



Draft Mental Health and Well-Being Strategy Response

About Mind Cymru:

We're Mind Cymru, the mental health charity. We work nationally and locally.

Nationally, we campaign to raise awareness, promote understanding and drive change. We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year. Locally, in communities across Wales, independent local Minds provided life-changing face-to-face support to more than 37,000 people last year.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

Introduction:

We welcome the Welsh Government's draft Mental Health and Wellbeing Strategy. This is an important moment for mental health care and support in Wales, as for the first time in twelve years we look to refresh the national approach to promoting good mental health and supporting those of us who need it. We appreciate the large amount of work the Welsh Government and its partners have undertaken in recent years in developing their approach to mental health across Wales, including the discussion and pre-consultation undertaken before the publication of this strategy.

The mental health landscape has changed significantly in the last ten years, in particular since the pandemic, with mental health needs changing and becoming more complex. In the last year local Minds have seen a 27% increase in referrals compared to the previous year. To meet this changing demand all organisations, both public and voluntary sectors,

need to ensure they have the insight available to develop effective planning and commissioning. This means all organisations need to be sharing knowledge, data and any thematic demand they are experiencing. Through working together, we can meet this challenge, but if we do not the risk is that people will simply be offered what services are available rather than the services that they need.

The independent review of *Together for Mental Health* highlighted a lot that was positive about the direction of travel set ten years ago, but the fact that many of the issues continue to form part of this new strategy indicates that the progress sought has not been delivered across the mental health landscape. The conversion of high-level visions and aspirations into clear, measurable actions that make a difference to people's lives will be how this strategy is judged.

The current economic climate is both driving an increased level of need and a squeeze on the resources available to meet that need within both the public and voluntary sectors. To provide the best possible support to people there is a need to recognise the value and expertise all organisations bring to the table, to focus on outcomes and to ensure that the finances available make the biggest difference to those who need support.

We hope that the Welsh Government will continue their approach of engaging positively, proactively and accepting challenge from the voluntary sector in Wales when further developing and delivering this strategy.

Our approach:

At the heart of all our work at Mind Cymru lies the voice of people with lived experience of mental health and the mental health system. We have published a range of reports from a review of the Mental Health Measure and waiting times for adult talking therapies to experiences of transition between specialist CAMHS and Adult Mental Health Services. These have all informed this response and the recommendations we make.

We have also engaged and shared information with our network of sixteen local Minds, who delivered support to over 37,000 people in the last year, in order to better understand how this strategy may be delivered and the experiences of delivering mental health support from a mental health voluntary sector perspective.

In preparation for this response we undertook engagement with people, asking them what their priorities were for the next mental health strategy. We published a [final report](#) in February 2024, but throughout the process we were sharing the insight we

were gathering with Welsh Government officials in order to shape the consultation document. Our thanks to Llanelli Mind, BAME Mental Health Support and Mind's Youth Voice Network for their time and engagement in this piece of work.

Since the launch of the consultation we also undertook a further specific focus group with young people based on the content of the consultation and broadly the questions within. Our thanks go to those young people who were so willing to give up their time and share their experience to help shape our final response.

We have referenced this work throughout our consultation response and would be happy to share further information if that would be useful.

We also fully support the responses to the consultation made by the **Wales Alliance for Mental Health (WAMH)** and **Time to Change Wales**.

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?

“Well intentioned but its effectiveness depends on its implementation and the extent to which it addresses the specific needs of young people in practice”. Young person in focus group

Broadly we agree with the overarching vision, but have some suggestions to sharpen the intent. Setting out a national vision for mental health in Wales over the next decade is an opportunity for us to learn from the past and plan for the future. It should be ambitious and be seen as a real driver for change.

We welcome the reference to the role stigma and discrimination plays, the commitment to continue to drive forward this agenda and tackle these particular barriers to accessing support. Whilst there has been significant progress made in relation to tackling stigma over the last ten years, we know that there is still much work to be done, particularly regarding serious and enduring mental illness, and with diverse communities.

Whilst the strategy itself does address the issue of inequalities throughout, including embedding an anti-racist approach, we do feel that a strong commitment within the vision statement to “eliminating inequalities in access and experiences” would provide a clearer line of sight from the vision to the intention within the wider strategy.

Recommendations:

- **The final vision statement should contain a strong reference to ending or eliminating inequality of access, experience and outcomes for marginalised groups.**

We welcome the commitment to taking a rights-based approach as promoting good mental health and achieving access to good mental healthcare are fundamental rights for all. They are non-negotiable, and this draft strategy should allow all sectors the opportunity to ensure, as duty-holders, we all understand our collective role in upholding these rights.

This is particularly important when considering the needs of children and young people, who are owed a level of protection, yet frequently experience longer waits for support and a poorer overall experience. To this end we believe that it would be worth drawing across sections from the Children’s Rights Impact Assessment for the strategy into this document to strengthen the commitment and expectations around children’s rights.

Recommendation:

- **The final strategy should draw on the Children’s Rights Assessment (undertaken as part of the policy development) to strengthen the narrative and provide further understanding as to how a children’s rights approach should be adopted within our mental health system.**

So, whilst we broadly agree that the draft vision is good, overall, Welsh Government’s true strength of approach will be determined by its follow-up action and implementation. We must not be complacent here and rest on a well-described vision yet fail to deliver on it. We have been here before and we cannot afford to return.

Recommendation:

- **The final strategy should make clear that the true impact of this vision will be in the actions set out within the delivery plans, investment in these commitments and how effectively they are measured.**

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?

Overall, we welcome the principles, in particular those relating to being informed by wider determinants of health, achieving equity of access, experience and outcomes without discrimination and being evidence driven and outcome focused.

However, we have selected ‘disagree’ due to the all-age focus principle. Reading through the strategy we do not believe that it provides the coherence and strategic direction needed to specifically improve the experiences of children and young people in Wales.

We would urge Welsh Government to commit to achieving a better focus within the strategy, and subsequent delivery plans, that specifically outline the vision, principles and goals as they relate to children and young people.

Whilst young people expressed their desire for mental health support to be available to all, and for this to be equitable and affordable, over half of those we spoke to, in considering the question: “Is the strategy fair on young people?” felt the all-age approach led Welsh Government to overlook young people-specific issues and needs:

“I appreciate it mentioned assisting mental health since birth but fails to mention the young person's difficulties that harm mental health specifically”

“It would be nice to have a separate one for YP as the support needed is sometimes different”.

We believe that the last strategy failed to fully deliver the overarching aims and guiding principles for children and young people, as a result of an all-age approach. If we are to continue with such an approach, we **must** learn from previous assessments and ensure a distinct focus on the specific improvements needed for children and young people.

Despite this, each principle resonated with our young people and set out what they would hope a well-connected system of mental health support would embody for them. The issue here, therefore, is not about the nature of the principles but more around how they will specifically help improve young people’s experiences. The strategy as it is currently designed includes has some important commitments for children and young people, but these are too scattered throughout the document to be able to build upon and distinguish how they will work together for the benefit of this group.

Recommendation:

- **The final strategy should clarify how the principles are being applied to support for children and young people.**
- **The final strategy should have a specific vision statement that draws together what the whole mental health system will look like for children and young people.**

It is notable that there is not a principle that relates directly to engaging, listening to and being informed by lived experience. It may be that the person-centred principle does allude to this, but it is not specific. Engaging lived experience is an area where there has been much progress and there are many examples to point to in terms of positive influence on service design and policy development. The power of lived experience involvement is such an important aspect of the system that this strategy

aims to create that it feels incomplete not to have a specific principle highlighting it to ensure it guides the delivery of the strategy.

Recommendation:

- **The final strategy should include an additional principle that relates to engaging of and being informed by a diverse range of lived experience**

As with the vision statement we warmly welcome the specific principle in relation to stigma and shame, blame and judgement. As stated in response to question one we know from the work we undertake through Time to Change Wales that whilst there has been significant progress over the last ten years around mental health stigma, there remain barriers for some communities. The current phase of Time to Change Wales's work has focussed on engaging and working alongside diverse communities and it has been clear through this work how people are put off services due to not feeling understood and that stigma continues to play a part for many. Whilst this work has progressed significantly, we cannot describe it as complete. Therefore, we would like to see continued investment in the programme beyond the end of the current funding agreement of March 2025.

Recommendation:

- **In order to achieve this vision we would recommend that the related delivery plan contains continued funding for Time to Change Wales, in particular to continue to work with diverse communities to tackle stigma.**

The commitment to embed an anti-racist approach is particularly welcome in this strategy. However, we are only too aware of the journey ahead for all of us in Wales to ensure mental health care and support is truly anti-racist. In order to achieve this, we must acknowledge where the current system has failed to adequately address the needs of racialised communities and co-produce new, more culturally responsive services and ways of working, designing from the margins.

Further to this, we must recognise the way in which many aspects of life and systems discriminate against and disadvantage racialised communities, which places them at higher risk of experiencing poor mental health. The Black Mental Health Manifesto, launched by a coalition of Black led organisations, has a recommendation for anti-racism

to be an embedding principle in mental health care and overall strategy. To have achieved this is the first step. The action that falls from this is to deliver and demonstrate improved access, experiences and outcomes for marginalised groups.

Recommendation:

- **The delivery plan must include a specific section relating to actions to progress embedding an anti-racist approach.**

Finally, we recognise that following the chapter on principles there is a list on page fourteen of groups that may require further additional support with their mental health. Whilst we welcome the acknowledgement that some groups and communities will need specific support, the list contains twenty-seven different groups. We question the intent and effectiveness of having such a list. The risk is that the list becomes overwhelming for those seeking to deliver on the strategy and misses the importance of intersectionality that is crucial in supporting people. The list is a well-meaning attempt to be inclusive, but risks being so broad that there is no strategic focus.

We recommend that the strategy identifies specific strategic development priorities from this list, recognising groups where previous strategies have under served the population or where there are particularly urgent needs to be met. In the first instance we would recommend that these priority groups are:

- Babies, children and young people
- Black, Asian and Minority Ethnic people, including Gypsy, Roma and Traveller people
- People living in poverty

We suggest that these are a specific focus for the initial delivery plan with progress being reviewed at the end of that period in order to distinguish whether new strategic development priority groups are added or whether a continued focus is needed.

Recommendation:

- **The strategy should set out strategic development priority groups for the first delivery plan, with clear actions and measurable outcomes, in order to drive improvements for those most in need of support.**

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?

"I like the community based initiatives- working together to benefit mental health"

Young person in focus group

Everyone having the knowledge, confidence and opportunities to protect and improve their mental health and wellbeing is clearly a good ambition for people. It is positive that this section recognises the societal factors that impact on mental health, in both a protective and detrimental way. When we spoke to people with lived experience about what is most important to their own mental health, it was very clear that the opportunity to engage in the wide range of community activities listed within this section was important to them:

"Opportunities to spend time outdoors with family. Quality time. Identifying that the current work / education structures no longer suit 21st century life" Adult in focus group

As with our answer to previous questions we feel more thought could be given to how the factors outlined in the section impact on those at highest risk of experiencing poor mental health.

We know from work we have undertaken and published in our [Together Through Tough Times report](#) that the ability to feel welcomed in a community, to be able to volunteer and make a contribution, and to have safe places to come together, were all identified as important factors in promoting and protecting mental health. However, often those of us who would benefit most from community protective factors, such as those provided by community assets, are the ones who may most struggle to access them. For this reason

¹ [What's next? Priorities for the Welsh governments next mental health strategy](#), p.11

there is a need to recognise within this section that there are existing inequalities present in being able to access the activities and experiences that protect our mental health.

Recommendation:

- **The final strategy needs to weave in a greater narrative around how inequalities impact on access to the protective factors outlined in this section**

It should also be recognised that in times of financial pressure it is often local community assets and the groups and activities run from them that come under most pressure. If there is to be a genuine shift to acknowledging the role these play in protecting and promoting good mental health there needs to be a greater emphasis within this section and vision statement two, relating to cross governmental action, on how they will be protected. Investing in community resilience has to be seen as investment in community mental health.

It should also be noted that not all of these community assets are owned and run by the public sector. A significant number are run by the voluntary sector and communities themselves. Recognition of this is important as it strengthens the argument that protecting and promoting good mental health is not solely the responsibility of public services like the NHS and Local Authorities and that investment into voluntary and community sector assets and activities are crucial.

Recommendation:

- **There should be a commitment within this section or the following section to the protection of community assets, including providing sustainable and longer term financial investment and support to the voluntary sector and communities who own and run many of these assets.**

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?

“The goals seem quite generalised- how will they increase awareness etc?” Young person in focus group

“Even if I know my rights I need to know where to go to if I don't feel these are upheld and I need to feel confident that I will be believed and taken seriously” Young person in focus group

Whilst we would broadly agree with the high level actions within this section, we do feel that there is a need to sharpen the focus in order to be able to measure impact and delivery. We acknowledge that this may come through subsequent delivery plans, but without the detail the actions can appear quite generalised.

We welcome the focus on under-served groups and would recommend explicit focus on race equity. There is a need to move beyond the language of “identifying and listening” towards more action focused language.

Recommendation:

- **VS1.1 needs to specifically reference race equity and include wording that moves beyond the passive “identifying and listening” to more action orientated wording, which would demonstrate a stronger commitment to under-served groups.**

We question the action relating to the launch of a “national conversation” about mental health and wellbeing. We feel this replicates the work undertaken within the voluntary sector to educate, inform and provide access to information and advice. The Time to Change Wales campaign already provides leadership and public awareness raising around stigma, using the voices of lived experience from diverse communities to resonate with the Welsh public.

There has been a similar action included in delivery plans relating to the previous mental health strategy and we have seen little to no action or evaluation of the impact of this type of activity. At a time when public finances are tight, we should be investing in what already exists rather than launching something new.

Any campaign should also be focussing on specific groups, rather than a generic “national conversation”. Time to Change Wales has achieved progress with racialised communities due to being specific in seeking to work alongside these communities to

build trust, engaging with humility and recognising as a campaign we do not have all the answers. We would recommend that this action is removed and replaced with a commitment to work with the voluntary and community sector on existing campaigns and opportunities.

Recommendation:

- **VS1.3 should be removed and replaced with working with voluntary and community sector organisations in order to target specific, co-produced awareness raising activities and/or to invest in activities that are already successfully delivering.**

We welcome the recognition in VS1.4 of the work to date to tackle and address mental health stigma, much of it led by Time to Change Wales. In all the work we have undertaken with people with lived experience stigma has been a common issue, particularly for those groups who traditionally struggle to access mental health support

We know from that work that working with and alongside racialised communities in settings where those communities feel comfortable is a key to effective engagement around mental health. Cultural competency and sensitivity is important, but so is meeting communities on their terms and with a genuine sense of partnership and equal power. This further underlines the point made in the previous question around the importance of community assets.

There was also specific reference to less well understood and more enduring mental health conditions, where those we spoke to felt there was more work to be done.

Recommendation:

- **In order to achieve VS1.4 we would recommend that the related delivery plan contains continued funding for Time to Change Wales, in particular to continue to work with diverse communities and less understood mental health experiences to tackle ongoing stigma.**

We welcome VS1.6 and the embedding of the National Framework for Social Prescribing. Social Prescribing can be an excellent tool to help support people with their wellbeing in a practical way that can aid recovery. However, it is a form of support that has to be accessible for all.

It has been telling that very few if any Black led or ethnic minority organisations were involved in the development of the framework, something identified by the BAME Mental Health Task and Finish Group. The importance of engaging these organisations and providing them with the financial support and training to engage with social prescribing is also raised within the [Black Mental Health Manifesto](#).

There is a need as part of the embedding to have reference either within the high level action or the delivery plan to co-producing social prescribing approaches with racialised communities and those organisations that represent or support them.

Recommendation:

- **VS1.6 or the delivery plan that underpins this strategy should have specific reference to co-production of social prescribing approaches with racialised communities and the organisations that represent and/or support them.**

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?

“Lots of polices and mentioned which is good as it makes it more likely to be taken seriously by services and the government and they can legally be held accountable”
Young person in focus group

“Having the basic amenities and being stable in terms of a fulfilling job, inclusive environment and community” Participant in BAME Mental Health Support focus group

We welcome the recognition of the intersectional nature of mental health within this section. The impacts of wider experiences within society were clear with every group we

have engaged with, but from those experiencing poverty and racialised communities in particular.

Question 4b: Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

We welcome this section making use of the Marmot Review and its identification of core principles aimed at addressing the wider determinants of health. These principles are used as a framework to set out the work being prioritised across Government, with the aim of positively impacting on 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?

Due to its very nature this vision statement is large in scope and detailed in depth which may mean some of the focus of the vision is lost by the length and scale of it. It feels like an inclusive list of relevant Welsh Government policies and strategies but lacks an assessment of impact of the initiatives listed.

We recognise the proposed health impact assessments will be a way of enabling this, but the list of wider Welsh Government policies needs to be clearer on measurement and impact. Otherwise, there is a risk of it being a well-meaning and inclusive list, but one that does not bring the threads of different policies together to inform how mental health can be improved through their delivery.

Recommendation:

- **Alongside each of the strategies and policies outlined in this section there should be a clear indication of how the mental health impact is measured. We accept that for some policies this measurement should be referenced in the strategy as an enabler relating to the delivery of those areas of work.**

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?

We welcome the intention in VS2.1 to undertake impact assessments that specifically consider mental health across Welsh government and public bodies. This links to recommendation 21 of the Senedd Health and Social Care Committees [Connecting the Dots](#) report that:

“The Welsh Government should require its civil servants to include, in every submission made to Welsh Government Ministers seeking a decision on policy, legislative, spending or taxation proposals, an assessment of how the recommended course of action will contribute to improving the mental health and wellbeing of the people of Wales.”

We recommend Welsh Government considers the Centre for Mental Health in England’s recent publication on [“The case for a mental health policy test”](#) as a specific guide for how these cross governmental assessments could be undertaken.

Recommendation:

- **Welsh government actively considers the work undertaken by Centre for Mental Health in England on mental health policy assessment and incorporates the findings into its approach to health assessment.**

There needs to be an understanding of how impact assessments relate to each other as well, in particular the assessments relating this children’s rights and broader equality. We have to guard against placing policies and the people they impact on into specific boxes as this increases the risk of missing the intersectionality of people’s lives.

We must ensure that we are implementing the ‘strengthened focus’ on children and young people being asked of us, and by assessing how planned developments could have an impact on mental health, and specifically the mental health of children and young people, we should secure the improvements so desperately needed.

Recommendation:

- **The strategy should outline a mechanism to secure the cross-over between any health impact assessment duty on public bodies, and their duty to**

assess against other population groups, particularly with regard to children and young people and under-served communities, in order that a broad picture of people's lives can be developed.

We particularly welcome VS2.5 in this section to Care and Treatment Plans (CTPs). However, the action has to go beyond simply identifying and sharing best practice. We know that when used correctly, CTPs can greatly enhance a person's quality of treatment and boost the chances of a positive response to their care. They can also be an important tool in identifying what non-health support people most need to continue their recovery and so are a valuable asset in understanding what may need to be commissioned.

At Mind Cymru we have long called for an improvement in the quality of care planning, including as part of our [report](#) reviewing the delivery of the Mental Health (Wales) Measure. We also explored the issue of care planning for young people as part of our [Sort The Switch](#) work, which identified that this was severely lacking for many young people transitioning from young people's services to adult services.

"I remember the meeting when we made it and I found that really difficult when we were making the care and treatment plan. I don't think I ever really used it that much, I don't know, I don't think it was that useful. I think I felt like it was just looking at all my weaknesses and I found that really hard" Young person involved in our Sort The Switch campaign

Whilst data from the Welsh government indicates that most people receiving secondary mental health care have a valid CTP, Healthcare Inspectorate Wales (HIW) has frequently raised concerns about the quality of plans. In 2022, HIW noted:

*"...we are disappointed to have again this year identified so many issues that could easily be rectified with a robust audit and governance process"*².

In light of our work in this area we would like to see the following recommendations directly addressed within any delivery plan:

Recommendations:

² www.hiw.org.uk/mental-health-hospitals-learning-disability-hospitals-and-mental-health-act-monitoring-annual-3

- **Develop mandatory training for Care coordinators on producing SMART, quality CTPs and ensure the training is implemented nationally and monitor uptake and compliance.**
- **Develop accessible information and advice about co-production and taking part in care and treatment planning and ensure it is available for patients and other relevant people including carers, advocates etc.**
- **Meaningful measurement of patient engagement in care and treatment planning.**
- **Local Health Boards must ensure that all care and treatment plans, including those for young people, are fully co-produced, understood and include information, tailored to the particular needs of the individual, on where and how to access support when required.**
- **The care and treatment planning process should effectively prepare young people for discharge and assure them that they remain fully supported by the wider mental health system, whenever they need it.**
- **Welsh Government, with Local Health Boards, must review local compliance with Part 2 of the Measure in its application amongst young people in receipt of SCAMHS. This should support local capacity through exploring compliance by case numbers per care co-ordinator to identify gaps, areas for improvement, and ensure that the necessary actions are undertaken to guarantee full compliance.**
- **Welsh Government should action at pace, the specific recommendation set out within the Duty to Review Final Report on the Mental Health Measure to improve the accessibility and applicability of CTPs to all service user groups.**

We welcome the development of cross government indicators, as outlined in answer to question 3b we feel these are currently lacking within this document. Mind Cymru has consistently called for stronger data capture throughout the mental health sector in our recent work.

The lack of a Mental Health Core Dataset has hampered the ability to identify key groups of people at risk of inequality, limiting what can be done to get the right help to the right people when they need it. Making these indicators as clear as possible will enable easier capture and ensure that these processes can be continued for the duration of this strategy, if not built upon. We would also expect a commitment to

publish these indicators as a set with appropriate analysis and commentary as to how they relate to progress against the objectives of this strategy.

Recommendation:

- **The strategy should commit to not only the collection of data but also the routine and transparent publication and analysis of data in order to inform progress and underpin the effectiveness of this strategy.**

We have supported the development of the NYTH/NEST Framework and no wrong door approaches to accessing services that meet the mental health needs of children and young people. However, these frameworks will only be as effective as the actual services, workforce and support they have to offer locally. This was picked up in the [review of the last mental health strategy](#):

“However, several participants said that a single point of access can only be wholly effective if the services it refers people to have the capacity to accommodate them in a timely way – which is often not the case.”

In light of this, we would expect the delivery plan relating to this strategy to set a clear expectation on timescales for development of these approaches, the investment available to deliver and how reporting on progress will be shared and measured.

Recommendation:

- **The first delivery plan should set out clear expectations of delivery partners around NYTH/NEST framework and “no wrong door” approaches to determine progress and impact on children and young people seeking help and support.**

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?

Having a system that is connected and allows for seamless movement between settings and services was important to both the adults and the young people that we engaged with. Young people we spoke to were, on the whole, positive about the vision statement itself. We heard that their experiences to date had felt 'very disconnected'.

"I like the wording 'connected' because moving between services from schools, GP's and CAMHS etc. all feels very disconnected" Young person in focus group

Whilst we agree with the intent of this vision statement, the section lacks some coherence, particularly with regard to the proposed high-level actions. Some of these very clearly relate to connecting the different systems people have to navigate, whereas other actions relate more to the provision of support available. We do not underestimate the challenge in achieving this vision, particularly the ways in which long established systems and ways of working will need to be broken down.

Recommendation:

- **Welsh Government should review the high-level actions in this section to ensure they relate to the vision statement and place actions that do not elsewhere.**

Further, the commitment to embedding a trauma-informed approach is also welcomed, although we recognise that this has been a stated goal for a significant period of time and we are unsure as to what progress has been made in making this statement a reality.

Recommendation:

- **The strategy document should contain an analysis of progress to date, rather than just the activity, and where there is a need for specific attention in order to drive the embedding of a trauma-informed approach.**

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?

“..It's weird because you're trying-, you know that the discharge date is coming up. So, you're trying to get everything in your head in order so that you're mentally well enough to be discharged. It's not going to be great, but at least you'll be able to survive it. But then you've also got to be a level of unstable so you can have that assessment appointment and then get care. There is the motivation for you to get well enough to be unsupported, but then also you know that if you're engaging with that successfully then you're not going to get support and it's just this weird little catch 22. Because if you're in therapy, you're kind of wanting to be getting better, or trying to. But then you have to go to those assessment appointments and have to be as ill as possible.” Young person involved in our Sort The Switch campaign

We welcome the recognition that more needs to be done to improve the experiences of young people transitioning from CAMHS to AMHS, which has been a recurring issue for many years. The quote above, taken from a young person involved in our work, clearly demonstrates the traumatic impact transitions can have on young people. The work we have undertaken sets out a clear pathway for action by both the Welsh Government, NHS Wales and Local Health Boards.

We would expect the first delivery plan to have a series of clear, time limited actions to improve the experience of young people moving between services. The experiences we heard during the creation of this report were heart-breaking and demonstrated a lack of proper engagement with their needs during this process. We would expect any delivery plan to prioritise urgent improvements to the system and experiences of transitions from CAMHS to AMHS, based on the findings and recommendations of our Sort The Switch report.

Recommendation:

- **The first delivery plan produced for this strategy should contain actions to improve the experiences of young people needed to move between young people and adult services. These should be prioritised for urgent attention.**

“Most teachers and school/college staff are not informed on how much an individual’s mental health can be a barrier to their education, and this can lead to added pressure and stress on a child or young person who is already struggling, and this goal recognises the need for staff to have the right knowledge, training, and advice.” Young person in focus group

Young people told us that a lack of awareness of mental health and support available (particularly at school) was a barrier to their education, and therefore they felt positive about mental health being prioritised in various settings, including schools and colleges. They felt that VS3.7 supported early intervention and emphasised the importance of delivering joined up support at all levels of education. It should be recognised the importance of the new curriculum and the specific legislative duty around mental health, which should underpin all aspects of mental health support in schools.

Recommendation:

- **VS3.7 should also contain reference to the new curriculum and the delivery of the legislative duties with regard to mental health contained within the legislation.**

“I wish it was more clear how this support will target the marginalised groups that were earlier mentioned” Young person in focus group

As part VS3.10 we would expect to see a commitment in the strategy and subsequent delivery plans to the development of a [Patient and Carer Race Equality Framework \(PCREF\)](#), similar to one that has been co-produced for the NHS in England. This mandatory framework in England is designed to drive concrete actions to reduce racial inequalities in service provision and outcomes. Through committing to develop a similar mandatory framework in Wales, the strategy would be taking the steps to ensure that the strategic commitment to anti-racism is delivered through effective and measurable actions.

We would also suggest that VS3.10 is too passive in its current format. Whilst hearing people from racialised communities is important, we must also take decisive action and dismantle some of the oppressive systems that lead to racial inequality. We would propose using stronger terminology in this action

Recommendations:

- **The strategy and subsequent delivery plans should commit to the development of a mandatory Patient and Carer Race Equality Framework to focus and guide actions to improve racial inequality in service provision and experiences.**
- **VS3.10 should be more proactive in its use of language and go beyond listening to active seek to put in place actions that enable greater equality of access and experiences for racialised communities.**

We believe that this section needs to include reference to mental health support for people experiencing physical health conditions as a central point for the development of a more connected system.

We have undertaken work with the Stroke Association on the mental health experiences of stroke survivors, co-producing a [report](#) alongside people with lived experience. This work was based upon a programme between Neath Port Talbot Mind and Neath Port Talbot Stroke Group, where the two groups worked together to upskill practitioners and refer between services.

The overarching theme from people with lived experience was one of people not being prepared for the mental health challenges involved in stroke recovery and then not being able to find appropriate support. This led to people not knowing what to do with the feelings they were experiencing with nowhere to turn for guidance. Whilst the recommendations within the report relate specifically to the stroke pathway, a similar set of recommendations could be made for a wide variety of physical health conditions.

Recommendation:

- **The final version of the strategy should include reference to the need for improved mental health support for people experiencing physical health conditions, in particular stroke, with actions to build awareness, information and specific support services.**

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?

“We need more resources, money, staff and treatment options to be available to services in order for these promises to be met” Young person in focus group

“Mental health is trial and error. One size cannot fit all. No one should feel blamed or that they are broken or have failed. We need to feel hopeful and that we can keep going until we are ok” Young person in focus group

“Some of my perceived difficulties within this, are that the NHS service and the majority of its staff still work in a very medicalised model and not psychologically, which means there is little space and time available for just sitting down and talking things through. A lot could be supported and resolved by just having the time for a conversation”

Respondent to survey

This section is critically important for many of the people we spoke to in preparation for this response. The length of waits for assessment and treatment, appropriate levels of care, support when in a crisis and the links between voluntary sector and public sector support were all issues raised by those we spoke to.

There is very little to disagree with in the vision statement, but the section has to recognise how far we have to travel in order to effectively meet the level of need in challenging financial circumstances. Any delivery plan needs to include tangible, measurable and timely actions to deliver the pace and scale of change needed to make this vision statement a reality.

We welcome the setting out of how success will be measured but there is a need to include reference to how data and experiences that relate to under-served communities is collected. We know that we are data poor in Wales around mental health and that this is even worse in terms of collecting data by protected characteristics. Having a clear commitment to improving data collection for protected characteristics will be key in being able to fully address inequalities in the mental health system

Recommendation:

- Under “How we will measure success” there should be a further bullet points that commits to improved collection of data around protected characteristics in order to identify and inform action around eliminating mental health inequalities.

Question 6b: 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?

There is much to welcome in the high level actions within this section including development of quality statements, refreshing the model for community mental health support and improving access to talking therapies.

The establishment of a Mental Health Safety Programme is welcome. Our recent [Raise the Standard](#) campaign highlighted the need for a more focused approach in improving inpatient care across both England and Wales. In Wales, our survey with YouGov for the campaign showed that inpatient care is not often seen as a safe option for treatment. When asked to imagine that a friend or family member has to enter a hospital for their mental health, only 52% of those we asked were confident that the hospital would keep them safe.

The “quality management focus” must be aimed at both collecting better data around someone’s protected characteristics and working with people with lived experience through every step of the process. This latter point includes anyone with direct experience in an inpatient setting, to those with indirect experience, such as family members of patients and staff.

There was also specific reference in the focus group we conducted with BAME Mental Health Support around stigmatising and racist assumptions and stereotypes made by staff about Black and ethnic minority patients, which contributed to more traumatic

experiences for those patients. We hope that this programme can provide the focus on experiences of inpatient care that have been lacking in previous strategies and delivery plans.

Recommendation:

- **Any delivery plan has clear actions and investment to improve experiences of inpatient care, providing links to actions elsewhere including effective, person centred care and treatment planning and delivery of the Wesley Review**

Psychological therapies can be life-changing for those who need support and we welcome the commitment to setting waiting times that are “clinically meaningful”. Part of this has to be ensuring that those of us waiting for support are seen within a timeframe that enable us to benefit from the support for adults, children and young people. There should also be a commitment to reviewing these waiting times, with a view to reducing them over time.

Our report, [Too Long to Wait](#), highlighted the need for a reduction in waiting times for these therapies for adults. Through data received from all 7 Local Health Boards, we found that some adults were waiting a considerable length of time to access support. It is crucial that any new waiting times are transparent and publicly available, so that there is accountability for delivery.

It has been pleasing to see progress in producing guidance in relation to improving access to, and quality of, psychological interventions for people from Black, Asian and minority ethnic communities. This work should be referenced within the strategy with a commitment in the delivery plan to implementation and monitoring effectiveness, as we would hope that this would improve experiences from diverse communities.

Recommendations:

- **The strategy should include a commitment to publication of data relating to waiting times and targets and the review of targets with a view of reducing them over time, which should be reflected in future delivery plans**
- **The strategy should reference the development of good practice guidance for improving access to, and quality of, psychological interventions for**

people from Black, Asian and minority ethnic communities, including a commitment to implementation and monitoring of effectiveness within future delivery plans.

In this section there must be a recognition that the NHS and other public services cannot achieve the overall vision of this strategy alone and that often the mental health voluntary sector not only provides crucial commissioned services, but also supports a wide range of people through our charitably funded programmes who are either waiting for support or have been failed by the system. We would expect the final strategy to have a greater reference to the role the mental health voluntary sector plays in supporting people and the skills within these organisations to work alongside people to aid their recovery.

For example, the section talks about open access into primary mental health support, so reducing pressures on GPs. This is an approach that the mental health voluntary sector has been taking for some time to reduce barriers to accessing support and was supported by the people we spoke to in developing our response.

Mind Cymru's Supported Self Help national programme provided an online entry point to support that was taken up by almost 20,000 people in its four years of operation with positive results for many and successful targeting of under-served groups, including racialised communities and people experiencing poverty.

Sadly, we had to take the decision to close the national element of this service in March 2024 due to a lack of funding opportunities to sustain it, although some local Minds have secured investment to continue delivering within their area. Whilst we welcome the reference to open access as a route to removing barriers, the lack of reference to the provision in the mental health voluntary sector already delivering this is concerning and could lead to needless duplication by statutory services and a failure to build on what has already proved to be effective. The support delivered by the local Mind network and many other specialist mental health organisations is rooted in the needs of the individual beneficiary to provide an empathetic and high quality service, working with rather than doing to.

Unfortunately, since the ending of Section 64 national funding from Welsh government to the mental health voluntary sector we have seen a squeeze on resources and very limited funding for innovation. We would recommend Welsh government reconsiders its decision to end this national funding stream, as the proposed alternative of investment

via Health Boards is not allowing for the same level of innovative delivery to be developed.

Recommendations:

- **There should be significant reference to the role of the mental health voluntary sector in supporting people who need help with their mental health, and how this will be enabled and funded, including through both commissioned and non-commissioned support.**
- **National funding through Section 64 should be reintroduced to drive innovation through the provision of voluntary sector support that can be scaled up through health board commissioning**

This section does not really address the support needs of children and young people, which is a concern. Multiple reports, including the Children, Young People and Education Committee's Mind Over Matter inquiries, have highlighted the limited access to support for children and young people in Wales. We recognise that improvements have been made in both assessment and treatment waiting times for young people, which at one point dramatically underperformed when compared to adult waiting times (see our [Mental Health Measure](#) report).

Young people talked to us about wanting to see improvements in community-based support and having earlier access to help. Young people also inferred that they had struggled to get the support they needed because they hadn't met access thresholds:

"...people should be allowed to access help whenever they feel they need it, it shouldn't be provided based on another's perception of the severity, as the longer an individual is left without adequate support, the more their condition will progress" Young person in focus group

Further to this, young people told us that they wanted to see more treatment options. They were supportive of references made to improving online services, which they identified as being more accessible for some people. They told us they wanted to see "increased research into home-based treatment" and family support.

"We need more resources, money, staff and treatment options to be available to services in order for these promises to be met." Young person in focus group

Recommendation:

- **The strategy and delivery plans need to address key issues that impact on children and young people’s mental health including waiting times and high thresholds to access certain support.**

“Crisis care should be set up along the lines of A&E but in dedicated community spaces”

Adult respondent to survey

“Crisis care is actually mentioned! This is often brushed under the rug. Inpatient care and the crisis team needs to be looked at and improved” Young person in focus group

Crisis support was a theme that many people spoke to us about and it is welcome that there is recognition of the importance of this area in the strategy. We successfully campaigned for the establishment of a Crisis Care Concordat in Wales and believe that this has provided a foundation to drive inter-agency working to further develop responses to people experiencing crisis.

It is disappointing that this strategy does not recognise the key role that the Concordat has played in bringing people together to set aside agency agendas and focus on what a person most needs. As the police begin to implement the Right Care Right Person policy the role of the Concordat and the regional fora will become even more important as places where monitoring of the policy, common themes and jointly produced solutions can be worked through.

We would be concerned at any steps to remove the Concordat or reduce the influence of the national and regional groups at such a crucial moment for the development of crisis care responses. In saying this we completely recognise that the world does not stand still, and the Concordat needs to be reviewed so that it remains relevant to the wider mental health environment.

Recommendation:

- **The strategy should explicitly commit the Welsh Government to continued multi-agency delivery of the Crisis Care Concordat, recognising the crucial role the national and regional groups have played in coordinating activity and maintain focus on support for people who experience crisis.**

We believe the growth in provision of voluntary sector sanctuary services is in no small part down to the work undertaken through the Concordat and again this crucial provision, which is often precariously funded, is not referenced in the strategy at all. We

would expect to see a commitment to the continued development and sustainable funding of this key provision in any subsequent delivery plan.

Recommendation:

- **The strategy should specifically commit to the continued development of sanctuary services for both adults and young people, with the necessary delivery and funding to sustain them outlined in subsequent delivery plans.**

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?

We broadly support the proposed action under this vision, in particular the intention to improve data capture and measurement. Whilst we recognise this is a complex piece of work, the constant delays and over-complicating are unacceptable and are a notable failure of the previous strategy. We would expect to see Welsh Government and the NHS Executive mandating the collection of appropriate data on outputs, outcomes and

demographics at the earliest possible point in this strategy in order to have a consistent, Wales wide picture of the system and people's experiences.

Recommendation:

- **Welsh Government should now mandate all Health Boards in Wales with the collection of data for the creation of a Core Mental Health Data Set and publish this routinely.**

This section on supporting the mental health system would also benefit from greater reference to the role and support provided by the voluntary sector in Wales. This is not just as a service provider, but also in terms of providing a platform for both lived experience and those voices often not heard in discussions around mental health. The challenge, scrutiny and innovation that the voluntary sector can provide at the national, regional and local level should be referenced as a valuable component of the mental health system in Wales

Recommendation:

- **The strategy should reflect the role of the voluntary sector in platforming lived experience of the mental health system, developing innovative solutions and providing check and challenge to the development and delivery at national, regional and local levels.**

We welcome the inclusion of a section relating to legislation and in particular the commitment to taking forward the findings of the Wessley Review, as these are particularly important with regard to race equity. We would expect to see an action in the delivery plan relating to implementing the duty to review of the Mental Health Measure, alongside how this links to any revision of the guidance relating to the Mental Health Act in Wales. We would also recommend that the scope and quality of Part 1 schemes are reviewed to ensure they are up to date and provide a clear indication of support available to people under Local Primary Mental Health Support Services (LPMHSS)

Recommendations:

- **There should be an action in the delivery plan to fully implement the duty to review recommendations around the Mental Health Measure.**
- **Revised guidance around the Mental Health Act in Wales should be considered alongside guidance for the Measure, to ensure that there is legislative coherence in Wales.**

- **Part One schemes under the Mental Health Measure should be reviewed to ensure they are up to date and clear on what support is available.**

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?

We have included recommendations for actions within the initial delivery plan within each section as relevant. We would like to see the word ‘regularly’ updating delivery plans quantified into a specific timeframe, as delivery plans and their governance arrangements need to be in set timeframes to be meaningful and impactful.

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?

As we highlighted in our answer to Question 2, we believe that the strategy lacks coherence around how the whole system relating to children and young people comes together, links and will improve access, outcomes and experiences. The strategy has to recognise that this is a different system, serving a different population, with different demands, measurement and outcomes.

The undeniable impact of Covid-19 continues to reveal itself, and we have evidenced its disproportionate impact on our children and young people³. The development of a new ten-year strategy for mental health in Wales presents us with a significant opportunity to do the right thing by and for them. This strategy has the potential to set out our commitment to improving the mental health of children and young people across Wales, ensuring that when we say it's a government priority, we can demonstrate and evidence this too.

We feel it's worthwhile reminding Welsh Government that the Independent Review of Together for Mental Health and Talk to Me Strategies (2012-22)⁴ included the following extracts:

*"...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.**"⁵.*

*"With particular regard to children and young people, The Together for Mental Health Delivery Plan 2019-2022 stresses that activities planned around children and young people have had the greatest impact overall as this improves the lives of children – benefiting their families and looking to the future to reduce demand on services in later life. As such, **maintaining a focus on this would be prudent** (Welsh Government, 2019)."⁶*

The governance arrangements for delivery of actions relating to children and young people were patchy in the last strategy, with some arrangements being dropped and the *Together for Children and Young People* programme eventually being closed as it was felt it had delivered on its goals.

We cannot keep falling at the same hurdles when it comes to investing in children and young people's mental health. We should absolutely ensure that people of all ages have access to the mental health support they need, when they need it, but if we continue to overlook the need to comprehensively prioritise children and young people, we will

³ https://www.mind.org.uk/media/8961/the-consequences-of-coronavirus-for-mental-health-in-wales-final-report.pdf?_adal_ca=cg%3DOrganic.1716976364055&_adal_cw=1716549819420.1716976364055&_gl=1*1dft115*_ga*MTc1OTk3NzQ2Ni4xNjM3OTI2NTI3*_ga_CCQWD346SE*MTcxNjk3NjM1NS4xMDkuMC4xNzE2OTc2MzU1LjAuMC4w

⁴ Ibid.

⁵ Ibid:87.

⁶ Ibid:86.

continue to read recommendations from future reviews and evaluations of progress, advising us again, to 'strengthen our focus'.

Recommendations:

- **The final strategy should have a specific vision that draws together what the whole mental health system will look like for children and young people.**
- **Any delivery plans should have specific sections relating to children and young people so that progress across the whole system can be identified, monitored and reported on.**
- **Children and young people should be identified as a specific strategic development priority group within this strategy.**

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?

We have nothing to add beyond the points we have already raised in relation to including aspects of the children's rights assessment in the main body of the strategy

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?

The provision of information and advice through the medium of Welsh, as well as access to talking therapies through the medium of Welsh, has long been an issue. At Mind Cymru all of our information relating to young people is translated and we are working through our adult information as we review it with people with lived experience. We have undertaken campaigns specifically promoting our offer to Welsh speaking communities and would welcome collaboration from other departments within Welsh Government to achieve reach. We are unsure whether the actions listed within this strategy will lead to greater availability of information or access for Welsh speakers.

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.

“Co-produce, listen to young people and take on our feedback. We have valuable and important voice who need to be taken seriously. We need to feel empowered and that we have a say” Young person in focus group

There are several points within the strategy where reference is made to “listening”. However, this is only one aspect of co-production and we would recommend that there is further thought given to how power can be shared and shifted from “decision makers” to those with lived and learned experience of services.

At present we feel the strategy could be strengthened in terms of lived experience engagement and co-production.

“Everyone having the right to feedback whether it through surveys or through services like mind and what we have to say” Young person in focus group

Recommendations:

- **The strategy should ensure that the engagement of lived experience is appropriately referenced throughout the final version**
- **The strategy should commit to funding a wider range of voluntary and community organisations, potentially in partnership with other parts of government, to engage with a wider range of voices, particularly those not traditionally heard in discussions around mental health.**

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