prevent problems before they arise. In doing so, it sets out wellbeing goals, including a healthier Wales and a Wales of vibrant culture and thriving Welsh Language. Health and social care have a key role to play in delivering this goal.

The Welsh Government published its [Cymraeg 2050 work programme 2021-2026](#) for the Welsh language which aims to increase the number of people who speak and use the language. The provision of bi-lingual services is a key priority and is supported by the Welsh Language Standards.

In relation to health, the strategic framework [More than just words: the Welsh Language Year Plan for Health and Social Care](#) aims to strengthen Welsh language services in health and social care services.¹ The [More Than Just Words 5 Year Delivery Plan \(2022-2027\)](#) continues to identify mental health service users as one of the priority groups and recognises more needs to be done to improve the availability and quality of these services, “not just to comply with legislation, but for the safety and respect of patients”.

The Social Services and Well-being (Wales) Act 2014 puts a duty on any persons exercising functions under the Act to Seek to promote the wellbeing of people who need care and support and carers who need support. The Act defines wellbeing, and this definition includes “securing rights and entitlements”. For many Welsh speakers, securing rights and entitlements will mean using their own language to allow them to communicate and participate in their care as equal partners.²

The previous Mental Health Strategy for Wales [Together for Mental Health](#) included specific commitments regarding the provision of bi-lingual mental health services and

¹ *More than just words* is the Welsh Government’s strategic framework to strengthen Welsh language services in health and social care. People can feel vulnerable when accessing health and social care and lack confidence to ask for services in Welsh. The Active Offer therefore means offering a Welsh language choice without patients having to ask for it. The [five year plan \(2022-2027\)](#) for the *More than just words* framework sets out key commitments for delivering the strategic framework.

² Welsh Government (2014) [Welsh Language Impact Assessment](#) Part 2 of the Social Services and Well-being Act 2014

working with the health boards to build capacity and capability. Indeed, it is recognised that some people with poor emotional wellbeing and/or mental health conditions are particularly vulnerable because their care can suffer if they are not treated in their own language.³ It is especially important to remove the responsibility to ask for services through the medium of Welsh from the service user, and ensure that this is offered by the service itself. This principle is known as the “Active Offer”. As set out in the More than Just Words 5 Year Delivery Plan: “Mental health services are about the wellbeing of the individual which means that we need to think about what matters to the individual, not just doing the same things we have always done because that is what is comfortable to us. After all in mental health speaking one’s own language is part of the therapy.”⁴

The Code of Practice for the Mental Health (Wales) Measure 2010 – the legislative framework for accessing mental health services and support in Wales – highlights that consideration of a person’s language needs requires careful attention, when it comes to the tailoring of care coordination to meet the needs of specific groups. Specifically: “Clear communication in terms of language and culture is essential to ensure relevant patients and carers are truly involved, and receive the best possible care and treatment. In Wales, this also means all possible steps should be taken to ensure that bilingual (Welsh and English) services are available.”⁵

It is also expected that mental health services in Wales are to be underpinned by the principle that the Welsh and English languages shall be treated on an equitable basis: “The Welsh Government is positive about the Welsh language and the benefits of bilingualism, and recognises that bilingual services are essential to providing quality care, effective assessment, treatment and care planning. All efforts should be made to match bilingual relevant patients with bilingual practitioners...Relevant patients should, where possible, be given the option of assessment, treatment and provision of information in Welsh...all possible steps should be taken to ensure that services are available for Welsh speakers in the language that best meets their individual needs, and that services are suitably developed and supported to be delivered through the medium of English and Welsh. In addition: Health boards and local authorities should promote the bilingual services that are already available and increase capacity for providing bilingual services where there is a shortfall of Welsh speaking staff. The onus is on health boards and local authorities to provide the appropriate service, rather than for a relevant patient to have to ask for it.”⁶

³ [Welsh Government and Education Wales \(March 2021\) Framework on embedding a whole-school approach to emotional and mental health and wellbeing](#)

⁴ [More than just words: Welsh language plan in health and social care | GOV.WALES](#) Foreword (page 5)

⁵ [Code of Practice to Parts 2 and 3 of the Mental Health \(Wales\) Measure 2010](#) Page 7

⁶ [Code of Practice to Parts 2 and 3 of the Mental Health \(Wales\) Measure 2010](#) Paragraph 1.11

This focus on equity of access, experience and outcomes is one of the core principles underpinning the Mental Health and Wellbeing Strategy (2024-2025). Specifically, we have stated:

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

Within care and treatment planning – an individual’s social, cultural or spiritual needs are specifically considered, with the Code of Practice for the Mental health (Wales) Measure 2010 stating that “the process for agreeing outcomes needs to recognise and give full regard to the cultural identity of the relevant patient” and that: “Services should seek to ensure that there is provision to meet the cultural needs of the relevant patient as appropriate. It should be noted that, as with any other community, cultural and linguistic needs are intertwined with each other within the Welsh speaking community, and therefore language needs should be considered as part of cultural needs” (paragraph 4.74). In addition: “Any information provided to the person should be in a language and format which is appropriate and easily understood” (paragraph 7.17). The section on Care and Treatment Planning in the Mental Health and Wellbeing Strategy (2024-2034) makes specific reference to how: Care and Treatment Plans must also set out the details of the services that are to be provided, or actions taken, to achieve planned outcomes (including when, and by whom those services are to be provided or actions taken) and any language or communication requirements (including in relation to the use of the Welsh language).

Pre-consultation engagement – and what stakeholders told us about preferred language

Over the past two years or so, the Welsh Government has commissioned several reviews to engage a range of services, people with lived experience and broader stakeholders to help shape priorities for the successor to both the Together for Mental Health and Talk to Me 2 Strategies. In July 2023, and to further inform our thinking, we published draft vision statements and supporting principles for the Mental Health and Wellbeing Strategy (2024-2034). We shared supporting materials and videos for use as part of engagement sessions and for use by stakeholders, and also published an [online survey](#) to gather views on the draft vision statements and draft principles (receiving over 250 responses). With the view to ensuring alignment with other key strategies, we also considered feedback from stakeholders from the pre-consultation engagement carried out in relation to the draft Child Poverty Strategy. We also engaged with our National Partnership Board, the Wales Alliance

for Mental Health, the Mental Health Ethnic Minorities Task and Finish Group, the Mental Health Service User and Carer Forum, the National Youth Stakeholder Group, the National Advisory Group for Suicide Prevention, Perinatal Networks, the Dementia Oversight of Implementation and Impact Group, and the Dementia Learning and Development Group.

The pre-consultation engagement and feedback to date from stakeholders has helped inform the development of the four vision statements and the underlying principles for the Mental Health and Wellbeing Strategy (2024-2034), as well as supporting actions. Key issues raised by stakeholders in relation Welsh Language during the pre-consultation engagement include:

- Services need to consider Welsh language and local support in Wales.
- There is a requirement for mental health service provision in Welsh language.
- It is essential the new Mental Health and Wellbeing Strategy (2024-2034) fully reflects and considers the linguistic needs of the population.
- Focusing on the person (and placing the person in the centre of care, support and treatment) is critical.
- Ensuring the quality and safety of the provision is critical, making sure that it leads to positive outcomes.
- Specific calls were made for fair access that provides accessible and appropriate services and support – that meets the needs of all our communities.
- Specific calls were made for the use appropriate language when discussing mental health.
- Specific calls were made for a focus on communication.

Describe and explain the impact of the proposal on the Welsh language, and explain how you will address these impacts in order to improve outcomes for the Welsh language.

How will the proposal affect Welsh speakers of all ages (both positive and/or adverse effects)? You should note your responses to the following in your answer to this question, along with any other relevant information:

The Mental Health and Wellbeing Strategy (2024-2034) is an all-age strategy and it is anticipated that it will impact positively on Welsh speakers of all ages.

Aims of the Mental Health and Wellbeing Strategy (2024-2034) – in relation to Welsh Language

The Mental Health and Wellbeing Strategy (2024-2034) will support improving access to Welsh language mental health and wellbeing services and support. It will do this by mainstreaming Welsh language considerations into workforce developments, and planning processes.

The new Mental Health and Wellbeing Strategy (2024-2034) sets out four vision statements for mental health and wellbeing – and a number of underpinning principles.

Vision statement 1: People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Ensuring resources and opportunities are available in Welsh / a person’s preferred language will be key to 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 (2024-2034) – 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. Welsh language will be relevant across the Marmot principles, and the individual policies and programmes supporting their delivery will have considered Welsh language impacts.

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 that all these services work together to provide a joined-up service that is easy to access and easy to navigate.⁷ Services should actively support people to find the right help, in the right place, at the right time. In Vision Statement 3 we have stated that to achieve a “connected system” we need services to: “As part of the Active Offer of Welsh language services ensure that language choice is recorded and passed on between different services.”

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 for everyone who would benefit from them, and for those services to be outcome and recovery-focused for people with mild to moderate mental health conditions as well as people with severe and enduring mental health conditions. We have stated: “We want to see person-centred mental health services that are recovery-focused and trauma-informed, and which promote the Active Offer.” The NHS Executive will develop a **Strategic Programme for Mental Health** and **Strategic Clinical Networks** that have a strong focus on improving the quality of mental health services in Wales. We have stated that this will include delivery of: **Equitable services:** Our mental health

⁷ This is sometimes referred to as a “whole system approach”.

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 and ensure the implementation of the Active Offer.

How will the proposal affect the sustainability of Welsh speaking communities⁸ (both positive and/or adverse effects)?

The policies and programmes underpinning the strategy will have a positive impact on the Welsh Language. For example, there will be positive impacts on the Welsh Language and Welsh speakers through the delivery of specific services and resources in Welsh, and the availability and publication of bi-lingual information campaigns and communications. There will also be positive impacts on the individual when they are able to access services, resources and support in the language of their choice.

How will the proposal affect Welsh medium education and Welsh learners of all ages, including adults (both positive and/or adverse effects)?

Examples of positive impacts:

A fundamental cornerstone to delivering the strategy is the HEIW and Social Care Wales Strategic Mental Health Workforce Plan. This includes specific commitments to develop the capacity and capability to improve Welsh language provision in mental health services. The HEIW and Social Care Wales Strategic Mental Health Workforce Plan will inform recruitment and retention and training strategies that will ensure the sustainability of the Welsh Language mental health workforce. Health boards will be asked to report on how they are improving Welsh language provision in mental health services including delivering on the Active Offer, a key principle of *More than Just Words*.⁹

The HEIW and Social Care Wales Strategic Workforce Plan for Mental Health states: “This strategic mental health workforce plan gives us a huge opportunity to contribute to strengthening a seamless mental health system which brings multi-professional and multi-agency teams together through person-centred mental health services....As our population gets older, we know that there will be an increased shift in long-term and complex conditions, and this means that there is likely to be an increase in people who experience mental ill-health, also experiencing a range of

⁸ These can be close-knit rural communities, dispersed social networks in urban settings, and in virtual communities reaching across geographical spaces.

⁹ *More than just words* is the Welsh Government’s strategic framework to strengthen Welsh language services in health and social care. People can feel vulnerable when accessing health and social care and lack the confidence to ask for services in Welsh. The active offer therefore means offering a Welsh language choice without patients having to ask for it.

physical conditions, so we need to ensure that this plan supports the delivery of mental health literacy across our health and social care workforce. We also recognise the language needs of our population need to be met – so that delivery of care in the Welsh language is available to those who need it.”¹⁰ Work being taken forwards as part of the new HEIW and Social Care Wales Strategic Workforce Plan includes (from 2022) new education contracts setting clear expectations of the education provider in relation to the Welsh language support that all students can expect to see. This includes accepting written work as part of assessment or examination in Welsh, assessment of skills at beginning of course, providing opportunities to learn Welsh or develop existing skills.

For children and young people, a key policy supporting children and young people, and staff, in schools in Wales, is the [Framework on embedding a whole-school approach to emotional and mental wellbeing](#). The whole-school approach seeks to support good emotional and mental wellbeing by promoting a positive cultural environment in schools, where children and young people form positive relationships with staff and other learners; and where relationships are strengthened between teaching staff, with the school senior leadership team and wider school staff, with parents and carers, with other professionals working with the school, and with the wider community that surrounds the school. The Framework recognises that: “It is vital that there is parity of provision in both languages in line with the requirements of the Welsh Language Standards and that provision should reflect the linguistic nature of the school and its catchment area. For many, Welsh is their everyday working language. Schools should ensure that interventions [to support emotional and mental wellbeing] are available in Welsh and should consider the language preference of their learners when developing interventions and support. It would also be beneficial for Welsh-medium training opportunities and support in the workplace to be readily available.”¹¹

111 press 2 is a new service available for people of all ages, 24 hours a day, 7 days a week in all areas of Wales to ensure those in need of support can access it quickly when they need it most. If someone needs to talk to someone urgently about their mental health, or they are concerned about a family member, they can NHS 111 Wales and select option 2 to be placed in direct contact with a mental health professional in their area. The 111 press 2 service is bi-lingual, and sits alongside the CALL Mental Health Helpline which also provides a bi-lingual confidential listening and support helpline for the people of Wales.

Work is being taken forwards to develop a mental health core dataset. 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

¹⁰ HEIW (2022) [A Strategic Mental Health Workforce Plan for Health and Social Care](#) (page 18).

¹¹ [Framework on embedding a whole-school approach to emotional and mental well-being](#)

ethnicity. This will support our ability to plan services based on the needs and demands of our population.

How will the proposal affect services¹² available in Welsh (both positive and/or adverse effects)? (e.g. health and social services, transport, housing, digital, youth, infrastructure, environment, local government etc.)

There are actions in the new Mental Health and Wellbeing Strategy (2024-2034) which directly support improving access to Welsh language mental health services. These actions include:

- **VS4.1** Develop an integrated quality statement for mental health and individual quality statements that set the standards for what health boards and local authorities are expected to deliver to ensure good quality mental health services.
- **VS4.2** These quality statements will support a person-centred approach and enable equitable access to services for those with protected characteristics (as described in the Equality Act 2010) and preferred language. They will also include how services respond to those with co-occurring mental health needs.
- **VS4.11** Deliver on our commitment in More Than Just Words to develop tools to support mainstreaming Welsh language considerations into mental health planning and policies.
- **MHS 3** Continue to develop a mental health core dataset. [This will include data on Welsh language – to support our ability to plan services based on the needs and demands of our population.]
- **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 minorities, LGBTQ+ community and Welsh speakers.
- **MHS 15** Develop a standardised approach to provide information about mental health services and how to access them (and in so doing – promote the Active Offer for Welsh language and ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly).

How will you ensure that people know about services that are available in Welsh and are able to access and use them as easily as they can in English?

Communication was an important theme to emerge from stakeholders during the pre-consultation engagement. Within the Mental Health and Wellbeing Strategy (2024-2034), there is a specific section where the focus is on communication, where we have stated the following:

In order for this strategy to be successfully implemented, there is a need for our vision to be effectively communicated. The public need to be able to understand how

¹² The Welsh Language Strategy aims to increase the range of services offered to Welsh speakers, and to see an increase in use of Welsh-language services.

the system works, to ensure there is clarity around access to support and services, what people can expect, and anticipated outcomes.

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

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

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

The actions we have included in the strategy to support this focus on communication are:

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

In addition – and to support Vision Statement 1, we have included the following commitments:

- **Action VS1.2:** Improve mental health literacy by building on the advice already available for the public on managing thoughts and feelings. Communicate, in a culturally sensitive way, the latest evidence on protecting and promoting mental health and wellbeing.
- **Action VS1.7:** Promote ways (including social prescribing, digital options and alternative channels) to increase the public's knowledge and awareness of local community assets.

What evidence / data have you used to inform your assessment, including evidence from Welsh speakers or Welsh language interest groups?

In developing the draft Mental Health and Wellbeing Strategy (2024-2034), consideration has been given to the views of stakeholders provided during the pre-consultation engagement undertaken in July 2023 (see “pre-consultation engagement

– and what stakeholders told us about preferred language” section of the Welsh Language Impact Assessment).

Existing research on mental health and Welsh language has also been considered, see below.

- An Evidence Briefing Paper by the Welsh Centre for Public Policy (2021) highlights that: “The ability to speak Welsh is associated with higher subjective wellbeing. Welsh speakers are more likely to participate in arts and sports events, and fluent speakers are far more likely to attend events delivered through the Welsh language (Welsh Government, 2018). Welsh speakers report higher life satisfaction than non-Welsh speakers (Browne Gott, 2020).”
- According to the report by Brown Gott (2020) – which uses 2017/18 data from the National Survey for Wales: “Whether or not someone can read, speak and write Welsh may also have a relationship with both wellbeing and cultural participation. Welsh speakers are slightly more likely to have attended or participated in cultural activities three or more times per year (79 per cent vs 72 per cent). Welsh speakers also report slightly higher life satisfaction than non-Welsh speakers. 86per cent of Welsh speakers report high or very high life satisfaction compared with 81 per cent of non-Welsh speakers. These figures may indicate that there is an underlying factor which may drive higher life satisfaction and greater cultural participation amongst Welsh speakers.”¹³

What other evidence would help you to conduct a better assessment?

Standard questions regarding the impact of the policy on the Welsh Language will be asked as part of the formal consultation process. The Welsh Language Standards placed on the Welsh Government requires it to give full consideration when making policy decisions to any potential impact on the Welsh language, in all policy areas, in order to ensure more robust policies which are in line with the aspiration of having a million Welsh speakers by 2050. It also ensures that there are no unintentional consequences to the Welsh Government’s policies and no harmful impacts on the Welsh language.

How will you know if your policy 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.

Throughout the strategy we have also identified a number of measurable indicators that that we will monitor as part of the implementation of the strategy. These, and

¹³ [Exploring the relationship between culture and well-being \(gov.wales\)](#)

further indicators to be identified, will also support the evaluation of the strategy when commissioned.

Mental Health and Vulnerable Groups Team, Welsh Government