Draft mental health and wellbeing strategy

Consultation questions

Question 1: How much do you agree that the following statement sets out an overall vision that is right for Wales?

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

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

Question 1a: What are your reasons for your answer to question 1?

Whilst we agree with the overall vision for mental health and wellbeing in Wales, we feel that housing should be specified as part of the connected system of support where people can access the right services, at the right time and in the right place. Housing is a key social determinant of health. A lack of housing or poor-quality housing can negatively affect health and wellbeing. Having a safe, suitable and affordable home can reduce financial stress, increases opportunities

to engage with a wider community and enables individuals and families to invest in social ties. Which when considered as a whole can significantly improve the health and wellbeing of individuals[1]. Research undertaken into the right to adequate housing outlined how housing can impact an individual's psychosocial status. Individuals who live in poor quality housing are 2.7 per cent more likely to report bad or poor physical or mental health. The research also found that that improving the quality of homes does improve long-term wellbeing of individuals. An affordable home can lead to housing stability which in turn reduces stress, increases wellbeing and gives individuals a sense of security[2]. Public Health Wales has estimated that poor housing costs the NHS in Wales £95 million a year[3].

As housing is a key determinant of health and a key driver in improving health outcomes for individuals, a safe, affordable and sustainable home must be clearly identified as a key component of any systemic strategy of support aimed at improving the mental health and wellbeing for the people of Wales.

Question 2: In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones?

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

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[1] Rolfe, S., Garnham, L., Godwin, J. et al. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. BMC Public Health 20, 1138 (2020). https://doi.org/10.1186/s12889-020-09224-0

[2] The right to adequate housing in Wales: the evidence base. An independent research report by Alma Economics. Commissioned by Tai Pawb, the Chartered Institute of Housing Cymru and Shelter Cymru

[3] Watson, I., MacKenzie, F., Woofine, L., Azam, S., 2019. Making a Difference: Housing and Health: A Case for Investment. Cardiff, Public Health Wales. https://phw.nhs.wales/files/housingand-health-reports/a-case-for-investment-report/

Question 2a: What are your reasons for your answer to question 2?

We partially agree with the ten principles as they generally mirror the approach of other policies and legislation concerned with providing services to individuals. We welcome the trauma-informed, person-centred principles as so often poor mental health and wellbeing is caused by experienceof trauma, and it is vital that we provide services that address this trauma in an individualised way. The no wrong-door approach is also key to prevent someone being traumatised by having to explain their background every time they meet a new professional or service. A tell once policy is a key principle of any trauma informed approach.

The all-age focus is also vital as this enables professionals to work together to combat adverse childhood experiences, ensures the best start in life for children and young people, whilst also ensuring we focus on our ageing population and their mental health and wellbeing needs.

We also welcome the inclusion of the principle to be informed by the wider determinants of health and wellbeing and its dependence on a wide range of factors. Whilst we agree with this principle, as per our previous response safe, affordable and sustainable housing needs to be more clearly identified as a key part of the overarching vision of the strategy as it is a key driver and determinant of an individuals mental health and wellbeing.

Question 3: Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

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

- Strongly disagree ☐

Question 3a: What are your reasons for your answer to question 3?

We partially agree as we are concerned over the omission of social housing providers role in providing community assets and aiding community cohesion and promoting culture. Our members work for a variety of housing organisations that work for and within local communities. Our members are considerable actors in regenerating local areas for the benefit of communities, ensuring developments promote active travel, increase opportunity for social interaction and promote greater biodiversity. Our members will provide community hubs where activities are undertaken to help social isolation, work with young people, provide help and advice to the whole community not just their tenants. If we are to promote and increase knowledge of the community assets that already exist we need to include housing organisations who are already doing great work in this area contributing to improved mental health and wellbeing for the communities they support.

There is also a lack of inclusion of the lived experience voice. If we are to improve existing services or embed new ways of working, we need to understand from those using existing services how they are helping them safeguard their mental health and wellbeing and where any improvements can be made. This is key to understanding the barriers for underserved communities accessing existing services to aid them in managing their mental health and wellbeing in a positive way.

Question 3b: We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

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

Question 3c: Are there any changes you would like to see made to these actions?

We welcome the action to implement a life course approach to protecting and promoting mental wellbeing however we would like to see an action to outline how continuation of support will continue as an individual ages. We have heard from our members who work in frontline services that as young people move from child-based services to adult based services there is an increased risk of support not being available or the individual not engaging with the new service. We would like to see an action where service commit to joint working between child-based services and adult services to enable a good transition, continuation of care and ensuring that a young person is fully supported as they transition to adulthood and adult based services.

Question 4: Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

We partially agree.

Question 4a: What are your reasons for your answer to question 4?

When it comes to the direction for mental health policy, we feel that the right balance is outlined in the strategy between the areas of life that impact on individuals mental health and wellbeing and the care and treatment plans for individuals that consider these areas. However, the direction for wider government omits some key pieces of work that are being undertaken or will be needed if we are to ensure effective cross government action to protect good mental health and well-being. We have outlined these areas in Question 4b &4c.

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

The draft strategy outlines as part of creating employment and good work for all the Canopi project which provides psychological and mental health support to the

NHS and social care workforce. However, if all frontline services are to deliver trauma informed services as part of improving mental health and well-being for those individuals accessing services there is a need to expand this service to all professionals delivering these services. For those professionals working with trauma experience individuals there is a risk of experiencing vicarious trauma. This trauma can occur when professionals listen to clients recount their experiences that led to their trauma, hearing about, or responding to the aftermath of violence, or other incidents. Vicarious trauma may also be linked to compassion fatigue and burnout[4] Tyfu Tai Cymru joining the dots research into the experiences of frontline housing professionals has shown that 75 per cent of respondents felt that their mental wellbeing had deteriorated in the past four years[5].

It is vital that as we continue to embed a trauma informed approach to frontline services that we ensure that the mental health and wellbeing of our workforce is not adversely impacted. Therefore, we would welcome an expansion of the Canopi project or the introduction of a dedicated service for professionals working outside of health but at a risk of vicarious trauma through supporting others to manage their mental health and wellbeing.

Question 4c: There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

There are some housing related policies that may need to be considered as part of the work happening across Government. We have provided these according to the marmot principles set out in the draft strategy.

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[4] What Is Vicarious Trauma? https://psychcentral.com/health/vicarious-trauma#symptoms

[5] Joining the Dots part 3. Local Government Housing Professionals Survey Report. https://www.cih.org/publications/joining-the-dots-3

Give every child the best start in life

Whilst there are several strategies and policies mentioned in this section there's an omission of the Social Services and Well-being (Wales) Act 2014 as this provides for the circumstances in which local authorities need to provide support for those leaving the care system and those children and young people who are currently in the care of a local authority. It also provides guidance for those young people transitioning out of care and the provisions that should be made in regard to accommodation and support. If we are to give every child, the best start in life we also need to ensure we consider those children in care and make reference to the provisions set out in legislation for these individuals.

Coupled with this must be a recognition of the effects of being placed into care can have on a child or young person. We need to consider this as this trauma can have a lasting impact on an individuals mental health and wellbeing into adulthood. Early support to these children and young people is vital so they can develop their resilience and work towards managing the impact of the trauma as part of giving every child the best start.

Create fair employment and good work for all.

Whilst there is mention of the prosperity for all: Economic Action Plan we are disappointed that there is no reference to the net zero skills strategy or the accompanying net zero action plan. These documents form a key part of moving to a zero carbon Wales. The action plan includes actions to look at:

- Young people and early years understanding their career opportunities and
- options
- Developing a skilled workforce
- Look at ways to strengthen skills offer and harness knowledge transfer.

Meeting these actions will not only ensure we can move towards a net-zero carbon Wales but will also help create further employment opportunities, help bring more people out of poverty which will help improve the mental health and wellbeing of individuals.
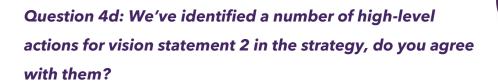
Ensure a healthy standard of living for all

Whilst we welcome the mention of the ending homelessness action plan and the white paper to end homelessness in Wales as part of the wider strategic approach this misses the wider role housing takes in mental health and wellbeing. It is not just homelessness that can impact and individuals mental health and wellbeing, poor housing can also have a significant impact on individual's mental health and wellbeing. Adequate housing should be seen as a key driver of improving mental health and well-being. There are seven factors to housing adequacy:

- **Security of tenure:** Housing is not adequate if its occupants do not have a degree of tenure security which guarantees legal protection against forced evictions, harassment and other threats.
- **Availability of services, materials, facilities and infrastructure**: Housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, food storage or refuse disposal.
- **Affordability:** Housing is not adequate if its cost threatens or compromises the occupants' enjoyment of other human rights.
- **Habitability:** Housing is not adequate if it does not guarantee physical safety or provide adequate space, as well as protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards.
- **Accessibility**: Housing is not adequate if the specific needs of disadvantaged and marginalized groups are not taken into account.
- **Location**: Housing is not adequate if it is cut off from employment opportunities, health-care services, schools, childcare centres and other social facilities, or if located in polluted or dangerous areas.
- **Cultural adequacy**: Housing is not adequate if it does not respect and take into account the expression of cultural identity

These seven factors are considered throughout the mental health and wellbeing strategy as being key to improving mental health and well being in Wales. CIH Cymru believes that a right to adequate housing should be legislated for here in Wales. This will ensure that everyone in Wales can access a safe, secure and affordable home a vital part of also ensuring we are working towards improving the mental health and wellbeing of the people of Wales not only as part of the proposal to ensure a health standard of living for all but as part of the whole strategic approach to mental health and wellbeing in Wales.

Question 4d: We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

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

Question 4e: Are there any changes you would like to see made to these actions?

Whilst we largely agree with the high-level actions outlined, we are concerned that there is no opportunity for the voice of those with lived experience. If we are looking to improve the mental health and wellbeing of individuals by improving cross government work and services, it is important to hear from those who have used those services in the past and/or are still using them. This will provide an extra layer of knowledge on what works and what doesn't work in order to ensure the services and programmes we develop actually meet the needs of the population. We need to be working with communities and individuals not just for them.

Question 5: Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this?

We partially agree.

Question 5a: What are you reasons for your answer to question 5?

Whilst we welcome the approach to connect the system with a no wrong door approach for advice and support together with a trauma informed approach we are concerned at a lack of guidance and training across the connected system. However, there is more to be done around sharing of information to ensure that professionals across services can access key information on an individual such as their current support worker, any mental health diagnosis. This can be done though a shared IT system where access to information can be provided according to individual roles. This system could also be used to provide easy referrals to other services as needed including the proposed new duty to refer in the homelessness white paper.

We also welcome the NHS 111 mental health support line. However, we hear from members who work in customer facing roles or in support services that individuals can present to their services in crisis. So, as well as the NHS 111 we would like to see a programme of mental health first aid training implemented for professionals working in non-health care settings. This will help with early awareness of someone's mental health or wellbeing declining and needing to be referred for help or to support an individual who presents in crisis.

Question 5b: We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

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

Question 5c: Are there any changes you would like to see made to these actions?

We would like to see VS3.3 expanded to also include the lived experience voice. This will allow for an assessment of the barriers faced by individuals seeking help and enable partners and stakeholders to amend services to remove these barriers. It is vital that when looking to design a connected system that we hear from everyone who uses the system working with those who access our services not just making changes that could make access worse for an individual.

Question 6: Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this?

We partially agree.

Question 6a: What are your reasons for your answer to question 6?

We are not in a position to comment on the direction set in this section relating to primary care, secondary care nor specialist mental health settings. We do however partially agree with the direction set for person centred care in the community. We agree with the aim to keep people in their homes as much as possible and enable people to return home following a stay in hospital. Yet there is no mention in this section of the role of the housing sector. Tyfu Tai Cymru research from hospital to home; planning the discharge journey outlinesthe importance of involving housing providers in discharge planning together with the presence of expert staff in health settings:

> *The presence of expert staff in health settings raises both the profile and importance of providing appropriate and tailored*

housing advice in addressing the wider needs (above the clinical needs) that patients may have. Input from staff with housing expertise can complement and support health professionals in meeting patient needs in a holistic way and facilitate successful hospital discharge taking place.

The research also outlines the importance of discharge planning being looked at as soon as possible after an individual is admitted to hospital[6]. We recognise the desire in the strategy to look at discharge from mental health settings, but this must be done with consideration of the individual's housing needs.

There is also no mention of how services will link with social landlords or private landlords where someone is receiving community based mental health support. Research by Tyfu Tai Cymru on private renting and mental health found that 45 per cent of landlords felt there is never enough support and information for landlords to support tenants with mental health problems[7]. If the strategy is looking at ways to keep people in their own homes, then we need to see housing as a key partner and provide landlords across tenures with contact information if they see their tenants mental health is declining. This will help work towards the aim of refreshing the model for community mental health support in Wales.

Question 6b: We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

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

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[6] From hospital to home; planning the discharge journey. C.A.R.P. Collaborations and Gana Consulting Chartered Institute of Housing Cymru and Tyfu Tai Cymru. https://www.cih.org/media/vdplutxt/from-hospital-to-home-final.pdf

[7] Private renting and mental health: A way forward. https://www.cih.org/media/4amhosw3/private-renting-and-mental-health-a-way-forward.pdf

Question 6c: Are there any changes you would like to see made to these actions?

Mirroring our answer for 6a we would like to see housing and housing related support services more explicitly mentioned as part of action 4.10 and the support for co-occurring substance misuse/mental health need. Some of our members have already put in place multi-disciplinary teams to help support homeless individuals with substance misuse together with physical and mental health issues. These services have seen good outcomes for the homeless population. The lessons learned from implementing these programmes can help deliver this action as well as provide opportunities for wider partnership working in supporting individuals with co-occurring mental health need and substance misuse.

Question 7: We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

- o digital and technology
- o data capture and measurement of outcomes
- o supporting the mental health workforce
- o physical infrastructure (including the physical estate of services)
- o science, research and innovation
- o communications

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

Partially Agree.

Question 7a: What are your reasons for your answer to question 7?

We are concerned about the omission of housing as a key feature of supporting the mental health sector as a whole. A lack of housing or poor-quality housing can negatively affect health and wellbeing. Having a safe, suitable and affordable home can reduce financial stress, increases opportunities to engage with the wider community and enables individuals and families to invest in social ties.

Which when considered as a whole can significantly improve the mental health and wellbeing of individuals[8] .

Adequate housing should be seen as a key driver of improving mental health and well-being. There are seven factors to housing adequacy:

- **Security of tenure:** Housing is not adequate if its occupants do not have a degree of tenure security which guarantees legal protection against forced evictions, harassment and other threats.
- **Availability of services, materials, facilities and infrastructure**: Housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, food storage or refuse disposal.
- **Affordability:** Housing is not adequate if its cost threatens or compromises the occupants' enjoyment of other human rights.
- **Habitability:** Housing is not adequate if it does not guarantee physical safety or provide adequate space, as well as protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards.
- **Accessibility**: Housing is not adequate if the specific needs of disadvantaged and marginalized groups are not taken into account.
- **Location**: Housing is not adequate if it is cut off from employment opportunities, health-care services, schools, childcare centres and other social facilities, or if located in polluted or dangerous areas.
- **Cultural adequacy**: Housing is not adequate if it does not respect and take into account the expression of cultural identity

These seven factors are considered throughout the mental health and wellbeing strategy as being key to improving mental health and well-being in Wales. CIH Cymru believes that a right to adequate housing should be legislated for here in Wales. This will ensure that everyone in Wales can access a safe, secure, and affordable home a vital part of also ensuring we are working towards improving the mental health and wellbeing of the people of Wales not only as part of the proposal to ensure a health standard of living for all but as part of the whole strategic approach to mental health and wellbeing in Wales. As such we would like to see a consideration of the right to adequate housing included as an action to support the mental health system as a whole.

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[8] Rolfe, S., Garnham, L., Godwin, J. et al. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. BMC Public Health 20, 1138 (2020). https://doi.org/10.1186/s12889-020-09224-0

Question 8: The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

We welcome the actions around supporting the mental health workforce but if the aim of the strategy is for a connected system working towards trauma informed principles, then there is a need to expand the availability of this support to any professional providing a service in a trauma informed way. For those professionals working with trauma experienced individuals there is a risk of experiencing vicarious trauma. This trauma can occur when professionals listen to clients recount their experiences that led to their trauma, hearing about, or responding to the aftermath of violence, or other incidents. Vicarious trauma may also be linked to compassion fatigue and burnout[9] Tyfu Tai Cymru joining the dots research into the experiences of frontline housing professionals has shown that 75 per cent of respondents felt that their mental wellbeing had deteriorated in the past four years[10]. It is therefore vital that support is also made more widely available.

Question 9: This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

We partially agree.

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[9] What Is Vicarious Trauma? https://psychcentral.com/health/vicarious-trauma#symptoms
[10] Joining the Dots part 3. Local Government Housing Professionals Survey Report.
https://www.cih.org/publications/joining-the-dots-3

Question 9a: What are your reasons for your answer to question 9?

We would like to see more information and possible more actions directly related to how individuals transition through services as they age. We have heard from our members that there is a heightened risk of individuals disengaging from services when they move form children/youth-based services to adult based services. This can be due to an individual not being fully aware their support worker has changed or delays in referrals to adult based services. This then puts pressure on non-health-based support workers and on occasion can result in a significant decline in the individuals mental health and wellbeing.

We would like an action related to ensuring that child/youth-based support does not suddenly stop once the individual ages out of the service. Rather six months prior the individuals receive support from the child/youth-based service together with the adult service with the child/youth based service tapering off support throughout the six months. This means that the individual is constantly supported as they age between services and reduces the risk of them disengaging with support. This will ensure that as much as possible an individual receives the right level of support at the right time to help them manage their mental health and wellbeing.

Question 10: We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

No all positive and negative impacts have been considered.

Question 11: We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

Public sector bodies in Wales have a duty to provide services in Welsh when requested. Any work to support mental health and wellbeing by the public sector will ensure that Welsh is not treated less favourably than Welsh. Other organisations in Wales will also need to consider how to provide opportunities to use the Welsh language and as such we feel that there will be negligible impact on opportunities for people to use Welsh as their language of choice.

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

There is minimal consideration within the strategy of the specific role housing has in supporting good mental health and wellbeing. Poor housing conditions and homelessness can have adverse effects on individuals' mental health and wellbeing. Research has repeatedly evidenced that adequate housing can improve mental health and wellbeing. There is a need for the strategy to also consider how,by implementing the right to adequate housing will provide the foundation from which we can all work together across Government to prevent worsening mental health and wellbeing in Wales as well as support those with mental health conditions within their local community.

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