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

MHI 63

Ymateb gan: | Response from: ColegauCymru



Senedd Health and Social Care Committee inquiry into Mental Health Inequalities

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About Colegau Cymru

Colegau Cymru is a post-compulsory education charity; we promote the public benefit of post-compulsory education and learning. We also convene the further education (FE) Principals' Forum which represents Further Education colleges and FE institutions (FEIs) in Wales. Colegau Cymru also undertakes research, policy development and provides practical support to FE colleges in Wales, including on work-based learning (WBL) which is a key part of FE college activity.

Colegau Cymru welcomes the opportunity to submit a short evidence paper to the Senedd's Health and Social Care Committee as part of the inquiry into Mental Health Inequalities.

1. Background

1.1 An 'Entitlement to wellbeing for learners and staff' was one of the five key areas that Colegau Cymru proposed the new Welsh Government should address when highlighting issues in the lead up to the May 2021 Senedd elections. A significant component of this was mental health, including the need for longer-term funding and to ensure that all mental health policy and strategy is coherent across all educational settings, including work-based learning, taking full account of the Further Education sector.¹

1.2 Further Education colleges in Wales have received funding from the Welsh Government, both pre- and post-Covid, to develop a variety of different projects and resources to support learner mental health.

2. Collaborative work

2.1 Colegau Cymru has worked with Universities Wales, NUS Wales and other organisations to develop a set of guiding principles that the Welsh Government should adopt when making decisions about mental health funding for post-16 education in the future. These principles are the subject of a separate submission but in brief are focused on:

- Parity of experience
- Appropriate and effective information sharing
- Clear roles, remits and responsibilities
- Additional support for transitions
- Sustainable, long-term funding.

¹ For more information, see [Entitlement to wellbeing for learners and staff \(colleges.wales\)](https://colleges.wales) .

3. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

3.1 Half of mental health problems are established by age 14 and three quarters by age 24.² Given the age of onset, children and young adults can be seen as a group disproportionately affected by poor mental health.

3.2 Further education colleges also reported that LGBTQ+ groups risk experiencing poor mental health, noting 16-18 year olds exploring gender and/or sexuality which can be unsettling and affect wellbeing. There can be a disconnect between home and college life when transitioning or discovering sexuality.

3.3 Likewise, people with autism (male and female) can be at risk of poor mental health due to difficulties with social communication and transition to a new environment (change). Some colleges reported that this has been especially difficult following lockdowns.

3.4 People who have experienced trauma (undiagnosed or diagnosed), attachment difficulties and adverse childhood experiences (ACEs) are also at risk. Attachment difficulties are significant as reliance can move from parents/carers to peers at adolescence, (causing complex relationship issues).

3.5 Trauma is not limited to impacting the mental health of young people. Many adult learners, especially those engaging with adult community learning, have experienced trauma (for example domestic abuse) and are in need of support.

3.6 Colleges also identified that Black, Asian and minority ethnic populations may also be disproportionately affected, sometimes as a result of cultural differences and issues of loneliness, but also as a result of experiencing racism.

4. 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?

4.1 Colleges identified a lack of availability of specialist support, for example mental health support with autism specialism, as well as more general pressure on mental health services. They referred to waiting lists, delays in referrals and staff turnover as problematic factors. Gaps in services, for instance between primary and secondary care, can be a barrier to continuing

² See <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

treatment, and the transition from child to adult mental health services can also be a significant problem. Support needs to be age appropriate and linked to any other relevant services.

4.2 In 2009, the National Assembly Health, Wellbeing and Local Government Committee, produced a report that stated:

“We strongly recommend the establishment of a mental health service specifically for young people aged 17-25 that would facilitate a transition to adult services at a time that is appropriate for each young person and is based on clinical judgement rather than service configuration” [Recommendation 16].³

4.3 The then Minister accepted this in principle, noting that the “Welsh Assembly Government has received similar advice from other sources and accepts the broad principle. It is taking a stepped approach to develop policy in this area. As a first step, it is planning to raise the age range of CAMHS to the eve of the 18th birthday and will be allocating funds this year (2009-2010) to begin implementation”.⁴

4.4 The Committee may wish to revisit aspects of that report and whether establishing a specific service for young adults should now be progressed, although this would seem to be most appropriate at age 16 rather than 17.

4.5 There is also limited awareness of existing services and signposting to social prescribing and community support. There can be a lack of services in rural areas.

4.6 People who wish to access mental health support through the medium of Welsh also face specific barriers. The Welsh Government should ensure that enough professionals receive training in the mental health field to be able to work confidently through the medium of Welsh. People who need or choose to access mental health services through the medium of Welsh should not have to wait any longer than those who chose to access through the medium of English. All relevant resources, reading materials and online services should be available bilingually.

³ <https://senedd.wales/Laid%20Documents/CR-LD7697%20-%20Health,%20Wellbeing%20and%20Local%20Government%20Committee%20Inquiry%20into%20Community%20Mental%20Health%20Services-16092009-141378/cr-ld7697-English.pdf>

⁴ <https://senedd.wales/Laid%20Documents/GEN-LD7802%20-%20Written%20response%20to%20the%20Health,%20Wellbeing%20and%20Local%20Government%20Committee%20E2%80%99s%20report%20Inquiry%20into%20Com-25112009-154039/gen-ld7802-e-English.pdf>

5. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

5.1 There is a chance to build on the Welsh Government's current "Together for Mental Health Delivery Plan 2019-22 in response to Covid-19" and integrate other relevant policy initiatives and plans with an updated mental health policy, approach and delivery plan. Relevant examples would include the Welsh Government's Race Equality Action Plan and the LGBTQ+ Action Plan but also "Connected Communities" which is the Welsh Government's strategy for tackling loneliness and social isolation. Particular attention should be paid to protected characteristic groups.

5.2 Opportunities to bring together health and education services must be taken and this must be done in a more effective manner than evidenced to date. This is not simply the case with regards to schools, further education and higher education, but also adult community learning. Learning has a huge impact on health and wellbeing and there is merit to non-accredited courses and studies which connect learners to the community. The benefits of such learning can often be overlooked when there is an emphasis on skills for work and progression (which are nonetheless important).

5.3 The Welsh Government has provided significant funding to the Further Education sector in recent years to further develop improvements in their approaches and services to support mental health. However, this funding tends to be "one off" amounts of money, often for project-based activity, whereas the situation regarding learners in further education requires a longer-term and more strategic approach. This means increasing core further education budgets to be able to address mental health issues. This is especially relevant in light of Covid-19. It is clear that the impact of Covid-19 and the varying degrees of restriction over the past two years has not yet been fully realised. Further research and monitoring should be prioritised and results acted upon.

6. 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?

6.1 Potential actions have been suggested elsewhere in this response and many are highlighted in the joint submission from Universities Wales, Colegau Cymru, NUS Wales and others (submitted separately). Actions include revisiting the idea of a transition service for young people 16-25; increasing collaboration between health services and education; providing longer-term funding to the further education sector to address mental health issues.

6.2 Colleges also suggested the need to increase staffing in mental health services and improve referral processes, as well as exploring potential focus groups and a national network to address inequalities within protected characteristic groups. All of this should be undertaken alongside maintaining the current emphasis on the importance of mental health and wellbeing.

6.3 A recent focus group held by Addysg Oedolion Cymru / Adult Learning Wales on mental health inequalities identified the following priorities:

- The need to continue online courses and online learning. This provides opportunities for learners across Wales to connect and can be particularly beneficial for those who do not wish to or cannot leave their homes at present.
- Assistance with the cost of courses or other learning provision, especially at a time when households and individuals are facing cost of living challenges.
- The need for one-to-one support and consistency of staff to enable supportive relationships to be built.
- The need for support when it is requested rather than long and uncertain waiting times.

7. Welsh language

7.1 The Committee should explore the impact of mental health inequalities in relation to the Welsh language as part of this inquiry. As highlighted above, there is a need to ensure that people can access support in the language of their choice and this will require workforce development at a number of levels. This is not the only issue but it is an important one.

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