



Llywodraeth Cymru
Welsh Government

Together for Mental Health Delivery Plan: 2016-19

Progress Report: October 2016-March 2018



Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Together for Mental Health Delivery Plan 2016-2019

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Introduction

[Together for Mental Health](#)¹ is the Welsh Government's 10 year cross-Government, all-age strategy, to improve mental health and well-being in Wales. The strategy was published in 2012, following significant engagement and formal consultation with key partner agencies, stakeholders, services users and carers. The strategy is supported by a series of delivery plans which encompasses a range of actions, from those designed to improve the mental well-being of all residents in Wales, to those required to support people with severe and enduring mental illness.

To ensure progress against the delivery plans a cross-cutting approach has been taken, implemented jointly by partners, including the Welsh Government, health boards, local authorities, third and independent sector, Public Health Wales, police, ambulance and others. Progress against the delivery of the strategy is overseen by the Mental Health National Partnership Board (MHNPB) and seven Local Partnership Boards (LPBs), who provide a public facing statement on what has been achieved within their own area.

This report provides an overview of key activity since the publication of the [2016-19 Together for Mental Health Delivery Plan](#)² in October 2016. It focuses on the areas that our partners have told us are important and includes areas of emerging practice that we see across Wales and what we see as the next steps to ensure progress against the delivery of the strategy.

While progress has been made across all priority areas, it is important to note that no action will ever truly be complete. That is, there is always more to do to continue to improve services, to address stigma and to develop care in Wales. With that in mind the question should always be 'what next', enabling us to ensure that the delivery plans remain relevant and informed by new learning and research about modern mental health support, treatment and systems.

Over the next few months the National Partnership Board will begin to shape the core themes for the 2019-2022 Delivery Plan. As we move towards the final year of implementation, attention will shift towards consolidating what has been achieved and defining ambitions for the future.

¹ <http://gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en>

² <http://gov.wales/topics/health/nhswales/plans/mental-health/?lang=en>

Priority Area 1 – People in Wales are more resilient and better able to tackle poor mental well-being when it occurs

To enable people in Wales to have access to appropriate information and advice to promote mental well-being and to help them understand / manage their conditions

All Local Partnership Board areas now report that providers offer a range of support at 'Tier 0' level – that is, for people either experiencing day to day stresses or mild to moderate mental health difficulties. Examples include stress management and mindfulness educational classes, sessions with a clinician to discuss coping strategies for anxiety or depression, support for people who have experienced bereavement, advice on healthy sleep habits, and workplace initiatives to promote wellbeing. We are also aware of a number of third sector providers which also offer a range of support such as wellbeing cafes and new partnerships with GP surgeries to offer short term therapeutic interventions, for instance the Mind Active Monitoring programme.

The Welsh Government has also taken steps to increase access to wellbeing initiatives, through two significant projects during this period.

Funding has been provided to Powys Health Board to roll out SilverCloud **online cCBT** across Wales following a successful pilot project. This will enable people aged 16+ to access online support for mild to moderate mental health conditions. This project will be evaluate to enable us to assess its impact and effectiveness.

We are also working in partnership with the UK Reading Agency, to launch a new **Book Prescription programme** from summer 2018. This scheme will assist people to access information, guidance and tips on ways to self-manage their conditions and will be accessible to everyone without the need to access formal health services.

Within our national strategy *Prosperity for All* we also outlined our commitment to build on the capacity of communities as places which support better health and well-being using approaches such as social prescribing. **Social prescription** schemes link people to non-clinical resources to support wellness and recovery. These schemes are becoming more widespread and to assist stakeholders in developing local plans. The Public Health Wales Observatory published a summary report of evidence mapping in June 2017, this report can be accessed [here](#)³.

Through the Welsh Government Innovate to Save fund we are also supporting social prescribing projects through the provision of research and development funding.

³ [http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/0/d8aba77d02cf471c80258148002ad093/\\$FILE/Social%20prescribing%20summary%20report%20v1%20GROUPWARE.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/0/d8aba77d02cf471c80258148002ad093/$FILE/Social%20prescribing%20summary%20report%20v1%20GROUPWARE.pdf)

We have also invited applications for funding to deliver a Social Prescribing Mental Health Pilot, with the aim to further develop the evidence for social prescribing and mental health. This will start later in 2018.

Practice Example:

The new Valleys Steps service in Cwm Taf, funded by Welsh Government Wellbeing bond and Big Lottery funding, aims to reduce anti-depressant prescribing and to enhance community resilience, through open access stress control and mindfulness group sessions delivered by the third sector. Two thousand participants attended courses during the first year of operation.

What Next?

We will:

- Implement the social prescribing mental health pilots including the independent evaluation;
- Launch the adult Book Prescription scheme which will be independently evaluated to monitor success;
- Scope the potential for online support to children and young people under the age of 16. This will look at promoting healthy habits, to educate children about coping strategies and to support them to develop resilience.

To prevent and reduce suicide and self harm in Wales

The [Talk to Me 2 strategy and action plan 2015-2020](#)⁴ seeks to identify risk and protective factors for suicide and self harm, and to engage individuals and organisations across all sectors in activity to reduce harm and to support those who are affected by suicide or self harm. The delivery of the strategy is overseen by a National Advisory Group (NAG).

During the first year of the delivery plan, the NAG has worked with regional suicide and self harm forums to ensure that implementation plans were developed in all areas across Wales. Guidance was produced by the NAG and all areas now have a plan in place, with work underway to deliver actions based on local priorities. These forums include partners from health, police, local authorities, service users and carers, the third sector, prisons, ambulance, education and others.

The NAG undertook a midpoint review which was published in March 2018 and can be found [here](#)⁵. This review found that good progress has been made towards many

⁴ <http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en>

⁵ <https://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-work-wales/samaritans-welcome>

of the actions in Talk to Me 2, and makes recommendations for continued progress. The report also contains some innovative practice examples, such as work with the rail and transport industries to improve safeguards on bridges and at stations.

Practice Example:

Samaritans have partnered with South Wales Police to provide support to people who are in police custody. Volunteers offer emotional support, while the helpline can be accessed for those who are in police cells.

This review and the findings from the ongoing Health, Social Care and Sport Committee inquiry on suicide (final report due to be published later in 2018) will inform our future actions to reduce suicide and self-harm in Wales.

What Next?

We will:

- Continue working with regional forums to support the delivery of their implementation plans;
- Consider the recommendations from the mid point review and the Assembly Committee inquiry to further inform our future work plan.

Working to develop and support healthy workplaces

The **Healthy Working Wales programme**, is funded by Welsh Government and delivered by Public Health Wales. Healthy Working Wales supports employers, individuals and a range of health professionals to help working age people in Wales stay fit and healthy so they can remain in employment, or return to work following a period of ill health. Through the scheme employers are also able to access support and advice to develop health, well-being and safety initiatives in the workplace through the 'Corporate Health Standard' and 'Small Workplace Health Award'.

Between April 2017 and March 2018, 501 employers in Wales with a total of 236,943 employees, have actively engaged with Healthy Working Wales, this includes employers working towards a workplace health award or receiving other forms of support. Further information, on what guidance and support is available through the scheme can be accessed [here](#).

What Next?

We will:

- Continue to support Public Health Wales's delivery of the Healthy Working Wales programme.

Priority Area 2. The quality of life for people is improved, particularly through addressing loneliness and unwanted isolation

To improve the health and well-being of people in Wales by reducing loneliness and unwanted isolation

There is already a significant amount of work across Wales which impact on an individuals feeling of loneliness and isolation and we need to ensure that this work is brought together so we can learn from 'what works.' For instance Age Cymru has made a number of practical recommendations for local authorities and other providers to enable them to consider what local actions can be taken to reduce loneliness, further information can be found [here](#)⁶. Within Welsh Government we also commissioned research into a variety of [community-based volunteering and befriending approaches](#)⁷.

These findings and that of the Assembly Committee's inquiry for Health, Social Care & Sport into loneliness and isolation, published in December 2017 and available [here](#)⁸ are now being used to inform a new Welsh Government cross-sector approach to tackling loneliness and isolation that will be published in 2019.

We also continue to support the dedicated mental health [CALL helpline](#)⁹ which offers emotional support and information/literature on mental health and related matters to the people of Wales. This is complemented by other options for accessing mental health information and advice such as the [Dewis online information system](#)¹⁰ which has been adopted by local authorities.

We are also aware that care providers are moving towards innovative and more integrated models of care. For example, Bridgend local authority is developing a hub that will act as a single point of access for the public, carers, GP's, health and local authorities in arranging Mental Health Act assessments. Also, through the section 64 mental health grant (which ran from 2015-18) we provided funding to a number of third sector organisations to tackle loneliness and unwanted isolation in our communities.

Practice Example:

A Welsh Government funded invest-to-save project has been established in the Llanelli and Carmarthen areas. The Safe, Well and Independent Living (SWAIL) project supports people aged 60 and over who live alone and may be lonely or isolated. The project is multi-agency and supports people to stay independent in

⁶ <https://www.ageuk.org.uk/cymru/policy/age-cymru-policy-publications-1/no-one-should-have-no-one-tackling-isolation/>

⁷ <https://gov.wales/statistics-and-research/volunteering-approaches-tackling-loneliness-social-isolation-older-people/?lang=en>

⁸ <http://www.assembly.wales/laid%20documents/cr-ld11310/cr-ld11310-e.pdf>

⁹ <http://www.callhelpline.org.uk/>

¹⁰ <https://www.dewis.wales/>

their homes and to feel connected in the community.

What Next?

We will:

- Undertake a formal consultation on the draft cross-government strategy on loneliness and isolation with a final strategy published in 2019;
- Through the delivery of the section 64 mental health grant (2018-21) continue to support third sector organisations to tackle loneliness and unwanted isolation.

Priority Area 3: Services meet the needs of the diverse population of Wales

To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services

A number of activities and initiatives are underway to reduce inequalities for people who have protected characteristics, and to improve equitable access to mental health services.

In February 2009 the former National Public Health Service for Wales published Guidance on healthcare issues for asylum seekers in Wales. Since publication of the guidance, the landscape has changed significantly, particularly in relation to status and country of origin of migrants arising from increasing conflict in the Middle East and the introduction of Syrian and unaccompanied asylum seeking children resettlement programmes by the UK Government.

As a result there was a need to revisit and update the guidance to reflect current best practice and the health needs of refugees and asylum seekers. Working with stakeholders, the Welsh Government has developed new draft policy implementation guidance, a link to the formal consultation document can be found [here](#).¹¹

The Cabinet Secretary for Health and Social Services launched a new [Audiology Framework of Action for people who are D/deaf or living with hearing loss](#)¹² in May 2017. The Framework includes actions to ensure that the mental health and wellbeing needs of these individuals are met. The implementation of this framework is now embedded within the IMTP process for health boards.

Practice Example:

The 2015-18 Section 64 Mental Health funding supported Diverse Cymru to launch a national [Cultural Competency Toolkit](#) in late 2016. The aim of the toolkit is to help staff better interact with clients with mental ill health who are from different cultures

¹¹ <https://beta.gov.wales/nation-sanctuary-refugee-and-asylum-seeker-plan>

¹² <http://gov.wales/topics/health/publications/health/reports/audiology/?lang=en>

enabling them to provide culturally competent and person-centered care.

Through the [Together for Children and Young People's programme](#)¹³, a directory of good practice which includes examples for children with protected characteristics, has been developed. This has been circulated across Wales to help inform local services and can be found [here](#)¹⁴.

Treat Me Fairly training which has been developed specifically for staff in NHS Wales, looks at how equality can be further promoted with the organisation and as a provider of services. This mandatory e-learning course is now available to all staff and the take up of this training is routinely monitored. In 2017 86% of staff reported to have undertaken this training.

The [Welsh Government Equalities Strategy 2016-2020](#)¹⁵ sets out a number of objectives which includes a key focus on the design and delivery of mental health services, as well as supporting the needs and rights of people with protected characteristics.

To ensure that Welsh speakers access services through the medium of Welsh when needed and to increase welsh language capacity in the workforce

The [More than just words framework progress report](#)¹⁶ was presented in July 2017 to the Welsh Language in Health and Social Services Partnership Board. This report provided examples of where improvements have been made, for example more use of the 'Active Offer' but also recognised that there is more to do. We continue to monitor progress on the actions set out in the framework.

We also continue to support health boards to improve access to Welsh language diagnostic tools and care. For example, the roll out of SilverCloud online cCBT (please see priority area 1 for more detail) will be a fully bi-lingual online service.

What next?

We will:

- Continue to work with the health boards to develop the collection and the analysis of data available on protected characteristics and language to help us to better support the measurement of outcomes and future planning of services;

¹³ <http://www.goodpractice.wales/t4cyp>

¹⁴ <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=750>

¹⁵ <http://gov.wales/about/cabinet/cabinetstatements/2016-new/equality/?lang=en>

¹⁶ <http://gov.wales/topics/welshlanguage/welsh-language-strategy-and-policies/welsh-language-policies-upto-2017/wl-strategy-annual-report/?lang=en>

- Work with the health sector to prepare for the Welsh Language Standards, following the recent passing of the regulations by the National Assembly to support a further drive in improvement, including requiring health boards to better plan how they offer more services and support the workforce (including mental health teams) to deliver more through the medium of Welsh;
- Work with the health sector to deliver on the actions in More than just words especially in the delivery of the 'Active Offer', developing the Welsh language skills of the current and future workforce and promoting good practice in delivering mental health services for Welsh speakers;
- Work with NHS Centre for Equalities and Human Rights to develop additional e-learning modules, which consider the needs for specific groups.

Priority Area 4 – People with mental health problems, their families and carers are treated with dignity and respect

During the 2016-2018 period, the **National Mental Health Forum of service users and carers** continued to make significant contributions to both service delivery and the national policy direction and have provided advice on a number of issues to the National Partnership Board, including:

Police, Prisons, Homelessness and Mental Health – which highlighted examples of good practice, concerns and problems using case examples to illustrate individuals' experiences within the health and justice systems.

Carer Issues – which considered the involvement of carers and families and examples of good practice which were highlighted.

Stigma and Discrimination – which challenged stakeholders to go further to change attitudes, deliver accessible services which respect diversity, and to look at new ways of working that embrace difference.

To ensure that service users, families and carers are fully involved in service development

Some good practice initiatives were highlighted in the delivery period. For example, Hywel Dda University Health Board was recently recognised at the NHS Wales Awards for their *Working Hand in Hand to Transform Mental Health* program. Population needs assessments have been produced by all Local Authorities in partnership with health boards to include carer input. In Cardiff and Vale University Health Board, service users and carers facilitate the Local Partnership Board, setting the agenda and leading on regional *Together for Mental Health* monitoring. In addition the majority of local authorities have now employed carer officers, to move towards a model of carers as equal partners, with a focus on co-production.

To ensure that there is a concerted effort to continue to sustainably reduce the stigma and discrimination faced by people with mental health problems

We continue to fund the [Time to Change Wales](#) (TTCW) programme¹⁷, a national campaign to address stigma and discrimination. Earlier in the year the result of a national survey undertaken by TTCW confirmed a 4.7% increase in positive attitudes towards mental health in Wales since 2012 – representing nearly 120,000 people whose views are more positive. TTCW also continue to support employers across Wales to tackle the stigma and discrimination associated with mental health problems in the workplace. With over 70 organisations signed up to the TTCW pledge to date.

As an outcome of the National Service User and Carer forum paper on addressing stigma and discrimination to the NPB a national workshop on stigma and discrimination was held in March 2018. The NPB has now established a working group on this important topic, to influence policy direction and action.

What Next?

We will:

- Expand our engagement with service users/carers across Wales, and invest in new ways to involve many different groups, including children and young people and older people;
- Continue to progress the stigma and discrimination agenda.

To ensure that all services are planned and delivered based on safety, dignity and respect

The psychiatric Community of Practice for older people's inpatient services, which is supported by Public Health Wales 1000 Lives Improvement, has met regularly to continue to share learning and drive forward service improvements. This has included agreeing standards for safety, assessment and quality of life, least restrictive practice and evidence-based interventions across Wales. The group has also discussed new approaches to care and practical examples of working towards dementia-friendly environments.

To ensure that all people in crisis and in contact with police are treated with dignity and respect

The [Wales Mental Health Crisis Care Concordat](#)¹⁸, introduced in 2015, is an agreement to improve how people in mental health crisis are supported. This has been successful in significantly reducing the use of police custody for people detained under section 135 and 136 of the Mental Health Act 1983.

¹⁷ <http://www.timetochangewales.org.uk/en/>

¹⁸ <https://gov.wales/topics/health/publications/health/reports/concordat/?lang=en>

Following a positive evaluation by the University of Bangor in 2017, the former Task and Finish group has been reconvened to provide strategic direction and assurance meeting in late 2017 to identify priorities going forward. It has been renamed the Mental Health Crisis Care Concordat Assurance Group.

A priority for the group is to better understand the context of crisis presentations and the group is currently developing the data to support this. The group is also looking at establishing alternative safe places, environments and responses in the context of mental health crisis.

What Next?

We will:

- Work with the Crisis Care Concordat Assurance Group to further develop our approach to dealing with crisis presentations.

Priority area 5 – All children have the best possible start in life which is enabled by giving parents / care givers the support needed

To provide better outcomes for women, their babies and families with, or at risk of, perinatal mental health problems, we have invested £1.5m per annum into community perinatal mental health services since 2015/16. Now all health boards operate a community perinatal service across Wales, which is a significant milestone.

To support this work, an all-Wales perinatal mental health steering group was established in 2016. This group has led on the development of standards and pathways for the delivery of services and worked to improve the availability of specific perinatal mental health training for staff.

Implementation of these perinatal services is in the early stages, and the Welsh Government continues to work closely with health boards as these services develop. This work is also being informed by the recommendations from the [Children, Young People and Education committee inquiry](#)¹⁹ into the provision of perinatal mental health services which reported in 2017.

We also launched the [Healthy Child Wales](#)²⁰ Programme in October 2016. The Programme sets out what planned contacts children and their families can expect from their health boards from maternity service handover to the first years of schooling.

¹⁹ <http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf>

²⁰ <https://gov.wales/topics/health/publications/health/reports/healthy-child/?lang=en>

Practice Example:

Jigso is a multi-agency and multi-disciplinary team between Swansea local authority and ABMU health board that was set up to support the first 1000 days of a child's life. The team consists of midwives, nursery nurses, early language development workers, and parenting workers, with a focus on supporting young or vulnerable parents from 25 weeks pregnancy. Positive attachment, reducing adverse childhood experiences, and access to the ABMU Perinatal Response And Management Service (PRAMS) are all promoted.

What Next?

We will:

- Continue to implement the recommendations from the Assembly Committee inquiry, which will include the establishment of a clinician-led managed clinical network (MCN) and the development of inpatient service provision.

Priority Area 6: All children and young people are more resilient and better able to tackle poor mental well-being when it occurs

The first year of the delivery plan has seen significant work developing areas of the new curriculum for schools in Wales. One of the four purposes of the new curriculum is to support children to be healthy and confident, with a specific focus on well-being, resilience and empathy. The curriculum will be rolled out across Wales by 2022.

The [Digital Competence Framework](#)²¹ has now been published. The framework supports schools to teach young people about responsible digital citizenship, including responsible online behaviour and cyber bullying, problem solving and emotional literacy.

The *Additional Learning Needs and Education Tribunal (Wales) Act (ALN Bill)* obtained Royal Assent in December 2017. The Welsh Government has engaged local authority heads of service to identify workforce specialist capacity and pressures to support pupils with additional learning needs. The *Learning with Autism* whole school approach has been extended to secondary schools, with further resource development underway. These resources will be available in 2018. Funding has also been agreed to support post-graduate training for teachers of those with sensory impairments.

In September 2017, the Cabinet Secretaries for Health and Education jointly announced a new £1.4m initiative to improve mental health support to schools. This pilot project will run in three areas of Wales for a period of two academic years. A national coordinator has been appointed and a steering board has been set up to oversee the work, which will commence in earnest by the start of the 2018-19 academic year. The project will explore the impact of having CAMHS practitioners

²¹ <http://learning.gov.wales/resources/browse-all/digital-competence-framework/?lang=en>

embedded within the school environment, providing consultation, liaison and advice; up-skilling teachers to recognise and deal, within their competence, with low level emotional distress; and enabling the signposting of young people identified as requiring more intensive support to the most appropriate provider and within a timely fashion. A full evaluation will also be undertaken spanning the pilot period and reporting in summer 2020.

Practice Example:

Social and emotional aspects of learning (SEAL) is a whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of pupils. This approach is being used in several local authority areas across Wales to promote self awareness, managing feelings, motivation, empathy and social skills.

A Ministerial Advisory Group was also established to improve outcomes for looked after children. Themes include preventing children from entering care, supporting care leavers towards independent living and an £8m investment including 'Edge of Care' service expansion. The work of the Group will need to link closely with activity occurring under the Together for Children and Young People Programme and work on complex care being taken forward by the WLGA.

What Next?

We will:

- Deliver and fully evaluate the pilot project in schools from September 2018.

Priority Area 7: Children and young people experiencing mental health problems get better sooner

Together for Children and Young People Programme

In 2015 the NHS- led [Together for Children and Young People](#)²² (T4CYP) programme was launched. Over the past year, a number of products have been developed, which include:

- *Transitions Guidance and Young Person's Passport* - to support young people moving between CAMHS and adult mental health services;
- *Best Practice Directory of Third Sector Products* – highlighting evidence-based interventions that can be adopted to improve the mental health and wellbeing of children and young people;
- *Revised LPMHSS pathway* to provide consistent models of care in line with the Mental Health (Wales) Measure 2012.

²² <http://www.goodpractice.wales/t4CYP>

Following the development of these products, the next year will see a focus on embedding pathways, and improving transitions between services. There is work to be done to ensure these products are resulting in meaningful changes to services and the experiences of children and young people.

The programme will also be integral to addressing the recommendations in the April 2018 Mind Over Matter report by the National Assembly's Children, Young People and Education Committee into the emotional and mental wellbeing of children and young people.

Activity is being overseen by the T4CYP programme board and the specialist child and adolescent mental health services planning network.

The T4CYP programme has also held annual conferences in 2016 and 2017. These conferences have been used as an opportunity to network and to learn about the progress of the programme and to share best practice.

Increasing access to services

We have invested significantly in young person's services in recent years with almost £8m new funding per annum to recruit new specialist staff and develop new services such as neurodevelopment, crisis care and early intervention in psychosis. This has seen an increase in the specialist workforce by 125 full time equivalent staff.

We have also seen an improving access to specialist services and reducing waiting times with more young people seen within the 28 day target by Specialist Child and Adolescent Mental Health Services (sCAMHS). Specialist Child and Adolescent Mental Health Services (sCAMHS) are provided through multi-disciplinary teams, with clinical staff providing a range of evidence based interventions as well as practical support. Each practitioner has a range of skills in assessment, risk management and treatment to work with children, young people and their families and as part of this deliver a variety of psychological therapies including child psychotherapy, systemic family therapy, cognitive behaviour therapy, dialectical behaviour therapy and psychosocial education.

Since 2015-16 we have invested annually to expand provision further with £1.9m in expanding psychological therapies in sCAMHS and Local Primary Mental Health Support Services specifically for children. We know there is room for further improvement particularly in relation to the provision of primary care mental health support and there will be further work in 2018/19 to expand this provision.

Building on the [Matrics Cymru](#)²³ work for adults, a children's version of the Matrics is now in development, to provide guidance on the delivery of psychological approaches and therapies when working with children and young people. This will develop a workforce wide approach which is psychologically minded, supporting

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<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf>

more consistency across Wales and extending support beyond medical interventions to include approaches to care for schools and other providers.

Meeting the needs of those who fall between primary and secondary care provision will be a priority for 2018-19, which will commence with an NHS Wales Delivery Unit review of demand and capacity across children and young people's primary care services, and an examination of the interface with specialist CAMHS. For the first time, this will identify the volume of children and young people accessing NHS mental health services at all levels, and explore the pathways to services on the ground. It is hoped that this work will help to reduce gaps in receiving support. The T4CYP Resilience and Early Intervention work stream is producing a definition of well-being which can be used by services across Wales to ensure a shared understanding of approach.

We are also working to improve the information collected about children and young people's services with the specialist CAMHS network undertaking an exercise to establish baseline data from all areas. The network will then work with Welsh Government to ensure key data is collected via the Mental Health Core Dataset (please see more detail in priority area 11).

Practice example:

Educational psychology services have supported the development of a network of Emotional Literacy Support Assistants (ELSAs) across Cwm Taf, with over 200 teaching assistants having completed the 6 day training and 100 accessing ongoing support and supervision. ELSAs support children and young people in school to understand and regulate their own emotions whilst also respecting the feelings of those around them. ELSAs are demonstrating improved learning and behaviour in school alongside improved mental wellbeing in young people accessing support.

Crisis services for children and young people

Since the provision of £2.7m annual Welsh Government investment in 2015./16 we have seen the development of crisis intervention teams, with a focus on operating extended hours services, both during the week and at weekends, to meet the needs of young people presenting in crisis. These services have seen an increase in activity and each health board now has a dedicated Crisis Team and services which are operational 09.00hrs to 21.00hrs, seven days a week. Early indications are that the Crisis Teams are having a valuable impact across each health board area.

What Next?

We will:

- Work with health boards to further expand the provision of psychological therapies for children and young people;

- Work with health boards to further develop approaches to dealing with crisis presentations and to embed further improvements as neurodevelopmental and early intervention in psychosis services develop.

Mind Over Matter Inquiry

In September 2017, the National Assembly for Wales Children Young People and Education Committee conducted an inquiry to determine whether we were on track to deliver the required 'step change' needed in emotional and mental health support for children and young people in Wales. The Committee considered evidence across the following four areas:

- Specialist CAMHS.
- Funding.
- Transition to Adult Services.
- Links with Education (emotional intelligence and healthy coping mechanisms).

The Committee's report '[Mind Over Matter](#)'²⁴ was published in April 2018. The report recognised the improvements in specialist services which has occurred in recent years and made 28 recommendations to further improve provision, with an emphasis on collaboration between NHS and Education services.

What Next?

We will:

- Consider the findings of the 'Mind Over Matter' report to inform future work priorities.

Priority Area 8: People with a mental health problem have access to appropriate and timely services

Neurodevelopmental Conditions

Following Welsh Government investment of £2m in 2015-2016, all health boards in Wales have established neurodevelopmental services. This has seen the development of new multi-disciplinary teams which has seen improvements to assessment, diagnosis and assessment for young people with autism spectrum disorder and attention deficit hyperactivity disorder.

To support this work a National Neurodevelopmental Steering Group has been established. Over the past year, the group has focused on the development of care standards to ensure high quality services, and agreed outcome measures for use across Wales. This work has been supported by 1000 Lives Improvement.

²⁴ <http://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf>

We are currently working on introducing a 26 week waiting time standard, which is currently being piloted prior to formal introduction.

What Next?

We will:

- Continue to embed improvements as services develop across Wales.

Balancing Mental and Physical Health Needs: Psychiatric Liaison Services

Improvements to the delivery of psychiatric liaison services have been seen since the publication of the delivery plan and health boards will be expected to continue with this progress throughout 2018. Each area in Wales now have a system in place to identify the needs of individuals who frequently come to emergency departments, enabling people to access the most appropriate support for their needs before a crisis is reached.

Practice example:

In Wrexham, a Crisis Cafe was established to develop a multi-agency approach to helping the most vulnerable access services such as the DWP, local authority housing, mental health teams, substance misuse services, third sector organisations and others.

Health boards have been working to establish effective mechanisms to increase the quality and uptake of health checks and medication reviews for people using mental health services. Each health board has confirmed that this is offered however we know that improvements need to be made to the data collection through existing systems. The Delivery Unit is currently working with health boards to audit care and treatment plans, which includes assessing current approaches to physical health care and a review of service user and carer engagement which will inform future work in this area.

Increasing access to psychological therapies

The [Matrics Cymru](#)²⁵ document with [evidence tables](#)²⁶ was published in 2017. This document, produced by the psychological therapies management committee and supported by Public Health Wales, outlines how psychological therapies should be provided for different mental health conditions. Matrics Cymru highlights the

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<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf>

²⁶ http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/evidence-tables_final.pdf

importance of choice for a range of support for both common mental health conditions and for individuals with complex needs and is line with NICE guidelines.

The National Psychological Therapies Management Committee (NPTMC) is developing an implementation plan to complement Matrics Cymru. This will provide guidance to health boards about core competencies, training and supervision.

A new 26 week wait time target has been set to ensure that people access psychological therapies in a timely way following assessment and progress against this target will be monitored by the Welsh Government.

Recently we have announced an additional £5.5 million in funding will be provided to support the development of psychological therapies. This includes £4m of investment to health boards, which will be monitored closely to ensure services develop.

What Next?

We will:

- Work with health boards to produce and implement a development plan which focuses on the delivery of a range of accessible, timely and appropriate psychological interventions;
- Evaluate health boards' proposals additional psychological therapy funding from and monitor service improvements following approval of proposals.

Early Intervention in Psychosis (EIP)

The potential costs of not intervening early when a person experiences symptoms of psychosis include poor health outcomes and longer term need of mental health services. Recognizing this, in 2015-16 the Welsh Government invested £800,000 recurrently to develop early intervention in psychosis teams to work with those young people aged 15 to 25 at risk of developing severe mental illness. This was subsequently followed by a further £318,000 to fund third sector support workers to support those with early onset psychosis which enabled provision support to access care and treatment, social, employment and training activities to promote independent living.

An EIP Community of Practice has been established which is comprised of leads from each health board with responsibility for EIP. Over the first year, the group has focused on exploring models of practice, discussed timely access to interventions and has agreed on standardised measures to monitor the impact of interventions. Although early in their development the teams are demonstrating that services provided are having a positive impact and show at least a minimum clinically significant improvement in symptoms following support, with many people moving

towards recovery. A conference was held in October 2017 to highlight emerging good practice and developments in Wales.

Practice example:

Barnardos and Cardiff and Vale health board have partnered to try to detect and treat psychosis at the earliest point, which is known to improve outcomes and reduce the burden of illness on families and society. Headroom is a new service for young people between 14 and 25 who have their first episode of psychosis. Family work, psychological therapies, social and occupational interventions are provided.

Working together to provide an integrated approach

Service users and carers, local authorities and health boards have worked together to undertake population needs assessments, as directed under the [Social Services and Wellbeing \(Wales\) Act 2014](#).²⁷ These reports provide an overview of population need and are used to inform service development and commissioning. They are key to the development of integrated medium term plans (IMTPs). Factors such as lifestyle (obesity, smoking, eating), mental health conditions, physical disability and age are explored. The next step is for each region to prepare plans on how to improve outcomes for the population.

Service provision for eating disorders

We currently invest £1.75m annually to improve eating disorder services for adults and children, with the most recent investment of £500,000 announced in 2017. This additional funding focused on improving the way in which CAMHS and adult eating disorder services work together to improve transition of services for older adolescents.

Following the publication of new NICE guidelines in May 2017 the Welsh Government has commissioned a review of the 2009 Eating Disorder Framework for Wales to ensure services remain fit for purpose. The review is being led by Dr Jacinta Tan of Swansea University, who is recognised for her professional and academic expertise in the field of eating disorders. Work has commenced, with an early focus on service user engagement and will last until autumn 2018.

Practice example:

The ABUHB Eating Disorder service and Swansea University have worked together to develop an App called 'Diet or Disorder?' The App includes a simple screening tool to help people identify whether they may have an eating disorder, as well as helpful resources offering support.

²⁷ <https://gov.wales/topics/health/socialcare/act/?lang=en>

What Next?

We will:

- Consider the findings of the eating disorders review to enable us to make any necessary changes to the Eating Disorder Service Framework.

Provision of support to Veterans

In November 2017, the Welsh Government announced an additional £100,000 to Veterans NHS Wales, bringing total annual investment to almost £700,000. The service provides dedicated veterans' therapists in each health board offering a range of NICE approved evidence based psychological therapies on-site for a range of mental health problems to improve the mental health and well-being of veterans in Wales. Since the service commenced in 2010, they have received over 3,000 referrals. We have also worked with the service and the CALL community listening mental helpline to develop a timely response and support for Welsh victims of recent terrorist incidents which have occurred at home and across Europe.

What Next?

We will:

- Explore the potential to develop an all-Wales Traumatic Stress Service based on the hub and spoke model for veterans and which is able to provide PTSD support to people in the general population and provide mutual support across veteran and other specialist services such as PTSD provision for refugees and asylum seekers.

Support to those in contact with the criminal justice system

The Welsh Government has worked in partnership with the Youth Justice Board and NHS Wales' Forensic Adolescent Consultation and Treatment Service to support the expansion of the enhanced case management approach and invested a further £250,000 per year for Child and Adolescent Mental Health Services to strengthen their support to young people in the criminal justice system.

The Welsh Government is also working with health boards and HM Prison and Probation Service to develop a set of shared priorities to improve health and wellbeing in public sector prisons. A number of workshops have been facilitated with health board who have responsibility for prison health services to inform this work. Following formal agreement of the priorities work will commence on implementation in 2018-19.

What Next?

We will:

- Establish a working group in autumn 2018 to support the development of consistent mental health services in Welsh prisons;

- In conjunction with the Youth Justice Board, Youth Offending Teams and CAMHS, develop a care pathway and best practice for those young people entering the criminal justice system and requiring assessment and treatment.

Co-occurring mental health and substance misuse problems

Following the publication of the Service framework for the treatment of people with a co-occurring mental health and substance misuse problems we have been working with Substance Misuse Area Planning Boards (SMAPBs) and Local Partnership Boards (LPBs) to develop joint action plans which outline how they will implement the recommendations laid out in the framework.

The framework also outlined the importance of training and ongoing clinical supervision to ensure that individuals and teams are confident, adequately skilled and sufficiently supported to work effectively with individuals with a dual diagnosis using a recovery approach. In order to support this work the Welsh Government commissioned the development of a training curriculum.

What Next?

We will:

- Continue to monitor the implementation of the SMAPBs and LPBs action plans which focus on supporting people who have co-occurring mental health and substance misuse problems.

Priority Area 9: People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances

Access to housing and related support and promote access to mental health services

Providing support to those who are homeless or vulnerably housed with concurrent mental health and/or substance misuse issues is complex and there is recognition that services need to work together to offer the right care and support.

We are working with partners to understand some of the barriers and opportunities that people face when accessing services that span housing, NHS, voluntary organisations and social care. Through this work we are also looking at ways of improving coordination of care, to identify staff training needs, and to address rough sleeping. This has been supported through an additional £2.6m investment in autumn 2017, to tackle rough sleeping, youth homelessness, mental health and homelessness as well as supporting people to find housing in the private rented sector. Several projects have been initiated through this funding, which will enable us to learn from 'what works' and help to shape future policy directions.

We are also working with colleagues within substance misuse to update the current Good Practice Framework for the Provision of Substance Misuse Services to Homeless People and those with Accommodation Problems.

Practice example:

Gellinudd Recovery Centre is led by Hafal, supported by Welsh Government and Big Lottery funding, and provides a unique service in Wales, supporting people with severe mental health difficulties an alternative to traditional inpatient care, delivered by a Third Sector organisation, with staff who have direct experience of mental illness. It is resourced by Invest to Save funding and opened in 2017. The centre has won an international award for best practice at the Global Alliance of Mental Illness Advocacy Networks award ceremony in September 2017.

What Next?

We will:

- Continue to work with housing, health boards, social care and voluntary organisations to further develop approaches to provide support to those with complex needs.

Supporting people to retain employment and improving access to employment and training opportunities

The European Social Fund In-Work service project commenced delivery in January 2016 and will run until August 2018. A bid has been submitted to WEFO to extend the project until 2022. The service aims to support employed individuals with work limiting health conditions who are either on, or at risk of, long-term sickness absence, including those with mental health conditions. The service is delivered by the Rhyl City Strategy (RCS) in North Wales and Abertawe Bro Morgannwg University Health Board in South West Wales. To date over 3,000 participants have accessed the service to obtain support to remain in the workplace - 42% of participants have accessed the service due to mental health reasons.

In August 2016 we launched the EU supported Out of Work Service which aims to help people, over the age of 16, who are recovering from substance misuse and mental health conditions into employment, or improve their labour market position, including improved or new qualifications and work experience. By April 2018, the project has supported 5,696 participants, of which 4,770 (84%) are recovering from co-occurring substance misuse and mental health conditions (2,416) or mental ill-health only (2,354). At April 2018, 857 people have achieved a qualification or work relevant certification upon leaving the program, while 217 have entered employment and 262 individuals have increased their employability by completing work experience or volunteering placements. This project ends in August 2020.

What Next?

We will:

- Continue the implementation of the In and Out of Work services and through ongoing monitoring consider the effectiveness of these programmes to inform future work.

Access to advice and support on financial matters

For some people who experience mental health problems, financial difficulties can contribute to a poorer quality of life and may make symptoms worse. Access to timely advice and support about money can help to alleviate some of the distress that comes from financial matters. The Delivery Unit Care and Treatment Plan review is assessing how current care planning for those in contact with mental health services are addressing identified financial needs.

In 2016, the Welsh Government published the [Financial Inclusion Strategy](#)²⁸ and delivery plan. The vision of this strategy is for everyone living in Wales to have access to appropriate and affordable financial services, be supported by quality assured information and advice services and have the financial capability and motivation to benefit from the financial services available to them.

Practice example:

As part of the Enhanced Support Offer from the October 2016 Green Paper, the DWP has now employed Community Support Partners, who work with staff in Job Centres to support people with health conditions and disabilities.

Violence against women and domestic abuse

Gender-based violence, domestic abuse and sexual violence can occur in all types of relationships. The Welsh Government is committed to protecting and supporting victims of violence and abuse. To support mental health professionals to have a greater understanding of the experience of domestic abuse and sexual violence the [Violence Against Women and Domestic Abuse National Training Framework](#)²⁹ was published in 2016 and is currently being implemented across the health board.

Priority Area 10: Wales is a 'Dementia Friendly Nation'

Over the delivery plan period we have worked with partner organisations on a number of actions to support the vision for Wales to be a 'Dementia Friendly Nation'.

²⁸ <https://gov.wales/topics/people-and-communities/communities/debt/?lang=en>

²⁹ <http://www.assembly.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf>

This has included:

- Building public awareness and support through the Dementia Friends/Dementia Supportive Communities campaigns.;
- Publishing '*Dementia: reduce your risk*' guidance, which sets out the lifestyle choices people can take which could lower the risk of developing some types of dementia;
- Actions to improve dementia diagnosis rates – including developing the capacity of memory assessment services;
- Provision of new support workers across Wales to help people who have received a dementia diagnosis;
- The development of general hospital liaison teams and flexible resource teams in hospitals to provide extra support for people with complex needs, including dementia;
- Providing additional training, to ensure NHS Wales staff have the knowledge and skills to provide the best care for people with dementia through the roll out of "Good Work a training and development framework for dementia care in Wales".

Practice example:

A partnership between ABMU Health board, Dementia UK and the Healthcare Management Trust partnership is offering psychological support to individuals with dementia and their families and carers. The aim of support is to prevent hospital admission and to support those with complex needs.

There are already some areas of good practice in Wales – All three of Betsi Cadwaladr University Health Board's memory services were recently re-awarded the 'Memory Services National Accreditation Certificate' by the Royal College of Psychiatrists, recognising exemplary practice across a number of areas, based on feedback from service users, carers and GPs. Cardiff and Vale University Health Board was awarded the Health Service Journal award for their Younger Onset Dementia Service, which supports people, their carers and families following a diagnosis of dementia under the age of 65.

In February 2018 the Welsh Government published the new [Dementia Action Plan 2018-2022](#)³⁰, which outlines the vision for dementia care and support in Wales.

Launching the plan we announced £10m a year from 2018-19 onwards to support the implementation of the delivery plan and focus is now on progressing the actions laid out in the plan. Progress against the overall delivery of the dementia action plan will be overseen by a new Dementia Delivery Assurance and Implementation Group (DDAIG).

³⁰ <https://gov.wales/topics/health/nhswales/mental-health-services/policy/dementia/?lang=en>

What Next?

We will:

- Continue to work with key partner organisations to implement the actions within the Dementia Action Plan.

Priority Area 11: The implementation of the strategy continues to be supported

Implementation of a national mental health core data set capturing service user outcomes

There has been extensive consultation with a wide range of stakeholders, including people with lived experience and carers, about what information is needed to inform service developments, enhance quality of care and support positive outcomes for individuals. The national Mental Health and Learning Disabilities Project Steering Board is now using this information to oversee the development of a national dataset.

The group are also working with the NHS Wales Informatics Service (NWIS) to ensure that the dataset will form part of the new *Welsh Community Care Information System* (WCCIS). The WCCIS is a computer system that will be used across health boards and local authorities, and will hold individualised client records. All health boards are now signed up to 'go live' over the next three years. Discussions are underway with local authorities, and some areas are already using the system.

As part of this project, work is underway to ensure more consistent use of outcome measures to capture service user experience and to use a goal-based approach to care in practice. This work goes well beyond data collection. As well as measuring symptoms and the success of different interventions, the work represents a cultural shift in practice, towards outcome-focused care. Routine outcome measures also support the therapeutic relationship, to help service users and staff work together around mutually agreed goals.

A Competent and Sustainable Workforce

To deliver effective care that supports a holistic, whole person approach, there is a need to ensure that the workforce is made up of a range of professionals, who have appropriate training across a range of skills. Some areas of Wales experience challenges in recruiting staff, across health and social care. Alongside an ageing population, many providers have an ageing workforce. Because of these challenges, service providers must always be planning for the future, and thinking about a workforce that is sustainable and diverse.

As services evolve, new roles are emerging. The NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers was published in 2015, and work has been underway to embed this into practice. Nurse prescribers, health care assistants delivering low intensity wellbeing courses, and community navigators are examples of some of the innovative roles supporting core teams.

Investment in Mental Health

We continue to spend more on mental health services than on any other part of the Welsh NHS. Mental health spending is ring-fenced in Wales and in 2017-18 was at £629m. This builds on the £22m of new funding to further improve access to a range of services for people of all ages that we had announced in the previous two years. Adherence to this ring-fence continues to be monitored with health boards having to demonstrate how they utilise the monies to improve services in their areas.

In 2018/19 we are providing additional funding including for psychological therapies and a mental health transformation fund. Release of this funding will be dependent on the submission of agreed plans that will need to be signed off by Local Partnership Boards.

Duty to Review Recommendations

Following a multiagency workshop in 2017, the Welsh Government is currently pulling together a stock-take of where those recommendations fit with further developments and learning about the implementation of the Measure and considering how to integrate this into the implementation of the Duty to Review Recommendations in the next 18 months.

Research

The importance of research in the field of mental health cannot be disputed. In Wales, a number of important research projects are underway. This includes funding through Health and Care Research Wales to a number of organisations. Examples include:

National Centre for Mental Health: Based at Cardiff University, the National Centre for Mental Health (NCMH) is collaboration between the universities of Cardiff, Swansea and Bangor, and is building new partnerships and developing projects with NHS Wales and the third sector.

National Centre for Population Health and Well-Being Research: Brings together academia, the NHS and the third sector in Wales to carry out and increase the amount of research being done to improve the health and wellbeing of the people of Wales.

Centre for Ageing and Dementia Research: Building on existing internationally recognised and transformative research networks, the Centre works to address key internationally important questions in ageing and dementia.

Health and Care Research Wales also funds individual mental health research grant awards that cover a wide variety of areas including Children Adult Mental Health Services (CAMHS), learning disabilities and mental health, eating disorders, suicide, self harm and dementia.

Practice example:

Cardiff University and Welsh Government are implementing a new program for children and adolescents across Wales. The Wales Applied Risk Research Network (WARRN) provides training and support of consistent risk assessment approaches. The WARRN's method rejects traditional 'tick-box' risk scoring in favour of a 'formulation-based' assessment, allowing users and clinicians to work together in weighing up the factors involved. WARRN won the health section of the Cardiff University Impact and Innovations Awards 2017.

What Next?

We will:

- Continue to assist in the implementation of the strategy through investment in mental health services, supporting the workforce, implementing the duty to review recommendations and supporting the research agenda;
- Continue to ensure that the core dataset is built into the WCCIS computer system and to embed the routine use of outcome measures into practice.

Future Direction

The Welsh Government National Strategy [Prosperity for all](#)³¹ reaffirmed our commitment to improving mental health by positioning it as one of only five priority areas. We need to consider the impact on mental health in everything we do. This will require not only a whole of Government response, but working across sectors including health, social care, education and housing.

The National Partnership Board will be working through 2018 to reflect on the progress against the 2016-2019 Delivery Plan, and to set the direction going forward. Key themes will be identified to develop the 2019-2022 Delivery Plan, which will focus on the 'what next' as well as consideration to the approach to reporting and engagement with different stakeholders, including service users and carers, the third sector, local authorities, health boards and others.

Whilst a lot has been achieved in this period, we need to ensure that going forward is action results in meaningful changes to the way we work, experience services, measure success and deliver care.

The promotion of good mental wellbeing and resilience, and the provision of responsive, appropriate care for those experiencing mental illness remains a top priority for Welsh Government, across the age range.

³¹ <https://gov.wales/about/programme-for-government/?lang=en>