

Draft mental health and wellbeing strategy

General information

Your name (optional):

Haleema Khan

Organisation (if applicable):

The Welsh NHS Confederation

The Welsh NHS Confederation welcomes the opportunity to respond to the Welsh Government consultation on the Draft mental health and wellbeing strategy.

The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

Your interest in the strategy. Please tick all that apply.

- Lived experience
- Carer
- Member of the public
- Health care staff
- Social care staff
- Third sector staff
- Other professional role
- Organisational response
- Prefer not to say

Which version of the strategy have you looked at? Please tick all that apply.

- Draft mental health and wellbeing strategy
- Children and young people's version
- Easy read version

If you want to receive a receipt of your response, please provide an email address:

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box:

Consultation questions

Question 1

How much do you agree that the following statement sets out an overall vision that is right for Wales?

“People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.”

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 1a

What are your reasons for your answer to question 1?

Our members agree that the above statement sets out an overall vision that is right for Wales.

Generally, our members support the above vision as it emphasises strong support for the notion of connecting people and is inclusive of everyone in our society.

However, there were some concerns about the statement having less of a focus on “prevention, health improvement and inequality” (as set out within A Healthier Wales) and the need to “prevent problems occurring” (as aimed through the Well-being of Future Generations Act) and them coming through less strongly within the draft strategy. Increased action to promote good mental health and wellbeing, to prevent mental illness and to reduce the impact of mental health conditions on the quality of life of those living with them is urgently needed to stem the rising demand for mental health services.

Also, the vision statement does not address the need to reduce inequalities in risk and protective factors, the need to equitably improve access to and experience of services and emphasis on mental health outcomes.

Furthermore, the overall vision statement doesn't reflect key settings, such as schools and workplaces, through which mental wellbeing can be supported. The high-level statement moves from 'communities' to services and support, with little in it currently reflecting the cross-government / system approach which the strategy aims to instil.

Our members suggested rather than trying to amalgamate the four individual vision statements within the overall vision statement, a shorter, higher level vision statement, with a stronger emphasis on prevention and focused on the desired outcomes may be beneficial.

Question 2

In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 2a

What are your reasons for your answer to question 2?

Our members agree with the ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy.

Our members feel that the principles are generally right, however regarding 'no wrong door' – the question was posed "why is there a door in the first place?". Furthermore, regarding mental health services, there was concern amongst members with lived experience that there are many doors, and it often feels that there are hoops to be jumped through.

Moreover, addressing the wider determinants of health and addressing the root causes of economic inactivity would improve mental health and wellbeing. Whereas, members agree with an all-age focus, the strategy should take a more targeted focus on age-groups most at risk of poor mental health. Young people now have the poorest mental health of any group in our society. A recent Faculty of Public Health report ([Vision for the Public's Health, 2024](#)) stated that in 2021-22 35% of young people aged 18-24 reported symptoms indicating they were experiencing a 'common mental health disorder', up from 24% in 2001. With the Mental Health Foundation citing that 50% of mental health problems are established by age 14 and 75% by age 24, this provides an opportunity to close the gap through targeted prevention. Strong links with this strategy and the Children and Young Peoples plan are essential and considering the evidence to support preventative based approaches in parenting programmes.

Additionally, taking a prevention focus is essential, with mental health conditions and the NHS spend on treating mental health both rising, compounded by long waiting lists, it makes economic sense as well as being best for our communities to priorities prevention. The benefits of empowering people to promote, protect and manage their mental health is fundamental.

Regarding the terminology of the principles, our members feel it is quite deficit-focused and may benefit from a more strengths-based approach which can be motivating for individuals and the workforce. Specifically, for the all-age focus principle, members suggest reframing to 'across the life course' to align with the language of the cross-cutting theme set out in Welsh Government's National Framework for Social Prescribing (NFfSP).

Also, further clarity is needed for the rights-based approach and trauma-informed principles. For the evidence driven and outcome focused principle, consideration should be given as to when evidence is unavailable.

Finally, to ensure that everyone has the best mental health we need to pay special attention to people as they transition through services: young people into adult services; psychiatric care and hospitals into community; women and children from refuges into community. Transition and integration need to be identified in the statement.

In the strategy, we have a number of sections which are informed by four key vision statements. These four vision statements represent our overall aims. We would like to know what you think of each of them. You can answer questions about as many of the statements that are of interest to you.

Vision statement 1

Question 3

Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 3a

What are your reasons for your answer to question 3?

Our members strongly agree with Vision statement 1 that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.

From a very young age, people need to be taught and shown how to take care of their mental, psychological and emotional wellbeing in the same way that they are taught and learn about physical wellbeing. Also, there must be strong support for the importance of community and sense of community in developing and maintaining wellbeing and health, including relationships and healthy relationships. Also, with the increasing use of social media, our members wondered if the role of the virtual community might need to be strengthened here. That is, that many people's communities are often largely online particularly for isolated people (geographically or otherwise).

Moreover, our members acknowledge that mental health shouldn't just sit within the NHS, it is a much broader public health issue. Whilst members agree with VS1.1, they would urge the strategy to go further and ensure that the population of Wales have easy access to this information, advice, and resources so they can actively improve their mental health literacy. Also, members agree with VS1.5 but again would urge the strategy to go further and work to increase the motivation of the frontline workforce, as well as increase their knowledge, opportunities, and confidence.

Moreover, this vision statement could consider the important role that settings and communities (other than geographical communities) have in promoting positive mental wellbeing. This includes workplaces and education settings. These settings can create and have a unique role in understanding and supporting people in their work or school communities and can help to address inequalities by creating inclusive, wellbeing-promoting environments, normalising mental health and wellbeing conversations and facilitating access to support to those who need it.

Question 3b

We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 3c

Are there any changes you would like to see made to these actions?

Our members agree with the high-level actions for vision statement 1.

Though members were concerned about the term 'social prescribing' – a view that this 'medicalises' human contact, there was strong support for the 'community connector' model, where people are employed to help others to identify interests and find opportunities to pursue hobbies/ interests in the local community whilst developing human connections/ developing friendships.

Members also strongly support for investment in support for the pre-birth – 3-year age group and positive parenting/ developmental opportunities.

However, members do have some concerns, including a risk that the actions supporting this vision statement is overly focused on individuals knowing what to do without considering how they are enabled to act for their wellbeing and how conducive local environments and communities are for wellbeing. Less affluent areas are less well served in terms of community assets, including environmental and cultural assets ([Public Health England 2020, Fancourt, 2023](#)). Addressing these socio-economic inequalities in access should be considered as part of the strategy to avoid the risk of perpetuating inequalities in mental wellbeing.

For VS1.5, members suggest that the terms 'knowledge, opportunities and confidence' are replaced with 'capability, opportunity and motivation' to reflect the COM-B model, which is an evidence-based framework. The model utilises behavioural science, identifying three components that must be met for any behaviour to occur: Capability (C), Opportunity (O) and Motivation (M).

Additionally, vision statements should be SMART (Specific, Measurable, Achievable, Relevant and Time-phased) to enable measuring outcomes. For example, 'meeting the needs of all communities' as set out in VS1.6 will be difficult to measure and likely be unachievable. A measure of co-production, for instance, could be developed and agreed to identify if this has been achieved.

Furthermore, important indicators on the wider determinants of mental health and wellbeing include air quality (NI 4, education (NI 7 & 8), income and poverty inequalities (NI 17-19), material deprivation, employment and job satisfaction (NI 20& 21), safe and stable housing (NI 31 & NI 34), healthy and biodiverse environments (NI 43-45). Whilst some of these indicators are helpfully referenced under Vision Statement 2, the strategy may benefit from identifying those indicators which are common across Vision Statements to aide prioritisation and monitoring of activity.

When assessing change on indicators reflecting national averages it will be vital to understand differential changes within Wales, including by geography, socio-economic groups and protected characteristics. The identification and development of key indicators to measure success is important. This should be complimented by qualitative approaches to add to the understanding of what works and in what context. Case studies and real-life stories can also act as a powerful motivator for action.

Vision statement 2

Question 4

Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 4a

What are your reasons for your answer to question 4?

Our members agree with Vision statement 2 is that there is cross government action to protect good mental health and wellbeing.

Members are supportive of the links to a wide range of Welsh Government strategies cited in this Vision Statement and other health behaviours, including smoking, gambling, alcohol, substance misuse and domestic abuse. Members agree with the links to poverty, homeless/housing, foundation economic and employment which are fundamental for good mental health and wellbeing.

Members strongly support that it is 'the village who raises a child, and consequently supports the adult'. Though this strategy acknowledges the important role of community assets, there is concern from members that due to the financial challenges a number of government departments are facing, the investment in key areas, such as libraries, museums, community centres, youth clubs, is decreasing. The literature is very clear that good health depends on basic needs being met i.e., safe housing, access to healthcare, community assets, finance, friendships/relationships. Furthermore, members are concerned that people's poor mental health is often linked to lack of basic needs being met and an expectation that mental health services can 'fix' the issue. To stem the tide of mental health problems the solution is not just about increasing the mental health workforce but tackling the causes and making mental health everyone's business, therefore considering the wider determinants of health.

Ensuring Health Impact Assessments are undertaken with consideration on mental health and wellbeing impacts (positive and negative) is an important action. However further clarity could be provided on how this activity will be implemented, embedded and governed. The systems and structures available in Wales provide a strong basis for implementing HIAs, for example through Regional Partnership Boards and Public Services Boards. Guidance and support will be important to ensure HIAs are used consistently and robustly in respect to mental health and wellbeing impacts.

Members wholly support the use of the Marmot principles referenced in the strategy. Alongside mapping of national policy and strategies against these principles. There are opportunities to take this approach further, asking statutory bodies, such as Public Service Boards, to apply this framework.

Finally, this vision statement may be better framed as a "Cross-system" response to better reflect that action is required by all actors a 'system' which reaches far beyond health service policy and delivery.

In this section we say what different parts of Welsh Government will do to meet the objectives of vision statement 2:

- what mental health policy can do (question 4b)
- what wider Welsh Government will do (question 4c)

Question 4b

Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

Our members have some recommendations regarding additional mental health policy to ensure that work across Government improves mental health outcomes.

Members agree that using impact assessments is helpful but question the outcome of these assessments. It is currently unclear what risk to health is acceptable/ not acceptable. If an assessment demonstrates a significant risk to mental health, it is unclear if the proposed action still goes ahead. Also, members agree sharing best practice regarding care and treatment planning is helpful, but impacts a very small part of society.

Members have also stated more could be done to recognise the relationship between mental health and climate change and to use the lever of the Wellbeing of Future Generations Act and ambitions to influence cross-sector working, given the inter-relationships between individual, community and planetary wellbeing. – e.g. building on emerging work to create “active environments” (under the Healthy Weight: Healthy Wales Strategy) which brings together shared agendas around physical activity, healthy weight, mental health and wellbeing and sustainability and climate change.

Furthermore, delivery plans and action to influence cross-government approaches should include consideration of the specific needs of disabled people, including physical, sensory and developmental disabilities. Mental health conditions and disabilities often intersect, and individuals with disabilities are at a higher risk of developing mental health conditions.

Additionally, further work could be done to strengthen the role and impact of ill health prevention by promoting positive mental health and wellbeing and building personal resilience throughout adult working lives. Within organisations, line managers play a key role in supporting the mental health and wellbeing of employees. There has been huge progress in how employers protect and support the physical health of their employees over the previous decades, and we would like to see similar progress around mental health.

Question 4c

There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

Our members have some suggestions where Government can include to improve mental health outcomes.

For example, members suggest a single agreed quality outcomes framework to enable benchmarking and to support quality improvement approaches.

The role of Public Service Boards and actions delivered through Wellbeing Plans to improve community and environmental wellbeing should be reflected in the strategy, given these are important determinants of individual mental health and wellbeing.

Moreover, given the relationship between physical and mental health, the strategy should also reference the Welsh Network of Health and Wellbeing Promoting Schools scheme. This is the scheme through which support is provided to schools to embed a Whole School Approach to Emotional and Mental Wellbeing (referenced on page 32) and supports schools to take a whole school approach in a range of areas which support positive health and wellbeing, including physical activity and food.

Question 4d

We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 4e

Are there any changes you would like to see made to these actions?

Members have stated there are some changes they would like to see made to these actions.

For VS2.3, members support the intention to identify and monitor a set of measurable, cross-Government indicators to track progress at a population and programme level as part of its delivery plans. The National Indicators for Wales cover several relevant indicators for which a data visualisation tool would assist in the monitoring and use of these indicators. Sub-group analysis by key socio-demographic variables will support the system to understand inequalities and prioritise efforts to improve outcomes.

For VS2.4, members welcome the use of the NEST/Nyth Framework to improve support for babies, children and young people. However, the strategy should also recognise wider programmes working to improve parent-infant mental health and to ensure frontline services are adequately resourced and supported to enable effective delivery.

The importance of a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales cannot be underestimated. Achieving this, particularly within midwifery, health visiting and Flying Start services will be key to achieving the ambition set out in the strategy's vision statement for our youngest citizens. The [Healthy Child Wales Programme](#) (HCWP) aims to achieve several priorities that promote secure parent-infant relationships. However currently HCWP is not consistently being delivered in line with guidance, and in 2022 over 62,000 contacts which should have been offered for families of young children in Wales were 18 not recorded as having taken place. A greater focus on the provision of the universal healthy visiting pathway will be key to the success of the strategies vision statement.

Finally, regarding VS2.5, care and treatment planning plays an important role in supporting recovery for people under the care of specialist mental health services, considering holistic needs including wider determinants and psychosocial needs. We therefore support this action. However, the principle behind this action could reach a wider population by considering the wider needs of people with mental health conditions not under the care of specialist services and how other services, such as primary care and social prescribing can support people to improve their mental health and wellbeing.

Vision statement 3

Question 5

Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 5a

What are your reasons for your answer to question 5?

Our members agree with Vision statement 3, the section does set out direction that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help.

The concept of right help at the right time by the right person is helpful, however, some members were concerned as to how this might be achieved, particularly when a person requires help from someone with specialist skills. Members also strongly support for inclusion of needs of neurodivergent people and for the upskilling mental health staff in understanding neurodiversity and how a neurodiverse person will likely present differently/ how their mental health needs might manifest.

Moreover, having a 'connected system' needs to incorporate connections not only between health services but also with the wider voluntary and community sector, as recognised in this section. Making that happen will require engagement with and support for the voluntary and community sector, in which the sector is seen as an equal partner and valued accordingly.

Question 5b

We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 5c

Are there any changes you would like to see made to these actions?

Our members agree with the high-level actions for vision statement 3 in the strategy. However, there are some changes our members would like to see made to these actions.

For example, like the trauma-informed approach, we need to ensure that public and clinical understanding of trauma are the same. There is also a need to ensure that emotionally difficult life experiences are not mis-labelled as 'trauma' and there needs to be acknowledgement that substance use should not be a barrier to accessing mental health services. Additionally, members suggested that there need to be consideration to what the offer looks like in CAMHS, Adult Mental Health and Older Adult Mental Health – the model of working often looks very different in each. There need to be consistency across services.

Furthermore, members wholly support the commitment to work with the Ethnic Minorities Mental Health Task and Finish Group and to engage people with lived experience. It is currently unclear whether these actions are currently worded if co-production approaches will be applied for service improvement for other priority populations, as well as ethnic minorities. It is right and valid to address the specific experiences and needs of people from minority ethnic groups given the inequalities in risk factors, access, experience and outcomes for mental health faced by this group, however consideration across all nine protected characteristics is also required.

This action may benefit from splitting in to two actions. One on establishing mental healthcare transformation programmes which are informed by lived experience when working to improve patient pathways and delivering joined-up care. A second action on working with the Ethnic Minorities Mental Health Task and Finish Group to address the specific inequalities in mental health faced by people from minority ethnic groups could be added or incorporated with 3.10.

Also, the action VS3.4 should include working to ensure all health services are compassionate, easy to engage with, and trauma-informed, not only mental health and wellbeing services. Improving compassionate care can improve patient experience and outcomes ([Sengupta 2024](#)). Improving compassionate care across all health services may help to reduce access barriers and inequalities in physical health that are experienced by people with mental health conditions.

Additionally, members welcome the intention to embed the NYTH/NEST Framework across all relevant Welsh Government policies (VS3.4), however this work must maximise it's a focus on prevention, and the promotion of positive mental health as underpinning principles of that model as well as the principal of no wrong front door when services and enhanced support are needed. The success of NYTH/NEST in the early years will be contingent on the availability of appropriately resourced and high performing midwifery and health visiting services, as well as community resources which enable the development of peer-support networks.

Vision statement 4

Question 6

Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 6a

What are your reasons for your answer to question 6?

Members agree with Vision Statement 4 because it is vital that people experience seamless mental health pathways, that are person-centred, and needs led.

Question 6b

Members agree with Vision statement 4, and that the sections set out the direction to achieve people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay.

Additionally, members suggest that the vision statement 4 incorporates a starting focus on prevention. There also needs to be greater consideration of how universal services support people’s mental health and wellbeing, from ‘low level’ mental health and wellbeing needs through to how accessible and supportive services (including physical health and health improvement services) are for those with severe and enduring mental illness.

We’ve identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 6c

Are there any changes you would like to see made to these actions?

Members agree with the high-level actions for vision statement 4 in the strategy. However, members suggested changes they would like to see made to these actions.

For example, members suggested there needs to be dedicated actions around people with long-term physical health conditions who need access to dedicated services to support mental health, for example tinnitus, arthritis, life-limiting illnesses, chronic pain, fibromyalgia etc. Also, it is important there is access to services, including psychological therapies but members highlighted that to achieve this, there needs to be a reduction in waiting lists.

The action VS4.3 implies a co-production approach, if this is the case it should be explicit, for example with a commitment to enable service transformation to be co-created with people with lived experience, rather than only to work with them to “understand priorities”.

For the action VS 4.6, members wholly support the focus on the physical health needs of people with severe and enduring / long-term mental health conditions given the health inequalities experienced by this group. It is not clear if the terms “severe and enduring” and “long-term” relate to the same grouping of mental health conditions. If these actions relate to the same cohorts’, consistent terminology should be used, and they should be sequential for ease of reading.

There is a need to improve understanding of the physical health needs of this cohort among health care professionals to reduce the incidence and impact of ‘diagnostic over-shadowing’. Furthermore, these actions should include a commitment to working across the wider system, or as part of a ‘connected system’ as per Vision Statement 3. Collaboration between secondary care, primary care and the voluntary and community sector organisations will likely increase engagement with individuals than healthcare services alone can achieve.

Finally, for the action VS 4.13, all midwives and health visitors should have skills to support positive parent-infant relationships. We recognise there will be times where caregivers need more specialist support, where this is required, it is important to avoid the development of bottlenecks or gaps in care.

Question 7

We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

- digital and technology
- data capture and measurement of outcomes
- supporting the mental health workforce

- physical infrastructure (including the physical estate of services)
- science, research and innovation
- communications

Do you agree these are the rights areas to focus on?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 7a

What are your reasons for your answer to question 7?

Members strongly agree that the areas identified where action is needed to support the mental health system are right.

The reasons enlisted by members include the struggle with the digital infrastructure, including access to records across health boards and local authorities, as well as within health boards. Also, members highlighted the outcomes for service users need to be routinely captured, recorded and reported – this relies on digital platforms as above.

Furthermore, members emphasised that support for the mental health workforce is critical and key in the retention of staff. The mental health workforce is frequently exposed to traumatic incidents with little to no input from the organisation to help pro-actively protect staff from resultant psychological harm.

Also, there needs to be clarity about 'shared language' and whether this is in reference to clinical language and descriptors. Furthermore, the strategy currently focusses on improving data capture. However, to get value from the collection of data, this needs to be consistently applied and accompanied by appropriate use of and conversation about that data.

Members also stated modernising the mental healthcare settings are an important priority. Maintaining and upgrading the physical infrastructure of services is essential to providing a safe environment for delivery. Furthermore, the quality of the environments in which we work, or access care can portray a sense of how people are valued. Physical care environments can influence patient wellbeing and treatment outcomes ([Park 2018](#)). Growing evidence on the benefits of nature for health and wellbeing and the wider benefits of promoting wellbeing alongside treating 'ill-being' has increased interest in 'biophilic design' and incorporating nature into healthcare settings and delivery of care in alternative settings with therapeutic benefits ([Bates 2018](#), [Kemp 2022](#), [Davies 2020](#)).

The strategy overall

Question 8

The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

Members have made some suggestions regarding detailed actions they would like to see included in the initial delivery plans.

For example, the life-course approach is well reflected in Vision Statement 2, this could be further strengthened across all aspects of the strategy by developing delivery plans for key life stages. Also, strengthening the role and consistency of arts and health offers for mental health and wellbeing, recognising the key role they can play in supporting mental health and wellbeing. This should include supporting staff wellbeing, people with mental health conditions and those experiencing poor mental wellbeing.

Moreover, increasing provision of, and access to, nature-based and cultural activities in communities and social prescribing initiatives. Also, exploring how community-based approaches such as Local Area Co-ordination and Asset-Based Community Development strategies to help address inequalities in mental health, wellbeing and loneliness is important. Additionally, developing partnerships with employers to create mentally healthy workplaces and support employee wellbeing. Relatively simple actions such as developing a simple comprehensive list of the support available for employers/employees will support a no wrong door approach.

Question 9

This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 9a

What are your reasons for your answer to question 9?

Members agree that the strategy is clear about how it delivers for all age groups.

Members have stated that there are clear intentions/actions for babies, children and young people. Also, adult services are reasonably well described, however, there are opportunities to strengthen prevention and early intervention among working-age adults through strengthening collaboration with employers. This could help reach individuals who may feel isolated, and for whom the workplace might be their only opportunity to meet people and engage in conversations. Workplaces also provide routes to engage with under-served groups such as men in male dominated industries/sectors (e.g. construction/manufacturing).

Also, there is little mention of older people and their specific needs within the strategy and no specific action statements.

Members also noted that the strategy mentions various ages throughout, it would be helpful to the reader to include a definition of age groups. This is only provided in the Glossary of terms in relation to 'Adult / Older Adult Mental Health Services' (18-65 and over 65s), but not so for babies, children and young people.

Question 10

We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

Members acknowledge that the impact assessments recognise the impact of the strategy should be broadly positive, with commitments to improve experiences for under-represented groups, however, there aspects missing from the impact assessments that should be included.

For example, it will be important to ensure adequate approaches to monitoring impacts of the strategy for different population groups. As with any strategy implementation success will be affected by available resources.

Also, improving outcomes for people from currently underserved groups will take time and investment to develop new ways of working and to reduce barriers to support, be that from health services or community-based support. The current context of restricted public finances presents a risk to successful delivery of the strategy, this should be acknowledged and mitigating actions such as cross-sector working and a strong focus on prevention should be reflected.

Question 11

We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

Members have some suggestions regarding the strategy to make sure that the Welsh language is treated as well as the English language.

For example, in many areas of Wales there is a struggle to recruit staff who can deliver therapies and care in Welsh. It could be that particularly for virtual therapies and consultations that there could be reciprocal arrangements between health boards where there are a higher number of first language/ fluent Welsh speakers to be able to access skillsets from across the country to ensure people who prefer to conduct their care in Welsh/ bilingually are able. Increasing learning opportunities within health boards is helpful too.

Question 12

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Members have stated related issues which have not been specifically addressed. These include strong views that wellbeing and mental health should not be part of the same strategy. Members are concerned that this further 'muddies the waters' regarding the role of mental health services/ specialist mental health services. The analogy was made that if there is no 'wellness and cardiology' strategy, then there should be no 'wellness and mental health' strategy. A wellness strategy for all health and wellbeing would be preferable.

Moreover, there were views about the future of mental health and how society/culture considers/defines 'mental health' in the future. For example, as society becomes more trauma-informed, how will mental health services respond? Members suggested for more information on how we are 'futureproofing' mental health services to ensure that there is an adequately trained workforce with the capacity to respond. Also, members feel as though specialist mental health services are not clearly defined within the strategy. There was concern that language used in common, every day parlance reflects clinical language e.g. "I feel really depressed today" to mean "I'm feeling a bit down today" and this risks pathologizing normal experiences.

Additionally, members are concerned that people pathologize and look for specialist mental health support which often is not where the answer lies. There needs to be more emphasis on how individual citizens of Wales can be more accountable for their own wellbeing and protecting their mental health. Also, the definitions of mental wellbeing/ mental health conditions are helpful, but it would be helpful to run through the strategy more strongly, particularly if the strategy is published as a singular 'Mental Health and wellbeing' strategy.

Regarding 'priority groups', the list of under-served groups is extensive and would benefit from being presented in a more concise way. There is some repetition in the list, for example "people in prison" and "offenders and people in contact with the criminal justice system" and "people impacted by traumatic and adverse life experiences and abuse and neglect" would include those "impacted by violence, domestic abuse, sexual violence and assault".

There are also some gaps within the strategy, whilst young women are specifically mentioned we also know that young men are less likely to seek help at an early stage, for example to access psychological therapies, due to social and cultural norms, which likely contributes to higher levels of deaths by suicide amongst middle-aged men.

Members suggested that the list could be reframed by the conditions which people face, for example people experiencing discrimination within society (including minority ethnic groups, gypsies and travellers, LGBTQI+ individuals), Disabled people and people with additional needs (including physical, sensory, behavioural and developmental disabilities), people experiencing or at risk of homelessness, or living in inadequate or unsafe accommodation (including homelessness, risk of homelessness and those without access to adequate or secure housing) and people experiencing significant life events (including new parents (partners as well as mothers), retirement, people experiencing relationship breakdowns, care experienced young people leaving care settings, people seeking sanctuary).

Further comments

Overall, members agree that the strategy takes positive steps towards a population approach to improving mental health and wellbeing outcomes and reducing inequalities in experiences and outcomes. However, there are areas where impact could be strengthened in terms of clarity of actions to address underlying causes of poor mental health and wellbeing. Also, the strategy should build more strongly on the foundations laid by the Wellbeing of Future Generations Act and existing structures in place to enable partnership working across sectors and the development of healthy environments.

Members stated that the vision of the strategy doesn't stand out, this should feature more clearly at the start of the document to clearly set the scene and outline the scope of the strategy.

Furthermore, the strategy would benefit from an overview of the current state of population mental health and wellbeing and pressures on mental health services to set the scene for the strategy. This would complement the information provided on the strategic context and help to convey a sense of urgency that is required for improving population mental health and wellbeing. There could also be a greater emphasis on prevention (primary, secondary and tertiary prevention); this is required to ensure services can better meet current and future needs. This urgency is apparent both in terms of the rising demand for services, ageing population, growing population health needs and the important context of climate change which presents risks to population mental wellbeing now will become more impactful as extreme events such as flooding increase in coming years.

Whilst the focus of the strategy is rightly on the current need and rising demand for mental health services, the strategy should also consider the mental health and wellbeing needs of people diagnosed with long-term physical health conditions. The ageing population brings with it rising prevalence of multi-morbidities. Looking to the future, all services need to plan and ensure people's mental wellbeing is supported at the time of diagnosis of, and whilst living with, physical health conditions.

Finally, deprivation must be considered in more detail in the strategy, and across all Welsh Government strategies. Deprivation and inequalities have a broad adverse effect on societal wellbeing, as has been demonstrated across a range of measures, including health, life expectancy, crime, and mental health. The NHS alone does not have all the levers to reduce health inequalities, which is why we need to shift the focus from public health initiatives delivered through the NHS and local authorities to addressing factors such as poor housing, green spaces, transport, and food quality. As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance and Royal College of Physicians report, ['Mind the gap: what's stopping change?',](#) addressing the factors that cause mental health and ill health in the first place should be a central focus for the Welsh Government and we must continue to relentlessly focus on improving population health in order to reduce health inequalities. There

needs to be a whole cross-government and public service approach to inequalities and the Welsh Government should produce a cross-government plan for reducing poverty and inequalities in adults and children.