

# Mental health inequalities

## Engagement Summary: Workforce

September 2022

### 1. Background

- 1.** In January 2022, the Senedd's Health and Social Care Committee launched an inquiry into mental health inequalities in Wales. The Citizen Engagement Team facilitated a series of focus groups with groups of people who were impacted by these issues.
- 2.** During the first phase of the inquiry the Committee gathered a significant body of evidence, highlighting both issues that were more specific to particular groups or communities, and those that may be experienced across the board.
- 3.** One of the key themes emerging from the evidence was the role of the healthcare and wider workforce. This included: awareness across the whole workforce, training needs, joined up working within the health service or with other organisations, and the role of GPs as the 'front door' to mental health services.
- 4.** The Committee asked the Citizen Engagement Team to conduct further focus groups with relevant areas of the workforce to explore their lived experience.
- 5.** This report summarises the Citizen Engagement Team's findings.



## 2. Participants

**6.** Alongside committee members and commission staff it was decided that to hear from relevant participants within the workforce we would approach specific organisations who could support us to source relevant individuals.

### **Organisations:**

**7.** We worked with the following organisations to source participants for focus groups:

- Royal College of Occupational Therapists
- Royal College of Speech and Language Therapists
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Royal College of Podiatry

## 3. Methodology

**8.** Between 1 August and 31 August 2022, the Citizen Engagement Team facilitated four focus groups with relevant participants from across Wales. All four focus groups took place virtually, with 29 participants in total contributing to the discussions.

**9.** The objective of the engagement was to gather the views and lived experiences of people from relevant areas of the healthcare and wider workforce in Wales.

**10.** The format of engagement was largely comparable between sessions but varied slightly to meet participants' needs. Some focus groups were attended by members of the Committee and the senior researcher for the inquiry.

**11.** Participants were asked to discuss the following:

- How well is the workforce able to meet the mental health needs of diverse communities?
- How well-equipped staff are with training to recognise and meet diverse needs?
- Do you feel as a workforce that you are meeting people's broader needs?

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- Is there a focus on prevention and promoting good mental health rather than just treating mental health problems?
  - What are the barriers to more effective working (e.g., structures/systems)?
  - What are the mental well-being needs of the workforce itself?
  - What else is needed to address recruitment and retention challenges?

## 4. Key Themes Emerging

**12.** There were key overarching themes that emerged during the focus groups – notes from each session are available on request.

### Role of the workforce

**13.** During all focus groups there was an in-depth discussion around the role that the workforce played or could play in supporting the mental health needs of diverse communities.

**14.** Many people spoke about the wider health and social care workforce being at a crisis point and unable to cope with the increasing demand which, in turn, led to poor results for patients:

*"What the nurses are telling me is that we are in a crisis situation and that we haven't got a workforce that can cope with the demand. There's been a lack of investment, a lack of support and people are talking about it in very generic terms and that isn't going to address the needs of people with severe mental illness."*

*"I don't know if any of you have been in your local A&E recently. I go in there quite regularly and it's absolute chaos at the moment. It's like the opening scenes of 'Saving Private Ryan' in there, and when I was in Cardiff yesterday, it looked like something in the depths of a bad winter crisis, which, given that it's August, leaves me rather worried about what it's going to be like when we're actually in winter – how will the workforce react to that? It's a crisis. Imagine being a 16-year-old in a mental health crisis has to go there..."*

*"There are no beds and so patients are being sent home when they are high risk. I don't think there's enough airtime given to the seriousness of what the workforce is trying to contend with out there right now and people are quite*

*frightened. They feel it's unsafe and the demands that the changes to the Mental Health Act are going to have are going to further put pressure on the workforce. We know that there is going to be an increased need for responsible clinician roles and approved clinicians. And yet we haven't invested in these roles"*

**15.** There was also a clear theme emerging that certain areas of the workforce, in particular allied health professionals, felt that their roles were not always understood within the wider workforce. This caused frustration, as well as meaning that patients were not getting timely interventions.

*"As a profession, speech and language therapy isn't always understood but has a huge contribution to make to this population. I mean, we know people who've got challenges with their mental health, have significant communication deficits, and there's a lot of evidence and research around that – I think the lack of knowledge plays a big role in our lack of ability to input at the right time when people need us"*

*"There is a limited understanding of OT [occupational therapy] in some leadership settings in Mental Health. This significantly impacts the ability to develop clinical pathways and the workforce. We need to be right at the beginning of people's journeys. The workforce is competent but not in the right place"*

*"Occupational therapy is still predominantly accessed through secondary and tertiary services and tends to focus on individuals, rather than on populations. Access to occupational therapy services needs to be early and easy, across the lifespan, preventing the development of long-term difficulties and addressing some of the wider social determinants of health. Services should be both universal across all aspects of life, and targeted - shaped and placed according to the needs of local population groups"*

**16.** Some participants were very clear that there was a lack of recognition for the work that they did. This wasn't pinpointed at particular organisations but rather spoken about in broad terms.

*"Managers don't want to spend money. Commissioners don't want to spend money; they want to save money. So as soon as you start saying, well, this is going to cost you, you either have to be very clever and say this is the cost-*

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*saving which is very hard to quantify or it's a closed door. The recognition isn't there"*

*"We've talked about the value of the workforce and us feeling undervalued. I think there is a shift towards valuing Co-production and self-management anyway. And I think there is an issue possibly for us to take the lead in that because it's so consistent with the philosophy of Occupational therapy anyway and the whole philosophy about Co-production."*

*"I would appreciate more recognition in the profession from the lead mental health workforce planners where I don't think that is there at the moment. But I would like to see that kind of recognition everywhere. Welsh Government stuff, HEIW (Health Education and Improvement Wales), all of those areas. I think we need to be kind of pushing say what we can do as a workforce and where we can support and offer variety and enable the wider mental health workforce to meet a diverse range of needs, which you will do better with a more diverse workforce"*

## **Workforce wellbeing and retention of staff**

**17.** Another issue that emerged during discussions was the poor well-being of the workforce in general. It was felt across the board that wellbeing was seen as a 'tick box' exercise and much more needed to be done to support it.

*"Our workforce, the whole NHS workforce is creaking under the strain of having gone through COVID. Managing and supporting the wellbeing of the workplace I think is a key issue for the NHS and it needs urgent solutions."*

*"I think we're quite good at wellbeing within OT because we provide, really good access to supervision and support. I feel like I've been taken care of and that I've got an opportunity to speak to my manager. But I know that my nurse colleagues just don't feel like that"*

*"Nursing has got such bad press at the moment, so nobody wants to come, there's so much that needs to be looked at, right from the structures of how we train our staff and then into the organisations and what is there within the organisations to support our staff"*

**18.** The cost-of-living crisis, challenging and sometimes traumatic work circumstances and issues with pay structures were all mentioned as being key issues which contribute to the poor wellbeing of the workforce as well as causing issues with recruitment and retention of staff.

*"With regards to the mental health and wellbeing needs of the workforce itself. I think a lot of it is fairly straightforward stuff. Decent pay and decent working conditions. Specific services like counselling and wellbeing services have their place, but they shouldn't be used as a sticking plaster for not having a well-functioning, well-supported workplace. It's no good sending somebody working in a toxic workplace to a counselling service"*

*"I've got people wanting to leave community posts to go and work in specific sites so they don't have to travel or there might be a way they can get to the hospital, so they haven't got to run a car. I dread to think about the wider impact that energy bills will have on our workforce in the winter"*

*"In terms of recruitment – it's hard – I think it's the level of behaviour and distress you see in these roles. The job isn't for everybody – I have had people apply and then admit they are out of their depth. In terms of students, I think they can be scared of coming on placement, they need reassurance and it's a wider issue"*

*"We're never going to recruit and retain anyone when staff are constantly saying I can work, earn more working in Aldi's and not have half the pressure of what I'm having to deal with. So how are we going to attract people to make it look as if this is still a great career, which I believe it is"*

**19.** Although participants were keen to point to the issues that affected the workforce's well-being and ability to recruit and retain staff, several people were also keen to point out the positives of working within the NHS. The need to sell these positives to potential workers alongside acknowledging the difficulties of the role was mentioned on several occasions.

*"Despite all the doom and gloom that we mentioned, I must point out that nursing is still a fantastic profession to be in and I work in CAMHS (Children and young people's mental health services). How many terrible headlines have you heard about CAMHS? But right now, I find CAMHS to be a really exciting place to work. There's a lot of service development going on there"*

*"We do need to highlight all these issues around pay conditions and so forth, but do we also need to be selling those positives as well and selling the idea of nursing, that this is still a very exciting and very rewarding career"*

*"I love my job and it needs to be highlighted how rewarding it is, but it's not for everyone. This needs to be recognised if we are going to improve. This*

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*doesn't just apply to speech and language therapy, it's for all staff working within mental health. There used to be a recognition of how difficult it is and how much toll it takes on. I'm in my 60s now and I've still got to work longer hours and with difficult situations supposedly, but I can't deal with this level of challenge at my age now, so there is a bit of a life span and the people who are older in the service they struggle to cope with the demands. You get burnt out and that needs acknowledging"*

## **Training**

**20.** The training needs of the workforce and the lack of focus given to this area were discussed thoroughly in all focus groups. It became apparent that lack of time played a big factor in the workforce being unable to complete training that would be crucial to support diverse communities.

*"Our members struggle to do their mandatory training – it would be a luxury if they were given 20% CPD time like some medical colleagues. We all have certain standards we have to meet, but we need the time to do extra training. Why can't we lead it as well? OTs know the whole person and can work to specific needs"*

*"I think the workforce pressures are such now that those sorts of training opportunities just don't exist anymore because you can't release enough people on a day-to-day basis to be able to attend things like that, even though they are crucial to the development of the workforce"*

**21.** It was clear in discussions that staff felt like more training was imperative for the development of the workforce to be able to meet the needs of diverse communities.

*"So, I think if you were to ask, you know, staff, how do you feel? How well equipped are you? I think they'd all say they would benefit from access to more training to be able to better support our patients and their families"*

*"I would relish more training from a mental health perspective – in palliative care, we don't have psychologist support so where do we get that support? Because they are end of life, the main problem is seen as the end-of-life care, not their mental health, but their mental health has such a profound impact on their end-of-life care"*

*"We do also see quite a few people from marginalized communities. For example, we see a lot of young transgender people and I do think we are*

*getting better in terms of the way we respond to gender identity. Do we always do it well all the time? Not necessarily. You know, we've had a young person who's from that community quite recently, and it highlighted how little awareness we have of the cultural issues within that particular community. So, in terms of training needs, I think that would probably highlight there are areas we are lacking when working with these communities."*

**22.** There were also discussions around the need to tackle training more dynamically with more of a focus needed on supervision structure and professional accountability. And while mental health training could be improved for all clinicians, there's still a need for more specialist roles. For example, you'd have a mental health nurse rather than a community nurse in place to support someone's mental health.

*"How can we embed and support in a more dynamic flexible way? I've had experiences of running training days and staff don't use those skills for another six months because they don't have admissions with those needs. So, you've kind of got to go back and revisit that and support in situ and in the moment, and having the resource to be able to do that is what's needed to have really positive outcomes for individuals"*

*"I think all speech and language therapists need to improve their mental health literacy across the board but there are roles which are specialist mental health services. You wouldn't have a community nurse supporting somebody with mental health problems. You'd have a mental health nurse supporting somebody in the community. And it's the same thing whereas people just think I'll just refer someone to SLT, and it will all be fine"*

## **Prevention and early intervention**

**23.** Several participants, in particular, SLTs and OTs spoke about the need to flip the current model so that more resources were available on the preventative side of a patient's journey. There was also frustration that some successful projects which looked at prevention were not rolled out across the country.

*"I don't think there is a focus on prevention at the moment. I think we are too far back in secondary care. There are some really good projects that have happened where we can kind of do some of that preventative work, and get involved earlier on in the process, but they're not universally taken up. So, I*

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*think there's a lot of successful work out there that for some reason just isn't rolled out"*

*"I mean obviously, it's (prevention) a direction that they want us to go in. It's just it's very challenging without any extra resources to flip your service around the preventative end of the service. Ultimately as we stand today, we don't have enough SLTs in primary care – and until those changes..."*

**24.** An area that was discussed in great detail around prevention was the need for more education and focused programmes within schools and communities. Several participants mentioned the need for early intervention work with at-risk children.

*"I would say this as a CAMHS nurse, but I think that the focus has to be on childhood, particularly, reduction of child poverty, having robust set child safeguarding, having good wellbeing support in schools, almost taking a public health approach because the less adverse childhood experiences"*

*"I think that the early intervention prevention thing just doesn't happen at all. Prevention is about that whole community support, a whole public health message. More needs to be done in schools, in the local community, in libraries, in our social services - it's how we look after ourselves and you know, what's been great to see over the last few years is the destigmatizing of asking for support. So, I think again it's a really big task for the Welsh Government, not just for the NHS, to support that prevention and early intervention agenda"*

*"I think there should be a focus on prevention and promoting good mental health but it's about having the right workforce, isn't it? One that isn't under pressure all the time, that has opportunities, I think for, you know, timeout and team building and building resilience"*

## **Structures and Systems**

**25.** A lack of investment in the workforce and wider funding were issues which arose frequently during the discussion. Several participants pinpointed the issues around investment as a clear barrier faced by the workforce when trying to progress.

*"When you're talking about structures and systems, when you talk to mental health and nurses, again - what we've been hearing a lot is how there's been a lack of investment into mental health, nurse training, education. So, whereas we had significant departments previously and there would be a*

*focus on the work of mental health nurses, again, that's become far more generic"*

*"I think it must be 10 years since the minister asked for the spot checks of older persons, and mental health services, which was quite a damning report which found the environments of care outdated and there were lots of recommendations that the staffing levels were very poor. But if you go and talk to these nurses, nothing changed in all of that time. There is still not been an investment as it should be in the older adults' mental health services"*

**26.** The lack of suitable facilities to treat patients was another source of concern, as well as the opportunities out there for more community solutions. This included a need for more services to be in community settings (incl. e.g., empty high street shops), not just in specialist, clinical settings which would enable more patients to seek support.

*"Facilities are another thing. It makes me laugh when it's said consistently, we are going to have equal access to physical and mental health – then you rock up to a mental health building to a decrepit building not fit for purpose"*

*"Services should be both universal across all aspects of life, and targeted - shaped and placed according to the needs of local population groups"*

*"We should be out in the community, in town centres, using spaces that are just abandoned. Using community settings like this would make such a difference in my opinion for patients who are looking for support"*

**27.** The need for more joined-up working, and more flexible services for patients was mentioned during focus groups. Several participants mentioned that patients often get bounced around services where mental health support might not be accessible.

*"It's about enabling that whole workforce to work with that individual. Someone might think 'I would just refer to speech therapy and its job done but actually there are so many things to enable that workforce whether that's mental health nurses, psychology, psychiatry to manage that person's day-to-day communication or eating and drinking problems. There's so much support we need to be able to offer them that you have to work within the system. It comes down to the need for more joined up working"*

*"Structurally the biggest issue of concern for me is sick 16 and 17-year-olds, particularly crisis service for 16 or 17-year-olds because they do fall between*

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*the gap and not only are we looking for an adult bed for them, but they have to go to the adult A&E. We need more joined up and flexible services"*

*"It feels like people get fit into boxes all the time and depending on their primary diagnosis can be passed around services. Services need to be less siloed as it's not a good experience for patients currently to be bounced from one service to another"*

## **Social prescribing**

**28.** Social prescribing and community solutions were discussed in detail during all of the focus groups. Some participants were concerned that social prescribing was seen as a 'magic bullet' by Welsh Government and whilst most participants agreed it was an important part of the system, some were wary of the focus being put on it as a main solution.

*"I worry that social prescribing could become a 'cheap' alternative to employing OTs in primary care and third sector"*

*"Social prescribing, I get concerned when politicians talk about it like it's some magic bullet to solve all things about prevention and stuff. It's a tool and it's a useful tool there. But it's a non-Med closed approach and it needs to stay a non-Med closed approach as well. So, knowing there is a big focus on it does slightly worry me a without the lack of governance and where they fit into the process."*

*"If you really want to look at that prevention then get out in the community and get help by finding them instead of them trying to come to us. Open access is a very middle-class solution to be honest because your average working-class man wouldn't come into a service, you have to go and find them."*

## **5. Groups of extra concern**

**29.** During the focus groups, several participants mentioned particular groups of people that were of particular concern to them currently. Participants acknowledged that while the list of audiences experiencing mental health issues was vast, there was a clear need to focus more attention on specific areas of the population.

- Prison Population
- 16-18 year-olds

- Transgender people
- Older people
- Young Parents
- People suffering from substance misuse