

Together for Mental Health

What action is the Welsh Government considering and why?

Together for Mental Health (the Welsh Government's 10-year strategy to improve mental health and well-being) was published in October 2012. It is a cross government strategy, which covers all ages, and ranges from improving the mental well-being of all people in Wales through to the support needed for those with a severe and enduring mental illness.

The Strategy is supported by three-year delivery plans, which set out the key actions for implementation by Welsh Government and stakeholder agencies in the statutory and third sectors. The first delivery plan covering the period from 2012-15 was issued with the Strategy, the second covered 2016-2019 and the third version will cover the period from 2019-2022.

Since the publication of the cross-governmental 'Together for Mental Health', the profile of mental health has grown considerably and there is an increasing recognition that mental health is "everybody's business". Prosperity for All challenges all Welsh Government Departments to consider the impact of their work on the mental health and well-being of the population in Wales. Therefore, building on a rapid review of a number of areas where we know that additional focus across government departments could make an impact, this delivery plan places greater emphasis on the protective factors for good mental health, identifying those areas of cross-government working such as education, employment and housing that can make a significant contribution to improving mental health and wellbeing outcomes in a way that is sustainable for the future.

The approach taken to develop this delivery plan has also reflected the requirements of the Well-being of Future Generations (Wales) Act 2015 (as set out below) by emphasising the importance of preventative and integrated services whilst recognising the need for a longer-term approach. We have also sought to embed the requirements of the Social Services and Well-being (Wales) Act 2014 within the plan.

A focus on the short and long term: The mental health delivery plan is underpinned by a range of different actions – aimed at delivering the six high level outcomes of the 10 year Mental Health Strategy. These high level outcomes include a focus on both the short-term and long-term needs of the population, recognising the growing number of people in Wales experiencing mental health issues.

The mental health strategy and its delivery plan aim to ensure that:

- The impact of mental health problems and /or mental illness is better recognised and reduced.
- Inequalities, stigma and discrimination are reduced.

- Individuals have a better experience of the support and treatment they receive and feel in control of decisions.
- There is improved quality and access to preventative measures and early intervention to promote recovery.
- There is improved values, attitudes and skills of those supporting individuals of all ages with mental health problems.

The delivery plan (2019- 2022) includes a balance of commitments that focus on the “here and now” (for example – in terms of improving access to mental health services for those in need of support). Whilst also promoting the longer term vision of a healthier and more equal Wales, by building resilience and maximising opportunities to address the wider determinants of poor health and wellbeing.

A focus on prevention: Prevention and the promotion of positive mental well-being are major features of this delivery plan, with actions at an individual and community level. It reflects the importance of moving away from thinking about mental health in a clinical way, towards it being part of everyday conversation. A focus on promoting positive mental well-being and looking at strengths rather than problems – and a recognition of the importance of informal support networks and the factors that keep people well – are ways of working which are central to the delivery plan (and which help to address both the symptoms and the causes of poor mental health). The delivery plan also includes a specific focus on preventing suicide and self-harm through the Welsh Government’s Talk to Me 2 Suicide and Self Harm Prevention Strategy. The emphasis in the delivery plan on early intervention so that longer-term harms are prevented before they occur also includes preventing exposure to Adverse Childhood Experiences (ACEs). This recognises an increasing body of international evidence about the negative long-term impact on health and well-being outcomes, particularly mental health outcomes, which can result from exposure to childhood trauma before the age of 18. By focussing on improving the mental health of people in Wales, the latest delivery plan will continue to make an important contribution to breaking negative cycles – for example, by supporting people with mental health problems to secure and remain in employment, thereby reducing the risk of being in poverty. By delivering actions which promote good mental health and well-being and by reducing stigma and discrimination, the delivery plan also aims to have a positive impact on social and community cohesion.

A focus on integration: The Mental Health delivery plan is integrated into wider policy developments – with its aims being integral to delivering *Prosperity for All* and *A Healthier Wales*. At its most strategic level, the aim of *A Healthier Wales* is to ensure the sustainability of health and social care services in Wales into the future. It sets out the actions that will be taken by the Welsh Government to support the Welsh NHS, local authorities, the voluntary and independent care sectors and wider public services make the transformation required across Wales to ensure we have

sustainable, value-based, high quality health and care services that meet the needs of our citizens now and in the future. One of the four key themes in 'Prosperity for All' is 'Healthy and Active', with Welsh Government's stated aim being to improve health and well-being for the citizens of Wales. Our health and social care services are critical to delivering this overarching objective, and *A Healthier Wales* sets out the ways in which we expect them to support it, both through the provision of effective and sustainable health and care services, and by requiring them to place greater emphasis on prevention and early intervention with the aim of promoting healthy lifestyles and reducing health inequalities¹ Wider population level actions such as access to green spaces and physical activity programs, as well as connecting people in communities to avoid loneliness are highlighted in the delivery plan. These require input from a wide range of stakeholders. The delivery plan is implemented with a multi-stakeholder infrastructure through National and Local Partnership Boards, which promote integration by bringing diverse views around the table. Its implementation is also supported for example, by routing some of the additional funding resources for mental health through Regional Partnership Boards and by setting expectations about the involvement of the third sector, as well strong partnerships with the police and local government, the plan should ensure that care is provided at the right level and at the right time. Transformation projects support integration by establishing new models of care such as community hubs, which bring together services in one space, improving outcomes for service users and making best use of space and resources. The delivery plan also includes a focus on complex needs, to avoid individuals having to re-tell their story and working co-productively to identify the multiple factors and options to support people who require multidisciplinary support.

Costs and Savings

Welsh Government continues to spend more on mental health services than any other part of the NHS and we have increased funding in the mental health ring fence in the main NHS allocation to over £700 million in 2020-21. Additional funding as part of our *A Healthier Wales* plan in 2019/20 will be targeted towards the agreed priority areas – including enabling earlier intervention, better access to services and improved outcomes for service users and their carers and families.

Mechanism

Each of the priorities in the delivery plan are underpinned by specific actions – which will be monitored on an ongoing basis and overseen by a National Partnership Board. The delivery plan is supported by an existing legislative framework. The current landscape of mental health and mental capacity legislation that operates in Wales reflects some of the societal and policy changes that have occurred in recent

¹ http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

years. The three main legal frameworks of the Mental Health (Wales) Measure 2010, the Mental Health Act 1983 and the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards, each have points of (sometimes complex) interface with each other and engage people's human rights. The three Acts also reflect a continuum from devolved and reserved policy areas but share a common feature in that people come into contact with the legislation largely through the delivery of health and social care. In Wales, mental health and mental capacity legislation also operates closely with the Social Services and (Well-Being) Act 2014, Regulation and Inspection of Social Care (Wales) Act 2016, Additional Learning Needs and Education Tribunal (Wales) Act 2018 and the Equality Act 2010.

Conclusion

How have people most likely to be affected by the proposal been involved in developing it?

The plan supports the vision outlined in 'A Healthier Wales' with its focus on integrated, person centred care delivered in a way that has been informed by service users and carers. The engagement / consultation process that has informed the development of the priorities in the Mental Health delivery plan had three phases:

- **Preparatory** – A review of progress and evidence, discussions across the sectors and in the Mental Health National Partnership Board. This delivered the draft headline priorities for the plan.
- **Pre-consultation** – Detailed discussions with those with lived experience, delivery partners, and others to agree to the priorities and actions in the plan. Pre-consultation engagement included existing a series of workshops across Wales and facilitated discussions, as well as informal meetings. This phase delivered a draft plan, which was reviewed by the National Partnership Board and others.
- **Formal Consultation** – A six week consultation on the Welsh Government's Together for Mental Health delivery plan 2019-22 was launched on 18 July 2019 and closed on 30 August 2019.²

These phases have involved ongoing engagement with key stakeholders, interest groups and those with protected characteristics (including children and young people) – in accordance with the principles of the Well-being of Future Generations (Wales) Act 2015 and the UNCRC.

² <https://gov.wales/together-mental-health-delivery-plan-2019-2022>

Key Consultation Themes:

Key issues raised during the six week consultation period (at consultation events and in the 240 written responses) included calls for a stronger focus in the delivery plan on addressing:

- health inequalities and social determinants of health
- children and young people
- crisis care and out of hours
- early intervention / prevention
- protective factors

With a particular emphasis on:

- housing
- third sector engagement in delivering services
- primary care
- outcomes and impacts
- supporting the workforce
- cross sector working
- vulnerable groups and the consideration of protected characteristics

In relation to children and young people, key themes raised included: There should be an emphasis on early intervention and prevention, especially in regards to those living in poverty or from a low socio-economic background. In particular, infant parent relationships should be a focus in order to reduce adverse childhood experiences. The response to the priority of improving the emotional and mental health well-being of children and young people was overwhelmingly positive with a few suggestions of more specific actions for improving services for those with additional learning needs, evidence-based interventions and reducing inequalities. A large number of responses felt that the activity planned around children and young people would have the greatest impact overall as this would improve the lives of children – benefiting their families and looking to the future reduce demand on service in later life.

In relation to supporting those with protected characteristics and vulnerable groups: Many respondents commented that the delivery plan would have a positive impact (to varying degrees) on the mental well-being of those with protected characteristics and vulnerable groups. A number of stakeholders also commented that (although mentioned in the plan) there were no specific actions to target support and consider the needs of those with protected characteristics, who historically are less likely to reach out for help and have increased risk of developing mental ill health. As each group is different, many of the comments recommended specific actions so that the

impact of the delivery on those with protected characteristics could be measured. In light of this consultation feedback, the delivery plan has been revised to include a new specific theme (Reducing health inequalities, promoting equity of access and supporting the Welsh Language.) which aims to ensure that every person in Wales has equal access to support with mental health difficulties. A new key action has also been added for the Welsh Government to continue supporting a range of programs and initiatives to protect vulnerable groups throughout the delivery period and to improve access to services for individuals with additional needs.

Ongoing engagement:

The delivery plan supports the vision outlined in 'A Healthier Wales' with its focus on integrated, person centred care delivered in a way that has been informed by service users and carers. **Through the delivery plan, this engagement will continue.**

- *Children and their representatives*

An accessible version and a children's version of the delivery plan is being developed. Through the establishment of the National Youth Stakeholder Group to support the Whole School Approach and the Together for Children and Young People (T4CYP) Programme, our engagement with children and young people will continue. We will continue to have engagement with **stakeholder groups and with the Welsh Youth Parliament as the delivery plan is taken forward over the period 2019-2022.**

- *People with protected characteristics under the Equality Act 2010*

There will be ongoing engagement with mental health stakeholders via forums such as the Wales Alliance for Mental Health, the National Service User and Carer Forum and through the Mental Health National Partnership Board, as well as our activities such as delivery of the Diverse Cymru accreditation scheme, which directly engages services to ensure they are meeting the needs of those with protected characteristics. This will be monitored through updates on progress against delivery plan actions

- *Welsh speakers and Welsh language specialist groups*

Welsh language issues and requirements will be considered on an ongoing basis during the implementation of the 2019-22 delivery plan and through the Mental Health National Partnership Board.

- *Other people who may be affected by the proposals*

Welsh Government officials continue to engage with stakeholders as part of ongoing workstreams and the commitments underpinning the delivery plan.

CHILDREN'S RIGHTS IMPACT ASSESSMENT

Step 1. What's the piece of work and its objective(s)?

The Together for Mental Health Strategy was published in 2012 and covers the period up to 2022. It is supported by three year delivery plans which set out the key actions for implementation by Welsh Government and stakeholder agencies in the statutory and third sectors. The first delivery plan covering the period from 2012-15 was issued with the Strategy, the second covered 2016-2019 and the third version (the focus of this CRIA) will cover the period from 2019-2022.

Together for Mental Health sets out a number of high level outcomes aimed at achieving a significant improvement to both the quality and accessibility of mental health services for all ages. The strategy recognises that the causes and effects of poor mental health are complex, challenging and multi-faceted and therefore require an integrated, cross government and cross sector partnership approach if we are to achieve these outcomes.

Whilst the delivery plan outlines a number of new priority areas for the next three years (2019-2022), some of these actions represent a necessary continuation and investment in services, whilst in other areas the delivery plan is intended to drive a step change in service provision and/or additional government led activity to prevent poor mental health as it now firmly recognised.

The priorities that will be delivered through the delivery plan continue to support principles of prudent healthcare and the vision outlined in 'A Healthier Wales' with its focus on integrated, person centred care delivered in a way that has been informed by service users and carers.

The intended beneficiaries of the Together for Mental Health Strategy and its accompany delivery plan include the general public, people with lived experience of mental health issues, those accessing services, their carers and family members, organisations in the public sector including local authorities and health bodies, education and social care, police and ambulance, voluntary sector organisations, service commissioners and planners, private businesses and others. The Strategy and delivery plan covers all age groups and for children and young people. Consideration has been given to the *The Rights of Young Children and Young Person's (Wales) Measure 2011* and how the actions in the delivery plan support *the United Nations Convention on the Rights of the Child* (UNCRC).

Prosperity for All recognises mental health as one of the six areas which have the greatest potential contribution to long-term prosperity and wellbeing. A focus on addressing the emotional and mental health needs of children and young people will contribute to meeting our ambitious goals for improving the mental health of the nation.

Children and Young People in Wales: What the evidence tells us about mental health and well-being

There is a wide range and a large volume of children and young people indicators and data that covers mental health and well-being. A key Welsh Government publication is the [Well-being of Wales](#) report.

Well-being of Wales Report

Measuring well-being is complex and well-being changes throughout the life course. Analysis undertaken as part of the [Well-being for Wales 2017-18](#) report shows that during secondary school there are some dramatic changes in children's well-being, self-reported health and lifestyles. Whilst at age 11 girls and boys report similar well-being and self-reported health, by aged 16 a gap is evident, with girls reporting lower well-being and worse health. Mental well-being improves from younger ages until very old ages but life satisfaction dips during middle age. Girls score significantly poorer than boys on the moods and feelings scale and are more likely to self harm.

A separate report on [Children's Well-being in Wales](#) (2017-18) was published in 2018 and sets out data for a series of key indicators – which suggest that personal well-being declines from primary school to secondary schools, especially for girls. Furthermore, self-rated life satisfaction decreases for girls from year 7 (aged 11) through to year 11 (aged 16) and is notably lower than boys. Overall, self-rated life satisfaction has remained at a similar level during the last decade or so, from 2002 to 2018.

Other in depth analyses of children and young people's mental health and well-being have been developed by Public Health Wales (PHW), the Schools Health Research network (SHRN) and through the Millennium Cohort Study (MCS):

- Analysis of data from the [School Health Research Network](#) shows that mental well-being is broadly the same for boys and girls at year 7 but by year 10 girls' mental well-being has fallen more so than for boys.
- Analysis of data collected through the [Millennium Cohort Study](#) for children in Wales looked at three aspects of child well-being at 14 years old: life satisfaction, depression, and emotional and behavioural difficulties. The first part of the analysis focused on eight questions answered by children covering four aspects of their lives – activities (social media and physical exercise), family relationships, experiences of being bullied and experiences of school. Of these aspects, the quality of family relationships and the frequency of being bullied emerged as the strongest predictors of all three measures of well-being. The quality of family relationships was the most important factor predicting life satisfaction and emotional and behavioural difficulties; while there was a strong association between being bullied and higher depressive symptoms.³ Also from MCS, within the UK, Welsh 14 year olds reported similar rates to those in

³ <https://gov.wales/sites/default/files/statistics-and-research/2019-05/analysis-feasibility-study-mental-health-well-being-using-millennium-cohort-study-data.pdf>

Scotland and England of having been “hurt or picked on by other children on purpose” at least monthly.

- Public Health Wales have produced several reports on [Adverse Childhood Experience](#) (ACE). Results from the first Welsh Adverse Childhood Experience study show that when comparing people who suffered four or more harmful experiences in childhood with those who suffered none, those who suffered were 4 times more likely to experience high-risk drinking in adulthood, 6 times more likely to be a smoker and 14 times more likely to be involved in violence in the last year. The second survey showed a similar pattern and that those people who have suffered four or more ACEs were 6.1 times more likely to have ever been treated for a mental illness. Having some resilience resources more than halved risks of current mental illness in those with four or more ACEs. The ACEs report also showed that there are strong relationships between sports participation in childhood and lower lifetime mental illness. There are also associations between regular adult participation in sports and current mental illness.

How the aims of the delivery plan reflect the evidence base:

The Together for Mental Health Strategy and delivery plan recognises the importance of building mental resilience from an early age. Building mental resilience amongst our children will not only benefit them, but will also benefit society. Our whole school approach (where the Department for Health and Social Services and the department for Education in Welsh Government are working together to develop and implement a multi-agency approach to improve mental health and emotional wellbeing) supports this area and taking this forward is a key commitment in the new delivery plan.

There is also a strong emphasis in the delivery plan on early intervention – so that longer-term harms are prevented before they occur. This includes a specific focus on preventing exposure to Adverse Childhood Experiences (ACEs). This recognises an increasing body of international evidence about the negative long-term impact on health and well-being outcomes, particularly mental health outcomes, which can result from exposure to childhood trauma before the age of 18.⁴ In particular, findings from recent research suggests that adults in Wales who were physically or sexually abused as children or brought up in households where there was domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life.⁵ The research highlighted that “providing safe and nurturing environments for every child in Wales is the best way to ensure we raise healthier and happier adults who contribute to their communities and the economy”

⁴ <http://www.wales.nhs.uk/sitesplus/888/page/88504>

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[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

and “by stopping abuse, neglect and other harmful experiences faced by children we could prevent around a third of all high-risk drinking, a quarter of smoking and as much as 60 per cent of violence in adults”.⁶

There are also specific commitments in the delivery plan focussed on **improving access and quality to perinatal mental health services**. The perinatal period begins at the start of pregnancy and runs until the end of the first year after a baby is born. Perinatal mental health is about the psychological and emotional health and wellbeing of pregnant women and their children, their partners and their families. Perinatal mental health problems are defined by a spectrum of mental health issues, including anxiety, depression and postnatal psychotic disorders which have their onset during pregnancy or the first year after a baby’s birth.⁷

According to Public Health England, Perinatal mental health problems affect between 10-20% of women during pregnancy and the first year after having a baby.⁸

Evidence submitted to the Children, Young People and Education (CYP+E) Committee regarding their 2017 inquiry into perinatal mental health in Wales suggested that perinatal mental illness affects up to one in five mothers. The CYP+E Committee noted: With around 33,000 births a year in Wales, approximately 6,600 women encounter mental health issues caused or worsened by pregnancy or childbirth.⁹ More specifically, the report published by the CYP+E Committee an estimated 12% of women experience depression during pregnancy; 13% of women experience anxiety during pregnancy; and 15-20% experience anxiety and depression in the first year after childbirth. Postpartum psychosis affects between 1 and 2 women in every 1,000 – 50% of whom have no history of previous mental illness. Psychiatric disorder has been a leading cause of maternal mortality, contributing to 15% of all maternal deaths in pregnancy and 6 months postpartum.¹⁰

⁶ <http://www.wales.nhs.uk/sitesplus/888/page/88504>

⁷ Children, Young People and Education Committee (October 2017) Perinatal Mental Health in Wales
<http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

⁸ Better Mental Health JSNA Toolkit (30 August 2017) Chapter 4 Perinatal Mental Health
<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health#overview>

⁹ Children, Young People and Education Committee (October 2017) Perinatal Mental Health in Wales
<http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

¹⁰ Children, Young People and Education Committee (October 2017) Perinatal Mental Health in Wales
<http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

It is also important to recognise wider impacts: “Evidence highlights that where perinatal mental illness affects a mother, the likelihood that her child will experience behavioural, social or learning difficulties also increases. Furthermore, partners and wider family members can be affected during this period, both emotionally and economically, as they seek to support both the mother and child affected.”¹¹

A mental health problem during the perinatal period not only has the potential to adversely affect the mother, but also has lasting consequences for the developing child.¹² In particular, poor parental (including perinatal) mental health can have a significant impact on children’s health and development. Attachment and bonding for parents and their children is critical: Children with whom secure attachments are not established early in life can be at greater risk of a number of detrimental outcomes including poor physical and mental health, relationship problems, low educational attainment, emotional difficulties and conduct disorders.¹³

The overall approach we’ve taken to develop the delivery plan:

In developing the actions in this delivery plan we have taken a life course approach. Whilst the strategy is all age there are very clear elements that are specific to children and young people as there were in the first and second delivery plans. The need for an all age strategy in part came from feedback that it was detrimental to children and young people to have separate strategies as these could unintentionally result in services based on chronological age rather than on individual need. There was also concern that transition issues could fall between the gaps of the respective strategies and transition is a key priority which is consistently raised by children and young people who have been in services. Having an all age approach facilitates this and ensures that the joint responsibilities of CAMHS and adult services are re-enforced.

Within the delivery plan (and as part of the all age approach) – there is a specific focus on the needs of children and young people. Delivery of the overall strategy and its constituent delivery plans is monitored and assured through the Mental Health National Partnership Board and local partnership boards.

¹¹ Children, Young People and Education Committee (October 2017) Perinatal Mental Health in Wales
<http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

¹² Children, Young People and Education Committee (October 2017) Perinatal Mental Health in Wales
<http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

¹³ Children, Young People and Education Committee (October 2017) Perinatal Mental Health in Wales
<http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

Step 2. Analysing the impact

Priority 2 of the delivery plan focuses on improving access to support for the emotional and mental health well-being of children and young people.

It also includes a number of actions across the plan which will also improve the mental health of children and young people.

Priority Area 1 to improve mental health and well-being and reduce inequalities through a focus on strengthening protective factors :

- Work with partners to create 'Adverse Childhood Experience (ACE) aware' public services which take a more preventative approach to avoid ACEs and improve the resilience of children and young people.
- Actions supporting positive physical wellbeing, connection in community to reduce loneliness and accessing green spaces and the outdoors strive to promote the best start in life.
- The Talk to Me 2 suicide and self-harm prevention strategy includes a wide range of actions to reduce the risk for young people and adults alike, and is monitored through the delivery plan.
- Actions aimed at reducing stigma and discrimination, including a focus on young people through the work being led by the Equalities and Human Rights Commission and the Time to Change Wales campaign.

Priority 2 in the delivery plan is about improving access to support for the emotional and mental health and well-being of children and young people. Actions being taken forward to deliver on this priority include:

- Working with a number of Early Years Transformation pathfinders across Wales to explore options for how early years services can be delivered in a more integrated and systematic way to ensure children and families get the right help, at the right time and in the right way.
- The New Curriculum includes a focus on well-being.
- Improving access to mental health support in schools as part of whole system improvements including guidance and support for teachers and a health and well-being workstream in the new curriculum.
- Embedding a whole school approach which recognises the role a wide variety of stakeholders play in contributing to the wellbeing of young people.
- In addition to these actions, there are focused actions supporting improvement and system transformation for children and young people's mental health services. This includes smoother transitions and a review of inpatient care alongside improved access to psychological therapies.

Priority 3 focuses on further improvements to crisis and out of hours for children, working age and older adults that include:

- Mental Health Crisis Care Concordat (MHCCC) – Regional Mental Health Criminal Justice Groups to implement the new National Crisis Concordat

delivery plan¹⁴ across LHBs, Police Forces, Local Authorities, WAST and the third sectors.

- Welsh Government investment to support health boards to extend and standardise the delivery of crisis and out of hour services to provide 24/7 access, across all ages, including delivering on the priority areas in the National Crisis Care Concordat delivery plan.
- Welsh Government to support a discrete range of pilots, including street triage, hub models etc to inform evidence based practice and MHCCC to identify the good practice and models for national roll out.

Priority 4 focuses on improving the access, quality and range of psychological therapies children, working age and older adults that include:

- Welsh Government to introduce a psychological therapies infrastructure in Wales, supported by PTMCs.
- The introduction of the Reading Well children and families booklist will support parents and young children with any challenges that arise.
- Welsh Government (HSS) to commission the development of an evidence based All Wales Traumatic Stress Quality Improvement Initiative for all ages, taking into account other specific population groups including victims of sexual assault, perinatal mental health, refugees, asylum seekers, people in prison / in contact with criminal justice system and other vulnerable groups.

Priority 5 focuses on improving access and quality to perinatal mental health services which include:

- Welsh Health Specialised Services Committee (WHSSC) and lead health board to establish a specialist in-patient perinatal mother and baby unit in Wales.
- NHS Collaborative to establish a perinatal mental health network to assist health boards to further drive improvements to services, including the collection of core performance management data.
- Developing a curricular framework for perinatal and infant mental health, improving access to information, strengthening links with third sector organisations across Wales and undertaking work to recognise the unique needs of fathers.

In addition to these specific actions, programmes such as the Healthy Child Wales Programme; Flying Start; Families First; Bump, Baby and Beyond; and third sector initiatives are also providing support to families and children needing help and advice.

The National Assembly's Children, Young People and Education Committee published its report on perinatal mental health services in Wales in October 2017. These recommendations are informing our future actions in relation to perinatal

¹⁴ Crisis Care Concordat Plan <https://gov.wales/mental-health-crisis-care-agreement-action-plan-2019-2022>

mental health. To drive forward our response to these recommendations a National Clinical Lead has been appointed and commenced last January (2019). The clinical lead has focused on developing connections between services across Wales and developing a common understanding of the current status of services, alongside expectations for future development. This work has been prioritised due to variances in practice and service development across the health board areas and is supporting clear communication of the expected strategic direction of perinatal mental health services. In order to develop these connections, the National Clinical Lead has engaged with health boards to support them in establishing or re-focusing their perinatal mental health steering groups. This will assist individual health boards to develop work plans which focus on partnerships, pathways, people and performance. These work plans will complement the themes of the national work plan which is structured to drive the same objectives. To support this work we have also provided additional resource to the core network team with two new posts, both of which have been appointed to support project management. This core network team has re-established meetings of the Perinatal Mental Health Community of Practice group which is providing opportunities for peer support and the sharing of good practice.

In addition to the above, funding allocated to mental health services as part of the Service Improvement Funding asks them to comply with both the guidance for the delivery of Integrated Perinatal Mental Health Service developed by the All Wales Perinatal Mental Health Steering Group¹⁵ and Royal College of Psychiatrist's Perinatal Community Standards.¹⁶ The latter includes standards for access and referral; assessment; discharge; care and treatment; infant, welfare and safeguarding; staffing and training; and recording and audit.

Potential Negative Impacts:

We do not believe that any actions will have a negative impact on children and young people. The Together for Mental Health Strategy and the new delivery plan (for 2019-2022) takes an all age approach due to the reasons specified above. We have provided significant additional funding with the aim of improving mental health provision for children and young people in Wales. This includes:

- £7.1million allocated to Health Boards to support the Mind over Matter recommendations and the CAMHS improvement program. This includes 2.5 million to support the whole school approach, £3.2m to health boards routed through service improvement funding and £1.4m allocated to RPBs utilising the ICF mechanism. The aim of the ICF is to jointly commission services with health, social services and may include involvement from the third sector.

¹⁵ <http://www.1000livesplus.wales.nhs.uk/perinatal-mental-health>

¹⁶ Royal College of Psychiatrists (2018) Standards for Community Perinatal Mental Health Services (4th Edition) Quality Network for Perinatal Mental Health Services. <https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/perinatal-community-teams>

- £0.7 million allocated per annum over a 3 year period to support the CAMHS improvement programme – CAMHS in reach pilot.
- £2.7 million allocated to the third sector over 3 years, via Section 64 grant (Voluntary Orgs) to improve mental health provision for children and adults. Four grants have been awarded for programs that relate to children.

Over the life time of previous plan the following achievements have been seen:

- Increased provision and quality improvements of specialist Child and Adolescent Mental Health Services (sCAMHS).
- Increased provision of community intensive services across Wales.
- Improved waiting times, recognising that there is more to do to ensure sustainability.
- Better support within schools and increased skills.
- Alternatives to NHS provision provided by the third sector.
- Reduction in inappropriate out of Wales placements, again however, recognising the pressure of demand for inpatient services.
- Establishment of a National Youth Stakeholder Group to support the Whole School Approach and the Together for Children and Young People (T4CYP) Programme with a clear development and engagement plan.

Moving forward the focus will be on:

- The delivery of a framework which describes the early help and enhanced support to be available across all areas of Wales. The framework will build resilience and support mechanisms as part of a whole system approach for children, young people and their families.
- Working with wider partners through Regional Partnership Boards to develop the early help and enhanced support framework and then supporting its adoption at an RPB level. T
- Work to ensure that waiting time targets for primary and secondary care CAMHS are achieved on a sustainable basis.

The plan also makes an important contribution to delivering the key objectives of the Welsh Government's Child Poverty Strategy for Wales as it sets out to support people with mental health issues to enter and retain employment. The delivery plan also references specific actions being taken forward by Welsh Government to help people to access debt and money advice to support improved mental health, through its financial inclusion and advice services and by working with housing to prevent and address homelessness. Our work around developing and delivering our ACEs hub recognises that if we do not raise awareness around ACEs, put in the right support and reduce the incidents of ACEs, people will not reach their full potential – and are more likely to live in poverty as an adult.

How will we know we have made a different – ongoing monitoring:

The 10 year *Together for Mental Health* strategy set out a number of high level outcomes with a range of measures. This list has been reviewed by Knowledge and Analytical Services with the view to strengthening these measures. The delivery plan

that was issued for consultation included a number of population and performance measures. Following the consultation on the delivery plan – a full list of indicators is now included as an Annex with a key indicator for each of the priority areas in the 2019-22 delivery plan to set out the key population outcomes and performance measures that will be used to monitoring progress. This includes a focus on population level outcomes and performance measures for those actions that aim to improve the mental health and wellbeing of children and young people and their access to services and support.

Delivery of the overall Together for Mental Health Strategy and its constituent delivery plans are monitored and assured through the Mental Health National Partnership Board (NMHPB) and local partnership boards. We have also included key mental health targets as priorities for the NHS to deliver and they have been held closely to account for their delivery. NHS bodies Integrated Medium Term Plans are being closely scrutinised to ensure they reflect the priorities in this plan.

Engagement with children and young people:

To ensure the engagement of children and young people, the T4CYP programme has worked in partnership with the office of the Children's Commissioner for Wales, the Children in Wales 'Young Wales' Project and the Third sector collaborative 'Making Sense' initiative to listen and respond to the views of children and young people across all areas of its work, which has provided the opportunity to shape and challenge the proposed change.

In addition, the T4CYP programme has established a National Youth Stakeholder Group to support the Whole School Approach. The group has been involved in steering the work of the programme, having contributed to events and developing a newsletter. **In developing the delivery plan, we consulted with Practice Based Solutions to have greater stakeholder engagement from children and we ran a workshop with the Children's Delivery and Assurance Group in October 2018.**

Wales' Youth Parliament, which will take forward the voice of young people, will help us to shape a better future and inform schools, health boards and local authorities in how services are developed and delivered. In February 2019, the Welsh Youth Parliament voted to prioritise emotional and mental health support as one of their main themes over the next two years.

We will continue to have ongoing engagement with the Welsh Youth Parliament **and with stakeholder groups as the delivery plan is taken forward over the period 2019-2022.**

Consultation on the Draft Delivery Plan:

When the draft delivery plan was issued for a six weeks consultation in July and August 2019, a number of groups with a specific focus on children and young people commented on the plan. This included the NSPCC, National Youth Advocacy Service, National Adoption Service, Children's Commissioner and Promo Cymru. A total of 240 written responses were received – many of which included focus on children and young people's issues. There was also a specific event held with young people ahead of the consultation on the Welsh

Government Substance Misuse delivery plan, where issues in relation to mental health and well-being were also considered. At the consultation stage, an accessible version of the delivery plan was not available – but this will be produced following the publication of the final plan, as will a children's version of the plan.

Key issues raised during the consultation period (at the consultation events and in the written responses) included calls for a stronger focus in the delivery plan on: addressing health inequalities and social determinants of health; children and young people/education; early intervention / prevention and protective factors – with a particular emphasis on housing; work-force, lack of third sector engagement in delivering services; outcomes and impacts; and vulnerable groups and the consideration of protected characteristics.

The 240 written responses to the consultation on the Together for Mental Health delivery plan raised several common themes in relation to children and young people. In particular, calls were made for there to be an emphasis on early intervention and prevention, especially in regards to those living in poverty or from a low socio-economic background. In addition, infant parent relationships should be a focus in order to reduce adverse childhood experiences. The response to the priority of improving the emotional and mental health well-being of children and young people was overwhelmingly positive with a few suggestions of more specific actions for improving services for those with additional learning needs, evidence-based interventions and reducing inequalities. A large number of responses felt that the activity planned around children and young people would have the greatest impact overall, as this would improve the lives of children – benefiting their families and looking to the future reduce demand on service in later life.

To conclude:

All of the actions included in the delivery plan reflect both broad and targeted approaches for improving mental wellbeing as we know that some young people (i.e. those with parents who have mental ill-health or those looked after) could be more at risk. The delivery plan requires services to focus on the early detection of risk and the development of resilience and life skills, embedding the principles of the UNCRC – and their emphasis on non-discrimination, considering the best interests of the child in all actions concerning children, the child's inherent right to life, the development of the child, and the child's right to express their views freely in all matters affecting them.

Step 3. How does your piece of work support and promote children's rights?

The UNCRC Articles and children's rights most relevant to the delivery plan include:

Article 2. *The Convention applies to everyone whatever their race, religion, abilities whatever they think or say and whatever type of family they come from.*

All delivery plan actions are for all young people regardless of religion / belief /

ability. Target approaches are used when need is identified i.e. action in relation to support for those with additional learning needs.

Article 5. *Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.* The delivery plan focuses on early intervention and supporting children to be supported within their own communities where possible and if it is in their best interest. There is much more focus on providing information, advice and support to allow this to happen.

Article 6. *All children have the right of life. Governments should ensure that children survive and develop healthily.* The delivery plan includes an all age action in relation to the prevention of suicide and self-harm. The plan continues to drive forward the need for support to be available 24 hours per day, seven days per week and supports that CYP should have increased access to information to support their mental health. For CYP who have experienced a close friend or family members suicide the plan aims to ensure that they get the support they need.

Article 12 *Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.* We continue to focus and strengthen our youth engagement work which has informed our delivery plan. We have consulted with the Youth Stakeholder Group and other key youth stakeholder groups to inform the contents of the plan. The plan supports the vision outlined in 'A Healthier Wales' with its focus on integrated, person centred care delivered in a way that has been informed by service users and carers. **The delivery plan has a greater focus on co production to improve access to mental health services in schools. The plan will work with stakeholders to determine good practice and areas of improvement.**

Article 17 of the UNCRC *calls for access to information for children and young people, particularly with regards to issues that involve their health and well-being.* All information developed as part of the implementation of the delivery plan will be with regard to its audience. A plain English version of the final delivery plan will be made available. **The reading well book prescriptions, will provide young people with approved books around different aspects of mental health.** The delivery plan continues to support young people accessing information around suicide prevention and self-harm and supports Public Health Wales to develop and disseminate best practice guidance and tools on the whole school approach, which will include ACEs.

Article 24 *You have the right to the best health care possible...and information to help you stay well.* **The delivery plan enables children and young people to have the best possible access to health care and information to stay well by:**

- **Improving the skills of the workforce;**
- **Improving support in the community which will result in a reduction on hospital admissions;**
- **Focus on prevention, which is supported by the whole school approach and CAMHS in reach service;**
- **Publish guidance on suicide and self-harm;**

- Increased access to school counselling;
- Continue to work with Local Primary Mental Health Support Services and specialist CAMHS to ensure service improvement;
- Improve access to psychological therapies; and
- Increased understanding via the read well book prescription.

The above approach benefits all groups.

Article 25 *If you live in care or in other situation away from home, you have the right to have these living arrangement looked at regularly to see if they are the most appropriate.* The delivery plan will support that children living away from home will be regularly reviewed by: Ensuring that the health boards undertake two audits the first audit will consider the current secure inpatient provision and develop a secure inpatient strategy for mental health. The second will be a follow up audit detailing the progress made on the quality of the care and treatment plans with regular feedback being provided to WG on improvements.

Article 27 *Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.* The delivery plan focuses on improving the health and well-being of people in Wales, and continues to support work around ACEs. Reducing the prevalence of ACEs will have a positive impact on reducing the numbers of people who live in poverty and result in people having better health and well-being outcomes. Actions also include working with a number of Early Years Transformation pathfinders across Wales we are exploring options for how early years services can be delivered in a more integrated and systematic way to ensure children and families get the right help, at the right time and in the right way.

Article 29 *Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.* The delivery plan will support children and young people through their education to develop talents and abilities by: Further embedding the Welsh Government's whole school approach, with a greater focus being placed on children and young people well-being. The CAMHs In-Reach pilot is one of the ways the delivery plan supports educational professionals to have the right support, advice and training to better understand the needs of children and young people and therefore be better placed to allow them to reach their full potential. The plan also includes working with local authorities and their partners, to embed early intervention and preventative approaches to improving mental health and well-being through youth work approaches.

Article 30 *Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.* The delivery plan includes actions relating to Welsh language and the provision of Welsh medium services / information.

Article 37 *Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.* The plan focuses on prevention, early intervention and improving and expanding on the delivery of current CAMHs and LPMHSS including improving crisis support. This proactive approach is aimed at reducing the number of children and

young people who come into contact with the youth justice service and for those that do, there is a commitment within the plan to develop approaches to improve mental health support for youth offenders.

Article 39 *Children who have been neglected or abused should receive special help to restore their self respect.* Implementation of the actions within the delivery plan will enhance advice and support afforded to all children and young people and to those at more risk of developing mental health problems due to negative life events.

Step 4. Advising the Minister and Ministerial decision

This document outlines how the delivery plan looks to maximise the outcomes of the UNCRC and no negative impacts have been identified. As part of its development there has also been consultation with a large number of other policy areas across Welsh Government to reflect the cross- governmental responsibility for delivery. The delivery plan reflects the links with other policies and strategies being delivered across Welsh Government departments, such as the Substance Misuse Strategy and new Substance Misuse delivery plan, the Loneliness Strategy, the Financial Inclusion Strategy and delivery plan, Together for Health and the Primary Care Plan. The priorities have also been developed to take account of legislation such as the Well-being of Future Generations (Wales) Act 2015 (and in particular – the focus on delivering healthier and more equal communities) and the Social Services and Well-being (Wales) Act 2014.

Welsh Government currently spends more on mental health services than on any other part of the NHS – with the mental health ring-fence now being £679million. In 2019/20, overall funding for mental health services increased by £35million, some of which has been targeted to support key priority areas identified in the delivery plan, including perinatal community mental health services, out of hour and crisis services, and children’s mental health services.

Advice to Ministers:

We have considered the UNCRC when developing and subsequently revising the delivery plan following consultation. We considered the consultation responses received and have made appropriate adjustments to the plan and thereafter this assessment. Ministerial advice has included reference to a CRIA being undertaken. Accessible version and children’s version of the delivery plan will also be published on the Welsh Government website and shared with stakeholder networks. As the delivery plan is taken forward, we will continue to embed the principles of the UNCRC across mental health policy for children and young people, and will continue to look for opportunities to promote children’s rights.

Step 5. Recording and communicating the outcome

Final version of the CRIA to be retained on i-share.

Evidence should be retained that supports:

- How the duty has been complied with **(Steps 1-3 above)**
- The analysis that was carried out **(Steps 1-3 above)**
- The options that were developed and explored **(Steps 1- 3 above)**
- How have the findings / outcomes been communicated? **(Step 4 above)**
- 'Tells the story' of how the assessment has been undertaken and the results **(Step 4 above)**
- Include any hyperlinks to additional background information which may be of relevance.
- All CRIAs undertaken on legislation must be published alongside the relevant piece of work on the WG website. All other CRIAs must be listed in the WG website CRIA newsletter and must be made available upon request. Ministers are however, encouraged to publish all completed CRIAs.

This Children's Rights Impact Assessment (CRIA) was drafted, reviewed and updated during and following the consultation period and prior to publication of the final delivery plan.

The CRIA includes evidence that supports the intended aims and objectives of the delivery plan. It provides a high level summary of how we intend to analyse and measure impact (with key population and performance measures included as part of the delivery plan) and how it supports and promotes children's rights. The CRIA also sets out how we consulted on the draft delivery plan and key themes to emerge during the consultation period.

The CRIA will also be published on the Welsh Government website as part of the Integrated Impact Assessment, along with an Equalities Impact Assessment and Welsh Language Impact Assessment. A summary of consultation responses will also be published on the Welsh Government website.

Step 6. Revisiting the piece of work as and when needed

This Impact Assessment was reviewed following the consultation on the delivery plan and through the development of the final delivery plan – a final review was undertaken in December 2019.

Further reviews will take place as the delivery plan is taken forward – and will also be informed by Welsh Government plans for ongoing monitoring and evaluation.

Budgets

Does the piece of work have any associated allocation of budget?

Can you identify how much of this budget will be used for children and young people?

It is important that where any changes are made to spending plans, including where additional allocations or savings have been made, that this has been assessed and evidenced as part of the CRIA process.

Has any additional spend been identified to ensure children and young people have been given an opportunity to contribute to the piece of work and have their opinions heard? If so, how much?

Please give any details:

Specific funding is in place to support the delivery of the Mental Health delivery plan, which has been summarised as part of this CRIA and also the Integrated Impact Assessment.

In direct response to the Welsh Government consultations on the Substance Misuse delivery plan and the Mental Health delivery plan, we have made £1million of recurrent funding available to work with those with complex needs, with particular consideration of those that are homeless / vulnerably housed and those with co-occurring (substance misuse and mental health) issues, linking with Housing First.

Welsh Government currently spends more on mental health services than on any other part of the NHS – with the mental health ring-fence now being £679million.

We have provided significant additional funding with the aim of improving mental health provision for children and young people in Wales. This includes:

- £7.1million allocated to Health Boards to support the Mind over Matter recommendations and the CAMHS improvement program. This includes £2.5 million to support the whole school approach, £3.2m to health boards routed through service improvement funding and £1.4m allocated to RPBs utilising the ICF mechanism. The aim of the ICF is to jointly commission services with health, social services and may include involvement from the third sector.
- £0.7 million allocated to support the CAMHS improvement programme – CAMHS in reach pilot.
- £2.7 million allocated to the third sector over 3 years, via Section 64 grant (Voluntary Orgs) to improve mental health provision for children and adults. Four grants have been awarded for programs that relate to children.

Monitoring & Review

Do we need to monitor / review the proposal?	Yes
If applicable: set the review date	The CRIA will be reviewed by officials on an ongoing basis (and at least once every six months) as the delivery plan is taken forward – as part of the Welsh Government’s Mental Health and Substance Misuse (internal) Programmes Board.