Draft Mental Health and Wellbeing Strategy

Welsh Government consultation

A response from Cymorth Cymru

June 2024

About Cymorth Cymru:

Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales. We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support.

Our members provide a wide range of services that support people to overcome tough times, rebuild their confidence and live independently in their own homes. This includes people experiencing or at risk of homelessness, young people and care leavers, older people, people fleeing violence against women, domestic abuse or sexual violence, people living with a learning disability, people experiencing mental health problems, people with substance misuse issues and many more.

We want to be part of a social movement that ends homelessness and creates a Wales where everyone can live safely and independently in their own homes and thrive in their communities. We are committed to working with people who use services, our members and partners to effect change. We believe that together, we can have a greater impact on people's lives.

Website: www.cymorthcymru.org.uk

Twitter: @CymorthCymru

Contact: policy@cymorthcymru.org.uk

1. Introduction

1.1. Cymorth Cymru welcomes the opportunity to respond to this consultation on the Draft Mental Health and Wellbeing Strategy. We represent over 80 homelessness and housing support providers whose work is crucial to the mental health of the people they support and the wellbeing of the wider community. These workers have extraordinary experience, expertise and skill in supporting people experiencing challenges with their mental health. We aim to reflect their experiences and expertise in our response.

1.2. During the consultation period, we held regional meetings with homelessness and housing support providers where we discussed the Draft Mental Health and Wellbeing Strategy and listened to their feedback. We also held a two-hour online engagement session for our members focussed specifically on this consultation, where we presented the vision, principles, vision statements and actions, gathering feedback through interactive polling and an open discussion. We have also included feedback from people with lived experience of homelessness, who shared their views and experiences with us as part of the Expert Review Panel on homelessness legislative reform.

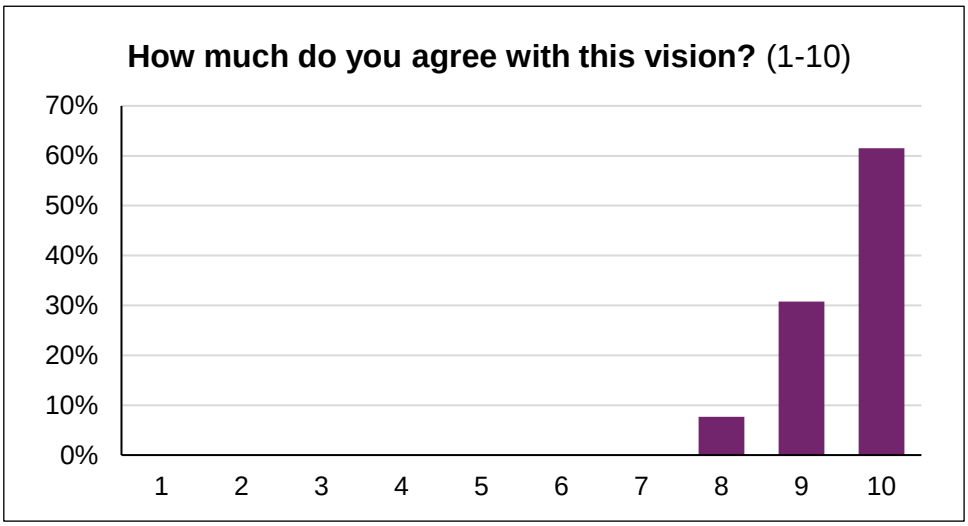
1.3. The issues of mental health and homelessness are inextricably linked, and it is critical that this is reflected in the Welsh Government's mental health strategy. A safe and secure home is fundamental to good mental health and wellbeing. Conversely, homelessness or housing insecurity can cause or exacerbate mental health problems. Multiple disadvantages, like mental health, substance use issues or trauma can also lead to people being at greater risk of homelessness. We believe the strategy needs to better acknowledge the specific impacts of homelessness on mental health, consider the needs of people experiencing homelessness, and reflect housing as a key partner in delivering the strategy.

1.4. Evidence shows that timely access to mental health services can be particularly challenging for people experiencing homelessness, especially if they also experience problematic substance use. There is a lack of robust data on mental health and homelessness in Wales, but research demonstrates this connection. For example, our Health Matters report in 2016 indicated that 85% of men and 64% of women experiencing homelessness had mental health needs. The most common mental health problems were depression and anxiety, and on average, the research found that each homeless person has 2.28 mental health problems.

1.5. Meanwhile, statistics in England demonstrate that mental health is the most common support need for those who approach local authorities for homelessness assistance in England. For example, in Q2 2021 in England, 26% of the households owed a prevention or relief duty reported a mental health need. This proportion has been slowly rising each quarter since 2018, when 22% reported a mental health support need. In Wales, we also know that people who have had adverse childhood experiences (ACEs) are 16 times more likely than the general population to experience homelessness as an adult. Becoming homeless as a child could also be classed as an ACE in itself.

2. Overall Vision

2.1. The majority of our members felt positive about the strategy's overall vision. At our engagement session, people gave the vision an average score of 9.5 out of 10 when asked how much they agreed with it.



Average score = 9.5

2.2. However, this was very quickly followed by comments about the current challenges facing people trying to access mental health services, particularly people from marginalised groups such as those experiencing or at risk of homelessness. Some commented that we are currently 'a world away from this vision' and the scale of the challenge would need to be recognised and addressed within the strategy.

2.3. Although people felt positive towards the overall vision, there were wider discussions about the mental health system and people identified several areas which they felt should be considered as part of the overall vision for the strategy. We have provided further detail on these throughout our response, but the following points provide an indication of the issues people felt were important to them and the people they support.

- An overall lack of acknowledgment of the impact of homelessness and the role of housing in good mental health and wellbeing.
- The importance of better partnership working between different agencies and services.
- Moving away from the medical model and the importance of recognising social determinants of mental health.
- Embedding the Trauma Informed Wales framework across services and reducing the use of restrictive practices.
- Prevention and the importance of a public health approach.

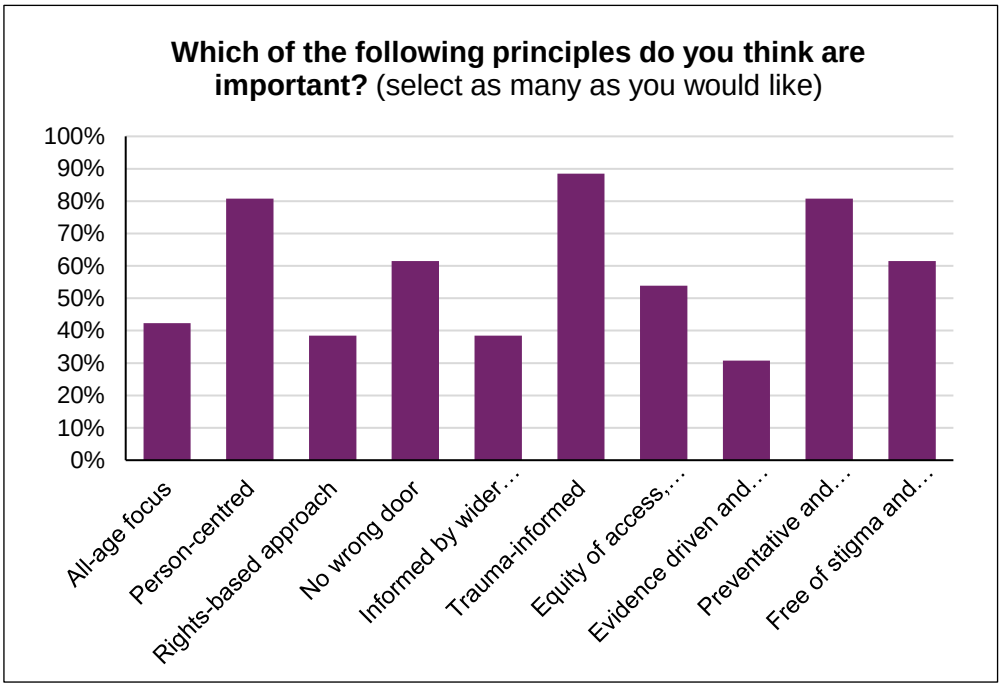
2.4. Reflections from experts by experience, which fed into the Expert Review Panel report on legislative reform and the subsequent White Paper on Ending Homelessness, showed the need for the current mental health and homelessness systems to change the way they operate. Some participants commented on the need for support to be available immediately and for more services to be available outside of traditional office hours, as people could experience a crisis at any time. Others shared how difficult it was to be seen by mental health services, especially if they are not already being supported by housing or homelessness services.

2.5. Some people with lived experience talked about the importance of public services having greater empathy, understanding and patience when people are not responding to communication or perceived as 'not engaging'. They highlighted that people may be experiencing mental health problems or another type of challenge, and that staff should not give up on them or close the case, but should consider what else they could do to help.

2.6. Another person highlighted the importance of multi-disciplinary outreach services, calling for a more consistent approach across Wales. They wanted outreach services with mental health specialists to be more visible and easily accessible for people experiencing homelessness in a range of settings.

3. Principles:

3.1. We asked attendees at our engagement session to select the principles they felt were important. We told them that they could select as many as they wanted. Some opted to show their support for a large number, while other chose to focus on the few that were most important to them.



3.2. The most popular principles were:

- Trauma informed (88%)
- Person-centred (81%)
- Preventative and values based (81%)
- No wrong door (62%)
- Free of stigma, shame, blame and judgement (62%)

3.3. When asked for further comments or whether anything was missing, people said:

- Recognising the value of multi-agency partnership working with statutory and third sector
- Creating clear pathways to holistic support
- Providing the right support at the right time
- Equal treatment of people with co-occurring conditions
- Co-production with people with lived experience

4. Vision statements

4.1. When consulting with our members there was general support for the vision statements themselves, but less confidence in the underlining actions to deliver them.

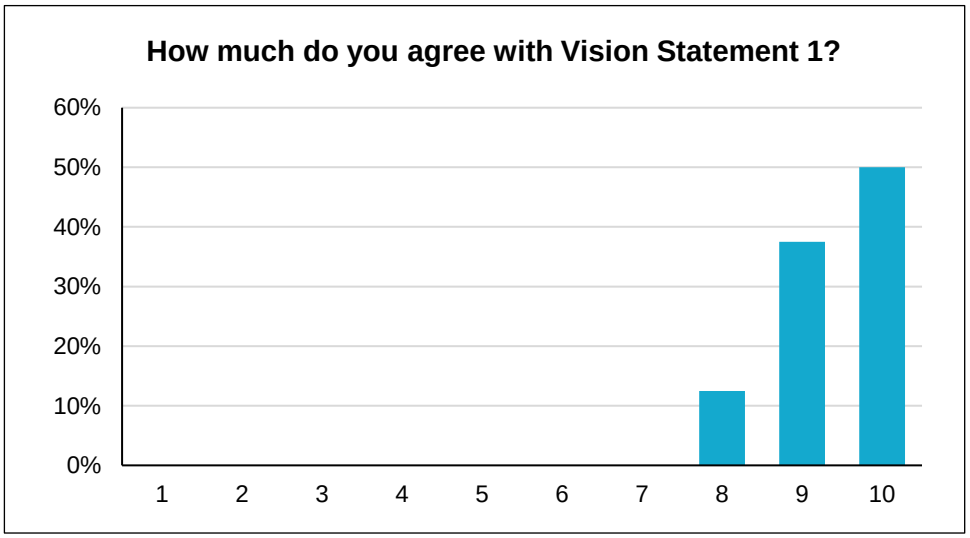
> *"Whilst most are excellent, it's the delivery of these and having the workforce and experience to deliver these in the community."*

4.2. Whilst people believed that many of the actions would be beneficial, there was an overall feeling that they did not go far enough, or would not have the intended outcome without further resourcing and system change.

> *"The money and resources need to be available to enable the actions to be workable!"*

5. Vision statement 1

5.1. Participants in our member engagement session largely agreed with Vision Statement One, giving it an average rating of 9.4 out of 10.



Average score = 9.4

5.2. However, when asked about the actions under vision statement one, people were more sceptical, with an average score of 8.2 and the lowest score being 5 out of 10.

5.3. **Individual responsibility:** Some concerns have been raised in relation to the actions that encourage people to take individual responsibility for improving their own mental health and wellbeing. While this may be entirely reasonable and helpful for large parts of the population, it must be recognised that some people are marginalised by society and face multiple disadvantages and barrier that may prevent them from being able to do this. This could be related to experiences of trauma, poverty and homelessness, or due to poor literacy, digital exclusion, lack of community assets, or poor transport links. It is important that any plans to encourage people to improve their own mental health and wellbeing recognise these barriers and ensure that already marginalised groups are not further disadvantaged.

> *"These are ok for people who can do their own research and engagement. Not for the majority."*

> *"For homeless population, does not reflect access to resource and services."*

> *"Vision needs to reflect population limited access to assets mentioned."*

> *"CPNs trying to put responsibility on the clients for sorting their own mental health."*

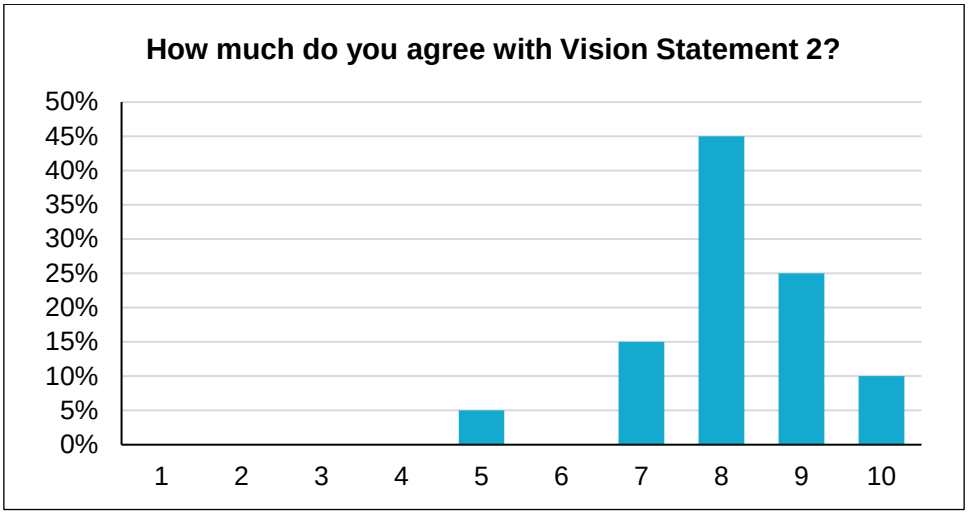
> *"What about improving transport links for cut off communities to access MH services."*

5.4. Some people thought that this could be overcome by involving people with lived experience in designing community services.

> *"People accessing services need to have the opportunity to actively develop services including budget decisions."*

6. Vision statement 2

6.1. It has long been recognised that homelessness is not just a housing issue, and likewise mental health is not simply a health issue. We and our members are fully supportive of a cross-government commitment to this mental health strategy, with each department and Minister contributing to its successful delivery. When asked how much attendees agreed with Vision Statement Two, the scores varied from 5/10 to 10/10, with an average score of 8.2.



Average score = 8.2

6.2. Participants at our engagement session were less convinced by the actions under vision statement two with the average score being 7.2.

6.3. The relative lack of enthusiasm may be a reflection on the actions being very process driven, focused on impact assessments and indicators, rather than clear actions to reform services.

> *"Jargon/process laden"*

> *"I feel like cross Government action is a buzz term for all strategies. Needs robust engagement and involvement with existing strategies and departments to embed."*

> *"Lots of jargon not easy to follow."*

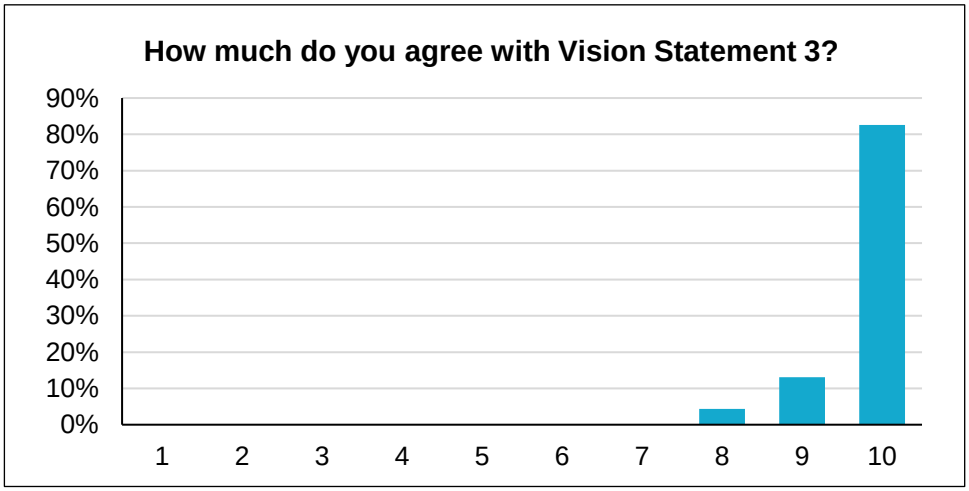
6.4. People also emphasised the importance of consistency and transparency when delivering the actions under Vision Statement Two.

> *"This needs to be implemented consistently across all LAs in Wales."*

> *"Greater transparency for health impact assessments not just being fed they have been done - not tokenistic! Let's see them!!"*

7. Vision statement 3

7.1. The housing and homelessness sector recognises the importance of people receiving the right support at the right time, and strongly advocates for a 'no wrong door' approach. Most of the people who are supported by homelessness and housing support services have a variety of support needs that need the input of different public services. It was therefore unsurprising that there was extremely strong support for this vision statement, with everyone attending our engagement event rating it 8 or more out of 10, with an average score of 9.8.



Average score = 9.8

7.2. The actions also received strong support, with an average score of 8.4 out of 10.

> *"Agencies working together is again essential."*

> *"It's vital that organisations work together to achieve what's best for the PERSON and to avoid duplication on who's doing what etc and important also to communicate with each other. Collaborative working is a must."*

> *"Any Mental Health Programme, must be partnership and not just health led-to reflect impact of complex presentations on all services."*

7.3. However, people raised concerns about the ability to achieve this action without the appropriate resourcing.

> *"How will the connected system work considering services are being cut?"*

> *"Money and resources need to be made available or all actions are pointless if unachievable due to inability to implement! Need a whole spend to save approach."*

> *"Doesn't appear to be anything about additional funding for services."*

> *"Partnership working is key, easier access to mental health services is needed. More money and resources also needed."*

> *"Early years and adolescence […] How can this be achieved when funding for wellbeing and pastoral services in schools is being stripped back all of the time?"*

7.4. There were also several comments about the need to improve communication and information sharing if partnership working is to be successful.

> *"Improve WCCIS as currently social services staff cannot access notes written by health and vice versa. Will help with collaborative working."*

Multi-agency disciplinary approaches

7.5. Several people commented on the positive multi-agency partnership working that has taken place across Wales in recent years. One person referenced an outreach project in Bridgend, working with people who are homeless or at risk of homelessness. This is based in a substance use service, with specialist mental health nurses embedded. It was described as a 'lifeline' for services supporting people experiencing or at risk of homelessness.

7.6. We are aware of other examples of good multi-agency working in other parts of Wales, such as the multi-disciplinary team and health inclusion work in Cardiff and the Vale. In addition, people in the homelessness sector have spoken very highly of the outreach team in Cwm Taf Morgannwg, where Welsh Government complex needs funding has been utilised by the Area Planning Board and local authority housing team to deliver multi-disciplinary outreach to people experiencing homelessness and people living in supported accommodation or Housing First tenancies. The partnership approach and combined funding across health and housing has enabled people to receive rapid access to specialist trauma, mental health and substance use practitioners, who have also help people to access further services within the health system. The team has grown from a handful of people to a team of fifteen, reaching people previously marginalised and excluded by services, having a positive impact on their mental health.

7.7. We strongly advocate for this type of multi-agency approach, particularly where there is both national strategic support and funding, combined with regionally or locally led approaches and funding to meet the needs of marginalised groups. We therefore hope that the complex needs funding continues well into the future, and that strategic partnerships between health and homelessness at a national, regional and local level endure.

Legislative proposals for ending homelessness

7.8. We fully support the proposals in the Welsh Government's White Paper on Ending Homelessness, which seek to encourage wider public services, such as health, to play an active role in preventing and alleviating homelessness.

7.9. One of the proposals is to place duties on wider public bodies to identify, act and refer if someone is experiencing or at risk of homelessness. While this has obvious benefits with regards to housing, earlier intervention and the prevention of homelessness will also reduce the likelihood of mental health problems developing or worsening.

7.10. Another recommendation the Ending Homelessness White Paper with great relevancy to this strategy is the proposal for case coordination when someone is in contact with several public services. This would address current frustrations with duplication of work or people not receiving the right support at all. Our members routinely support people experiencing multiple disadvantage, who often require access to more than one public service. There are some great examples of different public services working collaboratively to provide the best outcome for people experiencing homelessness, but these approaches are often driven by passionate individuals and are not systemic. Unfortunately, not everyone who enters the homelessness system is guaranteed this coordinated response. The White Paper proposal for an enhanced case coordination approach and a designated lead should ensure that people facing multiple disadvantage can expect a good level of communication and cooperation, regardless of the area in which they access services.

Over-reliance on third sector support

7.11. Providers highlighted concerns about how reliant people are on housing support staff when navigating the mental health system. They also expressed frustration about how frontline workers themselves are often left at a loss when trying to get someone into mental health treatment, due to the inaccessibility of the system. With wider public services being so stretched and thresholds for mental health support being so high, people are often passed between public services until they enter homelessness. Once this happens, they are often in crisis, but homelessness and housing support workers often struggle to access help from mental health services.

7.12. As a result, homelessness and housing support workers are often left on their own to support people experiencing mental health crises. Some told us that they are frequently required to support people with suicidal ideations because mental health services haven't responded to people's needs. While frontline homelessness and housing support workers are very skilled and capable of supporting people with a range of challenges, they are not mental health professionals. Many often feel that they are left on their own, without the right clinical knowledge or expertise, when mental health services should be stepping in.

> *"Front line workers are expected to be a jack of all trades to provide a sticking plaster for the lack of services and support for people in Wales."*

> *"People constantly referring, nobody taking them on – support workers left being the only person holding that person up. What do you say to people when you're supposed to be supporting them and you're not able to get them help?"*

> *"As a HSG commissioner speaking to providers we can see how difficult it is an how it's just left to housing to support – an increase in incidents in properties, how do we support them? They need support from wider services, when services know there is HSG support in place they don't prioritise."*

> *"External agencies need to stop handing back to staff when service users are in crisis. It's believed that being support workers/case workers we are expected to deal with the crisis."*

7.13. Whilst there were calls from providers to have better access to training for staff supporting people with complex mental health needs, there is also a clear need for mental health services to respond more swiftly and appropriately to people in homelessness services who need a mental health intervention.

Recognising the expertise of homelessness and housing support workers

7.14. Despite the above evidence showing that homelessness and housing support workers are often left to support people with complex mental health issues, a key theme from our members is that people working in housing and homelessness services are not respected for their experience and expertise by mental health professionals.

7.15. While they do not claim to be mental health experts, homelessness and housing support workers often know the person better than wider public services. Their frequent contact with the people they support means that they witness their ups and downs and can often spot the early signs of a crisis. Yet there is frustration that their views and expertise are not taken seriously by other professionals, including by mental health services. This can lead to missed opportunities to deliver the right intervention that could prevent people's mental health from deteriorating. The strategy should recognise homelessness and housing support services as integral partners whose opinions and expertise are recognised and taken seriously. In particular, it would be extremely helpful for homelessness services to be able to refer people for mental health support.

Concerns about new approach to policing and mental health

7.16. A number of our members raised concerns about the new 'Right care, right person' approach that is being adopted by the police. People felt that police withdrawing any support when someone is experiencing a mental health crisis will lead to additional pressure on an overstretched system, which puts people at risk. Again, there were fears that homelessness and housing support workers will increasingly be left without support from other public services when people are experiencing a crisis and at risk to themselves or others.

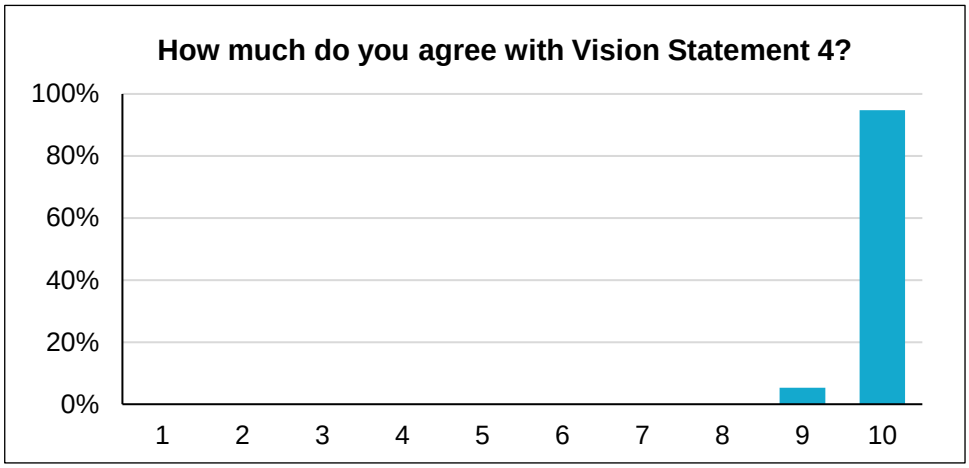
111+2 helpline

7.17. During our discussions with the homelessness and housing support sector, a number of people commented that the 111+2 number for mental health support is not working as it should. Some reported that the phoneline is often busy and they struggled to get through to someone on the other end. There are also concerns that there could be a trend towards more remote services through the telephone or the internet. While these can be helpful for some, it is also important to ensure that there is access to face-to-face interventions, particularly where people already face inequalities or barriers to accessing help.

7.18. Another person told us that the 111+2 number was referring people to third sector support organisations that are not commissioned to provide this support, placing additional pressure on their overstretched service, with no additional funding to create more capacity.

8. Vision Statement 4

8.1. As with Vision Statement Three, there was a huge amount of support for Vision Statement Four and of a more joined up and seamless mental health pathway. People felt that this was an area that required the most improvement and they were strongly in favour of the ambition outlined in this statement. 95% of attendees at our engagement event selected 10 out of 10 when asked how much they agreed with this vision statement, with an average score of 9.9.



Average score = 9.9

8.2. However, this was caveated with a strong feeling that Wales is far away from making this a reality for people who are marginalised, such as people experiencing homelessness.

> *"Sounds great, however the current system is broken and there has been many attempts and strategies to fix it unsuccessfully, what's different this time?"*

> *"There is a huge disparity in the vision and the reality faced by people who are homeless or vulnerable in other ways - for example the noticeable increase in hospital discharges with no care plan or more than 3 days worth of medication when the individual doesn't even have a GP."*

8.3. Again, several people highlighted the need for additional resources to make this a reality. Some raised concerns about unintended consequences resulting from some of the actions in the strategy, which could lead to increased pressure on the mental health system.

> *"Within vision statement 1 an action was expanding on campaigns etc to promote knowledge and opportunities to improve mental health and reach out for support. Actions within vision 3 would also increase people reaching out for support. This in turn will lead to an increase in contact/demand for services. Will additional services and pathways be put in place to accommodate this or further stretch existing services? I wouldn't want to see people taking the step to reach out for support to be met with a disappointing 18 month wait and could impact them making further contact and addressing health needs again. No reference to this in the vision actions."*

> *"As before, actions are great but in all there has been no mention of ensuring money and the resources are available to implement!"*

> *"Sustainable approach means sustainable funding for all to meet the needs of our clients."*

Current barriers to engaging with mental health:

8.4. During our discussions with the sector, we heard too many examples of housing support providers being unable to get mental health services to engage with their tenants or clients, leading to that person's mental health deteriorating further and them becoming at greater risk of homelessness. We recognise that health services, like many public services, are facing huge demand, particularly since the pandemic. However, too many people are currently left without the treatment and support they need, which inevitably leads to poor outcomes for the person and a greater cost to the public purse.

8.5. This point has been echoed by experts by experience, who have shared stories which illustrate the missed opportunities, where people have not been able to access the healthcare they need. This has been particularly challenging with regards to mental health services.

Inadequate responses to crisis

8.6. The largest number of concerns about the current mental health system were in relation to its inability to respond to people who are in crisis. We heard countless, heart-breaking accounts from homelessness and housing support staff who have been trying to advocate for the people they support, but repeatedly encounter barriers and inappropriate responses to crises. Here are some experiences that services and frontline workers have shared with us.

> *"Waited 6 hours (with client) for a mental health assessment for a client who had overdosed on medication in an attempt to take their own life. The response was that they were sent back to GP for more medication. This person had taken so long to work up the courage to ask for help, now the trust is broken and they don't want to go to anymore appointments. When he wanted the help, he tried and was passed back to where he started – this is not 'no wrong door."*

> *"(We're supporting) people who have been overdosing who are being given phone numbers and no follow up, if there is they're being told to wait 5 moths for assessments."*
> *"I supported a client who was under the autistic team, they were taken off this teams list when they were passed to mental health, mental health deemed they didn't meet the threshold and passed them back but the autism team had already withdrawn their duty so there's now nobody supporting him."*

> *"We're low to moderate support but so many people coming in in crisis who have been dismissed by community mental health it's really difficult when the next step for us is to refer onto community MH and they've already been dismissed."*

> *"One client has waiting 4 months for an appointment when presenting to A&E as suicidal, I supported someone waiting for 4 years for an appointment who in the meantime was only given videos and self-help materials – people are desperate"*

Co-occurring mental health and substance use issues

8.7. One of the biggest issues identified by housing and homelessness providers was the experience of people with co-occurring substance use and mental health issues. Too many people face stigma, discrimination and unacceptable barriers that lead to poor experiences and outcomes. Lots of homelessness and housing support providers told us that people who are using substances are often turned away from mental health services and vice versa, with neither team taking responsibility for providing treatment or support. This often leaves people with co-occurring issues without any support and can lead to their substance use and mental health worsening.

8.8. Homelessness and housing support providers who support people with co-occurring mental health and substance use issues shared their frustrations at this approach, highlighting it does not meet the strategy's aim of being trauma-informed or the commitment to meeting the needs of under-served groups. People with mental health issues are sometimes 'self-medicating' due to unresolved trauma, dealing with the experience of homelessness or having to wait too long for mental health services. This should be well understood by services and an inclusive, trauma-informed approach should be taken.

8.9. There is a current perception that people who use substances are 'not worthy' of support, this must be fiercely challenged in the action plan to ensure everyone is getting the appropriate response.

> *"(I'm) part of the outreach team, seeing people in worst mental health crisis who are self-medicating whilst on the streets to see them through. The response we get from mental health teams is 'they take drink and drugs that's why they have bad MH' which is not true it's insecure housing – the reality so far removed from the current action plan."*

> *"(Mental health will) refuse to speak to anyone who's under the influence – 'he swore at me' is often used as a reason to refuse treatment or discharge – that behaviour is a sign of poor mental health, shouldn't be a reason to discharge."*

On a different note, the recent expansion of Buvidal provision has been very helpful for many people. However, we have heard accounts from our member and partner organisations about how this treatment pathway can lead to people confronting past traumas that may have contributed to their substance use. It is critical that people in this position have rapid access to psychological therapies to help them to cope with their trauma and avoid relapse.

Ending support for 'non-engagement'

8.10. Lots of people in the homelessness and housing support sector expressed frustration with mental health services closing people's cases due to 'non-engagement'. If this strategy is to achieve its aim of meeting the needs of under-served groups, then mental health services need to understand that a lack of engagement can be a symptom of the challenges that marginalised people face.

8.11. People experiencing homelessness are often moving from one place to another, without a fixed address and may struggle to keep track of appointments or receive communication. Many have experienced significant trauma in their childhood and/or adulthood and may find it very difficult to trust or engage with services. To be a truly trauma-informed system, all services need to recognise the impact of trauma, understand the significant barriers facing under-served groups such as people experiencing homelessness, and consider how they can enable engagement and avoid removing people from services.

> *"It's like there's a framework on how people should behave and if you don't meet it you will be penalised. Lots of services don't stand back and think what are the MH issues which prevents this person from moving forward? This is seen a lot with CMHTs, it is a real challenge providing trauma-informed support in temporary accommodation that is managed by a non-PIE sector! Staff see clients evicted onto the streets on a weekly basis for not being able to adhere to the 'rules'."*

> *"Very often a lot of the very complex behaviours that staff are seeing are not recognised as MH issues and seen as character faults, it's then not given the support and the professional curiosity that's needed to get to the root cause – this is often linked to trauma, difficulties with emotional regulation."*

Alternatives to medication

8.12. We heard from some housing support workers that the people they support are often only offered medication, and are not given real choice about their treatment and support options. Sometimes an alternative is offered, but the waiting times mean that this is not a viable option when someone needs support now. Some people also said that people can be prevented from accessing psychological therapies if they do not agree to take medication.

8.13. Similarly, people are also being refused treatment if they do not have an official diagnosis. There are many reasons why a person may not have a diagnosis but need support.

- The process of getting a diagnosis may retraumatise people
- People may not want an official diagnosis but still need / want help for their symptoms
- The process for getting a diagnosis is lengthy, so even if people are actively pursuing a diagnosis it could still be years before without support

8.14. We welcome the recognition in the strategy of the social determinants of mental health, but believe that the system needs to reflect this. There needs to be a system where people are still able to receive the help they need without feeling that they are only being offered

medication, or that alternatives are too difficult to access in a timely manner. Additional thought should be given to the range of options that can be offered to people seeking help for their mental health.

Refreshing the community mental health model

8.15. Providers expressed particular concerns about access to community mental health support for the people they support and a lack of seamless pathways. People felt that the way things are not working as they should, and there needs to be a refresh that takes a more trauma-informed, person centred approach, works better in partnership with other non-health agencies and enables access when people need it.

> *"CMHTs need to be more trauma informed, easier access to mental health services and GP appointments. More funding needed to make this happen."*

> *"There is a worrying 'gap' in Community mental health support and there are not seamless pathways presently. Also, different parts of MH Services don't take accountability & you are sometimes past from one person / area to another with nobody taking responsibility to help."*

8.16. While the people we engaged with did not offer any clear solutions, we believe it would be beneficial for any review of community mental health services to engage with the homelessness and housing sector. They will have useful insights into the current barriers and opportunities for positive change, and are keen to work in partnership with mental health services and policy makers to inform solutions that meet the needs of people experiencing or at risk of homelessness.

Mental health support for marginalised groups

8.17. One of the key actions under Vision Statement Four relates to ensuring a person-centred approach and equitable access for people with protected characteristics. There are specific and intersecting ways in which marginalised groups experience both homelessness and mental health which requires specific support options. We urge the Welsh Government to heavily consult with specialist by and for organisations to fully understand the barriers which need to be dismantled. These are some of the issues which were raised during engagement with our membership.

> *"Hearing the voices of minority groups is sound, understanding what is heard a being able to take appropriate actions, accessible and available support is more important."*

8.18. **LGBTQ+ people**: Research shows that LGBTQ+ people are more likely to experience mental health problems and homelessness. Some people from homelessness and housing support services raised concerns about the lack of support options for LGBTQ+ people, particularly in the trans community. Where people may be facing discrimination, it is important to ensure that people have access to services where they feel safe to ask for help.

8.19. **People leaving prison**: There were a number of issues raised about the mental health options for people leaving and entering prison. We heard that when people enter prison, their medication can be stopped or delayed, which causes significant problems for them. In addition, we have also been told by support providers and people with lived experience that it can be difficult to get their script when leaving prison. Some also told us that they had access to mental health support in prison, but faced huge waiting lists when released into the community. This poses the risk of their mental health deteriorating and increases the risk of homelessness and reoffending. It was also noted that there has been an increase in the criminalisation of people who are mentally unwell and vulnerable. People are entering the criminal justice system because their mental health needs aren't being met.

8.20. **Domestic abuse survivors**: VAWDASV service raised concerns about the lack of understanding of the complexity of the issues facing the people they support. For example, they have supported survivors of domestic abuse whose children have been taken into foster care. This has resulted in women becoming suicidal, but they are given anti-depressants and referred to mental health with no acknowledgment of the complex trauma they have experienced or the specialist support they may require.

8.21. **Sexually exploited women**: Specialist VAWDASV services who work with sexually exploited women have heavily called for a more trauma informed approach as the survivors they support are often discharged for 'non-engagement'. As well as there being behaviour which has stemmed from experiencing trauma it was also noted that if people are being controlled or exploited, they may miss appointments.

8.22. **Refugees and people seeking sanctuary**: Mental health is a big area of focus for sanctuary seekers and refugees in the UK. This is not only due to the experience of forced displacement but also a product of the hostile environment impacting how sanctuary seekers and refugees can access support. The way this is experienced is quite niche, so traditional interventions are not always appropriate - we urge the strategy to coproduce solutions with sanctuary seekers and refugees.

8.23. The mental health of asylum seekers and refugees is a pressing concern due to the various challenges they face before, during, and after migration.

- Mental Health Inequality: The risk of mental health problems is unevenly distributed in society, with those facing greater disadvantages experiencing higher risks. Asylum seekers and refugees are particularly vulnerable due to their unique circumstances.
- Pre-Migration Trauma: Experiences such as torture, war, violence, and loss in their home countries can lead to mental health conditions like PTSD, depression, and anxiety.
- Post-Migration Challenges: The difficulties of adapting to a new culture, financial insecurity, unemployment, inadequate housing, social isolation, and discrimination further exacerbate their mental health risks.
- Higher Prevalence of Mental Illness: Asylum seekers and refugees exhibit significantly higher rates of PTSD and depression compared to the general population.
- Gender-Specific Vulnerabilities: Women from refugee backgrounds are particularly susceptible to mental distress, depression, anxiety, and PTSD due to increased risks of violence and exploitation.
- LGBTQI+ Experiences: LGBTQI+ asylum seekers and refugees often face multiple traumatic events, including rejection, violence, and exploitation, leading to mistrust and fear.

8.24. Wales Refugee Council shared the following statement with us:

> *"Governments across the UK should prioritise understanding and addressing the issue of suicide among asylum seekers and refugees. This involves enhancing data collection on suicides within this population, including unaccompanied asylum-seeking children, and incorporating migration status into existing surveillance programs. Additionally, the commitment to recording ethnicity on death certificates should be expedited to include migration status. Research efforts should focus on identifying the drivers of suicidality among these groups. Healthcare professionals and relevant staff across different sectors should receive training to assess and respond to suicide risks among asylum seekers and refugees, considering their unique pre- and post-migration experiences. Integrated Care Systems and other health and care systems should adopt a public mental health approach to protect the mental well-being of these populations and address the factors contributing to suicide risk."*

9. Further points

9.1. While the information below does not fit neatly under any part of the strategy, this was an issue that was raised multiple times with us. We therefore wanted to ensure it was reflected appropriately in our response. While the responsibility for temporary accommodation lies with the housing directorate, the impact on people's mental health is clear.

The impact of temporary accommodation on mental health:

9.2. The most recent data available shows 11,692 individuals were housed in temporary accommodation (TA) on 31 March 2024. Support providers raised this issue several times and felt it should be addressed by the strategy. They shared anecdotes of people's health getting significantly worse in temporary accommodation and people who had low level or no mental health issues when entering TA were leaving with significant mental health issues.

9.3. The negative impact that prolonged stays in unsuitable temporary accommodation can have on a person's wellbeing are well documented. Shelter Cymru's report looking into suitability of temporary accommodation in Wales in 2015 stated that "very few" of the participants had found their temporary accommodation to be suitable for their needs. The report highlighted that suitability was a particularly acute issue for disabled people. Other impacts outlined included:

- Inaccessible locations leading to feelings of isolation and difficulties with mental health.
- A lack of facilities leading to tensions and even violence among residents.
- Feeling abandoned where placed in accommodation that did not meet their support needs.

9.4. This was strongly echoed by the people with lived experience who engaged with us during the work of the Expert Review Panel on legislative reform. Our conversations with people in temporary accommodation highlighted a range of issues that impacted their wellbeing:

- Not having a room of your own
- Parents being required to share a room with several children
- Not having your own living space
- Being accommodated with people who were actively using drugs
- Having cameras in your 'home'
- Inexperienced agency staff at evenings or weekends
- The length of time some people had spent in that temporary accommodation
- The uncertainty of never knowing when you might be able to move on
- The negative impact on their children and the feeling that they could not be the best parent in temporary accommodation
- The poor quality of some of the accommodation
- Being located far away from support networks, schools or workplaces
- Being placed in inappropriate or unsafe accommodation

9.5. A person who was currently navigating the system said this:

> *"I lost my job because of stress and depression after getting kicked out. I never had mental health problems before this. I can't even think about getting another job because I'm worried about where I'm going to be in a months' time."*

9.6. Another person in temporary accommodation told us:

> *"Temporary accommodation is like a prison but you don't know when you're going to be released."*

Thank you for considering our response.