

# Grwp Traws Bleidiol ar Iechyd Meddwl Cross Party Group on Mental Health

## Mental Health CPG

7<sup>th</sup> February 2024

12.30 - 13.30, via Teams

### In attendance:

1	Ken Skates	Chair and MS for Clwyd South
2	Simon Jones	Mind Cymru
3	Nia Sinclair	Mind Cymru (Secretariat)
4	Jenny Murphy	Mind Cymru
5	George Watkins	Mind Cymru
6	Amy Bennison	Conwy Mind
7	Heather Lewis	Mental Health Foundation
8	Richard Jones	Mental Health Matters
9	Ewan Hilton	Platform
10	Jen Daffin	Platform
11	Beckie Jordan	Platform
12	Oliver Townsend	Platform
13	Chloe Harrison	Adferiad
14	Jo Whitfield	BEAT Eating Disorders
15	Ceri Reed	Parents Voices in Wales
16	Twahida Akbar	EYST
17	Lesley Richards	CIPD
18	Lisa Roberts	RCPCH
19	Sarah Williamson	RCPCH
20	Nick Wilkinson	RCPCH
21	Lowri Wyn Jones	Time to Change Wales
22	Nesta Lloyd-Jones	Welsh NHS Confederation
23	Steve Mulligan	BACP
24	Abigail Rees	Barnardos
25	Amy Bainton	Barnardos
26	Meg Moss	The National Counselling Society
27	Lloyd Watkins	Equality and Human Rights Commission (EHRC)
28	Kathryn Morgan	Shared Lives Plus
29	Linda Newton	Cardiff and the Vale Action for Mental Health

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## 1. Welcome and introduction

Simon Jones (SJ) welcomed everyone to the meeting. He handed over to Ken Skates MS to lead the session.

KS thanked everyone for attending. He noted that the new First Minister and Cabinet would be in place ahead of the next meeting and invited members of the group to share their priorities for mental health with the candidates during the leadership contest. He suggested that the next meeting could be an opportunity to hear from the leader about what they would want to see in the new government. The group approved the recommendation.

KS introduced Nick Horn (NH), Consultant Clinical Psychologist and lead for Traumatic Stress Wales at Betsi Cadwaladr University Health Board, who would be presenting at today's meeting.

Before handing to NH, KS noted the importance of discussing trauma informed care which recognises that the emotional and psychological problems that people have are often injuries they have sustained from their experiences. He confirmed that the Welsh Government has invested in the NHS Traumatic Stress Wales initiative which aims to improve access and quality of mental health interventions for people of all ages affected by trauma.

## 2. Nick Horn (NH) presentation on trauma informed care

NH thanked the group for the invitation to share an overview of the work he is doing with his colleagues at Betsi Cadwaladr UHB to give deeper meaning to trauma informed care in North Wales.

He noted the following key highlights:

- Trauma informed care was developed due to the growth in evidence linking trauma and adverse experiences to harmful consequences.
- There's a need to exercise caution about the meaning of trauma informed and how we define it – need to shift from asking people “what's wrong with you?” to “what's happening to you?”
- Wales is at the forefront of trauma informed approaches – initiatives include Traumatic Stress Wales (funded by Welsh Government), ACEs Hub and the Trauma Informed Wales Framework.
- The approach in North Wales focuses on two objectives; i) to improve quality, capacity, choice and access to evidence, and ii) to initiate, progress and support trauma-informed approach to health care.
  - o BCUHB is currently trying to get better at supervision and consultation, focusing on making trauma informed everyone's business. People in turn want to learn more about it.
  - o Focusing on concept of storytelling and running events to bring people together from various services and communities for a joined up collaborative approach.

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You can access the full presentation slides below.



Trauma\_Feb2024.p  
ptm

NH thanked the group for their time and invited any questions and/or observations from the group.

### **3. Discussion**

**Nick Wilkinson (NW)** – Royal College of Paediatrics and Child Health

Nick Wilkinson asked whether there is a known figure available on the proportion of young people or adults who have had an episode of trauma that's influencing their thoughts, feelings, and behaviours. NH noted that 95% of people accessing adult mental health services will have had a history of trauma, and as such, as part of any initial assessment, people should be asked whether they can draw a link between their experiences and their problems. NW added that some professionals are critical of people who are searching for labels, particularly in relation to children who are facing long waits for neurodiverse referrals. Professionals often want to proceed and treat the symptoms.

**Heather Lewis (HL)** – Mental Health Foundation

HL asked whether community training on trauma informed approaches has been considered in settings such as sports groups, girl guides or scouts. NH confirmed that the team is currently meeting with communities and organisations and exploring further options, adding that there is great interest from these groups in learning more about the approach.

**Jen Daffin (JD)**

JD referred to Platform's approach to this work, and the opportunity to relay a different message to the public that mental illness should not always be viewed through a medical lens. She suggested there is something about rebalancing and encouraging people to see how mental health and trauma go hand in hand.

**Simon Jones (SJ)** – Mind Cymru

SJ asked whether NH could share some insight on where we are in terms of changing our default way of thinking to a more trauma informed approach. He asked whether there is more our organisations can do to address some of the current challenges.

NH noted there is no uniform approach to adopt and that the approach taken varies from health board to health board. However, he stressed that there is general need to gauge a better understanding of a person's full journey rather than only hearing small parts of their story alone.

**Lowri Wyn Jones (LWJ)** - Time to Change Wales

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LWJ referred to the anti-stigma campaign, Time to Change Wales, adding that people with mental health problems continuously experience stigma within services. She noted stigma as being a form of trauma. She highlighted her current involvement with HEIW's Strategic Mental Health Workforce Plan working to develop modules on stigma for NHS settings.

### **Kathryn Morgan (KM) – Shared Lives Plus**

KM highlighted the ongoing work of Shared Lives Plus in developing community and strength-based services which are seeing excellent outcomes. She encouraged greater collaboration and a need to get better at recognising the services which are already in place.

**ACTION: SJ to share NH's presentation with the CPG group.**

**ACTION: Members of the group to share their priorities for MH in an email to SJ ahead of next meeting ([s.jones@mind.org.uk](mailto:s.jones@mind.org.uk))**

### **4. Close**

KS thanked the group for a useful and insightful discussion. He noted the next meeting as being an opportunity to ask questions about the next programme for Government following the appointment of the new First Minister.

Abigail Rees (AB) asked whether an item on the strategies could also be added to the next meeting agenda. This was agreed.

The meeting closed at 1.30pm.