



Llywodraeth Cymru
Welsh Government

The Quality Statement for Mental Health

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Contents

01	Introduction
02	Context
03	People with lived experience
03	Approach
04	Planning expectations for the delivery of mental health services in Wales
07	Enablers
10	Measuring mental health care and outcomes
10	Annex 1: Summarised Core Components and Practice recommendations

Introduction

Quality Statements outline the outcomes and standards that define high-quality, person-focused services across health and social care, ensuring these ambitions are delivered consistently throughout all regions in Wales. This Quality Statement describes what good quality mental health services should look like.

The [National Clinical Framework](#) requires all NHS organisations in Wales to use national Quality Statements within their strategic and operational planning processes. In this context, the Quality Statement for Mental Health provides a single, integrated description for all health and social care services. Its ambitions are system-wide and span the life course, recognising that responsibility for mental health and wellbeing extends beyond specialist mental health services. The Quality Statement seeks to promote shared accountability, consistent quality, and improved outcomes across the whole health and social care system.

Health boards in Wales will be supported to deliver the Quality Statement by NHS Wales Performance and Improvement and other national partners will support social care. People with lived experience, along with their families, carers, supporters, and the third sector, are recognised as key partners in achieving the ambitions set out in this Quality Statement for Mental Health.

The Quality Statement is underpinned by a rights-based approach that recognises every person's fundamental right to health and affirms Welsh Government's commitment to equity, inclusion, and social justice. It reflects and supports national and international commitments, including the [Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\)](#), the [Disabled People's Rights Plan](#), the [LGBTQ+ Action Plan](#), the [Women's Health Plan](#) and [Quality Statement for Maternity and Neonatal Services](#), ensuring that mental health care responds to the distinct needs and experiences of different groups.

In addition, the Quality Statement supports delivery of the [All-Wales Standards for Accessible Communication](#) – including standards for providing information to people with sensory loss, [More Than Just Words](#), and the [Anti-Racist Wales Action Plan \(2024\)](#), which collectively strengthen Wales's commitment to inclusive, culturally safe, and non-discriminatory services for all Black, Asian and Minority Ethnic individuals and communities.

Context

Promoting mental health and wellbeing is fundamental to improving health outcomes and reducing inequalities across Wales. Despite progress in recent years, with the introduction of the [Mental Health \(Wales\) Measure 2010](#) and the associated [Code of Practice](#) and guidance, evidence shows people with mental health conditions continue to experience poorer outcomes, barriers to accessing support, and a higher risk of avoidable harm and premature death.¹ This Quality Statement sets out our shared ambition to address these inequalities through a consistent focus on improving access, experience, outcomes, safety, and equity across all services.

In delivering this ambition, the [Mental Health and Wellbeing Strategy \(2025-2035\)](#) has been developed within the context of [A Healthier Wales](#) which outlines the long-term vision for a whole-system approach to health and social care. The Strategy provides a clear framework for action, with a strong emphasis on prevention and early intervention, setting out national commitments to improve mental health outcomes for everyone in Wales, regardless of age, disability, gender, sexual orientation, race, religion or belief, socioeconomic background, or where they live. Central to this approach is prioritising the voices least heard in our system, enabling truly equitable service design that responds to the diverse needs of all people in Wales.

The person-centred approach within the Strategy reinforces the principles under the [Social Services and Well-being \(Wales\) Act 2014](#). This supports people who have care and support needs, by placing people at the heart of the system; emphasising partnership and co-operation to drive service delivery; focussing on services that will promote the prevention of escalating need

and ensuring the right help is available at the right time.

The Mental Health and Wellbeing Strategy marks a shift away from traditional tiered models of care to flexible, trauma informed recovery-based system approaches. There are clear ambitions for Wales to be the first nation to achieve same-day open-access mental health care. This commitment to improve access to support will ensure people receive help without unnecessary delay or multiple referrals, and at a level appropriate to their needs and readiness. This includes options for watchful waiting, self-directed information, interactive self-directed reading/digital forums, family and peer support, educational workshops/courses, guided self-help, group therapy, individual therapy, longer term care and specialist consultation, acute and crisis care.

To achieve meaningful transformation, there is a need for an integrated approach that addresses structural and cultural barriers, fosters collaboration across sectors, and prioritises the needs and experiences of people.

The move towards same-day open-access support is consistent with the Open Access Mental Health Support Model. Pioneered by [Stepped Care Solutions](#) the model provides a framework for organising mental health services into a flexible system of care. This Quality Statement integrates the nine core components outlined within the Model which are the essential elements of system re-design and care delivery. The core components are supported by practice recommendations. (See Annex 1 for summarised version).

1 [Over 26,000 adults with severe mental illness die prematurely from preventable illness each year.](#)

People with lived experience

Services in Wales acknowledge people with lived² experience are often best placed to advise on what support and approaches will make a meaningful and positive difference to their lives.

Embedding the voice of lived and living experience at every level of planning, delivery, and evaluation of the Open Access Mental Health Support Model will ensure services reflect what matters most to the people who use them. This co-production approach supports continuous learning, transparency, and shared accountability, while enabling system-wide delivery of place-based, connected care.

There is a need to ensure diverse perspectives are represented, including those from different ages, backgrounds, cultures, and communities, so that mental health services are equitable, inclusive, and sensitive to the varied experiences and needs of the population of Wales.

The principles of the Patient and Carer Race Equality Framework (PCREF) underpin this approach, guiding active efforts to reduce racial disparities in diagnosis, treatment, and outcomes through co-production with people accessing services, families, supporters and carers. A further emphasis is placed on inclusion, ensuring the needs of individuals who experience social exclusion, vulnerability, or multiple disadvantage, including those affected by homelessness, substance use, migration, or involvement with the justice system, people who are non-verbal and those with communication difficulties are all recognised and addressed within service design and delivery.

Approach

Developed through the integration of diverse expertise and insights, this Quality Statement reflects a comprehensive and evidence-informed approach. It builds on recent policy and strategy reviews that have benefited from consultation and feedback. Specifically, the Mental Health and Wellbeing Strategy underwent an extensive two-year consultation process and has guided the Quality Statement's priorities, language, and style.

To support implementation and drive improvement, the Quality Management System, as set out in the [Duty of Quality \(2023\)](#), will be applied at all levels of the system, from local teams to the national programme, ensuring changes are effectively delivered, monitored, and sustained.

² Lived experience: This refers to a person's personal knowledge gained by direct experience.

Planning expectations for the delivery of mental health services in Wales

Equitable

Our mental health system will provide everyone with an equal opportunity to attain their full potential for a healthy life, embedding an equality and rights-based approach. It will not vary in quality by organisation or location. High-quality mental health care recognises the interconnectedness of personal, social, cultural, and structural factors that influence mental wellbeing. Services will be designed and delivered using an intersectional approach that actively considers how overlapping experiences of identity, discrimination, and disadvantage shape people's mental health, access to care, and outcomes. People with physical health diagnosis, neurodivergent conditions (for example autism or ADHD) or neurological diagnosis (for example Huntington's disease, Parkinson's or Dementia) will not be excluded from services.

1. Those seeking support will not be discriminated against or disadvantaged based on any protected characteristics or personal context. This will include timely access to British Sign Language-competent professionals or interpreters, culturally appropriate support, and inclusive communication at every stage of care.
2. Barriers to access and interventions will be minimised by services working with local communities and those with lived experience to ensure individual needs and context are considered and addressed. People of all ages may also seek help through social, educational, or voluntary sector settings, all of which must provide equitable and effective routes into care.
3. Mental health care is available through the medium of Welsh and will be proactively offered to people receiving support.
4. People with cognitive impairment will be involved in all decisions about their care, support, and treatment. When this is not practicable best-interest principles will be applied.

Safe

Our mental healthcare system will be high-quality, reliable and safe, minimising preventable harm and maximising the things that go right. Care will be delivered using the least restrictive options, supporting autonomy, dignity and recovery. Safety and risk are shared responsibilities across services, sectors, communities and individuals. Safe care recognises that psychological and physical safety are shaped not only by clinical factors but also by people's social, economic and environmental contexts.

1. Co-produced decisions related to care, support and treatment will be appropriately documented and recorded. Systems will be in place to share relevant information across agencies and with people using services.
2. Services will promote personal safety of service users, their supporters and staff, upholding rights-based principles of dignity, respect and protection from harm. Trauma informed approaches and safeguarding measures will be in place and understood by all working within the organisation.
3. Processes will be in place to share and amplify safe practice and learn when things go wrong, at both a national and local level. Evidence of significant harm or service fragility that may result in harm will be identified and escalated for system action through the relevant governance process.
4. Physical environments that support service delivery will be safe, accessible, therapeutic, trauma-informed and recovery focused.

Effective

Transformative, evidenced-based, and whole-of life pathways that cover prevention, care, support and treatment will be embedded into local service delivery. This will be supported by effective and sustainable commissioning of a full range of support options, with the essential role of the voluntary and community sector recognised as an integral component of the open access mental health support model. Decision making, care, support and treatment will reflect evidence-based best practice, be grounded in rights-based principles and informed by the social determinants of health so that people receive the right care to achieve the optimal outcomes that matter to them.

1. Across the [‘continuum of care’](#), support and treatment will be strengths based and focus on personal recovery. Services will deliver evidence-based practitioner and peer led interventions across a person's lifetime.
2. To maximise the effectiveness of interventions, the promotion of hope, human connection and mutual respect will be integral to delivery. Patient/person reported outcome measures and patient/person experience survey information will be embedded into practice and the information used to guide individual, local and national provision.
3. Local Authorities, Health boards and NHS trusts, with support from Health Education and Improvement Wales, will use workforce insights and planning processes to ensure local services have a flexible and sustainable workforce in place to provide the open access mental health support model.
4. Physical health needs will be prioritised within mental health care to reduce avoidable deaths and promote wellbeing.

Efficient

Our mental health system will take a value-based approach that prioritises outcomes that matter to people, ensures sustainability, and avoids waste. It will offer active and ongoing implementation support and project management. Effectiveness is derived through continuous measurement with the person, ensuring care remains aligned with their goals, needs, and outcomes. Data informs understanding of population needs, access patterns, changing presentations, and inequalities, and guides planning and delivery at regional and/or national scale.

1. Quality management systems will be used to identify areas for improvement in processes to reduce duplication and minimise unwarranted variation.
2. The mental health citizen/patient record is delivered on a modern, stable and secure IT platform that enables greater integration of care and enables data-informed and connected planning at a local and national level.
3. Data will be available to practitioners, partner agencies³ and to people accessing services to enable transparency, autonomy, informed choice, shared decision making and identify timely adjustments to support.
4. Clinicians are supported and encouraged to work at the top of their license, continuously improving their skill set to deliver the best care and treatment, take part in service innovation, quality improvement, and research activity.

Person centred

Our mental health system will meet people's⁴ needs and ensure that their preferences and values guide decision making. We will ensure that everyone is treated with kindness, empathy and compassion; with respect for their privacy, dignity, human rights and need for any reasonable adjustments.

1. Services will be mindful and respectful of individual needs (including a person's preferred language), providing compassionate care that promotes voice, choice, participation, dignity, and inclusion.
2. Care, treatment and support plans will be written in the person's own words. People and/or their families and supporters, as appropriate, will have ownership of their own plans and will be empowered to use these to actively exercise and realise their rights.
3. Care, support and treatment will be co-produced and responsive to lived experience, focusing on hope, meaning, belonging and connection for individuals in the context of the needs of their families and wider communities.
4. Active involvement in people's own recovery journey maximises engagement and mental health outcomes. The person will always be considered through a strengths-based and holistic lens regardless of the service they access. Conversations draw out the narrative of 'what matters' to the person, capturing personal goals and preferences.
5. People are treated as equal partners when designing, developing and delivering policies and services.

³ Where appropriate and with the individual's consent, data-sharing agreements will enable secure information sharing.

⁴ Including babies, children and young people's views and adults with cognitive impairment.

Timely

People will have same day access to high-quality mental health information, advice and care, this will be underpinned by the belief that all people have strengths and that positive change can happen through a single encounter.

1. People will be provided with open access, same day support to different types of services and resources including open access self-guided and self-directed supports, with multiple ways of accessing them (in person and virtual, via phone or video).
2. Mental health support will take a 'one at a time approach' (OAAT) to enable mental health care at the point of need, stage of readiness and with minimal assessment.
3. Where the OAAT approach identifies a particular service or intervention is needed there will be seamless access and waiting minimised.
4. Wait times will be clinically appropriate but guided by individual need and preference. Any unavoidable waits will be clearly communicated and accompanied by open access to meaningful support, ensuring the system remains person-led rather than clinically led.

Enablers

Leadership

Our mental health system has visible and focused leadership at all levels to ensure oversight and consistent delivery of quality, safe, and compassionate care. They will actively engage, communicate and involve all staff and those using services in the transformation of services. Our leaders and managers will:

1. Support the transformation of mental health services to implement the open access model and have the appropriate skills and capacity to create the conditions for a functioning quality management system.
2. Champion psychological safety, ensuring staff, people accessing services, carers and supporters feel able to speak up about concerns, including about risk or wellbeing.
3. Ensure that recovery orientated, trauma informed, and person-centred approaches are embedded into service delivery. Culturally competent and inclusive practice will be prioritised to ensure everyone is supported to make informed decisions about their care.
4. Draw on consistent engagement with lived experience to shape, test and strengthen strategies to reduce stigma and discrimination against mental health concerns within their organisation.

Workforce

Our mental health system recruits, retains, develops and extends roles to ensure we have a motivated, engaged and valued mental health workforce, with the capacity, competence and confidence to deliver compassionate and safe care. This includes proactive succession planning to ensure continuity that secures our future workforce and leadership as well as realisation of the ambitions set out in *More than Just words*. This will include:

- Providing specific training in: trauma informed care, One-At-A-Time and single session approaches, risk formulation and person-centred safety planning, rights-based care, de-escalation and evidence based therapeutic interventions.
- Adequate staffing in services, with the capacity to be agile and flexible to meet need across the continuum of care. The inclusion of lived experience roles in the workforce will be woven through all elements of the open access mental health support model.
- Operational, clinical leaders and project management staff having the knowledge, skills and capacity to lead and sustain system transformation including skills in implementation science and practice.
- Robust support and supervision frameworks for staff to prevent burnout, vicarious trauma and promote wellbeing, complemented by structured professional development opportunities that support growth, sustained practice and career progression.

Culture

Our mental health system creates the right climate and culture that respects dignity, autonomy, and choice for people with mental health concerns. It will:

- Ensure the inclusion of service users and diverse perspectives in design, governance and feedback loops. Share power in decision-making and uphold a rights-based approach to ensure people are actively involved in shaping their care.
- Strengthen system readiness by ensuring the organisation, workforce, and partners have the capacity, structures, and shared commitment to support integrated, person-centred, and continuously improving mental health services.
- Promote cross-sector and cross-profession/practitioner working where all voices are valued and heard.
- Foster a [just culture](#), encourage learning, openness and transparency in sharing what is and isn't working.

Information

Our mental health system ensures information is available and shared appropriately for all who need it – mindful of data privacy and confidentiality. Data should be used to improve service user experience and outcomes.

Our systems will:

- Collect and use data specific to mental health outcomes and experience and ensure data is both visible, accessible and supports a person's goals.
- Use quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made.

- Monitor, report and escalate indicators through governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
- Ensure information is available in accessible formats and in different languages, for children and young people and people with cognitive or communication difficulties.

Learning, improvement and research

Our mental healthcare system will create the conditions and capacity for an organisational and system-wide approach, prioritising collaboration with people with lived experience the third sector, social care, education, housing and regional partnership boards to strengthen collective system learning. It will embed and sustain:

- Effective evidence-based implementation strategies and tools.
- Continuous quality improvement – testing new ways of working on a small scale, listening to feedback and using data to guide decisions.
- Compassionate leadership which fosters cultures where staff thrive.
- Learning from adverse events (e.g. self-harm, restrictive practices) to inform safer practice, with a focus on understanding not blaming.
- Training in reflective practice, supervision, debriefing after critical incidents with partners.
- Research into what works in mental health interventions, including lived experience research, recognising there are multiple ways of knowing and that all forms of knowledge and evidence are valuable.

Whole systems approach

Our mental health system will ensure quality and safety through a whole-system approach that considers social determinants of health and coordinates services to provide equitable, integrated support for everyone. There will be meaningful engagement with people with lived experience and the third sector to co-produce learning, service improvement, and innovation. This will include:

- Integration across services: primary care, community mental health, social care, housing, substance misuse, the voluntary sector.
- Implementation of the cross sector open access model across the continuum of care, for example collaboration with justice, education, employment, physical health services.
- Systems to manage transitions that are co-ordinated, planned, purposeful, person-centred and ensure continuity of care (e.g. between child/adolescent services to adult mental health).
- Integrate social determinants of health (poverty, housing, social exclusion) as a core element of service planning.
- A no wrong door approach – this means 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.

Measuring mental health care and outcomes

Please see Annex 2 Maturity matrix and specific outcomes to follow.

Annex 1: Summarised Core Components and Practice recommendations

[Core components – NHS Wales Performance and Improvement.](#)