

Mental Health CPG

24th May 2023

12.00 - 13.00, via Teams

In attendance:

- Ken Skates Chair and MS for Clwyd South
- Simon Jones, Mind Cymru
- George Watkins, Mind Cymru,
- Bethan Phillips, Mind Cymru
- Chris Dunn, Diverse Cymru
- Gwyneth Sweatman, Federation of Small Businesses
- Dr Jen Daffin, Platform
- Oliver Townsend, Platform
- Kathryn Morgan, Shared Lives Plus
- Peter Martin, Adferiad
- Annabelle Llanes Sierra, CIPD
- Dr Jenny Burns, Mental Health Foundation in Wales
- Lowri Wyn Jones, Time to Change Wales
- Nesta Lloyd-Jones, Welsh NHS Confederation
- Elinor Puzey, NSPCC Cymru
- Valerie Billingham, Office of Older People's Commissioner
- Naila Noori
- Richard Jones
- Jonathan Davies
- Sarah Thomas
- Ceri Reed
- Martin Bell
- Euan Hails

1. Welcome and introduction

Simon Jones welcomed everyone to the meeting and introduced the CPG.

2. WAMH presentation on replacement MH strategy

Simon Jones:

WAMH is a national collaboration of mental health, suicide and self-harm charities, working together to prevent poor mental health. The new strategy provides an exciting opportunity after the 10 year Together Mental Health strategy. We are in a new mental health

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landscape, affected by new challenges like the pandemic and cost of living crisis. Recent Senedd work is useful to reflect on, such as committee reports on mental health inequalities and higher education MH provision. Lived experience is fundamental to this work.

Dr Jen Daffin:

Over the last 10 years, there have been a lot of advances in how we evidence mental health. What does it mean to be having a conversation about MH now? We have moved away from medicalised disease model understanding to a more complex image, including our personal circumstances across our lifespan. Factors influencing MH can be passed through generations.

We need an image of wellness as a model to drive MH support. Jen introduced the Kawa River model. This comes from occupational therapy. Our lives are a river with different blockages along the way. We want to change the wider environment people live in (social determinants, racism etc.). We want to remove rocks (problems) people have and make transitions easier. We want to create levers to help remove problems (logs). We want spaces in-between. These are opportunities to enhance wellness (like building on existing strengths like volunteering, community peer groups). We need a life-course approach to MH in a lifespan model.

Simon Jones:

Simon elaborated that the previous mental health model does not have a strong focus on relationships. This lifespan model does. This stops people feeling alienated and encourages trust. Simon thanked Jen and discussed where prevention sits in relation to looking at the new strategy. Many elements of improving people's mental health are often beyond the remit of the mental health system.

WAMH would like the new strategy to be cross-governmental. • If we get the prevention space right, there will be fewer people needing support. But people will still need it. A focus on specialist and secondary care is still relevant. Early intervention is important here. There are still capacity issues. Guidance to wider support services will be key, such as housing advice. There's been good developments in the CYP space, and adult services would benefit from this. However, despite our progress with stigma, it still plays a large role in affecting people's access to help.

The key overarching strategic priorities should be:

1. Governance, measurement and transparency
2. Mental health and suicide risk inequality
3. Children and young people
4. Lived experience leadership
5. Workforce

3. Discussion

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Peter Martin:

Adferiad are a member of WAMH and support the paper. Strategies always say the right thing. We must see how the strategy is delivered. In the strategy itself, we should put in the processes to enable to accountability.

Gwyneth Sweatman:

Glad to see workforce recognised in overarching aims. Thousands of people in small businesses in Wales affected by poor mental health since pandemic. How can we support businesses?

Simon replied expressing that prevention is important here. People's jobs are where they can feel the impact of poor mental health and they can also be places where poor mental health can be created. This strategy must be cross-government and embed good mental health outcomes in other government departments, such as employment and housing. Where does it sit as a priority across the board?

Kathryn Morgan:

Kathryn suggested that Shared Lives Plus would benefit from joining WAMH.

Jen Daffin:

Pre-Covid, 55% of Brits already felt under excessive pressure or miserable at work. There's evidence suggesting that hybrid working has led to a further workforce disconnection. This is leading to increased demand and knock-on impacts for e.g. parents supporting children when their own mental health is poor.

Annabelle Llanes Sierra:

CIPD have worked with providing employers with resources they need for early intervention for managers to notice when employees struggling with their mental health. Early intervention is vital for employees to feel supported.

Elinor Puzey:

Glad to see perinatal and infant MH discussed in the presentation. More support for children who have experienced abuse would be beneficial. She suggested sharing resources.

Ken Skates:

Cross-governmental approach is vital. Recent mental health inequalities inquiry had recommendation that every submission of ministerial advice should include mental health considerations in it. Disappointed it was only partially accepted. It would change ministerial culture and wouldn't change much in terms of demands for the Welsh Government.

Dr Jenny Burns:

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Strengths based model could be a good idea. Life course approach and focus on wellbeing rather than ill health could be a good approach.

Nesta Lloyd-Jones:

NHS Confederation members would be concerned around importance of prevention, especially with demand being so high across all NHS bodies at the moment, plus the cost of living crisis. They intend to respond to the strategy and have been holding consultations about how best to respond on behalf of NHS bodies. Agreed with Ken about cross-government response and ministerial advice recommendation. CPG are welcome to invite NHS Confederation members to present to the future meetings. Simon supported this.

Simon Jones:

There are inequalities throughout the healthcare system, but we have to place this in a wider community context about what services are out there. Example of care and treatment planning, which includes health as an aspect. These documents often don't include elements like housing and tend to focus only on health. This is the key consideration for the ministerial request recommendation.

Oliver Townsend:

Don't be afraid to put things in the strategy that might be hard to deliver, such as community health (access to green spaces etc.). Strategies tend to focus on goals achievable within 5-10 years. Real ambition in how we work and set lifetime goals is a good idea.

Jen Daffin:

Cultural and conceptualisation shift, moving from illness to wellness. This will be a big cultural shift. We focus on practical things when talking about social determinants, but without people healthy enough to take up those opportunities, it won't work. We need to improve relational health.

Ken called the meeting to a close and offered further contributions from members about the content of future meetings.