Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk

Together for Mental Health

A Strategy for Mental Health and Wellbeing in Wales

WG14793
Digital ISBN 978 0 7504 7440 5
© Crown copyright 2012

Ministerial Forewords… 3

Executive Summary… 5
Overview… 5
What are the outcomes we hope to achieve?... 7

Introduction… 11
Why do we need a Mental Health and Wellbeing Strategy?... 11
What do we know about mental health and mental illness in Wales?... 12
What is the impact of poor mental health and mental illness?... 12
What progress have we made under the previous mental health strategies?... 13
How does this Strategy fit with the wider policy agenda of Welsh Government?... 15
What outcomes do we hope to achieve with this Strategy?... 15
How will we deliver the Strategy and know it is having an impact?... 17

Chapter 1: Promoting Better Mental Wellbeing and Preventing Mental Health Problems… 18
What outcomes do we want to achieve by 2016 and beyond?... 18
Summary… 18
How will we deliver the outcomes?... 19
At a population level… 19
Within communities… 20
For individuals… 22

Chapter 2: A New Partnership with the Public… 27
What outcomes do we want to achieve by 2016 and beyond?... 27
Summary… 27
How will we deliver the outcomes?... 28
Ensuring equality… 28
Meeting the needs of Welsh speakers… 29
Promoting mental health awareness… 29
Reducing stigma and discrimination… 30
Engaging people in their own care… 31
Support for families and carers… 32
Active involvement of service users in service design, delivery and monitoring… 32

Chapter 3: A Well Designed, Fully Integrated Network of Care… 34
What outcomes do we want to achieve by 2016 and beyond?... 34
Summary… 34
How will we deliver the outcomes?... 35
Service providers working together… 35
Holistic care throughout the care pathway… 37
Service development priorities… 41

Chapter 4: One System to Improve Mental Health… 47
What outcomes do we want to achieve by 2016 and beyond?... 47
Summary… 47
How will we deliver the outcomes?... 47

The ‘8 Areas of Life’… 47
Contribution and benefits of partnership working… 57

Chapter 5: Delivering for Mental Health… 58
What outcomes do we want to achieve by 2016 and beyond?... 58
Summary… 58
How will we deliver the outcomes?... 58
Implementing the Strategy… 59
Delivering with our staff… 59
Delivering excellence and performance… 62
Making every penny count – getting the best from investment in mental health... 64

Technical Annexes and Abbreviations…
Technical Annex 1: Extant Mental Health Policy Documents
Technical Annex 2: Outcome Measures
Technical Annex 3: Contributions and Benefits of Partnership Working
Abbreviations

Ministerial Forewords

When I launched our *Programme for Government* in 2011 I made a clear statement that creating the Wales of the future is something that involves all of us. What this means is that no matter in which field or area we work, be it health, education, housing, the economy, or elsewhere, our actions are all intertwined. The decisions we take in one area can have a positive or negative effect in others, the impact of which can far outlast the original decision. That is why this Welsh Government has made sustainable development our central organising principle, a desire to improve social, economic and environmental wellbeing to the benefit of the people and communities of Wales.

Together for Mental Health exemplifies this approach. It sends a clear message that the delivery of the improvements in mental health and wellbeing we want to see can only be achieved by concerted effort and commitment on behalf of all Welsh Government departments and our partners. This is why, on behalf of my Cabinet colleagues, I am pleased to commit the Welsh Government to delivering this Strategy.

Welsh Ministers are embracing their responsibilities to deliver improvements in mental health and wellbeing across their departments and portfolios. This may be by improving mental health awareness in the workplace, recognising the impact of child poverty or acknowledging the importance of sports and culture, not just to our national identity but also to our individual and collective emotional wellbeing. Put simply, we all have a role and responsibility to deliver the objectives and outcomes arising from this Strategy. Equally, we all stand to benefit from its success, be that in a healthier population and workforce, which will help drive the economic regeneration we wish to see in our economy, or in stronger, more cohesive communities.

Developing good mental health and resilience in individuals is about developing a more socially just Wales. Welsh Ministers have committed to place this Strategy at the heart of policy development and we expect all of those who work with us to do likewise.

Rt. Hon. Carwyn Jones AM
First Minister
October 2012

I am pleased to present *Together for Mental Health*, our new, age inclusive, cross-Government Strategy for mental health and wellbeing. This Strategy elicited considerable interest during its consultation, with over 250 written responses helping to shape the final content.

We all recognise the importance of a healthy lifestyle but fewer of us take time to consider our mental health. A quarter of us will experience mental health problems or illness at some point, having an enormous effect on those around us. Worse still, sufferers often face discrimination and stigma.

Together for Health, our 5 year vision for the NHS is clear that good health is vital to the creation of a prosperous, successful and sustainable Wales. Addressing the disadvantages faced by people with mental illness and ensuring equal access to care and treatment is essential to this. *Together for Mental Health* builds on improvements in mental health services over the last 10 years, including the legal requirements of *The Mental Health (Wales) Measure 2010*. It takes this work forward, providing a long-term commitment to improve mental health and wellbeing, backed by significant funding.

The economic constraints we face mean services need to be redesigned to maintain standards and meet future demands. A key theme of this Strategy is the need to bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages.

No single body or sector can transform mental health in Wales. It is not the preserve of the NHS and Social Services alone. Only a partnership across the Public and Third Sectors can deliver sustainable improvement. The Third Sector has a significant role as service providers, advocates and in raising awareness. The people of Wales are also key partners as each citizen has a personal responsibility for their own health and wellbeing.

Together for Mental Health is the approach we have taken in developing the Strategy. It will continue as we progress this work together through our new National Mental Health Partnership Board that will oversee delivery and implementation.

I invite you to join with us to deliver this challenging but achievable Strategy for mental health and wellbeing in Wales.

Lesley Griffiths AM
Minister for Health and Social Services
October 2012

Executive Summary

Overview

Together for Mental Health sets out our ambitions for improving mental health and our vision for 21st century mental health services. It is the first mental health Strategy for Wales that covers people of all ages. Previously we have had separate strategies for children, for adults of working age and for older people, yet feedback we have had from those using the services is that it is at the points of transition between services that care and treatment can break down. As a result, this Strategy should ensure that transfers between services are based on need and not on artificial age boundaries. It replaces those former age-based strategies and National Service Frameworks (NSFs).

The Strategy reinforces the need to promote better mental wellbeing among the whole population. It addresses the needs of people with mental health problems or a mental illness, ensuring those vulnerable people in most need receive the appropriate priority. It focuses on how to improve the lives of service users and their families using a recovery and enablement approach. It updates current policy, putting the requirements of *The Mental Health (Wales) Measure 2010* at the heart of what we do. It is committed to person-centred holistic care, engaging in all aspects of a person's life. For children, it embeds *The Rights of Young Children and Young Person's (Wales) Measure 2011* and consideration of the United Nations Convention on the Rights of the Child (UNCRC).

Together for Mental Health recognises the impact and costs borne by individuals, families, society and the Welsh economy from poor mental health and mental illness. It also recognises the potential broader health and economic gains that can be realised by improving the mental wellbeing of people in Wales.

It was developed through engagement and formal consultation with key partner agencies, stakeholders, service users and carers. In order to ensure the Strategy is having an impact, it is supported by a Delivery Plan setting out the detailed actions for Welsh Government and partner organisations to ensure continued progress. A new National Mental Health Partnership Board (NPB) is being established to oversee delivery of the Strategy.

Chapter 1 sets out our intent to promote mental wellbeing and where possible prevent mental health problems developing, improving individual and community resilience. It looks at action that can be taken at a Government level to tackle poverty, reduce inequalities and ensure sustainable development. It looks at actions in the community, particularly in schools and workplaces, to encourage better mental and physical health, improved training and qualifications and job satisfaction. It also looks to what we can all do as individuals to sustain and improve our mental wellbeing. Together, these actions will help to improve people's mental health and to bring about a vibrant and flourishing Wales.

Chapter 2 sets out a new partnership with the public. This chapter recognises that Wales has an increasingly diverse population. Taking a human rights based approach, it emphasises that access to support and treatment must be based on need and not on age, gender reassignment, race, disability, marriage and civil partnership, pregnancy and maternity, religion or belief, sex or sexual orientation. It emphasises that assessment and treatment in the Welsh language can be an issue of clinical need.

We want people of all ages to know how to stay mentally healthy and have access to up-to-date information on how to take care of their mental health. We will support action to change attitudes to mental illness, tackling the stigma and discrimination faced by people with mental health problems which results in them being treated unfairly and not getting the same opportunities as others.

This chapter underlines the importance of people being fully involved in the decisions that affect their lives, the care, support and treatment they get, and where and how they get help and services. Under *The Mental Health (Wales) Measure 2010,* all those using secondary mental health services will have Care and Treatment Plans and the support of a Care Co-ordinator.

The voices of service users, their carers and families must be heard at an individual, operational and strategic level. Their priorities and perspectives must be fully considered in designing and evaluating services. This requires the development of mechanisms that actively involve service users of all ages, together with their families and carers, in monitoring the quality and efficacy of services.

This chapter recognises the vital role that carers of all ages play in the care and treatment of people with mental health problems. It sets out the rights of carers and the responsibilities of the NHS and local government to respond to their needs.

Chapter 3 describes our vision for a well designed, fully integrated network of care. It is based on the recovery and enablement of service users throughout the life course, helping people to live as fulfilled and independent lives as possible. *Together for Mental Health* emphasises the value of timely interventions, access to psychological therapies and well-managed transitions between, for example, child and adolescent and adult services. Support and treatment must be safe, therapeutic and evidence-based. The chapter sets out the value of holistic care which recognises the importance of addressing people's biological, psychological, social and spiritual needs.

This chapter provides a vision of improved service delivery in the community, hospital and criminal justice settings and sets out a number of priority areas for action. It recognises the effect of a person having to deal with co-occurring issues alongside their mental health problems, such as alcohol or drug abuse. By working together across health and social care, in partnership with the Third Sector and with other sectors, we can make sure that services are more responsive to the range of people's needs, are of the best quality and provide value for money.

Chapter 4 highlights a range of factors in people's lives which can affect mental health and wellbeing. These build on the '8 Areas of Life' used in Care and Treatment Planning:

- Rights and entitlements; finance and money
- A safe home or accommodation
- Health, personal care and physical wellbeing
- Early years, school, education and training
- Work, occupation and valued daily activities
- Family, parenting and / or caring relationships
- Access to play, sports and friends; social, cultural or spiritual needs
- Medical and other forms of treatment including psychological interventions.

In line with the *Programme for Government*, it identifies the contributions required from Welsh Government, Local Government, the NHS, Third Sector, providers of education, training and life-long learning, employers, criminal justice and a range of other agencies. Taking this approach will help to address the disadvantages faced by people with mental illness and as a result will benefit individuals, society and the economy.

Chapter 5 concludes with an overview of how we will make the vision a reality. This final chapter sets out how the Strategy will work at national and local levels and how the new NPB will make this happen. The supporting Delivery Plan sets out what we need to achieve, and by when and how we will know we have been successful.

This chapter recognises the importance of a skilled and engaged workforce and of good leadership. Linked to this is a commitment to adopt an approach that focuses above all on measurable outcomes for the people of Wales, adopting best practice and an evidence-based approach. It re-enforces the Minister's commitment to ring-fencing mental health resources and our need to ensure that in this challenging financial climate, we make every penny count.

What are the outcomes we hope to achieve?

In developing the principles and outcomes for this Strategy, we have considered the joint review of *Child and Adolescent Mental Health Services (CAMHS)*, carried out by the Wales Audit Office (WAO), Healthcare Inspectorate Wales (HIW), Care and Social Services Inspectorate Wales (CSSIW) and Estyn. We have taken account of the findings of recent WAO reports on *Adult Mental Health Services* and *Housing Services for Adults with Mental Health Needs*. We have also consulted with key partner agencies, stakeholders and service user and carer representatives.

This Strategy is focused around 6 high level outcomes:

High Level Outcomes

a. The mental health and wellbeing of the whole population is improved.

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

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

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

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

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

The means of achieving these outcomes are then set out under 'How will we deliver the outcomes?' in each chapter. The following table brings together the outcomes set out in the individual chapters of this Strategy and demonstrates how they contribute to the high level outcomes referred to above.

Measures are identified in Technical Annex 2.

Chapter	Outcome	High Level Outcome
Chapter One: Promoting Better Mental Wellbeing and Preventing Mental Health Problems	1. Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible.	a, e
	2. People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.	a, b, c
	3. Child welfare and development, educational attainment and workplace productivity are improved as we address poverty.	a, c, e
Chapter Two: A New Partnership with the Public	4. People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.	b, c, e

Chapter	Outcome	High Level Outcome
	5. Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.	c, d, e
	6. People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.	a, b
	7. People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.	c, d
	8. People feel in more control as partners in decision making about their treatment and how it is delivered.	c, d, e
	9. Families and carers of all ages are involved in assessments for support in their caring roles.	b, d
	10. People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.	d, e
Chapter Three: A Well Designed, Fully Integrated Network of Care	11. Service users experience a more integrated approach from those delivering services.	d, e, f
	12. People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.	d, e, f
	13. Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.	c, d, e, f
	14. Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.	b, c, d, e, f
Chapter Four: One System to Improve Mental Health	15. People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.	a, b, c, e, f
Chapter Five: Delivering for	16. Staff across the wider workforce recognise and respond to signs and symptoms of mental	a, b, e, f

Chapter	Outcome	High Level Outcome
Mental Health	illness and dementia.	
	17. Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.	c, d, e, f
	18. Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.	b, e, f

Introduction

Why do we need a Mental Health and Wellbeing Strategy?

According to the World Health Organisation (WHO), mental health problems account for 20% of the overall "burden of disease", a larger share than any other single health problem, including cardiovascular diseases (16.2%) and cancer (15.6%). Poor mental health and mental illness have a significant impact on individuals, society and the economy overall.

One Wales: One Planet sets out sustainable development as the central organising principle of the Welsh Government and of the public sector in Wales. Wellbeing is at the heart of this agenda.

Wellbeing

"A positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment and a healthy and attractive environment".

Source: *World Health Organisation (WHO)*

The *Programme for Government* sets out our ambition for the people of Wales, namely, "healthy people living productive lives in a more prosperous and innovative economy: safer and more cohesive communities with lower levels of poverty and greater equality". At the heart of this, is a "commitment to support the development of a fairer society in which every person is able to make the most of their abilities and contribute to the community in which they live".

The promotion of positive mental health and improved mental wellbeing for the population as a whole are key components in realising our ambitions within *Programme for Government.* In particular:

- Addressing health and other inequalities
- Increasing levels of educational attainment and employment
- Tackling poverty, substance misuse, and homelessness
- Reducing the number of young people entering the Youth Justice System.

Taking a strategic, cross-Government approach to this agenda has the potential to deliver important individual, social and economic benefits.

What do we know about mental health and mental illness in Wales?

The Statistics show:

- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime.
- 1 in 6 of us will be experiencing symptoms at any one time. At a time of recession, when levels of stress and anxiety inevitably rise, more people will be affected and suicide rates are likely to increase.
- 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder at any one time.
- 1 in 10 children between the ages of 5 and 16 have a mental health problem and many more have behavioural issues. There is evidence this is increasing.
- Approximately 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many at a much younger age, demonstrating that mental illness can affect people across the course of their lives.
- Between 1 in 10 and 1 in 15 new mothers experience post-natal depression.
- 1 in 16 people over 65, and 1 in 6 over the age of 80, will be affected by dementia. Current estimates are that approximately 43,000 people in Wales are experiencing dementia and this is predicted to increase by over 30% in the next 10 years.
- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

In 2011, we commissioned the Institute of Public Care at Oxford Brookes University to produce *Fulfilled Lives, Supported Communities Mental Health Commissioning Data Set*, a cross-cutting report providing sources of relevant data for mental health issues in Wales.

What is the impact of poor mental health and mental illness?

On an individual: As the WHO has stated, *"there is no health without mental health".* Mental illness has a significant impact on life expectancy and is a key cause of health inequalities. United Kingdom (UK) research, published in 2011 found that people with severe and enduring mental illness die on average 10 years earlier than the general population. Women with a schizoaffective disorder can die as much as 17.5 years earlier. We know our most deprived communities have the poorest mental health and wellbeing. Mental health problems can often be passed on through generations and may perpetuate cycles of inequality. Emotional, social and mental health is inextricably linked.

We also know that many mental health problems start early in life, often as a result of deprivation including poverty, insecure attachments trauma, loss or abuse. The impact can be distressing to the individuals, their families, friends and carers. Those affected often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes and are more likely to be homeless, or poorly housed. They are also likely to have poorer physical health. This can only be partly explained by higher

rates of smoking, substance misuse, poor diets and less physical activity. Conversely, physical health problems, particularly long-term conditions, increase the risk of mental illness.

On the economy: Based on figures for 2007-08, the *Friedli/Parsonage report* estimated the annual cost of mental ill health in Wales to be £7.2 billion. This included:

- The costs of health and social care provided for people with mental health problems
- Output losses in the Welsh economy that result from the adverse effects of mental health problems on people's ability to work (40% of claims for invalidity benefit are for mental health reasons)
- The less tangible but crucially important human costs of mental health problems, representing their impact on the quality of life.

In addition, the cost of dementia within the UK is estimated at over £20 billion per year.

What progress have we made under the previous mental health strategies?

Our previous mental health strategies - *Child and Adolescent Mental Health Services: Everybody's Business*, Adult Mental Health Services in Wales: *Equity, Empowerment, Efficiency* and the *National Service Framework (NSF) for Older People in Wales* - have acted as catalysts for significant progress over the last 10 years. Most notably:

Progress

- The groundbreaking *Mental Health (Wales) Measure 2010* which is extending primary care provision and driving more holistic, personalised recovery centred approaches.
- Greater focus on schemes that support children and their families, building resilience and early interventions, such as *Flying Start, Families First,* the *School-based Counselling Service* and *Integrated Family Support Services.*
- Over 7,800 staff trained in Mental Health First Aid, over 1,200 in Youth Mental Health First Aid and over 3,000 people have now accessed the Applied Suicide Intervention Skills Training.
- The establishment of the all-Wales Mental Health Promotion Network to bring together a wide range of organisations to share learning and good practice about mental health promotion.
- Over 25% of people employed in Wales covered by the *Healthy Working Wales* Scheme.
- The development of Criminal Justice Liaison Services identifying and diverting of people with mental health problems as early as possible in the criminal justice pathway.
- A significant shift to local delivery in the community, through the tiered approach to Child and Adolescent Mental Health Services, with Community Intensive Intervention Teams and Forensic Adolescent Consultation and Treatment Services for children.
- Adult and Older Persons' Community Mental Health Teams and Crisis Resolution Teams, as well as Home Treatment and Assertive Outreach Services, developing across Wales.
- Services being brought into the 21st century with modernised care environments offering safe, dignified accommodation.
- More people being cared for closer to home as Health Boards develop local secure services.
- Mental health investment increased as a proportion of overall NHS expenditure.
- Specialist services introduced or expanded for children and young people, for early intervention in dementia and young onset dementia services, eating disorders and Post Traumatic Stress Disorder.
- Service users, carers and their families increasingly involved in developing policies and legislation, and in service planning and design at a local level.
- Investment in innovative schemes provided by the Third Sector and an increase in partnership working between the Statutory and Voluntary sectors.
- New integrated NHS bodies making it easier to join up care pathways between both primary and secondary services.
- An expansion in services tackling substance misuse including those for children and young people.

This Strategy replaces previous mental health strategies and NSFs. Nevertheless much of the policy developed to support their implementation remains valid. Technical Annex 1 provides a summary of relevant policy documents.

How does this Strategy fit with the wider policy agenda of Welsh Government?

In November 2011, the Minister for Health and Social Services launched a 5 year vision, *Together for Health*. This outlines the challenges facing the health service and the actions necessary to ensure it is capable of world-class performance.

In 2011, we also issued a new vision for Social Services, *Sustainable Social Services*, which aims to ensure citizens have a much stronger voice and greater control over the services they receive, to promote a collaborative approach to improving wellbeing and to simplify the way services are delivered.

The vision in *Together for Health* and *Sustainable Social Services*, along with the wider ambitions in the *Programme for Government* provide the strategic context for this ambitious mental health agenda for the next 10 years, hence its title, *"Together for Mental Health".* Shared responsibility and accountability between the NHS and Local Government is a strong feature in the Delivery Plan which accompanies this Strategy.

What outcomes do we hope to achieve with this Strategy?

Following consultation, we have developed the following high level outcomes which are set out below. Each of the high level outcomes is supported by more detailed outcomes set out in each chapter.

High Level Outcomes

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognized and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.

In developing both the high level and more detailed outcomes, we have used the following underlying principles:

Our Approach

The **promotion of good mental health** across the population and improved outcomes by:

- Improving mental wellbeing for the wider population and preventing mental health problems developing
- Intervening early when people have mental health problems
- Reducing the impact of mental illness and diagnoses such as dementia, severe personality disorder and co-existing conditions such as misuse of substances.

It is **inclusive of all age groups,** recognising the need for age-appropriate approaches and that:

- Through the life course, transfers between services must be based on individual clinical need rather than artificial age boundaries
- For children and young people, services will focus on the early detection of risk and the development of resilience and life skills, embedding the principles of the UNCRC
- For people of working age and post retirement, services will focus on ensuring that they live as full and independent a life as possible
- For older people, there is an emphasis on prevention and enablement, supporting people with dementia and their carers to live well in supportive communities and ensuring dignity in care.

It has a **focus** on **recovery** and **enablement** by:

- Putting the individual and their families and carers at the centre of care and treatment
- Maximising people's potential, the control they have over their own lives, building resilience and restoring hope and ambition
- Supporting the optimum state of wellbeing right through to the end of life for older people and those with dementia.

It **promotes** sustainable **evidence-based approaches**, looking at **outcomes** from a **service user lens**:

- Driving up quality and safety based on national guidance, best practice and service improvement techniques
- Measuring services from the perspective of the individual.

It is **based on** a **human rights approach** for people of all ages:

- Ensuring that equality and diversity issues are addressed
- Tackling stigma and discrimination
- Embedding the '7 Core Aims' for children and young people under the UNCRC and the United Nations (UN) Principles for Older Persons.

It looks to make the **best use of resources**; promoting sustainable development and workforce development.

How will we deliver the Strategy and know it is having an impact?

This final Strategy document is supported by the first 3 year Delivery Plan. This sets out the details of the actions that the Welsh Government and partner agencies will take, during 2012-16, to deliver it, together with the relevant timescales.

A new NPB will be established before the end of 2012. This will oversee implementation of the Delivery Plan by assessing progress towards achieving the outcomes.

Chapter 1: Promoting Better Mental Wellbeing and Preventing Mental Health Problems

What outcomes do we want to achieve by 2016 and beyond?

- Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible, for as long as possible.
- People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.
- Child welfare and development, educational attainment, and workplace productivity are improved as we address poverty.

Summary

Mental wellbeing is a state in which individuals realise their own abilities, can cope with the normal stresses of life, can work productively and can contribute to their community. It is about feeling good and functioning well. The *Foresight Report* describes “mental capital” and mental wellbeing as “vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion and our prosperity”.

Previous mental health strategies in Wales have primarily focused on treating and supporting those with a mental illness. In this Strategy we are broadening our approach to ensure that more people have good mental health and are flourishing, fewer suffer poor mental health and those with mental illness are able to live fuller lives. To do so, we need to promote positive mental health and to ensure that individuals are supported to do so. We need to identify poor mental health or mental illness earlier and take action to prevent it, to treat it, or prevent further deterioration where possible.

How will we deliver the outcomes?

- We will work with Health Boards, Local Authorities and other partner agencies to ensure that people are better informed about how to maintain positive mental wellbeing and to build resilience, taking greater responsibility for their own mental health and wellbeing.
- We will take a range of actions across Government and other sectors to help break the cycle of inequality and poverty in Wales' most deprived communities, with people in vulnerable groups given extra support.
- We will support programmes and services that are targeted at enabling people to have a safer, more meaningful and enjoyable life experience, where they can develop the skills and understanding which increase their capacity for more resilience.
- We will work with employers to ensure more employees can benefit from healthy and supportive workplaces.
- Public service providers will promote mental wellbeing among those using their services, their staff and, if applicable, their students.
- We will support older people to age healthily, maintain their independence and to plan for their futures.
- We will ensure that people with a mental illness, who face some of the greatest disadvantages, are better informed about how to maintain positive mental wellbeing and are targeted in health promotion initiatives.

At a population level

Building resilience, protecting and promoting mental health and wellbeing and challenging health inequities are central to achieving a healthier, more productive and fairer society. The *Marmot Review* highlights that "health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health".

We know the factors that contribute to and protect better population mental health and wellbeing, such as adequate housing, vibrant communities, healthy schools and workplaces and nurturing relationships. Equally, we know that minimising exposure to factors that increase the risk of poor mental health can reduce the prevalence of mental illness. These factors include poverty, abuse (including domestic abuse and violence against women), social isolation, bullying, homelessness, overcrowding and unhealthy working environments. Evidence shows that small increases in exposure to protective factors and reductions to risk factors can impact positively on the population's mental health.

As part of the delivery of the public health strategic framework, *Our Healthy Future*, we have published *Fairer Health Outcomes for All*. It identifies 6 strategic themes as set out in the figure below and sets out a sustained commitment to reducing health inequities and improving people's mental health.

Source: Welsh Assembly Government (2009); '*Our Healthy Future'* Technical Document

One Wales, One Planet, our Sustainable Development Scheme has wellbeing as one of its key themes. It sets out a vision of sustainable, attractive communities in which people live and work, have access to services, enjoy good health and can play their full roles as citizens. We will consider action to support the delivery of *Our Healthy Future,* including improved mental health and wellbeing, as part of the *Sustainable Development Bill* and consultation on a *Public Health Bill.* These will aim to enhance people's quality of life and place a much greater emphasis on preventative health care.

The All Wales Mental Health Promotion Network will continue to play a key role in moving forward the mental health promotion agenda. With responsibility for collating and disseminating the evidence for mental health promotion action, it will actively engage with different sectors to illustrate and enhance the contribution that they can make to mental health.

Within communities

Good mental wellbeing and the reduced incidence of mental health problems are important for healthy functioning communities, improving social cohesion, social inclusion and prosperity. We know that those in the most deprived areas of Wales are more likely to suffer the most from poor mental health and a higher incidence of mental illness. This is reflected in the high level of General Practitioners' (GPs) workload attributed to mental health problems.

As part of the delivery of this Strategy, we will be working through our *Communities First* Programme to increase resilience and take preventative action in the most deprived areas of Wales. Actions being taken to promote positive, resilient mental health are also incorporated into our *Child Poverty Strategy for Wales* and *Tackling Poverty Action Plan*.

Planning and Environment: The built environment and the surroundings that people live in can have an impact on people's mental wellbeing. Ensuring there are good community facilities, people feel safe from crime, and are not living in noisy,

overcrowded homes will be important. *Planning Policy Wales* is the policy framework for the effective preparation of local planning authorities' development plans. It calls for new housing and residential environments which are well designed, maintained and make a significant contribution to promoting community regeneration and improving the quality of life.

The natural environment too can have significant positive impact upon people's physical and mental wellbeing. Access to green spaces improves people's quality of life, reducing stress, encouraging relaxation and providing a sense of freedom. In one study, exposure to nature reduced Attention Deficit Hyperactivity Disorder (ADHD) symptoms in children threefold compared with staying in doors.

Sporting Activities: There is growing evidence that balanced exercise can be effective in improving the mental wellbeing of the general public, largely through improved mood and self-esteem, and is effective as a treatment for mild to moderate depression and for state and trait anxiety.

To support the *Programme for Government,* Sport Wales are committed to making physical literacy as important as reading and writing. They aim to develop a generation of children with the skills to enjoy a life-long participation in sport. Getting children and young people into the habit of exercise from the earliest age will help them to become healthy individuals, with balanced lifestyles. In this way, sport can be used as part of preventative strategies with children and young people, encouraging all to participate, regardless of ability.

Creating an Active Wales has a specific focus on actions to ensure:

- Properly designed and maintained play areas
- Safe and attractive streets
- Pedestrian links and cycle paths
- Access to green spaces.

Arts and Culture: Culture and arts also have significant value for mental health improvement. The *Arts in Health and Wellbeing Action Plan for Wales* recognises that the impact of the arts on mood and thoughts can be a powerful force in the development of improved emotional health and wellbeing. The Arts Council for Wales' (ACW) *Art of Good Health* emphasises how music, literature and the visual arts can provide relaxation, emotional relief and opportunities for self-expression and social contact. They support increased self-esteem, confidence and raised aspirations.

In Schools: Education and youth services are important community contributors, encouraging healthy lifestyles, social development and preparing young people for their adult lives. Wellbeing is at the heart of the *School Effectiveness Framework* and is a crucial core element of the work of education settings. This is also reflected in the increased emphasis on wellbeing within Estyn's 2010 *Common Inspection Framework*. The good practice document *Thinking Positively: Emotional health and wellbeing in schools and Early Years settings* also supports the promotion of emotional health and wellbeing.

The Welsh Network of *Healthy School Schemes*, S*chool Nurses* and the *School-based Counselling* service are already making an impact and will be developed and rolled out more widely. We have plans to bring forward legislation to make the provision of *School-based Counselling* a statutory duty on Local Authorities. Schools should also provide a safe learning environment which actively protects pupils from harm and prevents bullying behaviour from taking place. We have issued *Respecting Others* which provides guidance and practical solutions on preventing and responding to incidents of bullying in schools.

In the Workplace: Significant economic and productivity benefits can be achieved through effective work-based mental health and wellbeing practice. The *Healthy Working Wales* initiative, including the Corporate Health Standard and the Small Workplace Health Award, will support employers, employees and health professionals to improve health at work, prevent ill health and to support return to work following ill health. We will expect to increase the percentage of public sector employees covered by a work-based scheme in Wales.

Being unemployed is a risk factor for mental health problems and for suicide and self harm in people of working age. Providing support for young people to find work, or to engage with their communities if not employed, is particularly important. Keeping people in work will also help to ensure business continuity and reduce costs to employers. The *Health at Work Advice Line Wales* is already providing support to employers to aid their staff on mental health issues.

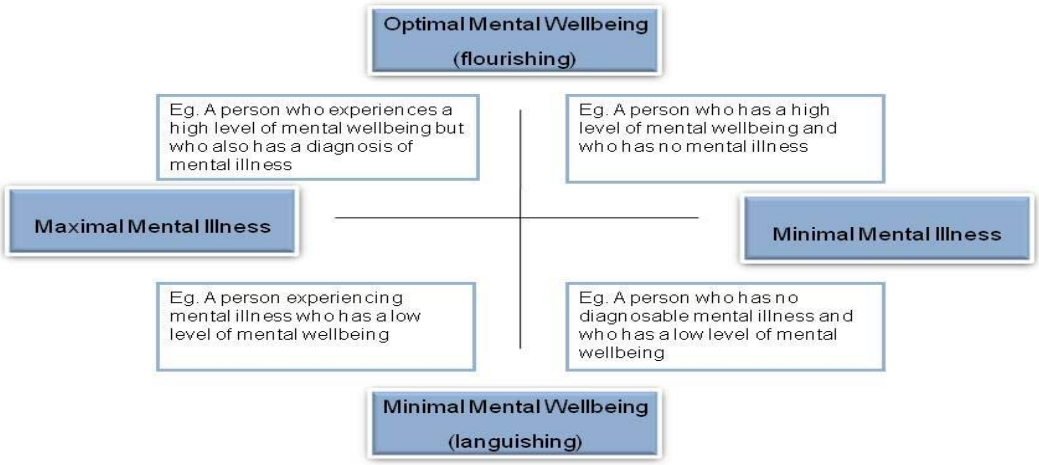
For adults not in employment whether due to disability or retirement, significant benefits to mental health and wellbeing can be achieved by engaging in a valued regular occupation such as volunteering or a hobby. By working closely with partners, particularly those in the Third Sector, we will encourage more people to get involved in volunteering.

Suicide and self harm are significant public health issues. Suicide is one of the highest causes of death among young people. 75% of people who die by suicide are not known to specialist mental health services in the year prior to death. In order to address this, local agencies should work in collaboration to implement the recommendations within *Talk to me: the National Action Plan to Reduce Suicide and Self Harm in Wales*. *Talk to me* has been reviewed by Public Health Wales NHS Trust (PHW) at its midway point. The next steps for continuing the work of the *Action Plan* will be agreed with PHW shortly and annual progress reports will be made to the NPB.

For individuals

People with mental health problems can enjoy good mental wellbeing, while some people without a diagnosed mental health problem may have poor mental wellbeing. We know that the mental health and wellbeing of individuals can be improved by increasing emotional resilience through interventions designed to promote self-esteem and life coping skills across all stages of life, from infancy to old age. This is outlined in the following diagram.

Dual continuum model of mental health



Source: adapted from Keith Tudor (1996) and Corey Keyes (2007).

For all ages: Those with poor mental health or mental illness are at an increased risk of poorer general health, including heart disease and diabetes. They also have higher levels of smoking, alcohol consumption, drug misuse and lower levels of physical activity. People with a mental illness need to be informed about how to maintain positive mental wellbeing and be specifically targeted in mental health and general health promotion initiatives. A lack of exercise and poor general health can also result in poor mental health and wellbeing. We are therefore supporting specific programmes such as *Stop Smoking Wales,* the *National Exercise Referral Scheme* and *Change4Life.* We are also continuing to invest in the delivery of *Working Together to Reduce Harm*, the 10 year plan to tackle the problems caused by drugs and alcohol in Wales.

In order to tackle health inequities and reduce social exclusion, resources need to be targeted at those people with severe and enduring mental illness and those at most risk of developing mental health problems as a consequence of stressful life experiences. This includes those with protected characteristics, asylum seekers, refugees, veterans of the armed services, women subject to violence and children experiencing domestic abuse. It is therefore essential that targeted and tailored promotion work takes place within communities to meet the needs of vulnerable groups and to tackle barriers to accessing support.

We should also promote good mental health throughout the criminal justice pathway, from police custody, through court processes, and within the context of both community and custodial sentences.

Our *Social Services Bill* will create a new law on the principle of “maintaining and enhancing the wellbeing of people in need”. Proposed definitions of “wellbeing” and “people in need” include:

- Physical and mental health and emotional wellbeing
- Protection from harm and neglect
- Education, training and recreation
- The contribution made by them to society
- Securing their rights
- Social and economic wellbeing.

Local Authorities and their partners will therefore have a new duty to maintain and increase the wellbeing of people in need.

For children and young people: This Strategy will be delivered in accordance with the Welsh Government's due regard duty as part of *The Rights of Children and Young Persons (Wales) Measure 2011* in relation to the UNCRC and its Protocols. Our ambition for children is underpinned by the commitment to realising the UNCRC for every child in Wales and expressed in the '7 Core Aims'. We therefore want our children to:

- Have a flying start in life
- Be well educated
- Enjoy the best possible health
- Have access to an enriched environment
- Be listened to and treated with respect
- Feel safe
- Not be disadvantaged by poverty.

Children and young people should also be given opportunities and support to develop wider non-academic skills and interests and to develop positive, safe social networks. Children and young people in poverty and those who have suffered abuse, neglect or who have been exposed to domestic abuse, are at significant risk of developing mental health problems.

Risk factors: We know that around 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many will have experienced problems from a much younger age. It is crucial to provide targeted interventions to those most at risk in the early years, to promote resilience and self-esteem as children develop and to identify signs of mental health issues at the earliest stage. The needs of those children who are 'looked after' must also be recognised.

Mental health and the wellbeing of babies and children is inextricably linked to the mental health and wellbeing of their parents, in particular their mothers. Our *Strategic Vision for Maternity Services* highlights that pregnancy can be a powerful motivator for change. Perinatal mental health problems are common and they can

have long lasting effects on maternal health and child development. Emphasis will be placed on promoting good mental health in pregnancy, early identification and antenatal intervention where there are indicators of risk.

Evidence shows that parenting skills training improves the mental health of parents and the mental health, behaviour and long-term life chances of children. Infants who experience positive secure attachments have the best foundation on which to build their future emotional and mental wellbeing.

Improving the emotional health of children through individual and family support is therefore a priority. This will increase their chances of educational achievement, to reach their potential and to develop social relationships. We are providing significant investment in early years through the expansion of our *Flying Start Programme.* Initiatives under *Families First* and the *Integrated Family Support Services* (IFSS) will provide further support as the programmes develop*. Team Around the Family* approaches are being developed across Local Authority areas, creating links between a broad range of professionals, such as Health Visitors and School Nurses.

Students facing challenges in moving away from home for the first time and/or adapting to or coping within an academic environment may require additional support. College and university staff have a crucial role to play in promoting the wellbeing agenda and ensuring students have access to the right support, when necessary. We are currently developing a *Healthy Further and Higher Education Scheme* which will support the mental health and wellbeing of students.

Ensuring continued life satisfaction among young people will be key to the Strategy's success. This can be measured through use of the *Children and Young People's Wellbeing Monitor for Wales*. The Monitor will provide a series of data on children and young people's wellbeing which can be used to track changes over time. It includes findings from the wider evidence base and the voices of children and young people themselves.

For adults and older people: We recognise that promoting mental health and wellbeing in later life benefits both the individual and society as a whole. It improves the individual's quality of life, increases their capacity to contribute to family and community life and participate in the economy. Independence is important for the wellbeing of older people and feelings of isolation and loneliness can often precede mental health problems. Schemes to promote social inclusion, befriending and volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Increased accessibility to public transport to allow people to get out and about, and adaptations to housing that help people remain in their home, have an important role in supporting independent living. Extra support or counselling at key times, for example during illness or following bereavement, can help people to adjust and move on with their lives. Pre-retirement planning can help people with the changes that retirement brings.

Older people who are unable to stay in their own homes should have access to health promotion activities within settings such as day centres and residential care homes.

We will ensure that implementation of the *Strategy for Older People in Wales* includes the promotion of good mental health and wellbeing as well as physical health. We are also considering how the planned health checks for the over 50s can further support this agenda. This will include ensuring health professionals make older patients aware of memory clinics and refer those in need of assessment.

The social engagement and inclusion of older people is a fundamental aim of the *Strategy for Older People in Wales*. Local Authorities are making good progress in engaging more effectively with older people, in many cases through the Third Sector. They have structures to support engagement such as local forums for older people and older people champions. Further progress will be made as we take forward this agenda.

By 2021 the number of people with dementia across Wales is projected to increase by an average of 30% and by as much as 44% in some rural areas. Whilst we can not completely prevent dementia, research suggests that there are some things that people can do to lower the risk:

- Exercising both mind and body regularly
- Not smoking
- Achieving and maintaining a healthy weight and eating a healthy diet
- Controlling high blood pressure, blood glucose in diabetes and reducing cholesterol levels.

We recognise that with access to appropriate information, support and care, it can be possible to live well with dementia. Under the umbrella of this Strategy, the delivery of the *National Dementia Vision for Wales* will seek to ensure that there is early diagnosis of the condition and that people, at whatever stage of the condition, have the best chance to live well and be involved in family and community life.

Chapter 2: A New Partnership with the Public

What outcomes do we want to achieve by 2016 and beyond?

- People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.
- Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.
- People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.
- People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.
- People feel in more control as partners in decision making about their treatment and how it is delivered.
- Families and carers of all ages are involved in assessments for support in their caring roles.
- People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.

Summary

For this Strategy to have an impact, the public as well as public services need to develop a better understanding of mental health issues and the importance of mental wellbeing in creating a healthier and more just society. It is crucial that we make society more supportive by working to ensure people are treated equally and to remove the stigma associated with mental illness, including dementia. This is key to encouraging individuals to seek help and advice from family, friends or services.

We will support individuals to take more responsibility for their own mental health, and to be vigilant about the mental health of their children and families, encouraging people to seek help and support for problems. Under *The Mental Health (Wales) Measure 2010* those people needing secondary services, and their families and carers, must be actively involved in their care and in the planning and development of services.

How will we deliver the outcomes?

- More will be done to help people understand mental health issues and to seek help early to manage their own care.
- We will work with the Third Sector through *Time to Change Wales* (TTCW) to ensure there is a concerted effort to tackle stigma and discrimination across sectors.
- *The Mental Health (Wales) Measure 2010* will expand primary care mental health services.
- Statutory Care and Treatment Plans for service users of all ages, will, wherever possible, be co produced and, where appropriate, include families or carers.
- Health and other public services will be required to engage with service users and carers of all ages to plan, design, deliver and evaluate services.

Ensuring equality

Wales has a rich mix of cultures and tradition which make our country an exciting and diverse place to live. We want to ensure that our services are flexible enough to respond to the different needs of people living in Wales. We will work with our statutory partners to ensure that the *Public Sector Specific Duties (Wales)* are delivered in order to address inequalities faced by people using mental health services.

Along with our statutory partners, we have a duty to advance equality and good relations in day-to-day activities. Equalities and human rights are interlinked and we have mainstreamed both of these into the development of this Strategy. We will develop a Mental Health Core Dataset which will capture data to allow us to measure the impact and outcomes of actions on all of the protected characteristics. This will improve awareness of the diversity of mental health needs and ensure that different needs are embedded in the design of future services and national policies.

Our commitment to a human rights based approach to mental health is underpinned by a holistic and service user centred approach to delivering and monitoring services. We will work with our statutory and non-statutory partners to ensure that services promote and protect the human rights of people with mental ill health. Public services must exercise their functions with due regard to the requirements of *The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011*.

Access to services should be based on individual need, recognising individuals may need access to both talking and non-verbal therapies in order to express and explore their mental health problems. Good practice and the knowledge and experiences of delivering to diverse and sometimes complex groups must be shared across Wales.

People who experience mental ill health are not just users of mental health services, but also other public services. Staff in wider public services may be less aware and confident of how to treat and respond to someone with a mental illness. This can be further complicated if someone has protected characteristics. Such staff therefore need training to ensure the care and service they offer is inclusive, sensitive and

appropriate. We therefore need strong leadership and exemplar policies in all public services to promote positive attitudes.

Meeting the needs of Welsh speakers

Receiving services through the medium of Welsh is a matter of need for many Welsh speakers and it is important that this need is met as a natural part of care. We have developed a strategic framework, *More than just words….* and associated action plans to strengthen Welsh language services in health and social care.

Some people with mental health problems are particularly vulnerable because their care and treatment can suffer if they are not treated in their own language. It is important to move the responsibility from the user to ask for services through the medium of Welsh, to the service to provide them. This principle is known as the 'active offer'. Moving towards a more proactive approach to language need and choice may take time and will be dependent upon the ability to recruit Welsh speaking staff but mental health services is one priority area where this should happen.

Promoting mental health awareness

For the whole population: We will do more to ensure that the public have access to good quality information on how to take care of their mental health throughout their lives. Better, up-to-date information will help people recognise when their own and other people's mental health is deteriorating. It will enable them to seek help early and support families or friends to do so, to use self-help techniques to better manage common mental health problems and to encourage others to do likewise.

Staff working in primary care and in mental health services need to be aware of the full range of services available so that they can signpost people to the most appropriate support. This needs to include the range of holistic support services provided by Third Sector organisations across Wales. The Third Sector also have a valued role in distributing information. Health Boards must ensure that national databases are kept up-to-date and that local service directories are available.

Mental Health First Aid (MHFA) should continue to expand as organisations should now have trained staff in post who can further disseminate training. *Book Prescription Wales* (BPW) will also continue to raise people's awareness and knowledge. We will look to find ways to provide more information and support, including online.

The Welsh Government funded help lines such as Community Advice and Listening Line (C.A.L.L) and the Dementia help line play an important role in accessing early advice and support. We will continue to support a range of help lines for all ages and vulnerable groups. We will do more to promote their use and link to other media resources. Work will be undertaken to co-ordinate them to ensure the most efficient and widespread use of these valuable resources.

For children and young people: We will seek to improve awareness of mental health issues among children and young people (as required by Articles 12 and 13 of

the UNCRC). We will ensure access to good quality and age appropriate information, produced and disseminated by and for children and young people in the places they frequently go. This is particularly important for children in special circumstances such as those within the criminal justice system. We will achieve this by engaging with young people's representatives through the Youth Service in Wales.

We will be working with schools via the Healthy Schools network, with youth clubs, colleges and Youth Offending Teams (YOTs), and engaging children and young people in education otherwise than at school, to raise awareness about mental health issues. This will include where help and advice can be found, and how to access appropriate services when needed. We will build on the activity to date to engage children and young people and their representatives in reviewing, evaluating and designing new services which meet their needs.

For adults and older people: For those of working age, tackling employers' attitudes to mental illness is particularly important. Negative attitudes in the workplace can lead to fears of being dismissed or being treated unfairly. This in turn can lead to the masking of problems and deterioration in an employee's mental health. Our *Healthy Working Wales* scheme*,* developed in partnership with employers, allows both employees and employers to access advice and support around mental health issues from the advice line and website. This scheme will be further promoted and developed. We will continue to support the development of mental health awareness within the criminal justice sector workforce.

Better information and advice about mental illnesses in older age is important. As people age, the incidence of many illnesses increase, including depression and anxiety. People with dementia and their families need information to help them plan for the future. As part of the commitment under the *National Dementia Vision Wales* we have funded the Alzheimer Society to produce information packs. The Dementia Help line and website will also be promoted and enhanced.

Reducing stigma and discrimination

People with other health problems do not usually face the same stigma and discrimination as those with a mental illness. In children and young people, this can often lead to bullying. Stigma and discrimination can further lead to secrecy and unwillingness to discuss mental health problems or to seek help when mental health problems and early signs of dementia arise. They can also give rise to self-stigma, loss of hope and reduced self-esteem in people with a mental illness.

The media: Negative portrayals of people with mental health problems and dementia in both print and broadcast media can lead to an ungrounded fear, misunderstanding and mistrust. Too often media coverage fails to cover those incidents when people with mental illness are victims of crime, focussing instead on the far rarer occasions when they are perpetrators. This in turn leads to discrimination towards people experiencing mental health problems, resulting in reduced access to work, education, housing and leisure opportunities. Inappropriate or irresponsible media reporting of suicides can also risk copycat behaviour.

Within services: Any stigma or discrimination by staff supporting people who have mental health problems must be identified and addressed, and the staff involved given appropriate training. Staff working within mental health services may also face stigma from their peers in other disciplines and action should be taken to address this.

The population more widely: We have demonstrated our commitment to ending mental health discrimination in Wales through support of *Time to Change Wales (TTCW)* supported by BIG Lottery and Comic Relief. TTCW aims to transform public attitudes and behaviour towards mental health and reduce the stigma and discrimination experienced by people with mental health problems. Annual surveys will measure progress and TTCW Champions will be identified in each Health Board.

Engaging people in their own care

We want to ensure that more service users, their carers and families are engaged and take an active role as partners in planning and managing their own care. Evidence shows that outcomes are better when this happens. We have already introduced legislation to ensure that those accessing mental health services in secondary care have the support of a care co-ordinator and that Care and Treatment Plans are discussed and developed with the individual involved wherever possible. More decisions must therefore be made in partnership, with service users making informed choices, including about medication and treatment. Service users may require support and training to provide them with the skills they need to meaningfully co-produce and negotiate their plans. Peer support can play a valuable role in this context.

Families and carers too can play a crucial and positive role in the Care and Treatment Planning for people with mental health problems. Service providers need to ensure that families and carers get good information, help and support, and have real choices.

Advocacy can provide a vital element in ensuring a strong voice, choice and real control for people with mental health. Advocacy services can help to ensure that those people unable to effectively and independently engage with services remain at the centre of their care. Statutory advocacy services have been extended under Part 4 of *The Mental Health (Wales) Measure 2010* to cover people receiving treatment for mental disorder while in hospital in Wales or subject to a Supervised Community Treatment (SCT) Order. We also want to see the further development of community advocacy services in all parts of Wales.

Occasionally service users may not consent to information being shared with family members, carers or with other agencies. Where the withholding of information may jeopardise patient or public safety, clinicians must use their professional judgement on whether or not this consent should be overridden. Information should only be shared in line with data protection legislation, the *Wales Accord on the Sharing of Personal Information (WASPI)* and guidance from professional regulators such as the General Medical Council (GMC).

Support for families and carers

Families and carers of all ages, especially young carers, have a vital role in the care and treatment of people with mental health problems. They require support to fulfil their role, including information, training, financial and emotional support and breaks from caring. There is growing evidence that unsupported caring responsibilities can have a detrimental effect on the physical, emotional and mental health of families and carers, and that their health is at increasing risk as their responsibilities increase.

The *Carers' Strategies (Wales) Measure 2010* placed a legal duty upon the NHS in relation to services for carers in Wales. It requires Health Boards to work with their partner Local Authorities to produce Carers' Information and Consultation Strategies.

Carers can choose whether or not they will care, and the level of support they are willing to offer. Those providing care on a regular basis have a legal right to ask for an assessment of their own needs and they may be eligible for services to help them, both in their caring role and to have a life beyond caring.

The amount of care and the level of support people are able and willing to provide must be negotiated and regularly reviewed. Maintaining the health of unpaid carers requires a health service which identifies carers' health needs early, and which proactively supports them to look after their own physical and mental health needs. Signposting and referral to appropriate agencies which can offer peer and emotional support is crucial, as well as support for carers to access leisure opportunities and breaks from caring.

We are committed to refreshing the *Carers Strategy for Wales* by April 2013. We also intend to strengthen carers' rights in the *Social Services (Wales) Bill*.

Active involvement of service users in service design, delivery and monitoring

Information on new models of care needs to be accessible to all. This helps people understand the reason for, and consequences of, change. It also informs service user choice about treatment, care and intervention options, better enabling them and their families to plan their care. Service users must be involved at individual, operational and strategic levels. They must be at the heart of service design and provision. They should be involved in professional appointment panels and in local mental health planning groups and collaboratives. They may need training and support to enable them to engage in this way.

Language needs as well as the needs of specific community and priority groups should always be considered in service design. Service planners will need to use a variety of ways of capturing views, particularly of those groups who are hard to engage using traditional consultation methods.

Service users, their families and carers should also be engaged in monitoring the quality and effectiveness of services. This is consistent with this Strategy's underpinning principle to view outcomes from the service user lens as described in Chapter 5.

Whilst there is no single approach to service user involvement, engagement and participation, those who want to be involved need to be fully supported. We have been active in promoting service user engagement at all levels. The Supporting Guidance for Standard 5 of NHS Wales' *Doing Well Doing Better* provides guidance on engaging service users in the planning of services. There are similar requirements on other statutory bodies. The *National Principles for Public Engagement in Wales* developed by Participation Cymru and endorsed by Welsh Government are aimed at public service organisations across all sectors in Wales. The principles set out how people of all ages can become involved in decisions about how services are planned and provided.

While engaging with children, young people and those with dementia can be more challenging, there are established methodologies that can enable their voices to be heard. The WAO, HIW, CSSIW and Estyn report, *Services for children and young people with emotional and mental health needs (2009)* highlighted the need to simplify complex arrangements for CAMHS service provision and the need to involve children, young people and their parents in all aspects of service development, implementation and review. The *Children and Families (Wales) Measure 2010* places a requirement on all Local Authorities and key partners to produce a Local Participation Strategy. The aim of these strategies is to ensure that children and young people have opportunities to have their voice heard and to be involved in decisions that affect their life at local levels. We expect such engagement and consultation to happen.

Chapter 3: A Well Designed, Fully Integrated Network of Care

What outcomes do we want to achieve by 2016 and beyond?

- Service users experience a more integrated approach from those delivering services.
- People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.
- Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.
- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.

Summary

We want to ensure that fewer people in Wales of any age develop mental health problems. For those that do, whenever in their lives this happens, we want the problems to be identified earlier, allowing more effective and timely interventions, promoting recovery and preventing deterioration where this is possible.

We want equality of access to services across Wales and for interventions offered to be based on the best available evidence. Services should be delivered within the community whenever practical, allowing hospital services to be used most effectively, if required. There should be a clear care pathway in place which links services seamlessly and provides the best chance of recovery or enablement. As mental health problems are often experienced in conjunction with other health, social, environmental and economic issues, services should therefore be effectively integrated.

How will we deliver the outcomes?

- Partner agencies will be expected to jointly plan and provide integrated services and environments to meet the needs of those with mental health problems in a person centred approach.
- Health Boards, Local Authorities and other service providers will be expected to demonstrate that the support, interventions and treatment offered are evidence-based, safe and therapeutic; that they maintain people's dignity and independence, promoting recovery or enablement.
- Agencies will ensure that their services offer effective early intervention, using a "psychologically minded" approach to improve outcomes and to help reduce inappropriate hospital admissions.
- Services will review their approach to risk management and safeguarding issues.
- Primary Care Mental Health Services will be developed in line with the requirements of *The Mental Health (Wales) Measure 2010*.
- Service planners will be asked to review care pathways with service users to ensure they are seamless, meet the specific needs of all age groups and are integrated to more effectively meet the complex needs of people with co-occurring problems.

Service providers working together

Improving mental health outcomes requires all agencies and all sectors to work collaboratively. Good progress has been made in a number of areas across Wales in establishing integrated management arrangements and pooled budgets. This good practice must be built upon.

Working together in the interest of the individual requires an agreed set of values governing how agencies interact with the people they serve. Competent practitioners will work with integrity to ensure that people are empowered and treated with dignity, compassion and respect. This will give service users increased confidence and trust in the services they use. These principles should also be applied in all interactions between partner agencies whether in the statutory, voluntary or independent sector.

Mental health services and physical health services must work in partnership to ensure that the physical health needs of people with mental illnesses are met. There is good evidence that people with mental illness experience higher rates of mortality and morbidity than people without mental illness.

Primary Care: Service users have told us their physical health needs can be neglected or even dismissed. With the introduction of The *Mental Health (Wales) Measure 2010* and this broader Strategy, the time is right to review the mental health Directed Enhanced Scheme (DES) under the General Medical Services (GMS) contract. The aim is to ensure the identified funding is invested to the best possible effect for people of all ages with mental health illness.

Secondary Care: For staff working in secondary care physical health services, identification and appropriate management of mental health co-morbidities, re-

feeding in eating disorders, managing delirium and the mental health aspects of underlying organic illness are all important. This must also include the care of people with dementia or depression in the general hospital setting, treating medically unexplained symptoms and managing people who self harm with empathy, undertaking careful risk assessments in Emergency Departments. Equally, support and advice from physical healthcare teams for inpatient psychiatric units is key, particularly on older people's mental health wards.

Joining Health and Social Care: *The Mental Health (Wales) Measure 2010* places statutory duties on both the NHS and Local Government to provide integrated solutions between health and social care for people of all ages. Furthermore, *Sustainable Social Services* clearly states "our first priority is to ensure that resources are used in a more joined up way as this will make better use of the capacity that exists". It also highlights the importance of developing more integration of health and social services for children, young people and frail older people, and in respect of enablement services. This will be strengthened in the forthcoming *Social Services Bill*.

Direct Payments: *Sustainable Social Services* recognises that for some people, control means managing their service themselves. Direct payments are an important tool for greater control for some people. Where people make the choice to have direct payments, we will expect them to have a right to receive them. We will work with service users and stakeholders, and in particular with service user interests, to develop a model of self-directed support that is consistent with our principles for social care. We will also explore time banking as a way of creating innovative and responsive services.

Our *Framework for Action on Independent Living* encourages the development of organisations, which are run by and employ disabled people, to provide services including support for people to have more control over the care package and services they receive, and direct payments.

The Third Sector: This sector plays a valued and important role in the delivery of mental health services in Wales. Statutory services will ensure they have effective partnership and commissioning arrangements with the Third Sector that recognise the value of the range of diverse, flexible and innovative delivery models that they can provide. *Designed to Add Value* highlights the role that the Third Sector can play as partners in providing responses to the priorities facing the NHS and Social Care.

Holistic care throughout the care pathway

Partner agencies need to ensure that they have a fully integrated approach to deliver an effective, person centred holistic service model that addresses the needs of the individual as set out below.

Primary Care

Our aim under this Strategy is for mental health problems to be identified earlier and for appropriate timely interventions to be offered to avoid deterioration and to support recovery and enablement. Part 1 of *The Mental Health (Wales) Measure 2010* is intended to support a step change in the services available in primary care settings.

Primary care provides an accessible and non-stigmatised service for all ages that is usually the first point of call for people. The further development of services offered in primary care settings is crucial to offering these service equitably across Wales and as close to home as possible.

GPs are vital in the delivery of integrated services to meet the needs of those with mental health problems through early identification of problems and the provision of holistic, longitudinal care. In addition, the GP ensures the co-ordination of services to support patient needs, ensuring that physical and mental health issues are managed.

Community pharmacies also play an important public health role in providing information on choice, risks and optimising use of medication. Through routine checks, dentists may identify eating disorders and health visitors, through the All-Wales Maternity Record, may identify women experiencing post-natal depression. For Child and Adolescent Mental Health Services (CAMHS) at Tier 1, services extend into schools, youth services and beyond.

For children and young people with mental health problems: Early identification and intervention must be a key priority for service providers. Tier 1 CAMHS services have successfully facilitated this work, enabling primary and direct contact services (usually provided by GPs, health visitors, school nurses, voluntary sector, social care and education) to maintain a route into specialist CAMHS. These links must continue and support be maintained, particularly for the School Nursing service and the

School-based Counselling service and Youth Offending Teams (YOTs). These services will both meet the needs of children and young people and act as a conduit to improve appropriate access to CAMHS. The monitoring of referral rates and forward referral to CAMHS has already commenced and we will continue to use routinely collected data to monitor the efficient and effective interface between *School-based Counselling* services and CAMHS.

Both generic and specialist services that work with children and young people, such as youth justice services and CAMHS need to develop links with police and other appropriate criminal justice agencies. This will ensure young people who have become disengaged from mainstream services can be identified and provided with the relevant care and support to enable them to lead crime free lives.

For people with a learning disability and mental health problems: Primary mental health services will need to ensure that they are sufficiently skilled and supported by the Learning Disability Community Team with onward referral as appropriate.

For older people: Primary care services are key to the early detection of mental health problems such as depression and anxiety, and dementia. They need to ensure that appropriate referrals are made to specialist older person's mental health services such as memory clinics or for psychosocial or psychological interventions, enabling people to take timely decisions, including financial decisions, about their future.

Community Services

Whilst increasing provision in primary care services is a key priority, individuals with more severe mental health problems will need access to more specialist services. Community mental health services for children, adults and older people have expanded in recent years. We now need to ensure there is equity of access and provision across Wales, with primary and community services working closely together.

CAMHS teams and Community Mental Health Teams (CMHTs) for adults and older people must ensure that all people needing specialist services can access them quickly and easily, including at evenings and weekends. Specialist functions within community services such as Community Intensive Intervention Teams (CIITs) in CAMHS, Crisis Resolution and Home Treatment services (CRHTs), early intervention in psychosis and assertive outreach approaches have been developed, but access to and the integration of these functions needs to be improved.

All community services need to be available on the basis of need rather than on diagnostic category or age, with unacceptable variations in availability and quality eradicated. They should provide therapeutic interventions and offer greater choice, enabling people to maximise their quality of life, participate within their local communities and realise their full potential. Service providers should review their community services in light of the requirements of *The Mental Health (Wales) Measure 2010*.

In working with individuals, services must consider the wider family environment and provide an integrated and co-ordinated service for those families and individuals requiring support. In dealing with families, all services should systematically consider any child or vulnerable adult protection and safeguarding issues and take immediate action should they be identified. Clearer links between child and adult protection are being established through a new legal framework.

Inpatient Care

A small proportion of people with a mental health problem or mental illness will require inpatient treatment. Under previous strategies much has been done to provide hospital care closer to home and improve the standard of accommodation and treatment. Most of the old psychiatric units have been modernised, as have both specialist units for children and young people. Improved community services supported by modern inpatient units will replace remaining unsuitable facilities.

For all ages: Units should now offer single sex facilities, usually in single rooms with en-suite facilities, in single sex wards with single sex toilet and washing facilities, or single sex cubicle accommodation in a ward with adjacent single sex toilet and washing facilities together with safe gender specific communal areas. They must also provide specific, safe spaces for visiting families and children.

The care offered in these settings is about much more than just the building. Health Boards should use improvement initiatives to ensure that hospitals provide a safe and therapeutic environment in which people's privacy, safety and dignity is paramount. As with other services, inpatient provision needs to be tailored to meet the mental health needs of the local population. This must include provision for diverse cultural and spiritual and language needs. Care and Treatment Planning for those requiring inpatient treatment should focus on recovery and ensure safe and timely admission and discharge.

Community services need to be involved throughout the inpatient process, ensuring that accommodation and other appropriate support is in place by the time a person is ready to leave hospital. Repeat admissions and Delayed Transfers of Care (DTOCs) will be monitored, with service improvement methodologies being used to drive reductions.

For children and young people: Age-appropriate environments should be provided, and children and young people should not be admitted to adult wards except in the most exceptional circumstances. Where such an admission is unavoidable, it should be treated as a serious incident, in line with the Welsh Government guidance. The approach should be to work with the child and their family to manage and address distress and issues of attachment appropriately, and to understand the context of that child's developmental disorders. If, however, a mental illness such as psychosis is identified, evidence-based interventions should be offered as early as possible with an emphasis on recovery.

Many older people, and some who are younger, will be cared for in residential and nursing care rather than hospital settings. Specialist community mental health

services should provide in-reach to these settings to ensure effective case management, liaison and appropriate standards of care.

For those who need to receive care or secure provision, away from their local area, from either within or outside the NHS, their Health Board needs to develop a care pathway and ensure the requirements of Parts 2 and 3 of *The Mental Health (Wales) Measure 2010* are met. The effectiveness of the specialist placement must be evaluated through on-going case management. People should return as close to home as possible, as soon as clinically and practically appropriate.

Support for individuals in the criminal justice services

People in the criminal justice system with mental health problems have an equal right to treatment and support. To do this effectively will involve:

- Police, health services and social services working together to implement good practice in the arrangements for the use of appropriate places of safety under sections 135 and 136 of the *Mental Health Act 1983*
- Further development of Criminal Justice Liaison Services (CJLSs) in police custody suites and courts to identify those in mental distress and facilitate access to care and treatment
- Timely and appropriate mental health advice and reports to custody suites and the courts
- Good quality information to offenders with mental health problems and learning disabilities
- Primary and specialist care services planned and delivered through partnership with Health Boards, Local Authorities, Her Majesty's Prison Service (HMPS) and other custodial contractors in line with Part 1 of *The Mental Health (Wales) Measure 2010*
- Timely transfer of prisoners to general acute mental health hospitals and specialist secure hospitals under the *Mental Health Act 1983*
- Multi-disciplinary risk assessment and case management undertaken prior to and at the point of release from prison for those with mental illness and co-occurring conditions such as substance misuse
- Effective support with rehabilitation and resettlement prior to and at the time of release from prison.

In general about one third of the prison population from Wales is held in prisons in England, including all women prisoners. Mental health services in Wales therefore need to work with healthcare teams in English prisons and respond to their requests for engagement in discharge planning. Women prisoners have high levels of mental health problems and of self harming. Ensuring their safe and successful resettlement to their home areas is essential. Health Boards must ensure that they meet their rights to reassessment under *The Mental Health (Wales) Measure 2010*.

Children and young people in contact with the criminal justice system

For a young person, working with the Youth Offending Team (YOT) and accessing services at the right time is key to preventing them from entering the youth justice system.

Young people in the system can often present with complex, multiple problems. The assessment of need by health and other professionals in the YOT therefore needs to ensure access to universal services to meet their needs. This should also identify a moving on strategy for the individual following their sentence.

To enable YOTs to support young people to access treatment and services for identified mental health problems, co-occurring conditions and emotional and behavioural difficulties, there needs to be:

- An identified Health Board Mental Health Advisor role to support each YOT, aligned with Tier 3 forensic CAMHS team

- Strengthened links between CAMHS and YOTs to enable timely access to relevant help and support for young people identified at risk of offending and anti-social behaviour.

There are a small number of young people detained within secure establishments both in England and Wales. To ensure these young people have equitable access to support and services as those in the community, CAMHS in reach services should be provided to young people in custody in Wales.

Service development priorities

Whilst there have been many developments in services for all age groups in recent years, there are a number of issues that remain to be tackled under this Strategy:

For all ages:

- Safeguarding the most vulnerable individuals and ensuring safe and dignified care for people using mental health services (all agencies have statutory duties in this respect).

- Ensuring the provision of quality services that promote independence whether in people's homes, in hospitals or in any other setting as set out in *Fundamentals of Care* (FoC). Everyone should be treated with dignity and respect, in safe, modern environments that promote and support people and their carers to make choices about what care they want.

- Recognising that linguistic matters can be clinical needs rather than choice for mental health service users. Services must be suitably developed for delivery through the medium of English and Welsh.

- Getting people the right treatment at the right time with the right outcome. This is particularly important in the treatment of a first episode of psychosis. There is

a growing evidence-base demonstrating that the long-term outcomes for people with psychosis are significantly improved when treatment is commenced at initial onset.

- Providing timely access to a range of evidence-based psychological interventions. This is addressed within our Policy Implementation Guidance, *Psychological Therapies in Wales*, published in March 2012. This guidance seeks to drive the delivery of evidence-based psychological interventions. Registered psychological/talking therapies should be available for people of all ages as an integral part of treatment, complementing and sometimes as an alternative to medical treatment.

- Other evidence-based psychosocial, occupational and non-verbal and creative psychological therapies such as art and music therapy should be available where clinically indicated. They should be delivered by suitably trained and supervised multi-disciplinary staff.

- Ensuring the delivery of specialist community services functions. This should include an appropriate response in crisis, the ability to intervene early and the delivery of assertive outreach approaches. This is particularly important for those people with complex needs, for those who are difficult to engage or have lost contact with services in the past, and where people are homeless or have transient lifestyles.

- Operating best practice in the management of risk. This includes identifying people at increased risk of:

    - Suicide and self harm or self neglect
    - Harm to others
    - Service users become unnecessarily dependent upon services
    - Institutionalised care practices.

- Whilst serious incidents involving people with a mental illness are rare, public protection and patient safety must always remain paramount. It is essential that service providers promote a culture of positive risk management. Mental Health services need to avoid doing harm and also to strengthen the recording system for failures and incidents so lessons can be learned and improvements made and shared.

- Shared responsibilities between agencies on suicide prevention and support for people who self harm. This is most effective when agencies work together to deliver co-ordinated approaches in a variety of community settings.

Co-occurring conditions:

It is important to ensure integrated support, care planning and service delivery for those people experiencing mental health problems who also have other health and social problems, such as alcohol and/or drug use, learning disabilities or Autistic

Spectrum Disorders (ASD). Similar issues arise with long-term physical health conditions such as heart disease, diabetes, sensory impairments or other mental health conditions caused by neurological problems such as Acquired Brain Injury, Parkinson's disease or Korsakoff's Syndrome. Meeting these complex needs will frequently require a response from more than one service area and from more than one agency.

- **Substance Misuse**: Our substance misuse strategy, *Working Together to Reduce Harm,* reinforces the importance of services working together to treat people who have both substance misuse and mental health problems. It recognises how substance misuse can lead to extended mental health problems and accepts that those presenting with mental health problems are susceptible to misusing legal or illicit substances. Ensuring delivery of *A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem* remains a priority.

- **Eating Disorders**: Eating disorders are increasing across all ages. Services to people with an eating disorder should be delivered in line with the guidance: *Eating Disorders – A Framework for Wales (2009)*. For those people whose needs cannot be met within primary care, interventions should be delivered from within local community mental health services. Where more specialist care is required, community eating disorder services are currently provided in both north and south Wales. The pattern and cost-effectiveness of eating disorder services will be reviewed during the first years of this Strategy.

- **Personality Disorders**: People with a severe personality disorder should be able to access local services. For those who present as a high risk to themselves or others and cannot be managed within mainstream services, access to specialist personality disorder services should be available. This diagnosis should not mean that people are excluded from services; rather decisions regarding their care should be based upon clinical need. The National Public Health Service for Wales has published *Meeting the Health, Social Care and Wellbeing Needs of Individuals with a Personality Disorder*. This provides guidance on the assessment of how prevalent personality disorder is, the implications for communities and services and the evidence base for interventions.

- **Learning Disabilities**: People with learning disabilities are at greater risk of mental health problems across all diagnostic categories including dementia. There is strong evidence that people with severe or profound learning disabilities, frequently with co-existing illnesses and disability, receive less effective healthcare and have a higher rate of mortality than the general population. The *Statement on Policy and Practice for Adults with a Learning Disability* states that “people with a learning disability who also have mental health needs should be able to access the available range of generic as well as specialised local mental health services to address their mental health needs”. The *Good Practice Framework for People with a Learning Disability requiring planned Secondary Care* highlights the need for integrated care pathways that cross the interfaces between health and social care and between primary and secondary care.

- **Autistic Spectrum Disorders**: The Welsh Assembly Government's *Autistic Spectrum Disorder (ASD) Strategic Action Plan* was launched in 2008. This Action Plan has been an effective springboard for the many new developments within the autism field in Wales. Strengthened by lessons learned and evaluation, it will continue to be the impetus which enables Wales to effectively respond to ASD over the life of the Strategy.

- **Sensory Impairments**: People with a sensory impairment are at increased risk of mental illness and can face additional barriers in accessing services. Deaf children and young people are 60% more likely to experience mental health problems than other people. Sight loss has been identified as one of the top 3 causes of suicide in older people. Statutory agencies should make reasonable adjustments to ensure that the needs of any individual with an impairment are fully addressed. These issues must be addressed through the entire range of services provided in line with *Accessible Healthcare for People with Sensory Loss in Wales*.

- **Victims of rape, sexual abuse and sexual violence:** Instances of rape and sexual violence can have a devastating effect on the victim, with the mental harm often far outlasting any physical injuries. 50% of women who are living in refuge will disclose some form of mental health issue at point of access and up to 70% of inpatients in mental health services have experienced domestic abuse. Abused women are more likely to suffer from anxiety, low self-esteem, uselessness, depression, eating disorders, PTSD, and obsessive compulsive disorders. They are 5 times more likely to attempt suicide.

- *Right to be Safe (2010)* is our 6 year integrated strategy for tackling all forms of violence against women. To strengthen the mental health services for those who have suffered sexual abuse and violence, we commit to ensuring that the Third Sector and statutory health services are clear about their roles when supporting victims and provide interventions according to clinical need.

For children and young people:

- Placing a greater emphasis upon promoting resilience, the development of life skills and coping strategies in children and young people. Evidence-based assessment and treatment services need to be readily accessible when they are needed. The focus on resilience and wellbeing should encourage Local Authority and NHS services to work together to address issues surrounding early attachment problems. This is particularly important where the main care giver is experiencing mental health problems. Children who are part of the 'looked after system' and living in residential or foster care may require specific and specialist support.

- Early identification and intervention for individuals experiencing childhood neglect, abuse or trauma. This has consistently been highlighted as the most important factor in identifying those at high risk of developing mental health problems.

- Increasing the consistency of availability of services for the under 5s. This includes building on existing early years and family focused initiatives, such as *Families First, IFSS* and *Flying Start,* together with the all-age primary health services required under *The Mental Health (Wales) Measure 2010* and Tier 1 CAMHS. Working together, services should provide support to improve parenting and promote secure good attachment, both of which are vital in early child development and for promoting mental health.

- Ensuring effective links and transition between child and adult services. The responsibilities placed on statutory services such as education and CAMHS frequently cease between the ages of 16 and 19, leaving many people with no active service involvement at precisely the age when serious mental illnesses are first experienced. Ensuring continuity and managing transition is critical at this most vulnerable stage in a young person's life. Families and service users' feedback, as well as findings from untoward incidents, tell us that this transition has to be managed better across Wales.

For adults:

- Treating the health of veterans as a priority as required by our *Package of Support for the Armed Forces community in Wales*. Local services need to be responsive to the needs of armed services veterans. Specialist mental health services and holistic care for veterans are provided by the all-Wales Veterans Health and Wellbeing Service. The package of care and support for ex-service personnel includes the policy of *Priority NHS Treatment for Veterans* with service-related conditions. We will build on the findings highlighted by HIW in their review *Healthcare and the Armed Forces Community in Wales*.

- Delivering the remaining priorities contained in the 2010 *Secure Services Action Plan*. These include learning disabilities, personality disorder, women's services, and acquired brain injury.

- Re-establishing the Mental Health and Criminal Justice Planning Groups (MHCJPGs) in line with Welsh Government guidance.

For older people:

- Ensuring older people with mental health problems have timely access to an equitable range of evidence-based services.

- Ensuring that there is no automatic transfer to a specialist older people's service of people with mental illnesses, such as depression or psychosis, as they age. Transfer will be based upon their clinical needs and not purely on their chronological age.

- Responding to the increasing numbers of older people experiencing common mental health problems, such as anxiety or depression, for the first time.

- Ensuring that all those providing Primary Care mental health services are trained and supported to improve early identification and recognition of depression, other functional illnesses and dementia.

- Recognising the importance of the support that can be provided by older age liaison psychiatry teams to general health provision in assisting them to better manage acute disorders such as delirium. These specialist teams can also offer advice, support and training to the wider workforce on the needs of older people with mental health problems or dementia.

- Preparing for the anticipated rise in the number of people with a dementia due to an ageing population. This will include provision and support for people with a young onset dementia.

- Improving care and support for dementia sufferers and their families through implementation of the *National Dementia Vision for Wales,* the 1000 Lives+ and the *Intelligent Targets for Dementia*.

- Developing the role that assistive technologies can play in delivering care to older people, those with a dementia and people living in rural and isolated settings.

Chapter 4: One System to Improve Mental Health

What outcomes do we want to achieve by 2016 and beyond?

- People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.

Summary

We have highlighted the impact that mental health problems and mental illness can have on the general health, relationships, educational attainment, employment prospects and social wellbeing for individuals. For the individuals affected and their families, there can be a lifetime of lost potential and unrealised aspirations.

We recognise that more needs to be done to ensure that those who develop mental health problems and mental illnesses can have a good quality of life and realise their full potential. To do so, people need greater support to manage their own lives, have stronger social relationships and a sense of purpose. This support should lead to improved educational outcomes, better chances to gain or retain work and a stable place to live.

Providing a holistic approach to improving mental health for people of all ages in Wales requires a cross-Government approach, with public services, the voluntary and independent sectors working together. Doing so will help to prevent mental health issues escalating and will support and sustain recovery and enablement for those with a mental illness. It will also help to achieve the wider ambitions of *Programme for Government.*

How will we deliver the outcomes?

- We will ensure that people with mental health problems experience less discrimination, are able to live a more fulfilling and independent life, enjoying access to a full range of work, cultural, education, spiritual and life experiences. We will do so by identifying actions across the Welsh Government to support the delivery of this Strategy.
- An approach based on effective person centred Care and Treatment Planning for people of all ages which address all areas of life, will be firmly embedded in service provision.

The ‘8 Areas of Life’

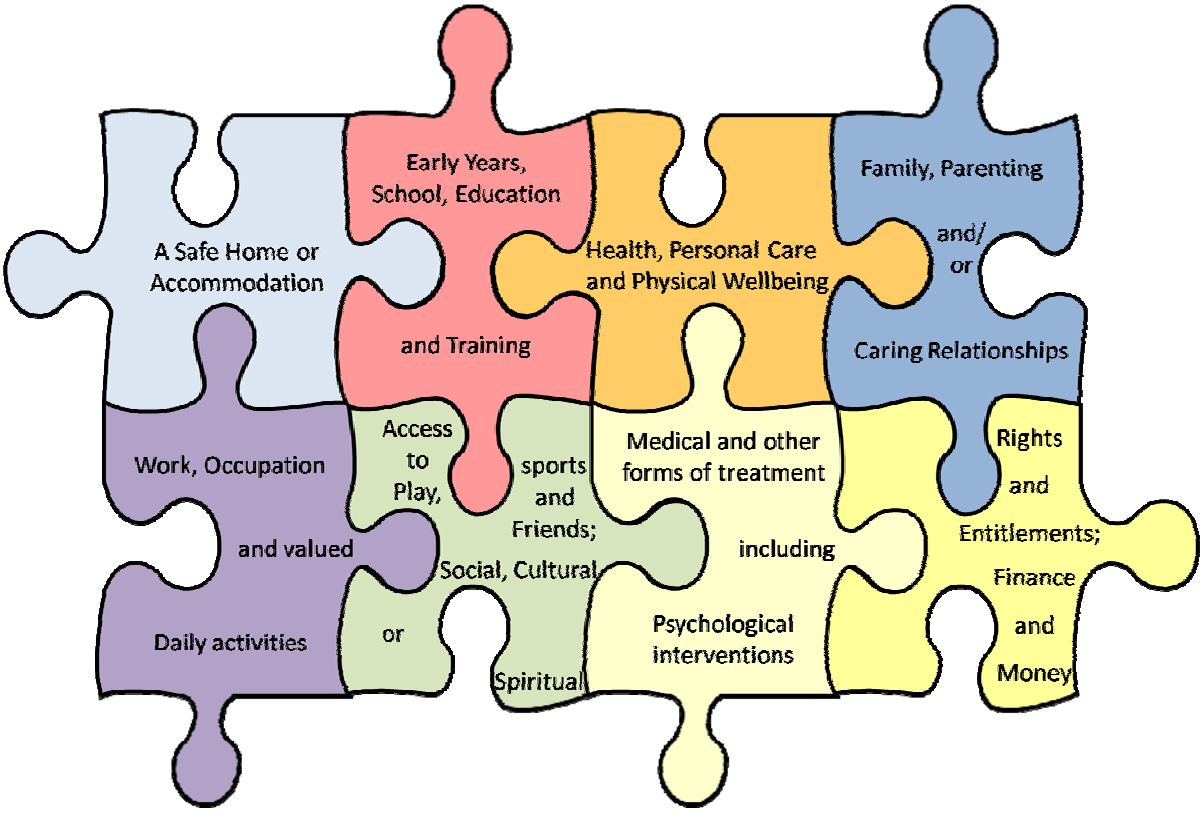
We recognise that a range of support is crucial to improving mental health, and to assist recovery and enablement. Holistic care plans for those in secondary care are already a statutory requirement with duties placed on Health Boards and Local Authorities. Non-statutory care planning is frequently used in Primary Care and Third Sector services. Such an approach is good practice and is encouraged.

Service User Comments

"What is a Care Plan – I've never heard of that or been told about that?"

"When it comes to writing a care plan its OK writing things down but in your mind you think: 'I can't possibly do that!' But before you know it you have a review of your goals and you can see the progress you've made."

Care and Treatment Plans for people of all ages should identify the outcomes that service users wish to achieve. Taking a holistic approach, they should be drawn from the aspects of a person's life that have the most impact on their mental health and wellbeing. For children and young people this is a way of ensuring that the '7 Core Aims' under the UNCRC are realised.



Rights and Entitlements; Finance and Money

Service User Comments

"Dealing with my debts changed my life. When I had my money under control I felt much better."

"The hardest thing for a person with a mental illness is getting a job so it's difficult for us to get ahead with our money."

In line with our *Programme for Government* commitment to tackle poverty including child poverty, we believe that people with mental illness should not experience greater levels of deprivation than others. Poverty contributes to many of the areas of disadvantage faced by people who experience mental illness. It has a direct effect on children's cognitive development and ensuring that children are not disadvantaged by poverty is one of our specific aims. To this end, we issued a *Child Poverty Strategy* in 2011, in line with the '*Children and Families (Wales) Measure 2010*, with an aim to reduce the inequalities that exist in health, education and economic outcomes of children and families.

Mental health problems may also cause an individual to neglect their personal finances. Someone living with a diagnosis such as dementia may worry about how they and their family will cope as their illness progresses. Dedicated books on dementia from Book Prescription Wales give more detailed advice on such matters.

Lack of money contributes to many other difficulties that people face and will also increase distress. Debt problems can lead to increased levels of stress and anxiety, to physical and mental health problems such as depression, low self-esteem, relationship breakdown, and even to loss of employment. Service users, including those in inpatient settings, must have ready access to sound advice and support on all financial matters including debt and savings.

Our *Financial Inclusion Strategy* provides a lead to partners in tackling financial exclusion and over-indebtedness in Wales. The *Programme for Government* includes the commitment to "support Third Sector advice providers to assist people who have debt problems and help people manage their finances". In part, we are doing this through funding provided to Citizens Advice Cymru to support the work of Citizens Advice Bureaux and Advice Line Cymru. *Moneyline* has helped a significant number of people to deal with debt and loan problems.

Changes in benefits can cause a significant amount of worry and fear for people with mental health problems. We will continue to engage with UK Government on non-devolved welfare and benefit issues to seek to mitigate their potential impact in Wales of driving people into greater poverty.

A Safe Home or Accommodation

Service User Comments

"My mental illness led to me losing my home and being homeless just made me worse."

"Having my own flat helped me prove to myself that I could be more independent."

People who experience mental illness should have all possible support to ensure they live in a safe and secure environment. This is in line with our *Programme for Government* aim "to ensure that people have a high-quality, warm, secure and energy-efficient home to live in."

The introduction of Care and Treatment Planning for secondary care service users of all ages should ensure that the accommodation needs of service users are

assessed. It should drive planning and operational improvements in joint working between mental health and housing services. The accommodation element of the Care and Treatment Plan also extends to those in inpatient settings.

Poor housing or homelessness can contribute to mental health problems, or make an episode of mental ill health more difficult to manage. A good, safe place to live provides an excellent foundation for all other aspects of a mentally healthy life. People who experience mental illness are particularly vulnerable if their housing is insecure.

Unstable housing has an impact on people's emotional wellbeing and can affect children's development. 16 to 25 year olds can face particular problems if their relationship with their family has broken down resulting in homelessness, or if they are leaving care. For older people, support to enable them to remain in their own homes is crucial to their independence and, as a consequence, to their mental wellbeing.

A full range of housing solutions, with support, should be available at all stages of the recovery process. Recognition must be given to the need to be close to services, facilities and support in order to stay well and maintain tenancies. In recent years, models of supported housing and emergency respite provision have been developed, sometimes through collaborative arrangements between housing agencies and health and social care services. These can serve to support crisis interventions and avoid unnecessary admissions to hospital or inappropriate lengths of stay.

Local Government housing services, Housing Associations and a number of Third Sector organisations already play a significant role in helping people with mental health needs, delivering a wide range of services and assistance. Some associations have developed specific health and care services for people with mental illness, including facilities dedicated to dementia care. There is scope for them to do more, as not-for-profit organisations that can reinvest in their local communities. Over and above this, they deliver to their tenants and their families, services and support that help to promote good physical and mental health and wellbeing.

The review of the *Supporting People* programme confirmed the vital role it plays in enabling vulnerable people to live independently in their tenancies. The new guidance, which came into effect from August 2012, should lead to improved understanding of outcomes for service users and ensure the distribution of funding better reflects patterns of need across Wales. Local Authorities, Health Boards and Third Sector providers will work more closely to commission services on a regional basis. These arrangements aim to improve the quality of commissioning for people with mental health needs and should help to ensure better links between strategic partners. All health and social care commissioners should consider the best way to engage with *Supporting People* developments as an integrated part of their specialist community service commissioning.

Homelessness is particularly damaging and associated with a high incidence of mental health problems. Being homeless almost trebles a young person's chance of developing a mental health problem. Our *Code of Guidance for Allocations on*

Homelessness has been strengthened in respect of mental health and wellbeing. The revised Guidance provides clarity on the expectations of joint working to prevent homelessness for people with mental health problems.

The *Housing Bill* will also contribute to improving people's mental health and wellbeing by seeking improvements to private rented properties and the practices of landlords and lettings agents. It will include revised legislation to do more to prevent people from becoming homeless and help those that do.

Those with a mental illness and dementia, particularly those living alone, can also be at greater risk of fires in their home. We are working with partner agencies to do more to ensure that vulnerable people receive home fire safety information, safety checks and have smoke alarms fitted where necessary. We are already funding the Fire and Rescue Services in Wales to work with Care and Repair agencies and Mind Cymru to identify those at risk. However, to ensure that more vulnerable people are identified and offered fire safety advice, there is a responsibility for all health and other professionals to identify those with a heightened risk of home fires, and to share this information with the Fire and Rescue Service.

Health, Personal Care and Physical Wellbeing

Service User Comments

"Maintaining good physical health is a crucial part of recovering from serious mental illness."

"Everyone knows the saying that a healthy body means a healthy mind, however, when it comes to the treatment of serious mental illness this is not always heeded."

People who experience mental health problems should be assisted to enjoy the same life expectancy and quality of physical health as the general population. This is supported by the commitment in the *Programme for Government,* "better health for all with reduced health inequalities". The Code of Practice to Parts 2 and 3 of *The Mental Health (Wales) Measure 2010* points out that a person's personal care needs and physical wellbeing ought to be identified, regardless of their age, when planning care and agreeing outcomes.

People with some psychiatric diagnoses may have their life expectancy reduced by between 10 and 17 years. There are many reasons for this and some medical interventions may have a detrimental effect on people's physical health. Where people are taking medications that pose a risk to health, they should be made aware of those risks and all necessary steps should be taken to minimise them.

Service users often have less healthy lifestyles than others, levels of smoking are high and diets may be poor. Chapter 1 sets out the need to target health promotion initiatives at people with a mental illness. The opportunity for physical exercise should be routinely offered to people in inpatient settings.

Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life. The Kings Fund recently found that between 12% and 18% of all NHS

expenditure on long-term conditions is linked to poor mental health. Care for people with long-term conditions will be improved by better integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals. This will build on our chronic conditions management approaches.

Early Years, School, Education and Training

Service User Comments

"No-one has ever spoken to me about any training."

"I've taken part in training which has helped build my confidence and enabled me to become a trainer."

Our *Programme for Government* describes how we will "help everyone reach their potential, reduce inequality and improve economic and social wellbeing". We have published an Implementation Plan setting out the course of reform through to 2015 to achieve improvements in educational standards.

Evidence has demonstrated poorer educational outcomes for those with mental health problems and an increased potential for not being in education, employment or training at a young age. The initial onset of severe mental illness is particularly prevalent at school age or when people are first engaged in higher or further education. This can interrupt people's schooling or education causing permanent disadvantage. Education or training providers should support students to remain on the course or hold their place open for them whenever possible.

Teaching school children emotional intelligence and resilience from an early age will help them to be more aware and better prepared to deal with mental health issues. Teachers need to be aware of and utilise support services to ensure children with mental health problems are identified and offered appropriate support, helping them to stay in education.

Since 2008-09, we have allocated £3 million of grant funding to Local Authorities in convergence areas across Wales to develop transition working for young people with additional learning needs. Innovative transition planning tools and person centred plans are being adopted by Local Authorities to ensure a consistent approach across Wales. We issued guidance, *Access to Education and Support for Children and Young People with Medical Health Needs* in 2010. This document provides advice to schools and Local Authorities on meeting the educational needs of children and young people with medical needs, including those with mental health problems.

We are proposing to replace the statutory framework for the assessment and planning of provision for children and young people with Special Educational Needs (SEN) with a simpler, more person-centred and integrated system for children and young people with additional needs (AN). The *AN Learning Bill* will be developed over the coming years.

School Effectiveness and Pupil Deprivation Grants provide direct funding to schools to help raise standards. The priorities for these grants are literacy, numeracy and tackling disadvantage. The *Mental Health (Wales) Measure 2010* Code of Practice points out the importance of developing new skills or pursuing activities which build upon existing skills. A choice of accredited training and life-long learning should be available to all service users, including people in inpatient settings and the learning needs of older people must not be overlooked. Our *Delivering Community Learning for Wales* focuses on adult community learning.

Work, Occupation and Valued Daily Activities

Service User Comments

"I finished the IT course and the next step was to do volunteering work and I've began doing some mentoring work at the local hospital. It sounds like a cliché but I feel like I've had a second chance at life"

"What support is there to help me to start working again?"

Work and valued occupation are generally good for our mental health and *The Mental Health (Wales) Measure 2010* Code of Practice highlights that this is an important factor for all people. The focus of activity will vary according to age and need. It may include planning for a first period of employment, returning to work or adapting to retirement. Sheltered employment or volunteering can help people with mental health problems regain confidence and skills, renew esteem, increase contact with society and provide a structure to daily life.

People with mental health problems should therefore receive support to gain jobs and remain in employment. Our *Programme for Government* has the high level aim of "improving skills for employment" and economic renewal. It sets a strategic aim of "improving the health of the working age population" and this includes mental health.

Young people are particularly disadvantaged in the current economic climate with high rates of youth unemployment and reducing opportunities to access higher education and training to gain the necessary skills for employment. Addressing the stress and emotional issues associated with economic inactivity and people who are not in education, employment or training (NEET) will be key and there need to be strong links to strategies for youth services, employment and economic development.

We will refocus resources on the most effective interventions, following a review of activities designed to help people who are NEET. This will include Individual Placement and Support (IPS) Schemes which are effective in helping people to obtain or stay in jobs and were recommended in *Realising Ambitions: Better employment support for people with a mental health condition*.

Employers routinely put in place arrangements to support people with physical disabilities to be able to work, but this is still rare for mental illness. The evidence for supported work placements is conclusive and this approach needs to become more widespread.

The *Healthy Working Wale*s Scheme has been developed to support employers, employees and health professionals to improve health at work, prevent ill health and support return to work. It provides a wide range of health improvement initiatives, including MHFA being delivered direct to workplaces. We are working with the NHS and other partners to develop the support provided to businesses through this scheme. We will also encourage employers to recognise that mental illness is not necessarily a barrier to effective working.

Social enterprise can also be a means of supporting vulnerable people to enter or return to the workplace. We are committed to providing an enabling environment for social enterprises to grow, and we provide core funding to a number of stakeholder groups in the Third Sector to provide specialist advice, raise awareness and grow sustainable social enterprises. Jobs Growth Wales is a key commitment within *Programme for Government* and will create 4,000 job opportunities across Wales for 16 to18 years who are NEET and for unemployed young people aged 18 to 24. The scheme will offer young people work experience for a 6 month period. It will focus on supporting the individual to progress into sustained employment or where appropriate an apprenticeship.

We also need to help people to have a mentally well retirement in recognition that many older people experience bereavement, depression and social isolation.

Family, Parenting and/or Caring Relationships

Service User Comments

"Looking back I really wish my husband and I could have had family therapy when our children were small – it was never explained to them why mammy was ill."

"My Community Psychiatric Nurse helped me explain to my kids that I have schizophrenia; because of this they're much more understanding and give me lots of help."

People who experience mental health problems should have the same rights to family life as everyone else. They may need help to achieve this and should be able to access skilled advice and support. Isolation can only serve to exacerbate the problems felt by people with long-term illness.

The *Programme for Government* sets out how we will work with partner agencies to invest in support for parents and families to ensure that children have the best possible start in life. The expansion of *Flying Start* will improve the levels of support we can provide to our most vulnerable families, including support for parenting. We will also improve the way in which agencies work together through our *Families First* Programme and *IFSS* Teams. These will ensure families get the right support at the right time to become resilient and self sufficient.

The foundations of positive mental health and resilience are laid in the first years of life. Evidence shows that the quality of care experienced by infants significantly impacts on future likelihood of a number of positive outcomes. Factors such as parental mental health and parenting styles contribute hugely to the likelihood of successful early attachment and resilience. Mental illness may also affect an

individual's parenting ability and require intervention by social services. We know that 22% of children in need have a parent with mental illness.

We need to consider the needs of specific vulnerable groups including looked after and adopted children and those grandparents who have significant caring responsibilities for their grandchildren.

People in inpatient settings and prisons need support to maintain caring/parenting relationships and arrangements such as appropriate visiting facilities must be available. Action to support caring and parenting is reinforced within *The Mental Health (Wales) Measure 2010*. Older people, particularly those living alone or with long-term conditions, need strong caring relationships, and to be able to make and sustain relationships to avoid isolation.

Access to play, sports and friends; social, cultural or spiritual needs

Service User Comments

"I play guitar and have really enjoyed becoming involved in a music group, we've performed to the local arts group and it's helped me build my confidence up".

"Peer support schemes are what we need. You need someone who has been through something similar. They can give you advice."

Mental illness often has a severe detrimental effect on people's self-esteem, leaving them at risk of isolation. People should have the appropriate help and support they need to gain the skills and confidence to develop relationships and interests and to achieve a rewarding lifestyle. The *Mental Health (Wales) Measure 2010* Code of Practice recognises the importance of a person's cultural identity and spirituality in helping people with mental health problems in inpatient settings as well as in the community.

Enjoying a full social life, good personal relationships and full engagement with community, play, leisure and recreational facilities are as important for those with mental illness as for any other person in the community. Care and Treatment Planning should include the growing evidence base relating spirituality and religion to mental and physical health, with individual spiritual and religious needs incorporated as part of the holistic care and treatment package. Spirituality and religion should be acknowledged in pathways that facilitate joint partnership working.

Our *Programme for Government* commits us to take action to "widen access to our culture, heritage and sport, and encourage greater participation". The Arts Council of Wales (ACW) is committed to developing a vibrant and high quality arts sector accessible to all communities in Wales. Much of its activities in the arts and health field involve and are directed at improving mental health.

The *Mental Health (Wales) Measure 2010* Code of Practice also notes that cultural and linguistic needs are intertwined within the Welsh speaking community. Wales has two official languages and through *A Living Language: A Language for Living*, we are committed to ensuring that more face-to-face services in the Welsh language

are available for the people of Wales. This is particularly pertinent in the context of health and social care, as access to linguistically sensitive services is central to accurate assessments and appropriate care.

Exercise on prescription schemes and inclusion in Care and Treatment Plans should enable people with mental health problems to more easily access leisure and recreational facilities, increasing social engagement for people of all ages. This should include the opportunity for physical exercise being offered to those in inpatient settings.

Medical and other forms of treatment including psychological interventions

Service User Comments

"All I get is medication. That's it, nothing else."

"I have used Cognitive Behavioural Therapy (CBT), 'talk therapy' and a computer-based therapy".

"Finding the right medication has been the greatest help for me."

People with mental health problems must get the treatment and support they need when presenting with physical health conditions. This will include the physical health conditions that arise as a side effect of medication they are taking.

The Mental Health (Wales) Measure 2010 Code of Practice advises that the process for agreeing outcomes in relation to treatment should ensure that any information regarding the benefits and drawbacks of treatments be provided and discussed. Information must be available in accessible formats to ensure those from vulnerable groups are included in decisions even when it is necessary for consent to be obtained on their behalf. Safeguards are in place for people with limited capacity including best interest assessors and independent mental capacity assessors to ensure treatment is appropriate and in patients' best interests.

People should always be informed about treatment options. Wherever possible they should be able to exercise choice. Interventions must be evidence-based where possible, using NICE Guidance and complying with the relevant clinical standards, whether pharmacological or psychological. Health Boards will be monitored using the National Prescribing Indicators and we will consider reviewing anti-depressant prescribing levels during the course of this Strategy. For older people with memory problems in particular, support may be necessary to ensure they get their medication on time, every time.

In 2009, we published the *Rural Health Plan for Wales* to ensure all public services are delivered in ways that recognise the particular needs of rural Wales. Improving transport is a key issue, particularly where even "local services" may be many miles away. Health Boards and Local Authorities need to develop innovative approaches such as telemedicine and mobile outreach services to improve access.

Contributions and benefits of partnership working

Partners and other agencies need to consider the table in Technical Annex 3, which sets out examples of the contribution their organisations can make to improving mental health and wellbeing and how this in turn will help them to achieve their core goals. We will work with statutory agencies, Third and Independent Sector providers, and Welsh businesses to ensure that these mutual benefits are realised.

Chapter 5: Delivering for Mental Health

What outcomes do we want to achieve by 2016 and beyond?

- Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.
- Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.
- Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.

Summary

The previous chapters have set out an ambitious programme of change and delivery requirements for partners and stakeholders involved in providing help, support and treatment to those with mental health problems and for their families and carers. This chapter looks at how we will deliver these aims.

The commitment of staff in the NHS, Local Government and in partner agencies is essential to the transformation we wish to see. Access to high quality information on which to plan services and measure outcomes is equally crucial for Health Boards, partner agencies and service users and carers. This information is vital to ensure we achieve best value for money given the current challenging financial climate.

How will we deliver the outcomes?

- New arrangements will be established to oversee the delivery of this Strategy involving all key partners, stakeholders and service user and carer representatives.
- A well led, fully engaged, multi-disciplinary workforce will be supported to develop the skills to competently and confidently respond to population needs and deliver the required outcomes.
- Services will be required to use best practice and evidence-based interventions. The effectiveness of new initiatives will be routinely evaluated with the development of NHS and Social Services Outcome Frameworks. Knowledge of what works will be made accessible and easily available.
- We will ensure better data is collected (including for those with protected characteristics) and is used to inform service planning.
- We will require safe, efficient and effective services to provide value for money, including through the NHS Quality Delivery Plan and social care and housing outcomes.
- Investment in mental health services by Health Boards will be made more transparent.
- We will report annually on progress against actions in the Delivery Plan.

Implementing the Strategy

At an all-Wales level: To deliver the ambitions of this Strategy we must ensure that all components are effectively co-ordinated. To do so successfully will involve policy areas across the Welsh Government and a range of partners and stakeholders. We will establish and lead a new National Mental Health Partnership Board (NPB).

The NPB will have a key role in overseeing and ensuring implementation of this Strategy and Delivery Plan. It will bring together Welsh Government, Statutory, Third and Independent Sectors, service users and carers. Appropriate linkages will be made with professional advisory groups including the Royal Colleges. Health Boards and Local Authorities will continue to be held to account for their contribution to delivering this Strategy via the performance management arrangements and outcome framework that are in place.

To maintain a focus on delivering the age specific elements of this Strategy, the CAMHS Delivery Assurance Group and the all-Wales Dementia and Older Person's Mental Health Group will report to the NPB. The Secure Services Group will also report to the NPB and the Suicide Prevention National Advisory Group.will provide an annual progress report.

At a local level: All Health Boards are expected to have effective corporate governance and leadership arrangements in place for mental health services as recommended within the WAO *Adult Mental Health Services Follow up Report*. Delivering the actions set out within this Strategy will require robust local mental health partnership arrangements, based on the Health Board footprint, to plan, monitor and performance manage services. With board level leadership, these should have senior membership from Social Services, Housing, Criminal Justice Agencies, Education and other relevant Statutory agencies.

As with the NPB, local partners should ensure that the Third Sector and service users and carers are fully involved. These groups should embrace all ages, making appropriate links with CAMHS services. The Mental Health and Criminal Justice Planning Groups (MHCJPGs) should report to the local mental health partnership boards. The local partnership boards will provide an annual report for the NPB on the extent to which local planning, monitoring and performance management arrangements are working.

Delivering with our staff

None of the changes set out in *Together for Mental Health* would be possible without the on-going dedication and commitment of staff. Strong leadership, forward-looking workforce planning and on-going development will be needed to support staff to deliver this ambitious agenda. These changes are essential to ensure that Wales becomes a place in which mental health professionals wish to train and remain to practice.

A healthy workforce is critical to the delivery of modern mental health services. As employers, Health Boards and Local Authorities should act as role models in

ensuring the wellbeing of their staff, managing staff with mental health problems constructively, in line with corporate mental health policies. Occupational Health Departments should develop mental health programmes to assist in job retention and support for return to work.

Mental Health Awareness within the wider Workforce: All partner agencies should ensure there is a high level of mental health literacy and engagement amongst their staff. This should include clinicians and practitioners working in all social services and health settings - including community, emergency departments, hospitals and residential care. Training should be extended to the wide range of professionals working with people of all ages including youth workers, the police and criminal justice staff, teachers, housing support workers and others. The development of up-to-date specialist skills in mental health by all the independent contractor professions - GPs and members of the Primary Care Team, pharmacists, opticians and dentists - is also important, as is awareness among staff such as GP receptionists.

Such training will help achieve earlier intervention and more effective liaison with specialist mental health services. Training needs to include the further expansion of Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA) and Applied Suicide Intervention Skills Training (ASIST). In addition, specialist training in the management of self harm is required in emergency departments, poisons units and in criminal justice service establishments.

Raising dementia awareness will help to ensure people with co-existing dementia are treated with dignity and respect, and receive optimal care. Health Boards, with NLIAH[1], should support the extension of dementia training schemes, including a focus on general medical inpatient settings where each ward will have a ‘dementia champion’.

Multi-disciplinary and multi-agency training across the Statutory and Third Sectors should be a component of all joint plans.

Training the Mental Health Workforce: Clinical leaders need to empower their staff to deliver holistic services based on the recovery and enablement approach and on the appropriate management of risk. The quality of the relationship between practitioner and service user is central to this approach. We want to foster a culture in which staff work alongside service users, recognising the contributions they can make to their recovery. This will ensure that humanity, compassion and respect lie at the heart of service delivery and that outcomes are agreed with service users.

The training and education experience of mental health professions in Wales must be one that will attract aspiring professionals to come to and stay in Wales. To achieve this, we will work with Health Boards and training providers. Ensuring the safety, dignity and empowerment of service users will be part of core skills training for all care professionals and support workers. Successful accredited risk management training, such as the Wales Applied Risk Research Network (WARRN), should be extended to cover more settings and all ages. Equalities training will

[1] NLIAH actions will transfer to any successor body which is established.

address discrimination and help staff recognise and respond to cultural differences, reduce ageist attitudes and increase gender awareness.

Ensuring that there are strong links between the social care and health workforces and that there is a common understanding of mental health issues will contribute to a coherent and consistent approach. Health Boards, Local Authorities and other partner agencies need to ensure that joint working governance arrangements provide the framework for holistic mental health services. This will empower staff to work across professional and organisational boundaries and to negotiate support from other sectors such as housing, schools and colleges, justice and employment.

Recruiting and training staff with minority language skills, including British Sign Language (BSL), is essential to meet the needs of people using mental health services as is increasing the capacity of the workforce to meet the needs of Welsh speakers. While it is not expected that everyone will be able to communicate in Welsh it is important that all staff are sensitive to the needs of Welsh speakers. Workforce plans need to be informed by an analysis of community language needs and data on the language skills of the workforce.

Workforce redesign: Providing a sustainable mental health service is becoming increasingly challenging with recruitment and retention difficulties and with an ageing workforce. Health Boards and Local Authorities must ensure both effective workforce planning and grasp opportunities for workforce redesign across services, both in and out-of-hours. *Working Differently – Working Together* provides the NHS with a framework to work in partnership to support the development of the right staffing model to reflect our integrated healthcare organisations as we continue to transform the delivery of healthcare in Wales. It focuses on the key employment practices and actions to meet the workforce challenges ahead and is aligned to the vision of *Working Together for Wales*, putting citizen-centred public service delivery at its heart. New and different roles and ways of working need to be adopted to support new models of care.

Using the *Creating Capable Teams* approach, the use of non-medical clinical roles, such as the approved clinician, advanced practitioners and non-medical consultants and prescribers, will provide exciting development opportunities for staff. This approach will also allow consultants to concentrate their specialist skills on the management of complex high risk cases and to provide “consultancy” to primary care, general hospitals and residential and nursing care homes. Initiatives such as the development of peer support workers should also be considered by Statutory and Third Sector organisations as a means of improving skill-mix within services.

The *Modernising Mental Health Nursing Review* will ensure we can meet current and future demand, and that the nursing workforce is ready and able to maximise its role throughout the entire health and social care system. It will also ensure we raise the profile of the mental health nurse and that we have a valued and thriving nursing profession.

Continued Professional Development (CPD) will include specialist skills such as the delivery of psychological interventions and the treatment of specific disorders. CPD

and effective supervision across all professions are also essential to ensure that the workforce is equipped to meet changing service demands.

Delivering excellence and performance

Informed service planning and monitoring: A National Mental Health Core Dataset will be developed to cover services for all ages. It will provide consistent definitions to facilitate benchmarking of service capacity, quality and delivery and to inform investment and cost comparisons. This will also facilitate the monitoring of the implementation and delivery of this Strategy and its key outcomes. It will build on the University of Durham Mapping used in CAMHS and the commissioning template data developed by the Institute of Public Care, Oxford Brookes University. We need to ensure that information systems are integrated across health and social care, providing portable assessments to the benefit of both service users and professionals.

Adopting best practice and implementing lessons learnt: Service providers need to be constantly reviewing the performance, outcomes and quality of their services. Benchmarking with best practice needs to be more widely used and innovations encouraged, evaluated and their lessons widely disseminated. This will include work with the other UK administrations to ensure that we are also learning from best practice beyond Wales.

Promoting and adopting evidence-based treatments, including NICE guidelines, is key in driving improvements in service quality, safety and effectiveness. Proven service improvement methods, such as 1000 Lives+ and breakthrough collaboratives, need to be applied. This approach should not be restricted to mental health settings and needs to increase the capacity and capability of general hospital wards and residential care homes to better identify, diagnose and treat common mental health problems. HIW are developing, with stakeholders, a peer review process to support delivery of quality standards, which will support continuous improvement in mental health services.

Improving quality and safety: We will expect services to meet the standards for Health Services in Wales set out in *Doing Well, Doing Better*. The quality and safety of our services will also be improved by:

- Ensuring lawful application of the *Mental Health Act 1983* and the *Children Act 2004* at all times, monitoring compliance with the *Human Rights Act 1998* and the National Preventative Mechanism
- Ensuring lawful application of the *Children and Young Persons (Wales) Measure 2011* and the use of the UNCRC as a framework for the delivery of children's rights across Wales
- Learning lessons from HIW reviews and its Mental Health Act monitoring information, joint inspection arrangements, the National Confidential Inquiry into Homicides and Suicides (NCIHS) and national service reviews as and when directed by the Welsh Government

- Meeting national safeguarding requirements on dignity and safety across the life-course, implementing all-Wales Child Protection Procedures and Procedures for Vulnerable Adults
- Using collaborative methods to help drive local implementation and share learning
- Strengthening clinical governance arrangements.

Research and development: Mental health is one of the key areas of health and social care research investment in Wales. Through our National Institute for Social Care and Health Research (NISCHR), we fund a number of initiatives and our commitment to this agenda will continue.

The National Centre for Mental Health (NCMH) has been established to improve quality of life for patients through research and sharing knowledge and best practice. This brings academics and research together with frontline mental health professionals to improve patient care. The centre studies the causes, triggers, diagnoses and treatments of mental illness across the lifespan. The *Mental Health Research Network Cymru (MHRNC)* supports vital large-scale research to raise the standard of mental health and social care research and practice throughout Wales. It has strong links with the mental health charities in Wales. The Network currently has 10 Research Development Groups (RDGs) for different clinical areas.

Measuring outcomes for individual service users: We are taking forward innovative work with partner agencies, service users and carers to develop suitable outcomes measures looking at issues from a service user lens. This work will build on the Client Assessment Tool already used in CAMHS and will be extended to cover all ages. It will develop over the lifespan of the Strategy and be incorporated in subsequent Delivery Plans. Tools will capture individual self-evaluated client based assessments of progress in the relevant Areas of Life identified under Care and Treatment Plans. This will improve our ability to track an individual's change over time. For progressive conditions such as dementia, the goal will be to support the individual and their carers to maintain independent living for as long as possible and to sustain quality of life.

Service user surveys: Service users must be actively involved in monitoring and evaluating services. Providers will survey the views and experiences of service users and carers at least annually. Survey tools will include questions on being treated with respect and dignity. Service user involvement itself will be regularly audited to ensure that services really do involve their users at every level. This will need to include dementia care services in general hospital settings.

Measuring the wider effectiveness, quality and outcomes of services: Performance management systems for mental health will be focused on outcomes, rather than solely on activity and process measures. These will need to include patient centred services, effectiveness of service delivery and safety. Reporting requirements will be simplified so that they concentrate on the agreed set of high level measures set out in our *Quality Delivery Plan*. Processes will be developed to capture and standardise information on met and unmet needs. Evaluation of *The Mental Health (Wales) Measure 2010* will be undertaken by 2016.

Making every penny count – getting the best from investment in mental health

Investment in mental health: Mental health accounts for approximately 12% of the NHS budget in Wales. Much of the current investment is spent on dealing with the consequences of mental health problems and mental illnesses. Ensuring there is appropriate funding to reduce and treat mental illness remains a priority. However, this Strategy also recognises the longer-term benefits of mental health promotion and prevention.

Investment in mental health services must be transparent. Health Boards have been issued with clear guidance that the ring-fenced allocation for mental health services represents the minimum they should be spending on these services. Mental health services are expected to make efficiencies like all other parts of the NHS and the guidance makes it quite clear that where this releases resources for reinvestment, that reinvestment must be in mental health services. Assurance processes need to include evidence of costs of services as well as data on quality and activity.

New and developing mental health needs, demographic change and current financial pressures mean that, in spite of protected funding levels, mental health services cannot be exempt from a continuing critical review of resource use. The greater part of the resources that will be available for dealing with mental health issues over the coming decade have already been provided to the NHS. The NHS will need to scrutinise whether the current use of those resources is having the greatest impact.

Treating mental health problems as soon as they develop can deliver greater value for money and avoid some of the social costs to individuals, their families and communities. Intervening early for children reduces long-term costs and improves individual life chances. Early identification in criminal justice settings can reduce risk and harm to self and others. Early intervention in psychosis can reduce re-occurrence of psychotic episodes, avoiding on-going costs and improving education and employment outcomes.

There is good evidence that a redeployment of resources can both increase value for money and improve outcomes:

- Primary care schemes and investment in community provision will help people to remain as independent as possible with inpatient care used only when needed and for the appropriate length of time.
- Developing local forensic and non-forensic secure services can reduce the level of out of area placements which take people away from their families, carers and local communities.
- Collaborative purchasing across the public sector and working in partnership with the Third Sector can provide innovative local provision, increasing service choice and optimising limited capital resources.
- Effective medicines management with effective prescribing, for example of anti-psychotic drugs in the elderly, anti-depressants and Z-drugs in line with clinical guidelines, will lead to more appropriate prescribing practice in all settings.

- Improved liaison psychiatry can ensure that mental health care needs are met for those people on general wards and reduce length of stay.
- New technologies, whether telecare, telemedicine or newer generation pharmacological agents, will improve outcomes and assist people to continue to live independently.

Funding the delivery of *Together for Mental Health*: The Minister for Health and Social Services has given her commitment to the continuation of the mental health ring-fence. We recognise that the patterns of NHS expenditure on mental health vary across Health Boards and we will consider the reasons for this alongside how the application of the ring-fence can be monitored more effectively.

The transparency of information on mental health expenditure will improve, enabling changes in investment to be monitored. Monitoring expenditure will only be part of the solution – measuring Health Board performance against outcomes will be a more effective tool.

We are providing significant extra funding of £4 million in 2012-13 and £5 million in future years to support the implementation of *The Mental Health (Wales) Measure 2010*. This creates the opportunity to reconfigure services to ensure equal access to services within Health Board areas and across Wales. Working together, Health Boards and Local Authorities can use the flexibility of Section 33 funding arrangements to provide holistic services through the care pathway. Partner agencies need to recognise their statutory responsibilities in prioritising investment in mental health and ensure they work across agencies and areas, pooling resources where possible. Local Authorities in particular are expected to contribute appropriately via the Revenue Support Grant (RSG).

Whilst the bulk of funding for the delivery of this Strategy will be directed via the allocations to Health Boards and Local Authority RSG, a range of other Welsh Government funding streams will support its delivery. These include grants to the Third Sector, the *Substance Misuse Action Fund*, *Safer Communities Fund*, *Communities First*, *Families First*, *Flying Start, IFSS* and *Supporting People* programmes.

We will also work with partner agencies to encourage and support them to do more to access other potential funding streams such as the European Social Fund, Rural Development Programme, and BIG Lottery funding to assist with the delivery of this Strategy.

Technical Annexes and Abbreviations

Technical Annex 1: Extant Mental Health Policy Documents

Welsh Government (2012) *Sections 135 and 136 of the Mental Health Act 1983: Good Practice Guidance.*

Welsh Government (2012) *Psychological Therapies in Wales: Policy Implementation Guidance*.

Welsh Government (2012) *Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010.*

Welsh Government (2012) *Compendium of Good Practice Guidance on Integrated Care for Children & Young People aged up to 18 years of age who Misuse Substances.*

Oxford Brookes University (on behalf of Welsh Government) (2012)

Durham University (on behalf of Welsh Government) (2011) *CAMHS Wales Mapping Data Collection.*

Welsh Government (2011) *Delivering the Independent Mental Health Advocacy Service in Wales – Guidance.*

Welsh Government (2011) *National Service Model for Local Primary Mental Health Support Services.*

Welsh Government (2011) *National Dementia Vision for Wales: Dementia Supportive Communities.*

Welsh Government (2011) *Local Mental Health & Criminal Justice Planning Arrangements (as per Home Office Circular 12/95).*

Manchester University (2011) *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Annual Report: England, Wales, and Scotland July 2011.*

Welsh Government (2011) *Breaking the Barriers: Meeting the Challenges. Better Support for Children and Young People with Emotional Well-being and Mental Health Needs - An Action Plan for Wales.*

Department of Health (2011) *Good Practice Procedure Guide: The transfer and remission of adult prisoners under s47 and 48 of the Mental Health Act.*

Welsh Government (2011) *Evaluation of the Welsh School-based Counselling Strategy: Final Report.*

Welsh Government (2010) *Secure Services Action Plan for Wales.*

National Assembly for Wales (2010) *Mental Health (Wales) Measure 2010*.

Welsh Government (2010) *Interim Community Mental Health Team Guidance*.

Welsh Government (2010) *Thinking Positively: Emotional Health and Well-being in Schools and Early Years settings.*

Department of Work and Pensions (2009) *Realising Ambitions: Better employment support for people with a mental health condition.*

Welsh Government (2009) *Eating Disorders: A Framework for Wales.*

Welsh Government (2009) *Talk to Me: The National Action Plan to Reduce Suicide and Self Harm in Wales 2009-2014*.

Welsh Government (2008) *School-based Counselling Services in Wales*.

Welsh Government (2008) *Mental Health Act 1983: Code of Practice for Wales.*

Welsh Government (2007) *A Services Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem.*

UK Parliament (2007) *Mental Capacity Act 2005: Code of Practice.*

Department of Health (2007) *Mental Capacity Act 2005*: *Deprivation of Liberty Safeguards.*

UK Parliament (2007) *Mental Health Act 2007.*

Welsh Government/HM Prison Service (2006) *Prison Mental Health Pathway.*

Welsh Government (2006) *Safeguarding Children: Working Together Under the Children Act 2004*.

Welsh Government (2006) *WHC/2006/053 Adult Mental Health Services in Primary Healthcare Settings in Wales Policy Implementation Guidance*

UK Parliament (2005) *Mental Capacity Act 2005.*

National Public Health Service for Wales (2005) *Meeting the Health, Social Care and Wellbeing Needs of Individuals with a Personality Disorder*.

Welsh Government (2005) *WHC(2005)048: Policy Implementation Guidance on the development of Crisis Resolution and Home Treatment services in Wales.*

Technical Annex 2: Outcome Measures

The following annex identifies the priority outcomes for *Together for Mental Health* and provides initial measurements. Please note that *Programme for Government* measures are in **bold** font and relevant Delivery Plan measures are underlined[2].

a) The mental health and wellbeing of the whole population is improved.	
• **% living in combined material deprivation and low income** • **% of children living in workless households** • **% pupil attendance in primary and secondary schools** • **% of looked after children with more than three placements in the year** • **% of 16-24 year olds who are not in education, employment or training (NEET)** • **% of Flying Start children reaching their development milestones at three years of age** • Welsh Health Survey SF 36	• Office of National Statistics (ONS) suicide data • % Children & Young People with high life satisfaction rates (Well Being Monitor) • % of schools achieving the Healthy School Scheme NQA • No. of settings achieving national healthy and sustainable Pre School Scheme award criteria • School readiness Key Stage 1 • Uptake of exercise referral scripts • Smoking cessation rates • % sickness absence rates citing mental health problems • Incapacity Benefits claims as a result of Mental Disorder

b) The impact of the mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.	
• **% reduction in the number of mental health hospital admissions** • **% of public sector bodies who have mental health and domestic abuse work place policies** • No. of supported housing placements for people with mental health problems • No. of carer assessments undertaken	• No. of public sector organisations and businesses attaining Corporate Health Standard and small workplace awards

c) Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.	
• **No. of homeless households which include dependent children** • No. of those from ethnic groups / protected characteristics • Number of community fire safety checks	• % reduction in mental health discrimination • % shift in public attitude towards mental health problems (TTCW)

[2] Measurements outlined here to be complemented by the development of the Mental Health Core Dataset

d) Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.	
• **Number of adult service users receiving direct payments** • Increase in Care and Treatment Plans recording Welsh language and other language needs	• % of care plans demonstrating service user participation in their formulation

e) Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result.	
• **Number of individuals with a positive Treatment Outcome Profile (TOP) during and at exit** • **Number of children and young people in the Youth Justice system with identified substance misuse needs, who have access to appropriate specialist assessment and treatment services** • **Number of first time entrants into the youth justice system** • No. of mental health Delayed Transfers of Care • No. of repeat mental health admissions within 30 days • Admission rates for self harm to Welsh hospitals • Waiting times for access to Psychological Therapies measured. • The number of young people accessing school-based counselling	• No. of BPW loans including dementia book loans • No. of people contacting C.A.L.L. help line • No. of people referred to PCMHSS • No. of individuals identified in GP dementia registers. • % reduction in the no. of under 18s admitted to adult mental health beds

f) The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.	
• Patient experience monitored through "Fundamentals of Care" audit.	

Technical Annex 3: Contributions and Benefits of Partnership Working

Sector	Contribution	Benefit
Local Government	• Strong and visible community leadership and planning. • Provision of social care, housing, accommodation, leisure, cultural, educational early years and supportive environments.	• Improved parenting and child health. • Reductions in the number of children in need and looked after children. • Improved educational attainment. • Improved social cohesion. • Reduced anti-social behaviour and neighbour disputes. • Reduced crime and fear of crime. • Reduced homelessness and isolation. • Increased duration that older people can live independently. • Improved health of carers.
NHS and Third Sector health providers	• Health promotion, primary healthcare, community, secondary care and specialist services, all covering physical and mental health care needs.	• Increased life expectancy. • Improved quality of life. • Mental and physical health gain. • Reduced health inequalities. • Efficient and effective use of NHS resources. • Improved safety and quality. • Value for money.
Independent and Third Sector housing and accommodation providers	• Good quality, safe and secure homes with provision of support tailored to meet the needs of people with mental health problems.	• Improved social cohesion. • Reduced anti-social behaviour and neighbour disputes. • Increased duration that people can live independently. • Reduced homelessness.
Providers of education, training and life-long learning	• Good early years experience. • Support for people with mental health problems to access and remain in education and training.	• Improved social cohesion Improved educational attainment.
Employers and Business	• A healthy working environment and support for employees with mental health problems. • Work opportunities for people with mental illness.	• Increased productivity. • Reduced absenteeism. • Reduced staff turnover. • Improved morale.

Sector	Contribution	Benefit
Criminal Justice agencies	• Timely assessment of vulnerability and risk, and appropriate referral to mental health services. • Joint working with mental health and Third Sector services to support re-settlement on release from custody.	• Reduced delays in justice processes. • Better targeted interventions. • Increased retention in community sentence caseload. • Reduced frequency and/or seriousness of offending. • Efficient and effective use of NHS resources. • Improved safety and health within custodial environments. • Reduced rate of suicide and self harm in criminal justice settings.
Youth Offending Teams (YOT)	• Joint work between all agencies to manage sentences of young people.	• Prevention of young people entering and re-entering the criminal justice system.
Department for Work and Pensions (DWP), JobCentre Plus and welfare rights agencies	• Awareness and understanding of mental health and mental illness. • Employment support to people with mental health problems.	• Reduced rates of unemployment and numbers of people on welfare benefits.
Credit Unions and financial services	• Advice on debt avoidance and debt management support.	• Reduced rate of unmanaged debt.
Arts, sport and recreation providers	• Encourage active engagement in mainstream arts, sport and recreational activity.	• Improved social cohesion. • Improved sport and cultural participation. • Improved health.

Abbreviations

ACW	Art Council of Wales
ADHD	Attention Deficit Hyperactivity Disorder
AN	Additional Needs
ASD	Autistic Spectrum Disorder
ASIST	Applied Suicide Intervention Skills Training
BPW	Book Prescription Wales
BSL	British Sign Language
CALL	Community Advice and Listening Line
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CIITs	Community Intensive Intervention Teams
CSSIW	Care and Social Services Inspectorate Wales
CJLS	Criminal Justice Liaison Service
CMHTs	Community Mental Health Teams
CPD	Continuing Professional Development
CRHT	Crisis Resolution Home Treatment
DES	Direct Enhanced Service
DTOCs	Delayed Transfers of Care
DWP	Department for Work and Pensions
FACTS	Forensic Adolescent Consultation and Treatment Services
GMS	General Medical Services
GPC	General Practice Committee
GPs	General Practitioners
HIW	Health Inspectorate Wales
HMP	Her Majesty's Prison
IDP	Individual Development Plan
IFSS	Integrated Family Support Service
IPS	Individual Placement Support
MAPPA	Multi Agency Public Protection Assessment
MARAC	Multi Agency Risk Assessment Conference
MHCJPGs	Mental Health and Criminal Justice Planning Groups
MHFA	Mental Health First Aid
MHRNC	Mental Health Research Network Cymru
MHSUDOs	Mental Health Service User Development Officers
MHTR	Mental Health Treatment Requirement
MRC	Medical Research Council
NCIHS	National Confidential Inquiry into Homicides and Suicides
NCMH	National Centre for Mental Health
NEETs	Not in Education Employment and Training
NERG	National Expert Reference Group
NEURODEM	Neurodegenerative Disease and Dementia Research Network
NICE	National Institute for Health and Clinical Excellence
NISCHR	National Institute for Social Care and Health Research
NLIAH	National Leadership and Innovation Agency for Healthcare
NPB	National Mental Health Partnership Board
NSF	National Service Framework
OASys	Offender Assessment System
ONS	Office of National Statistics
PHW	Public Health Wales
PTSD	Post Traumatic Stress Disorder

RAID	Rapid Assessment Interface and Discharge
RDGs	Research Development Groups
RNIB	Royal National Institute of Blind People
RSG	Revenue Support Grant
SEN	Special Educational Needs
TOP	Treatment Outcome Profile
TTCW	Time To Change Wales
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WAMH	Wales Alliance for Mental Health
WAO	Wales Audit Office
WARRN	Wales Applied Risk Research Network
WASPI	Wales Accord for Sharing Personal Information
WHO	World Health Organization
YMHFA	Youth Mental Health First Aid
YOT	Youth Offending Team