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Review of Together for Mental Health and Talk to Me 2 Strategies

Executive Summary

1. Research aims and methodology

1.1 This paper summarises the findings from the review of the Together for Mental Health[1] (T4MH) and Talk to Me 2[2] (T2M2) strategies, which was undertaken by Opinion Research Services (ORS) between October 2021 and August 2022. The review primarily aimed to assess the extent to which observed outcomes are attributable to the two strategies.

1.2 The key stages of the research were:

- A documentation and data review to inform project design and the development of Theories of Change for each strategy
- Virtual stakeholder workshops with the Delivery and Oversight[3] and National Mental Health Partnership[4] Boards, and 18 interviews with strategic staff from Welsh Government, the NHS, and mental health and suicide and self-harm prevention organisations, to refine the Theories of Change and the evaluation's priorities
- Sixteen interviews with practitioners working in mental health and suicide prevention, 12 virtual regional focus groups/workshops for strategic and operational personnel from mental health and suicide and self-harm prevention organisations across Wales, and a workshop with the National Advisory Group (NAG)[5] for suicide and self-harm prevention. These sessions explored views on progress towards strategy outcomes, including for diverse groups; COVID-19 impacts; the active offer; and successor strategies

[1] Together for mental health: our mental health strategy | GOV.WALES

[2] T2M2 strategy 2015-2020 | GOV.WALES

[3] Oversees the continued response to the mental health impact of Covid-19; strengthens oversight and assurance for the delivery of T4MH; and monitors evidence to inform the future programme of work and the successor to T4MH

[4] Main mechanism for service user/stakeholder engagement, with a line of accountability to the Delivery and Oversight Board.

[5] Oversees the implementation of T2M2 and advises Welsh Government

- Interviews (five) with service users and a workshop with the Wales Mental Health and Well-being Forum[6] to explore people's experiences of accessing and using mental health services (including in Welsh); the impact of COVID-19 on services; and what they feel Welsh Government should do to improve mental health services in future.

2. Key findings

General thoughts on the strategies

2.1 Overall, there was widespread support for the T4MH and T2M2 strategies. Much good was thought to have come from both in terms of:

- Providing a framework of activity and common goals for individuals, services, and organisations
- Facilitating cross-sector co-ordination and partnership working
- Enabling a cross-governmental response that has acknowledged the diversity of mental health needs across Wales and led to a more rounded, needs-led approach to service provision
- For T2M2, greater awareness and discussion of suicide and self-harm and related issues.

2.2 There was a general sense that some progress has been made towards achieving both strategies' outcomes, but that that there remains some way to go before they are fully achieved. Moreover, directly attributing success to T4MH and T2M2 was considered difficult in that while both have influenced all outcomes to greater or lesser degrees, it is almost impossible to isolate their impacts from other concurrent activities, policies, legislation, and societal/cultural changes. It was also stressed that the outcomes that require societal change are likely to be long-term or even generational.

2.3 The strongest emerging theme from the review was around a lack of embedded processes for data capture and measurement, and for reporting progress against outcomes. This means that it is difficult to measure the strategies' effectiveness and establish direct causation between their implementation and any successes. It was also said that even where data does exist, it is disparate, due to inconsistent collection recording, and sharing.

2.4 In light of this, the need for much more robust means of measuring impacts and outcomes in future – underpinned by effective data sharing agreements – was stressed. It was acknowledged that there is now a Mental Health Core Data Set in place, which will be beneficial in evaluating any successor strategies.

2.5 Another cross-cutting issue was an alleged lack of governance and accountability underpinning both strategies. This was said to have hindered data collection and reporting; led to duplication, fragmentation, and uneven service delivery; and meant that good practice has not been identified, shared, or rolled-out across Wales. Some improvements were noted though: for T2M2 these were said to have been largely driven by the introduction of the NAG, regional forums, and national/regional suicide prevention co-ordinators; and for T4MH by the Ministerial Oversight Board and regular reporting.

Achieving strategy outcomes: T4MH

The mental health and well-being of the whole population is improved

2.6 Although difficult to directly attribute to the strategy, the reviewed data shows some improvement in population mental health and well-being, at least pre-COVID, for certain metrics. For example,

[6] A group of individuals from across Wales who either have direct lived experience of mental health and mental health services, or individuals that provide care and support for someone with mental health needs

National Survey for Wales (NSW)[7] data shows that well-being (as measured by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)[8]) rose between 2016-17 and 2018-19 before falling in 2020-21 (most likely due to the pandemic). The percentage of people feeling lonely or sometimes feeling lonely has also followed a similar trend.

2.7 However, NSW data is less encouraging in relation to the headline measures of life satisfaction that contribute to the Welsh Government Healthier Wales goal[9] (one of seven). The three positive measures of 'life satisfaction', 'feeling life is worthwhile' and 'feeling happy yesterday' have changed little over time, and the first two fell between 2019-20 and 2020-21 (likely due to COVID-19). The negative measure of 'feeling anxious yesterday' has also increased consistently since 2014-15. This suggests that the long-term aim of improving the mental health and well-being of the whole population remains a work in progress.

2.8 Qualitative feedback highlighted that positive changes to the nation's mental health and well-being have been facilitated by better partnership working, more integrated provision, and improved pan-Wales communication across the public, private, and third sectors, and between primary and specialist mental health services. This has increased awareness of work being done in different areas and greater consistency in service provision. The strategy was said to have helped drive all this forward, though some service-based inconsistencies remain across different health board areas.

The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities, and the economy more widely, is better recognised and reduced

2.9 The impacts of poor mental health were thought to be better recognised in general, not least as conversations around these issues are now much more open and frequent. However, this was not thought to reach across to those experiencing more severe mental ill-health, many of whom still lack understanding and support from their communities and wider society.

2.10 There is also data available that allows us to understand what influences and impacts on mental health problems among children and young people[10]. This shows that the most common presenting issues on referral for counselling are, in order; 'family', 'anxiety', 'anger', 'stress' and 'self-worth'. Issues around 'anxiety' and 'self-worth' are increasing for children and young people, though the 'self-worth' increase is recent, and the overall figure has decreased over time.

Inequalities, stigma, and discrimination suffered by people experiencing mental health problems and mental illness are reduced

2.11 It was widely agreed that society is now much more comfortable discussing and less likely to stigmatise mental health, and that there is a developing awareness of the importance of safeguarding everyone's general mental well-being through offering good access to support. This, in turn, was thought to have helped drive improved equality of opportunity.

2.12 This is corroborated in the '*Together for Mental Health Delivery Plan 2019-2022, Welsh Government Integrated Impact Assessment Summary',* which states that the profile of mental health has expanded considerably, and it is now seen as something that concerns everyone. This has helped

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[7] National Survey for Wales

[8] The Warwick-Edinburgh Mental Well-being Scale

[9] Well-being of Wales: 2021 | GOV.WALES

[10] Counselling for children and young people | GOV.WALES

put the focus on prevention, which in turn has reduced the stigmatisation around mental health, allowing people to feel safe and supported when seeking support (Welsh Government, 2019).

2.13 The T4MH strategy and its associated political scrutiny was thought by some to have played a role in this positive change, although it was acknowledged to be difficult to evidence, and to isolate its impact from concurrent societal and cultural changes.

2.14 A recent reported culture change is that young people have become much more willing to discuss and seek support for their mental health issues. This was helped by more frequent discussions of these issues in educational settings. However, it was recognised that much more work is needed to break down barriers for older generations, and rural communities. Moreover, while reduced, stigma around mental health – even if unconscious – still exists, reducing equality of opportunity for those experiencing mental health problems.

Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions

2.15 Stakeholders and practitioners generally agreed that service users' experience of the support and treatment they receive has improved, and that services are more trauma-informed and compassionate. It was also felt that the workforce is now more skilled and aware of how to treat mental health service users and include them in decision-making. As a result, there is much better engagement between staff, service users and carers. Furthermore, the importance of co-production in service delivery was said to be better recognised, though not universally yet.

2.16 Service users and their carers tended to agree with this, though all reported instances where they felt ill-treated by not being taken seriously, being told that their mental health was not sufficiently poor to warrant a referral or, in some cases, being blamed for their situation.

2.17 Most service user participants also said that while they were keen to exert more control over the decisions made in relation to their care and treatment, this had not been possible. This was disputed by several practitioners, though, who said that service users are offered more control over their care planning. However, Welsh Government data (on StatsWales) shows that the percentage of patients in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTPs) has fallen over time from 91.2% in July 2014 to 84.7% in April 2022.

2.18 The overall message from the workshops/focus groups and interviews was that while progress against this outcome has been broadly positive, there are still some areas for improvement. In particular, there was clearly some tension between the narratives of practitioners and service users, with the former being more positive than the latter.

Access to, and the quality of, preventative measures, early intervention and treatment services are improved, and more people recover as a result

2.19 Some practitioners felt that access to prevention, and especially early intervention within adult mental health, has developed especially well in some areas during the lifetime of the strategy. Even though COVID-19 changed processes to some extent, having a multi-disciplinary team working alongside primary care, with specially trained practitioners, has resulted in a better quality of service. The emphasis on prevention and early intervention within the strategy was thought to have helped drive forward activity in this area.

2.20 In terms of access to treatment and services, the fact that more multi-disciplinary assessments are available 'at the front door' was praised in ensuring people receive the right care in the right location at the right time. Moreover, there was said to be much better access to treatment for those in crisis via dedicated pathways; crisis team assessments; and alternatives to A&E and hospital admission, such as home treatment, sanctuary services, and support houses.

2.21 One area in which little progress was thought to have been made is reducing waiting times, with people continuing to experience lengthy waits for secondary care, in particular. This was thought to be primarily due to demand for services outstripping their availability, an issue exacerbated by the

COVID-19 pandemic. There was said to be little the T4MH strategy can do to address this issue; rather, making greater and earlier use of the third sector was suggested.

2.22 In relation to this, it is worth noting that the Welsh Government data for primary care (available on StatsWales) shows recent drops in the percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within 28 days of referral, therapeutic interventions starting within 28 days of assessment, and outcome assessments sent within 10 days. These reductions are likely due to the ongoing impact of COVID-19, but delays to assessments and interventions are clearly counter to ensuring timely access to services.

2.23 Other issues of concern were around overly complex pathways into mental health services (though the introduction of Single Points of Access in some areas are helping to address this); the often-difficult transitions between Child and Adolescent Mental Health Services (CAMHS) and adult mental health services; and the timeliness of discharge, especially from secondary care.

The values, attitudes, and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved

2.24 The *Together for Mental Health Delivery Plan 2019-2022, Welsh Government Integrated Impact Assessment Summary* highlights that the values, attitudes, and skills of those treating or supporting individuals of all ages with mental health problems or mental illness have improved since the strategies were introduced, but that there is still more to be done in this area (Welsh Government, 2019).

2.25 Indeed, several workshop/focus group and interview participants felt that some residual - often unconscious - stigma exists among clinicians and healthcare workers (A&E staff and GPs were specifically mentioned), who are not always adequately trained to help people with their mental health and well-being. Training is underway in some health boards to address this though.

2.26 In terms of mental health and well-being training more generally, this was said to have been improving pre-COVID, but that the move to primarily virtual learning during and since the pandemic has been problematic for some. It was also said that while individual professional groups have specific training, more general and basic training for whole workforces is not consistently provided.

2.27 While there was strong desire for more training, ongoing pressures on resources and capacity were considered a significant barrier to achieving this. Releasing staff for development opportunities was said to be almost impossible when the system is under so much pressure. The unaffordability of good quality training was also noted.

Achieving the strategy outcomes: T2M2

Further improve awareness, knowledge, and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm, and professionals in Wales

2.28 There was said to be much greater awareness of suicide and self-harm in society, not least due to the greater openness with which these issues are discussed in the media, on social media, and on TV programmes. This growth in societal awareness was largely considered an organic process of cultural change, but one that has been complemented by T2M2. The need to encourage earlier conversations around mental health and well-being was stressed to prevent escalation to thoughts of suicide and self-harm.

2.29 Prevention directed at men (such as the Time to Change ‘Ask Twice’ campaign) was thought to have been especially beneficial in raising awareness and encouraging openness. The staff training provided to manage difficult situations and conversations across health board areas was also praised. There was some feeling, though, that while there was an increase in the availability of staff training pre-2020, this was curtailed by COVID-19, and needs to be re-prioritised.

2.30 The national and regional suicide and self-harm prevention co-ordinators were considered integral to maintaining a focus on suicide and self-harm prevention and driving forward the T2M2 strategy. However, there was some feeling that the regional co-ordinators have not been as impactful as they could be due to their *'too large'* cross-county geographical footprint; and that a commitment to maintaining or even increasing funding for suicide and self-harm prevention, both generally and to allow the continuation and expansion of the co-ordinator roles, is essential.

Deliver appropriate responses to personal crises, early intervention, and management of suicide and self-harm

2.31 The service user experience was generally considered positive and actively improving, with most staff treating people with dignity and respect. There was also evidence of much better access to help for those in crisis, and an increase in urgent assessment appointments. Services were also said to take a more holistic view of service users' well-being rather than focusing on suicide risk, and to be considering and linking with partners to address socioeconomic factors to a greater extent. In particular, Assessment and Treatment teams were said to provide *'gold standard'* care, and while external influences were the primary catalyst for their development, the strategy had helped *'push them through'*.

2.32 However, poor access to GP appointments remains an issue, and waiting times for services and support are also still significant, especially for those <u>not</u> in crisis. This was thought to be largely due to the impacts of COVID-19 and resources not keeping pace with demand (which has apparently risen due to greater awareness of mental health and well-being issues). Moreover, the issue of residual stigma around mental health among a minority of professionals was again raised.

2.33 As for the impact of delivering appropriate responses, Office for National Statistics (ONS) data shows that the number and rates of suicide have decreased year on year since 2017. COVID-19 was thought to have hampered progress in reducing suicides and suicide attempts though, with stakeholders and practitioners in all areas perceiving an increase during the pandemic. This was thought to be in no small part due to a lack of access to support services during that time. It should be noted, though, that this perception is not borne out by official ONS data, which shows no increase in the number of suicides during the pandemic.

2.34 Instances of self-harm were said to be increasing rather than decreasing though. While there are prevention initiatives in the pipeline using, for example, online apps, self-harm can be difficult to reduce because it involves changing coping strategies. Taking a long-term view was thus recommended.

Information and support for those bereaved or affected by suicide and self-harm

2.35 Most discussions in this area were around the development of better services for those bereaved by suicide, and there were mixed views on whether the strategy has helped achieve this. Some of those working in this area felt strongly that it had, primarily due to the success of the national and regional suicide and self-harm prevention co-ordinators, and the contribution made by some third sector organisations like the Samaritans in driving improvements.

2.36 In considering effects on staff, it was said that the support offered by mental health service staff members to each other after a serious incident has always been strong, but some participants felt that there are now more formal support systems in place as a result of the strategy. Moreover, the roll out of more and better postvention training for key staff was thought to be improving the help available to them following traumatic experiences.

2.37 Others disagreed that there is sufficient support available to affected staff, arguing that peer support from specially trained staff is not enough, and that those affected by suicide and self-harm often need professional help in dealing with the aftermath.

Support the media in responsible reporting and portrayal of suicide and suicidal behaviour

2.38 By and large, the media was thought to have improved the way it reports suicide, and many outlets were said to act proactively and responsibly in signposting those affected to organisations like Samaritans.

2.39 However, in some cases, there is apparently still a tendency to sensationalise. To combat this, Samaritans has produced helpful media guidance which (thanks to the NAG) has been adopted in Wales and translated into Welsh. This was considered an essential part of suicide prevention, and the NAG continues to work to ensure it is followed.

Reduce access to the means of suicide

2.40 More action was thought to be needed against social media groups that encourage harmful behaviours with sometimes fatal consequences. However, harnessing the positive potential of social media was also recommended, particularly in light of the increase (especially during the pandemic) in the number of organisations offering online counselling support and opportunities to discuss ways to prevent suicide and self-harm.

Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action

2.41 It was largely agreed that there is better internal and external sharing of research and effective practice in suicide and self-harm prevention, as well as the trends emerging from inquiries into suicide, so that lessons can be learned to inform prevention activity. Sharing information and learning across county boundaries was also said to have improved.

2.42 Furthermore, at the time the primary research was undertaken, the real-time suicide surveillance system was launched and considered potentially transformative in overcoming data inequalities and providing a more comprehensive dataset. The NAG argued that this could not have happened but for the Group's capacity and connections.

2.43 Significant data and evidence gaps were thought to exist in relation to self-harm, though: so much of it is hidden that it is very difficult to monitor and quantify. There is some data available, however, which shows that the number of children and young people receiving counselling who presented with self-harm has increased in recent years, as has the number recorded with suicidal thoughts or attempted suicide as the main presenting issue. These could be positive or negative results, of course. If they are due to greater awareness and a more appropriate response, that is positive, while a simple increase in the numbers would be negative.

The active offer

2.44 The general perception was that the question of preferred language is not being regularly asked at the point of access, which hides potential demand for Welsh language services. It was thus considered essential to improve understanding and implementation of the active offer by/through:

- A Wales-wide skills audit of the mental health workforce to identify staff's ability and capacity to provide Welsh language services
- Encouraging and incentivising staff to learn Welsh
- Mentors or 'champions' to promote Welsh
- Sharing the experiences of those who prefer to access services in Welsh
- Services consistently sharing information about language preferences
- More funding for third sector organisations to provide bilingual services

- A detailed Welsh Government strategy for how health boards can meet demand for and create change in Welsh language services, and support to achieve this.

2.45 However, a lack of Welsh speaking staff in some areas will, it was recognised, remain a barrier.

COVID-19 impacts

2.46 COVID-19 was said to have had several negative impacts on the two strategies' implementation and ways of working, namely:

- An increase in anxiety and loneliness among the population resulting in more demand for mental health services
- Some people not seeking the help they needed, worsening their mental health and well-being
- Reduced focus on and access to services and support
- Restrictions on visiting and discharge leading to poorer outcomes for inpatients
- Widening of existing inequalities (e.g., ethnic minority communities being disproportionally impacted by COVID-19)
- Staff burn out and demoralisation
- Integrated working impacted by lockdowns
- Increased responsibility and burden on carers.

2.47 The Welsh Government's *Review of the Together for Mental Health Delivery Plan 2019-2022 in response to Covid 19* also suggests that the T4MH and T2M2 strategies may not have adapted to the pandemic flexibly enough to provide sufficient preventative mental health support, despite prevention and early intervention being their main components (Welsh Government, 2020).

2.48 However, some positive opportunities for future service development were created by the pandemic, which encouraged creative re-thinking in how services operate and better partnership working at strategic levels. Indeed, opportunities for more interaction and joint learning across services and areas was facilitated through digital platforms, which also fostered easier communication between healthcare providers and service users and made services more accessible to those with limited ability to travel. However, blended provision will be essential moving forward for those who prefer face-to-face contact or do not have digital equipment and/or skills.

Impacts on diverse groups

2.49 While the strategies were said to have ensured a focus on individuals and groups who may otherwise have been *'less on people's radar'*, more work was thought to be needed in all areas to improve the experiences of and outcomes for people with protected and other characteristics by, for example:

- Comprehensively reviewing their needs and providing needs-led support to improve their outcomes
- Multi-agency engagement with diverse groups to better understand and meet their needs; enable them to feel more involved in decision-making; and foster their trust in services
- Improving cultural competency within services and organisations
- Developing better staff understanding of neurodivergence
- Where possible, recruiting staff who can speak languages other than English (including BSL)
- Sharing good practice across health board areas.

2.50 Furthermore, data relating to those with protected and other diverse characteristics was said to be lacking, meaning it is difficult to know whether current services are appropriate for and accessible to them.

2.51 The *Together for Mental Health Delivery Plan 2019-2022* stresses that activities planned around children and young people have had the greatest impact overall through improving their lives, benefiting their families, and reducing future demand on services in later life (Welsh Government, 2019).

2.52 Many evaluation participants also agreed that the mental health and well-being of children and young people has improved because of the emphasis on their needs within the strategies. Others, though, still viewed them as a disadvantaged group, with waiting times for assessments and services said to be worse than for adults. Indeed, data on Specialist Child and Adolescent Mental Health Services (sCAMHS) waiting times (available on StatsWales) shows considerable inconsistency: the percentage of first appointments meeting the 4-week target fluctuated from just over 80% in January and February 2020, to just over 22% in December 2021, to just under 45% in June 2022. As such, while no-one expressly said that a specific strategy for children and young people is needed, a strengthened focus within an all-age one was strongly urged to encourage improvements.

The impact of cross-governmental working

2.53 An increase in cross-governmental working through the strategies was said to have resulted in:

- More awareness of and less stigma around mental health issues and neurodiversity in schools
- Improved collaboration between mental health and substance misuse services
- More collaboration between suicide and self-harm prevention services and the Department for Transport
- More focus on cross-cutting issues such as alcohol-related brain damage, and prison mental health
- Greater awareness among partner agencies (e.g., housing) of how they can contribute to improving mental health outcomes
- Better inclusion of the third sector, ensuring organisations feel better listened to and recognised, and can access more resources and make links with partner agencies to enhance service delivery.

2.54 In terms of key challenges to cross-governmental and cross-sector working, it was said that there is still too much reliance on mental health services to deliver the strategies' outcomes, and that all partner agencies must be encouraged to consider how to resolve issues within their own remit. Moreover, the fact that some elements of the strategies are delivered by health and others by social care was thought to present some challenges in developing one coherent delivery plan.

2.55 Some suggestions were made to improve cross-governmental working, namely to:

- Develop detailed, aligned plans at local and national level to ensure all partners are working together and delivering against agreed targets
- Ensure Regional Partnership Boards have ownership of the T4MH successor strategy, so all relevant services share responsibility for delivery
- Improve communication between management and workforces to ensure the latter understand the strategic activity being undertaken to deliver the strategies; and between cross-sector services and agencies to ensure consistent processes and goals
- Adopt a national collaborative approach to implementing successor strategies

- Increase the clarity of the third sector's role in delivering strategies (as it is sometimes unclear whether they deliver services or just advocate for service users)
- Appoint a national lead for suicide and self-harm prevention based in Welsh Government to set priorities and strengthen the public health agenda by ensuring Public Health Wales has a formal role in delivering the T2M2 successor strategy.

The impact of workforce capacity and skills

2.56 The mental health and well-being workforce was said to have improved in numbers and skill since the strategies' introduction, but more staff were thought to be needed across the board to ensure full implementation. Moreover, the need to upskill and boost the confidence of the workforce at all levels was stressed to ensure everyone understands and can fulfil the strategies' aims and priorities.

2.57 Other key issues were that the COVID-19 pandemic shifted priority away from staff training and development to frontline service delivery, which should now be recalibrated; that workloads are too high to allow staff to meet service users' needs fully; and that staff workloads and stress continue to affect retention.

2.58 Ultimately, a workforce skills audit was recommended to understand the current skills mix, gaps, and training needs, contribute to a Wales-wide training and competency framework, and ensure consistency in staff training and development.

Successor strategies

2.59 There was strong support for developing T4MH and T2M2 successor strategies, for the long-term change they are looking to achieve is generational. Though a range of views was given around what these strategies should look like, those expressed by the majority are below.

- T4MH and T2M2 should remain separate to ensure sufficient emphasis on mental health and well-being, and on suicide and self-harm prevention
- Self-harm is becoming *'lost'* within T2M2 due to the prominence of suicide prevention, and as suicide and self-harm are fundamentally different, they should not be linked in one strategy. If they do stay together, parity of emphasis for the two aspects within a twin strategy is essential
- There was some support for a 10-year duration, but most agreed that the strategies should cover a shorter timeframe (i.e., five years) to reflect changing political landscapes, and facilitate timelier outcome evaluations
- A set of baseline measures is needed, as is embedding a means of collecting data to evidence success or otherwise. T4MH would also benefit from a clearer, more concise set of 'hard' and 'soft' outcome indicators.

2.60 The strategies must also, it was said, be ambitious; be co-produced with those with lived experience; have proper governance structures and accountability in place; be adequately and sustainably funded; addressing workforce training, skills, capacity, and support gaps; include regular reviews of measurable priorities and objectives; and make use of the Mental Health Core Data Set.

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government.

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Mae’r ddogfen yma hefyd ar gael yn Gymraeg.
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