Draft mental health and wellbeing strategy

General information

Your name (optional):

Caroline Walters

Organisation (if applicable):

Royal College of Speech and Language Therapists in Wales

Your interest in the strategy. Please tick all that apply.

- Lived experience ☐
- Carer ☐
- Member of the public ☐
- Health care staff ☐
- Social care staff ☐
- Third sector staff ☐
- Other professional role ☐
- Organisational response ☒
- Prefer not to say ☐

Which version of the strategy have you looked at? Please tick all that apply.

- Draft mental health and wellbeing strategy ☒
- Children and young people's version ☐
- Easy read version ☐

If you want to receive a receipt of your response, please provide an email address:

Caroline.walters@rcslt.org

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box: ☐

Consultation questions

Question 1

How much do you agree that the following statement sets out an overall vision that is right for Wales?

"People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales."

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 1a

What are your reasons for your answer to question 1?

The Royal College of Speech and Language Therapists (the RCSLT) welcomes the ambition of the strategy vision which is hugely aspirational in terms of both seeking to improve population wellbeing and specialist mental health support. In order to translate into effective implementation, clear, stepped delivery plans will be required.

Members have highlighted to us that the challenges facing mental health services in Wales are significant including siloes between mental and physical health services, paediatric and adult services, health and local authority services, separate funding arrangements and huge variation between provision within localities. They have raised concerns that there is a very uneven foundation on which to build and there needs to be a greater willingness to step up resource from wellbeing to specialist services when required. They have also raised concerns that due to reduced funding, many services are now being centralised which is leading to reduced equity of access.

We welcome the all-age focus of the strategy. We feel strongly that there needs to be a clearer focus across the life-course on giving people the power to improve their health and wellbeing. To ensure consistency with the Minister's portfolio, the overall vision for the strategy should explicitly link to the importance of the early years for fostering positive mental health. Good early language skills, in particular, are central to children's early years development. They play a crucial role in a child's ability to achieve their educational potential and their life chances. Beyond academic attainment, well-developed speech, language and communication skills are fundamental to the ability to form and maintain social relationships with family, peers and friends.

Question 2

In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 2a

What are your reasons for your answer to question 2?

Our members support the ambitious principles within the strategy but are keen to see further detail on how these will be implemented in practice in the delivery plans given the numerous challenges facing services.

We have raised our comments with regards the all-age principle in response to the previous question above but have specific comments with regards the principle 'Equity of access, experience and outcomes without discrimination'.

We believe this principle must also encompass meeting the needs of people with communication difficulties. 'People with speech, language and communication needs (SLCN) should also be included in this list of underserved groups in the 'focus on equity' part of the strategy. This is critical given the growing evidence on the the important links between mental health and communication difficulties as highlighted in the key statistics below.

Communication - adults

- 80% of adults with mental health disorders have impairment in language (Walsh et al, 2007).
- Over 60% have impairment in communication and discourse (Walsh et al, 2007).

Communication – children and young people

- Children with a mental health disorder are five times more likely to have problems with speech and language (NHS Digital, 2018).
- 81% of children with social, emotional and mental health needs have significant unidentified language deficits (Hollo et al, 2014). Adolescents and young adults with developmental language disorder (DLD) are more likely to experience anxiety and depression than their peers (Botting et al, 2016).

In the strategy, we have a number of sections which are informed by four key vision statements. These four vision statements represent our overall aims. We would like to know what you think of each of them. You can answer questions about as many of the statements that are of interest to you.

Vision statement 1

Question 3

Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 3a

What are your reasons for your answer to question 3?

We believe there may be a need to tweak the wording in this statement. We believe the all-age status of the strategy should be articulated within the vision statements e.g. by inclusion of the wording 'There is a focus from the early years onwards on ensuring that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.'

In addition, it is important to recognise that not all people will have the skills to self-manage and protect their mental health due to a variety of factors such as poorer health literacy, carer burden etcetera. There needs to be clearer recognition that for some individuals, there will always be a need for somebody to help navigate support systems. This is reflected in the wider narrative but would benefit from inclusion within the vision statement wording.

In the section on reducing the risk of poor mental health – babies, children and young people, there is a need to explicitly acknowledge the role of strong early language skills in supporting positive mental health. Speech, language and communication skills are fundamental to the ability to form and maintain social relationships with family, peers and friends. There is a clear read across here between the Welsh Government Talk With Me Speech, Language and Communication Delivery Plan and this strategy. Poorer early language skills also need to be highlighted as a risk factor for poorer mental health as the statistics below highlight.

- Children with a mental health disorder are five times more likely to have problems with speech and language (NHS Digital, 2018).
- 81% of children with social, emotional and mental health needs have significant unidentified language deficits (Hollo et al, 2014). Adolescents and young adults with developmental language disorder (DLD) are more likely to experience anxiety and depression than their peers (Botting et al, 2016).

Actions needs to include improving support for promoting early language skills. There is also a need to highlight the increase of poorer mental health for those living with long term disabilities, many of whom will also have SLCN.

In the section on the role of the community in supporting mental health and wellbeing community assets, it is important to highlight the need for community assets to be inclusive, in particular to those with communication needs. We recommend that organisations undertake Communication Access training - https://communication-access.co.uk/ which aims to ensure inclusive communication for all.

We have also received feedback from some members that there is a need to reframe our approach to wellbeing and promote strategies to promote positive mental health such as connecting with people and developing trusted relationships, moving more and being physically active and good sleep.

Question 3b

We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 3c

Are there any changes you would like to see made to these actions?

We welcome action VS1.1 and in particular, the fact that 'there will be a specific focus on identifying and listening to under-served groups traditionally excluded from mainstream services to better understand what impacts their mental health and wellbeing'. Building on our comments about the relationship between poorer mental health and speech, language and communication difficulties, we would recommend that people with SLCN are included as an underserved group.

We welcome VS1.2. RCSLT wishes to highlight the need for accessible information and interventions given our comments above about the SLCN of groups most likely to appear in mental health services, particularly those vulnerable groups with 'protected' characteristics. Any service which requires the potential service user to read, write (on line) or speak on the phone clearly has to accommodate the needs of these that can't do that easily or effectively. Service providers need to be made aware of the impact of SLCN on the service users ability to access and / or benefit from services. Support to identify communication access barriers and training to enact evidence based solutions to overcome these would facilitate SLCN sensitive service improvement. SLTs have a key role in enabling individuals to integrate socially and to access and benefit from verbally mediated interventions. These points are also very relevant to VS1.7 and VS1.8. We also feel that VS1.2 may need to be broadened to specifically consider the role of social media.

In relation to VS1.5, clarity is required here on whom Welsh Government means in terms of the workforce – NHS? Local Authorities? Staff in education, youth justice? High quality mental health and wellbeing services require an agile, well-supported workplace. We feel that clear links should be made here with the importance of compassionate leadership.

VS1.9 should also reference prioritising early speech, language and communication development as part of 'a life-course approach to protecting and promoting mental wellbeing'.

Vision statement 2

Question 4

Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 4a

What are your reasons for your answer to question 4?

We welcome the commitment to cross-government action to improve mental health and wellbeing. There are numerous relevant initiatives in this space which interlink. Ensuring cohesive cross-government action is hugely challenging and we look forward to hearing greater detail about governance when delivery plans are published to ensure appropriate accountability.

In this section we say what different parts of Welsh Government will do to meet the objectives of vision statement 2:

- o what mental health policy can do (question 4b)
- o what wider Welsh Government will do (question 4c)

Question 4b

Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

Question 4c

There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?
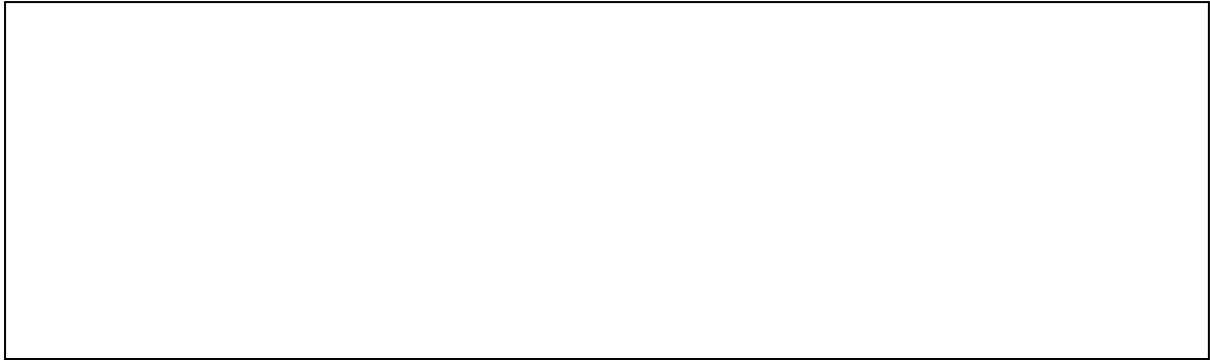
Question 4d

We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 4e

Are there any changes you would like to see made to these actions?

Vision statement 3

Question 5

Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 5a

What are you reasons for your answer to question 5?

We welcome the commitment to improve transitions between Child and Adolescent Mental Health Services to Adult Mental Health Services and ensure access routes into support for mental health and wellbeing are timely, accessible to all, and joined-up between sectors, between neurodiversity and substance misuse services, and mental health services. RCSLT Wales believes that the lack of specialist provision of services for Speech, Language and Communication Needs (SLCN) within mental health services currently constitutes a very serious weakness in progressing routes into support which are accessible to all.

Person centred, dignified, safe and effective, patient experiences are dependent on effective two-way communication, whether face to face or written, between service providers and actual or potential service users. Thus, speech and language is critical in the diagnosis, monitoring and support of people with mental health problems.

Despite the high prevalence of SLCN within mental health service users, there are extremely limited speech and language therapy posts across Wales dedicated to this client group. We would be keen to discuss this issue further and can provide examples of the impact of SLT role within this area. Further information on the role of speech and language therapists and our vision for the workforce may be found in our response to the HEIW Mental Health Strategic Workforce Plan which we've attached to this response.

Another concern raised by members was the ability to achieve connected systems given the current issues with regards disconnected digital systems and poor interoperability

Question 5b

We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

- Strongly agree   ☐
- Agree   ☒
- Neither agree or disagree ☐
- Disagree   ☐
- Strongly disagree   ☐

Question 5c

Are there any changes you would like to see made to these actions?

As noted above, in order to deliver on SV3.2 and ensure that access routes into support for mental health and wellbeing are accessible, there is a pressing need to expand the speech and language therapy workforce within mental health.

We believe VS3.9 should be expanded upon to also ensure services are communication inclusive. We would recommend the communication access symbol training which is referenced earlier in our response as good practice in this regard.

Vision statement 4

Question 6

Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 6a

What are your reasons for your answer to question 6?

We agree with the ethos of this vision statement in terms of the importance of early intervention and the no wrong door approach. We welcome the commitment that 'services for people with a long-term mental health condition need to be changed to assertively manage and address their physical health needs and focus on improving life satisfaction'.

We believe that multidisciplinary working – with a well-trained, supported workforce that is equipped to meet the demands – should be central to the future provision of seamless mental health services. This approach would enable each group of professionals to use their own unique skills, knowledge, and abilities to better meet the needs of individuals. In our view, development and improvement of the mental health workforce must include the full range of allied health professionals and bring in new professions and skillsets.

We have not seen the progress we would have like to have seen in changing the nature of the mental health workforce with limited investment in the full -range of allied health professionals and bring in new professions and skillsets. Speech and language therapists as part of an Allied Health Professions (AHP) workforce are an untapped resource including in areas such as the provision of talking therapies.

Members have also raised the importance of optimising third sector support within the system in order to create seamless services.

Question 6b

We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 6c

Are there any changes you would like to see made to these actions?

In relation to VS4.1, We, alongside our AHP professional body colleagues as part of the Royal Colleges Mental Health Expert Advisory Group, would be keen to support the NHS Executive as it develops the integrated quality statement for mental health and delivery plan for Vision Statement 4 of this strategy and seeks to provide efficient, effective, equitable and person-centred services. We also hope the process for creating the quality statement will be open and transparent to enable professional bodies and service user organisations to contribute.

With regards, VS4.3, in addition to working with people with lived experience and the third sector to better understand priorities, we also believe it is critical that Welsh Government ensures that the clinical voice is heard within discussions. We would recommend close working with Royal Colleges Mental Health Expert Advisory Group in this regard.

In relation to VS4.6, we are keen to understand how thinking around the role of AHPs may inform the new cluster-based specification improving the physical health of people with severe and enduring mental health conditions,

With regard to VS4.7, it is essential that the programme for supporting access to psychological therapies makes best use of the available workforce. Speech and language therapists (SLTs) as part of an Allied Health Professions (AHP) workforce are an untapped resource including in areas such as the provision of talking therapies such as Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Motivational interviewing (MI), ([Matrics Cymru](#)). SLTs are not routinely able to access this training to gain appropriate skills.

Question 7

We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

- digital and technology
- data capture and measurement of outcomes
- supporting the mental health workforce
- physical infrastructure (including the physical estate of services)
- science, research and innovation
- communications

Do you agree these are the rights areas to focus on?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 7a

What are your reasons for your answer to question 7?

The strategy overall

We agree with the key areas identified and have a number of issues we would like to raise in relation to these.

Digital – To what extent are financial constraints on digital solutions being taken into account? For example, we are disappointed to hear that Attend Anywhere will be ending when this received positive feedback from our members and service users in terms of accessibility. How will the role of social media be acknowledged within the strategy? How will people be supported to find safe, accessible information? The Welsh Government Talk With Me website is a good example of a safe, central, robust, quality resource.

Data – what is the mechanism for capturing unmet needs? This is key data which should be used to support the development of new services. How does the much-needed mental health outcomes project align with other initiatives? How will outcomes data be shared across the care pathway? There is an ncreasing shift within health boards to use of 'life satisfaction' rather than 'quality of life' which needs to be echoed across national indicators.

Workforce – As alluded to earlier in our response, the development and improvement of the mental health workforce must include the full range of allied health professionals and bring in new professions and skillsets. We have not seen the progress we would have like to have seen in changing the nature of the mental health workforce with limited investment in the full range of allied health professionals and bring in new professions and skillsets. This area requires prioritisation.

Question 8

The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

As noted above, we believe delivery plans should specifically consider the role of AHPs within mental health services. From the perspective of speech and language therapy, the Dementia Action Plan Wales has driven improvements in access through specific mention of AHP roles within actions around developing team around the individual and the establishment of the All Wales Dementia Allied Health Practitioner Consultant post which advises health boards and local authorities on service developments. We believe there is much to be learnt from this plan in terms of the development of the mental health delivery plans.

We would welcome a greater focus within plans on governance. If local health boards do not deliver improvements to services, what will be the repercussions? Where is the bite to activate care pathways properly.

Question 9

This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

- Strongly agree ☐
- Agree ☒
- Neither agree or disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 9a

What are your reasons for your answer to question 9?

We strongly welcome this approach but believe further work is required to truly make this an all-age strategy e.g. in relation to vision statements, principles etcetera as we have discussed throughout our response.

Members have expressed concern that older people's mental health is insufficiently covered.

Question 10

We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

Question 11

We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

Question 12

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.