

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

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Ymateb gan: | Response from: Cymdeithas Llywodraeth Leol Cymru |
Welsh Local Government Association



Title: WLGA Response to the Senedd's Health and Social Care Committee Inquiry into Mental Health Inequalities

Recipients: Senedd's Health and Social Care Committee

Your name Paul Lewis (Policy Officer for Wellbeing and Prevention)

Welsh Local Government Association - The Voice of Welsh Councils

We are The Welsh Local Government Association (WLGA); a politically led cross-party organisation that seeks to give local government a strong voice at a national level. We represent the interests of local government and promote local democracy in Wales.

The 22 councils in Wales are our members and the 3 fire and rescue authorities and 3 national park authorities are associate members.

We believe that the ideas that change people's lives, happen locally.

Communities are at their best when they feel connected to their council through local democracy. By championing, facilitating, and achieving these connections, we can build a vibrant local democracy that allows communities to thrive.

Our ultimate goal is to promote, protect, support and develop democratic local government and the interests of councils in Wales.

We'll achieve our vision by

- Promoting the role and prominence of councillors and council leaders
- Ensuring maximum local discretion in legislation or statutory guidance
- Championing and securing long-term and sustainable funding for councils
- Promoting sector-led improvement
- Encouraging a vibrant local democracy, promoting greater diversity
- Supporting councils to effectively manage their workforce



Response to Questions 1 & 2:

- 1. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?**
- 2. For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?**

Everyone has the right to enjoy the highest possible standard of physical and mental health¹. We know that the enjoyment of good health is linked to good social and economic outcomes. Better health throughout life can often mean better qualifications, improved job prospects, higher wages, good social relationships, better living conditions and a higher sense of life satisfaction². But we also know that a person's physical and mental health is often dependent on the social, economic and physical environments they experience at various stages of life³. These are known as the wider determinants of health. Poverty and socioeconomic disadvantage can potentially lock people into a negative cycle of poor health that limits their chances of a better life⁴. Thus, it creates system that has widening inequalities already baked in. Therefore, the challenge for improving the state of mental health should not only be focused on responding to various mental health conditions but, it should also include protection from social risk factors and improving people's everyday lives in early childhood and adolescence, during our working lives and through to older age⁵.

Evidence suggests that the impact of Covid-19 and associated social restriction measures have deepened and further entrenched existing the economic, social, cultural and environmental inequalities that lead to poor mental health^{6 7 8 9}. While the pandemic affected all of us, the evidence suggests that the

¹ Article 25 of *Universal Declaration of Human Rights* (1948) and Article 12 of *International Covenant of Economic, Social and Cultural Rights* (1966).

² Gondek et al (2018) 'The impact of health on economic and social outcomes in the United Kingdom: A scoping literature review', *PlosOne*. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0209659>

³ WHO (2019) *Healthy, prosperous lives for all: the European Health Equity Status Report*.

<https://apps.who.int/iris/bitstream/handle/10665/326879/9789289054256-eng.pdf?sequence=1&isAllowed=y>

⁴ Garman, E. (2020) *Public mental health: The vicious cycle*. <https://www.acu.ac.uk/the-acu-review/the-vicious-cycle/>

⁵ WHO (2014) *Social determinants of mental health*.

https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

⁶ WHESRI (2021) *Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building a prosperous Wales for all* <https://phwwhocc.co.uk/wp-content/uploads/2021/07/WHESRI-Covid-Report-Eng.pdf>.

⁷ Public Health Wales (2020) *A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic*. <https://phw.nhs.wales/news/staying-at-home-policy-has-reduced-spread-of-coronavirus-but-has-also-had-other-positive-and-negative-impacts-on-the-well-being-of-welsh-society/a-health-impact-assessment-of-the-staying-at-home-and-social-distancing-policy-in-wales-in-response-to-th/>

⁸ Rodriguez, J. (2021) *Covid-19 in Wales: the mental health and wellbeing impact*.

https://www.cardiff.ac.uk/_data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf
Wales Fiscal Analysis, Wales Governance Centre: Cardiff University.

⁹ Mind Cymru (2021) *Coronavirus: the consequences for mental health in Wales*. <https://www.mind.org.uk/media/8961/the-consequences-of-coronavirus-for-mental-health-in-wales-final-report.pdf>



deteriorated because of the stress and anxiety of the situation¹⁶. Women were more likely to be doing low-paid work on insecure contracts in shutdown sectors and were twice as likely to be key workers. Women were also more likely to take on the greatest share of caring responsibilities and were more likely to experience domestic violence and sexual abuse during lockdown¹⁷.

Evidence from a research survey of over 1000 girls found that 40% have experienced a deterioration in their mental health. The most common reasons include not being able to meet up with friends or family (75%), followed by feelings of loneliness (62%). Other common reasons relate to coronavirus itself, as well as worrying about school and the impact of the pandemic on their futures, including: worrying about family/someone in the household catching coronavirus (51%), worrying about their future because of coronavirus (50%), feeling they have no purpose (43%), worrying about catching coronavirus themselves (43%), not being able to attend school (41%) and an increase in social media usage (37%)¹⁸. Mental health support services were unable to meet demand prior to the pandemic, with difficulties accessing appropriate, timely support. This situation has continued and worsened throughout the pandemic.

Older people: Evidence suggests the pandemic has taken a toll on older people's mental health and wellbeing¹⁹. Factors including loneliness, social isolation and digital exclusion has had a significant impact and there has been an increase in anxiety due to the virus, as well as loss of confidence engaging with the outside world. This is led to a deterioration of their physical and mental health over the course of the pandemic and previous mental health conditions such as depression may have resurfaced²⁰. Access to mental health services has been severely disrupted and the Royal College of Psychiatrists has found that older people have faced age discrimination in

¹⁶ Chwarae Teg (2020) *Covid-19, Women, Work, and Wales*. <https://chwaraeteg.com/wp-content/uploads/2020/10/Covid-19-Women-Work-and-Wales-Research-Report.pdf>

¹⁷ Public Health Wales (2020) *A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic*. <https://phw.nhs.wales/news/staying-at-home-policy-has-reduced-spread-of-coronavirus-but-has-also-had-other-positive-and-negative-impacts-on-the-well-being-of-welsh-society/a-health-impact-assessment-of-the-staying-at-home-and-social-distancing-policy-in-wales-in-response-to-th/>

¹⁸ Plan International UK (2020) *The State of Girls' Rights in the UK – Early insights into the impact of the coronavirus pandemic on girls*. <https://plan-uk.org/file/plan-uk-state-of-girls-rights-coronavirus-reportpdf/download?token=qddEAzIz>

¹⁹ Public Health Wales (2020) *A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic*. <https://phw.nhs.wales/news/staying-at-home-policy-has-reduced-spread-of-coronavirus-but-has-also-had-other-positive-and-negative-impacts-on-the-well-being-of-welsh-society/a-health-impact-assessment-of-the-staying-at-home-and-social-distancing-policy-in-wales-in-response-to-th/>

²⁰ Age Cymru (2020) *Experiences of people aged 50 or over in Wales during the first Covid-19 lockdown, and the road to recovery*. <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/experiences-of-people-aged-50-or-over-in-wales-during-the-first-covid-19-lockdown-and-the-road-to-recovery--october-2020-eng.pdf>



accessing mental health services²¹. Evidence from the Older People's Commissioner found that 8% of older people in Wales report that they have been made to feel too old to receive health services²².

Disabled people: Data from the ONS shows that, on average, disabled people aged 16 to 64 years had significantly poorer ratings than non-disabled people on all four personal well-being measures, with the greatest disparity in average anxiety levels. In the year ending June 2020, the mean scores on these measures were:

- for happiness yesterday, 6.46 out of 10 for disabled people, compared with 7.58 for non-disabled people
- for feeling that the things done in life are worthwhile, 7.06 out of 10 for disabled people, compared with 7.98 for non-disabled people
- for life satisfaction, 6.62 out of 10 for disabled people, compared with 7.81 for non-disabled people
- for anxiety yesterday, 4.47 out of 10 for disabled people, compared with 2.91 for non-disabled people (higher numbers equate to poorer well-being in this measure)²³.

Compared with the year ending June 2019, disabled people had a significantly higher average anxiety rating in the year ending June 2020²⁴.

People from Black, Asian and Minority Ethnic communities: Experiences of racism and discrimination has a significant negative impact on the mental health and wellbeing of Black, Asian and Minority Ethnic people. However, different communities understand and talk about mental health in different ways. In some communities, mental health problems are rarely recognised or spoken about. They may be seen as shameful or embarrassing. This can discourage people from talking about their mental health or going to their GP for help.

²¹ Royal College of Psychiatrists (2018) *Suffering in Silence: age inequality in older people's mental health care*. www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d_2

²² Older People's Commissioner for Wales (2021) *State of the Nation: 2021*. https://www.olderpeoplewales.com/Libraries/Uploads/State_of_the_Nation_Report_2021.sflb.ashx

²³ ONS (2021) *Outcomes for disabled people in the UK: 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020#well-being>

²⁴ Welsh Government (2021) *Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19*. <https://gov.wales/sites/default/files/pdf-versions/2021/7/2/1626187155/locked-out-liberating-disabled-peoples-lives-and-rights-wales-beyond-covid-19.pdf>



COVID-19 and social restrictions have worsened pre-existing inequalities²⁵. The pandemic has had a more detrimental effect on the mental health of those of BAME backgrounds. For instance, in June 2020, BAME individuals in Wales reported on average more than 4.1 problems associated with mental distress, whilst White British individuals reported 2.7, a difference of 55% in relative terms²⁶.

Refugees and Asylum Seekers: It is widely recognised that refugees, asylum seekers and migrants frequently have significant unmet mental health needs²⁷. Mental conditions and general mental distress are common in refugees and asylum seekers (RAS) and often best recognised as a normal reaction to very stressful circumstances. These have been further exacerbated by COVID-19²⁸. Other migrants suffer post migration stressors and evidence shows that those with insecure immigration status may have higher levels of stress and depression.

Positive work is going on across Wales but, despite this, refugees', asylum seekers' and migrants' mental health needs are currently not always appropriately or adequately addressed. Current service provision often feels disjointed, inconsistent, limited, and unsuited to the needs of the individual. This can result in RAS and migrants having great difficulty accessing the mental health support they need and an erosion of trust in services at best, and re-traumatising vulnerable people at worst. Feedback to a Wales Strategic Migration Partnership/Traumatic Stress Wales Task and Finish Group has indicated that several specific issues repeatedly emerge as barriers to effective service provision:

- Lack of a cross-sector, strategic, co-produced, whole-system approach
- Lack of understanding/awareness of, and sensitivity to, cultural issues, the asylum and migration settlement processes, conscious and unconscious bias
- Limited services/pathways, especially for people with lower-level needs
- Lack of cross-sector communication, engagement, co-ordination and understanding of each other's services and roles

²⁵ Mind UK (2020) *The mental health emergency How has the coronavirus pandemic impacted our mental health?*
https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf

²⁶ Rodriguez, J. (2021) *Covid-19 in Wales: the mental health and wellbeing impact.*
https://www.cardiff.ac.uk/_data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

²⁷ Public Health Wales (2019) *The Health Experiences of Asylum Seekers and Refugees in Wales.*
<https://phwwhocc.co.uk/ih/wp-content/uploads/2020/07/PHW-Swansea-HEAR-technical-report-FINAL.pdf>

²⁸ Mental Health Foundation (2020) *Mental health in the COVID-19 pandemic.*
<https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf>



- Lack of specific consideration of children's needs
- Lack of provision of interpretation services
- Lack of capacity at all tiers
- Lack of flexibility in current pathway to access mental health services.

Further work is required to achieve the delivery of person-centred pathways that take a holistic approach and are easy for the individual and cross-sector services to navigate and implement.

LGBTQ+ people: Evidence indicates that lesbian, gay and bisexual (LGBTQ+) populations experience a greater incidence of depression, anxiety, suicidal thoughts and substance misuse than the majority population²⁹. Experiences of discrimination and harassment in day-to-day life, rejection from one's family and friends and being subjected to hate crimes and incidents can have a negative impact on mental well-being³⁰.

A meta-analysis of UK population health surveys found that LGB people:

- are around twice as likely to report symptoms of poor mental health (i.e. anxiety, depression) than heterosexual adults
- have around 1.5 times higher prevalence of depression and anxiety disorders than heterosexual adults; LGB people aged 55+ showed twice the prevalence of poor mental health³¹.

Evidence shows that COVID-19 and social restrictions are likely to have worsened mental health inequalities for LGBTQ+ people^{32 33}:

- Extended periods of concealment of identity may have heightened depression, anxiety, suicidal intention and cumulative psychological distress
- People from the LGBTQ+ community may have spent more time at home during the pandemic, in unsupportive households
- Many students from the LGBTQ+ community have immediate families that do not support or know their LGBTQ+ identity

²⁹ LGBT Health (2018) *LGBTI Populations and Mental Health Inequality*. <https://www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf>

³⁰ Stonewall (2018) *LGBTQ in Britain: Health Report*. https://www.stonewall.org.uk/system/files/LGBTQ_in_britain_health.pdf

³¹ Semlen, J, King, M., Varney, J., and Hagger-Johnson, G. (2016). "Sexual Orientation and Symptoms of Common Mental Disorder or Low Wellbeing: Combined Meta-Analysis of 12 UK Population Health Surveys." *BMC Psychiatry*, 16: 67.

³² LGBT Foundation (2020) *Hidden Figures: The Impact of the Covid-19 pandemic on the LGBT communities in the UK*. <https://dx.fy8lrzbpwv.cloudfront.net/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%2520Figures-%2520The%2520Impact%2520of%2520the%2520Covid-19%2520Pandemic%2520on%2520LGBT%2520Communities.pdf>

³³ PHW WHOCC (2021) *International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery Report 34, 15/10/2021*. https://phwwhocc.co.uk/ih/wp-content/uploads/2021/10/PHW-COVID19-IntHorizonScan_Report_34_15_October2021-FINAL.pdf



- Young people from the LGBTQ community were more likely to exhibit signs of anxiety or depression during the pandemic.

While the digitalisation of peer support groups has helped to alleviate loneliness and isolation in some cases, access to timely and appropriate mental health support services has been particularly difficult for LGBTQ+ people living in rural communities. Evidence also suggests that more working is needed to ensure that mental health support services are aware of LGBTQ+ experiences and are better able to cater to LGBTQ+ people's needs³⁴.

People living on low incomes: The relationship between low household income and poor mental health is well-established:

- Analysis of data from the Millennium Cohort Study in 2012 found children in the lowest income quintile to be 4.5 times more likely to experience severe mental health problems than those in the highest³⁵.
- Employment is generally beneficial for mental health. However, the mental health benefits of employment depend on the quality of work; work that is low paid, insecure or poses health risks can be damaging to mental health³⁶.
- Employment status is linked to mental health outcomes, with those who are unemployed or economically inactive having higher rates of common mental health problems than those who are employed³⁷.

Evidence again shows that the effects of the pandemic have disproportionately affected our poorest and most vulnerable communities. Low wages, income insecurity, the risks of job losses and unemployment, and poorer working conditions have all taken their toll on the mental health and wellbeing on our lowest paid households³⁸.

³⁴ Welsh Government (2021) A report to Welsh Government outlining recommendations for furthering LGBTQ+ equality in Wales: Recommendations of the Independent LGBTQ+ Expert Panel. https://gov.wales/sites/default/files/consultations/2021-07/recommendations-of-the-independent-lgbtq%2B-expert-panel_0.pdf

³⁵ Gutman, L., Joshi, H., Parsonage, M., & Schoon, I. (2015). *Children of the new century: Mental health findings from the Millennium Cohort Study*. <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf>

³⁶ Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). *Fair society, healthy lives: The Marmot Review*. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

³⁷ Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf

³⁸ Public Health Wales (2020) A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic. <https://phw.nhs.wales/news/staying-at-home-policy-has-reduced-spread-of-coronavirus-but-has-also-had-other-positive-and-negative-impacts-on-the-well-being-of-welsh-society/a-health-impact-assessment-of-the-staying-at-home-and-social-distancing-policy-in-wales-in-response-to-th/>



Previous experiences of economic crises tell us that the negative mental health impacts are always felt more sharply by our poorest households³⁹. Early evidence indicates that this is true for the current cost of living crisis. The rising food prices, energy costs, interest rates and forthcoming income taxes are increasing financial pressures for the poorest households already struggling from the effects of the pandemic: forcing many to choose between food and fuel. These pressures are placing further detrimental impacts on people's mental health and wellbeing.

People experiencing homelessness

One of the consequences of the move to provide everyone with suitable accommodation at the outset of the pandemic, including those who had been rough sleeping, has been increased opportunities for people to engage with services in a more structured way than was previously likely. This is generally true for all health services, but particularly so for drug and alcohol services and mental health services. Working with partners, including Welsh Government, local authorities have continued to ensure that suitable emergency accommodation is available to those who needs it and the latest published figures show that more than 7,000 people are currently in emergency temporary accommodation in Wales.

Response to Questions 3 & 4:

- 3. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?**
- 4. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?**

*Together for Mental Health*⁴⁰, published in 2012, sets out Welsh Government's 10-year strategy to improve the state of mental health and mental health services across Wales. The strategy aimed to bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages and improve the experiences at the points of transition between services. It set out six high-level outcomes to:

³⁹ WHO (2011) *Impact of economic crises on mental health*
https://www.euro.who.int/_data/assets/pdf_file/0008/134999/e94837.pdf

⁴⁰ Welsh Government (2012) *Together for Mental Health* <https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf>



- Improve the mental health and well-being of the whole population is improved.
- Better recognise and reduce of mental health problems and/or mental illness.
- Reduce inequalities, stigma and discrimination.
- Create better experience of the support and treatment so that individuals feel in control of the decisions and the care they receive
- Improve the quality and access to preventative measures and early intervention to promote recovery.
- Improve the values, attitudes and skills of those supporting individuals of all ages with mental health problems.

Tackling mental health inequalities is complex and requires coordinated interventions across the broad range of support services. The current Together for Mental Health Delivery Plan⁴¹ recognises that progress has been made in several areas, for example:

- Reduced stigma around mental health, including through supporting the Time to Change Campaign, with more people accessing support.
- Embedding mental health in preventative programmes, for instance, Healthy Working Wales and the Wales Network of Health Schools.
- Establishing mental health social prescribing pilots to develop the evidence to improve access to non-clinical support.

The Delivery Plan's Cross-Government Approach has helpfully recognised that many of the levers to improve mental health and wellbeing sit outside of the health sector. There are several policy drivers working to improve the state of mental health and access to support for specific groups, some of which include:

- Together for Children and Young People⁴²
- Framework for embedding a whole-school approach to emotional and mental well-being⁴³
- Additional £2.5m to deliver a youth work approach that support young people's emotional and mental wellbeing⁴⁴

⁴¹ Welsh Government (2020) *Together for Mental Health Delivery Plan: 2019-22*. <https://gov.wales/sites/default/files/publications/2020-01/together-for-mental-health-delivery-plan-2019-to-2022.pdf>

⁴² Public Health Wales (2020) *Together for Children and Young People (2): Programme Definition*. <https://collaborative.nhs.wales/networks/wales-mental-health-network/together-for-children-and-young-people-2/resources-and-links/resources-and-links/t4cyp-2-programme-overview-2020-2022-v0-5-pdf/>

⁴³ Welsh Government (2021) *Framework for embedding a whole-school approach to emotional and mental well-being*. <https://gov.wales/sites/default/files/publications/2021-03/framework-on-embedding-a-whole-school-approach-to-emotional-and-mental-well-being.pdf>

⁴⁴ Welsh Government (2021) *Extra support for youth mental health announced*. <https://gov.wales/extra-support-youth-mental-health-announced>



- Age Friendly Wales⁴⁵
- Nation of Sanctuary- Refugee and Asylum Seeker Plan⁴⁶
- Ending homelessness in Wales: A high level action plan⁴⁷.

However, despite this progress longstanding concerns about the state of mental wellbeing and mental health services still remain. Even before the pandemic, several Welsh Government consultations, Senedd inquiries and external reports pointed to an already stretched system straining under the pressures of long waiting lists, rising demand and escalating unmet needs. Evidence suggests these have worsened due to the pandemic⁴⁸. There is a need for investment in the immediacy to address unmet and under-met need, tackle rising pressures, retain hard working social care staff, and invest more in prevention.

The current Together for Mental Health Strategy comes to an end this year. Any new mental health strategy or delivery plan must remain committed to the six high-level outcomes. In doing so, it should direct support to address the drivers of poor mental health at the structural, community and individual level. Any new strategy or delivery plan will need to take account of the evidence pointing to the entrenched and widening existing economic, social, cultural and environmental inequalities that have led to poorer mental health as a result of the pandemic⁴⁹ ⁵⁰ ⁵¹ ⁵². The Welsh Government should further develop an approach to help everyone stay mentally well, rebuild resilience through early help and community support, address stigma and help people continue with their lives.

Councils play a significant role in protecting, promoting and restoring the mental health and wellbeing of our communities. Almost every council service (from parks to social care, education to housing, youth work to libraries, leisure

⁴⁵ Welsh Government (2021) *Age friendly Wales: our strategy for an ageing society*. <https://gov.wales/sites/default/files/pdf-versions/2021/10/4/1633593161/age-friendly-wales-our-strategy-ageing-society.pdf>

⁴⁶ Welsh Government (2019) *Nation of Sanctuary- Refugee and Asylum Seeker Plan*. https://gov.wales/sites/default/files/publications/2019-03/nation-of-sanctuary-refugee-and-asylum-seeker-plan_0.pdf

⁴⁷ Welsh Government (2021) *Ending homelessness in Wales: A high level action plan 2021 to 2026*. https://gov.wales/sites/default/files/publications/2021-11/ending-homelessness-high-level-action-plan-2021-2026_0.pdf

⁴⁸ Mind (2021) *Too Long to Wait: Specialist psychological therapies in Wales*. https://www.mind.org.uk/media/7181/too_long_to_wait.pdf

⁴⁹ WHESRI (2021) *Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building a prosperous Wales for all* <https://phwwhocc.co.uk/wp-content/uploads/2021/07/WHESRI-Covid-Report-Eng.pdf>

⁵⁰ Public Health Wales (2020) *A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic*. <https://phw.nhs.wales/news/staying-at-home-policy-has-reduced-spread-of-coronavirus-but-has-also-had-other-positive-and-negative-impacts-on-the-well-being-of-welsh-society/a-health-impact-assessment-of-the-staying-at-home-and-social-distancing-policy-in-wales-in-response-to-th/>

⁵¹ Rodriguez, J. (2021) *Covid-19 in Wales: the mental health and wellbeing impact*. https://www.cardiff.ac.uk/_data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf
Wales Fiscal Analysis, Wales Governance Centre: Cardiff University.

⁵² Mind Cymru (2021) *Coronavirus: the consequences for mental health in Wales*. <https://www.mind.org.uk/media/8961/the-consequences-of-coronavirus-for-mental-health-in-wales-final-report.pdf>



services to open spaces, economic developmental to planning) helps to make up the fabric of mental health support for the people in our communities. There is a growing body of evidence highlighting the important role local government's cultural, leisure, arts and sports services play in sustaining and improving people's physical and mental health and wellbeing (whether they be brokered with the third sector or provided directly by local government)⁵³ ⁵⁴. However, previous mental health delivery plans have often been weighted to a clinical and interventionist approach to what could be considered as social issues (for example: loneliness, social isolation, a sense of belonging and low self-esteem). This has meant that the delivery point may already be higher than the required point of access. While a medical approach may be appropriate for people experiencing escalating mental health needs, the broader social aspects of mental health require a greater balance of how local government proactively brokers a culture of wellbeing and happiness in their areas.

The WLGA would welcome a greater focus on creating a whole-system approach, one that fully recognises the contributions made by local government services in protecting and promoting our nation's mental health and wellbeing. It is vital the role of local government features more strongly in the national dialogue about how to improve and deliver mental health support (for example, more recognition could be given to local authorities in delivering the Together for Children and Young People programme). This should include recognizing local government as the essential preventative arm taking a strengths-based approach and understanding the availability and sufficiency of community-based assets – for example, broadening the use of parks and green space, championing wellbeing in new planning requirements, supporting adult learning, improving access to leisure centres and sports facilities, or improving community links with local artists and cultural events. Greater investments are needed in these areas to fully unlock the preventative potential of the services. For example, working with local authorities to scale up social prescribing models to form a coordinated national offer.

The WLGA also welcomes the investments Welsh Government has made in exploring new, bold and 'radical' initiatives to improve mental health and wellbeing such as the Universal Basic Income and the Extending the School Day pilot projects. It is vital that these initiatives are scaled-up at pace should evidence from the pilots point to social and economic benefits. As we re-emerge from the

⁵³ Sport Wales (2018) *The value of Sport in Wales*. <https://www.sport.wales/content-vault/social-return-on-investment-in-sport/>

⁵⁴ Welsh Government (2020) *Exploring the relationship between culture and well-being*. <https://gov.wales/sites/default/files/statistics-and-research/2020-03/exploring-the-relationship-between-culture-and-well-being.pdf>



pandemic and reconfigure our communities in response to increased home-working and changing commuter patterns, the WLGA would welcome similarly bold initiatives to help local authorities to maximise opportunities to redesign community facilities and reimagine village, town and city centres as nexus hubs for economic, social and cultural wellbeing⁵⁵. However, this may be contingent on the availability of structural funds from the Welsh and UK Governments.

⁵⁵ <https://www.bbc.co.uk/news/uk-wales-60379352>