Making Prevention Happen:

How to improve mental health and well-being for everyone in Wales

Manifesto for the Welsh Parliament Elections 2021

Mental Health Foundation

The Mental Health Foundation is calling on the next Government to:

1. Commit to a new cross-government strategy on preventing mental health problems: this means taking action to increase the protective factors for good mental health and reduce the risk of experiencing poor mental health.

The 10-year strategy, Together for Mental Health, comes to an end in 2022 so now is the time to assess and look again at the policy and delivery of support for mental health and well-being in Wales. We believe that a new strategy must start from the position of preventing mental health problems – that is action which aims to increase the protective factors for good mental health and wellbeing, and reduce the risk of experiencing poor mental health.[1] This strategy must address mental health inequalities and be co-produced with people in Wales, including the voluntary sector.

The Covid-19 pandemic has impacted on all of our lives. Loneliness brought about by the requirement to physically distance and isolate; bereavement and loss, financial instability and insecure housing are just some of the immediate consequences of the pandemic.

As the recovery stage begins, measures to address the social and economic factors affecting people's mental health, as well as the physical health consequences of the pandemic, will be of utmost importance to addressing the nation's mental health and well-being - and preventing more severe mental health problems from taking hold.

We welcomed the announcement of Eluned Morgan MS as Minister for Mental Health, Well-Being and Welsh Language and we believe this new post has a crucial role in holding all government departments to account on mental health and well-being. The announcement of the new ministerial position came during the Covid-19 crisis, some 6 months before the Welsh Parliament elections. We want continued commitment to this new ministerial position beyond the immediate Covid-19 crisis.

Government departments including those responsible for communities, the economy, transport, housing, education, criminal justice and health must work together on a new strategy and commitments and actions to increase the protective factors for good mental health and reduce the risk of experiencing poor mental health. The strategy must address inequalities and be co-produced with the people of Wales and with the voluntary sector.

The Minister for Mental Health and Well-Being has a critical role in bringing a new cross-government strategy together, and ensuring cross-government responsibility and accountability for the actions within it.

2. Tackle inequalities in the new cross-government strategy to prevent mental health problems

Many of us experience inequalities in our lives – this could be a result of economic status or financial disadvantage, or experiencing prejudice or discrimination based on gender, sexual orientation, age, race or disability. Our experiences of adversity, our identity and our financial position intersect and we are more or less likely to experience poor mental health and well-being as a result.

In Wales:

- **Poverty:** Wales is the poorest of the four nations in the UK, with a quarter of people living in poverty.[2] 29% of children are thought to live in poverty in Wales.[3]

- **Age:** Wales has a large and growing older people's population: by 2030, it is projected that there will be just over 1 million older people in Wales – 33% of the total population.[4] There is a comparatively higher number of older people living in rural Wales. Young people often migrate to more urban areas for education and employment.[5]

- **Rurality:** rural mental health and wellbeing is an issue in Wales, including issues such as recruitment and retention of health and social care staff and access to digital technologies.[6] There is a huge amount of uncertainty for farming communities following Brexit.[7]

- 28.6% of the population aged three and over were able to speak **Welsh** in 2020 - this has been gradually increasing since 2010.[8]

- There are an estimated 169,400 people from **Black, Asian and minority ethnic groups** living in Wales, predominately in South Wales. Research shows that many individuals experience discrimination

because of their race.[9]

• Wales is working towards being a 'Nation of Sanctuary' but **refugees and asylum seekers** are at greater risk of poverty, homelessness and discrimination and have support needs that support needs that remain unaddressed.[10]

The pandemic has exacerbated pre-existing inequalities. Our Mental Health in the Pandemic Study[11] is a UK-wide study carried out with the Universities of Swansea, Cambridge, Strathclyde and Queen's, Belfast; we have undertaken, regular repeated surveys of over 4000 adults across the UK during 2020 and found that:

• Throughout the study the proportion of Young People reporting they are coping very well or fairly well has continued to decline.[12] Young people (aged 18-24) have been more likely than any other age group to report feelings of hopelessness.[13]

• More than half of single parents had financial concerns compared to approximately one in four adults. Very worryingly, more than double the proportion of single parents had experienced suicidal thoughts compared to the population as a whole.[14]

• Those who are unemployed have been experiencing higher levels of anxiety and suicidal thoughts (compared with the general population) with 26% of unemployed people experiencing suicidal thoughts in the most recent wave.[15]

While these statistics provide a 'snapshot' of people's experiences at different stages of the pandemic, mental health and well-

being was not distributed equally before the pandemic. As the economic crisis deepens, this will continue to impact on people disproportionately in the years to come.

The Government's prevention strategy should contain actions to reduce inequalities, through *proportionate universalism*.[16] A proportionate universalism approach balances universal actions (for everyone) and targeted actions (for specific groups) and allocates resources according to levels of need. Action should be taken for everyone, but the scale and intensity of interventions should be proportionate to the level of disadvantage experienced. Young people, those living in rural communities in Wales (including those who speak Welsh), older people, BAME communities and refugees and asylum seekers are some of the groups requiring targeted actions.

The Well-Being of Future Generations Act (2015) is unique to Wales – it aims to improve the 'social, economic, environmental and cultural wellbeing of Wales' and encourages public bodies to think about how they can work together to address persistent problems such as poverty, inequality and climate change for future generations. It's fair to say that future generations have been hit particularly hard by current national and global events: 10 years of austerity and Brexit in the UK and the impacts of the global pandemic will be especially difficult for young people. It's worrying that our research on the impact of the pandemic shows that young people are a group consistently reporting feelings of hopelessness, loneliness and suicidal thoughts. Against this backdrop,

a targeted 'offer' for young people should be a priority within the new Government's prevention strategy. Young people need hope and opportunity for their futures and as they make their way through key transition points such as moving onto education and employment.

> **The Government's prevention strategy should set out how each government department will tackle mental health inequalities through proportionate universalism – these universal and targeted actions should be co-produced and then reviewed and, if necessary, adapted on an annual basis.**

> **We want to see a targeted 'offer' for young people as they move through key transition points.**

3. All public services should be Trauma-Informed by adopting standards of practice, guidance and training on trauma-informed approaches.

Trauma refers to events or a set of circumstances that are experienced as harmful or life-threatening and that have lasting impacts on mental, physical, emotional and/or social well-being.[17]

Traumatic experiences include interpersonal trauma such as bullying, abuse, domestic violence and childhood traumas such as abuse, neglect, abandonment and family separation. There is a rapidly growing awareness of Adverse Childhood Experiences (or ACEs) and longitudinal studies and a body of wider literature seeking to understand the impacts of ACEs.[18] [19]

Trauma can also include community trauma such as bullying, gang culture and war[20] and less understood social traumas such as marginalisation, racism and the legacy of violence against entire groups, such as genocide and the Holocaust.[21] Trauma is bound up with systems of power and oppression.

Experiences of trauma are common - it was estimated even before the pandemic that more than 70% of the global population has been exposed, either directly or indirectly, to a traumatic event, although not everyone will develop post-traumatic stress as a result.[22] We do not know how many people will be affected by trauma as a result of the pandemic but we know that large numbers of the population have been and will continue to be exposed to traumatic experiences that put them at

higher risk of developing or exacerbating mental health problems.

Front-line NHS staff and other front-line workers, those experiencing unemployment (or at risk of this), victims of domestic violence and abuse, and children returning to school following harmful experiences in lockdown, are examples of groups at immediate risk of experiencing trauma.[23]

In the UK, there is growing recognition of the prevalence of trauma within our society, which has led to an increased understanding of the role that public services and institutions can play. There have been attempts to develop 'trauma-informed' public services – for example, Scotland has developed a national trauma training programme as part of

the growing awareness of the impact of traumatic experiences on people, and the need for a resource.[24]

As we begin to consider the immediate and longer-term repercussions of the pandemic, there is growing recognition that trauma-informed approaches that are listening, empathetic and person-centred are needed and are also more likely to lead to better engagement and improved outcomes.

We welcomed the recent statutory guidance for schools on adopting 'whole school approaches' and the emphasis on using trauma-informed approaches within it.[25] We also welcome the new mental health support package for health and care workers who are currently working in very challenging circumstances.

> **We want to see all public services in Wales adopting trauma-informed approaches. Listening, empathetic services that place the person at their centre should become the norm for schools and other education settings, workplaces, health and social care services, emergency services and criminal justice services. All government departments responsible for these services should ensure that standards of practice, guidance and training are available and implemented across Wales.**

4. Widen access to 'social prescribing' such as arts projects, peer-to-peer projects and access to nature.

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The

referrals normally (but not exclusively) come from professionals working in primary care, for example, GPs and practice nurses.[26] Social prescribing seeks to address people's needs in a

holistic way, recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors. It also aims to support individuals to take greater control of their own health.[27]

Many social prescribing projects are provided by the community and voluntary sector, who have seen their incomes fall in 2020 due to Covid-19,[28] whilst the need for such support has increased.

As part of our Mental Health in the Pandemic Study, we asked people about their coping strategies during the pandemic.[29] Our September 2020 briefing found that people have valued their outside environment (50% of respondents), a daily walk (59% of respondents) and contacting family (47%) and friends (46%) to cope with stress during the pandemic.[30]

Research has shown that connecting to the natural environment (such as local parks in urban environments and promoting access to green and blue spaces) can have a positive impact on our mental health and well-being.[31] Interest in mental health will be at its peak in May, around the time of the Welsh Parliament Elections, with Mental Health Awareness Week (hosted by the Mental Health Foundation) having the theme of Nature.

Our peer-to-peer projects have found that peer led approaches that 'walk alongside' people, and move away from pathologising approaches, are effective in supporting people with a range of needs.[32][33] However, more research is required to improve the evidence base, and more investment is needed to ensure that social prescribing is available throughout Wales.

> **The next Government should work with local authorities, the NHS and the third sector to increase support and access to social prescribing projects in Wales. More funding is required to increase the availability of social prescribing, and the research capacity to extend and strengthen its evidence base.**

5. Address rural mental health by assessing, identifying and increasing the availability of mental health and well-being support, including the mobilisation of local resources and peer-to-peer approaches.

1 in 3 people in Wales are living in an area classed as rural.[34] The assumption that rural environments are inevitably 'healthier' is increasingly open to challenge, particularly as some rural areas have poorer figures than the Welsh average, for example on income indicators. Rural mental health and well-being is influenced by many determinants, including education, access to services,

income and deprivation.[35]

Factors such as age are important – the population of rural Wales tends to be older on average, meaning that rural health and social care services are dealing with comparatively higher levels of chronic diseases and age-related disability. Rural communities also tend to see the outward migration of young people who may seek education and employment opportunities in more urban areas; this, in turn, impacts on the availability of support (and opportunities) for young people.[36]

We agree with the recommendations put forward by the Parliamentary Review of Health and Social Care in Wales in 2018, that Welsh Government needs to develop an overall strategy for enhancing access to good quality care for rural communities. This should include:

utilising the latest digital technologies; a comprehensive approach to staff training in rural communities; the recruitment and retention of the workforce and how to mobilise the resources within rural communities.[37]

In our report, Supporting Farming Communities in Times of Uncertainty, we worked with stakeholders (including famers) and considered key challenges for farming communities in Wales, including the uncertainty and viability of farming post-Brexit. Solutions largely focused on the need for: better awareness of the support available; working across organisations to recognise stress and anxiety, and for farmer-led, peer-to-peer solutions, including the need for a cultural shift in accessing and accepting support (for both business and health concerns).[38]

> **We want the next Government to prioritise rural mental health and to assess, identify and increase the availability of mental health and well-being support; this should include the mobilisation of local resources and peer-to-peer solutions.**

> **Consideration should be given to inequalities issues such as support for young people and older people and provision of support in Welsh language.**

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About the Mental Health Foundation

Our vision is good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Since 1949, the Mental Health Foundation has been the UK's leading charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive. We take a public mental health approach to prevention, finding solutions for individuals, those at risk and for society, in order to improve everyone's mental wellbeing.

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