

**Y Pwyllgor Iechyd a  
Gofal Cymdeithasol**

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**Health and Social Care  
Committee**

Jayne Bryant MS

Chair, Children, Young People and Education Committee

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

John Griffiths MS

Chair, Local Government and Housing Committee

5 April 2022

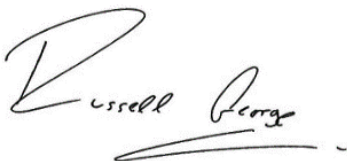
Dear Jayne, Jenny and John

**Health and Social Care Committee inquiry into mental health inequalities**

Further to my [letter of 14 December 2021](#) to the Children, Young People and Education Committee and the Equality and Social Justice Committee, I am writing to update you on the next steps for the Health and Social Care Committee's inquiry into mental health inequalities.

The evidence we have already heard clearly demonstrates the cross-cutting nature of the determinants of mental health inequalities, and the potential solutions. I was pleased that members of the CYPE and ESJ Committees were able to participate in some of the focus groups we arranged in February. I look forward to continuing to work with you and your Committees to identify areas of mutual interest and opportunities to work together.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

## Health and Social Care Committee inquiry into mental health inequalities: update

Work to date

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The Health and Social Care Committee launched an inquiry into mental health inequalities in January 2022. The terms of reference were very broad, seeking to identify which groups were most likely to experience mental health inequalities, what barriers they face, whether Welsh Government policy does enough to recognise and address these groups' needs, and what more needs to be done.

So far, we have gathered evidence by:

- Launching an open call for written evidence, which received over 90 responses. A summary of the written evidence prepared for internal use by the HSC Committee is attached in confidence.
- Running a digital communication campaign to promote the inquiry and encourage people to share their views.
- Working with twelve partner organisations to arrange a series of thirteen focus groups and two in depth interviews with participants across Wales. In total 77 people from across Wales took part. The focus groups and interviews were facilitated by the Senedd's Citizen Engagement Team, and, where possible, attended by members of the HSC, CYPE and ESJ Committees. A report summarising the findings has been published.
- Holding oral evidence sessions on 24 March with the Centre for Mental Health, the Mental Health Foundation, the Children's Commissioner for Wales and the Older People's Commissioner for Wales.

Emerging themes

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Having reflected on the evidence we have gathered so far, we now plan to explore four key emerging themes in greater detail:

1. **Mental health and society:** the wider determinants of mental health, and the role of society and communities in promoting and supporting mental health.
2. **Community solutions:** the role of communities in promoting and supporting mental health, and social prescribing.
3. **The impact of mental health inequalities on people with neurodiverse conditions:** we have heard significant concerns about this group in the evidence that we have gathered so far. This is also a diverse group, many of whom may also experience inequalities relating to their other characteristics. The evidence suggests that some of the barriers experienced by

this group—such as a lack of joined up services, limited awareness and training, and diagnostic overshadowing—may also be experienced by other groups and communities. Looking at the experience of people with neurodiverse conditions will therefore also help us to explore broader themes that affect other groups.

4. **Role of the healthcare and wider workforce:** including mental health and equality awareness across the whole workforce, training, joined up working within the health service and with other organisations, and the role of GPs as the ‘front door’ to mental health services.

We plan to gather evidence on these themes through a range of mechanisms, including formal oral evidence, visits and further engagement activity. This will help us to hear a wide range of voices, including people with professional and lived expertise and experience of the matters we are considering.

#### Welsh Government

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We will hold an oral evidence session in the autumn with the Welsh Government. During this session we will draw on all of the evidence we have gathered during our inquiry, including issues raised in our initial focus groups and written evidence submissions, as well as the evidence we gather during the summer term in respect of our four emerging themes.

As previously agreed, we will also coordinate with the CYPE Committee to seek a written update from the Welsh Government on progress made on key recommendations made by Fifth Senedd committees in respect of mental health.

#### Advisory group

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To ensure that lived experience is at the heart of our inquiry, we will establish an online advisory group. The group will include 10 to 15 people with lived experience of mental health inequalities, who will be asked to consider discussion topics at key milestones during the inquiry and provide us with summaries of their views. This is likely to include, for example, before and after the Ministerial evidence session, before we finalise our report, and before any Plenary debate on our report.

We’ll be working with partner organisations to identify and support advisory group members, drawing where possible from the pool of people who took part in our initial focus groups, and taking account of characteristics such as geographical location, sex, age, and membership of specific communities such as neurodiversity, minority ethnic, sensory impairment, LGBTQ+ and unpaid carers.

#### Welsh Youth Parliament

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As the Welsh Youth Parliament has identified ‘Our mental health and wellbeing’ as one of its priorities, we also plan to look for opportunities to work with WYPMs as appropriate.