Draft mental health and wellbeing strategy

General information

Your name (optional):

Angela Rogers

Organisation (if applicable):

WAHWN Ltd (Wales Arts Health & Wellbeing Network)

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:

info@wahwn.cymru

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?

This is an ambitious vision and although we support the aspiration there are also key issues that are not included within this statement:

- Workforce needs to include allied support staff, to include artists working in mental health settings. Training and support for the workforce needs to be integral to the statement.

- NHS Workforce needs to be supported in a range of ways, not just through clinical approaches, to include evidence-based creative methods.

- Emphasis needs to be placed on prevention and early intervention, not just on recovery. This needs to focus on co-production and social prescribing, to include creative prescribing. There is an opportunity for the arts to help transform and innovate early intervention and prevention approaches. Link to Bevan Commission People-Place-Health Report which highlights the profound challenges our health system is under and the need for continuous innovative and transformative models preventing people falling ill and enabling them to manage their own well-being. People-Place-Health-Final-1.pdf (bevancommission.org) (Sept 22)

- Sustainable services need to be offered in the community, which requires strategic long-term funding.

- In order to ensure that everyone has the best mental health we need to pay special attention to people as they transition through services: young people into adult services; psychiatric care and hospitals into community; women and children from refuges into community. Transition and integration needs to be identified in the statement.

- The statement should include something about access – how will the strategy support people who currently cannot access services due to barriers such as expense, travel, lack of safety.

- The statement also needs to make clear that there is a difference between the role and responsibilities of statutory services and the potential power of communities to support this work, who are often working without the financial resources required.

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?

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?

Clarity about who this is for

- 'People' is not specified in terms of 'whose' mental health - something in here needs clarifying otherwise it is ambiguous - are 'people' staff, all people?
- Professionals also need to have the right resources to carry out this work, including time, budget and access to community assets.

Eradicate stigma through education
- We need more education in schools and general community to address lack of knowledge, fear and prejudice.
- We need to address the societal stigma and barriers to taking responsibility and action to improve and maintain good mental health and wellbeing.

Population-level education about maintaining Mental Health and wellbeing
- We need to acknowledge that people don't always have the capacity, confidence or ongoing support within their lives to act on skills offered to improve their own mental health and wellbeing.
- Many people are just surviving from day to day and don't have time to take part in wellbeing activities (in a physical or mental sense), particularly as we still experience the cost of living crisis, the ongoing climate crisis, international wars.
- Knowledge - how do individuals find out about opportunities? There is still lots of work to do here. Hopefully Public Health Wales' Hapus national conversation will support this.
- A range of communication is needed to address those with low literacy, few social connections or have access to online services.

Seeking help for Mental Health
- Confidence is a key word here – how can the strategy help to give permission/confidence to seek support?
- Knowledge needs to be accessible for all needs, acknowledging that some people need extra support to be able to take action, and this needs to be in place in order for everyone to be able to get to that point.
- We are mindful that some people need additional support throughout their lives, (eg people with Learning Disabilities). We would like to be sure that they will receive the support they need and not simply `signpost and educate.`
- An all-age strategy isn't always clear for the general population in knowing where to access. We also need to consider language barriers, literacy skills etc.

Developing and supporting the Mental Health sector to do the work
- Funding is needed to create appropriate opportunities to protect and improve mental health.
- More reference to how Arts Health & Wellbeing/Arts & Culture can support. The growing body of evidence around how the arts are supporting health and wellbeing includes World Health Organisation research which highlights the role of the arts in communicating valuable messages across cultures https://www.who.int/initiatives/arts-and-health
- Further evidence – WHO What Is the Evidence on the role of the arts in improving health and wellbeing Scoping Review What is the evidence on the role of the arts in improving health and well-being? A scoping review (who.int)

- Addition around how we can support the national conversation using (pre-existing) arts and cultural resources such as Cultural Cwtsh.
- In a vulnerable economic climate, we need to ensure the benefits of arts interventions are valued alongside medical interventions.

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?

VS1.1 Strengthen our knowledge and understanding of what works to protect and promote mental health and wellbeing and what works to protect against the development of mental health conditions. This will include 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.

Training and education to increase knowledge and understanding

- Opportunity to embed key messages and CPD within healthcare professional training – this needs to be embedded, not an add on. We would like to see creative guest contributors. This could build on WAHWN/HEIW film on VITALS platform for health professionals. Link to HEIW film The Benefits of Arts in Healthcare **https://heiw.nhs.wales/news/the-benefits-of-art-in-healthcare/**
- Evidence: The HARP (Health Arts Research People) Programme examples of projects - including racism in healthcare settings.
- There is a vast body of evidence that proves the impact of arts interventions across the lifespan: https://www.ucl.ac.uk/epidemiology-health-care/events/2023/mar/arts-and-health-across-lifespan
- Launch a national award for arts and health good practice to raise the profile and understanding. This would build on NHS Awards – Swansea Bay UHB Sharing Hope project and Hywel Dda UHB for Art Boost project.

Include evidence-based, non-clinical approaches, therapies and activities for prevention
- Baring Foundation Review – Arts for Severe Mental Illness provides an overview of the ways in which the arts are supporting mental ill health

https://wahwn.cymru/knowledge-bank/arts-and-creativity-for-severe-mental-illness

- Aneurin Bevan University Health Board Transformation Project – working with existing provision and delivered through creative methods supporting health and wellbeing outcomes https://wahwn.cymru/knowledge-bank/abuhb-iceberg-arts-report
- Hywel Dda University Health Board Art Boost – collaboration between Specialist CAHMS and arts partners to support young peoples' mental health **https://hduhb.nhs.wales/healthcare/services-and-teams/arts-and-health/current-projects-accordion-folder/arts-boost/**
- What Works Wellbeing – How and Why Does Creativity Support Wellbeing – a scoping review of existing evidence and recommendations from UK and internationally evidencing a range of creative activities positively affecting wellbeing outcomes. How and why does creativity support wellbeing? New learnings - What Works Wellbeing

Representation from underserved groups
- Imperative to have individuals from these underserved groups on the decision making boards instead of those in power dictating those who are not privileged.
- Using communication styles and processes that match the groups and communities you want to speak with, eg Race observatory findings: https://www.nhsrho.org/research/mapping-of-existing-policy-interventions-to-tackle-ethnic-health-inequalities-in-maternity-and-neonatal-health-in-england-a-systematic-scopin

VS1.2 Improve mental health literacy by building on the advice already available for the public on managing thoughts and feelings. Communicate, in a culturally sensitive way, the latest evidence on protecting and promoting mental health and wellbeing.

Using the arts to support promotion and communication
- WAHWN has a membership of over 870 people/organisations – this is a direct and effective way of reaching, promoting and sourcing experts in creative communication approaches.
- Work with diversity led organisations to identify culturally sensitive ways to improve health literacy. Recognition that in some communities, deep rooted stigma exists. Finding meaningful ways to initiate dialogue in these communities, so that communication is 2-way.
- Work with film-makers, illustrators and storytellers to produce messages with and from diverse communities so there is good representation.

VS1.3 Launch a national conversation on mental health and wellbeing. The national conversation will encourage people to consider what works for them and to encourage and inspire others to take positive steps to protect and improve their mental health and wellbeing.

The art of dialogue and listening

- We welcome the Public Health Wales Hapus national conversation, which acknowledges the role creativity has in supporting mental health/wellbeing.
- Seeing good collaborative and partnership approach from Public Health Wales to roll out the national conversation, but resources for creative interventions needs to be embedded, eg Cultural Cwtsh.
- We would like to see webinars/in-person/creative activity to allow people to engage, inspire and respond.
- Is the 'national conversation' going to be accessible to all or just to those that the government wish to hear from?
- What are the mechanisms for listening to the nation? Who is listening? How is what's being heard influencing and effecting the way that services are being monitored and developed? We would like transparency on this process.
- When any of us has a Mental Health need, a website or online resource will rarely meet that need. It requires too much emotional labour. If the approach is person-centred, it requires resource for individuals to have direct contact with other humans/professionals.

Sharing Stories of lived experience

- How will individuals know what works for them if they have not had access to techniques and therapies that are not offered on the NHS pathway?
- Use the arts to help individuals tell stories about what works for them, and this can be shared to wider audiences.
- Ensure representation within storytelling eg Men are statistically less likely to engage in activities to look after mental health and wellbeing. https://baringfoundation.org.uk/resource/creatively-minded-men/
- The arts has lots of rigorously evaluated creative methodologies that share people's stories, including work by People Speak Up with older and younger people and those living with cancer; The Lullaby project by Live Music Now working with mothers experiencing perinatal mental health issues; and Re-Live Theatre working with older people with dementia; older people and also veterans. Sharing human experience through the arts is a very powerful catalyst for social awareness, cohesion and transformation. Re-Live life story organisation Coming Home film Coming Home to the Arts | Wales Arts Health & Well-being Network (wahwn.cymru)
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VS1.4 Build on current action to address mental health stigma both amongst the public and within services.

- The stigma around mental health has changed a lot and although we still have a long way to go to eradicate it, it is vital to celebrate how far we've already come in the last 20 years.
- We need to use creative interventions to inspire confidence to advocate and create platforms to give voice to those who can address mental health stigma.
- We need a holistic promotion of physical health, emotional health and mental health as equally important and ongoing processes rather than reactive

solutions that focus purely on mental health as something separate from the other areas of our human experience.

- Celebrate best practice: consider a Wales Award for initiatives that fight mental health stigma to shine a light on exemplary practice.

VS1.5 Work to increase the knowledge, opportunities and confidence of the frontline workforce to support their own mental health and wellbeing and of those they come into contact with.

Organisational support for frontline staff

- Change the culture - key messages for staff around 'thriving' not just surviving.
- Staff need protected time and earmarked budget to support their own wellbeing.
- Creative interventions can help - Arts & Health Co-ordinators in the health Boards are doing some great work to support staff wellbeing but they need more funds to arrange more activity and opportunities for all. Example – Swansea Bay UHB Sharing Hope programme. Wellbeing project Sharing HOPE scoops top honour - Swansea Bay University Health Board (nhs.wales)
- Invest in a pool of wellbeing facilitators for frontline workers in each region; offering 1-1 support and group sessions.
- Invest in a pool of wellbeing champions across each region for NHS and social care staff and help decrease stigma for those reaching out for support
- Creative Connections events – WAHWN organised 2 online arts events for over 100 third sector Community Connectors, which had high levels of wellbeing benefit for the staff, as well as encouraging them to refer to creative health activities for their clients. This is a model which could be replicated for all mental Health staff in there was budget for it.
- Health Board staff development could be linked with local cultural initiatives eg Hywel Dda UHB worked with arts venues to arrange free/reduced price tickets to venues for NHS staff.
- Arts programmes can be used to help with staff retention eg The Body Hotel has run movement programmes in a range of health settings to ameliorate compassion fatigue and prevent staff burnout. https://nhswalesleadershipportal.heiw.wales/thebodyhotel

VS1.6 Embed the national framework for social prescribing in a way which meets the needs of all communities.

Focus on priority communities based on need and equity of access

- It is not possible to meet the needs of ALL communities. Instead, we need to encourage a culture of continual openness to awareness of shortfalls and failures, and use this to inform our growth.
- The Fail Space Toolkit – how can we embrace failure as a useful tool for learning? Centre for Creative Value FailSpace toolkit - Centre for Cultural Value
- Community Connectors – there are different approaches in different counties, different staff titles, funding streams and ways of working; counties

take a different approach to monitoring and collecting data, and therefore unless the operational side of things becomes centralised and nationalised, it is impossible to provide the same service across Wales.
- There are some good models for how the arts can be integral to social prescribing eg Hywel Dda UHB's Creative Prescribing Discovery project; including training for GPs and Community Connectors

Build pan-Wales, solid operational procedures and systems
- There needs to be money following prescriptions, as well as a system for patients notes.
- We need a much more co-ordinated approach across Wales.
- Some health boards are using Elemental to track patients through services, but this is not consistent across Wales.
- Dewis is used as an online signposting platform, but now Public Health Wales will also have something similar for mental wellbeing specifically as part of the Hapus campaign. There is a lack of clarity and cohesion in this approach.

Include the Arts and Health sector as partners
- Arts and Health practitioners and other wellbeing practitioners should be employed by local health boards at GP practice level.
- We should not put this solely on the shoulders of GPs to know this field and encourage the inclusion of Arts and Health & also wellbeing practitioners onto their staff teams.
- Maybe forums with artists/arts organisations and NHS leads to plan.
- There is potential for a GP arts on prescription special interest group. This has been piloted in England and is getting good traction. It's a great way to share approaches and best practice.
- Training for GPs and other health staff in Arts and Health - HEIW The Benefits of Arts in Healthcare film, and training module.
- Training for medical students in the benefits of Arts, Health & Wellbeing
- Enable opportunities for arts sector to share approaches and evidence at health-focused conferences building on the ACW and WAHWN involvement in the Welsh NHS Confederation conferences.

VS1.7 Promote ways (including social prescribing, digital options and alternative channels) to increase the public's knowledge and awareness of local community assets.

Invest in community assets
- Fund community assets adequately. There needs to be an acknowledgment that the arts and heritage sectors have had major cuts in their budgets this year and therefore health cannot rely on cultural assets being available and open to all.
- Assets will not survive if not supported by the government.
- There are not enough community connectors/community navigators in some regions of Wales.

Support people to access their community assets

- There are people who need these assets who cannot access them due to financial barriers.
- Set a budget for Universal Credit applicants, PIP and other benefits to include wellbeing and health activities in their monthly allowances.

Connect and networking for people who manage community assets
- WAHWN Creative health Marketplaces and Creative Connections events - bringing health, third sector and arts together, working to build connections and cross-sector working. These are organised in locations across Wales.
- Improve communication channels to raise awareness - libraries, local arts organisations, community groups can all help share information.
- Should be there one prescribing platform e.g. Dewis? There are several currently and there is some confusion around which to use.

VS1.8 Work in partnership with national organisations from wider sectors, including culture and heritage, the natural environment and sports to reduce the barriers under-served communities face in accessing community assets.

Funding to support sustained partnership work with non-statutory services
- More funds/better use of available funds to engage with under-served communities effectively giving them a voice through creativity. Marmot Review 'Fair Society Healthy Lives' highlighting how engaging in the arts supports improved integration. Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org)
- Fund experienced and ongoing projects such as Coed Lleol.
- Levelling Up/SPF funding has led to an increase in cultural programmes across Wales, but this is fixed term funding. Who will maintain the 'level' or provision after the funding ends?

Build strategic, long-term partnerships
- Successful models of pro-active MOUs between ACW/Welsh NHS Confed and ACW/Natural Resources Wales. These are having strong impact on the range of work that is being delivered and the range of people that are being engaged. This innovative and first of its kind approach is highlighted in the Lancet 'The Arts in Public Health Policy' . Quote "This memorandum is one of the most concrete commitments we found, both in terms of the intersectoral approach and the specific investment and action". https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(22)00313-9.pdf
- ACW/Welsh NHS Confederation MOU has led to new roles for Arts in health Coordinators in every health board; an evaluation of the impact of Arts in Health Coordinators has been published; a new lottery funding strand for Arts, Health & Wellbeing; a senior-level Programme Manager at ACW to lead on Arts, Health & Wellbeing work.
- ACW/NRW MOU has led to a new funding stream for nature and climate related work; Natur am Byth programme is working with 9 environmental charities addressing wellbeing and climate.

- Are there opportunities for more national MOUs around mental health and wellbeing?
- Create spaces for connection – professional groups and individuals, such as the Creative Health Marketplaces.
- Models such as 2025 Movement in North Watson are breaking new ground in working across the community to address health inequalities in innovative and creative ways.

VS1.9 Implement a life-course approach to protecting and promoting mental wellbeing, for example, strengthening public and professional understanding of the importance of parent-infant relationships, infant mental health and other key developmental periods such as adolescence.

Balance between education and empowerment
- Avoid a prescriptive notion of 'what is best' interfering with the right to freedom of family life and rights of the child etc.
- Problems in health professionals being under-trained to make assessments when implementing this vision compared to building trust and support.

Focus on interdependent networks in communities
- We need more advocacy and creative interventions to help people safely explore the topic of mental health and find their confidence and voice.
- Build communities to work as extended families by offering financial incentives to those who help neighbours with childcare, social care, etc.
- Invest in ensuring that teenagers feel that they are an important part of their communities,
- Value the input of Older People across the community – models such as the Older People's Network in Denbighshire need to be celebrated more widely.
- Intergenerational work to build connections across the community.
- Not one size fits all.

Creativity across the life-course
- Integrate the arts and creativity across the life-span – a longitudinal study at UCL has demonstrated that there are significant health and longevity benefits to engaging in the arts throughout our lives https://www.ucl.ac.uk/epidemiology-health-care/events/2023/mar/arts-and-health-across-lifespan
- Create and develop healthy sustainable places & communities- this needs to address social capital and associated confidence in participating in co-creating health places and communities.

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?

There are already good cross-sectoral links in the government, however long-term planning outside of government terms/timeframes does not happen in a joined up cohesive way pan-Wales eg social connectors, Local Authority social services and Health Board NHS teams. Therefore, we think this Vision Statement needs to include a statement that says how the cross-government model can be cascaded into the mental health sector.

Arts and Mental Health

- Cross Party Group on Arts and Health – this has been running for many years, but there is always a limited number of politicians who attend this. It sometimes feels more like a talking shop – talking 'at' politicians rather than discussing 'with' them - than a space for developing shared actions.
- Outside of the government there are many excellent national-level models for cross-sectoral work, eg Public Health Wales have worked closely with ACW and WAHWN (and others) to develop Hapus, the national conversation around mental wellbeing.
- ACW sits on, and feeds into the Wellbeing Partnership Board.
- ACW was part of the Social Prescribing Framework Task & Finish group, as well as feeding into the Mental Health Strategy development.
- Can Arts & Health/ Arts & Culture be stated on the measurables in order to report on the impact?

Communication and Collaboration

- Need more joined up communication and support between services and across government, there is still a huge gap in this area.
- Creative Health Marketplaces are excellent examples of how cross-sector networks can be effective on a local and regional level. They are vibrant, dynamic spaces for communication and dialogue.
- It needs to be clear how the government will be held to account through transparent communication throughout the duration of the Strategy.

Working with Statutory Services

- The lack of funding in schools means that current mental health and wellbeing support in schools is under threat - some Local Authorities have already sent letters stating this to parents.
- CAMHS has incredibly long waiting lists in some areas. We have evidence from Arts & Minds projects and other trials at UCL that the arts can be a highly effective intervention for supporting young people as they wait for clinical appointments. This is especially important when a young person is in an extreme level of crisis and has no early intervention resource. Arts & Minds funding has been provided by ACW & Baring Foundation to all Health Board regions, there is a minimum of 3 years funding, with some joined up approaches across Health Boards. This could be used as a model of best practice for cross-sectoral approaches to mental health.

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

- what mental health policy can do (question 4b)
- 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?
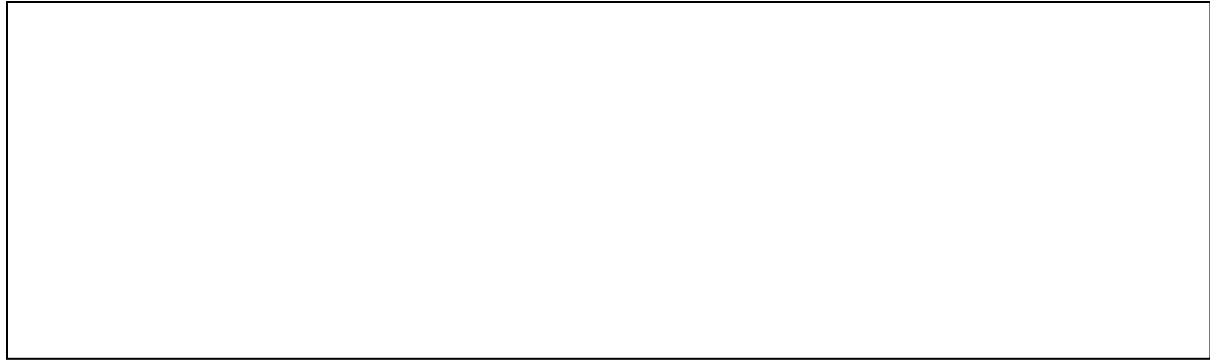
Question 4d

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?

Although we agree with the overall vision, again, there is a huge gap in linking systems and support, which is not referenced in the statement. As there is also no funding attached to the Mental Health Strategy, it is unrealistic to assume that a system will become 'connected' with the financial resource to facilitate this.

A Connected System
- Joined up approach to platforms and operating systems is needed to ensure the easy sharing of information e.g. Dewis, Elemental - breaking down confusion about which system to use.
- Hapus – how does this link with Dewis? Needs early planning conversations to link sites and systems, and then very clear signposting so people know where to go to find relevant information.
- Quite some way before there is parity across postcodes; current provision is too dependent on Local Authority and Health Board resources; centralisation of delivery could be considered; cross-county.
- Ensure there is consistent training around assessments and data gathering so that it is joined up and coordinated. Also consistency across Wales in the data that is monitored, collected and reported.

- GPs need to be onboard with the range of social and creative services that tackle Mental Health. The use of locum GP's that are unaware of services is an issue.
- Recommendations from NHS Confederation around mental health inequalities include there should be coherent cross-sector and cross-government action to tackle mental health inequalities, including addressing the social determinants of mental health.
- Advice services should be co-located in mental health settings, so that people can receive the right support at the right time and the root cause of their problem can be dealt with appropriately.

Appropriate Level
- 'Appropriate level' is really important. Different people have different needs: there is a need for gentle, light-touch support to sustain improved mental health or more social support, as well as more pressing needs.
- The highest level of impact needs to be achieved – quality not quantity – can we communicate the impact of interventions on individuals eg People Speak Up uses storytelling to share participant's lived experience and transformation through arts interventions. Evaluation models like Most Significant Change and other are humanistic approaches are vital to ensure a person-centred approach.
- Mental Health Inequalities needs to be at the heart of this vision statement – we need to address WHY people do not have the appropriate level of support for their Mental health currently. The MARCH Network evidence of barriers and enablers from over 7000 individuals **https://assets.ctfassets.net/qh92njlzsof9/5L4IBsUQ1XteIqjD79j10h/cea557b43 89b7334897d5949dd1e9f85/Improving_Access_to_the_Arts_-_MARCH_Network.pdf**
- Asking for help – it is difficult to navigate where to reach out to help from
- Social Prescribing – there are not enough community connectors/navigators in some regions of Wales – it's patchy and this is an issue if we want to reach under represented communities.
- Local health practitioners need retraining in the value of allied, non-clinical approaches such as arts in health, which can be used for prevention and early intervention on a wide scale, as well as a non-clinical approach to recovery.
- Crisis support: support when families are at crisis point right now is very slow and can make the situation feel worse (eg awaiting CAMHS referral etc).

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?

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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?

'First time without delay' is the ideal situation to make a real difference to people. But the system is so far from achieving this now - big changes need to happen within the system to achieve this in 10 years.

- Training for health professionals in a trauma-informed, person-centred approach. Don't assume people know how to work in a person-centred way.
- Resources for staff to be able to work in this way – person-centred approaches require more time for 1 to 1 work.
- To be person-centred, prevention rather (or alongside) to medication is key.
- Essential to work with other non-clinical professionals in a co-productive way to achieve this.
- The arts can support 'seamless pathways' really well - as an introduction to self-initiated / self-sustained wellbeing support or links to social communities (examples - Cwm Taf Morgannwg UHB referral programme into community assets after leaving hospital and Cwm Taf Arts & Minds programme). Engaging in creative arts has been associated with stress reduction, improved mood, and increased self-esteem. The healing power of Creative Arts on our health and wellbeing - Cwm Taf Morgannwg University Health Board (nhs.wales)
- Needs an operational system that is consistent in every county & Health Board region, especially important when organisations are working across county boundaries.
- And the approach has to address the 'drop off' when a Young Person reaches 18 – which can currently feel like 'no-man's land' and an insurmountable challenge to get support.

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?

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?

- **Digital and Technology**

- We need to return to in person therapeutic intervention by live video if necessary but not as digital programmes such as digital CBT.
- Appropriate and consistent digital systems for data capture need to be set up to ensure that consistency in reporting can be done across Wales.

- **Data capture and measurement of outcomes**

- Data capture needs to be non-identifiable.
- Consultation on the sharing of personal data.

- Unconsented sharing of personal data to be taken seriously, not just slaps on the wrist and 'retraining' but legal implications for any health worker who deteriorates trust.
- Training available for all in data capture and measurement of outcomes so we all practitioners understand how best to measure the impact of their interventions.

o **Supporting the mental health workforce**

- Mental health workforce needs regular assessment and support.
- Promote a guilt free environment/paid time for Mental Health practitioners to look after their own wellbeing.

o **Physical infrastructure (including the physical estate of services)**

- Funding for capital/public art commissions to enhance healthcare settings. Positive experience for patients and visitors e.g. The Grange Hospital, ABUHB The Grange University Hospital | Projects | Studio Response (studio-response.com) and the Y Bwthyn MacMillan Palliative Care Centre CTMUHB Willis Newson | Y Bwthyn Macmillan Palliative Care Centre
- Arts and design to be integrated at initial stages for all major capital development projects.

o **Science, research and innovation**

- Trickle down of research needs to stop trickling and to step over to therapeutic techniques that work.
- Outdated therapeutic models need to be scrapped eg electric therapy, TA, electronic CBT. Plenty of science, not enough health professionals understanding best practice.
- Research funding to undertake trials to gather robust evidence of impact of non-clinical approaches to improving mental health and wellbeing on a population-wide level.

o **Communications**

- Take advantage of networks (e.g. WAHWN) as a communication channel to distribute news, training, sector updates and opportunities.

The strategy overall

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?

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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?

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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.