

Inequalities in mental health online advisory group

Summary of engagement findings

April 2023

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As part of the **Health and Social Care Committee's** inquiry into **mental health inequalities**, the Citizen Engagement Team facilitated an online advisory group with people who have experienced mental health inequalities. This paper summarises the online advisory group's final meeting.

The final meeting

On 19 December 2022, the Health and Social Care Committee published its **report**, *Connecting the dots: tackling mental health inequalities in Wales*. The Welsh Government **responded** to the report on 20 February 2023.

In May 2023, the online advisory group met for the final time to discuss the Welsh Government's response to the Committee's report. This paper summarises the online advisory group's views on the Welsh Government's response.



Previous advisory group meetings

During previous online advisory group meetings, participants discussed the key barriers to improving mental health and what they thought could be done to remove the barriers.

Participants also suggested several questions for the Committee to consider at its **evidence session** with the Deputy Minister for Mental Health and Wellbeing and the Deputy Minister for Social Services in September 2022. After watching the Deputy Ministers' evidence session, the online advisory group met to discuss their thoughts, in light of what the Deputy Ministers said.

A summary of the online advisory group's previous meetings can be found here:

<https://senedd.wales/media/ojmhnz1c/summary-of-engagement-findings.docx>

Engagement findings

The online advisory group (participants hereafter) looked at the Welsh Government's response to specific Committee recommendations. Those recommendations have been grouped into five themes.

1. The wider, social determinants of mental health

1. Participants were frustrated with the Welsh Government's response to recommendations 1, 2 and 3:

"Recommendation 1 is a conceptual one, whereas 2 and 3 are actionable. Welsh Government have accepted the one that doesn't need much action put to it and accepted in principle the two that have very explicit SMART outcomes that can be defined. It feels like a bit of a theme here, side-stepping and not committing to anything concrete."

Recommendation 1. The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government's new mental health strategy.

2. Participants felt that the Welsh Government's response to recommendation 1 was very brief and didn't give them confidence that reducing mental health inequalities will be a 'fundamental principle' of the Welsh Government's successor mental health strategy:

"The one thing we didn't want was to be fobbed off, and that's what they've done straight away with the first recommendation. Welsh Government has said it accepts this recommendation but does it really? How?"

3. Participants felt strongly that the Welsh Government's response did not provide assurance that tackling the causes of poor mental health (e.g. trauma, poverty etc.) will be at the very centre of its new mental health strategy. It was agreed that the Welsh Government's response did not equal the ambition of the Committee's report:

"The reality check is that the Welsh Government is just not going to do anything. I'm very disappointed with the Welsh Government's response."

Recommendation 2. Ideally in its response to our report, but at latest by July 2023, the Welsh Government should provide a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh Government, and which are within the control of the UK Government. This appraisal should be accompanied by a realistic assessment of how far the Welsh Government can go in improving the mental health and wellbeing of the population using the levers within the Welsh Government's control, and information about how the Welsh and UK Governments are working together to ensure the levers at the UK Government's disposal are used to best effect to improve mental health and wellbeing in Wales.

4. Participants did not agree that the Welsh Government's powers to tackle poverty are limited to such an extent that it is unable to substantially reduce poverty levels:

"I'm so fed up with hearing "That's for the UK Government". Our group talked specifically about health, about housing, about homelessness and there's nothing of that in here. I refuse to believe that ending homelessness in Wales is a UK Government problem."

"Apart from the Police, the majority of everything else has been devolved and therefore the reliance should not be on the UK Government to do anything."

5. The Welsh Government says it has invested in a range of programmes to promote prosperity and prevent and mitigate poverty. However, participants were frustrated with the lack of information about how the Welsh and UK Governments are working together:

"The Welsh Government response was full of blue-sky-thinking management speak, it means nothing. The response doesn't provide information about how the Welsh and UK Governments are working together. And if they're not working together, then just say that!"

6. Participants agreed that the Welsh Government's response regarding tackling poverty was inadequate.

"[There are] some meaty, fundable, workable recommendations, but they have just not been taken into account. But I know what the Welsh Government's response to that would be "We know you came up with some meaty solutions but UK Government told us we have to be vegetarian"."

7. Participants agreed that the Welsh Government's response did not adequately reflect the importance of other determinants of mental health (e.g. housing, transport, education and employment etc.)

"The response seemed to focus just on poverty as if that's the only cause of mental health problems in Wales. The Welsh Government should research the causes of poor mental health, and that should be the starting point of their new strategy."

Recommendation 3. By December 2023 the Welsh Government should have commissioned an independent review of the existing evidence, and such further research as may be necessary, to explore the impact of the UK welfare system on mental health and wellbeing in Wales, and what effect the devolution of welfare and/or the administration of welfare could have on tackling physical and mental health inequalities in Wales. The review and research should take into account issues of principle, as well as the practicalities and associated financial implications of retaining the current situation or any further devolution. The Welsh Government should commit to publishing the outcome of the review and research.

8. Participants understood that the Welsh Government says some work is being done to look at the infrastructure required for devolution of the administration of welfare. But, participants questioned why the Welsh Government doesn't commit to commissioning an independent review, as called for by the Committee.

2. Neurodivergence

Recommendation 5. The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023 and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions.

9. Participants were frustrated with the Welsh Government's response due to the lack of detail given. Participants were disappointed that the response did not provide a 'roadmap' nor include actions to simplify the neurodivergent assessment and diagnosis process as called for by the Committee and the online advisory group:

"The Welsh Government's response seems like a list of excuses. We specifically asked for a roadmap, a timeline, and really specific actions to be done and the response has not only not provided these roadmaps and

timescales but it's also listing things that have already happened. It's as if the Welsh Government is saying 'Look at what we've done, we don't need to do anymore'. They've ignored the specifics of the recommendations. It's very disappointing."

10. Participants understood that the Welsh Government's response stated that a neurodivergence improvement programme has begun but felt strongly that the Welsh Government's response does not provide sufficient detail, clarity, or understanding:

"To read that "a neurodivergence improvement programme has begun", has it? Really? I know that my neurodivergence hasn't improved. But I don't think that it needs to be improved. And that shows that the Welsh Government has not listened because we asked for the social model of disability, but this has got the clinical model running all the way through it like Brighton through the centre of rock."

11. Participants were not convinced that support for neurodivergent people with co-occurring conditions will be a priority area:

"How will support for neurodivergent people with co-occurring conditions be a priority area? There's no detail! How will Welsh Government support me with my autism, dyslexia, and Ehlers-Danlos syndrome? Saying it will be a priority is not good enough, we need to know how Welsh Government will make it a priority."

12. Participants also voiced concerns over the Neurodivergence Ministerial Advisory Group and questioned whether the makeup of this group fully represents neurodivergent people:

"How is the advisory group formed? Who is in the advisory group? Does anyone with an ND condition sit on the advisory group or is it just a bunch of suits? That group should have people with ND conditions sat on it so that they can create a roadmap for us, with us. Which is what we suggested."

13. Overall, participants were unconvinced that the Welsh Government demonstrated a commitment to co-producing services and resources with neurodivergent people within the response.

Recommendation 6. In its response to our report, the Welsh Government should provide assurance that work to develop cross-cutting early support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency. This should include setting out what specific actions will be

taken and when, and details of when and how evaluation will be undertaken to assess whether people's experiences and outcomes are improving. Consideration should be given to the use of peer support approaches, video buddies and neurodivergent champions.

14. Participants were very frustrated with the Welsh Government's response that the NHS Delivery Unit has commissioned a review of existing neurodivergent services, and will develop an 'assurance framework' to measure the impact of changes.

15. Participants felt strongly that the Welsh Government's response had not addressed the recommendation at all and that no timescales had been given for the above work or the development of an assurance framework.

Recommendation 19. The Welsh Government should work with neurodivergent people to co-produce training and awareness-raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people's lives, how to support and help them, and developing positive, constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

16. Participants again questioned the Welsh Government's commitment to co-production:

"The problem with saying lived experience is that it sometimes includes parents who live with ND because they have an ND child. That's not the same as having someone who is ND."

17. Participants raised concerns over the collaboration with the National Autism Team to develop resources for schools and across other sectors, working in partnership with neurodivergent people and parents or carers:

"The glaring problem for me is the assumption in the Welsh Government's response that neurodivergence equals autism. That really bothered me."

18. Participants felt that 'working in partnership' was deliberately vague and lacked a strong commitment to co-production.

19. Participants were frustrated that the Welsh Government's response did not refer to conversion therapy:

"We wanted Welsh Government to state that it would not have ABA or conversion therapy anywhere near schools or the NHS, and that's missing."

3. Workforce

Recommendation 17. In its response to our report, the Welsh Government should set out how it, working with Health Education and Improvement Wales and Social Care Wales, will monitor the impact of the actions in the mental health workforce plan aimed at improving staff wellbeing. It should also commit to publishing annual reports setting out whether the actions in the plan are having the intended impact, and if not, what will be done differently. The first annual report should be published no later than December 2023.

20. Participants raised concerns over the Welsh Government's response that progress on delivery and impact of the mental health workforce plan will be monitored via an implementation board, including people with lived experience. Participants questioned the term 'lived experience' and the lack of detail:

"We asked them how they are going to monitor it, and they answered with "We'll have more meetings". We expected the Welsh Government to go into workplaces, work with community groups, work with trade unions, and gather information in lots of ways."

Recommendation 18. Once the Welsh Government has published its draft budget for 2023-24, it should confirm which of the actions in the mental health workforce plan have been allocated full funding, which have been allocated partial funding, and which have not yet been allocated funding. It should also provide details of which partially-funded or unfunded actions will be prioritised should further funding become available.

21. The Welsh Government's response confirms that the mental health workforce plan will be fully funded in 2023-24:

"The workforce plan will probably cost 2p because they will write more words to confuse everyone which will make zero sense and it will be full of woolly promises on how they want to improve things, but commit to nothing."

Recommendation 20. The Welsh Government should ensure that the workforce survey to be undertaken across health and social care as part of the mental health workforce plan is undertaken as a matter of urgency, and no later than July 2023. The Welsh Government should work with groups and communities identified through analysis of the diversity data gathered through the survey as being underrepresented in the mental health workforce, and with neurodivergent people, to design and deliver a mentoring and support programme to help

them enter the mental health workforce. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

22. Participants understood that the Welsh Government's response committed to workforce surveys being undertaken across health and social care before July 2023, but questioned how this was likely to be accomplished in such a short space of time.

23. The response says Health Education and Improvement Wales and Social Care Wales are engaging with the Ethnic Minorities Task and Finish Group in the first instance to develop an approach to increasing recruitment and retention of underrepresented groups in the mental health workforce. Participants were disappointed and frustrated that there was no reference to neurodivergent people or the development of mentoring and support:

"If Welsh Government had said "We're going to bring in neurodivergent people", then I think they would have listened to us. But what they're saying is that Welsh Government is going to keep on doing the same thing even though it isn't working."

24. Participants felt that the Welsh Government did not demonstrate sufficient commitment to improving the wellbeing of the workforce or developing a mental health (and wider) workforce that's more representative of the communities it serves, and more understanding of the needs of diverse groups (including neurodivergent people):

"Welsh government could easily have accreditation for employers that says "this workplace is a mental health friendly place to work. We do X, Y, and Z because we have to provide X, Y, and Z to meet this accreditation". This could have been something tangible that Welsh Government could have done, which would also have given them the progress report they hope to publish annually."

Recommendation 26. The Welsh Government should work with the police and crime commissioners and the police forces in Wales to identify opportunities to improve access for police officers to ongoing training in mental health awareness, suicide prevention, neurodiversity awareness, learning disability awareness, and cultural competence. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

25. Participants were again frustrated with the Welsh Government's response as it highlights that policing and police training is reserved to UK Government. Participants voiced their

disappointment in the Welsh Government, suggesting that it needs to focus on what progress it can make within its current powers:

"Welsh Government has shot itself in the foot with the police training response. This isn't a law thing, this is a training need. A lot of the things that the Welsh Government says it can't do because of the UK Government are training needs, not legislation changes. I'm sure the UK Government are not going to be at the police station door saying "No! You cannot train people to be better at dealing with neurodivergence and other mentally ill people"."

26. Participants felt that while the Welsh Government's response spoke about the importance of acting on this issue through discussions with police representatives, it lacked detail about specific actions and timeframes on how this would happen.

4. Community services

Recommendation 13. The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required.

27. Participants were frustrated with the Welsh Government's response and felt that it dismissed the need to improve access to information on services available across Wales:

"What I hear from the Welsh Government is "We already have something in place that none of you can access, so we're just going to explain it to you again". They don't understand that a lot of people can't access it, even doing the phone call to 111 is a barrier, it works against our sensory system if we can't see the person, we can't see their lips when they are talking, we can't process what's being said on an auditory level, we can't necessarily remember what we've been told after hanging up the phone. It should be about finding a new way rather than Welsh Government telling us we're just not getting it."

"If that information is already there, why do we all turn to Facebook and ask "Does anybody know where I can find support?" Because if the information

was there and we could all access it we would be going there. Welsh Government have not committed to anything."

28. Participants understood that the Welsh Government intends to bring together information that already exists and develop a new online directory. But participants questioned the lack of detail, timeframe, and commitment to ensure that improvements in the availability of information and people's awareness of that information are achieved.

5. Measuring and reporting progress

Recommendation 22. The Welsh Government should provide us with annual updates on progress made in implementing the recommendations set out in this report. The first annual update should be provided in December 2023.

29. In its response, the Welsh Government does not commit to an annual update nor to provide its first progress update by December 2023. Participants were frustrated at the Welsh Government's response to update the Committee on progress "as appropriate":

"To "accept in principle" and then say that Welsh Government will feedback "as appropriate" is a final kick in the teeth, it shows utter contempt, and it says "You don't matter at all"."

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