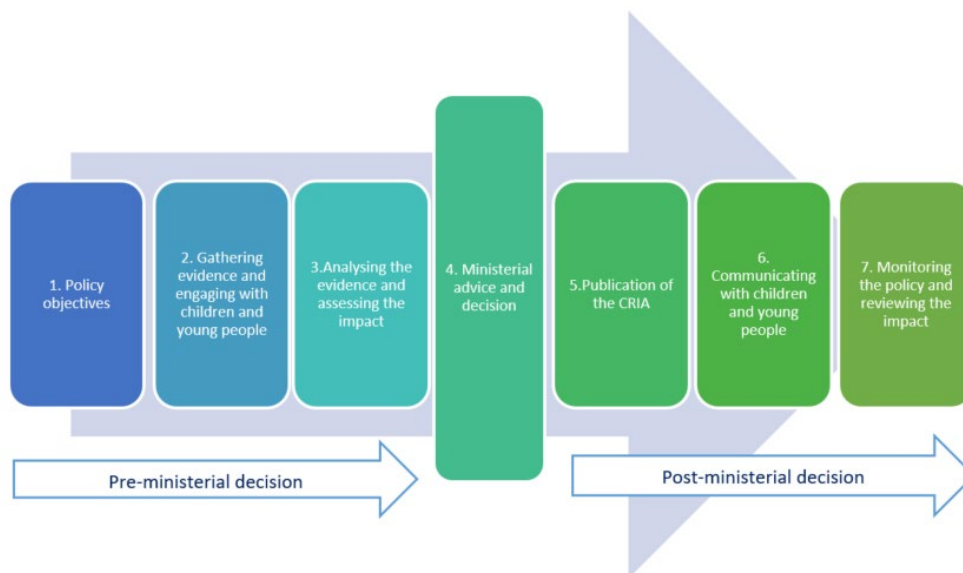


Draft mental health and wellbeing strategy: children’s rights impact assessment

All completed Children’s Rights Impact Assessments must be sent to the CRIA@gov.wales mailbox.

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on the Welsh Ministers to pay due regard to the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) and its [Optional Protocols](#) when exercising any of their functions.

The CRIA process is the agreed mechanism officials should use to support Ministers to meet this duty and ensure they give balanced consideration to children’s rights in their decision making. A CRIA should be used to inform ministerial advice and must be completed prior to a ministerial decision being made. Once a decision has been reached, your CRIA must also be published.



For further advice and guidance on the CRIA process, please consult the [Children’s Rights Manual for Staff](#) or contact the Children’s Branch CRIA@gov.wales

Policy objectives

- **What decision are you impact assessing?**

The development of a new Mental Health and Wellbeing Strategy for Wales, which is being published for public consultation in February 2024. This is an all-age strategy, and so includes babies, children and young people. The new Mental Health and Wellbeing Strategy is the successor to the Welsh Government's previous ten year strategy for mental health – [Together for Mental Health Strategy](#).

To note: This is a Children's Rights Impact Assessment specifically for the new Mental Health and Wellbeing Strategy. However, other key Welsh Government policies that underpin the strategy also have their own impact assessments and have been used to inform the development of the strategy. These Impact Assessments will also have been developed through ongoing engagement with children and young people. In addition, a separate Children's Rights Impact Assessment has been drafted for the Suicide and Self-Harm Prevention Strategy, which has also been published for consultation by Welsh Government.

Mental health is one of six priority areas identified in the General Comments made by the UN Committee on the Rights of the Child and their Concluding Observations June 2023 [Report](#)).¹ The Mental Health and Wellbeing Strategy makes specific reference to these Concluding Observations, stating that: An ongoing focus on the individual articles of the UNCRC and the recommendations in the UN Committee on the Rights of the Child Concluding Observations 2023 [Report](#), is critical.

The new Mental Health and Wellbeing Strategy provides the strategic direction for mental health policy in Wales for the next ten years (2024-2034). It directly relates to Article 24 of the UNCRC: Every child has the right to the best possible health and to healthcare services that will help them attain this, including mental health.

The new strategy will support a focus on children's rights. It is underpinned by four vision statements and a set of core principles – aimed at driving improvements to the health and wellbeing of the population of Wales, and the delivery of mental health services.

Vision statement 1: People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing.

This Vision Statement sets out how we will give people opportunity to take action to support their own mental wellbeing and that of their communities. We define mental wellbeing, which is an important element of establishing a shared vocabulary for mental health, and part of avoiding over-medicalisation. Whilst this is a population level approach, this section is clear that some people need more help and support than others and addresses this. (Babies, children and young people will need structures and support to enable and empower them to take action.) The actions in

¹ [UNCRC-Concluding-Observations.pdf \(niccy.org\)](#)

this section are centred around the core aims of promoting positive mental wellbeing, improving access to wellbeing promoting activities, and further strengthening our understanding of what may protect against mental health conditions and poor wellbeing. Taking a rights-based approach and ensuring people are aware of (and are supported to realise) their rights is key.

In terms of a rights-based approach for children and young people, this is defined by the Children's Commissioner in [The Right Way: A Children's Rights Approach](#) in Wales and is underpinned by five (The Right Way) principles:

1. Embedding: Putting Children's Rights (UNCRC) at the core of planning and the delivery of services for children and young people.
2. Equality and Discrimination: Ensuring that every child has an equal opportunity to be the best they can be and that no child has to endure poor life chances due to discrimination.
3. Empowering children and young people: Giving children the knowledge and confidence to use their rights and hold organisations and individuals that affect their lives to account.
4. Participation: Listening to children and taking their views seriously (as guaranteed by Article 12 – UNCRC).
5. Accountability: Organisations and individuals should be accountable to children for the decisions and actions which affect their lives.

Vision Statement 1 – What this means for the person: I will have a better understanding of mental health and wellbeing. I will know how to improve my wellbeing and prevent poor mental health, with easy to access information and opportunities to participate in activities which promote and protect my wellbeing. I will know what my rights are and how to claim them.

Vision Statement 1 will help to support the following [The Right Way Principle](#):

Empowering children and young people: Giving children the knowledge and confidence to use their rights and hold organisations and individuals that affect their lives to account.

Vision statement 2: There is cross government action to protect good mental health and wellbeing.

In this part of the strategy, we highlight the wider determinants of health that impact our mental health and wellbeing. These can be social, environmental and economic. This section looks to capture the work that is taking place to drive improvements in these wider determinants, that will then have a positive impact on mental health and wellbeing. The chapter is a way of recognising that many of the key ways in which we will improve mental health sit outside the actions of this strategy. It draws attention to the wider work that is happening. Cross Government action is framed

within the context of the Marmot Principles, which are focussed on giving every child the best start in life; enabling all children, young people and adults to maximise their capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; and strengthening the role and impact of ill health prevention. A focus on these core principles will support the cross-government embedding of children's rights. The individual policies and programmes supporting delivery of the Marmot Principles will also have considered children's rights impacts.

Vision Statement 2 – What this means for the person: Actions will be taken forward across a number of different policy areas to help protect my mental health and wellbeing. I will have access to support and help for the things that concern me most. For example: I will have a safe, warm home. When I reach working age, I will be able to access and retain employment.

Vision Statement 2 will help to support the following [The Right Way Principle](#):

Embedding: Putting Children's Rights (UNCRC) at the core of planning and the delivery of services for children and young people.

Vision statement 3: There is a connected system where all people will receive the appropriate level of support wherever they reach out for help.

Our overall goal is to ensure people get support from a joined-up service that is easy to access and easy to navigate.² Services should actively support people to find the right help, in the right place, at the right time. We are aiming to have a connected system³ in place and make sure the people who provide services have the confidence and knowledge to engage with people who need mental health support, aligned with the principles of the [Trauma-Informed Wales Framework](#). This section also acknowledges that the current means of accessing mental health and wellbeing support has room for improvement and does not always work as a connected system. Children, young people and their families tell us they experience being “bounced between” services or being told they have come to the wrong place for support or that they have to repeat their background and story multiple times.⁴ Having listened to what people have told us and in response to these issues, Vision Statement 3 highlights we have co-produced, with young people and families, the [NYTH/NEST Framework](#) for implementing a connected approach to mental health and wellbeing services for babies, children, young people and their families.⁵

² This is sometimes referred to as a “whole system approach”.

³ [No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)

⁴ [No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)

⁵ The acronym of Nurturing, Empowering, Safe and Trusted was created by young people and stakeholders during our co-production sessions and sets out the core values they want in mental health services. [NEST framework \(mental health and wellbeing\): introduction | GOV.WALES](#)

Vision Statement 3 – What this means for the person: Wherever I am, people and services will have a better understanding of mental and emotional health, and they will know what they can do to help. This includes in my school, where I access higher or further education, and my workplace.

Vision Statement 3 will help to support the following [The Right Way Principles](#):

Embedding: Putting Children’s Rights (UNCRC) at the core of planning and the delivery of services for children and young people.

Equality and Non-Discrimination: Ensure that every child has an equal opportunity to be the best they can be and that no child has to endure poor life chances due to discrimination.

Participation: Listening to children and taking their views seriously (as guaranteed by Article 12 – UNCRC).

Vision statement 4: There are seamless mental health services – person-centred, needs led and guided to the right support first time, without delay.

This Vision Statement is about mental health services, and sets out our aim for more people to receive mental health support in the community, to provide a broader range of alternatives to admission to hospital, and to ensure in-patient provision is therapeutic and recovery focussed. This section of the strategy sets out the context of current services and the actions that need to be taken to develop an evidence-based, person-centred and rights-based mental health system. It highlights a number of areas where action needs to be taken, focussing on early years of life, primary care, community services, crisis / out of hours care, and co-occurring conditions. This is about providing access to quality, evidence-based mental health services to everyone who would benefit from them, and for those services to be outcome and recovery-focused with a priority for those with serious and enduring mental health conditions.

Vision Statement 4 – What this means for the person: I will know where to go when I need help and what type of support I need – but support will be connected and will help me get to the right support if I can’t find it for myself. When I need mental health services, they are easy to access, in therapeutic environments, compassionate, culturally appropriate, trauma-informed and consider my wider needs. Services are recovery focused – whether provided in the community or within hospitals. When decisions are made about me, what I have to say is taken seriously and helps shape the support I receive.

Vision Statement 4 will help to support the following [The Right Way Principles](#):

Participation: Listening to children and taking their views seriously (as guaranteed by Article 12 – UNCRC).

Equality and Non-Discrimination: Ensure that every child has an equal opportunity to be the best they can be and that no child has to ensure poor life chances due to discrimination.

Alongside the four vision statements, we have tested, with stakeholders and young people, a number of cross-cutting supporting principles. These are:

All-age focus: we have taken an all-age approach to develop this strategy to ensure we have a system which will support everyone across their course of life and which promotes better integration between services. Throughout this strategy, when we say “people” we are talking about all ages including babies, children, young people and older people.

Person-centred: this means treating people as individuals and as equal partners in their healthcare, being mindful and respectful of their individual needs (including a person’s preferred language), providing any reasonable adjustments to meet needs and providing compassionate care.

Rights-based approach: respecting, protecting and fulfilling the rights of individuals in the care they receive. This includes taking account of the specific rights some groups have, for example children’s rights and disability rights.

No wrong door: so people can present at any point in the system and be guided to the right support without delay and without having to explain their needs multiple times.

Informed by wider determinants of health: this recognises that the economic and social conditions that people live and work in are fundamental to their wellbeing, and that good health, and good mental health particularly, is dependent on a wide range of factors.

Trauma-informed: making use of the [Trauma-Informed Wales Framework](#) to help everyone in Wales understand how trauma and adversity can impact people and their role in supporting those affected by trauma. Its overall goal is to help Wales become a trauma-informed nation.

Equity of access, experience and outcomes without discrimination: ensuring services and support are accessible and appropriate for all. This means understanding the barriers people face, and putting necessary systems in place so that when people get support, there is equity in terms of experiences and outcomes. To achieve this, support and services will need to be culturally and age appropriate and meet the needs of Welsh speakers, ethnic minority people, LGBTQ+ communities, people with sensory loss, neurodivergent people and people who are experiencing poverty. Services will also need to meet the needs of under-served groups such as people with co-occurring substance misuse, people who are care experienced, neurodivergent people, and people who are experiencing poverty and people who are experiencing homelessness. When we refer to ethnic minority people in the Mental Health and wellbeing Strategy we include Gypsy, Roma and Traveller communities, and asylum seekers and refugees.

Evidence-driven and outcome-focused: ensuring actions in the strategy are informed by evidence and they can be evaluated.

Preventative and value-based: ensuring a focus on prevention first, and then doing what is needed whilst causing no harm. This is also about reducing variation in outcomes and experiences for people.

Free of stigma and shame, blame and judgement: tackling stigma and societal views associated with poor mental health.

Gathering evidence and engaging with children and young People

- **What existing research and data on children and young people is available to inform your specific policy? Your policy objective may impact on other policy areas – discussions with other policy teams will be an important part of the impact assessment process ensuring you have gathered a range of information and evidence.**

We have reviewed what the evidence tells us about mental health and wellbeing and children and young people in Wales. Key findings include:

- The number of children and young people experiencing poor mental health is increasing, across the UK. Data for Wales shows that in 2019, girls (11–15 years old) and young women (16–19 years old) were twice as likely to present with crises than boys and young men of the same age.⁶
- Data for Wales also shows that children and young people who live in the most deprived areas have increased rates of crisis events.⁷
- Local authorities in Wales are required to make reasonable provision of independent counselling services for children and young people aged between 11 and 18 on the site of each secondary school that it maintains and for pupils in Year 6 of primary school. Data shows that in 2021/22, 12,522 children or young people received counselling services. Over half of referrals came from school-based and other education staff (56 per cent). Two-thirds of all children and young people who received counselling in 2021/22 were female, while 20 per cent of all children and young people who received counselling were in Year 10. The most common type of issue for children and young people who received counselling were anxiety and family issues. The data also shows that “87 per cent of children and young people did not require onward referral after completion of counselling sessions”.⁸
- Analysis of the Avon Longitudinal Study of Parents and Children and the Millenium Cohort Study have highlighted that children born at the turn of the millennium experienced a “significantly sharper and more persistent increase in emotional difficulties compared to those born a decade earlier”. Analysis of the two cohorts of young people “provides evidence that emotional problems emerge

⁶ [Improving children and young people’s mental health services - The Health Foundation](#)

⁷ [Improving children and young people’s mental health services - The Health Foundation](#)

⁸ [Counselling for children and young people: September 2021 to August 2022 | GOV.WALES](#)

earlier in development in the more recent cohort, and these are especially pronounced for females during mid-adolescence”.⁹

- Analysis of anonymised health and administrative datasets on the Welsh population using the SAIL (Secure Anonymised Information Linkage) Databank has highlighted that children who live with a parent who has depression are more likely to develop depression, and are less likely to achieve educational milestones.¹⁰
- Stakeholders have highlighted that stigma around mental health still exists, reducing equality of opportunity for those experiencing poor mental health.¹¹
- Concerns have also been raised regarding “overly complex pathways into mental health services” and the “often difficult transitions between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services”.¹² Young people in England and Wales experienced the largest deterioration in their mental health as a result of COVID-19.¹³
- After an initial steep fall, NHS data have shown that “referrals to children and young people’s mental health services in the UK returned to above pre-pandemic rates in September 2020 when restrictions eased temporarily”.¹⁴
- Spending time outside, keeping physically active, engaging in creative activities and hobbies, establishing routines, maintaining contact with friends online and being aware of the nature of Coronavirus and how to prevent its spread all helped to reduce the negative mental health impacts of the pandemic.¹⁵
- Of the 8,490 children over the age of 10 in Wales who were receiving care and support in 2020, 14.2 per cent (1,185) had “mental health problems”.¹⁶
- At the end of November 2023, data for Wales show that 338 patients were waiting for a first appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS). This is an NHS Delivery Framework Target. Of those, 301 (89.1 per cent) patient pathways were waiting less than 4 weeks.¹⁷

⁹ [Cross-cohort change in parent-reported emotional problem trajectories across childhood and adolescence in the UK - The Lancet Psychiatry](#)

¹⁰ [Research study evaluates timing of parental depression on risk of child depression and poor educational outcomes - NCPHWR](#)

¹¹ [Review of Together for Mental Health and Talk to Me 2 Strategies: summary \(gov.wales\)](#)

¹² [Review of Together for Mental Health and Talk to Me 2 Strategies: summary \(gov.wales\)](#)

¹³ [Cardiff University Wales Fiscal Analysis \(July 2021\) Covid-19 in Wales: the Mental Health and Wellbeing Impact](#)

¹⁴ [Public Health Wales \(July 2022\) Children and Young People’s Mental Health: Exploring presentation in mental health crisis through routine health care data in Wales](#)

¹⁵ [Public Health Wales \(2021\) Children and Young People’s Mental Wellbeing During the Covid-19 Pandemic](#)

¹⁶ [Measuring national well-being: A report on the national outcomes framework for people who need care and support and for carers who need support, 2020-2021 \(gov.wales\)](#)

¹⁷ [Specialist Children and Adolescent Mental Health Service first appointment waiting times: November 2023 | GOV.WALES](#)

- In 2022, there were 11,142 patients aged under 18 referred for a Local Primary Mental Health Support Services (LPMHSS) and 7,403 LPMHSS assessments undertaken in Wales.¹⁸
- There is a body of evidence regarding the impacts of first 1,000 days of a child's life and the early years on future development, health and wellbeing. As set out in the Marmot Review: "The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status."¹⁹
- A Public Health Wales study of the impacts of Adverse Childhood Experiences (ACEs) on mental wellbeing in the adult population in Wales has shown that the prevalence of low mental wellbeing in adults increased with the number of ACEs experienced in childhood.²⁰ Exposure to ACEs "can alter how children's brains develop as well as changing the development of their immunological and hormonal systems" and that "those with greater exposure to ACEs are more likely to go on to develop health-harming and anti-social behaviours, often during adolescence, such as binge drinking, smoking and drug use."²¹ As highlighted in the Welsh Government's recent review of ACEs policy: "...the risk increases exponentially so, as the number of ACEs increases, so does the likelihood of encountering poorer outcomes. However, the link is an association rather than deterministic. Those who experience ACEs, even multiple ACEs, will not necessarily go on to experience poorer outcomes."²²

Disability

- Disabled people²³ and neurodivergent people²⁴ are at particular risk of experiencing poor mental health and wellbeing.
- A review of evidence in inequalities in access to healthcare services for disabled people in Wales (published in 2015) found evidence of inequality in a number of areas, including life expectancy, health literacy, accessible communications, and mental health services.²⁵
- In the year ending June 2012: Disabled people report lower levels of wellbeing than non-disabled people, in relation to four personal wellbeing measures (life satisfaction; feeling that the things done in life are worthwhile; happiness yesterday; and anxiety yesterday).²⁶

¹⁸ [Mental Health Measure \(gov.wales\)](https://gov.wales)

¹⁹ [fair-society-healthy-lives-full-report-pdf.pdf \(instituteofhealthequity.org\)](https://instituteofhealthequity.org/fair-society-healthy-lives-full-report-pdf.pdf)

²⁰ [Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population](#)

²¹ [Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population](#)

²² [Review of Adverse Childhood Experiences \(ACE\) policy: report \[HTML\] | GOV.WALES](#)

²³ [Disability, well-being and loneliness, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

²⁴ [Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study](#)

²⁵ [Review of evidence of inequalities in access to health services in Wales](#)

²⁶ [Outcomes for disabled people in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

- There is evidence that the pandemic has had a disproportionate impact on the mental health and wellbeing of disabled people.²⁷
- Disabled people and neurodivergent individuals tend to have lower levels of wellbeing²⁸ and are at greater risk of experiencing poor mental health.²⁹ In particular: There is evidence of greater rates of depression and anxiety co-occurring with autism, dyspraxia, and ADHD.³⁰
- Based on longitudinal data, evidence also suggests that childhood ADHD is associated with an increased risk of recurrent depression in young-adulthood.³¹ Furthermore, according to recent research: “Autistic people may be at higher risk of perinatal mental health conditions, given that autism and mental health conditions commonly co-occur and that autistic people face additional stressors such as barriers to appropriate maternity care.”³² The recent inquiry into mental health inequalities by the Health and Social Care Committee included a specific focus on the factors that contribute to poor mental health amongst neurodivergent people.³³ A summary of stakeholder discussions noted: “Insufficient awareness and understanding of neurodivergence in society and public services creates barriers that can disproportionately affect neurodivergent people, with corresponding trauma and detrimental implications for their mental health and wellbeing. Such barriers include trying to fit in with neurotypical social norms, bullying, discrimination, and ableism, as well as having to fight continually to be heard, respected and to receive the support they need, or that is needed by their child, family member, or person to whom they provide care. People who are neurodivergent may also experience a range of inequalities, including higher levels of unemployment, lower life expectancies, or increased risk of experiencing addiction, early pregnancy, domestic violence or of suicide.”³⁴

Ethnicity

- Evidence suggests there are “disparities in the prevalence of mental health disorders between children and young people from different ethnic backgrounds”. In particular: “White adolescents tend to report worse mental health than young people from other ethnic groups.” Furthermore: “There are known differences in referral routes to specialist mental health services, with minority ethnic young people more likely to be referred through compulsory pathways (e.g. social care, education, youth justice) rather than voluntary pathways.” It has therefore been suggested that “the under-representation of children from minority ethnic

²⁷ [Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 \[HTML\] | GOV.WALES](#)

²⁸ [Disability, well-being and loneliness, UK - Office for National Statistics \(ons.gov.uk\)](#)

²⁹ Nimmo-Smith V, Heuvelman H, Dalman C, Lundberg M, Idring S, Carpenter P, Magnusson C, Rai D. Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study. *J Autism Dev Disord.* 2020 Jan;50(1):308-318. doi: 10.1007/s10803-019-04234-3. PMID: 31621020; PMCID: PMC6946757.

³⁰ [Is There a Link Between Neurodiversity and Mental Health? | Psychology Today United Kingdom](#)

³¹ [ADHD and depression: investigating a causal explanation - PMC \(nih.gov\)](#)

³² [Autistic mothers' perinatal well-being and parenting styles - Sarah Hampton, Carrie Allison, Ezra Aydin, Simon Baron-Cohen, Rosemary Holt, 2022 \(sagepub.com\)](#)

³³ [Connecting the dots: tackling mental health inequalities in Wales \(senedd.wales\)](#)

³⁴ [Mental health inequalities stakeholder discussion - 8 June 2022.pdf \(senedd.wales\)](#)

backgrounds in UK mental health services might actually represent unmet need, rather than lower prevalence”.³⁵

- According to the latest Wellbeing of Wales: Ethnicity and Wellbeing Report (2023): The average wellbeing score³⁶ in the 2021/22 academic year for young people was highest amongst those from Indian and African ethnic groups, although the report also notes that “due to uncertainties due to the size of the sample these were not statistically significant compared to those from White Roma, Pakistani, Bangladeshi, Arab ethnic groups”. Those from a White Gypsy or Traveller ethnic group reported the lowest wellbeing score compared to all other ethnic groups, although again – the report highlights that “due to uncertainties due to the size of the sample these were not statistically significant compared to those from White Irish ethnic group”. The 2023 Report notes that: “These were similar trends to those that have been reported since the 2017/18 academic year and there was not much difference between most ethnic groups.”³⁷
- According to the Equality and Human Rights Commission Report Is Wales Fairer? (2018): “Barriers to accessing health services are a particular issue for Gypsy, Roma and Traveller families, and access to mental health service provision is a key challenge for refugees and asylum seekers. This can further compound people’s feelings of loneliness and not belonging.”³⁸
- Evidence suggests that asylum seekers, refugees and migrants are more likely to experience mental health problems than the general population. The Royal College of Psychiatrists has highlighted: “Contributing factors to poor mental health include experiencing psychological trauma, continuous uncertainty, barriers to accessing support, and discrimination before, during and after migration.” In particular: “There are high rates of distress, grief and PTSD in displaced people under 18. Children, women, elderly, disabled and LGBT+ displaced people are at particular risk of developing mental illness. Alcohol and substance use disorders, and intellectual disabilities further increase care needs. Some displaced people will already have received care for a mental illness before they arrive, while others can become unwell after arriving. Most displaced people will not be able to provide medical documents or a treatment history.”³⁹

Religion or Belief

- Analysis of health outcomes of people of different religious identifies in England and Wales shows that in 2016 to 2018: “...after adjustment for age, sex, broad ethnic group and region, those identifying as Sikh were significantly less likely to be in probable mental ill-health (11.5 per cent) than those who identified as Christian (18.2 per cent), [than those who identified as having]...no religion (18.9

³⁵ [Improving children and young people’s mental health services - The Health Foundation](#)

³⁶ The mental wellbeing of young people aged 11 to 16 is measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) which covers both a person’s happiness and the extent to which a person is fully functional. A higher overall SWEMWBS score is indicative of more positive mental wellbeing.

³⁷ [Wellbeing of Wales, 2023: ethnicity and well-being \(gov.wales\)](#)

³⁸ [EHRC Is Wales fairer? report \(equalityhumanrights.com\)](#)

³⁹ [mental-health-of-asylum-seekers-and-refugees-for-health-and-social-care-professionals-april-2022.pdf \(rcpsych.ac.uk\)](#)

per cent), [and those who identified as having]... “any other religion” (32.5 per cent).”⁴⁰

Sexual Orientation / LGBTQ+

- Research indicates that LGBTQ+ youth are at risk of experiencing poor mental health. For example, the Mental Health of Children and Young People in England survey highlights the association between Lesbian, Gay and Bisexual (LGB) young people and mental health (NHS Digital, 2017). The survey finds that 34.9 per cent of LGBQ+ young people had a mental health condition, compared to 13.2 per cent of heterosexual young people.⁴¹
- Data from the Millennium Cohort Study revealed that at age 14 years, poor mental health (including depressive symptoms and self-harm) were more prominent amongst LGB people than their non-LGB counterparts.⁴² Moreover, LGB 14-year-olds appear to have lower self-esteem, as well as being three times as likely to report being unsatisfied with life.

Pregnancy and Maternity

- According to the 2021 Maternity and Birth Statistics: 29 per cent of pregnant women reported a mental health condition at their initial assessment. This is ten percentage points higher than in 2016. Younger pregnant women (aged 24 or younger) reported a higher percentage of mental health conditions (than other age groups), while those aged 30 to 34 reported the lowest percentage of mental health conditions of all age groups. In 2021, “the percentage increased to the highest on record for all age groups other than those aged 45 or over” and there were “particularly large annual increases for those aged under 24 and between 40 and 44”.⁴³
- Post natal depression is twice as prevalent in teenage mothers compared to those over 20.⁴⁴

Gender

- Data on wellbeing from the School Health Research Network’s Student Health and Wellbeing survey has highlighted that boys had a higher mean wellbeing score than girls, and young people who identified as neither a boy nor a girl.⁴⁵
- Data from the Social Health Research Network Student Health and Wellbeing Survey shows that the percentage of trans and non-binary youth who report higher life satisfaction scores is lower – compared to their cis-gender peers.⁴⁶

Socio-economic duty / living in poverty

⁴⁰ [Religion and health in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

⁴¹ [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](https://www.nhs.uk)

⁴² [CLS | LGB teens at greater risk of poor mental health, new study finds \(ucl.ac.uk\)](https://www.ucl.ac.uk)

⁴³ [Maternity and birth statistics: 2021 | GOV.WALES](https://gov.wales)

⁴⁴ [Final-The-maternal-mental-health-experiences-of-young-mums.pdf \(cypmhc.org.uk\)](https://www.cypmhc.org.uk)

⁴⁵ Data on mental wellbeing for 11-16 year olds are measured by the Short Warwick-Edinburgh Mental Wellbeing Scale. [SHRN-MHW-Briefing-Report-2022-FINAL-01.08.22-en.pdf](https://www.shrn.org.uk)

⁴⁶ [Data Analysis Requests - School Health Research Network \(shrn.org.uk\)](https://www.shrn.org.uk)

- Living in poverty can have a detrimental impact on the mental health of children, young people and their families. Children from the poorest 20 per cent of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20 per cent.⁴⁷
- A report focussing on the impacts of Brexit on health and wellbeing in Wales has shown that: “Unemployment, even if short-term, increases the risk of ill-health and suicide; precarious employment is associated with a higher risk of mortality and worse mental well-being.”⁴⁸
- A report on the impacts of the cost of living crisis has shown that: “Children are one of the population groups whose health and wellbeing are most affected by the cost of living crisis, both directly and indirectly. Direct impacts of the cost of living crisis on children’s health include a higher risk of asthma and other health conditions as a result of living in a cold home, and a greater risk of obesity as a result of missing out on nutritious food. Indirect impacts include being at higher risk of exposure to adverse childhood experiences (ACEs), such as abuse, increased risk of chronic illnesses in adulthood and poorer employment prospects due to lower educational attainment.”⁴⁹
- What participatory work with children and young people have you used to inform your policy? If you have not engaged with children and young people, please explain why.⁵⁰

The National Youth Stakeholder Group (a group of young people with lived experience of mental health facilitated by Children in Wales), has been closely involved with developments in mental health policy and delivery in Wales and the new Mental Health and Wellbeing Strategy. Most prominently, it has co-produced and continues to inform the NYTH/NEST Framework, a key element of the new Mental Health and Wellbeing Strategy, as well as contributing to the Whole School Approach to Emotional Health and Wellbeing, another cornerstone of the Mental Health and Wellbeing Strategy. The Welsh Youth Parliament’s Young Minds Matter Report has been used as fundamental evidence for the drafting of the Mental Health and Wellbeing Strategy.

During the summer of 2023, Welsh Government carried out pre-consultation engagement on the proposed draft vision statements and supporting principles and issued an online survey. Over 250 responses were received (although it is not possible to identify how many of these were from children and young people).

Key themes from the pre-consultation survey (in relation to children and young people and children’s rights) include:

- Stigma around mental health still exists, reducing equality of opportunity for those experiencing mental health problems.

⁴⁷ [Poverty and mental health: it’s a two-way street \(senedd.wales\)](#)

⁴⁸ [Brexit and Poverty in Wales: A Public Health Lens](#)

⁴⁹ [Public Health Wales \(September 2023\) Children and the cost of living crisis in Wales: how children’s health and wellbeing are impacted and areas for action](#)

⁵⁰ Article 12 of the UNCRC stipulates that children have a right to express their views, particularly when adults are making decisions that affect them, and to have their opinions taken into account.

- Overly complex pathways into mental health services remains an issue, although it is recognised that the introduction of Single Points of Access in some areas is helping to address this.
- Transitions between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services can be difficult and unsettling.
- The Whole System and No Wrong Door Approach remains critical.
- The lack of inpatient beds is an issue. This results in difficulties accessing adolescent units and being unable to accept urgent/unscheduled admissions out of hours. High demand in Emergency Departments means that children and young people are waiting longer to be seen/assessed by mental health services.
- 24/7 crisis services specifically for children and young people need to be more readily available across Wales.
- Access to advocacy for all children and young people should be considered, especially for those in care who may not have the support that they require at home.
- Support received from NHS services for young people is often not appropriate to their needs, had long wait times and were often not effective. This is particularly the case for people with neurodivergent conditions and eating disorders.
- Fully embedding the Whole School Approach and teaching children and young people to talk openly, seek support and understand their own feelings and emotions is important. This will build resilience and could help in preventing deterioration in mental health at a later state. Addressing the inconsistent mental health support available through schools is a priority. Support should be universal and accessible, having wellbeing spaced and trained professionals to talk to or deliver programmes.
- Local charities and youth clubs, which provide vital early mental health support, need support. Community early intervention hubs, which provide open-access mental health support in a non-medicalised setting, should be considered across Wales.
- Promotion of where and how to find support should be prioritised.
- Infant mental health and the importance of supporting parent-infant relationships and attachment was highlighted by those advocating for babies' and toddler's rights and wellbeing.

In July 2023, the National Youth Stakeholder Group held a focus group to feedback on the draft vision statements initial being proposed for the new Mental Health and Wellbeing Strategy. The feedback from the group centred around the requirement to have increased awareness of disordered eating, suicide and self-harm in schools, and in improving access to services with dual mental health and neurodevelopment diagnosis.

Mind also ran young people engagement work which informed the drafting of the strategy. The group highlighted the need to reduce waiting times in accessing support, but to also provide support for those who are waiting. Therapy should be

person-centred with the individual having a choice as to what would work for them and access to appropriate crisis care for children and young people needs to be improved. Also highlighted was the requirement to have improved access and support for neurodivergent conditions and the relationship between neurodivergence and mental health.

Additional workshops with young people from the Welsh Youth Parliament, and the National Youth Stakeholder Group were held during the Autumn (in the lead up to publishing the draft strategy). These workshops included a focus on:

- The views of young people on what the strategy should achieve – to inform our direction of travel.
- A discussion on children’s rights and the individual articles of the UNCRC most relevant to the aims of the Mental Health and Wellbeing Strategy. (We have used this feedback to make links to the UNCRC in the CYP version of the strategy, see below.)
- The views of young people on the terminology and language we should use in the Mental Health and Wellbeing Strategy.
- The views of young people on how best to consult with children and young people during the period of public consultation.

Key themes from these workshops include:

- There is support for the strategy’s all-age approach.
- There were calls for the strategy to be mindful of ALL children’s rights, rather than “cherry picking” just a few. The key articles discussed and considered relevant are: 2, 6, 7, 8, 9, 11, 12, 15, 16, 17, 20, 21, 23, 24, 25, 27, 31, 34, 35, 36 and 41.
- There should be a strong focus on prevention, with appropriately trained staff in nurseries, schools, colleges and universities.
- There should be consistent access to services across Wales, including counselling services in schools.
- There should be flexibility in the support provided and continuity of counsellors.
- There should be different types of intervention and therapy, with the right support provided at the right time.
- There should be no stereotyping.
- The strategy should be closely linked with education: early education, primary and secondary. Education should “teach parity” between physical and mental health with “children able to communicate mental health concerns just like they would say my knee hurts”. We need to give them the language and emotionally literacy to do so and teachers should be aware of the links and signs of poor mental health and neurodivergence.
- There should be an open dialogue on mental health – with age appropriate discussions –

allowing children to open up about it from a young age, in an age appropriate way.

- Parents of children with neurodivergence should be supported.
- The relationship between parents and their child needs to be considered to ensure that they have a positive upbringing.

This engagement with children and young people has helped to shape the vision statements underpinning the new strategy, as well as supporting actions. For example, Vision Statement 3 is all about providing a connected system so that people are able to access the right support, at the right time, and in the right place. Vision Statement 4 is all about our mental health services.

This engagement with children and young people also informed the drafting of the over-arching vision for the strategy, which is:

“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.”

We have used the feedback from focus groups held with young people in Autumn 2023 to shape the design of the children’s version of the strategy, including linking the rights they discussed to specific Vision Statements. In addition, their feedback has informed the design of the children and young people’s consultation materials and how we consult with children and young people.

Wider engagement

In developing the Mental Health and Wellbeing Strategy – we have also considered key themes from other engagement recently carried out by Welsh Government. For example: The Welsh Government’s Child Poverty Strategy was co-constructed with children, young people and families living in poverty and with the organisations that support them. Key themes from the Welsh Government engagement on the draft Child Poverty Strategy in relation to mental health and wellbeing included:

- Strong recognition of the wider determinants of health and wellbeing, and the overwhelming impact of living in poverty on a person’s mental health.
- At the same time, a recognition that there is a fundamental role for healthcare in improving health and wellbeing and creating a pathway out of poverty.
- Calls for support with the cost of living crisis, which would help to alleviate financial stress for many individuals and families, and improve their overall

wellbeing. At the same time, important to focus on helping people to “live rather than merely survive”.

- Calls for improvements to current mental health services and action to support better access to services (and to address current barriers).
- Calls for a focus on early intervention and prevention, recognising the importance of the early months and early years, in a child’s life. The importance of good mental health support for parents “during pregnancy and the early days” was specifically highlighted, along with the impacts of trauma.
- Support provided needs to be trauma-informed, inclusive, non-judgemental and empathetic. There needs to be a focus on promoting dignity and inclusivity and anti-racism, and treating people with respect and kindness, as well as addressing stigma.
- The goal should be on creating a more empathetic and understanding society when it comes to mental health: “By reducing stigma and increasing access to support, we can help young people feel more comfortable seeking help when they need it, and ultimately improve their overall wellbeing.”
- Calls for improvements to support and services and a better understanding and empathy for mental health in schools.
- Make systems easier to navigate and provide the rights support and help at the right time, in the right place.
- Increase the voices of children and young people in decision making and listen to what they say.
- Access to translation and interpretation is really important, alongside providing resources in a person’s preferred language.
- Services need to be culturally competent and there needs to be greater awareness of the needs of specific groups.
- People need more information and more accessible information on what services/support are available.
- Wider activities and social interaction are crucial to the wellbeing of children and young people. Play opportunities for young children seen as particularly important.
- There needs to be a specific focus on children’s rights – and support for children and young people to understand these rights. Recognition of the mental health needs of specific groups, including asylum seekers and refugees, minority ethnic communities, children with Additional Learning Needs, and neurodivergent children and young people.
- Specific issues were raised in relation to CAMHS – particularly in terms of current waiting lists for access to services, and concerns raised over how families were not adequately supported during the pandemic.
- Calls for support for children and families with multiple / complex needs.

- Access to services and support in relation to substance misuse (for children and adults) seen as important.

Future Planned Engagement with Children and Young People

Further engagement work with children and young people will be carried out when the draft Mental Health and Wellbeing Strategy is published for consultation. This will be supported by the publication of a children and young people's version of the draft Mental Health and Wellbeing Strategy and an Easy Read version.

Young people told us we should create activities for group leaders to run on the consultation. The Co-Production Network for Wales will co-design (with young people) a session plan for youth workers / playworkers/ uniform groups leaders/ teachers etc to use to consult on the strategy. Welsh Government will be asking stakeholders and organisations to use these resources to engage with children and young people / their own networks – to ensure the views of children and young people are reflected in the consultation feedback.

In addition, there will be in person focus groups with youth and children's groups. These focus groups will target different ages (including younger children and parents) and different communities of interest or vulnerabilities. The Co-Production Network for Wales who specialise in co-production with children and young people have been commissioned to run these groups. They will work with existing groups to ensure children and young people feel safe, confident and supported to share their views and experiences.

The consultation responses received both online and through group discussions will shape the final version of the strategy, and the final children and young people version of the strategy. We will let participants know how their views have influenced the final version through The Co-Production Network for Wales – who will produce “you said, we did” resources for sharing.

Analysing the evidence and assessing the impact

- **Using the evidence you have gathered, what impact is your policy likely to have on children and young people? What steps will you take to mitigate and/or reduce any negative effects?**

Like its predecessor, the new Mental Health and Wellbeing Strategy is an all-age strategy. But it includes specific priorities and actions that will directly impact (and look to improve mental health outcomes) for babies, children and young people.

Ultimately – the strategy is aimed at improving the mental health and wellbeing of the population of Wales. It includes a focus on early intervention and prevention, recognising the role of mainstream services and communities in supporting the health and wellbeing of people in Wales and making sure people know about their rights and how to claim them. It also sets out our vision for mental health services, recognising that some people will need specific types of support and specialist

interventions, including those accessing care, support and treatment in line with the Mental Health (Wales) Measure 2010, and those detained for assessment and treatment under the Mental Health Act.

The strategy looks to provide clarity on what we mean by mental health, mental wellbeing, mental health conditions, and emotions and feelings. It also looks to provide clarity around expectations for the different types of support and services available, and where and how to seek help. The principles underpinning the strategy include a focus on services being trauma-informed; ensuring equity of access, experience and outcomes without discrimination (recognising the needs of those with protected characteristics); person-centred; and there being “no wrong door” in terms access (so people can present at any point in the system and be guided to the right support without delay, and without having to repeat their needs).

Supporting children and young people to realise their right to good health is everybody’s business. This means working together across government to realise our vision for mental health and wellbeing of people living in Wales. Within the strategy, Vision Statement 2 sets out cross Government action to protect mental health and wellbeing, which are directly aligned to the areas of daily life where action should be taken to address the “social gradient” in health, as identified by the Marmot Review.⁵¹ The Marmot Review identified that people with higher socio-economic status have better life chances and better health, and that people in poorer neighbourhoods die earlier, and spend more of that shorter life in ill health. Marmot called for actions to redress this imbalance (created by the unequal distribution of power, money and resources), resulting in six key principles to improve health outcomes – which taken together, could significantly improve the health and wellbeing outcomes of children and young people. The six principles are: give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure a healthy standard of living for all; create and develop healthy and sustainable places and communities; strengthen the role and impact of ill health prevention; tackle racism, discrimination and their outcomes; and pursue environmental sustainability and health equity together. The strategy summarises the key areas where action is being taken that will support the mental health and wellbeing of people in Wales by addressing the unfairness that surrounds the social determinants of health.

- **How does your proposal enhance or challenge children’s rights, as stipulated by the UNCRC articles and its Optional Protocols? Please refer to the [articles](#) to see which ones apply to your own policy.**

We consider that the new Mental Health and Wellbeing Strategy will support children’s rights in Wales. While we recognise that all Articles of the UNCRC are inter-relational and indivisible, our analysis of impacts and our engagement with

⁵¹ [Fair Society, Healthy Lives \(instituteofhealthequity.org\)](https://www.fairsociety.org/)

children and young people during the pre-consultation phases suggests that the strategy could have most impact in relation to the following Articles of the UNCRC (set out in Table 1 below).

We feel it is important to make it explicit how the strategy relates directly to children’s rights and have therefore consulted with young people on which rights they felt should be highlighted or related to in the strategy. In our children and young people’s version of the strategy we use the rights the young people suggested as spotlights throughout the document to highlight how the strategy upholds the UNCRC articles.

The table refers to individual articles of the UNCRC which we feel are most relevant to each section of the strategy. However, it is important to say that all children have all of the rights under the UNCRC. No one can ‘pick and choose’ rights that children should or shouldn’t have. Welsh Government supports children to access all of their rights.

We do not consider that the Mental Health and Wellbeing Strategy will have a negative impact on children and young people and their rights.

It builds on the previous Together for Mental Health Strategy and the *Together for Children and Young People* (T4CYP) Service Improvement Programme workstreams, where the focus has been on resilience, early years and wellbeing (and developing multi agency programmes such as NYTH/NEST); increasing early intervention and enhanced support (particularly for vulnerable children and thereby preventing them needing specialist CAMHS provision); the needs of people who are neurodivergent (and the development of a pathway to respond to how best, and who is best placed, to meet the needs of these groups in a timely and effective manner, with the appropriate level of input from specialist CAMHS); and the development of a Specialist CAMHS Framework for Improvement.

Table 1: How the Mental Health and Wellbeing Strategy Supports Individual Articles of the UNCRC

UNCRC Articles or Optional Protocol	Enhances (X)	Challenges (X)	Explanation
Article 2 (no discrimination): All children under 18 should enjoy all the rights set out in the UNCRC without discrimination, including those with mental health conditions.	X		<p>The strategy has been developed for all young people regardless of religion / belief / ability / protected characteristics. One of the principles underpinning the strategy is “equity of access, experience and outcomes” recognising the need to ensure services and support are accessible and appropriate for all.</p> <p>Also relevant to this article:</p> <ul style="list-style-type: none"> To support Vision Statement 1, we have Action VS1.4 which seeks to:

			<p>Build on current action to address mental health stigma both amongst the public and within services.</p> <ul style="list-style-type: none"> • To support Vision Statement 2, we have Action VS2.1 which seeks to: Embed the principles of this strategy throughout the work of Government by ensuring that public bodies undertake health impact assessments that specifically consider the impact on mental health. This will be enabled by developing regulations to support the Public Health (Wales) Act 2017 requiring public bodies (including the Welsh Government) to carry out a health impact assessment, considering mental and physical health. • To support Vision Statement 3, we have Action VS3.3, which seeks to: Work with partners and stakeholders to develop a set of actions to tackle the barriers, both real and perceived, that prevent different parts of the system from working better together and stand in the way of a connected approach. This includes working with the Ethnic Minorities Mental Health Task and Finish Group, and people with lived experience. • To support Vision statement 4, we have Action VS4.1 and VS4.2 which commit to developing Quality Statement for mental health services which will support a person-centred approach and enable equitable access to services for those with protected characteristics (as described in the Equality Act 2010) and preferred language.
Article 5: Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, so	X		The strategy includes a focus on supporting parents / families to promote resilience and positive attachment. This will help to support parents/carers to make informed and healthy decisions, in

<p>that they fully enjoy their rights. This must be done in a way that recognises the child’s increasing capacity to make their own choices. .</p>			<p>the best interests of their children as they grow.</p> <p>We also have Action VS1.9, which seeks to: 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.</p>
<p>Article 6 (Life, survival and development):</p> <p>Every child and young person should enjoy the same opportunities to grow and develop in conditions that do not impact negatively on their mental wellbeing.</p>	<p>X</p>		<p>The strategy recognises the impacts of trauma on children and young people and impacts on mental health. Vision Statement 3 is all about having a connected system where people receive the appropriate level of support wherever they reach out for help. Our overall goal is to ensure that all these services work together to provide a joined-up service that is easy to access and easy to navigate so that children can enjoy their rights.⁵² Services should actively support people to find the right help, in the right place, at the right time. Expertise and communities being trauma-informed are a crucial part of achieving a holistic approach to fulfilling babies, children and young people’s mental health and wellbeing needs. The strategy highlights that we are aiming to connect systems and make sure the people who provide services have the confidence and knowledge to engage with people who need mental health support, aligned with the principles of the Trauma-Informed Wales Framework.</p> <p>While a separate strategy has been developed for the prevention of suicide and self-harm, there are priorities in the Mental Health and Wellbeing Strategy that are about ensuring children and young people are able to access the right services at the right time. This includes crisis support and initiatives such as</p>

⁵² This is sometimes referred to as a “whole system approach”.

			Sanctuary Provision for children and young people.
Article 12: Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.	X		<p>The strategy supports the vision outlined in A Healthier Wales with its focus on integrated, person-centred care, which is delivered in a way that has been informed by service users and carers.</p> <p>We have consulted with the National Youth Stakeholder Group and other key youth stakeholder groups. The strategy also has a focus on co-production.</p> <p>We will use the consultation period to gather the views of children and young people on the proposed Mental Health and Wellbeing Strategy and ongoing engagement.</p> <p>We will continue to focus and strengthen work with young people to continue to listen to them in decisions that they are affected by in this strategy.</p> <p>In taking forward a rights-based approach, the priorities in the strategy including a focus on listening to people's needs in order to shape and inform the services and care they receive. NYTH/NEST, a key driver of actions for babies, children and young people in the strategy, has co-production as a key principle. The NYTH/NEST self-assessment and implementation tool has a distinct section and maturity scoring on co-production.</p>
Article 17: calls for access to information for children and young people, particularly with regards to issues that involve their health and wellbeing.	X		<p>The need for effective communication and clear and accessible information on the strategy (as well the mental health and wellbeing services and support in Wales) is a key theme from our pre-consultation to date.</p> <p>A children and young people's version of the strategy has been developed for the consultation, alongside an Easy Read version.</p>

		<p>Information developed as part of the implementation of the strategy will have regard to its audience.</p> <p>Vision Statement 1 is about ensuring people have the knowledge, confidence and opportunities to prioritise their own mental health and wellbeing. This vision statement is about ensuring information around how to protect and improve mental wellbeing and reduce the risk of developing mental health conditions, is available for all. It is about helping people to take action to support their own mental wellbeing. It is also about ensuring the wellbeing of the wider community. It recognises everyone is different and our needs change throughout our lifetime. Our needs will differ depending on the setting or environment we find ourselves in. This vision includes everyone, but we know some people, including children will need more help and support than others.</p> <p>When children know about their rights, and what support is available to develop their capacity to enjoy them, they are more likely to feel empowered and able to claim them.</p> <p>Also relevant to this article, our actions to deliver this vision statement include:</p> <ul style="list-style-type: none"> • Action 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.⁵³ • Action VS 1.2 Improve mental health literacy by building on the advice already available for the public on managing thoughts and feelings. Communicate, in a culturally sensitive
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⁵³ [Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE](#)

			<p>way, the latest evidence on protecting and promoting mental health and wellbeing.</p> <ul style="list-style-type: none"> • Action 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. • Action 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. • VS1.6 Embed the national framework for social prescribing in a way which meets the needs of all communities. • VS1.7 Promote ways (including social prescribing, digital options and alternative channels) to increase the public's knowledge and awareness of local community assets. • VS1.8 Work in partnership with national organisations from wider sectors, including culture and heritage, the natural environment and sports to reduce the barriers underserved communities face in accessing community assets. • 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. <p>There is also a specific section on communication in the strategy, which includes the following actions:</p> <ul style="list-style-type: none"> • Action MHS 14 Continue to develop and embed a consistent shared language for mental health and the terminology we use.
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			<ul style="list-style-type: none"> • Action MHS 15 Develop a standardised approach to provide information about mental health services and how to access them (and in so doing – promote the Active Offer for Welsh language and ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly). • Action MHS 16 Ensure all information for patients is reviewed to ensure it is person-centred, accessible and appropriate.
Article 18: Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.	X		<p>The strategy includes a focus on supporting parents / families to promote resilience and positive attachment, as well as a specific focus on wellbeing as part of the preventative agenda. Parenting skills and support within schools are central to this approach.</p> <p>Also relevant to this article, our actions include:</p> <p>Action 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.</p>
Article 19 (protection from violence): Every child has the right to protection from all forms of violence, including the neglect of their mental health, self-harm and suicide.	X		<p>Mental health services are required to ensure safeguarding protocols are adhered to at all stages of service delivery.</p> <p>The strategy includes a focus on delivering reliable, safe and therapeutic crisis and acute care services.</p>

			<p>Furthermore, under Vision Statement 4, we state: The NHS Executive will develop a Strategic Programme for Mental Health and Strategic Clinical Networks that have a strong focus on improving the quality of mental health services in Wales. The Strategic Programme for Mental Health will include delivery of:</p> <p>Safe Services: Our mental healthcare system will be a high quality, highly reliable and safe system that avoids preventable harm, maximises the things that go right and learns from when things go wrong to prevent them occurring again.</p> <p>Also relevant to this article, our actions include:</p> <p>Action VS4.4 Develop a Mental Health Safety Programme, this will follow a quality management approach. The programme will eventually cover all services but will start with an inpatient focus.</p>
<p>Article 23: Children who have any kind of disability should have special care and support so that they can lead full and independent lives.</p>	<p>X</p>		<p>The strategy is about improving access to appropriate assessment, treatment and support for, and improving the outcomes of, those with mental health needs.</p> <p>We know that disabled people⁵⁴ and neurodivergent people⁵⁵ are at particular risk of experiencing poor mental health and wellbeing.</p> <p>There is “a focus on inequality and promoting equity” in the “strategic context” section of the strategy. This highlights that the mental health needs of certain groups have been highlighted in other key policies and plans, including the work of the <u>Disability Rights Taskforce</u>.</p>

⁵⁴ Disability, well-being and loneliness, UK - Office for National Statistics (ons.gov.uk)

⁵⁵ Anxiety Disorders in Adults with Autism Spectrum Disorder: A Population-Based Study

		<p>The Strategic Programme for Mental Health will include delivery of Equitable services: Our mental health system will provide everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system, and continue to promote and ensure the implementation of the Active Offer.</p>
<p>Article 24 (health, water, food and environment): Every child has the right to the best possible health and to healthcare services that will help them attain this, including mental health.</p>	<p>X</p>	<p>This is a key focus of the Mental Health and Wellbeing Strategy. We start the document by saying: The right to good physical and mental health is one that belongs to all, a fundamental human right for everyone, without exception.</p> <p>Under Vision Statement 2, we have set out cross Government action to protect mental health, aligned with the Marmot Principles. Cross Government action is set out specifically in relation to the Marmot Principle “Give every child the best start in life” and “Enable all children, young people and adults to maximise their capabilities and have control over their lives”.</p> <p>The strategy enables babies, children and young people to have the best possible health and access to health care and information to stay well by:</p> <ul style="list-style-type: none"> • Improving the skills of the workforce. • Improving support in the community. • Focussing on prevention and early intervention, which is supported by the whole school approach, access to school counselling and CAMHS in reach.

			<ul style="list-style-type: none"> • Delivering service improvements to Local Primary Mental Health Support Services and specialist CAMHS. • Improving access to psychological therapies. • Promoting access to information on good mental health and wellbeing through on-line and off-line channels. This includes social media campaigns, as well as alternative channels for those who do not have access to on-line resources or don't have the skills to access this support, or who prefer not to access information and support on-line. • Delivering The NYTH/NEST Framework which has children's rights and equality, diversity and inclusion written in as underpinning principles and has been developed in partnership with the Children's Commissioner for Wales' Office. The NYTH/NEST self-assessment and implementation tool has distinct sections and maturity scorings for equality and diversity and children's rights. The tool asks organisations to consider additional barriers to accessing support which may happen overtly as a result of racism or bullying, or through systemic and structural barriers and blind spots at an organisational, service delivery level.
<p>Article 27: Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.</p>	<p>X</p>		<p>Under Vision Statement 2, we have set out cross Government action to protect mental health. Aligned with the Marmot Principle "ensure a healthy standard of living for all", the strategy makes explicit reference to the wider social determinants of mental health and the role of different Welsh Government departments in addressing these determinants (such as tackling poverty). The Mental Health and Wellbeing Strategy is aligned to the aims of the Child Poverty Strategy. The Child Poverty Strategy references the new Mental Health and Wellbeing Strategy and</p>

			<p>includes a commitment to: 'Think Community' when developing, reviewing and funding relevant policies and programmes including Families First guidance, our new Mental Health and Wellbeing Strategy and our Tackling Poverty initiatives, promoting 'one-stop shop'-style multi-agency services in the community to help address the range of interconnected needs and disadvantages people living in poverty experience. The draft also includes a commitment to: Accelerate work with the ACE Support Hub and Traumatic Stress Wales on an implementation plan for the Trauma-Informed Wales Framework, which will include the identification of any additional resources required, including help and support for organisations. In this way the two strategies are directly linked as cross cutting policies.</p>
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<p>Article 30: Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.</p>	<p>X</p>		<p>The strategy includes a focus on the provision of Welsh medium services / information – as well access to interpreters and translation for those with sensory loss and whose preferred language is not English or Welsh.</p> <p>Also relevant to this article, our actions include:</p> <p>Action 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.</p> <p>Action MHS 15: Develop a standardised approach to provide information about mental health services and how to access them (and in so doing – promote the Active Offer for Welsh language and ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly).</p>
<p>Article 39: Children who have been neglected or abused should receive special help to restore their self respect.</p>	<p>X</p>		<p>Implementation of the strategy will enhance advice and support afforded to all children and young people, including those at more risk of developing mental health problems due to negative life events.</p> <p>The Strategic Programme for Mental Health will include delivery of Person-centred services: Our mental health system will meet people’s needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the wellbeing of individuals, their families, unpaid carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and</p>

			<p>we respect their privacy, dignity, human rights and any need for reasonable adjustments. A key aspect of this work will be to drive up the quality of care and treatment planning for those in secondary care services. Getting this right is fundamental as it allows people to be fully involved in the decisions that affect their lives, the care, support and treatment they get and enables a focus on the things that matter most to people. Families and unpaid carers play a crucial role in supporting people who are living with poor mental health and Care and Treatment Planning also enable us to capture this effectively. Allowing us to be truly person-centred and provide a focus on being “recovery-focused”.</p>
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<p>Article 37: Children who are accused of breaking the law should not be killed, tortured, treated cruelly, put in prison forever, or put in prison with adults. Prison should always be the last choice and only for the shortest possible time. Children in prison should have legal help and be able to stay in contact with their family.</p> <p>Article 40: Children who break the law. Children accused of breaking the law have the right to legal help and fair treatment. There should be lots of solutions to help these children become good members of their communities. Prison should only be the last choice.</p>	<p>X</p>		<p>People in prison and people in contact with the criminal justice system are recognised as an under-served group in the strategy. This includes children and young people. The strategy also references the Partnership Agreement for Prison Health, new standards for mental health services in the prisons in Wales, and the Youth Justice Blueprints.</p>
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- **Consider whether any EU Citizens Rights (as referenced in the Equality Impact Assessment) relate to young people up to the age of 18.**

The proposed Mental Health and Wellbeing Strategy policy proposal will not negatively impact EU, EEA or Swiss citizens whose rights are protected by the Citizens Rights Agreements.

Ministerial advice and decision

- **How will your analysis of these impacts inform your ministerial advice?**

All Ministerial Advice regarding the Mental Health and Wellbeing Strategy will confirm that we have considered the UNCRC when developing this policy. The draft Children's Rights Impact Assessment will be submitted to Ministers for their consideration alongside the draft Mental Health and Wellbeing Strategy.

We will also consider the consultation responses once received to see if further amendments need to be made to this assessment, and the Mental Health and Wellbeing Strategy itself. A draft Integrated Impact Assessment, a Children's Rights Impact Assessment, an Equality Impact Assessment and a Welsh Language Impact Assessment will be published for consultation alongside the draft Mental Health and Wellbeing Strategy. These documents will be revised to take on board feedback from the consultation. A final version of the CRIA (and other supporting impact assessments) and the Mental Health and Wellbeing Strategy for Wales will be submitted to Ministers following the consultation.

Publication of the CRIA

As part of the consultation on the draft Mental Health and Wellbeing Strategy we will consult on this draft Children's Rights Impact Assessment. We will use the consultation period to gather further evidence of impacts on children and young people.

Communicating with Children and Young People

If you have sought children and young people's views on your proposal, how will you inform them of the outcome?

A children and young people's version of the draft strategy will be created prior to the consultation being released. We have developed children and young people friendly consultation questions which will be available online. This will be available for both individuals to complete and for youth groups to complete collectively.

In addition, there will be in person focus groups with youth and children's groups. These focus groups will target different ages (including younger children and parents) and different communities of interest or vulnerabilities.

The consultation responses received both online and through focus groups will shape the final version of the strategy and inform the final children and young people version of the strategy. We will ensure we provide feedback to children and young people on what has changed following consultation (for example – using a “what you told us / what we've done” approach). We have an ongoing working relationship with the key stakeholder groups such as the National Youth Stakeholder Group and Welsh Youth Parliament and will be feeding back to them through our ongoing conversations.

Monitoring and Review

- **Please outline what monitoring and review mechanism you will put in place to review this CRIA.**

All impact assessments (including the CRIA) will be reviewed following the planned consultation on the draft Mental Health and Wellbeing Strategy, and ahead of publishing the final version of the strategy and its supporting Delivery Plan.

There will be opportunities to review progress in relation to the implementation of the strategy and its supporting Impact Assessments (including the CRIA) on an ongoing basis, through the role of the Mental Health Joint Ministerial Assurance Board.

Policy officials in the Mental Health and Vulnerable Groups Team in Welsh Government will also regularly review the CRIA – and continue to look for opportunities for supporting children’s rights as we move into implementation.

- **Following this review, are there any revisions required to the policy or its implementation?**

Ongoing reviews of the CRIA will inform future actions for supporting Mental Health and Wellbeing Delivery Plans.