



# Welsh Government Mental Health Strategy

**Babies, Children and Young People's  
Mental Health Network**



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## Babies, Children and Young People's Mental Health Network

***The Babies, Children and Young People's Mental Health Network brings together Third Sector organisations who have a focus on their Mental Health. Establishing a collective voice, pan Wales, to motivate and activate change, while aligning work to enable a consistent and collaborative approach, ensuring the mental health needs of all babies, children and young people are met.***

The Network aims to:

- Promote the rights, and advocating on behalf, of babies, children and young people.

- Provide a space to discuss all elements of Mental Health; with specific focus on babies, children and young people being at the centre.

- Exchange knowledge between professionals, and across networks, who share an interest in babies, children and young people's mental health, making sure that the knowledge shared identifies priorities, best practice and pertinent issues.

- Represent the lived experience of babies, children and young people to amplify their voice and highlight their needs, bringing their voice to decision makers and the Children's Commissioner for Wales

- Promote intersectionality working to ensure detriments, challenges and barriers to positive mental health for babies, children and young people are addressed.

- Promote the mental health needs of marginalised babies, children and young people

- Address mental health stigma



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# Mental Health Strategy

‘People in Wales will live in a country which promotes, supports and empowers them to improve their mental health and wellbeing, and will be free from stigma and discrimination’.



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# Vision Statements

## **Vision Statement 1:**

There is action to make sure the building blocks are in place to support good mental health and wellbeing

## **Vision Statement 2:**

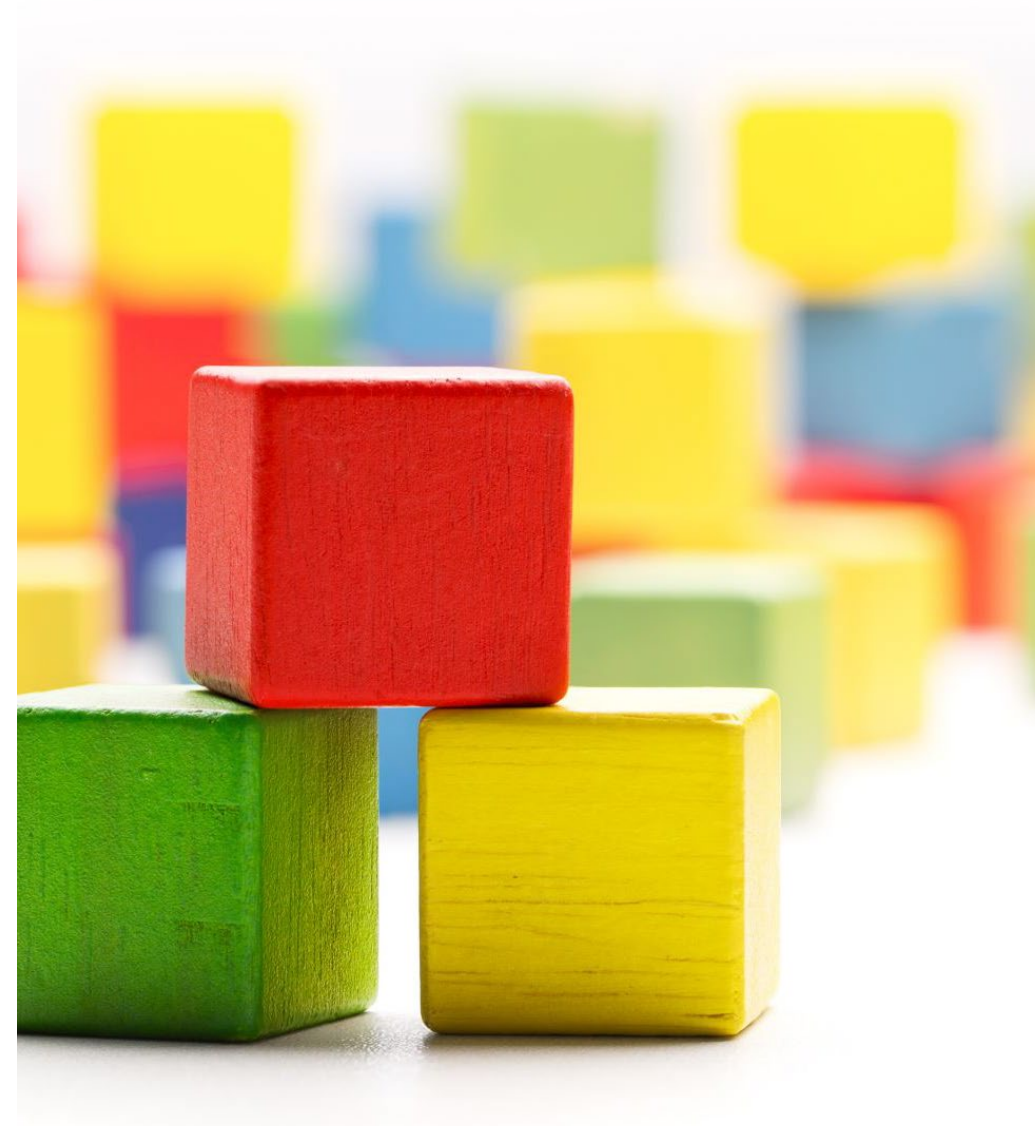
Everyone has the knowledge, opportunities and confidence to protect and promote good mental health and wellbeing

## **Vision Statement 3:**

There is a connected system where all people receive the appropriate level of support wherever they reach out for help

## **Vision Statement 4:**

There are seamless mental health services – person centred, needs led and guided to the right support first time, without delay



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# Principles:

- All age
- Person-centred
- Rights-based approach
- Equity of access, experience and outcomes without discrimination
- Preventative
- Free of stigma and shame, blame and judgement
- Co-production
- No wrong door
- Trauma-informed



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# Delivery Plan

Monitor a set of measurable indicators to track progress

Embed Health Impact Assessments

Establish a research and evidence group

Tackle stigma

Develop a no-wrong door, children's rights-based approach to mental health and wellbeing

Early intervention & prevention

Improve support for parent-infant relationships

Trauma informed nation

Co-production into the development & delivery of services



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# We welcome the publication of the Mental Health and Wellbeing Strategy and delivery plan

Individual Stories

Focus on early intervention and preventative approach

Transforming mental health care to open access services, so more people will be able to receive same-day support

A strong emphasis on baby's mental health, the first 1000 days and the support they need to have the best start in life

Monitoring progress

Cross-governmental department working



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# Key priority 1: Specific groups

## Care experienced children and young people:

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- **four times more likely** to experience mental health challenges during and/or after being in care.
- Across the UK, **around 45%** of care-experienced children and young people have a diagnosable mental health disorder, **compared to 10%** of the general population.
- **Over 15%** of children looked after or those on the child protection register in Wales are reported to have at least 1 mental health problem.
- **45%** of care leavers in Wales are clinically diagnosed with a mental health disorder.
- Care leavers are **4-5 times more likely** to commit suicide than their peers.



[Mental Health Across the Border Summer 2023](#)

[Care experienced children and young people's mental health | Iriss](#)

[Children Receiving Care and Support Census: on 31 March 2023 \(official statistics in development\) \[HTML\] | GOV.WALES](#)

[Forward Thinking: Facilitating positive outcomes for young people leaving the care sector - Swansea University](#)

[Report of the Children and Young People's Health Outcomes Forum - Mental Health Sub-Group](#)



# Key priority 1: Specific groups

## What care experienced children and young people say:

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- More needs to be done to address loneliness amongst care experienced young people.
- ‘Good’ mental health can look like wanting to get out of bed in the morning, socialising with friends and having things to do such as attending youth clubs.
- What contributes to ‘bad’ mental health? Not having places to socialise and meet new friends; the rising costs of participating in community activities; not having access to the internet or technology and the number of community facilities and amenities closing in Wales.
- There is a “gap in support” for care leavers specifically when they transition between CAMHS to AMHS often this process proves “tricking to navigate and understand”.
- Joint up working between professionals working directly with care-experienced children and young people becomes a barrier to receiving the correct support, and for these young people, it can be extremely triggering having to ‘re-tell’ their story to lots of different people, made more likely because of frequent changes to living placements.



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“If children are in a position where they are responsible for asking for help, that’s a barrier before you’ve even begun helping them. GPs and doctors need to be trained about care experience and how to be trauma informed. One of the worst professional experiences I’ve had was with a GP who kept assuming how I felt or what I went through. I mean what I mean, not what you think I mean”.

“A doctor knew my family and accused me of pretending to be ill so I wouldn’t have to work because my family had previous mental health issues. Professionals need to believe children. Children who have had a hard upbringing than most have grown up a lot quicker than you realise, you have to listen to them”.

“I never really had anyone looking out for my mental health and it was difficult to access support. I didn’t realise what I was feeling wasn’t normal. I had two sessions with a psychiatrist, and she said that mentally I was okay and didn’t need any mental health support. That was when I was 10 years old, and I never had any other intervention. It took me until I was 23 years old to get proper help and a diagnosis of borderline personality disorder. I had to deal with my mental health and suicidal thoughts by myself because no one believed me”.

“It was so hard always having to repeat my story to different people and say what was wrong just to get some help.”



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# Key priority 1: Specific groups

**Research shows that LGBTQ+ communities are more likely to experience a range of inequalities or worse outcomes compared with heterosexual and cisgender populations.**

- This includes lower life satisfaction levels, poorer access to healthcare services, bullying, discrimination and hate crime in school, the workplace or in their communities, higher-level of substance misuse, including alcohol and smoke, poorer mental health including loneliness, depression, and suicide.
- Just Like Us (2021) reported that only 58% of LGBT+ students described feeling safe on a daily basis at school in the 12 months prior – compared to a higher figure of 73% for non-LGBT+ students.
- In addition, 43% of LGBT+ students reported being bullied, compared to 21% of non-LGBT students.
- The School Report Cymru (Stonewall 2017a) found that of Welsh students aged 11-19 years, 54% of LGBT students including 73% of trans students experienced bullying at school about their sexual orientation or gender.
- The Stonewall School Report Cymru (2017) showed that three in five LGB young people had self-harmed, three in four had thought about taking their own life, and one in four had tried to take their own life. It also showed that transgender young people are at particular risk of experiencing poor mental health, with three in four trans young people deliberately harming themselves, nine in ten had thought about taking their own life, and two in five have attempted to take their own life
- Research has also indicated that the COVID-19 pandemic had a particularly detrimental impact on the mental health and wellbeing of LGBTQ+ young people
- Recent evidence from NSPCC shows that some LGBTQ+ children and young people contact Childline describing emotional abuse they experience in the family home, and the isolating and controlling behaviour from parents and carers, which can have a negative impact on their mental health and wellbeing.

# Key Priority 1: Specific Groups

A report by the Independent LGBTQ+ Expert Panel in Wales highlighted that there is a lack of funding and support from mental health services for LGBTQ+ people of all ages. The Panel found that mental health services need urgent improvements to work effectively for LGBTQ+ young people in Wales, and especially trans young people.

There is no focus on LGBTQ+ children and young people in the Mental Health and Wellbeing Strategy, which is disappointing, especially because of the risks to their mental health.

Links were made to the LGBTQ+ Action plan in the strategy, and the action plan action to review pathways to the mental health system to ensure they are fit for purpose – including for LGBTQ+ people (this needs to include YP) - but this is not enough.

No acknowledgement of mental health risks for children and young people – nor does it outline any actions to protect/prevent LGBTQ+'s children and young people's mental health



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## Key Priority 2: Open Access

‘To support our early intervention approach we want everyone to have same day **open access** to mental health care at the point of need and stage of readiness, with minimal assessment. Building on existing components in the system there will be online, phone and walk-in immediate care options.’

### Rapid access to early mental health care for everyone

- Access to same day support
- One at a time approach, ensuring a helpful intervention at each interaction



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# What young People have to say

## Positives:

Young people welcomed the principle of open access support:

"I like the same day support idea. I think it's great!"

"I think it is good and it may save in the long term

## Concerns:

Young people expressed their concerns over funding and impact on other services were raised:

"but I would worry if resources were taken from the current services as they are already stretched."



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# One at a Time (OAAT) Approach

- ☐ Strength Based
- ☐ Trauma informed
- ☐ Person centric
- ☐ Recognising individuals often know what is best for them
- ☐ Increases care options, builds capacity, & improves access to services
- ☐ Focus on the present

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Young people expressed concerns over around the 'One at a Time' approach.

Young people need to understand how this may work for them.

Young people agreed that it could work in some circumstances but were concerned about it being applied all the time:

"What about complex PTSD - how would OAAT work?"

"How can they only focus on 1 issue at a time when all issues are connected?"

"It doesn't make sense to me as they will impact each other and could be linked."

"Could one need be pushed aside and then make someone unwell for longer potentially."

"I just think everything is linked and that it makes little sense to separate things that may not be separate."



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# Key Priority 3: Poverty



Experience of poverty, especially during the first 1000 days of a child's life, can have detrimental impacts on mental health and wellbeing later down the line, and can decrease likelihood of positive developmental, health and socioeconomic outcomes later in life.

- 28% of children in Wales are living in poverty and **more than half** of households in poverty have at least one child aged **0-4 yrs old**. – **WG**
- 25% of parents cited in Children in Wales's latest annual poverty survey said their children miss school because of costs - CIW
- 22% of parents surveyed by HSC said they don't have enough income to cover their essentials - HSC
- Around 1 in 10 children are materially deprived - WG National survey
- In the next 4 years, Wales's child poverty rate is set to rise to 34% - JRF
- Paid parental leave is associated with better maternal and child health, linking to lower rates of maternal depression, more breast-feeding and more use of preventive health care. – Marmot Review
- Because of the negative longer term and overarching effects poverty and poverty related issues can have on children, in many ways, poverty is an example of an adverse childhood experience.

# Key Priority 3: Poverty

## Positives

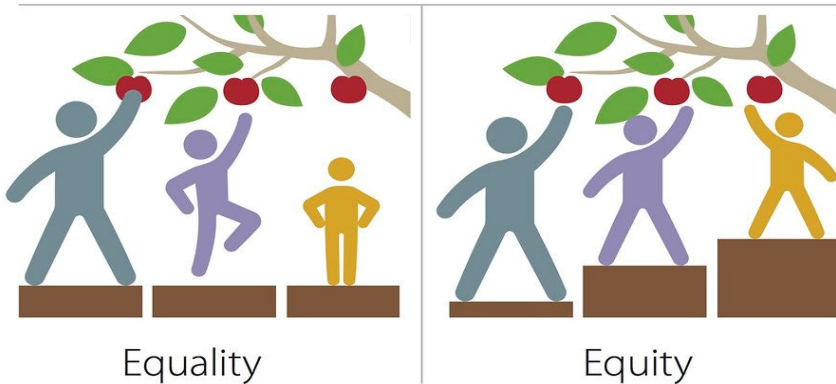
Acknowledgement in the strategy narrative around the impact of poverty on mental health, and intentions set around intersectional thinking where poverty is a key overlapping layer to overall mental health and wellbeing.

Commitment to drive improvements in mental health and wellbeing around the Marmot Principles in the strategy, and, to hear of Welsh government's commitment to becoming the world's first Marmot nation.

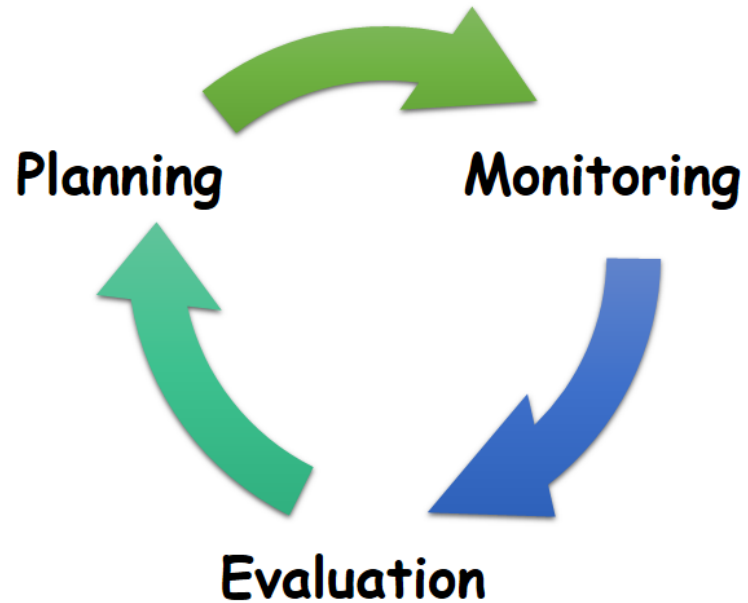
## Next Steps:

Poverty did not feature strongly within the strategy. Additionally, there is noticeable lack of detail around addressing poverty related mental health and wellbeing issues within the delivery plan commitments.

Cross-government, cross-party collaboration will be vital to ensuring delivery on child poverty aims are achieved with holistic thinking. With Mental load and mental health being a focus area for Wales's child poverty strategy, commitments to joining up approaches for improving outcomes for children is an area that needs heavy consideration.



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## Key Priority 4: Monitoring & Measuring Progress

We welcome the commitment to establish and monitor cross-Government indicators to track progress of the strategy and the delivery plan on a population and programme level. We also welcome the commitment to use the information gathered from these indicators to inform policy impacting wellbeing and mental health.

It is also useful to see in the delivery plan how Welsh Government will realise this commitment, as well as by whom and by when.



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# Key Priority 4:

## Monitoring & Measuring Progress



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It would be useful to learn how other indicators will be developed to add to those included in the strategy, and how children and young people's voices will be considered as those additional indicators are established.

- For example, Welsh Government must ensure that indicators account for particular groups of children and young people who might not be captured by current indicators, whether by using the indicators listed in the strategy or by establishing new ones.

We would also welcome more information on the following:

- How will the Minister ensure that the Joint Ministerial Assurance Board has representation from different government departments and divisions to ensure that the Board's work is cross-Governmental, particularly when developing policy on children and young people's wellbeing and mental health?
- How will Welsh Government embed learning from these indicators into the development of policy impacting mental health and wellbeing, as noted in the strategy?
- Will data gathered by these indicators be publicly available?

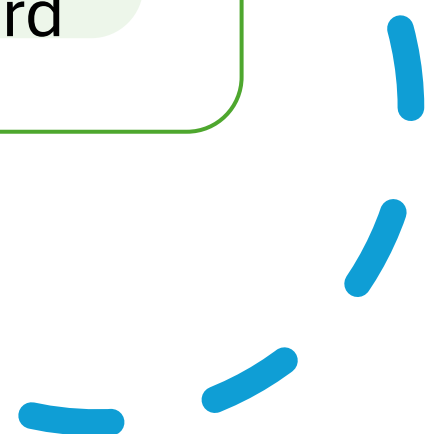
# Points to consider

How will babies, children and young people see themselves in the strategy

How will babies, children and young people be engaged in the delivery plan and ensure their voices are heard



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## NYAS Cymru Trust Us to Care Campaign Research

- **3 in 4** young women who did not struggle with their mental health before their child was subjected to child protection, developed mental health issues during or shortly afterwards. Young women tell us there is not enough mental health support for care-experienced mothers.



“Social services really made my stress levels high, especially in the last 3 months of my pregnancy. I was worried that they’d use anything against me and felt like I couldn’t do anything right which made me anxious.”



# Highlight on service delivery

## Supporting Care-experienced Young Mums: NYAS Cymru Project Unity Service

Care-experienced young women and girls are **disproportionately more likely** to face child protection proceedings or have their baby taken into care.

Project Unity aims to break this cycle of intergenerational care and discrimination through enabling and empowering girls and young women to aim to safely parent their baby, child or children.

Project Unity provides one to one emotional and practical support to care-experienced girls and young women as they try to navigate care and child protection proceedings in relation to their pregnancy, baby, child or children.

The service was set up in 2020 and is funded by Welsh Government until 2026.





# Highlight on service delivery

Home Start Cymru

- Working with partners across Gwent, Wales's first official Marmot region, to support children and families living in poverty to achieve key developmental milestones and be ready to thrive when they start school.
- Working with families and Early Years professionals, focusing on co-creating new, innovative approaches to close the developmental gap.
- Energised by the prospect of Wales becoming the world's first Marmot nation and welcome collaborative discussions around how we achieve this.

# Key messages



- ❑ A clear and consistent leadership to deliver on commitments with urgency and long-term funding.
- ❑ Putting lived experience at the heart of change, and making sure support reaches the people who need it most - particularly those living in poverty, and marginalised communities.
- ❑ Develop a clear strategic response to rising mental health need among babies, children and young people by prioritising their needs.
- ❑ Develop a specific delivery plan to improve access, experiences and outcomes for babies, children and young people's mental health
- ❑ Ensure that the voices and lived experiences of babies, children and young people always guide direction of travel. They have a right to form part of developments that will ultimately impact directly on them.
- ❑ Increase investment in early support for babies, children and young people, particularly those who currently fail to access services, and ensure that any new models of care acknowledge and address their particular needs.
- ❑ Remove the trauma of young people moving to adult services through improved care and treatment planning and removing the age-based decision-making system currently in place.
- ❑ Use the statutory duty around the new curriculum and the whole school approach to mental health to provide non-medicalised information and joined-up support to all children and young people.