Llywodraeth Cymru
Welsh Government

The Mental Health and Wellbeing Strategy

2025–2035

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Contents

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Foreword

We have made significant progress in Wales to support and improve the mental health and wellbeing of our population. Our Together for Mental Health Strategy has embedded cross-government and multi-agency working in Wales to improve mental health and wellbeing, and it was the catalyst for a significant expansion of services and support. Our unique Mental Health (Wales) Measure has placed a focus for services to work in partnership to meet individual needs and to provide better support for patients.

But while we have made good progress, the pandemic and subsequent cost-of-living crisis have had an impact on many aspects of our lives, such as money, jobs, housing, education and bereavement, which can in turn affect our mental health.

That's why this new Mental Health and Wellbeing Strategy places a continued and increased focus to work across the Welsh Government to tackle the wider causes of poor mental health.

The strategy has been informed and shaped by the voices of the people it is designed to support. It has been informed by extensive engagement and puts co-production at the heart of how we will work over the coming 10 years. I want to thank the Wales Mental Health and Wellbeing Forum for their contribution and work to produce the Best Practice Guidance for Co-production, which will provide clear direction to services.

The strategy will signal a shift from a health-led system to a health and social care-led system, recognising that many people who need support will not need specialist mental health services and that most mental health issues are underpinned by wider social and welfare issues. Building on a preventative approach, our aim is for support services to work together to offer seamless support for those that need it. Our aim is to prevent mental health issues deteriorating and becoming more serious, so they require greater intervention wherever possible.

This strategy presents a clear vision to transform our mental health services in Wales. I am proud we are setting ourselves the ambition of being the first nation to achieve same-day mental health support, based on a stepped approach. Through this transformation, we expect mental health services in Wales to be seamless, person-centred, needs-led and recovery-focused. People accessing services will be guided to the right support, first time, without delay.

It will be supported throughout its 10-year lifespan by delivery plans which will set out how we will achieve this ambition. This will allow us to move towards long-term systemic change, while focussing on what can be done in the here and now.

Thank you to everyone who has shared their experiences to help us develop this strategy – it is only through continued collaboration, partnership working and shared ownership for mental health and wellbeing that we will achieve our ambition.

Help and support for your own mental health

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

Contact details

For more information:

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Executive Summary

Our previous cross-Government strategy, "Together for Mental Health", was published in 2012. This set out our goals for improving mental health and mental health services in Wales. It was our first mental health strategy that covered all ages, promoted the mental wellbeing of all people in Wales, and aimed to ensure that people with mental health conditions got the support they need.

Our Independent Review of 'Together for Mental Health' and Talk to Me 2 Strategies (2012-2022) evidenced that much progress had been made but outlined a number of areas where more could be done.

This strategy builds on the progress made under 'Together for Mental Health'. It has been informed by several reviews and engagement with people with lived experience and stakeholders. We also considered the specific recommendations made by Senedd Committees regarding mental health and the responses received as part of the formal consultation in 2024.

Collectively this information has drawn together the views of people with lived experience, practitioners, services and the public to provide a comprehensive insight to inform planning for the future.

How to use this Strategy

The primary intention of this Strategy is to set out our key priorities over the next 10 years to achieve our overarching mission statement, which is:

'People in Wales will live in a country which promotes, supports and empowers them to improve their mental health and wellbeing, and will be free from stigma and discrimination'.

Our sections on the **strategic context** and how it **fits within the wider policy agenda** explains in more detail how we will collectively support this approach.

The delivery of this mission statement will be supported by four vision statements, which are outlined in the following chapters:

CHAPTER 1

There is action to make sure the building blocks are in place to support good mental health and wellbeing *(Vision Statement 1)*.

Here we will explain how Government departments and agencies can support those areas that we know impact on mental health, such as housing, employment and education.

CHAPTER 2:

Everyone has the knowledge, opportunities and confidence to protect and promote good mental health and wellbeing *(Vision Statement 2)*.

Here we will explain how we can support the provision of information and resources to protect and promote good mental wellbeing that are available and accessible for all.

CHAPTER 3:

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

Here we will explain how we all have a part to play in protecting good mental health and how we can create an environment which supports good mental health, by ensuring organisations work together to support a person's mental health.

CHAPTER 4:

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

Here we will explain how we will support the delivery of quality and accessible mental health services, creating a clear plan for services to work together.

CHAPTER 5:

Concludes with how we will deliver the strategy.

Here we will explain how we will support the delivery of the vision statements over the next ten years.

Individual Stories.

Throughout this strategy you will find stories of people accessing support for their mental health and wellbeing. These stories are fictional but are based on real life experiences of mental health and wellbeing issues. The stories illustrate the type of support we want to see happen as a result of the strategy. They are descriptions of what **will** happen rather than what currently happens.

Each of these vision statements are supported by a number of **principles**. These complement those outlined in A Healthier Wales: our Plan for Health and Social Care (A Healthier Wales).

Principles.

All ages:

We will take an all-age approach to ensure we have a system which will support everyone, and which promotes better integration between services. *Throughout this strategy, when we say "people" we are talking about all ages including babies, children, young people and older people.*

Table 1 below provides examples of some of the challenges and opportunities across the life course. It is expected that every action we take to implement this strategy will take into account these changing risks across the life course.

Babies and Children	During this developmental period there are the potential for risks to begin to develop as a result of: • Parents not receiving right level of physical and mental health support • Experiencing poverty • Bereavement • Bullying • Sexual and physical abuse • Social isolation • Physical, learning, neurodevelopmental and mental health issues • Adverse Childhood Experiences (ACEs) • Attachment and bonding issues It is vital that effective interventions are offered at this young age to mitigate future emotional challenges and to support a happy and healthy childhood. There are also opportunities to instil healthy habits which can help strengthen their own health and resilience through education, healthy eating habits and exercise. There is also an opportunity to promote behaviours which contribute to others' wellbeing through, for example education around social matters. This will contribute to creating more understanding, compassionate and inclusive future generations.

Adolescents and young adults	There are additional pressures and risks which can emerge during these critical years including: • Puberty • Sexuality • Exam pressures • Work pressures • Experiencing poverty • Relationships • Adverse Childhood Experiences (ACEs) • Moving from the family home • Planning for the future/career and further education decisions • Transitions between children's and adult services Opportunities exist to build on and sustain healthy habits instilled during younger years and ensure that services are available to support this age group.
Adults	The adult years present a particularly difficult time for people with work and financial pressures, parenting responsibilities, physical and mental health illnesses, issues with substances and relationship challenges. There are particular challenges faced by women and men during these years. Women may face challenges including those linked with pregnancy (and planning for pregnancy), childbirth and menopause. Men may face distinct challenges such as those linked with stigma.
Older Adults	Physical and neurological challenges will be heightened during the later years of a person's life – which can also lead to social isolation and loneliness. Experiencing poverty, including as a result of ill-health. Access to good quality health support from home and continued belonging to communities are vital to reducing risk in later life. Major life events such as moving home and bereavement.

Person-centred:
We will support people to recognise and develop their own strengths and abilities to make informed decisions about their own health. Offering care and support which is coordinated and personalised, whilst ensuring that people are always treated with dignity, compassion and respect.

Co-production:
We will treat people as equal partners when designing, developing and delivering policies and services.

Rights-based approach:
We will ensure that care and support is provided in a way that respects, protects and fulfils the rights of individuals, and will take into account the specific rights some groups have, for example children's rights and disability rights.

No wrong door:
We will ensure that people can present at any point in the system and be guided to the right support without delay

Trauma-informed:
We will build a public understanding of how trauma and adversity can impact people and how we can all support those affected by trauma.

Equity of access, experience and outcomes without discrimination:
We will ensure that services and support are accessible and appropriate for all. This includes the need for the mental health system to be actively anti-racist.

Taking an intersectionality approach:
We will design policies and services which recognise that people are shaped by their membership of multiple interconnected social categories that can interact to create unique challenges.

Preventative and value-based:
We will protect and promote our mental health and wellbeing throughout every stage of life to support a fulfilled life. Taking an approach where we reduce the risk factors for poor mental health and wellbeing and focus on the protective factors for individuals and communities and intervene as early as possible when this is needed.

Free of stigma and shame, blame and judgement:
We will tackle stigma, and the societal views associated with poor mental health.

Outcome focused:
We will deliver against the outcomes that matter to people and have a system that can measure these outcomes and be held to account for them.

Defining mental health, mental health conditions, mental wellbeing and emotions and feelings

To support this strategy, we have defined what we mean by mental health, mental health conditions, mental wellbeing and emotions and feelings, this is outlined below.

This strategy is mainly concerned with how to protect and promote good mental health and wellbeing, and how to support people with poor mental health and mental health conditions. It does not deal in detail with the everyday emotions and feelings that people experience, as these are often a normal and necessary part of everyday life. However, the strategy does consider how people can develop their emotional intelligence to protect their mental health and wellbeing.

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.[1] People with poor mental health can have a mental health condition but this is not always or necessarily the case.

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

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

Emotions are how we feel about something and how our body reacts. For example, if we experience fear we might feel our heart beating faster.[2]

Feelings are how we experience our emotions and give meaning to them. They are different for everyone. For example, you might associate your hands shaking with feeling anxious.[3]

[1] World Health Organisation - Mental Health Definition

[2] MIND – Emotions Definition

[3] MIND – Feelings Definition

Individual's story: Tareq

My name is Tareq. I am 10 years old. I like sea creatures like whales and dolphins. I know loads about them. It's important that we look after all the animals otherwise our planet won't survive. I get worried when I think about all the animals dying because of pollution and the planet getting hotter.

When I think about climate change I get scared and it makes me feel sick. When that happens, I talk to my teacher, or my mum and dad. They help me by naming my feelings and helping me understand why I feel worried and what I can do to feel better.

I have joined my school council, and we are doing things to help the environment, like recycling in school and turning the lights off when we don't need them.

I am learning about everyday feelings, like feeling worried or sad and how to make myself feel better, by talking, playing with my dog, taking deep breaths and spending time outside.

Strategic context

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

The Mental Health and Wellbeing Strategy (2025-2035) has been developed in the context of A Healthier Wales which sets out the vision for health and social care in Wales. This lays out the Welsh Government's ambitions for progress and improvement and describes the core values that underpin the health and social care system in Wales. These are:

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

The Mental Health and Wellbeing Strategy (2025-2035) supports all of these ambitions and sets out our commitment to a joint health and social care approach to mental health. Our approach is person-centred, ensuring that what matters to the person, their needs and goals are always the core purpose of every service and interaction with a professional.

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

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

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

This strategy has been written alongside the Suicide Prevention and Self-harm Strategy. While suicide and self-harm are not mental health conditions, we know that suicide, self-harm and mental ill health share a range of underlying risk factors. Both strategies have a focus on prevention and collaborative working with other Government departments to tackle these risk factors. We also know that people who experience self-harm or suicidal thoughts, as well as those caring for them, often rely on mental health services, among other services, for advice and support. As a result, we have separate strategies for mental health and suicide and self-harm, which allows us to address each independently but also work in collaboration to address independencies.

This strategy will also support Programme for Government commitments in providing effective, high quality and sustainable healthcare.

A focus on Welsh Language

The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and reinforces the principle that the Welsh language should not be treated less favourably than the English language when providing services.

The Welsh Government has ambitions for Wales to be a welcoming, bilingual, diverse and inclusive nation. Cymraeg 2050: Welsh Language Strategy sets out our long-term approach to achieving a million Welsh speakers. This strategy will support the delivery of the More Than Just Words Five Year Plan (2022-2027) which is the Welsh Government's strategic framework for promoting the Welsh language in health and social care and which identified mental health service users as one of the priority groups. At its core is the principle of 'the Active Offer'. It places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them. The More Than Just Words Framework seeks to drive progress through a focus on the three themes of Welsh language planning and policies including data; supporting and developing the Welsh language skills of the current and future workforce; and sharing best practice and an enabling approach.

Receiving treatment in one's own language can be particularly important for people experiencing poor mental health. Ensuring that mental health care is available through the medium of Welsh, and that this is proactively offered to people receiving support, is crucial.

A focus on inequality and promoting equity

Mental health is shaped by the social, economic and physical environments in which people live. The right to good mental health and wellbeing is everyone's and yet we know there are a number of societal conditions that put some groups at a greater risk of poor mental health, and how inequalities can contribute to poor mental health, as set out by the Mental Health Foundation.

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

The Centre for Mental Health describes a "triple barrier" of mental health inequality, which affects large numbers of people from different sections of the population:

i. Some groups of people are disproportionately at risk of poor mental health. This is often linked to wider inequalities in society.

ii. Groups with particularly high levels of poor mental health can have the most difficulty accessing services.

iii. When people in these groups do get support, their experiences and outcomes are often poorer.

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

We also know that marginalised groups who experience discrimination, racism or exclusion solely based on age, race, sex, sexual orientation, disability or other characteristics protected by the Equality Act 2010 will be disproportionately impacted. This includes asylum seekers, refugees and migrants who

may be at greater risk of mental health conditions.[4] The mental health needs of these groups have been highlighted in other key policies and plans, including the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan for Wales, the Nation of Sanctuary Refugee and Asylum Seeker Plan, the Enabling Gypsies, Roma and Travellers Plan, the Child Poverty Strategy for Wales, the Violence Against Women, Domestic Abuse and Sexual Violence Strategy, and the Disabled People's Rights Plan.

It is important to remember that often people are not members of just one of these groups, and within these groups, individuals' experiences can be very different (Figure 1). We need to ensure that attention is paid to the intersection of different inequalities, and that policies and services are designed to take account of the whole person.

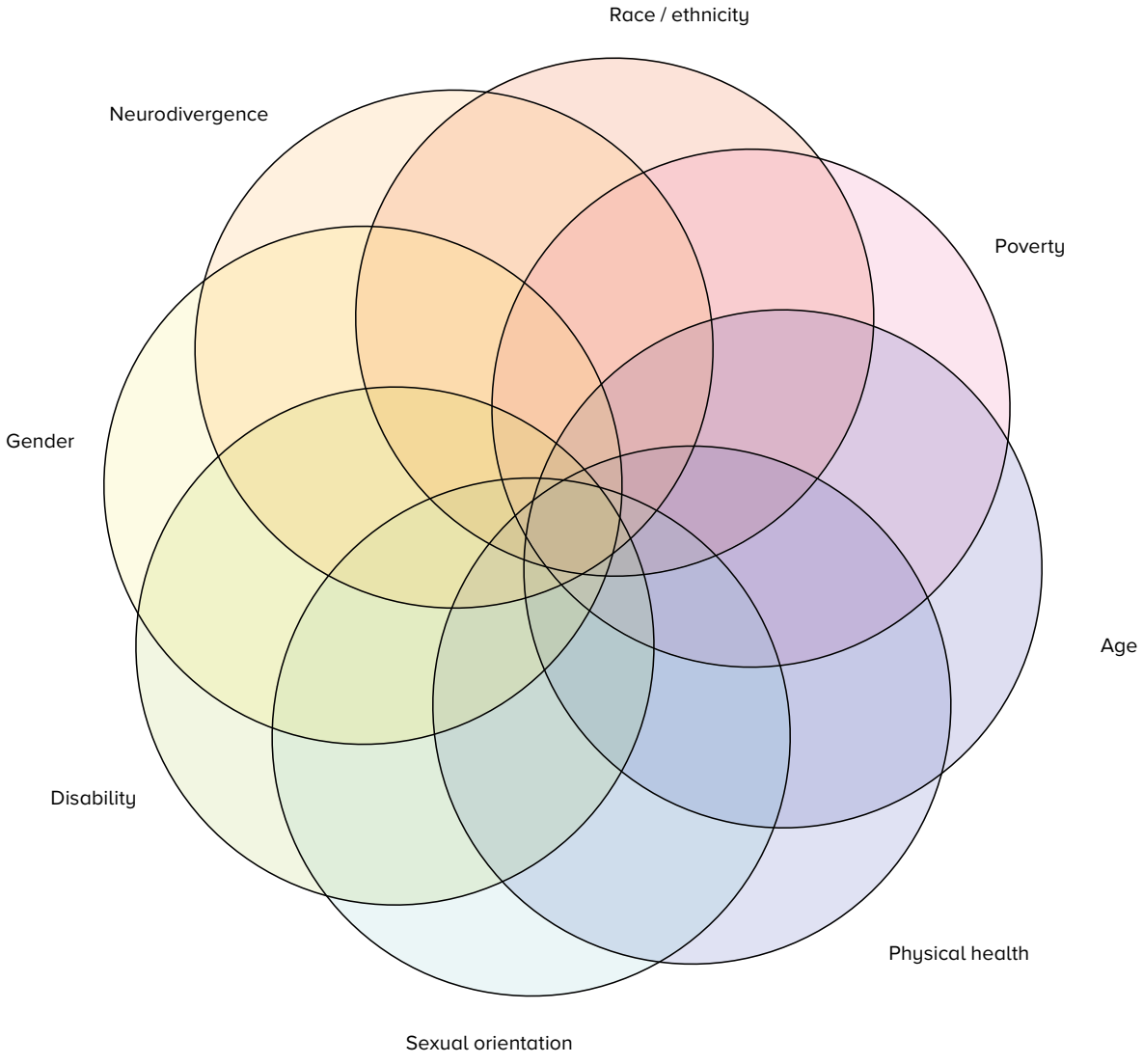
Services should adopt an approach consistent with the social model of disability focussed on the removal of barriers - structural, cultural, and ableist, which hinder disabled people's participation.

In developing this strategy and the actions within the delivery plan, we have considered a number of under-served population groups that may require additional support in protecting their mental health. This is reflected in our impact assessments. There are instances where this has resulted in specific interventions, but the emphasis throughout this strategy is on an awareness of the intersection of these characteristics when considering the whole person.

[4] World Health Organisation (October 2023) Mental health of refugees and migrants: risk and protective factors and access to care

Figure 1: Intersectionality

Intersectionality is the way in which different types of discrimination are connected to and affect each other.



A rights-based approach

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

- Embedding collaborative action to protect mental health and wellbeing.
- Empowering people to know about and feel able to claim their rights.
- Listening to people's needs in order to shape and inform the services and care they receive.
- Putting in place systems that enable equitable access and outcomes for all people, without exception.
- Increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling people's rights.
- Promoting informed consent and reducing restrictive practices.
- Supporting an advocacy system that empowers people to understand and claim their rights.

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

It can be hard to understand what your rights are, especially when you are unwell. Raising awareness of these rights and making sure they are met will be at the forefront of service delivery.

Advocates play a crucial role in supporting people to understand and claim their rights. We need to ensure that there is a highly trained advocacy workforce across Wales that is able to provide both statutory and non-statutory advocacy services.

The Mental Health (Wales) Measure 2010 provides people who receive secondary mental health services with;

- the right to have a Care Coordinator appointed to work with them to coordinate their care and treatment, and
- the right to an individual and comprehensive Care and Treatment Plan to assist their recovery.

These individual care and treatment plans focus on a number of areas of life (and outcomes to be achieved) that we know have an impact on individuals. These are:

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

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

provided, or actions taken) and any language or communication requirements (including in relation to the use of the Welsh language).

Everyone receiving secondary mental health services has the right to a high-quality Care and Treatment Plan that is co-produced and sets out clear outcomes for recovery. Encouragement for involvement in care and treatment planning should be clear and unambiguous. People of all ages, including children and young people, should have ownership of their own plans and be empowered to use these as a way to realise their rights.

The role of legislation

The fundamental aim of mental health legislation is to protect, promote and improve the lives and mental wellbeing of citizens. Legislation that complies with international human rights instruments is needed to protect, promote and support human rights.[5]

The 1983 and 2007 Mental Health Acts for England and Wales provide the legislative framework for assessing, treating and protecting the rights of people with a mental health disorder.[6] They contain a number of compulsory powers, and rules about admission to, or discharge from, hospital.

Alongside this, the Mental Health (Wales) Measure 2010 is all about the support that should be available for people with poor mental health in Wales wherever they may be living.

Specifically, the Measure was introduced to provide early access to local primary mental health support services for individuals who are experiencing mild to moderate and stable, severe and enduring mental health conditions (Part 1). The aim of the legislation was to reduce the risk of further decline in mental health, and in some cases, to reduce the potential need for subsequent inpatient treatment and possible compulsory detention. The Measure was also designed to ensure that all individuals accepted into secondary mental health services in Wales have a dedicated care coordinator and receive a care and treatment plan, as referenced above, (Part 2), and that service users discharged from secondary mental health services have access back to those services when they believe that their mental health may be deteriorating (Part 3). In addition, the Measure extended statutory mental health advocacy provision (Part 4).[7]

The Mental Health (Wales) Measure 2010 aligns directly with the intended outcomes of the Social Services and Well-being (Wales) Act 2014 and its focus on wellbeing, early intervention and prevention, and information and advice for the person (Part 2); assessing the needs of individuals and carers, recognising that both have an equal right to assessment (Part 3); meeting the needs of individuals and carers (Part 4); safeguarding and protection (Part 7); and advocacy, including the provision of independent professional advocacy for vulnerable people with capacity (Part 10). The principles of both frameworks are also directly linked, including their focus on wellbeing, prevention and early intervention; integration and partnership across boundaries; proportionality; avoiding duplication; and having a named lead coordinator for care, support and treatment planning.[8]

The Mental Health Act

The Mental Health Act tells people what their rights are relating to:

- Assessment and treatment in hospital.
- Treatment in the community.
- Pathways into hospital, which can be civil or criminal.

[5] World Health Organisation (2022) World Mental Health Report. See also World Health Organisation (October 2023) Mental health, human rights and legislation: Guidance and Practice

[6] Mental Health Act - NHS

[7] Mental Health (Wales) Measure 2010 Explanatory Memorandum (March 2010)

[8] ADSS Cymru Operational Guidance - Social Services and Well-being (Wales) Act 2014 and its interface with Mental Health Legislation in Wales

In November 2024 the UK Government introduced the Mental Health Bill 2025. The Mental Health Bill will modernise mental health legislation to give patients greater choice, autonomy, enhanced rights and support, and ensure everyone is treated with dignity and respect throughout treatment.

This legislation is intended to give effect to the policy approaches outlined in Sir Simon Wessely's Independent Review in 2018, which sought to understand the reasons for rising rates of detention under the Act and the disproportionate number of people from black and minority ethnic groups detained under the Act.

These measures aim to give people greater control over their treatment and help ensure they receive the dignity and respect they deserve.

Chapter 1: There is action to make sure the building blocks are in place to support good mental health and wellbeing (Vision Statement 1)

Good mental health is dependent on the building blocks that make up our lives being right. These building blocks include things like safe and comfortable homes, good jobs, enough money to live comfortably, safe childhoods and connections with people in our communities. These are the things that everyone needs in order to be healthy and are sometimes described as the wider determinants of mental health and wellbeing. The building blocks can be social, cultural, economic and environmental factors.

These factors drive differences or inequalities in health and wellbeing between groups of people. Factors can include access to money and resources; our level of education and skills; the availability of fair work; the quality and security of our housing; and our surroundings more generally.[9]

There are a number of experiences that can have a detrimental impact on people's mental health and wellbeing and increase the risk of people experiencing mental health conditions. These include, but are not limited to, being exposed to trauma and adverse childhood experiences, experiencing poverty, homelessness, poor quality indoor and outdoor environments, abuse, sexual violence, neglect and violence, substance misuse and discrimination.

These aspects of someone's identity and experiences combine to affect their mental health. We need to make sure that actions to improve these building blocks take into consideration how these factors can combine to create unique challenges for individuals. This is sometimes called intersectionality.

The work to make sure that these building blocks are in place for everyone, and everyone has a fair opportunity to improve their mental health, is very broad. The whole of Government and other organisations have a responsibility to deliver this. This strategy will operate alongside other programmes of work and cannot try to make those broader changes on its own.

The principles that underpin this approach

There have been a number of approaches that seek to capture how policy can be targeted to achieve change in these social determinants. The Marmot Review[10] sets out a comprehensive and evidence-based strategy that articulates a number of core principles that should be addressed. The Marmot Review identifies that people with higher socio-economic status have better life chances and better health. The better off someone is socially and economically, the better their health. It is therefore essential that a strategy looking to improve mental health and wellbeing considers how it can improve the socio-economic status of the population. This approach is embedded consistently through Welsh Government policy making and will be

[9] Wider Determinants of Health Unit - Public Health Wales

[10] Fair Society Healthy Lives (The Marmot Review)

integral to helping people have better mental health and wellbeing.

The Marmot Review identified a number of areas of daily life where action should be taken to reduce this social gradient (where people who are less advantaged in terms of socio-economic position have poorer health outcomes and reduced life expectancy). Action in these areas should seek to redress the imbalance created by the unequal distribution of power, money and resources. This results in eight key principles to improve health outcomes:

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

Structuring our consideration of how we can drive improvements in mental health and wellbeing around the Marmot Principles aligns with the pursuit of the Well-being goals set out in the Well-being of Future Generations Act (Figue 2).

Figure 2: The Well-being of Future Generations Act Well-being Goals

What we are doing

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

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

In order to support officials to effectively consider how their policy areas can support the mental health of people in Wales, we will ensure there is training on undertaking Health Impact Assessments which emphasises the importance of understanding people's lived experiences of mental health and wellbeing.

In this respect, the strategy is reinforcing the Programme for Government which prioritises action on mental health across Welsh Government.[11] This strategy is putting these principles at the heart of developing Government policy. For the other vision statements within the strategy to be effective, there needs to be a joined-up, whole-Government approach to ensuring that children get the best start, that people have good quality work, that people have stable housing and have the financial security to lead a fulfilling life. Action needs to be taken across the whole life course, combatting the disadvantages that are evident from before birth through the whole life of a person.

Whole government approach

Good quality, affordable and safe housing is vital to support mental health. We have a range of plans to support this including our Welsh Housing Quality Standard 2023 and the Ending Homelessness Action Plan (EHAP). The EHAP reflects our commitment for homelessness to be rare, brief, and unrepeated. This means that we will act to prevent people from becoming homeless in the first place, ensure that housing stock is sufficient to enable people to reach settled housing as quickly as possible rather than relying on temporary accommodation, and will put systems in place to allow people to succeed and thrive in the right homes in the right communities.

The Welsh Government's substance misuse approach is rooted in harm-reduction and recognises substance misuse as a public health issue as opposed to one that is solely related to criminal justice. Our overall aim is that people in Wales are aware of the dangers and the impact of substance misuse and know where they can seek information, help and support. Substance misuse and mental health services are prioritised within this approach. Our Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem sets out the care and support needed for people with complex needs, including homelessness, and how services should work in partnership to meet these needs and have provided specific funding to support this work.

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

[11] Welsh Government - Programme for Government - Update

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

Connected communities sets out our strategy for tackling loneliness and social isolation and building stronger social connections.

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

Culture is also fundamental to how people choose to live and enjoy life. Interacting with culture can be creative and playful, energising and dynamic. Whether we experience culture as creators, as participants or as consumers, how we interact with culture shapes us and affects our sense of wellbeing.

We know that early childhood experiences, positive and negative, can have significant impact on children's current, and future, mental health and wellbeing. The Early Childhood Play, Learning and Care (ECPLC) approach, Early Childhood Play, Learning and Care (ECPLC) | GOV.WALES, in Wales focuses on the child and their development. This approach builds on and recognises the importance of working together with parents, and other care givers, to support every baby and young child to feel empowered, cared for, nurtured and to create environments in which children are able to thrive. It also builds on the nurturing and learning parents/carers provide at home and/or helps as a preventative measure for Adverse Childhood Experiences (ACEs).

The approach is supported by a number of early years policies and programmes. These include the Families First programme, which promotes the development of multi-agency systems of support for families and places an emphasis on early help and prevention. The Flying Start programme continues to make a real difference to the lives of children under 4 years of age in some of our most disadvantaged communities. Flying Start includes four core elements: these being fully funded quality childcare, parenting support, intensive health visitor support, and support for speech, language and communication. These work alongside our universal positive parenting campaign, Parenting, Give it time and our Family Information Services (FIS), which offer tailored advice and support to parents, helping build confidence, foster positive relationships, and ensure every child in Wales gets the best start in life. This work is also supported by the health improvement programme 'first 1000 days', which is led by Public Health Wales. It was established in response to strong evidence that suggests the period during pregnancy and up to the child's second birthday offers the greatest potential for impact in both improving outcomes and reducing inequalities.

We know that Speech, Language and Communication (SLC) development is an important indicator of children's overall wellbeing. Children's SLC skills have an impact on a wide range of outcomes including behaviour and mental health, employability, and their likelihood of entering the criminal justice system. That is why the Welsh Government has prioritised children's speech, language and communication

skills as they are essential for positive long-term outcomes. The Talk With Me campaign centres on 10 evidence based key messages for SLC development, all based on responsive interactions between adults and children.

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

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

Individual's story: Dan

I'm Dan, I'm 34 and I have a 18 month old son called Elijah and a partner called Tara. I like music and playing football.

I wasn't able to go to antenatal sessions with my wife because I was working and I hadn't really thought too much about the impact of having a baby on our lives. When my son was born it was a big change and I struggled to connect with him, it felt like he only wanted my wife and cried when he was away from her. Elijah was unsettled at night and I found that hard. I was exhausted, which made me anxious and annoyed, I felt down and I didn't feel like a good dad.

I liked our health visitor, who I met whilst I was on paternity leave, she was friendly and I didn't feel she judged us, so when she asked, on one of Elijah's checks, how everything was at home, I told her how I was feeling. She took time to listen and I felt like she understood. She gave us the 'Every Child' resources and showed us The Parenting. Give it time website which were easy to read and gave ideas for support.

She also told me about some books that I could get from the library about developing a bond with babies and a useful one on sleep. This helped us put a plan in place and understand how much sleep babies need and that Elijah was just doing his best and needed our help.

Our health visitor suggested I try getting out and about with Elijah and told me about the Family Information Service who can tell parents about what's available in their area. I gave them a ring and they suggested a few groups to try.

I picked a music group because it was a Welsh language one and because it was free. I talked to my employer who was supportive and let me work flexibly one day a week so I can take Elijah to the group, it's in the local library so we borrow some books for him there as well. I met dads like me, and it helped being able to talk to them. The group helps me have fun with Elijah, I learnt about the importance of talking and singing with your baby and Elijah loves bashing the drums and making as much noise as he can. He always has a good nap afterwards (and so do I!).

The health visitor told me about help and support available for new dads. She referred us to a team that helps parents learn how to play and connect with their babies. I was nervous at first, my parents didn't really play with me, and I haven't been around babies before so I wasn't sure what to do, but the team helped me understand that it's the little things like peekaboo and cuddles that make a difference. They gave us lots of ideas and I learnt about how babies develop and learn.

I feel more confident with Elijah now and I can understand the way he shows his love for me. Being a dad is hard and exhausting but I feel like I'm doing a good enough job and I know where to go for support if I need it.

Individual's story: Elijah

I'm Elijah, I am 18 months old, I have a daddy called Dan and a mummy called Tara. I like cuddles, stories and making noise.

When I was a very little baby I wanted to be close to my mummy and I would get upset if she wasn't holding me, her smell and heartbeat was comforting to me, it was what I knew. My daddy didn't hold me a lot or talk with me so I didn't feel as comfortable with him. An adult that my mummy and daddy trusted (our health visitor) came to talk to my mummy and daddy, she also talked with me and smiled at me and this made me feel happy and included.

My daddy started taking me on walks which made me happy because I could see the trees and feel the wind and sun. My daddy also started taking me to a fun place with lots of books, we looked at books together and I liked holding the books and listening to his voice. We go there every week now and they have lots of things to play with and make noise with, I like it when I can make a big noise with my hands and my voice.

My daddy plays with me now, he makes me laugh playing peekaboo and tickles. I like it when he looks at me and sings with me, it makes me feel calm and loved. I still love being with mummy but I also love cuddles and time with daddy too.

Therefore, we will:

- Monitor a set of measurable, cross-Government indicators to track progress at a population and programme level – and develop a monitoring approach that embeds learning from these indicators into the development of policy impacting mental health and wellbeing.
- Embed the principles of this strategy throughout the work of Government by ensuring that public bodies undertake health impact assessments that specifically consider the impact on both physical and mental health in specified circumstances.
- Raise the awareness and ability of Government and the wider public and third sector to fully consider mental health in policy development and implementation through the development and implementation of training resources.

Chapter 2: Everyone has the knowledge, opportunities and confidence to protect and promote good mental health and wellbeing (Vision Statement 2)

What this means

This vision statement examines how looking after our mental health and wellbeing can not only help us find contentment in our lives, but it can also help us to recognise and regulate our emotions. It can help protect against mental health conditions and help us cope better when we experience symptoms of poor mental health or live with a diagnosis of a mental health condition.

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

It recognises that everyone is different and that some people may need more support than others, particularly under-served population groups, as reflected in our impact assessments. Our needs can also change throughout our lifetime, depending on the circumstances, setting or environment we find ourselves in. This vision statement also recognises that there are groups of people who will always need support to look after their own mental health and wellbeing. These include babies, children and young people (whose parents, guardians or carers will make decisions on their behalf) and some people with additional learning needs.

To ensure equitable access, experiences and outcomes for all, action is needed at all levels to remove barriers and to increase enablers including through the provision of community assets, activities and support.

Understanding what works to protect and promote good mental health and wellbeing

There is a wealth of information already available about looking after our mental and physical health and wellbeing, but we know this can sometimes be misleading, overwhelming or confusing and isn't always available in an accessible language or format. More robust evidence is also needed on what works to protect and promote good mental wellbeing, and what works to prevent the development of mental health conditions.

Communicating this in a way which increases people's understanding of what can affect our mental health and wellbeing and what we can do to protect and improve it will give people the confidence to seek out opportunities and the right kind of support when they need it.

Public Health Wales have developed a 'Mental Wellbeing and Health Outcomes' model which depicts the relationship between individual mental wellbeing and community wellbeing and the key elements that influence each (Figure 3).[12]

Figure 3: The relationship between individual mental wellbeing and community wellbeing.

Source: Image provided by Public Health Wales.

The model shows that having a sense of connection is fundamental to our mental health and wellbeing, including:

- **A connection to ourselves -** being in tune with how we're feeling physically and emotionally and what matters to us, alongside feelings of control of decisions which impact our lives.
- **A connection with others -** positive relationships, appropriate and consensual physical touch, trust and a sense of belonging.
- **A connection to the world -** feeling part of something bigger. Feeling connected to our community and the world around us including our connection to nature.

[12] Promoting individual and community wellbeing - Public Health Wales (nhs.wales)

We know from evidence that there are activities we can undertake to protect and promote good mental health and wellbeing, to help us cope in difficult times and to flourish when times are good.[13] These 'protective' factors (the things which can make life easier for us to manage) will be unique to each of us but there are common themes that can help at all stages of life including[14]:

- Moving your body more and being physically active.
- Finding ways to be creative.
- Engaging with nature, culture and heritage.
- Learning something new or making time for hobbies.
- Helping others and volunteering.
- Finding time to relax and switch off from day-to-day concerns.
- For babies, children and young people, time to play.
- Eating and maintaining a balanced and nutritious diet.
- Good quality sleep.

Many of these activities can be interconnected. For example, joining a local outdoor walking group can help us feel part of a community as well as providing an opportunity for physical activity and a chance to engage with nature. We often connect with people with similar interests and experiences, so doing activities we enjoy as part of a group can help us form social bonds. It can also help us to meet new people and people with different experiences, helping to build a wider sense of community. On the other hand, for people who constantly interact with others and require opportunities for peace and tranquil respite, walking on one's own may sometimes be what's needed to help them unwind.

[13] How leisure activities affect health: a narrative review and multi-level theoretical framework of mechanisms of action

[14] Further detail on sources of data are included in the accompanying impact assessments.

Taking action to protect and promote good mental health and wellbeing

We all experience a range of normal human emotions such as anger, joy and sadness throughout our lives but being able to identify, understand and manage what we're feeling isn't always easy. It requires knowledge and skills which currently aren't commonly taught but can be learnt and developed.

Emotional intelligence refers to our ability to recognise and understand our own emotions and those of others. Having this understanding then helps us to reflect on and regulate the impact these have on our thoughts, behaviours and interactions with others, enabling us to form healthier relationships with ourselves and with others[15].

We want people to know what works for them and have the confidence to try new things, particularly those that help us achieve a sense of "flow" (where we're so engaged with an activity, we lose sense of time) which can help us to regulate our emotions[16]. A suite of tools and resources to help people reflect on and regulate emotions are required.

Our ability to access the tools, resources and activities described above will vary by situation and circumstances. It can be dependent on the available community assets. Community assets is a collective term for anything that can be used to improve the quality of community life. This can include community groups, interventions and services which could be delivered online or in person, as well as buildings, land or even a person within a community.[17]

Examples include parks and green spaces; community centres and cafés; places of worship; cultural assets such as libraries, museums and arts centres; swimming pools, leisure centres and sports clubs; information and advice services, housing associations, faith and community-based groups; children's clubs, play and youth services; and outreach and physical activity services for older people.

It is important that people who face barriers in accessing these resources are supported to do so. Often, people will have the confidence and ability to recognise opportunities and act themselves to support their own health and wellbeing. Or they may be prompted and supported to do so by family members and friends. However, we know this can be difficult for some people. We want people to be empowered to manage their personal surroundings and choose when to access community assets to support their health and wellbeing.

A spectrum of support may be required, which can vary over a person's lifetime and be dependent on the circumstances in which people find themselves. This spectrum of support can range from providing information and advice, signposting and/ or referral to other services, social prescribing, or an NHS or social care service. It could also include specific peer support programmes, where people with a lived experience of a condition or situation support others to engage and take action.

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

There is also a role for employers in supporting their workforce to prioritise action to prevent poor mental health and promote and protect good mental wellbeing.

[15] https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2022.1049431/full

[16] Flow Activities as a Route to Living Well With Less

[17] Public Health Wales and WSSPR (2023) A Glossary of Terms for Social Prescribing in Wales

Creating the right environment for protecting and promoting good mental health and wellbeing

Societal norms and behaviours have a crucial part to play in whether people have the confidence to act. The interactions we have in our communities influences our sense of belonging, our wellbeing, and our motivation to engage in and with our communities[18]. Therefore, we want to create a Wales where people are treated with kindness and compassion and continue to normalise talking about protecting and promoting good mental health and wellbeing and seeking help for mental health conditions.

Having communities which are empowered to take collective action to develop assets which meet local needs and feel welcoming and inclusive is an important aspect of supporting the wellbeing of individuals within those communities, as well as enabling a broader sense of "community wellbeing"[19].

Our physical environments also impact on our behaviours and our wellbeing. For example, feeling safe in our communities and the 'walkability' of our neighbourhoods influences our confidence to engage in physical activity in our local areas, young people have told us they "valued being surrounded by clean, pollution and litter free surroundings and having more opportunity to spend time outdoors". Environments which enable us to develop stronger connections with nature can influence us to take action to care for our local area and the world around us, bringing benefits for both the individual and the community.

[18] https://www.mentalhealth.org.uk/explore-mental-health/kindness

[19] Akhter N, McGowan VJ, Halliday E, Popay J. et. al. (2023). Community empowerment and mental wellbeing: longitudinal findings from a survey of people actively involved in the big local place-based initiative in England. Journal of Public Health 45(2): 423-431. Doi. org/10.1093/pubmed/fdac073

Individual's story: Huw

I'm Huw, I am 81 years old. I am a widower and a retired farmer and live in a very rural place. I enjoy talking to my grandchildren who live abroad, and staying busy. After retiring I started feeling down and lonely, I missed my life on the farm and found it hard to get out as I don't drive anymore and have a bad back.

When I went to my GP about my back, he asked me how I was doing emotionally since retiring. No one had asked me that before and I don't normally talk about my feelings but I told him, it helped that he spoke Welsh so I didn't have to talk in English which I don't feel confident doing. He recommended I talk to a community connector.

The community connector took time to listen to me tell my story in my language and asked me what matters to me. She put me in touch with a charity that supports farmers. They understand farming and farming communities and so I could talk about how I was feeling.

The community connector told me about the community transport scheme which is a minibus that can take me to appointments. She also put me in touch with a social enterprise running a farm for people with learning difficulties and now I volunteer on the farm. Volunteering gives me an opportunity to share what I know about farming and be useful. I was worried that with my bad back I'd have to move away from my house, but the local authority installed grab rails and a shower seat for me and I have telecare just in case I have a fall or I'm unwell. I was relieved because it means I can carry on living independently in the place where I grew up.

Finally, the community connector found me classes for learning about the internet, I got the community transport bus to the classes, and they taught me how to use facetime and whatsapp and get internet installed at home so I can talk to my grandkids more.

I'm busy now, I talk to different people regularly and my home is more practical for me. I still have days where I miss the farm, but I don't get down like I used to.

Therefore, we will:

- Develop a robust and clearly communicated knowledge and evidence base on what works to protect and promote good mental wellbeing, and what works to prevent the development of mental health conditions across the life course.
- Empower and enable everyone to take action to protect and promote good mental health and wellbeing across their lives.
- Create an environment which protects and promotes good mental health and wellbeing and where it is normal to talk about taking action to protect and promote good mental health and wellbeing and to seek help for mental health conditions.

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

In Chapter 1 we set out the building blocks of wider society that need to be in place to support good mental health. Getting this right will help to reduce inequalities across society and improve mental health outcomes. Chapter 2 set out some of the behaviours, information and resources, that can support positive mental health and wellbeing across the population.

However, we know that people will still need additional support to protect and improve their mental health. Many of these people will be in contact with services other than core mental health services, whether these are elsewhere in the health system, in social care, other public services or the third sector.

This chapter is about ensuring that this range of services create a connected system where all people receive the support they need. This support should range from the informal wellbeing and support systems in local communities, through to help within wider services, advice and signposting opportunities for support and self-management. These services should all work together to support person-centred care at the right level for the individual's needs.

What do we mean by a connected system?

We recognise that support for mental health and wellbeing is provided in many different ways by lots of different services. Mental health support may not be the primary reason that someone is in contact with these services, but it may be where they first present as having an unmet mental health need.

Across all ages, these services can include:

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

In addition, for babies, children and young people:

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

Our overall goal is to ensure that all these areas work together to provide a joined-up service, that is easy to access and easy to navigate and is equitable when it comes to people's experiences and outcomes.[20] Services should actively support people to find the right help, in the right place, at the right time.

This chapter focuses on broadening the conversation away from thinking that help for poor mental health is the domain of specialist health services only. These services are important, but there is much more that can be done to provide support.

This strategy recognises the breadth of services and support that impact on people but also acknowledges that there are specific sectors people are more likely to turn to for support and it is important that action is prioritised here. This will include a focus on NHS and social care integration, and areas such as housing, employment, education and money advice services. These services, like mental health and social care, will need to work closely together, sharing information about people where appropriate to develop person-centred care planning. Other services will not work as closely together but need to have a strong understanding of the points of interface.

To achieve a connected system, we need wider services to be able to be responsive to a person's needs, and deliver support in a combination of three ways (Figure 4):

- Provide support within that service.
- Signpost, and support access to, appropriate mental health support.
- Work with mental health services to deliver person-centred care.

Figure 4: A connected system

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

Providing support within that service

These services can be the front line of support. This means that staff need to respond in a trauma-informed way and have an understanding of the appropriate level of mental health support. These services will often be a fundamental part of a person's care and treatment plan. People within these services need to be compassionate, understand how they can support an individual experiencing mental health difficulties, and understand the limits of the support they are able to offer. Some services will have a component of mental health support built in that they deliver directly, for instance bereavement support. These services will only need to signpost to other support where the complexity requires it or to provide a person with ongoing contact with wider support, such as social prescribing.

Signpost and support access to appropriate mental health support

There will often be a point at which an individual's needs are greater than can be supported within the service they have presented at. This means we need a system that supports communication between services. People must experience seamless support, no matter what services they are being supported by.

To do this we need to collectively understand and value the role of other interventions. This will include understanding the role of preventative, community and voluntary sector work, recognising that they often have a key role in coordinating support, connecting services, contributing to care and treatment planning, delivering mental health and wellbeing support,preventing escalation and supporting people whilst awaiting services elsewhere.

People working in other services will need to have an understanding of the access points to the mental health system and know where they can turn to for more information when needed.

Work with mental health services to deliver person-centred care

This means that some agencies such as social care, or voluntary sector provision where it has been commissioned, will need to work closely together, to support person-centred care and treatment planning. These services need to work together to make sure that people do not have to tell their story lots of times. Staff need to be supported by data systems that can communicate with each other. These services need to share expertise and knowledge to make sure the support offered is person-centred and recovery focused.

What action we will take to develop a connected system

The combination of support outlined above will often be interlinked and may interchange as a person's needs change. A key focus of our connected system will be to ensure people who provide services have the confidence and knowledge to engage with people who need mental health support and that these services can proactively support people in a trauma-informed way. They will also be supported to deliver services in a way that contributes to reducing inequalities and improves access, experience and outcomes across our population, so we do not leave any group behind.

Individual's story: Max

My name is Max, I'm 7 years old and I live with my foster carer Marie. I like building things and drawing.

I can't live with my mum because she can't take care of me. Adults told me my mum's job was to keep me clean and safe, take me to school and see the doctor when I'm poorly. Other adults noticed my mum couldn't do these things for me, and a Judge decided that although my mum loves me very much, I need to live with an adult who can do these things for me. Marie had special training before she started looking after me, so she understood how to help me deal with the trauma this caused, and she often talks to a specialist about how best to care for me. Marie and my social worker David helped me make a book all about my life so far, which we add to all the time, and this helps me to understand where I come from.

Sometimes I get angry and sometimes I get sad, but Marie is patient with me and gives me cuddles and helps me to understand my emotions. Sometimes, Marie needs to talk to other people looking after children who can't live with their fami-lies, and we go to a meet up with other foster carers. I love this because I get to play with my friends in soft play while Marie talks to the other carers.

I am starting a new school in September, and I am feeling nervous about it. Marie is feeling nervous too, but we have met my new teacher Mrs Jones and she is very friendly. Marie and David have spoken to her about how I behave when I feel stressed or worried and how to help me feel better. She has made a sensory area for me in the classroom which I can use if I need to have some quiet time and do some drawing to relax. All the teachers in my school have done training to support children who have experienced trauma so they understand how trauma can affect my learning and behaviour, and that makes me feel supported. My teachers can al-so talk to the specialist about how I am doing in school.

When I'm a bit older I will start some support with a trained therapist. The ther-apist will work with me and my foster carer to help me work through what hap-pened when I was younger and to help me understand and process my feelings.

Individual's story: Jo

My name is Jo, I enjoy cooking and volleyball and am a sanctuary seeker living in Wales. I was working as a community worker in my home country when I was forced to come here seeking sanctuary because I was no longer safe. The process of claiming asylum is a prolonged and stressful experience. Separated from my family, I felt scared and confused about what the future held, with no idea how long the process would take.

The events I experienced in my home country caused me to fear for my life, flee my home country and make a frightening and dangerous journey to the UK. I had no control over my life as a sanctuary seeker, and not knowing if I will be forced to return to danger made it impossible to feel like I was safe and secure. These traumatic experiences added to my feelings of distress.

When I first came to Wales, I did not know anyone, I spoke very little English or Welsh and was not sure what services were available to help me with basic needs. I didn't know where to get support for my feelings of distress and physical pain. It was difficult to access the internet to look for help, and there was nothing to do because I had no money and was not allowed to work. I felt lonely and helpless.

However, I was provided with information on my rights as a sanctuary seeker in my own language, including what support was available and how I could get it. Through this I found I could use a library for accessing the internet. I found I could also get a free SIM card through refugee support organisations, and a 'Welcome Ticket' so I could use the bus for free for six months. I was supported to register with a GP who made sure an interpreter was there for my appointments. Professionals I met treated me with kindness, compassion, understanding, and empathy.

Through my GP I accessed the support I needed for my feelings of distress. I saw a therapist who understood the physical and mental impact of the traumatic experiences I had been through, and how it might affect the way I felt in my mind as well as pain in my body. I was not forced to recount my experiences as they understood how my experience was affecting me. They also understood how important my culture and beliefs are to me, so I was able to share my emotions in an environment where I felt safe, could pray, and where I felt heard and supported.

I was able to decide what support I wanted to receive. I am now better able to navigate my emotions and understand my trauma to support me to manage, and hopefully overcome, my distress.

I was linked with voluntary organisations so I could benefit from peer support and make friends from my home country which helped me feel less alone. I was also then able to attend language classes which enabled me to practice my English and Welsh.

I now volunteer for a local food project where I'm able to combine my love of cooking with my experience of community work to help my local area. I have joined a volleyball team and made friends with players from Wales which has helped me to feel welcome here.

Trauma-Informed Wales Framework

In Wales we are striving to become a trauma-informed nation. We will do this by continuing to embed the Trauma-Informed Wales Framework into policies, programmes, strategies, and continue support for the development of trauma-informed services and interventions.

This framework recognises that different people react in different ways to traumatic experiences. It also recognises that early trauma, especially prolonged and repeated trauma, can significantly impact babies', children's and young people's social, emotional, cognitive and physical development. In particular: "Some people will notice changes in their own or others' behaviours. Some people will develop one or more diagnosable conditions[21]. Other people's reactions and needs will be shaped by co-existing factors, for example, impaired capacity to make decisions, additional learning needs, neurodivergence, substance misuse, cognitive impairment and factors such as a person's asylum status."

We need to ensure services are provided in a trauma-informed way and direct people to the appropriate support. If everyone in society becomes trauma-informed then fewer people will need additional support as they will have been able to get help earlier and in the right way.

A 'trauma-informed' organisation understands that adversity, trauma and distress can occur to anyone, and at any point, across the life course and focuses on creating an environment for both the workforce and people they support that minimises exposure to adversity, trauma and distress. Ensuring people are confident in understanding what interventions and supportive factors someone may need in place to prevent and mitigate the long-term impact on physical and mental health and wellbeing is a key focus of the 'Trauma-Informed Wales Framework'. The framework is underpinned by five core principles; 'a universal approach that does no harm; person-centred; relationship-focussed; resilience and strengths focussed; and inclusive'. The framework has four defined practice levels[22], which describes the different roles that people have within different contexts, enabling a focus on improving recognition of, and response to, trauma.

Easy access to expertise

We need to support the public to access information and advice on their own or their loved one's mental health but also enable the broader workforce to have the information and advice they need to support people with poor mental health. We have started to improve the public's access to information and advice through the recent roll out of 111 press 2. Through the lifetime of this strategy, we will develop our approach to supporting our broader workforce through access to information and advice, whether they are statutory, voluntary of community, so they feel confident in supporting the people that they work with any mental health needs. The development of this approach will be informed by the lessons learnt by the roll out of 111 press 2.

Supporting health and social care approach

A key relationship to support seamless care is between health and social care. This is fundamental in the approach taken within this strategy. 'A Healthier Wales', outlines the need to take a whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It also recognises the need to develop a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

[21] Such as PTSD [Post Traumatic Stress Disorder], CPTSD [Complex Post Traumatic Stress Disorder], personality, depressive, anxiety and substance use disorders, and, more rarely, psychosis.

[22] These are: trauma aware / trauma skilled / trauma enhanced / specialist intervention.

When people need support, care or treatment, they will be able to access a range of services which are made seamless and delivered as close to home as possible, as part of an 'Integrated Community Care System'. This will build a joined up seamless care and support offer for people that will enable them to:

- Achieve good health and wellbeing.
- Easily access rapid advice and appropriate (proportionate) help to prevent a person's need escalating.
- Live well at home as independently as possible.
- Access joined up care and support closer to home.
- Avoid unnecessary admission into hospital.
- And where a hospital stay is necessary support them to return home from hospital safely and swiftly.

This will mean that services will be designed around people, based on their unique needs and what matters to them, with a clear focus on quality and good outcomes.

This way of working will support us to embed a care and treatment planning approach into the delivery of services.

Supporting babies, infants, children and young people

Pregnancy and raising a family can be a very happy and fulfilling time. But not everyone feels this way all the time. We know that babies, children, young people and their families often need support, and they can receive this support from a wide range of different services. We want to make sure that within this network of support we make every contact count, that children and families are helped to understand and protect their own mental health and wellbeing and know where to turn to if they need more focussed support.

Half of mental health conditions are established by the age of 14 and 75 percent by age 24. Globally, one in five (20.1 percent) children aged between one and seven years have been estimated to have a mental health condition, and this has been compounded by the COVID-19 pandemic.[23]

We acknowledge that the current means of accessing mental health and wellbeing support for babies, children, young people and their families, has room for improvement and does not always work as a connected system, with people feeling that they are 'bounced between' services or being told they have come to the wrong place for support.[24]

In response to these issues, we have co-produced the NYTH/NEST framework for implementing a connected approach to mental health and wellbeing services for babies, children, young people and their families.[25]

NYTH/NEST Framework

The purpose of the NYTH/NEST framework is to make expertise and advice quicker to access, and to give the adults closest to babies, children and young people of all ages the skills and confidence to understand what they can do to help. When extra help is needed, it aims to join up support, so babies, children, young people and families get the right help at the right time and in a way that is right for them.

The NYTH/NEST framework acknowledges that good infant mental health is nurtured when babies experience sensitive and safe relationships with their primary caregivers.

[23] Royal College of Psychiatrists (2023) College Report CR238 – Infant and early childhood mental health: the case for action

[24] No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales (childcomwales.org.uk)

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

Research suggests that 10–25 percent of young children experience significant difficulties in their relationships with their main carer, which can increase their risk of experiencing mental health conditions later in life, as well as a range of poor social, emotional and educational outcomes.[26]

Infant mental health

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive.[27] Early relationships are fundamental to infant mental health and create the foundations for positive development throughout childhood and adolescence. If this is absent, babies can be vulnerable to experiencing trauma, adversity, abuse and neglect, the impact of which can have long-lasting effects across the course of someone's life. To support babies, children and young people, parents or carers need easy access to expertise and support. We want to ensure that support is offered holistically and involves the whole family.

Action to support positive psychosocial development for babies, children and young people, including the first 1,000 days of life and throughout their education, is vital for enabling them to thrive and can influence outcomes in later life. We want to build on the existing skill set in Midwifery, Health Visiting and other family support teams. Providing more learning opportunities on attachment and parenting, and specialist roles that can share parent-infant relationship knowledge and skills, including consultant health visitor and midwifery roles. This will build on the work of the perinatal mental health network. Ensuring that we make every contact count with expecting and new parents to provide support across the spectrum of mental health needs that can be faced at this time.

We therefore need to develop an approach that supports learning attachment-based parenting skills and then build on this to strengthen the universal and targeted offer to parents. We want to ensure that this support is available before, during and after pregnancy and is inclusive for our whole population.

Care experience

Care experienced babies, children and young people are likely to have experienced trauma and adverse experiences and it is the shared responsibility of partners, particularly health and social care, to act as true corporate parents to make sure they are not subjected to more barriers and complications. Their support needs to be connected and person-centred with agencies working together as a team to respond to their needs as they grow. Our Multi Agency Framework for Children's Services sets outs our ambitions to achieve this.

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

[27] Parent-Infant Foundation (2021) Infant Mental Health and Specialised Parent-Infant Relationship Teams: A briefing for Commissioners

Individual's story: Nia

I'm Nia, I am 15 years old. I like spending time with my friends, gaming and hockey. I started to feel anxious when I was 13, had low moods and felt depressed. I talked to a youth worker in my youth club about how I was feeling, and they really listened to me, using language that made sense to me.

After talking it through with me and my mum the youth worker rang the Single Point of Access (SPoA) which is the number to call to get support in our county and spoke to a worker from Child and Adolescent Mental Health Services (CAMHS). The CAMHS specialist told my youth worker about some different coping mechanisms and techniques I could use to help me deal with how I was feeling, they also contacted my mum to let her know how to help me.

It was about this time that my school said they thought I might be neurodivergent so they put in a referral for a neurodivergence assessment and whilst I was waiting for the appointment my mum and I were given lots of information about neurodivergence.

When I was 14 my youth worker rang the SPoA again to say my low moods and anxiety had got worse. We had a meeting with me, my mum, youth worker, school and CAMHS. They asked me what helped and I told them about the calming techniques and playing hockey, I felt like I was in control and the adults were listening to me. All of my trusted adults worked together to help me practice my coping techniques, go to youth club and carry on seeing my friends. They also helped me go to an under 15s hockey club. I was glad that I got support early, before my problems got any worse.

My trusted adults accessed neurodivergence training to understand how my brain works differently to others and I did some young person friendly training too. That training also introduced me to a safe internet forum for teenagers with neurodivergence. Now I understand myself a lot more, my differences are what makes me, me, and I have friends I can talk to that understand.

Everyone working together and people listening to me meant that I didn't have to tell my story lots of times or go from service to service to get support. Rather than passing me on to someone else the people that I trust supported me in the ways I needed at the time.

Education

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

We also need to consider the crucial role that both further and higher education sectors can take in supporting young people. We will ensure that access to a variety of mental health and wellbeing initiatives are considered and support staff to access training to understand how trauma can affect learners and how to provide appropriate support. This will build on recent work where the further education sector has worked closely with the ACE Hub Wales to develop and embed a trauma-informed approach in their work.

The Tertiary Education and Research Act requires Medr[28] to develop a new registration and funding condition to ensure that it is satisfied with the effectiveness of tertiary education providers' arrangements for supporting and promoting the welfare of its students and staff. This is the first legal duty of its kind in the UK and will require Medr to set out clear expectations for universities and colleges regarding their policies, services, and processes for supporting student and staff wellbeing, welfare, and safety.

Supporting adults and older adults

Earlier we focused on the importance of supporting adults when they become parents. However, we also need to work with agencies that support other areas that we know can impact on a person's mental health through their adult years.

Having a place to call home.

We know how crucial it is for someone to have a safe, comfortable and affordable, place to live and call their home. As we recognise in Chapter 1 the provision of housing will be taken forward across government, but this chapter recognises actions that are required to achieve a 'connected system'. To do this we need to ensure that housing and support services are provided in a 'psychologically informed' way. We also want to improve access to support for people who are living in poor conditions impacting their mental health, strengthen support services that enable a person to maintain a home and also look for opportunities to strengthen the system to identify people that are at risk of homelessness. These actions require early intervention and preventative approaches.

Having a meaningful day.

Meaningful and purposeful activity is fundamental to the health and wellbeing of an individual. It can help to improve physical fitness, improve mood, combat loneliness, improve the quality of sleep and even reduce falls. This could mean undertaking physical exercise or connecting with people through social groups such as coffee mornings or gardening clubs.

[28] Medr (the Commission for Tertiary Education and Research) is a new arm's length body responsible for funding and overseeing tertiary education and research from August 2024.

What is important is that people have both the opportunity and resources to engage.

Access to good work

We also know that accessing and retaining 'good work', whether that is paid or voluntary employment, can be a key factor in protecting mental health. Alongside the work supporting the employability plan, we will continue to learn from employment programmes supporting people in their recovery from ill health including:

- The 'Out of Work Peer Mentoring Service' which supports people towards employment who are recovering from mental ill-health and/or substance misuse.
- The In-Work Support Service that supports people to remain in work who were absent or at risk of becoming absent from work due to mental ill-health.
- Healthy Working Wales, which is a national programme which supports employers to create healthier working environments and workplaces for the benefit of their employees and the wider community.

Supporting people living in rural areas

The factors that impact on our mental health are the same whether you live in the town or the country. Whilst rural living can have a number of benefits, such as a close community and access to nature, it can also make some things more challenging. This could be an increased difficulty in accessing services or support networks due to the geography and lack of digital access or the different economic opportunities that can impact on the type and security of employment that a person may have.

The impact of physical health on our mental health

Our physical and mental health are closely linked[29]. Good mental wellbeing can influence our physical health through a range of behavioural and biological mechanisms. Poorer mental health and wellbeing is associated with poorer physical health including the onset and early onset of chronic health conditions and also the adoption of health harming behaviours. People living with long-term physical health conditions are two to three times more likely to experience mental health conditions than the general population[30].

Life factors such as our age, life experiences or our available support network can affect how we respond to having a physical health issue. Having a long-term physical illness can impact us in a number of ways, whether this is increased stress or anxiety, increased social isolation or loneliness if we cannot do the things that we used to do, or having problems sleeping due to physical symptoms or side effects of medication. All of these things will impact on a person's resilience to manage 'day to day', and we need to ensure that support for a long-term condition, includes support for their mental health.

Supporting people with co-occurring conditions and mental health

Neurodivergence

Neurodivergent people are at greater risk of experiencing mental health conditions[31]. Given the prevalence of co-occurring neurodivergent conditions and mental health, we will be connecting systems to ensure the people who provide mental health services have the confidence and knowledge to engage with neurodivergent people who need mental health support. We will ensure we build collaborative relationships between organisations, consider options for new integrated service delivery models and extend workforce training across health and social care.

We need to ensure services - the workforce and the physical environments - are neuro-affirming and neuro-inclusive.

[29] Long-term physical conditions and mental health | Mental Health Foundation

[30] Long-Term Conditions And Mental Health | The King's Fund

[31] Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study

Learning disabilities

People with a learning disability can be more likely to experience poor mental health[32]. Similarly, we need to ensure a connected system to enable seamless support and to equip our workforce to support people who have a learning disability, as well as ensuring that physical environments are equipped to meet their needs.

Sensory impairment

We also need to recognise the impact that sensory impairment can have on mental health[33] and over the lifetime of this strategy look to address any inequalities within the system[34],[35] .

Living with dementia

Receiving a diagnosis of dementia is a distressing experience for many individuals. It can also be upsetting for family and can impact on close relationships and personal circumstances. These experiences are also unique to the individual[36].

When delivering person centred care, we need to recognise the potential impact of a diagnosis on mental health. This strategy will work to support the implementation of the All Wales Dementia Care Pathway of Standards and the Dementia Action Plan and its successor.

Substance misuse

We recognise that many people who have substance misuse needs also report having difficulties with their mental health and we need to continue to prioritise interventions that focus on an early intervention and preventative approach which aims to reduce the risk of harm at an early point. We have issued a substance misuse treatment framework on co-occurring substance misuse and mental health needs and all Area Planning Boards and health boards are required to have a service framework in place to respond to this challenging issue.

We will continue to work with our Area Planning Boards to ensure the needs of people with co-occurring substance misuse and mental health are met. This will include working with criminal justice partners to address the needs of offenders in the community and people in prison and also working with housing partners as we outline earlier. We are also working with the NHS Wales Joint Commissioning Committee to look at substance misuse service provision and this will include areas looking at where there are co-occurring substance misuse and mental health issues.

[32] Learning Disability and Mental Health - Mental Health Research | Mencap

[33] Sensory impairment and mental health | Advances in Psychiatric Treatment | Cambridge Core

[34] Slade (2019) Understanding Society: comparing the circumstances of people with sight loss to the UK population. RNIB.

[35] Deaf-People-Wales_Hidden-Inequality-2021.pdf

[36] Dementia care and support learning and... | Social Care Wales

Individual's story: Mike

I am a support worker working with people experiencing homelessness. This is the story of Mike who I worked with.

Mike had struggled with long term mental health issues throughout his life, in-part due to psychological trauma he experienced when growing up. Mike had previously worked, but due to a downturn in his mental health he was unable to maintain this and found himself in difficulties with his rent. His mental health deteriorated further, he started to use substances to cope, his rent arrears built up and he ended up losing his tenancy. He was planning to sleep on the street, but the local outreach team helped him to access temporary accommodation and I became his support worker.

Unfortunately, I received a call from the temporary accommodation manager, saying they were evicting Mike for drug use in his room on several occasions. The manager was concerned about his mental health and wanted to ensure he had support wherever he went.

Having built up a good rapport with Mike, he told me he had found it hard to adjust to the temporary accommodation, he felt he had lost everything he had worked for and there was nothing left to live for. I was very concerned about his overall vulnerability and suicide risk, but he refused to go to hospital. At that point Mike had no access to food, money, his mental health medication or clothes and had difficulty accessing his GP.

I spoke to Housing Options, they agreed to move him into a hotel in the short term. I then signposted him to a charity who were able to provide him with food and clothing. I arranged an appointment for him at a local advice centre the next morning. They helped with his benefits, and further food parcels. Speaking to Mike that afternoon he already felt better, because he felt there were people on his side. However, he was anxious about what would happen next.

In the weekly multiagency homelessness meeting we discussed Mike and his situation and how we could help, as a result he was referred to a supported housing provider. There were health colleagues in attendance at the multi-agency meeting, so I was also able to arrange a GP appointment to consider his outstanding health issues and a renewal of his repeat prescription for his mental health medication. After he restarted his medication, his sleep improved, his anxiety reduced and he felt more in control of his mood. In addition, he was given a rapid access appointment with the substance misuse team, where he was assessed and prescribed medication on the same day, along with psychosocial support.

Mike was accepted by the supported housing provider who offered a room in a shared house, with on-site support in another town. He was pleased about this as he wanted to make a new start. I worked with health and substance use services to ensure that his prescriptions and access to primary care and psychosocial support was available in his new location, ensuring that he had continuity of care and felt confident that he would be supported in his new home.

Mike now feels supported, and happy with his new place. He's in contact with the employment support service and is hoping to get back into work soon. His mental health is better, and his substance use is managed with medication alongside psychological support. He's hopeful of moving into his own flat in the future.

Therefore, we will:

- Ensure access to early intervention and prevention services. Enabling babies, children and their families to access the support, advice and information they need in a timely manner.
- Focus on improving support for the first 1000 days in a baby's life.
- Strengthen the connection between health and social care to deliver seamless support.
- Help Wales become a trauma-informed nation through support for the implementation of the Trauma-Informed Wales Framework and the development of trauma-informed individuals, communities, and organisations.
- Improve access to advice and expertise for people working in all services who need guidance to support people with poor mental health.
- Work with partners and stakeholders to develop a set of actions to support different parts of the system working better together whilst focusing on the specific needs of different populations, including education and substance misuse.

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

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

- Better quality and more accessible health and social care services,
- Improved experiences of services and support, and
- Higher value health and social care.

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

Aligning ourselves with 'A Healthier Wales' also allows us to increase value by enabling the alignment of funding streams[37] more closely around shared objectives, which are essentially to assist people to stay well at home and prevent the need for admission to hospital, or to return home quickly if they have required a hospital stay. This emphasis also enables us to support relevant programme for government commitments and realise our ambition for an Integrated Community Care System (ICCS) for Wales as we highlight in Chapter 3.

Our available prevalence data predicts that mental health needs across all ages will increase, and we must ensure that we develop a system that can respond to future needs and one that can respond to co-occurring needs such as substance misuse or neurodivergence. We also know that we have an ageing population, and older people are higher users of health and care services, often with multiple conditions.

It is therefore important that we work across organisational boundaries to ensure we have a robust system in place. Recognising the ongoing work towards a National Care and Support Service for Wales. We will work closely with the National Office for Care and Support in Wales which has been established to:

- Provide strong national leadership and strategic direction within the spirit of the Social Services and Well-being (Wales) Act 2014.

[37] Examples include the Health and Social Care Regional Integration Fund, Integration and Rebalancing Capital Fund and the Housing with Care Fund.

- Support and enable delivery of national priorities and standards, particularly in relation to commissioning of care and support services.
- Work closely with local authorities in Wales, equally involving people who use social care services and their carers whilst taking a multi-disciplinary approach.

What action we will take to support the mental health system

Within this strategy we have also identified a number of areas where work would support the mental health system as a whole.

Governance and accountability

To support the transformation that is required across the mental health system we will ensure that we have robust governance arrangements within both health boards and local authorities, for the planning and delivery of services. This will also consider services that are commissioned from third party organisations.

As part of this work, we will seek to strengthen the profile of mental health in both the NHS and social care planning processes.

Through our governance structure we will be clear on the role of national organisations including the Strategic Programme for Mental Health, NHS Wales Executive, and the NHS Wales Joint Commissioning Committee, which has distinct mental health functions, in supporting policy delivery. Together this work will support the effective commissioning and performance management of services.

Further detail on the governance of the strategy can be found in Chapter 5.

Mental health workforce

A key enabler of the strategy is a sustainable mental health workforce. This will be achieved through the implementation of the HEIW and Social Care Wales Strategic Mental Health Workforce Plan. Published at the end of 2022, the Mental Health Workforce Plan set out actions across seven key themes (Figure 5):

Figure 5: Key themes within Strategic Mental Health Workforce Plan

1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice of our future workforce.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilties of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future need of people in Wales.
6. Leadership and Sucession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

In implementing the Strategic Mental Health Workforce Plan, every action is underpinned by a focus on Welsh Language and equalities. The plan is aligned to the 10-year Workforce Strategy for Health and Social Care in Wales.

Individual's story: Anita

My name is Anita and I am a community mental health nurse in Cardiff.

I'm passionate about helping people and find my job very rewarding. However, last year I was struggling with my own mental wellbeing and found I was getting anxious and losing confidence in my abilities at work. My manager was really understanding when I told her and she was able to help me access wellbeing support that is available to health and social care staff. She also made sure we have regular supervision sessions and suggested some different training courses to help me with my professional development.

On my manager's recommendation I took part in a workshop that helped me work more closely with the diverse communities that are in Cardiff. The training was co-produced with people from ethnic minority backgrounds and this helped me understand the cultural context I am working in. It has helped me with my confidence and I learnt a lot from hearing people's stories.

I also took additional specialist training which has helped me with my confidence in delivering psychological interventions and supporting people to achieve their recovery goals. In fact, I enjoyed that training so much I have decided to study to be an accredited therapist.

To add to this, I've been able to access training and resources which has increased my confidence in using Welsh in work. I continue to support people by making an "Active Offer" and greeting patients bilingually. Knowing who speaks Welsh in my team also means I'm able to ask them for help if a patient wants to speak Welsh. We all wear our Iaith Gwaith badges and the training gave me an opportunity to practice my Welsh language knowledge.

Working in the community can be difficult, when we are out and about all the time and away from the office. However, we have now been issued with electronic tablets that mean I am able to access records whilst away from my base. This helps me keep up to date with reports and records and allows for better working between staff and departments. Our team is made up of a range of professionals – we recently had peer support workers start, and they have made a big difference in how we work, and people feel that they can really relate to them.

I feel supported to do my work and my mental wellbeing has improved.

Digital, data and technology

We will co-produce and publish a mental health data and digital delivery plan, supported by Digital Health and Care Wales (DHCW), that will sit alongside this strategy and will be in line with the current Welsh Government's Digital and Data Strategy for Health and Social Care in Wales. This will focus on the delivery of six key areas:

- Digital skills - developing our workforce to have the skills and confidence they need to make the most of digital services and improve care.
- Digital economy - partnership with health and social care providers, academia, and the private sector to create added value, accelerate innovation and strengthen the economy of Wales.
- Data and collaboration - working to ensure high-quality data is available to inform every part of mental health delivery.
- Digital infrastructure and connectivity - developing a secure, stable and sustainable foundation for seamless sharing of data in support of agile, digital services.
- User-centred services - deliver high quality digital services designed around the needs of the citizen, professionals and services.
- Digital inclusion - equip users with the access, skills and confidence to engage with digital health and social care services based on their specific needs or preferences.

As part of the 'data and collaboration' work we will continue to develop a mental health core dataset. This is a complex piece of work which will be delivered in a phased approach with clear deliverables. This will ensure that any data collected is robust and fit for purpose, and will include prioritising demographic data, such as age, gender, preferred language and ethnicity. We will develop both Patient Reported Outcome Measures and Patient Reported Experience Measures as part of this work. This in turn will support our ability to plan services based on the needs and demands of our population and will enable us to identify and rectify inequalities in service access and outcomes.

As part of the 'data infrastructure and connectivity' approach we will take action to ensure the provision of electronic patient records in all mental health services.

Physical infrastructure (the built environment)

To support our aim for more people to receive mental health support in their own community; to provide a broader range of alternatives to admission to hospital; and to ensure in-patient provision is safe, therapeutic and recovery-focused, we will develop and implement a clear plan for the NHS and wider mental health infrastructure. This will be aligned with wider developments for the NHS in Wales, including the development of an Integrated Community Care System and the Strategic Programme for Primary Care. Our aim is to provide purposeful, therapeutic and safe services for service users, which in turn improve the experiences of service users and staff.

This plan will need to consider the physical infrastructure of a wide range of mental health services and settings – from acute inpatient settings to community based mental health facilities. We will develop a comprehensive national picture of the existing mental health estate. Alongside the development of our new models of care set out in this strategy we will be clear on the future estate need for inpatients and community. Working with both regional and local bodies we will ensure that we have a robust process to address ongoing operational estate management and strategic estate management issues. We will develop a suite of documents that will set out the requirements of the mental health estate, enabling them to be fit for purpose, provide value for money and support the delivery of key service objectives.

The need to have a modern estate that supports the delivery of safe sustainable services and that can also accommodate service change is essential, and estate development should not be the simple like for like replacement of existing estate. We also know that the built environment and infrastructure plays a crucial role in patient care and patient experience and as such we need to ensure action to improve services such as WIFI capability.

We will ensure that we maximise opportunities across all capital funding schemes[38] available, including use of health boards discretionary allocations, to ensure wider alignment is recognised and developed, particularly with a focus on developing alternative models of support. Our physical estate will also need to consider how it supports our whole population, whether this is for children and young people, older people, people with a disability / sensory impairment or people who are neurodivergent.

[38] Integration and Rebalancing Capital Fund and the Housing with Care Fund

Individiual's story: Rob

I am Rob and I live in West Wales. A couple of years ago I was in an accident which meant that I had to start using a wheelchair. This didn't just affect me physically but my mental health also suffered and I needed some help. I struggled to adjust to the need for additional help and to have to think about accessibility to places which I had never needed to think about before.

I found that group therapy was especially important to me and was an opportunity to meet with others in similar situations. This meant that I would often travel to the hospital where the sessions were held.

Whilst the hospital is accessible to wheelchairs, it was difficult, complicated and long-winded. This made me feel like I was an afterthought and was frustrating.

I joined the patient voice forum within my health board and have been able to use my voice and experience as a service user to inform the way services are run and how accessible the hospital is. The health board really listened to me and others with additional needs and the hospital has shown consideration in how the buildings are being used by us. They have made physical adaptations, thought about routes around the hospital and made introductory videos to support those who are anxious. These are available in English and Welsh, as well as multiple community languages and BSL. As a result, I am able to get to my sessions independently and finding my way around the building is better.

There are times when I am unable to make it to the sessions in person. However, after listening to patient voices the service has ensured that I am able to access these sessions online, as well as other services when I need them. The ability to use services easily in person and online has meant that I can focus on my therapy rather than worrying about how I am going to access it. Being involved in co-production and change has been empowering and has helped me regain confidence.

Science, research and innovation

Improving health and care services in Wales using evidence-based approaches is fundamental to improving the quality of care and helps organisations to find new and better ways of delivering health and social care. Research also provides the opportunity for patients and service users to access new treatments and services, that will improve their health and wellbeing and contribute to reducing health inequalities in the general population.

Health and Care Research Wales will be supporting flagship centres promoting mental health and wellbeing research excellence in Wales such as the National Centre for Mental Health, the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) and the SAIL Databank.

Researchers across Wales, in collaboration with colleagues across the UK, are working to understand more about the causes and triggers of mental health conditions and aim to help improve diagnosis, treatment and support in the future. Major advances in genetics, neuroscience, imaging, and data science, in addition to emerging new treatment approaches and rapid growth in digital technologies, mean that we are now well placed to accelerate the translation of research into patient benefits.

Wales is playing an active role in the UK Government's Mental Health Goals programme which aims to address the significant unmet need for new treatment options for people with mental health conditions and establish the UK as the place to undertake innovative mental health research. Welsh researchers are contributing to work streams that includes a mood disorder clinic in Cardiff's National Centre for Mental Health (NCMH) and the creation of DataMind, the Health Data Research Hub for Mental Health.

Health and Care Research Wales will continue to offer a range of research funding opportunities, project grants and personal awards, and facilitated partner opportunities (such as access to agreed NIHR programmes) which are open to mental health researchers. Health and Care Research Wales will also work closely with NHS organisation to increase the number of research studies open to the population in Wales to access new mental health treatments and services.

Within the Strategic Programme for Mental Health, we will develop a research and evidence network. This network will work with the research sector to agree the key priorities for mental health research, with a specific emphasis on research that will have direct and immediate impacts on service provision and will improve outcomes and experience. This work will support the generation of evidence from practice and the translation of evidence into practice.

Communication

We will ensure that the public know how they can access support and services and what people can expect from this support. Enabling people to understand what support they are entitled to, and where to access it will crucially support their ability to make informed choices within the system. This will include ensuring unpaid carers get appropriate information and advice to support them.

We will ensure that information available across Wales is up to date, relevant and evidence-based and that all information is accessible and intuitive, to avoid creating barriers to people accessing the support they need.

All information will consider the specific needs of individuals and groups. This includes continuing to promote the Active Offer, to ensure that Welsh speakers can access the system in a way that maximises their health outcomes.

We will also provide alternative channels for those people that cannot, or choose not to, access services digitally. This will mean ensuring that “offline” resources and alternative channels and materials are available for those who do not have the skills, knowledge and resources to access support on-line.

Therefore, we will:

- Provide a clear focus on action that will support transformation and improvement across the whole mental health system whilst reducing variation. Our associated delivery plans will highlight, as a minimum, action to support digital and data, the workforce, supporting the physical infrastructure, research and communications.

What action we will take to develop our models of care.

We want to see an early intervention approach become the norm. The latest health outcome research and the emerging single session therapy literature demonstrates the effectiveness of this approach, where support at an early stage prevents more serious difficulties developing later on. This needs-led support will be available in more places, with services not waiting until someone is in crisis or is very unwell to offer help. Services will focus on the outcomes that matter to people, and we will measure those outcomes and be held to account for them.

Our vision is to build on the current tiered model of care to deliver a recovery model of stepped care. A system that supports rapid access to basic care, without repeated assessment, and where care planning is a collaborative process. The level of care provided at each step will focus not only on the presenting symptoms and risks, but on the readiness for, and interest in, the care being offered and if it meets the expectations of the person and their family / carer where appropriate[39]. The system must recognise that it is not a 'one size fits all' approach.

We want to see person-centred mental health services that are recovery-focused and trauma-informed, and which promote the 'Active Offer'[40]. We need to be prudent with our resources and develop a "value-based" approach, recognising the breadth of our workforce, including utilising the skills of allied health professionals and peer support. In supporting people across the continuum of care needs, we will consider the needs of those with co-occurring diagnoses such as neurodivergent conditions and mental health, and substance misuse and mental health, recognising that we need to support the "whole person".

We want to see much stronger collaboration and an end to people feeling like they are being passed between services. The NHS Executive, NHS Joint Commissioning Committee (JCC), Health Education and Improvement Wales (HEIW), health boards, local authorities and partners must work together to achieve this. We want to use the opportunities for developing equity and value for money through the strengthening of a national commissioning approach. Essentially, we want people to experience care as an integrated offer; not one of overlapping, competing or fragmented systems and processes.

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

All of our actions will be underpinned by a focus on equity. We will ensure that when improving access, experience and outcomes we do not leave any group behind. This includes people who have any of the protected characteristics or who have co-occurring neurodevelopmental, substance misuse or physical health conditions.

All of our actions will ensure equal focus across the lifespan from babies, children and young people, adults and older people.

Working with primary and community care

Primary care plays a key role in delivering mental health support. Since 2018, an ambitious primary care contract reform programme has been underway in Wales with four overarching priorities: to improve access to and from primary care, to focus on quality and prevention, to bring together key partners through clusters to plan and deliver services; and to strengthen the primary care workforce. This work is supported by the Strategic Programme for Primary Care. Increasing the level of service provided in the community is key to delivering many of the objectives of

[39] (Cornish and Berry, 2023).

[40] This is where individuals receive a service that meets their Welsh language needs without having to ask for it.

A Healthier Wales, particularly around prevention. The contract reform programme is driving contractual changes which will continue to further these ambitions.

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

Through this strategy we will work with clusters to have a consistent offer of mental health support and clear pathways into community mental health services. We will also work with clusters to improve the physical health of people with severe and enduring mental health conditions. This will focus on our ambition to reduce the mortality gap between people who have severe and enduring mental health conditions and those that do not. This work will be supported by both the Strategic Programmes in Mental Health and Primary Care.

Rapid Access to Early Mental Health Care for Everyone

To support our early intervention approach we want everyone to have same day open access to mental health care at the point of need and stage of readiness, with minimal assessment. Building on existing components in the system there will be online, phone and walk-in immediate care options. Using one at a time/ single session approaches there will be no waiting lists and no set session limits. Duration, interval, and intensity will be adjusted based on the continual monitoring of outcomes, readiness, and the therapeutic relationship. People will be able to quickly access a single session to identify and address a targeted need. The outcome could be no further service based treatment, a return visit initiated by the person, or a suggestion/recommendation of services within the wider system.

Evidence-based offer for mild to moderate mental health conditions

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

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

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

Supporting secondary care services

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

We need to ensure that teams are recovery-focused and have models that are developed on the best evidence available. As part of this we need to ensure there is a focus on supporting the delivery of evidence-based psychological therapies and utilising the skills of allied health professionals. There is also an important role for both paid peer worker roles and support for unpaid carers. We need to be clear about how our community mental health system supports clear referral and recovery pathways into "specialist services" e.g. perinatal, eating disorders, early intervention in psychosis and also community alcohol and substance misuse teams. These services also need to be built on the same evidence-based recovery model. This work will be supported by clinically meaningful waiting times and outcome measurement.

A recovery-focused approach will enable us to be strengths-based (or asset-based), where we focus on an individual's strengths (including personal strengths and social and community networks) and not on their deficits. Strengths-based practice is holistic and multi-professional and works with the individual to promote their wellbeing. It is outcomes led and not services led.[41] We will ensure that this includes a focus on care and treatment planning as referenced in the Mental Health (Wales) Measure 2010. As part of our recovery-focused approach, we will embed roles for people with lived experience in our community mental health services. In developing a recovery-focused approach, we need to ensure that people feel confident that if they are discharged from a service, they can access support whenever the need arises without going through a complicated referral process.

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

Person-centred, needs led transitions

When young people move from children's services to adult's services, we want them to feel supported and confident in their transition between services. We will work to remove any existing barriers between children's and adult's services for those young people who need adult secondary care mental health services. Transition will be person-centred, and needs led, not solely focused on turning 18. Services will work together across children's services and adult services to ensure the most appropriate care to meet the young person's needs. We will explore the need for a young adult specific approach / model of care for young people aged 14 to 25 with more complex needs.

We also expect to see action on transitions from working age adult services into older adult services, and the removal of inappropriate age barriers to services. Work will continue to further develop, implement and embed our Transitions Guidance but also to co-create practice-based evidence to support ongoing service review, development and improvement across age-ranges. The principles of this work will support transition between health services but also transition into other services such as social care and the voluntary sector.

[41] Strengths-based approaches | Social Care Institute for Excellence

Individual's story: Sian

I am Sian, I am twenty-eight, I have a daughter called Eira and a partner and I enjoy long walks and catching-up with friends.

Before I became pregnant with Eira, we experienced a miscarriage and although my partner and I had received support from our midwife, during my next pregnancy with Eira, I became more tearful and anxious, and I did not understand why.

My midwife was kind, and I trusted her enough to share how I was feeling. She was a great support to me and got advice from a specialist perinatal mental health midwife. Together, we agreed a plan, so when I went into hospital others would know how I was feeling and what would help to reduce my anxiety during the birth and afterwards.

I had a long and difficult labour and after my baby Eira was born, I felt very distant from her and experienced intrusive thoughts. Then I started to hear voices in my head which really scared me. The midwives spotted what they quickly recognised as early signs of postpartum psychosis. I was assessed by the psychiatric liaison team, who were very reassuring and recommended that my daughter and I go to a specialist mother and baby unit.

It was important to me that I was able to have my baby with me during this time and the specialists agreed this was the best option for me and my baby. My partner found it difficult to be separated from me and our baby, but she was supported by a dad who had been through a similar experience which made a big difference.

After receiving support on the unit I was well enough to think about coming home. It was frightening coming away from the unit, but I received continued support from the specialist perinatal team, alongside my midwife and health visitor who both understood about perinatal mental health and what it meant for my relationship with my baby. It was reassuring that they all worked together and shared a similar understanding about what we needed as a family.

Later on, I was able to tell my health visitor that I was worried about my relationship with Eira, so the specialist parent-infant relationship team worked with us all as a family to understand what our daughter was trying to tell us and how we could meet her needs for love, affection, security, and safety. As well as me, Eira developed a loving relationship with both my partner and her grandmother which made me feel less alone and like the responsibility wasn't all on me.

I now talk to a support group where I can get support from other parents who have experienced postpartum psychosis and I get regular check-ins with my health visitor.

Urgent and crisis mental health support has been a significant and ongoing focus for improvement over the lifetime of the previous strategy. We have seen improvements in how people can access crisis support via 111 press 2, a growth in alternatives to hospital admission and improvements in how crisis teams operate across Wales. We have developed a multi-agency approach to respond to crisis with health boards, the Welsh Ambulance Services NHS Trust, the police forces, local authorities and the third sector. This recognises the breadth of social and welfare needs of those in crisis.

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

We expect services to build a position where support is not based on age but based on need, level of care required or vulnerability. With our ageing population, we need to see a much stronger emphasis on services for older people with complex needs. We also need to ensure our crisis provision for children and young people is appropriate and tailored to their age and needs.

In addition to our online and phone crisis response we need to enable rapid face-to-face response for people who are experiencing an acute mental health crisis. These services would aim to treat people in a community setting where possible and only admit to hospital where it is necessary. All services, whether preventative, community or hospital based, will take a therapeutic and recovery- focussed approach. Access to staff with the right skills to deliver therapeutic interventions will be equitable in both hospital and community services.

We also want to see the removal of organisational barriers to people with co-occurring conditions, so people are equally able to access timely support from physical health, cognitive, learning disability, neurodivergent and mental health services.

Commissioning high quality services

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

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

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

- Clear flow pathways into and out of existing services
- Services which understand and can meet the needs of our population, for example people who are neurodivergent or have a sensory impairment
- Processes to repatriate, when appropriate, people from specialist services to local services as soon as clinically appropriate to do so
- Support for families and unpaid carers of people who access services.

This work will be supported by the NHS Wales Joint Commissioning Committee (NWJCC). This is a Joint Committee of the seven Health Boards acting collectively on their behalf.

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

We know that some people will need extra care to support them to remain out of hospital, whether this is domiciliary care, supported housing, residential care or nursing home care under section 117 aftercare or continuing health care arrangements.

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

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

How we will deliver the change

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

In the Health and Social Care (Quality and Engagement) (Wales) Act 2020 a duty of quality was introduced. This provides an opportunity to directly align the standards not only with the duty but also with the wider quality management practice. They comprise six domains of quality (safe, timely, effective, efficient, equitable and person-centred) supported by six quality enablers (leadership, workforce, culture, information, learning, improvement and research, and whole systems approach) – Figure 6.

Figure 6: Health and quality care standards

Under this framework the NHS Wales 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, which will support the delivery of this strategy.

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

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

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

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

Efficient services: Our mental health system will take a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We will make the most effective use of resources to achieve best value in an efficient way, by doing what is needed and ensuring any interventions represent the best value that will improve outcomes for people. We will ensure that services are planned or delivered on a regional or national footprint where this would add value and improve efficiency.

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

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

The National Clinical Framework (NCF) sets out a new model for planning and delivery of clinical services. Quality Statements, based on the Health and Care Quality Standards, will set out the vision for specific clinical services and pathways and be underpinned by more detailed service specifications describing the outcomes and benefits. These Quality Statements will support delivery of the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss (to note this will be informed by a recent review of mental health services for deaf people) and commitments in More than Just Words.

The Quality Management System,[42] as set out in the Duty of Quality (2023), will be used at all levels across the system from local teams to the national programme to drive forward the changes needed.

Supporting legislation

As part of the strategic context, we outlined the role that our legislation has in supporting a 'rights-based approach' which we will embed through our implementation of this strategy.

To support this work, we will deliver on the reform laid down in the Mental Health Bill 2025.

Alongside our work on the reform supporting the Mental Health Bill we will consider the changes required to the Mental Health (Wales) Measure 2010 in order to improve both access to mental health services and the experiences and health and wellbeing outcomes of those seeking support.

We will ensure that all underpinning regulations and supporting guidance (statutory and non-statutory) are kept operationally effective and fit for purpose.

[42] The quality management system includes a focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning and improving environment, and of creating a culture of quality within organisations.

Therefore, we will:

- Set the standards for delivery in Wales to support a person-centred approach that enables equitable access to services for all, including those with protected characteristics (as described in the Equality Act 2010) and preferred language.
- Focus on early intervention to prevent deterioration in mental health.
- Deliver a recovery orientated model of community mental health support.
- Support action to ensure that inpatient stays are purposeful, care takes place in high quality and safe environments and that the people who enter the system in crisis have an improved experience.
- Prioritise action that will support the improvement of the physical health of people with severe and enduring mental health conditions, reducing the mortality gap between people who have severe and enduring mental health conditions and those that do not.
- Deliver a legislative programme of work that supports the introduction and operation of mental health legislation.

Chapter 5: How we will deliver

We recognise that the strategy's vision will not all be achieved at once, and the detail will be set out in the series of delivery plans that will accompany this strategy over the ten years life span. However the actions in the strategy will enable us to support achievement of some key outcomes, these being:

- Improved mental health and wellbeing.
- Improved knowledge, opportunities and confidence in supporting your own or others mental health.
- More effective cross-sector working to address the 'building blocks' that impact on mental health.
- Better use of data and research to deliver evidence-based intervention.
- Reducing inequalities seen in terms of access and experience of mental health provision.
- Improved quality of life for those that have a mental health condition.
- A sustainable and diverse workforce.

These delivery plans will be reviewed regularly so we can take into account the most up-to-date evidence and will lay out the actions that we will take to achieve our vision. These actions will enable us to be clear about how we are prioritising action, to ensure the best use of existing resources and providing an opportunity to be clear about what can realistically be delivered.

These plans will be informed by what stakeholders and people with lived experience have told us is important to them and the actions will be co-produced and delivered.

Governance arrangements

We have established the "Mental Health: Joint Ministerial Assurance Board" to ensure robust governance arrangements are in place to provide strategic oversight of the strategy. The Board is chaired by the Minister for Mental Health and Wellbeing, with the Minister for Children and Social Care as the Vice Chair. The Joint Ministerial Assurance Board reflects the role and statutory responsibilities of the NHS and local authorities to provide mental health support.

We have also refreshed the membership and terms of reference of the Mental Health National Partnership Board (NPB). To ensure:

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

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

We also recognise that other commitments across government will also support mental health and wellbeing. Details of how the work in different parts of Government supports mental health and wellbeing are outlined under Vision Statement 1.

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

Monitoring and evaluating the impact of the strategy

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

We have also identified a number of measurable indicators that we will monitor as part of the implementation of the strategy (annex 1). These, and further indicators to be identified, will support the evaluation of the strategy when commissioned.

Progress on the implementation of the strategies will be reported to the Board on a six-monthly basis.

Funding the implementation of the strategy

This strategy has been developed in a period of financial constraint and as such we have developed it with the understanding that there will need to be a way of setting priorities, ensuring best use of existing resources and an opportunity to be clear about what can realistically be delivered. In developing future delivery plans we will have the opportunity to review in light of the funding opportunities available at the time.

Annex – performance measures

To measure the impact of this strategy, a number of data sources will be used. The table captures those already identified; the list will be refreshed as part of the ongoing monitoring of the delivery plans that are supporting the implementation of this strategy.

All sources of information that are highlighted in blue are available on the Mental Health Interactive Dashboard which is available here. Those in green are Well-being of Future Generations (Wales) Act (National Indicators)

Where there are other published sources of information available there is a hyperlink to this information. Other data is 'under development'.

Indicator	VS 1	VS 2	VS 3	VS 4
Mental health disease prevalence data. Source: General practice disease registers)	X			
Percentage of live single births with a birth weight of under 2,500g (1)	X		X	
Healthy life expectancy at birth including the gap between the least and most deprived (2)	X		X	
Percentage of adults with two or more healthy lifestyle behaviours (3)	X	X	X	
Percentage of children with two or more healthy lifestyle behaviours (5)	X	X	X	
Measurement of development of young children (6)	X		X	
Average capped 9 points score of pupils, including the gap between those who are eligible and are not eligible for free school meals (7)	X			
Percentage of adults with qualifications at the different levels of the National Qualifications Framework (8)	X			
Gross Disposable Household Income per head (10)	X			
Percentage of people in employment, who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) and who earn at least the real Living Wage (16)	X			
Pay difference for gender, disability and ethnicity (17)	X			
Percentage of people living in households in income poverty relative to the UK median: measured for children, working age and those of pension age (18)	X			

Indicator	VS 1	VS 2	VS 3	VS 4
Percentage of people living in households in material deprivation (19)	X		X	
Percentage of people in employment (21)	X		X	
Percentage of people in education, employment or training, measured for different age groups (22)	X			
Percentage who feel able to influence decisions affecting their local area (23)	X			
Percentage of people satisfied with their ability to get to/ access the facilities and services they need (24)	X		X	
Percentage of people feeling safe at home, walking in the local area, and when travelling (25)	X			
Percentage of people satisfied with local area as a place to live (26)	X			
Percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect (27)	X	X		
Percentage of people who volunteer (28)	X	X		
Mean mental well-being score for people (29) Mean Mental Wellbeing (adults). Source: Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). Children and young people's mental wellbeing. Source: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	X	X	X	
Percentage of people who are lonely (30)	X	X	X	
Number of households successfully prevented from becoming homeless per 10,000 households (34)	X		X	
Percentage of people attending or participating in arts, culture or heritage activities at least three times a year (35)	X	X		
Percentage of people participating in sporting activities three or more times a week (38)	X	X		
Active global citizenship in Wales (46)	X			
Percentage of households spending 30% or more of their income on housing costs (49)	X			
Status of digital inclusion (50)	X			
% of pregnant women reporting a mental health condition at their initial assessment. Source: Maternity dataset.			X	
No. of Children Receiving Care and Support identified with a mental health problem. Source: Wales Children Receiving Care and Support Census			X	

Indicator	VS 1	VS 2	VS 3	VS 4
% of children receiving care and support for whom parental mental ill health. Source: Wales Children Receiving Care and Support Census			X	
Number of children and young people (aged between 11-18 and year 6) attending counselling services. Source: Stats Wales (education)			X	
% of mental health assessments (youth justice) were carried out within 28 days of referral. % of interventions that occurred with 10 days of assessments (where deemed necessary). Source: Youth Justice Interactive Dashboard.			X	
% of LPMHSS assessments that were undertaken within 28 days of date of referral received. Source: Mental Health (Wales) Measure 2010				X
% of therapeutic interventions that were started within 28 days following an LPMHSS assessment. Source: Mental Health (Wales) Measure 2010				X
Number of Patients with a valid Care and Treatment Plan. Source: Mental Health (Wales) Measure 2010				X
Primary care prescription data (including antidepressant drugs; drugs used in psychoses and related disorders; and hypnotics and anxiolytics. Source: Primary care prescriptions interactive dashboard.				X
Number of admissions to mental health facilities. Source: Stats Wales.				X
Number of patients in mental health hospitals and Units with mental Illness. Source: Stats Wales.				X
Number of outpatients referrals for mental illness. Source: Stats Wales				X
Number of Detentions under Section 135 and 136 of the Mental Health Act. Source: Stats Wales				X

Data under development

Patient reported outcome measurements.

Patient reported experience measurements.

Glossary of terms

Active offer:

Providing a service in Welsh without someone having to ask for it.

Acute care:

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

Adult and older adult mental health services:

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

Adverse Childhood Experiences (ACEs):

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

Bereavement / bereaved:

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

Bilingual:

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

Child and Adolescent Mental Health Services:

CAMHS is the name for the NHS services that assess and treatment people with emotional, behavioural or mental health difficulties.

Care and treatment plan / planning:

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

Care experienced:

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

Cluster:

A cluster is the community level mechanism where local health and care services collaborate to both plan and deliver services designed to meet the health and wellbeing needs of the cluster population (typically between 25,000 and 100,000 population).

Community assets:

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

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

Community mental health services:

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

Connected system:

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

Continuing Health Care (CHC):

CHC is a package of ongoing care arranged and funded by the NHS, for people assessed as having a primary health need. Local health boards will assess an individual's health based needs.

Co-occurring:

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

Co-production:

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective

Corporate parent:

Corporate parenting is about taking shared responsibility across public sector bodies, private sector and the third sector to support to care-experienced children and young people.

Crisis support:

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

Digital Health and Care Wales (DHCW):

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

Disorder:

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

Empower:

Make (someone) stronger and more confident, especially in controlling their life and claiming their rights.

Equality:

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

Equity:

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

Fair work:

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

Health boards:

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

Health Education and Improvement Wales (HEIW):

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

Holistic:

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

Homelessness:

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

Inequality:

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

Infant mental health:

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

In-reach service:

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

Intersectionality:

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

Intervention (including early intervention):

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

Legislation:

Legislation is the rules that everyone in the country must follow. Some laws make sure we are safe. Some laws help us know what we can do and when. There are also laws to make sure we are all treated fairly.

The laws that people must follow in Wales are either made by the Senedd Cymru or the UK Parliament.

LGBTQ+:

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

Lived experience:

This refers to a person's personal knowledge gained by direct experience.

Local primary mental health support services:

Each local authority in Wales will have a local primary mental health support services whose key purpose is to provide:

- Mental health assessments for a person who has first been seen by a GP who that a more detained assessment is needed.
- Short term interventions.
- Onward referral and the co-ordination of next steps.
- Support and advice to GPs.
- Provision of information and advice to people and their carers about interventions and care.

Making Every Contact Count (MECC):

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

Marmot Principles:

The Marmot Principles are eight policy objectives that aim to improve health equity by taking a long term, whole-system approach

Mental health:

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

Mental health conditions:

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

Mental health workforce:

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

Multi-agency / multi-professional:

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

Neurodiversity and neurodivergent people:

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

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

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

No wrong door:

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

NYTH/NEST:

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

NHS Executive:

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

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

Perinatal:

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

Person-centred approach:

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

Primary care:

Primary care services include GPs and wider community teams such as district nurses, health visitors and Allied Health Professionals, such as occupational therapy

Protected characteristics:

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

Psychosocial:

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

PTSD and CPTSD:

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

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

Public bodies:

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

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

Where we are talking about the bodes that will need to undertake health impact assessments, we mean only those public bodies listed in the Health Impact Assessment Regulations.

Public Health Wales:

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

Quality statement:

Quality statements describe what good quality services should look like.

Recovery:

The recovery approach in mental health focuses on helping people to regain or stay in control of their lives. The meaning of recovery can be different for each person. Every person should have the opportunity to define what recovery means for them, and which areas of their life they wish to focus on as part of their own recovery journey.

Regional Partnership Boards (RPBs):

Regional Partnership Boards (RPBs) bring together health, local authorities, the third sector, citizens and other partners. Their purpose is to drive integration of health and social care in order to improve the outcomes and well-being of people and improve the efficiency and effectiveness of service delivery.

Safeguarding:

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

Secondary health care:

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

Secondary mental health services:

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

Section 117 aftercare:

Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act; often referred to as 'section 117 aftercare'.

Sensory loss /impairment:

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

Social determinants:

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

Social gradient:

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

Social prescribing:

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

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

Socio-economic disadvantage:

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

Substance misuse:

Substance misuse can be defined as the continued misuse of any mind-altering substance that severely affects a person's physical and mental health, social situation and responsibilities. It includes both drugs and alcohol. Individuals are normally treated by specialist drug and alcohol services. Substance misuse covers misuse of a range of substances including alcohol, illicit drugs and licit drugs including prescribed medications taken in a way not recommended by a GP or the manufacturer.

Stigma:

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

Theory of change:

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

Third sector:

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

Transition (between services):

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

Trauma-informed:

Trauma-informed is about understanding that lots of people have adversity and trauma that affects them in all kinds of ways. Further detail can be found here.

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

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

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

Under-served:

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

Universal offer:

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

Value-based:

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

Whole life course:

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

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

Whole school approach:

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

Whole system approach:

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

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

Such as PTSD [Post Traumatic Stress Disorder], CPTSD [Complex Post Traumatic Stress Disorder], personality, depressive, anxiety and substance use disorders, and, more rarely, psychosis.

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