Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Cyllid ar Cyllideb Ddrafft Llywodraeth Cymru 2024-25.

This response was submitted to the Finance Committee consultation on the Welsh Government Draft Budget 2024-25.

WGDB_24-25 48 : Ymateb gan: Dros Newid Cymdeithasol Cymru (Saesneg yn unig) | Response from: Psychologists for Social Change (English only)

Psychologist for Social Change Wales

Dros Newid Cymdeithasol Cymru

30/11/23

Dear Members of the Senedd Finance Committee,

RE: 2024/25 Budget consultation

There are direct links between cuts to public services and an increase in mental health problems. Well-established psychological research explains these links (PAA, 2015). We have been witnessing their affects since the implementation of austerity measures.

Austerity policies and cuts to public service funding have a damaging psychological cost. They create mental health problems in the present and store up problems for the future. The specific ways in which austerity policies impact on mental health are through the creation of psychological stress. The evidence base describes these as the experiences of:

1. Humiliation and shame.
2. Fear and distrust
3. Instability and insecurity
4. Isolation and loneliness
5. Being trapped and powerless

These are known as the '5 ailments of austerity' and everyone is impacted by them but those with more adversity, trauma and distress in their lives feel it the hardest and lost their lives because of it.

Prolonged humiliation following a severe loss trebles the chance of being given a diagnosis of depression. Job insecurity is as damaging for mental health as unemployment. Feeling trapped over the long term nearly trebles the chances of being given a diagnosis of anxiety and/or depression. Low levels of trust increase the chance of being given a diagnosis of depression by nearly 50%. These five 'ailments' are indicators of problems in society, of poisonous public policy, weakness of social cohesion and inequalities in power and wealth.

Access to healthcare accounts for 10% of our health but 50% of the budget spend. When between 70-80% of our health is from sources outside of healthcare it makes no sense that half of the budget spend is on healthcare. What we need is to protect and prioritise the social determinants of health to reduce the demand and therefore spend on health services. As well as to reduce the human cost to quality of live and to the number of lives needlessly lost. Our current system of cost volume, short term and insecure commissioning traps people in depending on healthcare.

We know Welsh Government is limited in many respects in what they can deliver in the next budget for Wales that will allow our society to thrive. We know cuts have to be made to already strained and struggling services and that there is no real right way to do that. But there are things that we can do longer term to help mitigate the impact. If we do not take a step change our mental health service will collapse.

Mental health waiting times and referral rates have slowly been increasing whilst at the same time spending on the response needed to meet demand has not. This not only compromises the care we as practitioners are able to provide but it also puts an immense strain and pressure on us too.

Improving access to mental health services, access to medication or therapy is only a sticking plaster and it is frustrating not to be able to deliver the quality of care people need because their basic needs are not being met. It is not possible to support someone with their mental health when they do not have a safe and secure home, enough food to eat or know that they have a secure job that pays them enough to live a decent life.

For a step change and to protect our future and mitigate the horrific impact of more cuts we recommend that the Welsh Government:

1. Obtain powers to devolve the welfare system to Welsh government

2. Align the budget setting process to the Trauma Informed Wales Framework and create a trauma informed budget setting tool.

3. Make housing and homelessness support a core public service provision.

4. Ensure the third sector is recognised for its role in health promotion and preventative work and that the learning generated in meeting need early, and saving costs to public services, is gathered and understood by Welsh Government officials and Ministers.

5. Support a move to place-based community embedded services, with the third sector holding an equal and pivotal role, working to address the social determinants of physical and mental health, to achieve the ambitious aims of the Wellbeing of Future Generations (Wales) Act and the trauma informed society framework.

6. Break the cycle of insecure work in the 3rd sector by setting minimum standards in local authority, health board and other public service commissioning to include:

    a. Salaries to be set at the Real Living Wage

    b. Increasing the length of public service commissioning contracts to a minimum of 5 years.

    c. Stop cost volume and payments by result commissioning practice.

Yours Sincerely,

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Dr Jen Daffin, Community Clinical Psychologist,
Chair Psychologists for Social Change Cymru

Psychologist for Social Change Wales

Dros Newid Cymdeithasol Cymru

30/11/23

Dear Members of the Senedd Finance Committee,

RE: Housing Support Grant Fund 2023/24

We know good quality housing predicts good mental health (Evans, et al. 2000). Feeling safe is central to being a happy and healthy person. It has been long known that feeling secure in our environment alongside our relationships with others is central to wellbeing. Knowing that you will have enough to eat and somewhere to live is a basic requirement for good mental health and wellbeing. Homelessness has been linked to greater anxiety and low mood in children and parents in homeless families, compared to those in poverty who are housed (Shinn, & Weitzman, 1996). Secure housing is likely to having a positive impact on wellbeing, given that moving house three or more times has been identified as a risk factor for increased emotional and behavioural problems in children (Buckner, 2008).

Punitive UK governmental policies combined with an out-of-control housing market have led to many people being uprooted from their homes. The numbers being made homeless following a private tenancy has also doubled over the past decade, indicating severe insecurity in the private rental sector. It is well known that people on low incomes tend to have smaller, denser and more localised support networks (Haung & Tausig, 1990). Being forced to move from established communities therefore is likely to be particularly problematic and a risk to mental health and wellbeing.

The instability in the housing sector puts pressure on our mental health services. Addressing the social determinants of health means prioritising and addressing people's housing needs. This is vital to achieving the ambitions of the future generations act and the trauma informed society framework. Safe, secure and affordable housing is not only a mental health intervention but a trauma informed preventative measure as well.

We see the impact of insecure, unstable and unsafe housing on people in our clinical practice every day. We therefore support calls to protect and prioritise up lifting the housing support grant funding. We see this as a trauma-informed mental health intervention that will reduce demands and spend on mental health services in the short and over the long term. Whilst at the same time improving people's lives and ensuring children have the circumstances they need for good mental health and a happy healthy future.

Yours sincerely,

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