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Welsh Government

Consultation – summary of response

Mental Health and Wellbeing Strategy 2024-2034

October 2024

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Overview

The Welsh Government undertook a consultation on a draft Mental Health and Wellbeing Strategy for Wales. The Mental Health and Wellbeing Strategy aims to improve and protect the mental health and wellbeing of people in Wales. The strategy sets out an overarching vision for mental health and wellbeing in Wales, alongside four key vision statements, supporting principles, and a series of high-level actions to support implementation.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: hyperlink

Contents

1. Introduction

This report summarises the responses to the consultation entitled [Draft Mental Health and Wellbeing Strategy 2024-2034](#). The results and analysis will inform changes and amendments to the final Mental Health and Wellbeing Strategy.

The draft strategy was informed by evidence from engagement with people with lived experience of mental health, and the people that support them. Over the past two years, the policy team has engaged a number of stakeholders and commissioned several reviews to help shape priorities for the next iteration of the Together for Mental Health and Talk to Me 2 Strategies. This has included an independent review of the strategies.

During the summer of 2023, we carried out pre-consultation engagement to get initial stakeholder feedback on the proposed vision statements and supporting principles, for both the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy. This included an online survey, completed by over 260 individuals and organisations.

As part of the consultation, we commissioned Co-production Lab Wales to undertake tailored engagement with children and young people. As part of this work, between February and June 2024, 405 young people, aged between 4 and 25, with a diversity of interests, needs and lived experiences, from all parts of Wales, shared their views on the draft All-Age Mental Health and Wellbeing Strategy 2024-2034. A summary and key themes from their engagement is available – and is published on the Welsh Government website. It should be noted that the responses from the children and young people engagement are not included in the quantitative charts / figures in this summary as they were asked different questions to suit ability and age. However, their comments have been considered in the wider feedback narrative.

Welsh Government also worked with the NHS Wales Executive to undertake a series of engagement events in each health board area with local staff. Views from these events have been collated, and attendees were encouraged to also respond to the written consultation exercise.

We would like to thank everyone who has taken the time to consider the draft strategy and provided their feedback, either by completing the consultation survey or by participating in engagement sessions.

2. Context

The new Mental Health and Wellbeing Strategy will replace 'Together for Mental Health 2012-2022'.

The strategy is set in the context of ['A Healthier Wales: our Plan for Health and Social Care'](#) which sets out the vision for a whole system approach to health and

social care in Wales. A Healthier Wales lays out the Welsh Government's ambitions for progress and improvement, and describes the core values that underpin the system in Wales, including:

"Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to reduce the health and wellbeing inequalities that exist."

It is also set in the context of the Well-being of Future Generations (Wales) Act 2014 which aims to improve the social, economic, environmental and cultural wellbeing of Wales.

The draft strategy published for consultation set out an overarching vision for suicide and self-harm in Wales, alongside six underpinning principles, six high-level objectives and a number of supporting sub-objectives.

3. Pre-Consultation Engagement

With the view to informing the development of the draft Mental Health and Wellbeing Strategy and Suicide and Self-harm Prevention Strategy, Welsh Government commissioned several reviews to engage a range of services, service users and stakeholders to help shape priorities. This included the [Independent Review of Together for Mental Health and Talk to Me 2 Strategies (2012-2022)](#) which acknowledged that while we had made some important progress over the last ten years, "there remains some way to go" – in terms of the outcomes and societal change we are looking to achieve. Some of the necessary actions are likely to be long-term or even generational. There was also a pre-consultation engagement exercise (which included over 260 responses to an on-line survey) carried out in June 2023 which helped inform the development of the draft vision statements and objectives, and the underlying principles for both strategies.

4. Background to the consultation

The consultation on the draft Mental Health and Wellbeing Strategy included the publication of supporting draft impact assessments, as well as an Easy Read and BSL version of the strategy. The full text of the consultation is available at:

[Draft mental health and wellbeing strategy | GOV.WALES](#)

An online consultation form was available, and this could also be submitted via email and hard copy. An Easy Read consultation form was also developed and shared with stakeholders.

During the consultation period, Welsh Government engaged with stakeholders through online and in-person events. This included engagement sessions with the health boards, third Sector, local authorities, and key reference groups (for example, the Ethnic Minority Mental Health Task and Finish Group). Links to the consultation

were also shared widely with stakeholders, with a specific focus on ensuring information had been shared with stakeholders and those working with under-served groups.

In total, 250 responses to the online consultation were received, with 220 responding to this question. Chart 1 provides a summary of the organisations and individuals that responded to the consultation.

Chart 1:

	Your interest in the strategy. Please tick all that apply.		Response Percent	Response Total
	Answer Choices			
1	Lived experience		25.45%	56
2	Carer		9.09%	20
3	Member of the public		10.91%	24
4	Health care staff		18.18%	40
5	Social care staff		5.45%	12
6	Third sector staff		22.27%	49
7	Other professional role		13.64%	30
8	Organisational response		52.27%	115
9	Prefer not to say		0.00%	0
			answered	220
			skipped	30

5. Summary of consultation responses from workshops.

Alongside the online consultation we also undertook tailored engagement with colleagues in health boards and the Mental Health Service User and Carer Forum. There were a number of themes that came out of these engagement sessions. These themes largely reflected the issues that were raised through the online consultation. Significant themes from these engagement sessions included;

- Support for a joint Health & Social Care strategy, alongside views that the current strategy does not get this balance quite right and a greater focus on social care is required.
- The need to strengthen service user and carer engagement in governance and delivery, with an increased emphasis on co-production throughout the strategy.
- A need to recognise challenges surrounding local delivery of the strategy.

- Calls to strengthen the focus on co-occurring issues such as neurodiversity and substance use. There were strong calls to recognise the ways in which multiple different identities or forms of inequality can combine to create different challenges that need to be addressed.
- Support for the focus on those with serious mental illness but identifying a need to focus more on outcomes for this population group.
- Support for recovery focused services.
- Pathways/services need to provide clear information on what can be expected
- Strong support for the focus on estates – but not just about buildings, this needs to focus on things that can be important to patients, like access to WiFi.
- Strong support for clear action on workforce, digital and data
- Need for a greater focus on prevention, specifically when supporting early years.
- Views that whilst the intent of the strategy was positive, thought needs to be given to how the main aims can be communicated in an accessible way.

Question 1: The overall vision of the strategy

The vision

"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."

What you told us

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."

	Answer Choices		Response Percent	Response Total
1	Strongly agree		31.72%	59
2	Agree		52.15%	97
3	Neither agree or disagree		5.38%	10
4	Disagree		6.45%	12
5	Strongly disagree		4.30%	8
			answered	186
			skipped	64

Key themes from our analysis of consultation responses.

186 people responded to Question 1. 83% of people agreed or strongly agreed 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."

Support for the ambitious nature of the statement.

A number of responses agreed with the ambition of what was described as an "aspirational vision". Respondents felt that it contained several themes which were very important, and summarised the areas that need to be focussed on, one respondent captured this by saying, *"The statement sets out a relatively strong and ambitious overall vision for improving and preserving mental health in Wales."* Overall, children and young people were similarly positive, highlighting the inclusion of stigma and rights as important.

However, responses also raised concerns about whether this ambition was achievable. There were mixed views as to whether the statement was too broad to be meaningfully achievable and some responses suggested that it would be better to be less ambitious and focus on delivering a more limited set of aims. A number of responses felt that the drafting style contributed to a sense that this was just a hope that would not be achieved. One such response suggested reframing the statement as a "mission". This was echoed by children and young people who asked; "*can you actually do it*?" (Co-Production Lab Wales Engagement).

Need to include additional themes within the statement.

Despite the strong support for the vision, a significant number of responses felt that there were other issues that needed to be addressed within the overall vision statement. Issues highlighted by responses included a need to explicitly link to the importance of early years, the value of community in supporting mental health, the importance of prevention and early intervention, and the need to support staff. Some responses felt that the overall vision statement should make references to specific groups with particular needs, such as young people, old people, people from Black, Asian and Minority Ethnic backgrounds and those with disabilities.

However, there were multiple responses which stated that the statement was already too long and too broad and should be shortened rather than extended.

Need for greater clarity within the statement.

A significant number of responses felt that the statement lacked clarity and did not provide detail on how it would achieve the ambitious aims contained within it. Some responses felt that more detail should be added within the statement as it was difficult to understand the concepts before they are explained later in the strategy.

This was raised particularly in reference to the ambition to develop a "connected system"

However, other responses said the statement was not concise enough and should be simplified. Similarly, some people felt that the ideas in the statement were right, but that it was too wordy. It was suggested that the statement should be more "punchy and engaging".

Importance of being inclusive.

Some respondents felt that more could be done to make sure that the statement was fully inclusive. Responses stated that it was really important that the strategy is co-produced, and the language needs to relate to multiple groups, such as children and young people and a diverse range of cultures and belief systems.

Question 2: Principles

In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. These are:

- All-age focus.
- Person-centred.
- Rights-based approach.
- No wrong door.
- Informed by wider determinants of health.
- Trauma-informed.
- Equity of access, experience and outcomes without discrimination.
- Evidence driven and outcome focused.
- Preventative and value-based.
- Free of stigma and shame, blame and judgement.

What we asked you

We asked you if you agreed that these principles are the right ones.

What you told us

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?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	19.44%	35
2	Agree	65.56%	118
3	Neither agree or disagree	8.89%	16
4	Disagree	3.89%	7
5	Strongly disagree	2.22%	4
		answered	180
		skipped	70

Key themes from our analysis of consultation responses

180 people responded to Question 2. 85% of people agreed or strongly agreed that the ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy are the right ones. The ten principles are:

All-age focus:

Person-centred:
Rights-based approach:
No wrong door:
Informed by wider determinants of health:
Trauma-informed:
Equity of access, experience, and outcomes without discrimination:
Evidence driven and outcome focused:
Preventative and value-based:
Free of stigma and shame, blame and judgement.

Support for the principles.

There was strong support for the principles that have been suggested as the building blocks of the new Mental Health and Wellbeing Strategy.

Support for including principles in the strategy, and general support for the principles chosen.

Some responses commented that the principles created good standards to have in place, with individual responses citing support for the various principles included within the document.

Support for the all-age approach of the strategy.

There was significant support for the all-age approach taken within the strategy. This was considered to be inclusive, and respondents felt that it would support successful transitions between services. Responses commented that the "all age" approach was an effective way to ensure that some ages which are not considered enough could receive more focus as a result of this principle.

Some respondents felt that whilst this was a good principle it was important to ensure that this happens in practice, as they reported experiences of the distinct needs of younger or older people not being met.

Whilst supportive of the principle, some respondents commented that this principle needed to be better implemented throughout the drafting of the strategy. Some respondents felt that the language was more focussed on adults, and that children and young adults did not receive the specific focus needed. One response stated it was important that to "*ensure children are not lost in the all-age strategy.*" However, other responses felt there were too many references to infants and children throughout the strategy and not enough consideration given to adult and older person's services.

A number of responses which were supportive of the all-age approach stated that it needed to be clear that this includes antenatally, with one response stating "*all ages needs to mean all ages - from pre-conception, throughout pregnancy and the early years. Not just starting at school age.*"

Concern around the all-age approach of the strategy.

Several responses shared the above concerns around children being lost in an all-age strategy but felt that this meant that the principle was the wrong one to take. Some of these responses called for a separate mental health strategy for children and young people, and some suggested there are separate delivery plans for children and adults.

Concern around the omission of certain groups.

A significant number of responses suggested there should be principles for specific groups to ensure they have sufficient focus within the strategy. Whilst a number of different groups were raised, there were repeated calls for a focus on supporting people with learning disabilities. A number of responses also called for a focus on farming and rural communities.

Support for the no wrong door principle.

There was strong support for the no wrong door principle. This was felt to be the right principle, but that detail was lacking about how this would be achieved and whether it was realistic in current services.

Belief that co-production should be included as a principle.

A number of responses stated that the principles should be expanded to include a commitment to co-production. Some responses mentioned this by name, whilst others stated that there was a "*significant gap in relation to the voice of lived experience.*" Children and young people were particularly focused on the importance of including co-production throughout the strategy (Co-Production Lab Wales Engagement).

Other principles to be included.

Other principles were suggested for inclusion within this section, though respondents did not consistently raise these suggestions. Ideas for inclusion included a funding being focussed on areas of greatest need, the importance of early intervention, a principle of patient choice and the importance of community.

Need for greater clarity.

A number of responses stated that the principles needed to be better defined to ensure that everyone understand the same thing by them. Respondents commented that the principles should not be complicated and should be written in language that everyone can understand. There were calls for the definitions to be clearer, and to ensure that definitions aligned with definitions of similar principles in other Government documents.

A number of responses also felt that consideration should be given to the language used in the principles to ensure that they are positive and are driving desired change rather than just preventing bad outcomes.

Question 3: Your views on Vision Statement 1

Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.

What we asked you

We asked if you agreed that this section sets out the direction to achieve this. We also asked you if these were the right actions and if there were any changes you would like to see made to these actions.

What you told us

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?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	24.46%	45
2	Agree	46.20%	85
3	Neither agree or disagree	14.13%	26
4	Disagree	10.33%	19
5	Strongly disagree	4.89%	9
		answered	184
		skipped	66

184 people responded to this question, with just under 71% strongly agreeing or agreeing with the vision.

Key themes from our analysis of consultation responses

Community focus and availability of community assets.

There was strong support for the community focus and the importance of community assets. However, some expressed concern the strategy did not fully recognise the ongoing financial pressures facing community provision, which is likely to limit the role they can play in fulfilling the vision as laid out in the strategy. Young people expressed concerns over a lack of places where they can 'hang out' with their friends, and a lack of clubs, youth clubs and facilities which allow them to engage in sporting and recreational activities, with investment in new and existing provision desired (Co-Production Lab Wales Engagement).

Some respondents stated or implied there needed to be a greater recognition of the important role the third sector and community groups play in community cohesion and delivering and maintaining community assets at a local level, whilst acknowledging they often rely on small numbers of staff and large numbers of volunteers. A couple of responses suggested for the "no wrong door approach" to be successful the third sector need to be involved in these discussions and sign posting/integration from primary and secondary care needs to be improved.

There was also a request from a few respondents to specifically include places of worship and faith, and social housing providers in the community assets section due to the large communities they serve. It was also suggested to consider the work policing and Community Safety Partnerships have done in relation to mental health and wellbeing and the support provided by on-line communities particularly to disabled and people with long term illness, whilst also acknowledging on-line spaces can sometimes have a negative impact on mental health and wellbeing.

Access to community assets.

As well as support for the focus on community assets, several respondents explained that many people are unable to access these as they were not accessible or inclusive. Examples of access issues included physical access for those with physical disabilities, timings of availability e.g. work hours and availability of services within a given geographical area. It was highlighted by some that these assets also need to be made welcoming and suggested an action could be included to focus on improving community cohesion and building good relationships across communities.

Play, recreation and social networks.

Young people consistently discussed the role of play, and the recreational time they spend with their friends (both in person and online) as critical to their mental health and wellbeing. They want to see places and groups which enable this play and recreation to be better supported and have greater opportunities to pursue their hobbies and interests (Co-Production Lab Wales Engagement).

Access to knowledge and opportunities.

There was also support for the need to ensure access to knowledge and opportunities is improved and accessible to all**.** Respondents highlighted barriers to accessing knowledge, information and support which included delivery method, cost and lack of suitable transport. Cost and transport were mentioned as being particularly important to children and young people. Some also spoke about the importance of advocates and peer support workers making individuals aware of what was available. The most common barrier raised was lack of accessible language which makes it difficult for people to access appropriate opportunities and knowledge. Some specific examples of language barriers included lack of and/or difficulty arranging BSL interpretation, Welsh and other languages (spoken and written).

There was also a call for "knowledge and opportunities" to be looked at through a neurodivergent lens to ensure there are appropriate and consistent opportunities for neurodivergent people to learn about and take part in health promoting behaviours. There was a request for a similar consideration for people with additional learning needs.

The "National Conversation" was seen by some as one way of improving awareness and access to knowledge and opportunities and some responses also thought it would be a good tool to help tackle mental health stigma. However, many respondents wanted more detail on what it meant and assurances it would be inclusive and not happen in isolation, for example, a few responses requested specific interested groups are involved in the conversation.

Wider determinants of health.

Respondents were pleased to see the vision acknowledged the impact that external factors can have on our mental health and wellbeing. However, there was concern that we had not gone far enough to address how these problems, such as poor housing, poverty and the current cost of living crisis, climate change, inequality and war, would be tackled.

A number of these responses highlighted the inequalities many people face in accessing the basic protective factors for good mental health and wellbeing, and the difficulty this then causes for people to take part in health promoting behaviours. One respondent captured this by saying "*We need to acknowledge that people don't always have the capacity, confidence or ongoing support within their lives to act on skills offered to improve their own mental health and wellbeing. Many people are just surviving from day to day and don't have time to take part in wellbeing activities (in a physical or mental sense), particularly as we still experience the cost-of-living crisis…*"

Some responses suggested that whilst the wider determinants of health were mentioned in more detail in Vision Statement 2, it would be helpful if this came

before Vision Statement 1. This would help give more context earlier in the strategy. This view was also repeated in response to questions on Vision Statement 2.

Focus on the individual.

Some respondents questioned if the vision statement was putting too much responsibility on the individual to protect and improve their own mental health and wellbeing. These responses highlighted that not everyone has the "same level of agency" to always be responsible for their own wellbeing and risked placing blame on the individual for any poor mental health and wellbeing.

Under-served groups.

A number of respondents talked about under-served groups and the need to ensure equity in access and of quality of care received. The importance of understanding the barriers to access for under-served groups was highlighted. It was important to listen to the voices of people with lived experience on this, and to recognise how multiple forms of inequality can combine to create barriers.

Many responses that mentioned under-served groups felt certain groups should be included and were not, or that a greater consideration should be given to a particular group. These under-served groups included: people with learning disabilities and their families and carers; single parents; care-experienced young mothers; members of birth families or care experience children; older people; people living with a mental illness or diagnosed psychiatric condition; people living with dementia; people living with long term health conditions or disabilities; the Gypsy and Roma community; people whose first language is Welsh; the Armed Forces community; unpaid carers; women and people registered female at birth; those who experience pregnancy loss; domestic or sexual abuse;

Only a couple of responses did not agree with the strategy mentioning specific groups of people who are at greater risk of poor mental health and wellbeing.

Babies, children and young people.

Respondents positively acknowledged the references to babies, children and young people, and the factors that influence their mental health and wellbeing. Despite this support many felt that the Vision Statement and associated actions could be improved in relation to babies, children and young people, and offered suggestions on how the narrative could be strengthened.

A few responses wanted the strategy to acknowledge that protecting and improving mental health and wellbeing needs to start at conception and healthy foundations need to be laid down during pregnancy and early years, and some called for more to be done to develop and support opportunities for babies to experience nurturing relationships.

Individual respondents proposed the 'offer' for babies, children and young people could be improved, examples included strengthening the connections to

NYTH/NEST and better considering the impact of child poverty, especially on babies in the first 1000 days. Both adults and children and young people wanted to strengthen the right of every child and young person to have their voice heard under article 12 of the UNCRC.

A couple of responses stated there needs to be more focus on adolescence, with similar references being made about care experienced young people, young carers and LGBTQ+ children and young people.

A number of responses also offered ways to support babies, children and young people in the vision statement. These included a commitment to focus more resources to childhood as a preventative approach; professional child development training for school staff; sufficient resourcing for youth services to reduce loneliness and isolation and ensuring all children and young people and adults who support them are aware of the Meic helpline and other ways to access support.

There were some mentions of the unique barriers faced by young people in Further Education and Higher Education, for example those moving away from home for the first time and requests for this to be considered further in the strategy.

Education, learning and training.

There was support for "people to have the knowledge…to protect and improve mental wellbeing". The broad opinion in these responses was if people know and understand about mental health and wellbeing and how to look after mental wellbeing, they will be able to address issues and challenges as they arise. Many responses also suggested education for the population will reduce fear and prejudice and give people the confidence to seek support. This would help to tackle stigma.

Stigma.

There was support for tackling stigma surrounding mental health. Respondents stated the importance of ensuring all individuals, regardless of their background or circumstances, feel comfortable seeking support when needed. Responses stated there was a need to learn from previous work to tackle stigma.

The positive impact of training delivered by Time to Change Wales was highlighted in responses.

Support for the strategy combatting stigma was particularly important to children and young people who talked about the need for the strategy to address judgement and discrimination (Co-Production Lab Wales Engagement).

Despite these views, one response stated "'stop stigma' is too vague to be meaningful and some respondents highlighted the need to tackle other types of stigma people face to improve mental health and wellbeing. This included stigma around poverty and claiming benefits, HIV, being in care and health conditions such as type 2 diabetes.

Prevention.

Respondents specifically referenced the importance prevention and promoting protective factors can play in improving an individual's mental health and wellbeing.

As well as risk factors mentioned in the wider determinants of health section other risk factors identified included unemployment, birth trauma and pregnancy loss, domestic and sexual abuse, poor language skills in early years, bullying due to stigma of family members having mental illness and diagnostic delay often for neurodiverse conditions and women's health. A couple of responses requested the strategy acknowledge the growing evidence base around the role biological factors, including genetics, play in mental health and wellbeing.

Respondents felt that protective factors that should have been mentioned included; promoting physical activity and movement; the importance of eating and maintaining a balanced and nutritious diet; discrimination; enjoying and feeling connected to the communities that you spend time in (e.g. school for young people); having supportive friendships; feeling safe where you live, work or study; feeling valued in our lives both by ourselves and those around us and having sufficient resources to afford activities that promote better mental health.

The arts and creativity.

Respondents highlighted the extensive evidence-base supporting the benefits of engaging in arts and creative activities across the life-course, including the promotion of good mental wellbeing and the reduced risk of common mental health conditions such as anxiety and depression, the reduced impact of existing mental health conditions on quality of life and support brain health in older years.

Nature, the natural environment and green space.

Respondents welcomed the inclusion of the positive impact nature can have on mental health and wellbeing, but suggested the strategy needs a greater emphasis on this. Young people valued being surrounded by clean, pollution and litter free surroundings and having more opportunity to spend time outdoors (Co-Production Lab Wales Engagement).

High level actions

Question 3b: We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	11.25%	18
2	Agree	61.25%	98
3	Neither agree or disagree	13.75%	22
4	Disagree	9.38%	15
5	Strongly disagree	4.38%	7
		answered	160
		skipped	90

160 people responded to this question, with 72.5% strongly agreeing or agreeing the proposed actions.

Changes that respondents would like to see made to the high-level actions in vision statement.

There were 151 responses to Question 3c. Respondents were generally supportive of the actions, but wanted more detail on how these would happen and how they would be measured. Other comments on specific actions included:

VS1.1 Strengthen our knowledge and understanding of what works to protect and promote mental health and wellbeing and what works to protect against the development of mental health conditions. This will include a specific focus on identifying and listening to under-served groups traditionally excluded from mainstream services to better understand what impacts their mental health and wellbeing.

Respondents stated that it was too focused on 'mainstream services' which aim to 'cure ill health' rather than fostering wellbeing, and that we needed to use community

assets for wellbeing promotion. Similarly, another response stated more evidence with a lived experience focus is needed as most of the mental health evidence base is medical and academic.

It was also suggested that lessons should be learnt from services with a proven track record of success and that these should be scaled up or used in other areas of the country.

> VS1.2 Improve mental health literacy by building on the advice already available for the public on managing thoughts and feelings. Communicate, in a culturally sensitive way, the latest evidence on protecting and promoting mental health and wellbeing.

It was suggested this would be better framed as "empowering individuals to reclaim their agency over their wellbeing" and needed to be approached compassionately and should also reference religious and spiritual elements.

Other responses requested we consider the interface of physical health and mental health more, especially the link between long term conditions and mental health and wellbeing. Young people suggested this should also include education who have a role to play in improving mental health literacy (Co-Production Lab Wales Engagement).

The importance of information being evidence based was also raised.

> VS1.3 Launch a national conversation on mental health and wellbeing. The national conversation will encourage people to consider what works for them and to encourage and inspire others to take positive steps to protect and improve their mental health and wellbeing.

It was suggested that the broader implications of a strategy centred around a holistic understanding of wellbeing should be explored.

A few responses said we should acknowledge the engagement and co-production that has already happened as people with lived experience are tired of telling their stories.

> VS1.4 Build on current action to address mental health stigma both amongst the public and within services.

Respondents suggested that this should include a review of how healthy lifestyle messages are promoted by different parts of Welsh Government and ensure they are evidence based to avoid increasing stigma.

Other responses acknowledged the role campaigns such as Time to Change Wales can have, as well as the need to have broader public health messaging to educate people about what it is like to live with certain mental health conditions taking a strengths-based approach at all times.

Different layers and types of stigma should be considered in this, an example given was if carers were labelled resilient it may put them off seeking help.

> VS1.5 Work to increase the knowledge, opportunities and confidence of the frontline workforce to support their own mental health and wellbeing and of those they come into contact with.

It was noted that we needed to clearly define "frontline workforce" and that it should include administrative staff in health and social care and encompass wider sectors such as housing officers, youth workers and education staff.

In addition to improved training around mental health and wellbeing for frontline staff a number of responses expressed the need for the workforce to receive training to better understand how to communicate and work with under-served groups. Specific communities that were mentioned were deaf or hard of hearing, people with learning disabilities, the farming and rural community.

It was suggested to replace the terms ˜knowledge, opportunities and confidence" with "capability, opportunity and motivation" to reflect the **COM-B model,** which is an evidence-based framework.

As part of this reflective and supervision practice should be supported.

> VS1.6 Embed the national framework for social prescribing in a way which meets the needs of all communities.

There were calls to revise the wording of this action and to be clearer on definitions of social prescribing its' components. One response was concerned of the medical connotations of the word "prescribing". There was also a call for a children and young people focus with tailored community assets.

> VS1.7 Promote ways (including social prescribing, digital options and alternative channels) to increase the public's knowledge and awareness of local community assets.

Digital literacy was mentioned in some responses. Responses on behalf of children and young people expressed their desire to access mental health and wellbeing information quickly and on-line/via social media. Some respondents representing older people appealed for information and opportunities to not just be available on-line. A couple of other responses felt the "digital transformation agenda" and innovative role "digital" can play in supporting mental health and wellbeing could be strengthened in the strategy.

Respondents stated that the strategy must evolve beyond simple signposting of opportunities, as access to information alone does not equate to change.

There was also a call for the action to specifically mention that knowledge and community assets need to be accessible.

VS1.8 Work in partnership with national organisations from wider sectors, including culture and heritage, the natural environment and sports to reduce the barriers under-served communities face in accessing community assets.

There was support for this action to be amended to reflect the specialist knowledge locally based community organisations have over national organisations, and that local organisations are usually responsible for community assets.

It was also suggested there needs to be a clear distinction between protecting and promoting mental health and wellbeing and preventing mental illness.

VS1.9 Implement a life-course approach to protecting and promoting mental wellbeing, for example, strengthening public and professional understanding of the importance of parent-infant relationships, infant mental health and other key developmental periods such as adolescence.

Respondents felt that an improved definition of the life-course approach was requested, and other respondents said this action needs to acknowledge the importance of the transition of adult to older adult. Other respondents called for specific action on perinatal mental health.

Question 4: Your views on Vision Statement 2

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

What we asked you
We asked if you agreed that this section sets out the direction to achieve this. We also asked you if the chapter explained what mental health policy and wider Welsh Government could do to meet the objectives of vision statement 2.
Lastly, we asked if these were the right actions and if there were any changes you would like to see made to these actions.

What you told us.

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?				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		20.44%	37
2	Agree		55.80%	101
3	Neither agree or disagree		9.39%	17
4	Disagree		10.50%	19
5	Strongly disagree		3.87%	7
			answered	181
			skipped	69

181 people responded to this question, with just over 76% strongly agreeing or agreeing the proposed actions.

<u>Key themes from the consultation.</u>

Support for the intent of the vision statement.

A number of responses highlighted the important of cross Government working and stated that the overall goals of the strategy would only be achievable with cross Government action. The commitment to this within the strategy was welcomed by a significant number of respondents.

A number of responses specifically highlighted the importance of impact assessments within this and welcomed commitments to embed their use within the strategy.

The emphasis on the social determinants of health was welcomed by respondents, who felt that it was essential to address broad socio-economic issues.

One response stated *"these initiatives have the potential to tackle health inequalities in relation to access and the inverse care law whereby those most in need of health care are least able to access it."*

There was strong support for the use of the Marmot Principles as a framework for this Vision Statement, with some respondents calling for a greater focus on this, alongside considerations of those that may not be included within the principles used in the Vision Statement.

For children and young people, the wider determinants of mental health were particularly important. Young people consistently cited their families as central to their mental health and wellbeing. Family was seen as the key enabler of positive mental wellbeing, and equally a driver of mental health and wellbeing challenges where relationships break down. Providing support to families was seen as a key aspect of any national mental health and wellbeing approach. Young people (and in particular those under the age of 11) reflected on the negative impact of climate anxiety on their mental health and wellbeing, and conversely on the positive impact of being in nature and having access to a clean and healthy local environment. Young people felt the impact of covid on mental health was not referenced enough in the strategy (Co-Production Lab Wales Engagement).

Concern that there is not sufficient detail in the vision statement to support the intent.

However, a significant number of responses called for greater detail around how this would be achieved, with an emphasis on developing clear and accountable actions. Respondents asked for detail on this to be provided through a theory of change, the delivery plan, or clear actions and metrics within the strategy.

Responses also raised the importance of governance, with one respondent asking, *"who will take responsibility for ensuring all government departments work in an integrated, cohesive way revoking silo philosophy?"*

Importance of taking a holistic approach to supporting people.

Respondents mainly supported the intent of the vision statement, with one respondent stating, *"the literature is very clear that good health depends on basic needs being met."* In order to improve health respondents agreed that it was essential to address factors such as poverty, homelessness, abuse, neglect, violence and substance misuse.

However, some respondents felt it was important to also set out how individuals and community assets can strive for positive outcomes in these areas, and that a balance should be struck between protecting health and promoting good health. One respondent

commented *"I did not feel a focus on building these assets and strengths was as strong as it could be".*

Financial resourcing.

A number of responses stated that more funding was needed in order to achieve the aims of this vision statement. Respondents stated there must be a long-term sustainable funding model to ensure that initiatives across Government are enabled to have the required impact.

Some respondents raised concerns that mental health services were underfunded and should be put on an equal footing with physical conditions.

Information on what is happening across Government is difficult to understand.

Some responses felt that the chapter was difficult to read and that this would be a barrier to the important aims within the chapter being achieved. Some respondents felt there was too much information, and that some terminology was difficult to understand. One respondent noted that "*the sheer number of policies and strategies is overwhelming"* and a number of responses suggested this could be improved by cutting down on the number of areas discussed and having a visual presentation in the final strategy.

This led to some respondents not being clear what was meant by cross government action, or how things would be different under the strategy.

Views on what mental health policy can do to ensure that work across Government improves mental health outcomes?

Improve how Government listens to the voices of service users and families.

A number of responses said that Government needed to ensure that robust public accountability and engagement mechanisms were in place. There were calls for co-production and asset-based community development to be embedded within the vision statement as these allow people to influence their experiences. This should include setting out expectations that best practice in co-production is shared and implemented in other organisations.

A number of responses highlighted that more engagement with service users was especially needed in relation to actions around Care and Treatment Plans, to ensure that people are empowered to have ownership over their own care and treatment.

Develop mechanisms for effective cross-Government working.

A number of respondents raised the need to implement and improve an integrated approach between Government Departments, partners and services. They felt that mental health impact assessments should not just be made within individual departments but should be coordinated across areas. One response cited the Northern Ireland Steering Group on Prevention and Early Intervention under its Mental Health Strategy 2021-2031 as a positive example of this in practice.

High level actions

Question 4d: We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	12.16%	18
2	Agree	66.89%	99
3	Neither agree or disagree	12.16%	18
4	Disagree	6.76%	10
5	Strongly disagree	2.03%	3
		answered	148
		skipped	102

148 people responded to this question, with just over 79% strongly agreeing or agreeing the proposed actions.

General support for actions.

There was general support for the actions contained within the vision statement. These respondents felt that the actions were broadly right at a strategic level but expressed a wish for there to be clearer actions with direct accountability included within the delivery plan. However, a number of responses raised concerns that the actions would not be achieved, or that not enough information was contained to ensure that Government could be held accountable for these actions. Specific comments made about individual actions are included below.

VS2.1 Embed the principles of this strategy throughout the work of Government by ensuring that public bodies undertake health impact assessments that specifically consider the impact on mental health. This will be enabled by developing regulations to support the Public Health (Wales) Act 2017 requiring public bodies (including the Welsh Government) to carry out a health impact assessment, considering mental and physical health.

Respondents felt that impact assessments were crucial to achieving this vision statement. Responses stated the importance of ensuring that health impact assessments include a focus on mental health and wellbeing. There were calls for impact assessments to specifically focus on the first 1000 days of life.

However, some respondents queried how this was different to existing approaches around the vision statement, and suggested there should be a focus on reviewing and improving current processes rather than introducing new requirements.

Respondents stated for that this to be impactful there needed to be greater information on how policy decisions would change as a result of health impact assessments, and for there to be accountability for this within Government.

> **VS2.2** Following the publication of the regulations to support the Public Health (Wales) Act 2017, update our impact assessment approach within Welsh Government and provide additional training to officials to support their policy capability.

There was support for this action. However, some responses stated that this did not go far enough, and training should be made available across the public sector.

There were calls for a commitment that this training would be co-produced to ensure that assessments consider the most important impacts. The training should also be co-produced with and give specific consideration to people with protected characteristics.

> **VS2.3** Identify and monitor a set of measurable, cross-Government indicators to track progress at a population and programme level – and develop a monitoring approach that embeds learning from these indicators into the development of policy impacting mental health and wellbeing.

There was support for this action, but respondents raised questions about how these indicators would be identified. Some respondents felt that existing measures such as the National Indicators for Wales should be used. Some responses urged that the focus on cross government action is continued and that indicators reflect the "*holistic, complex nature of mental health",* rather than focussing on mental health services. Respondents gave examples of a number of data resources that could potentially be used to monitor progress.

A significant number of respondents stated the importance of data being published. Concerns were raised around limitations in publicly available data and that this should be improved to support long term tracking of progress. One respondent commented, *"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."*

> **VS2.4** Embed the NYTH/NEST Framework across all relevant Welsh Government policies

There was general support for this action, with respondents reporting that the framework itself was positive. However, a number of respondents raised concerns that frameworks would only be as effective as the actual services, and that greater support and governance was required to ensure that this action was impactful.

Some responses raised the need for the impact of the NYTH/NEST Framework to be evaluated, and raised concerns about how progress would be measured.

Some respondents said that whilst they supported this action, they felt there should be actions relating to other frameworks, to ensure progress across the whole life course.

> **VS2.5** Identify and share best practice in relation to care and treatment planning.

A number of respondents raised concerns around this action, and suggested there was a need for direct engagement with patients to make improvements to it. A number of respondents raised the importance of greater co-production in this area and felt that the vision statement did not reflect the views of service users.

Whilst some respondents supported the principle, they felt the strategy and action needs to go further, with a focus on greater health and social care integration.

Respondents stated that work needs to be done to improve the quality of care and treatment planning, and that a full review of current practice may be needed. One response stated that any work should *"prioritise best practice that reduces harm, offers informed choice, and protects our rights. We would want there to be clear principles underpinning any sharing of best practice."*

There were consistent views that the action should ensure that service users are involved in the identification of best practice.

Question 5: Your views on Vision Statement 3

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

What we asked you

We asked if you agreed that this section sets out the direction to achieve this. We also asked you if these were the right actions and if there were any changes you would like to see made to these actions.

What you told us

	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?			
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		20.79%	37
2	Agree		53.93%	96
3	Neither agree or disagree		11.24%	20
4	Disagree		7.87%	14
5	Strongly disagree		6.18%	11
			answered	178
			skipped	72

178 people responded to this question. Just over 74% of which agreed or strongly agreed that we had been clear in setting out the direction of a connected system.

Key themes from consultation responses.

Overall, there was strong support for the vision proposed, with respondents recognising that an integrated approach is essential for people to be able to receive the right support, in a timely way and in a way that is accessible to them. Respondents also felt that to achieve this, it was essential that all services work collaboratively to achieve a truly connected system. This included the third sector being viewed as an equal partner.

Lack of detail on how this will be achieved.

Despite the strong support for the vision, the lack of detail within the strategy to outline how this will be achieved was highlighted as a concern. This theme was raised from governance through to an operational level, with specific comments raised that we needed to be clear on accountability. There were also queries raised on the terminology of 'appropriate' support.

Gaps in services for individual groups.

It is recognised that there is currently a gap in services to meet the needs of neurodivergent people, therefore there was strong support for the inclusion of this within the strategy, including from children and young people. There was also strong support for the inclusion of perinatal and co-occurring needs, but there were concerns that there is not a sufficient focus on older adults currently.

Services to be needs led and trauma informed.

Respondents were supportive of services to be needs led and trauma informed but noted that services are not currently equitable and that there is a considerable difference in accessing services, dependent on where you live. Respondents felt this was something that needed to be recognised and addressed within the strategy.

Waiting times and transitions between services.

Respondents also specified there needs to be a focus on the gaps in service provision with efforts needed to reduce those gaps and reduce waiting times. This issue arose regularly with children and young people who told us the strategy must ensure that it becomes quicker and easier to access mental health services and support in Wales, and that this support is flexible and responsive to the specific needs of every individual (Co-Production Lab Wales Engagement). This includes a focus on improving the transition from CAMHS to adult mental health services, and similarly between adult and older adult services.

Reducing barriers and stigma.

The current system is viewed to be complex and bureaucratic - there is a significant requirement to reduce barriers to accessing all support, which is free of stigma. Respondents felt that there was still detail needed on how these barriers will be reduced.

Appropriate IT systems and data gathering.

To achieve a truly connected system, respondents felt strongly that there is a requirement for appropriate processes and IT systems to be established across services to enable the sharing of information and data gathering that can be effectively monitored consistently across Wales.

Funding, resources, and training

To achieve the vision as set out, respondents cited that the strategy would require appropriate funding and resources. A focus on training and upskilling for the workforce was considered essential.

High level actions

Question 5b: We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	10.20%	15
2	Agree	66.67%	98
3	Neither agree or disagree	17.01%	25
4	Disagree	2.04%	3
5	Strongly disagree	4.08%	6
		answered	147
		skipped	103

147 people responded to this question. Just under 78% of which agreed or strongly agreed with the high-level actions.

Changes that respondents would like to see made to the high-level actions in vision statement.

There were 134 responses to this part of the question (5c). Respondents were supportive of the actions that were captured in this section, but like question 5a we need to be clear on how this will happen and would require appropriate funding and resources. Other comments on specific actions included:

> VS3.1 Explore how we can provide easy access to advice to people working in all services who may need guidance to support people with poor mental health. This may include extension of the MH111#2.

Respondents welcomed the inclusion of the service MH111#2 and supported the need to make advice easily accessible and raised the point that there should be a focus on providing training for all public service professionals to support people with poor mental health.

Respondents also stated there was a need to ensure that information and services are bilingual and in an appropriate culturally appropriate manner and it would be helpful to include clear timescales on the extension of the MH111#2.

> VS3.2 Ensure access routes into support for mental health and wellbeing are timely, accessible to all, and joined-up between sectors, including improving the transition from Child and Adolescent Mental Health Services to Adult Mental Health Services, and between neurodiversity and substance misuse services, and mental health services.

Respondents noted the importance of improving transitions from Child and Adolescent Mental Health Services to Adult Mental Health Services, and between other services, including neurodiversity and substance misuse, highlighting it was important that we ensured services were 'joined up.' Some felt there needed to be more robust actions, including reference to the guidance that is already available, and noted they would like to see more of an ambitious commitment from Welsh Government. One suggestion is for Welsh Government to commit to enabling access to mental health services through self-referral, and referrals from the voluntary sector, education, and other routes.

A specific comment received was the strategy needed to link in with the new Code of Practice, when updated, for people who are neurodivergent. One respondent emphasised here the importance of adopting a case-coordination approach with a clear professional lead where people have complex support needs and require support from more than one public service.

> VS3.3 Work with partners and stakeholders to develop a set of actions to tackle the barriers, both real and perceived, that prevent different parts of the system from working better together and stand in the way of a connected approach. This includes working with the Ethnic Minorities Mental Health Task and Finish Group, and people with lived experience.

Respondents broadly agreed. However, some raised queries around the use of 'perceived' within the action and felt that there was a risk that this was misinterpreted. Respondents felt we should work with partners and stakeholders to develop a set of actions to tackle the barriers that prevent different parts of the system from working better together and stand in the way of a connected approach.

It was also felt that the action could be interpreted narrowly by including just a reference to the Ethnic Minorities Mental Health Task and Finish Group, with respondents noting we needed to broaden our focus across other population areas, examples given included the Disability Rights Working Groups on Health and Wellbeing, the Gender Equality Forum, and the Women's Health Policy Team.

> VS3.4 Continue to support the implementation of the Trauma-Informed Wales Framework across all practice levels by ensuring mental health and wellbeing services and support are compassionate, easy to engage with, and trauma informed.

VS3.5: Continue to implement the NYTH/NEST Framework through Regional Partnership Boards and wider partners to develop a connected (no wrong door) and children's rights-based approach to mental health and wellbeing for babies, children, young people and their families.

Whilst respondents supported this action, it was felt that it was also important to focus on ensuring there was increased understanding, and that people were aware of the framework and how to use it to inform their work programmes. It was noted that if the action was expanded to include compassionate care across all health services this may help reduce barriers and inequalities in physical health services that are experienced by people with mental health conditions.

Respondents welcomed the intention to embed the NYTH/NEST Framework across all relevant Welsh Government policies, however felt this work must maximise its focus on prevention, and the promotion of positive mental health as underpinning principles of that model as well as the principle of the no wrong front door which is currently more emphasised. Opportunities to strengthen this work, included a focus on tailoring the response for children and young people with specific needs, supporting transitions and considering how this could work with adults. There was also an opportunity to be clearer on the role of RPBs in this space.

VS3.6 Develop support for people with mild to moderate perinatal mental health and wellbeing support in universal maternity care, health visiting and the third sector.

This action was supported but felt that the 'how' needed further clarification, particularly in recognition of the current challenges around funding, there was also acknowledgment that we needed to be clear on how this action would sit within other schemes, such as Flying Start.

It was noted an action should be considered a cross-cutting one with the suicide and self-harm strategy given the risk of death by suicide in the year after birth.

Respondents felt that this high-level action needed to be broadened. Suggestions included action to address barriers to earlier identification, improving access to tertiary / specialist Mother-and-Baby Units in Wales for those who develop more severe perinatal mental health needs, supporting partners, and ensuring joined-up care between services and sectors.

VS3.7 Continue to support the delivery of Whole School Approach to Emotional Health and Wellbeing plans to improve support in schools.

VS3.8 Strengthen the response to the mental health and wellbeing needs of students in Higher Education and Further Education within their educational settings.

These actions were supported; however, it was felt that both actions would benefit from clearer guidance on how this would be achieved.

A couple of respondents stated that VS3.7 needed to specifically reference Whole School Approach to Emotional and Mental Wellbeing plans.

Children and young people wanted education to feature more prominently in the strategy, saying the strategy must directly connect with the school system and acknowledge both the critical role of schools in supporting mental health and wellbeing, and the risks to young people's mental health and wellbeing which can be caused by the school environment and experience. Young people spoke passionately both about the ways in which the school environment (and their teachers) can help and support their mental health and wellbeing, and also the harm that can be caused, by bullying, exam stress, and other features of the school environment (and education system more broadly) (Co-Production Lab Wales Engagement).

One respondent also highlighted that we needed to consider the needs of those not in education and employment and those that are part time students recognising the experiences could be very different.

> VS3.9: Continue to promote the Active Offer and the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss (and the Accessible Information Standard Requirements) across all services, in line with the principles set out in More Than Just Words and duties under the Equality Act 2010.

Overall, respondents supported this action but said that there should be consideration of the need to access and communicate in other languages and extend consideration of accessibility needs to service provision.

> VS3.10 Hear the voices of ethnic minority people, involve them in decision making and embed the anti-racist approach throughout our delivery plans.

Again, this action was supported but respondents suggested this action should be replicated for other protected characteristic groups that experience inequalities in mental health services. A couple of respondents referenced that a commitment to developing a Patient and Carer Race Equality Framework (PCREF) would also strengthen this action.

It was also felt that the action is unclear in how co-production approaches would be undertaken, one suggestion is for the language to be strengthened to talk about empowerment and co-production of care and treatment.

> VS3.11 Publish our Substance Misuse Treatment Framework (SMTF) – Integrated Substance Misuse Service Provision for Children and Young People.

It was noted this commitment as being welcomed, however there should be caution around frameworks as one respondent felt they had not seen a change around how

we approach substance misuse. This could be amended to include a review of the adult service framework that we noted above, to ensure that it is updated and having an impact.

Question 6: Your views on Vision Statement 4

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

What we asked you

We asked if you agreed that this section sets out the direction to achieve this. We also asked you if these were the right actions and if there were any changes you would like to see made to these actions.

What you told us

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?			Response Percent	Response Total
Answer Choices				
1	Strongly agree		21.47%	38
2	Agree		53.67%	95
3	Neither agree or disagree		12.99%	23
4	Disagree		7.91%	14
5	Strongly disagree		3.95%	7
			answered	177
			skipped	73

Key themes from the consultation.

177 people responded to 6a. 75% of these agreed or strongly agreed that this section sets out the direction for people to experience seamless mental health pathways – person centred, needs led and guided to the right support first time without delay.

Funding and resources to deliver the strategy.

Despite the strong support for the vision, a high number of respondents raised concerns it would be difficult to deliver within current budgets. Respondents recognised the financial pressures on different services within the system, but felt we needed to ensure money is utilised effectively. Respondents also felt that it was important to have a skilled and trained workforce to achieve this vision and this needed to be invested in.

Responses also recognised the need to improve the physical infrastructure of the buildings to deliver quality services. Some respondents were concerned there is not enough funding set aside for research.

One respondent acknowledged that whilst they agreed with the principle of Vision Statement 4, they were concerned that this could lead to increased demand and capacity for health services, which would then reduce resources available to other preventative and community service provision.

Availability of data / data sharing and research

A number of respondents felt there needs to be robust processes to share data across Wales to track progress and outcomes and some outlined this would be easier to do if people operated off the same systems. One respondent commented *'The absence of disaggregated mental health data impedes the ability to track progress and address disparities effectively. Enhanced data collection and analysis are required to identify and rectify inequalities in service access and outcomes.'*

Respondents raised concerns there is not enough support for conducting research within clinical settings.

The need for evidence-based interventions

There were a high number of respondents who welcomed the need for evidence-based early intervention. Respondents also acknowledged and supported the delivery of evidence-based psychological therapies for mild to moderate mental health conditions. However, this was referenced alongside concerns that it required more investment for resources and staffing.

Another concern amongst respondents was that there was currently a lack of an evidence base that supported a recovery focus and that we needed to get better about evaluating our own work or learning from available evidence and research.

The use of 'evidence-based' responses was also identified in the delivery of services that addressed the need to provide 'non-stigmatising, preventative services to support babies, children and young people and their families.'

Supportive of a person-centred and 'no wrong door' approach.

Respondents were supportive of a person-centred approach and agreed with the principles of being guided to the right support first time without delay.

There were concerns that currently services are not equitable, and the strategy needed to be clear on how it will focus on consistency of delivery across Wales. Amongst children and young people, it was felt that those from marginalised communities were unfairly disadvantaged, and a lack of representation amongst professionals was compounding the challenges (Co-Production Lab engagement).

Respondents also supported the development of trauma informed services and enabling a pathway into services with a 'no wrong door approach.' However, there were some concerns about how that would work in practice and that services could become overwhelmed.

Concerns with current service provision.

A number of respondents commented that current waiting times were too long and highlighted that the current vision statement does not provide any solutions to this.

The issue of waiting times was also specifically raised for children and young people, with some feeling that they are a lot longer than for adult services, and that this needed a specific focus. There were also specific concerns raised about the waiting times for neurodivergent services. Children and young people wanted to see waiting times reduced and some called for a wholesale reform of CAMHS with a shift from 'one size fits all' approaches, to services which address the direct needs and preferences of individuals (Co-Production Lab Wales Engagement).

Managing transitions between services.

In order to achieve this vision, there was a view that transitions in mental health services need to be focused on. This included transitions between children and adult services and between adult and older adult services within health boards. But respondents also explained that we needed further emphasis on how someone can be supported to transition into other services such as social care and the voluntary sector.

Links between neurodivergence and mental health.

There was support for the need to clarify how we can support neurodivergent people with co-occurring mental health conditions and there was agreement that any barriers in accessing services for those with co-occurring needs were addressed. One young person said; *'Young people who are neurodivergent or have learning disabilities get turned away, is hard and frustrating into nowhere to go and get put into a box and can't have mental health and be neuro divergent only one or the other*

so can't access and been told that you can't come here, No Wrong Door is really important.' (Co-Production Lab Wales Engagement)

Some respondents highlighted that we also needed to ensure access to timely assessments, as the current waiting times stopped people getting access to support.

Support needed for carers.

There was support for the commitment to supports family and unpaid carers. One respondent captured this by saying '*We welcome the commitment to a model that supports not just the individual but also their family and unpaid carers with respect to community mental health services. And have access and support they are entitled to.'* However other responses indicated that they needed more detail on how this would be delivered.

Co-production.

A high number of responses highlighted the importance of co-production, and support for people with lived experience being included in leadership roles and decision making. One respondent captured this by saying *'It would be beneficial for this section to highlight the importance of co-creation and the meaningful involvement of people with lived experience.'* Children and young people expressed the desire to be to be more involved in the commissioning, design and delivery of mental health and wellbeing services and support in general (Co- Production Lab .

How services need to be accessible for individual groups.

Respondents highlighted the need to support services to be more proactive in identifying at risk populations, including people presenting to local homelessness services.

Some respondents felt there should be seamless mental health services for deaf people in Wales, commentating that Wales is the only country in the UK which does not provide a clear service to meet the needs of deaf people experiencing poor mental health.

Respondents raised concerns around perinatal mental health services and how healthy parent and infant relationships could be supported. Some felt the strategy lacks clarity on how this work is going to be taken forward, recognising that we needed clear pathways for both universal (health visitors / midwives) and specialist services. There were also some concerns that the strategy does not acknowledge fathers / partners as an at-risk group in perinatal mental health*.*

Some respondents also noted language as being a barrier to accessing appropriate support, raising concerns people should be able to communicate in their language of choice.

It was also felt that we needed to be clearer on how vision statements 3 and 4 would connect, with one respondent stating, '*seamless pathways and connected system kind of mean the same thing.'*

Changes that respondents would like to see made to the high-level actions in vision statement.

Question 6b: We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	12.95%	18
2	Agree	66.91%	93
3	Neither agree or disagree	14.39%	20
4	Disagree	3.60%	5
5	Strongly disagree	2.16%	3
		answered	139
		skipped	111

There were 126 responses to this part of the question (6c). Respondents were generally supportive of the actions that were captured in this section, but similar to the responses in 6a we needed to be clearer about how it will happen, what resources will be identified to deliver it and that we needed to have clear targets and outcomes for the actions. Other comments made on specific actions included:

> VS4.1 Develop an integrated quality statement for mental health and individual quality statements that set the standards for what health boards and local authorities are expected to deliver to ensure good quality mental health services.
>
> VS4.2 These quality statements will support a person-centred approach and enable equitable access to services for those with protected characteristics (as described in the Equality Act 2010) and preferred language. They will also include how services respond to those with co-occurring mental health needs.

Children and young people asked for explanation on what a quality statement is (Co-Production Lab Wales Engagement). It was noted that for a quality statement to be successful that it needs to be developed in partnership and co-produced. It was also noted that these statements would support standardisation of services and we needed to be explicit about the standards / specifications that would underpin this work, particularly in relation to NICE guidelines and the Royal College of Psychiatrists' standards. There was also a call to ensure how we would ask both health boards and local authorities to evidence how they were delivering against these statements.

Respondents noted the importance of ensuring these were person-centred by explicitly addressing the unique challenges and barriers faced by under-served groups and the need to focus on equity of accessibility of services when factors such as location, environment, timing, and type of intervention was taken into account. It was also noted an opportunity how it could support those groups who have co-occurring conditions.

> VS4.3 Work with people with lived experience and the third sector to better understand the priorities as we move to a system where support is not based solely on age but based on need, level of care required or vulnerability.

Respondents saw this action as a positive way of ensuring co-production approaches were taken in the delivery of services and emphasised the importance of the third sector organisations that need enough resources to support delivery.

> VS4.4 Develop a Mental Health Safety Programme, which will follow a quality management approach. The programme will eventually cover all services but will start with an inpatient focus. The quality management system includes a focus on quality control, quality planning, quality improvement and quality assurance with the aim of achieving a learning and improving environment, and of creating a culture of quality within organisations.

The need for this action was supported and it was acknowledged that this would start within inpatient services but would be important to roll out across community services. Respondents also asked for clarity on what was meant by 'all services,' i.e. was this just health or did it include social care and the third sector.

> VS4.5 Work collaboratively with the Strategic Programme for Primary Care, prevention and wellbeing workstream, to develop how we respond to mental health conditions in a primary care context, including meeting the mental health needs of neurodivergent people in a primary care context.
>
> VS4.6 Establish a new cluster-based specification improving the physical health of people with severe and enduring mental health conditions, supported by clear data. This will focus on our ambition to reduce the mortality gap between people who have severe and enduring mental health conditions and those that do not.
>
> VS4.8 Ensure people living with long term mental health conditions are supported in having their physical health needs met by expanding access to evidence based physical health care.

The actions were supported, but it was felt by some we did not need to specify the prevention and wellbeing workstream as this narrowed the approach. The need to support people in a primary care context who had co-occurring needs was specifically raised. This included for neurodivergent people and people with learning disabilities.

It was also felt that proposed actions did not address ill physical health prevention in those with serious and enduring mental health conditions and that further clarification is required regarding the measures that will be taken to improve the physical health of individuals with severe or enduring mental health conditions. Suggestions to strengthen actions included health boards ensuring that people with mental health and/or substance use problems receive regular health screenings to monitor for physical health conditions.

Respondents also explained that this approach was reliant on people obtaining timely diagnosis and for some there were delays, with people specifically referencing bipolar disorder.

> VS4.7 Develop a programme that will support access to psychological therapies, which will include a focus on mental health conditions such as anxiety and depression as well as supporting people with psychosis, bipolar disorder and personality disorder and people with long term physical health conditions.

Whilst the action was supported, the need to develop a trauma informed approach to this work was recognised. Children and young people talked about support being tailored to the individual's needs; 'all mental health treatments are trial and error, no one should feel blamed.' (Co-production Lab Wales Engagement). Respondents also raised areas that they felt needed additional focus, including more provision of child psychology services, prioritisation of support for expectant and new parent and babies, supporting professionals to understand physical health conditions as well as knowing how to treat mental health conditions and the need to develop a programme that should include collaboration with professional and regulatory organisations, including UKCP and BACP. Respondents also said we should be clear that early and timely access of the breadth of therapies was the aim of this action.

Respondents also felt it was important that this action included a review of the range of current psychological therapies currently offered, and the available workforce we have in which to deliver specific psychological therapies currently.

> VS4.9 Refresh the model for community mental health support in Wales, exploring the best evidence available on community mental health support, coproduced with the people who use and work in these services.

Whilst there was agreement with the action it was felt more detail was needed on what organisational change would need to be delivered to achieve it. There was also a suggestion that we needed to include the need to re-evaluate the current funding for CMHTs and consider what was needed for them to function as an integrated team, focusing on how each constituent part of the service could deliver the service that they are trained to do. Others raised it as an opportunity to consider how we can further develop our workforce, referencing newer roles such as peer support and utilising allied health professionals more within mental health services.

Respondents felt we needed to be clearer how this sat in the context of work to improve crisis pathways and alternatives to admissions referenced within the strategy – in respect to the latter acknowledging the opportunity to consider it more broadly when thinking about 'safe spaces' and 'therapeutic communities.'

It was also recognised that for this to have the desired outcome there needed to be availability of community-based assets and early intervention and prevention services.

> VS4.10 Through the Welsh Government's National Co-occurring Substance Misuse and Mental Health Board, work with the Area Planning Boards and a range of delivery partners, including health boards to ensure that the most appropriate support is put in place for those with a co-occurring substance misuse / mental health need.

This action was supported with a request that it is developed in collaboration with organisations working directly with these populations.

> VS4.11 Deliver on our commitment in More Than Just Words to develop tools to support mainstreaming Welsh language considerations into mental health planning and policies.

This action was supported but respondents suggested that more detail could be included within this strategy and delivery plan about how this could happen, which would provide the opportunity to be clearer with health boards and local authorities that they are expected to 'proactively plan and secure mental health services through the medium of Welsh'.

> VS4.12 Build on our front-line remote assessment, intervention, and support services (such as MH111#2 and CALL) to ensure they join up with other parts of the mental health, substance misuse, neurodivergence and physical health systems. We will ensure they are complementary, efficient, effective, available 24/7 and respond in a timely manner. We will ensure they connect to deaf; Black, Asian and Minority Ethnic People; LGBTQ+ people; and under-served communities.

The focus of this action was supported. However, comments raised included the need to make specific reference to older people being an under-served population. Respondents felt that we needed to specifically ensure that remote assessment, intervention, and support services are accessible and inclusive for marginalised groups. It also felt that the strategy had the opportunity to be clear on how we monitor and address any barriers to accessing healthcare services, a specific reference to language interpretation was made.

A specific comment was made about plans for remote mental health services for Deaf people in Wales, highlighting that in a mental health assessment there are elements of non-verbal communication that would be missed in a remote interaction.

> VS4.13 Establish a sustainable approach to ensuring that services support the development of healthy parent infant relationships and infant mental health, including exploring options for specialist teams.

Whilst the commitment was welcomed, respondents did not feel that the current action captured the different approaches that may be necessary to support both parent-infant relationships and infant mental health and called for clarity on how we would deliver this work. Ranging from strengthening support available through universal services (such as midwives and health visitors) to the provision of specialist teams.

It was felt the strategy could be clearer on how early years development could directly link to mental health and wellbeing. Similarly, others felt the action could be strengthened by focusing on how supporting infant mental health needed to be considered across 'a whole system and across the whole pathway.'

> VS4.14 Ensure robust governance arrangements for mental health services in health boards and strengthen the profile of mental health in the NHS planning process.

This was supported, with points raised including the need to ensure that the national leadership that was established was able to provide guidance regarding standards, interventions, and outcomes, with clear targets based on population need.

Respondents also felt it was an opportunity to enhance the commissioning of services which addressed the existing disparities in services across different areas, and that this work should include local authority and third sector services if joint working was to be effective.

VS4.15 Embed routine access, outcome and experience measures into practice

This action was supported, citing it was key to ensuring that practice was data driven, outcomes focused, and value based. However, comments were raised about how these measures were chosen and the need to involve partners in this work.

Question 7: Your views on Supporting the Mental Health System

We 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

What we asked you

We asked if you agreed that these were the right areas to focus on and what were your reasons for this.

What you told us

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?

	Answer Choices		Response Percent	Response Total
1	Strongly agree		19.88%	34
2	Agree		64.33%	110
3	Neither agree or disagree		9.94%	17
4	Disagree		2.92%	5
5	Strongly disagree		2.92%	5
			answered	171
			skipped	79

171 people responded to this question. Just over 84% of which agreed or strongly agreed that these were the right areas to focus on.

Key themes from our analysis of consultation responses

There was general agreement that we had identified the correct areas that needed action to support the mental health system. There was particular support for actions on workforce and digital / data improvements. There was also support for action in relation to improvements needed in respect to the physical infrastructure (the estate).

However, there was a strong feeling that these actions would be dependent on resources being provided to deliver the strategy. A significant number of respondents stated that we need to include more detail in the delivery plan on how progress against these areas would be achieved, and how we intend to measure this success.

There was recognition that some areas of focus, such as the mental health core dataset, had not yet been achieved despite it previously being a priority. Respondents asked for more information on how this would be taken forward and how we would learn from the work undertaken to date.

Other specific comments raised in relation to specific target areas are also captured below.

Digital and technology.

Respondents acknowledged the importance of this area but also highlighted that there needed to be hybrid options as digital platforms did not work for everyone. There was also a call for this section to refer to how services can be supported better. Examples given included having electronic patient records, shared systems between health / social care, ability to undertake virtual consultations, online appointments / text messaging confirmation and utilisation of technology in remote physical health monitoring.

There were specific references to how social media should be used in this context and it was also raised that nothing had been mentioned in relation to artificial intelligence.

Data capture and measurement of outcomes.

There was strong support for action in this area, with respondents giving examples of data that needed to be captured and the opportunities that this would create for linking with other data sources. Recognising that to do this effectively we needed clear definitions and a focus on ensuring protected characteristics and demographics are included to support planning and delivery of services.

Respondents were also clear of the need to make this data publicly available so progress against the strategy was transparent and it afforded the ability for people to scrutinise this progress.

Supporting the mental health workforce.

There was recognition of the work that had been undertaken in the last couple of years within the Strategic Mental Health Workforce Plan and support for its ongoing investment. Areas where it felt this approach could be enhanced included:
- Continued focus on supporting staff wellbeing.
- Dedicated work to ensure that we have identified current and future workforce needs to achieve what is laid out in the strategy.
- Ensure the 'mental health workforce' was considered in a broad sense, with respondents making specific reference to allied health professionals and other health professionals such as GPs, pharmacists, and midwives / health visitors. Children and young people put particular emphasis on education staff (Co-Production Lab Wales Engagement).
- Ensuring there was a career progression framework available in mental health.
- There was specific reference that this plan should also include a focus on the third sector.
- There was also a call for defining staff in other services as 'frontline,' so they too had access to training, this included colleagues in housing, education, and criminal justice.
- Protecting time for staff to undertake training.

There were also specific calls for additional training in the following areas:
- Dementia.
- Cultural competency. (Children and young people asked for specific training relating to how to support people from diverse communities and with protected characteristics.) (Co-Production Lab Wales Engagement)
- Deaf awareness training.
- Trauma informed support.

Physical infrastructure (including the physical estate of services).

There was recognition of the current estate priorities, and it was noted that the Welsh Health Specialised Services Committee (WHSSC) was now the Joint Commissioning Committee (JCC) and so the final strategy would need to consider this when referring to the WHSSC Specialised Services Strategy.

There was clear support for a prioritised capital and estates strategy that ensured that the physical environments for all mental health services are fit for purpose and fully accessible. One specifically included reference that buildings should be dementia friendly. Respondents also raised that this provided opportunity to support collaboration with other agencies.

Science, research, and innovation.

Respondents were clear that we needed to better harness opportunities of utilising innovation and research. Examples given included:
- Enabling systemic funding for clinicians wanting to undertake research in a clinical area.
- Establishing processes to learn from the research that has been undertaken and for this to be embedded in practice more systemically.

- Using the strategy to highlight existing internationally recognised mental health research led by universities in Wales, with an example of the National Centre for Mental Health (a collaboration of Cardiff, Swansea, and Bangor Universities) provided. It was noted that the role of Health and Care Research Wales, to support delivery of the strategy could also be highlighted.
- Research funding to undertake trials to gather robust evidence of impact of non-clinical approaches to improving mental health and wellbeing.

Communications.

Respondents agreed that work was needed to develop a consistent and shared language and felt that the strategy started to do that, with examples provided on how this could be strengthened.

The need to focus on developing a standardised approach to delivering information was also supported. Respondents felt that this information needed to be made available in a variety of languages, with specific reference made to BSL and Welsh.

There was also a call to ensure that information was made available across population groups. Specific responses included people with learning disabilities, those with caring responsibilities and those that are homeless. Respondents also felt it was important that when information sources were developed, they were co-produced with those populations it was aiming to serve.

Question 8: The Strategy Overall

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.

What we asked you.

We asked if there any detailed actions you would like to see included in our initial delivery plans

What you told us.

157 people responded to this question. Whilst there were people from many different backgrounds responding to this question there was a notably strong response from the third sector and health boards. Where individual responses have been specific to individual actions these have been analysed within their specific section of the strategy, with the focus in this section being more general themes that were captured.

Key themes from our analysis of consultation responses.

Delivery plans need to contain tools to ensure monitoring of the strategy.

Respondents were supportive of many of the high-level actions in the strategy but highlighted that more detail was needed in how it will be monitored to assess the impact of the strategy. This was echoed by children and young people who said they want to see real and lasting change with committed energy and resources including a robust and transparent approach to assessing the strategy's impact (Co-Production Lab Wales Engagement). In general terms respondents felt that the delivery plan needed to contain:
- How progress within the strategy will be measured, including clear indicators and outcomes.
- Actions that were 'SMART' (Specific, Measurable, Achievable, Realistic and Timebound).
- Detail on who has organisational responsibility for the delivery of each action.
- The ability for actions to report on progress / outcomes, alongside the need for flexibility in an individual action where it is warranted.

There was also a strong theme that actions needed to be co-produced with people with lived experience and with input from the various sectors that would be involved in delivery. Linked to this there was a call for clear guidance and direction on co-production and meaningful engagement from those with lived experience including children and young people wanting to actively participate in the process of evaluating the strategy's overall impact (Co-production Lab Wales Engagement).

Clear governance and accountability arrangements.

Respondents felt that we needed to be clearer within the strategy on what the governance framework would be to monitor the strategy and how individuals would be held accountable for progress against specific actions. Examples of ideas included here were:

- Establishing a cross-governance structure for implementing and monitoring the strategy.
- Clarity on how the NHS Executive links with the National Office for Care and Support to fulfil its defined role in the integration of health and social care.
- Being clear on how the delivery plan interconnects with other Welsh Government priorities, and how work across government aligns with this strategy.
- Clarity on how the governance arrangements would work at a local, regional and national level.
- Transparency on how the strategy / delivery plans were being funded.
- Committing to developing an evaluation framework alongside the delivery plan. One respondent said that an evaluation framework should be: '*tied to the strategy and plans, with proper benchmarks to allow for both qualitative and quantitative measurements, driven by positive outcomes*'.
- Ensuring that there was regular reporting on the strategy's progress to enhance accountability and transparency.
- Children and young people wanted to see clear leadership with a message from political leaders that mental health and wellbeing is a priority to them, and this being reflected in their public discourse and behaviour (Co-Production Lab Wales Engagement).

Separate actions for research and data collection.

Separately to the above theme there was a specific call to focus on research and data collection. Respondents suggested that the strategy could do more to recognise the value of research to provide both a basis for initiatives and how they could also be evaluated. The importance of action that supported data collection of a core dataset and the ability to link this to other available data was highlighted as crucial to our ability to plan and deliver against the strategy.

In respect to Vision Statement 4 there was a call for service specifications for mental health services, with clear data & measurement, mandated patient reported outcomes and experiences and an increased focus on the opportunities for commissioning value based mental health services.

Ensuring that all systems/services are interconnected.

A number of respondents said that the delivery plans needed to focus on actions that supported the 'join-up' of the various teams / organisations that could be working with an individual. Examples given included:

- There needed to be clearer expectations regarding how health and social care should work together to provide mental health services (referencing Community Mental Health Teams specifically).
- Clearer expectations on how both preventative and direct support from the voluntary sector could be utilised to support a connected system.

- That the concept of partnership working needs to explicitly include service users themselves, enabling genuine shared decision-making.
- The acknowledgement that the Mental Health (Wales) Measure places obligations on Health Boards and Local Authorities to enhance care across various settings, including GP surgeries, but more needed to be done in the implementation of the Measure to enable effective 'join up'.
- Needing clarity on how non health and social care agencies could support mental health and wellbeing.
- Explore how community-based approaches such as Local Area Co-ordination and Asset-Based Community Development strategies can help address inequalities in mental health.
- Clarity of referral routes and accessible information that can be easily shared.Children and young people spoke about the desire to see good leadership (and positive action) at all levels of those public bodies responsible for supporting mental health and wellbeing across Wales. 'It's also about how Government departments connect with other, non-governmental support services (e.g. charities).' (Co-production Lab Wales Engagement)

Delivery plans should demonstrate specific care pathways.

Many respondents called for specific actions with a focus on particular mental health needs. Examples included:
- Action needed on co-occurring mental health and substance misuse.
- Development of specialist care pathway for bipolar patients.
- Development of a perinatal and infant mental health pathway.
- Specific delivery plan for clinical health psychology, particularly long-term conditions.
- Detailed actions to focus specifically on promoting the mental health and wellbeing of older people.
- Developing delivery plans for key life stages.
- Improving the pathway between mental health services and housing services.

A number of respondents called for a focus on early intervention and community-based approaches to be clearly outlined in the delivery plan. Young people (and often, their teachers and support workers) felt that too often the priority was crisis response, more so than prevention. The importance of both, in the right balance, was emphasised (Co-Production Lab Wales Engagement).

Focus on the needs of people who work in mental health services.

Respondents took the opportunity to call for further action which would support the workforce to do their jobs effectively. This included a focus on development of the workforce, clear training / accreditation pathways (notable reference was for counsellors), access to training that supported acting in a trauma-informed / recovery focused manner.

Respondents also called for systematic action that focused on long-term workforce planning and a workforce that provided a comprehensive skills mix, which required a broader focus than traditional roles.

Ensure delivery plans recognise the needs of under-served groups.

Respondents stated that we needed to ensure we developed processes that included engagement with under-served groups and also recommended that actions were clear on how they would support these groups. There was also a specific call to ensure that there was a focus on delivering interventions for black, Asian and ethnic minority communities in a culturally appropriate manner.

The need to have a communications plan.

Respondents called for action on how available services are communicated to the public, including clear information on how these services can be accessed. There was also a call for a communication plan to include more public awareness of mental health and opportunities for self-care/education. These points came through strongly from children and young people who wanted to see a more clear and consistent approach to information dissemination and use of social media to connect people with the information and resources they need (Co-Production Lab Wales Engagement).

Question 9: All age strategy

The Mental Health and Wellbeing Strategy is an all-age strategy. When we talk about our population, we are including babies, children and young people, adults and older adults.

What we asked you

Do you feel the strategy is clear about how it delivers for various age groups?

What you told us

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?			
Answer Choices		**Response Percent**	**Response Total**
1	Strongly agree	15.24%	25
2	Agree	39.63%	65
3	Neither agree or disagree	23.78%	39
4	Disagree	16.46%	27
5	Strongly disagree	4.88%	8
		answered	164
		skipped	86

164 people responded to this question. 55% of these agreed or strongly agreed that we had been clear how it delivers for all age groups. 24% neither agreed or disagreed. 21% of respondents disagreed or strongly disagreed.

Key themes from our analysis of consultation responses

Greater clarity needed on how the strategy is an all-age strategy

A number of respondents felt that the strategy was unclear in setting out how it would deliver across all age groups. One respondent captured this by saying '*the strategy would benefit from more detailed action plans that specify how services will be adapted to meet the unique needs of each age group effectively*'. This was echoed in similar responses and a call to ensure that there was an increased focus on lived experience to enable the strategy to reflect the voices of different age groups.

Respondents acknowledged that whilst an all-age strategy should be supported it introduced complexities into the approach. One respondent captured this by saying *'the all-age approach is commendable. However, it does introduce complexities, particularly with the wording of some vision statements which may be more focused on adults.'*

Respondents said we needed to be clear on what support looks like across the life course of an individual and that the final strategy and delivery plan needed further detail on this.

The needs of older people are not addressed

There was a view from several respondents that the strategy was too focused on infants, children and young people, and whilst the strategy referred to older people within the strategy it was less clear how the actions would support this population group.

Not focused enough on children and young people

There were some responses which stated that they did not feel that it was children and young people focused enough and felt that there needed to be a separate children and young person focused strategy and delivery plan.

Lack of detail on how transitions between services would be managed.

A specific theme was raised about how we would deal with issues concerning transition, particularly between young peoples and adults' mental health service provision, but also the point was raised between adult and older adult mental health services. It felt that the strategy and delivery plan needed to be clear on how we would support people over the transition periods as without clarity it was felt that there could be a risk in people slipping between services.

These themes were similar when analysed across the various interest groups that responded to the consultation responses.

Question 10: Impact Assessments.

Alongside the draft strategy, we published draft impact assessments to explain our thinking about the impacts of the strategy. They included research we've identified on the possible impacts.

What we asked you.

Are there any impacts, positive or negative, that we have not included?

What you told us.

140 people responded to this question. Respondents acknowledged both positive and negative impacts of the impact assessments and provided a range of recommendations.

Research, data and evaluation

A number of respondents highlighted the importance of research, data and evaluation, stating that the impact assessments should be based on robust evidence and appropriate data; and there should be consistent monitoring and evaluation of the strategy to ensure impact is assessed.

"There is no reference within the EIA to the steps taken to monitor, review or evaluate the impact of the strategy in meeting the general duty'.

The importance of stakeholder engagement in the research process was also acknowledged, with one respondent stating '*referencing stakeholder engagement in the ensuing Theory of Change and proposed evaluation exercise would be reassuring'*.

Greater consideration of the impact on minority groups

Several respondents said there should be greater consideration of the impact on minority groups specifically, the LQBTQ+ population; ethnic minorities; women; disabled people (including those with chronic physical health conditions) and greater emphasis on the specific barriers minority groups face. Respondents acknowledged that a mental health strategy may not meet the needs of all groups in society. Children and young people looked favourably on the strategy recognising additional barriers and mental health concerns for marginalised groups but said more needed to be done to ensure representation of marginalised communities and those with lived experience amongst the mental health workforce (Co-Production Lab Wales Engagement).

Importance of holistic, inclusive, rights-based and all-age approach to impact assessments

Respondents felt it was important to ensure impact assessments take a holistic, inclusive, rights-based and population level (all-age) approach. The respondent noted: '*It is important to acknowledge that a mental health strategy may not meet the needs of all groups in society. In order to be able to assess this, it is important that any evaluation of the strategy is done at population scale in order to be able to see if*

the strategy is equally effective across different groups'. Children and young people liked the focus on children's rights (Co-Production Lab Wales Engagement).

Greater consideration of intersectionality and the wider determinants of mental health

Respondents also stated that we need to give greater consideration of 'intersectionality' and the wider determinants of mental health. Examples given included, poverty, housing, ability to take part in communities, disability and impairment, and considering the impact of both sex and gender. With one respondent stating, 'm*ore broadly, the impact assessments could also delve deeper into how the strategy will address the intersectionality of different protected characteristics'* and another one saying*, we would also advocate for a greater recognition of the impact of poverty as an intersectional factor in preventing poorer mental health and maintaining good mental health'.*

This was a common focus in feedback from children and young people who said the strategy must acknowledge that positive mental health and wellbeing are contingent on having basic needs met, and that for many young people, these needs are not met, with poor or no housing, hunger and money concerns being cited as central to harming wellbeing (Co-Production Lab Wales Engagement).

Exclusion

There was a view that there should be some consideration of whether any aspects of the strategy may inadvertently exclude certain groups. One responded remarked '*Evaluate whether there are any aspects of the strategy that may inadvertently exclude or marginalise certain groups, such as homeless youth, young care leavers, transgender individuals, or those with no recourse to public funds, from accessing mental health support'.*

Resource availability

A specific theme was the impact of available resources on the delivery of the strategy and the need to manage expectations due to the limited resources available. Respondents, including children and young people also thought it essential for us consider how the realities of the funding landscape may impact on the community and third sector provision:

'*Assess the potential negative impact of resource allocation decisions on the availability and quality of mental health services for vulnerable populations, particularly if funding priorities do not adequately address their needs'.*

Stakeholder involvement

Some responses highlighted the importance of stakeholder involvement during the development of the impact assessments and throughout the course of the delivery plans to ensure inclusivity. The use of clear language that reflects the voices of service users and the public was also felt to be important.

Children and young people from minority groups

The need for a greater emphasis on the impacts of the strategy on children and young people, particularly those from minority groups, was described by respondents. Examples referenced included young people who are at risk of or experiencing homelessness; young people a part of the LGBTQ+ community; and young people leaving the prison system. One respondent captured this by saying '*Children and young people have different needs and whilst we are pleased to see the recognition of cross cutting such as ethnicity and disability, we feel that other groups of children and young people could have been included'.*

Inaccessible communication

There was support for considering the impact of inaccessible communication, recognising the need to ensure accessible communication for those with sensory loss and for children and young people. Children and young people said more information specifically targeting children and young people was needed, including information regarding their rights (Co-Production Lab Wales Engagement). It was acknowledged that there needed to be more detail in relation to hearing difficulties and how action will be taken to improve access to mental health support including psychological therapies.

Rural and urban areas

Respondents also felt it was important consider the impact on both rural and urban areas, in particular those with higher deprivation levels. One respondent captured this by saying '*While we totally agree on tackling inequality in rural mental health, we would like to point out that urban areas in Wales are still more likely to associate with higher level of deprivation on multiple aspects, such as income, employment, education, access to services, housing, physical environment and community safety'.* Another respondent highlighted that it would be '*helpful to see more in relation to support in rural areas and the focus on outreach for mental health support and offering support closely to where people need it to be. The trend has been for services to become more urban, regional and national and this impacts on those living in rural areas.*' Children and young people highlighted the need for improved access to support for rural communities (Co-Production Lab Wales Engagement).

Emphasis on mitigating negative impact

Some respondents felt that while the impact assessments gave clear consideration to the impact the strategy may have on different population groups, there was no clear evidence of how Welsh Government will seek to mitigate any negative impacts. There needs to be greater clarity in relation to how the findings of the impact assessments have been considered and actioned within the strategy development process. One respondent also noted the importance of mitigating against the risk of being unable to deliver the strategy in current context of restricted public finances. They specifically referenced actions '*such as cross-sector working and a strong focus on prevention should be reflected'.*

Greater consideration of other acts and regulations

A couple of responses felt there needed to be greater consideration of other Acts and regulations, such as Wellbeing of Future Generations Act (2015) and the seven wellbeing goals and the Public Sector Equality Duty.

Respondents provided us with a range of additional/updated evidence sources, which will be captured in a revised impact assessment that will be published with the final strategy.

Question 11: Welsh Language

What we asked you.

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?

What you told us.

111 people responded to this question, with the following key themes coming from our analysis of consultation responses.

The strategy will have a positive impact

There was general view across respondents that the strategy could have a positive impact on the provision of services in the Welsh language. Responses were positive that the Welsh language has been considered within the strategy with respondents saying it was particularly important in the delivery of mental health services, recognising for the more vulnerable it is a matter of need not choice. One young person said, '- *I really liked that there is more emphasis on more support in the language of your choice. There is a definite need for more services through Welsh medium.*' (Co-Production Lab Wales Engagement).

The strategy will have little or no impact on the Welsh language

It was felt strongly that funding would be required to support training of staff and that relevant staff would need to be recruited for the strategy to have the required impact and without the strategy saying how this would be resourced it was hard to see how this would have a positive impact. A smaller number of respondents highlighted the need to ensure that higher and further education institutions are funded to support the development of a workforce that could also deliver services in the Welsh language. There was an acknowledgement that there was a lack of availability of Welsh-speaking health and social care professionals which was a limiting factor, and both ongoing recruitment and the retaining of staff would be crucial. Respondents stated that we needed to ensure there was equitable access to quality Welsh-language mental health resources to support this work.

More Than Just Words

Many responses welcomed the links made in the strategy to the More Than Just Words 5-year plan, but some felt that the actions could be strengthened by incorporating more direct references to the work that is being undertaken through this work and including the 'active offer' (providing a service in Welsh without someone having to ask for it).

Need to consider other languages and BSL

A number of respondents also highlighted that Wales was a multi-cultural nation and that there were broader language requirements than just Welsh and flagged that translation in languages other than Welsh (including British Sign Language) would be necessary.

Question 12: Additional Points

What we asked you.

We asked you if you had any comments on things which we had not addressed within the strategy.

What you told us.

148 people responded to this question. Many of the responses were broad due to the nature of the question, but there remained general support from respondents for the focus of the strategy. There were a number of key themes that came out of the analysis.

Funding.

There were consistent concerns raised about the funding of mental health services across Wales, and more broadly about the resources required to implement the strategy across all of the vision statements. This was particularly raised in relation to ensuring the availability and accessibility of community assets, the use of the word assets ranged from access to green spaces to community service provision. It was felt strongly by some that any associated delivery plan needed to be fully costed. With one respondent defining the need for the delivery plan to have '*clear accountability, leadership, timetables and resources' identified.*

Some respondents specifically acknowledged the current financial constraints and the need to ensure that 'every penny counted', with a couple of respondents talking about how links could be made with the Regional Integration Funding. It was recognised that this was complex as the current RIF programme was only for a five-year period.

Accountability.

There was a call to ensure that annual updates on the work was made publicly available, so it was clear what the Welsh Government had been able to achieve over each year.

Respondents, including children and young people, emphasised the need for the strategy to have a formal evaluation. It was felt that if clear targets were established at the beginning this would mean that progress against the actions could be more easily tracked across the lifespan of the strategy. Responses also outlined the importance of having robust data available and that the final strategy needed to have mechanisms in place to collect this data.

Use of definitions and language.

A number of responses referenced the language used in the strategy, noting the need to ensure the strategy uses plain and easy to understand language. This would make it accessible to the average member of the public. One respondent felt the

easy-read document used fairly negative language and both the easy-read and main strategy documents would benefit from being framed more positively. Other responses asked for clearer definitions for terms like "co-production" and "trauma informed" and to clarify who we meant when we used the term "people". However, the vast majority of responses to the children and young people's version of the strategy were positive in regards to language and layout (Co-Production Lab Wales Engagement).

Some felt that this would support how we tackle stigma and empower people to seek help, but there were also questions about who would be responsible for this and how we would tackle misinformation. A few responses also highlighted that without tackling the wider determinants of health, improving mental health and wellbeing literacy alone would not enable people to act.

Importance of social determinants.

Respondents took the opportunity to emphasise the need to focus on the social determinants in this section. An example of this was where respondents talked about the need for safe and stable accommodation as a key building block needed to support someone's mental health.

Effective use of the voluntary sector.

There was support for the more effective use of the voluntary / third sector in delivery and this was referenced in both provision of mental health support and other support services (such as housing agencies).

Stigma.

There was support that the strategy recognised the need to address stigma, but it was also suggested that this could be embedded across all of the vision statements. Some felt that there was a particular issue of stigma in 'mental illness' rather than in mental health issues more generally. It was also acknowledged that stigma around mental health may be higher in certain communities and community groups than others which would require culturally appropriate responses.

Unpaid carers (this is a person who looks after someone. It can be a family member, a relative, or a friend).

Some respondents also felt we needed to further emphasise the role of unpaid carers and consider how we can implement actions across the strategy in order to provide additional support to this group.

6. Next Steps

This document provides a summary of the key findings from the analysis of the responses received. In terms of next steps:

- We will be using consultation responses to inform the development of the final version of the Mental Health and Wellbeing Strategy and its supporting delivery plan which will be published together.
- We will be carrying out further targeted engagement with stakeholders to ensure the vision statements set out our strategic ambition for Wales and that they are supported by delivery plans with clear and measurable actions.