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Cabinet paper: Consultation on the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy

Cabinet paper CAB(23-24)44

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Decision required

Cabinet is asked to:

- agree the draft Mental Health and Wellbeing Strategy for consultation
- agree the Suicide and Self-Harm Prevention Strategy for consultation
- agree an extended consultation (16 weeks) to ensure stakeholders can meaningfully engage in the consultation for both strategies.

Summary

1. In July 2023 Cabinet agreed the direction of travel for the successor strategies to Together for Mental Health and Talk to Me 2 (CAB(22-23)87).

2. To reflect the responsibilities of local authorities and health boards to provide mental health support, the Mental Health and Wellbeing Strategy is positioned as a joint health and social care strategy, with joint Ministerial oversight arrangements.

3. Following extensive engagement with stakeholders, service users and a pre-consultation engagement exercise carried out during the summer of 2023, the draft strategies have been reshaped ahead of public consultation.

4. The strategies and high-level actions have been developed within the context of the unprecedented financial pressures and aim to provide direction to services and partners to ensure value-based targeting of resources and do not set out new funding commitments. Supporting impact assessments have also been drafted.

5. The strategies will be underpinned by existing commitments including the

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Strategic Mental Health Workforce Plan and the new Strategic Programme for Mental Health.

6. Both strategies are built on continued cross-Government working and actions to tackle the wider determinants of mental health, and to reduce the risk of suicide and self-harm.

Background

7. Over the past 2 years or so, the Welsh Government has commissioned several reviews to engage a range of services, service users and stakeholders to help shape priorities for the next iteration of the Together for Mental Health and Talk to Me 2 Strategies. This includes the **Independent Review of Together for Mental Health and Talk to Me 2 Strategies** (2012-2022) which acknowledged that we have made some important progress over the last 10 years, whilst also recognising that “there remains some way to go” identifying that the outcomes we are looking to achieve (requiring societal change) are likely to be long-term or even generational.

8. The evaluation is set in the context of a broader programme of work to shape early thinking about themes and priorities for our future plans, and we have also considered the specific recommendations made by Senedd committees.

9. Collectively this information has drawn together the views of people with lived experience, carers, practitioners, services and the public to provide a comprehensive insight to inform planning for the future. We have used this to develop themes/visions and values for the new strategies.

10. Listening to people affected by the decisions made in this strategy has been fundamental. The pre-consultation engagement (which included over 260 responses to an on-line survey) has been integral to the development of the

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vision statements and the underlying principles for the strategies, as well as supporting objectives, policies and actions. The vision statements also underpin the Theory of Change for the Mental Health and Wellbeing Strategy (2024-2034).

Context for new strategies

11. Mental health continues to be the clinical area with the highest level of spending by the NHS in Wales. Pressures on the system are severe, with services continuing to report increases in complexity and acuity of referrals received. This is seen against a backdrop of high vacancy levels with services struggling to attract and retain suitable staff.

12. The current financial pressures are unprecedented, and the strategies have been developed in this context. A key focus of the engagement work was based around providing direction to the system to support prudent use of resources as opposed to committing to new or additional service provision. Wider investments already in the system will provide the capacity and resource to drive the service focused actions in the strategies – particularly through the implementation of the Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) Wales Mental Health Workforce Plan and the NHS Executive Strategic Programme for Mental Health.

13. The pre-consultation engagement confirmed the need for the 2 strategies and the rationale for this was set out and agreed by Cabinet in July 2023 CAB(22-23)87. This is on the basis that:

- Those who die by suicide are less often identified as having mental health issues, or in contact with mental health services, and there are multiple and complex reasons why a person may decide to end their life beyond issues relating to mental health or mental health service engagement.

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- There is a prevailing misconception that people who die by suicide have a mental health problem or illness, and this perpetuates misinformation and stigma, and doesn't provide a good fit for issues relating to bereavement for example. A separate strategy would help to avoid this conflation and ensure that resources can be identified and directed more broadly and in the right places.
- To not have a separate strategy would be a departure from the approach adopted in all of the other UK nations.

14. The strategies have been developed through 2 separate processes and drafting groups to reflect the need for separation.

15. The development of both strategies has had a focus on tackling inequalities in access and outcomes. The Senedd Cymru Health and Social Care Committee inquiry **Connecting the dots: tackling mental health inequalities in Wales** covered this issue in depth, highlighting those in the population that have the greatest risk of mental health inequality, how different groups and communities can experience this inequality, and made a number of recommendations which have informed the development of the strategies.

16. The importance of a rights-based approach has also been a feature of the pre-consultation engagement and the work of the strategies is underpinned by this. The priorities in the new Mental Health and Wellbeing Strategy relate to:

- embedding collaborative action to protect mental health
- empowering people to know about, and feel capable to claim, their rights
- listening to people's needs in order to shape and inform the services and care they receive
- putting in place systems that enable equitable access and outcomes for all people, without exception, and
- increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling people's rights.

Mental Health and Wellbeing Strategy: High level vision statements

17. The overarching vision for the Mental Health and Wellbeing Strategy is:

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

“ There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access.

“ Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.” ”

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

Vision statement 1

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

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Vision statement 2

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

Vision statement 3

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

Vision statement 4

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

Suicide and Self-Harm – High level vision statement and objectives

19. The overarching vision for the Suicide and Self-Harm Prevention Strategy is:

“ “People in Wales will live in communities which are free from the fear and stigma associated with suicide and self-harm and are empowered and supported to both seek and offer help when it is needed.” ”

20. Alongside this, the Suicide and Self-Harm Prevention Strategy has 6 key objectives:

1. Establish a robust evidence base for suicide and self-harm in Wales,

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drawing on a range of data, research and information; and develop robust infrastructure to facilitate the analysis and sharing of information to focus resources, shape policy and drive action.

2. Co-ordinated cross-government and cross-sectoral action which collectively tackles the drivers of suicide, and reduces access to means to suicide.
3. Delivering rapid and impactful prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.
4. Heighten skills, awareness, knowledge and understanding of suicide and self-harm amongst the public, professionals and agencies who may come into contact with people at risk of suicide and self-harm.
5. Ensure an appropriate and compassionate response is offered to all those who self-harm, have suicidal thoughts, or who have been affected or bereaved by suicide promoting effective recovery and reduced stigma.
6. Responsible communication, media reporting, and social media use regarding self-harm, suicide and suicidal behaviour.

Cross-government working

21. Existing cross-government Officials' Groups for Mental Health and Wellbeing, and for Suicide and Self-Harm Prevention, have underpinned the cross-government working to support the development of the strategies. This has enabled alignment with other policy developments including the new Child Poverty Strategy. The work has also been informed by ongoing work such as the Ministerial Advisory Group on higher and further education, Joint Health and Employability Programme and Joint Ministerial Whole School Approach.
22. Officials have confirmed through these arrangements that cross-government actions set out in both strategies reflect current commitments and have been agreed as deliverable and affordable.

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23. Officials have been actively involved in cross-government work that would impact on mental health, suicide and self-harm including the Anti-racist Wales Action Plan; the LGBTQ+ action plan; actions around support for refugees and asylum seekers; work with public health colleagues; and joint working with Education, Housing and Tackling Poverty. The Public Health Division has led on developing the actions in the Mental Health Strategy to support population mental wellbeing and this has ensured integration with the Social Prescribing Framework.

24. It had been our intention to only include cross-government indicators to track work to tackle the wider determinants of mental health, suicide and self-harm and not to include detailed reference to other plans and actions. However, this approach was strongly challenged through the engagement process. The feedback was that the approach felt meaningless without this wider context, but more importantly, it also undermined the effective cross-government relationships and working that has already been established. For instance, on housing and homelessness, stakeholders felt strongly that the detail of joint working between mental health and housing needed to be reflected. In addition, there is strong view from stakeholders that for accessibility, we need to include the detail in the document as opposed to signposting or linking to other policies/strategies.

25. Both strategies therefore provide more detail on these areas, but it is also our intention to publish a summary version of the vision statements and actions.

26. Following conclusion of the consultation period we will undertake ministerial bilaterals to discuss operational challenges and opportunities for synergies across portfolios, informed by the formal consultation responses. The outcome will be summarised for Cabinet when the final strategies are brought forward for final agreement.

Consultation

27. The usual 12 week period will cover both half-term and the Easter period. Because of this, and the fact that we are publishing 2 strategies that will be of interest to overlapping stakeholders, officials are proposing an extended consultation period of 16 weeks.

Impact

28. The strategies will make a difference to the people of Wales by providing clarity around the vision and priorities for mental health, well-being and for suicide and self-harm prevention. They set out how we will be working across sectors to co-ordinate action and improve prevention, support and services (and outcomes). The strategies will be under-pinned by a series of 3-5 year delivery plans setting out the specific action that we will take. This will allow us to clearly articulate how we aim to use available resources to work towards shared goals. The delivery plans will also enable us to prioritise those actions which maximise the impact of resources which will be critical in the current financial context.

29. Supported by Knowledge and Analytical Services we will develop a monitoring framework to track progress against a set of indicators that will be published with the final strategies. The development of the strategies is based on a “theory of change” process and an independent evaluation of the implementation of the strategies will be commissioned at the appropriate time.

30. The strategies also set out the need to review and refresh the governance arrangements to support the delivery and implementation. This work will be undertaken during the consultation period. However, we have already strengthened ministerial oversight for the strategies with joint-ministerial oversight arrangements with the Deputy Minister for Mental Health and

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Wellbeing and the Deputy Minister for Social Services.

31. In terms of delivery of government objectives, the Programme for Government contains a commitment to prioritise funding for mental health, which has been met. These strategies provide a renewed vision of what that funding will deliver. It will enable better alignment of expenditure with government priorities, and co-ordination of action across government portfolios.

Communications and publication

32. We plan to publish both strategies for consultation on 20 February. Consultation plans include specific activity to engage young people in the consultation process.

33. A children and young people's version and an easy read version of both strategies will be published as part of the consultation, alongside draft Children's rights impact assessments, Equalities impact assessment, and Welsh Language impact assessments. We will use the consultation period to gather further evidence of impacts and publish revised impact assessments later this year.

Lynne Neagle/Julie Morgan/ Eluned Morgan

Deputy Minister for Mental Health and Wellbeing/Deputy Minister for Social Services/ Minister for Health and Social Services January 2024

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