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|  <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p> | <p>Name of Meeting Board Date of Meeting 31 July 2025 Agenda item: 3</p> |
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| Public Mental Health Focus | |
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| Executive lead: | Professor Jim McManus |
| Author: | Emily van de Venter, Consultant in Public Health (Mental Wellbeing) and Interim Director of Health Improvement |

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| Approval/Scrutiny route: | Circulated to the Business Executive Team for comment prior to submitting to the Board |
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| <p>Purpose</p> <p>To provide the Board with an overview of existing activity within Public Health Wales which sits under Strategic Priority 2 (Promoting Mental and Social Wellbeing) and wider activity which contributes towards a public mental health approach.</p> |
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| Recommendation: | | | | |
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| <p>APPROVE</p> <p><input type="checkbox"/></p> | <p>CONSIDER</p> <p><input checked="" type="checkbox"/></p> | <p>RECOMMEND</p> <p><input type="checkbox"/></p> | <p>ADOPT</p> <p><input type="checkbox"/></p> | <p>ASSURANCE</p> <p><input type="checkbox"/></p> |
| <p>The Board is asked to consider the content of this report and its position on expanding work on our 'Mental and Social Wellbeing' strategic priority to formalise a public mental health approach within PHW.</p> | | | | |



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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| Strategic Priority/Well-being Objective | 2 - Promoting mental and social wellbeing |
| Strategic Priority/Well-being Objective | 3 - Promoting healthy behaviours |
| Strategic Priority/Well-being Objective | 5 - Supporting a sustainable health and social care system |

Summary impact analysis

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| Equality and Health Impact Assessment | N/A |
| Risk and Assurance | N/A |
| Health and Social Care (Quality and Engagement) (Wales) Act | N/A |
| Financial implications | N/A |
| People implications | N/A |



1. Purpose / situation

Public Health Wales currently has a Strategic Priority to 'Promote Mental and Social Wellbeing'. This is an important element of protecting and improving population mental health and wellbeing, but is just one aspect of a Public Mental Health approach.

This paper aims to outline what is meant by Public Mental Health and identifies existing activity across the organisation that contributes to public mental health. Whilst collaboration exists within the organisation across many of these areas there is currently no formal co-ordination of activity under what might be considered as a Public Mental Health priority.

It is timely for the Board to consider this area given the launch of Welsh Governments [Mental Health and Wellbeing 2025-35 Strategy](#) in April of this year.

2. Background: What is Public Mental Health?

Public mental health is the science and art of improving mental health and wellbeing and preventing mental illness through the collective efforts of society—governments, communities, organisations, and individuals. It recognises that mental health is not just the absence of mental illness but includes positive psychological attributes like resilience, optimism, and strong social relationships.

Improving population mental health requires cross-sector collaboration: engaging health, care, education, housing, employment, justice and community sectors. Workforce development, embedding mental health in all policies and community engagement and empowerment are vital. Public Health Wales (PHW) delivers a range of activity in line with a public mental health approach.

3. Key Components of a Public Mental Health approach and current activity in PHW

A public mental health approach should address the components outlined in figure 1, whilst balancing whole-population action and targeted activity for people experiencing circumstances that put them at greater risk of poor mental health and wellbeing. Action should address mental health needs from cradle to grave, recognising differing needs at critical life stages and transitions (e.g. the early years, adolescence, parenthood and retirement).



Figure 1: Key components of a public mental health approach

3.1 Promotion of Mental Wellbeing

The promotion of mental wellbeing requires action to protect and promote factors influencing mental wellbeing at an individual and structural level. Key components include

- Building resilience, emotional literacy and social connection
- Developing supportive environments (communities, schools, workplaces) that foster wellbeing
- Addressing inequities in access to and engagement with wellbeing-promoting activities and community assets.

3.1.1 Delivery in PHW

Hapus programme (Health Improvement Division): PHW is facilitating a national conversation on mental wellbeing to raise awareness of actions individuals, families and communities can take to protect and improve mental wellbeing. Collaboration with national, regional and local organisations within and outside of the health sector is also underway to influence access to wellbeing-promoting activities and community assets.

Education (Health Improvement Division): Education settings provide an important setting through which action can be taken to protect and promote the mental and wellbeing of Children and Young People. The Whole-school approach to emotional and mental wellbeing programme supports maintained schools to embed action to support learning wellbeing through environments that foster positive



relationships, promote social and emotional learning and improve access to early support.

Healthy Working Wales (Health Improvement Division): Supporting employers to embed policies and practice to improve workforce health and wellbeing. An updated digital offer provides advice, guidance and tools to enable employers to take positive action for mental health. An employer peer-mentoring programme is in development to enhance sharing of good practice amongst employers in Wales.

Social connection (Policy and International Health): A review of practice in Wales to improve social connection is currently underway. This follows the publication of the first report from the WHO [commission on social connection](#).

Healthy behaviours (Health Improvement Division): The relationship between healthy lifestyle behaviours and mental health and wellbeing is bi-directional. Physical activity, sleep, diet and healthy weight are protective for mental health and wellbeing. However poor mental health and wellbeing can impact negatively on engagement with healthy behaviours.

Hapus promotes the importance of looking after our physical health, and PHW's Healthy Behaviour programmes on physical activity (school-based action and the National Exercise on Referral programme for adults), diet and healthy weight (in schools and communities) and our smoking cessation programme recognises the importance of these behaviours for mental health and wellbeing. Making Every Contact Count training resources have been updated to incorporate brief intervention for mental wellbeing alongside traditional health behaviours.

3.2 Prevention of Mental Illness

Preventing mental illness requires addressing risk factors such as poverty, trauma, discrimination, and social isolation. Action can be taken to improve early intervention in schools, families, and communities. Reducing stigma associated with key risk factors, such as poverty and experience of violence and abuse are important to reduce the impact of such experiences on mental health.

3.2.1 Delivery in PHW

ACE Hub Wales (policy and International Health): Working to prevent, tackle and mitigate the impacts of adverse childhood experiences. The ACE Hub Wales influences organisations to be trauma-informed and to create conditions to minimise exposure to adversity, trauma and distress as, moving towards Wales being a Trauma-informed nation

Violence prevention (Policy and International Health): The Wales Violence Prevention Unit works with a broad range of partners across Wales to prevent violence in Wales, developing and promoting evidence-based practice. The work



applies a systems approach working with health, education, police local authorities and voluntary and community organisations.

Child poverty (Cross-Directorate – Policy and International Health and Health and Wellbeing Directorate): PHW plays an important advocacy role to strengthen action to address child poverty in Wales. The [2024 Child Poverty Strategy for Wales](#) highlights important areas where PHW plays a led role, including action in the first 1,000 days (from conception to age 2) to improve breastfeeding rates and uptake of the Healthy Start and Flying Start and increase access to play opportunities to enable more babies and young children to have the best start in life. The Health and Wellbeing Promoting Schools programme advocates ways to reduce the impact of poverty on the school day.

The Building Healthier Wales Co-ordination Group is under-taking a collaboration needs assessment to support action on Child Poverty through regional and local partners.

Education (Health and Wellbeing Directorate): Improving educational outcomes contributes to lower risk of poor mental health in later life. The Wider Determinants Unit has undertaken work to identify key influences on the educational attainment gap and is due to publish a report on the PHW contribution to addressing the gap in Autumn 2025.

Employment (Health and Wellbeing Directorate): Employment and good working conditions are protective against poor mental health. The Healthy Working Wales programme is delivering work to enhance employment experiences for disabled people and developing resources to support young people in employment, with a focus on mental health problems and reducing economic inactivity. In addition to directly supporting employers PHW is developing a cross-organisational workstream to identify further action that can be taken on worklessness.

Drugs, alcohol and gambling (Health Improvement Division and cross-Directorate): Drug use, harmful alcohol use and problematic gambling are important risk factors for mental illness. A Substance Use Needs Assessment is in development to highlight priority areas for action to improve prevention and treatment of drug use disorders. Work to reduce harms from alcohol includes embedding use of the AUDIT-C tool in clinical practice to improve identification and brief advice for harmful alcohol use. A new cross-organisational programme of work is in development to prevent and treat problematic gambling, to be funded by the UK statutory gambling levy.

Early Years (Health Improvement Division): Developing secure relationships during infancy set the foundations for resilience and positive mental health throughout life. The [Early Years Framework for Action](#) was launched on the 8th July to harness system-wide action to enable babies and young children to have the best start in life. The Every Child resources are important sources of information for



parents and action to improve breastfeeding rates is likely to contribute towards improved parent-infant relationships and CYP mental health.

3.3 Early Intervention and Access to Services

Early intervention requires identification of signs of distress and enabling access to person-centred support that enables action on factors that matter for individuals to reduce risk and increase protective factors. Ensuring timely access to mental health support. - Integrating mental health into primary care and community services. - Providing targeted support for vulnerable groups.

Reducing stigma associated with poor mental health and increasing mental health literacy are essential to enable help-seeking and provision of culturally appropriate services and support.

3.3.1 Delivery in PHW

Social prescribing (Primary Care Division): The Primary Care Division support health, care and community services to embed person-centred social prescribing approaches in line with the National Framework for Social Prescribing. Social prescribing aims to increase engagement with community assets which support health and wellbeing, a range of needs can be addressed from loneliness to financial insecurity. Work is being led by the Primary Care Division, in collaboration with the Research and Evaluation Division to evaluate emerging approaches to delivering social prescribing approaches for children and young people in Wales.

School in-reach teams (Health Improvement Division): PHW supported Health Boards to establish and develop CAMHS In-Reach teams across Wales. System collaboration continues with support to local public health teams to ensure alignment with WSAEMWB activities and with NHS Performance and Improvement to progress delivery of the ambitions of the Mental Health and Wellbeing Strategy 2025-35.

Development of rapid access mental health services and support (Health Improvement): NHS Performance & Improvement are leading on the development of new models of care for children and adults which will provide rapid access to support. Advice and guidance is being provided by PHW to ensure these developments respond to the needs of people in Wales, address health inequalities and promote wellbeing and sustained recovery.

3.4 Recovery and Inclusion

Enabling sustain recovery requires supporting people with mental health conditions to live fulfilling lives. Promoting social inclusion, peer support, employment, opportunities and housing support are key elements of recovery approaches. Inequalities in physical health outcomes affected people with mental illness, with diagnostic overshadowing and barriers to support impacting on outcomes. Co-



production of services with people with lived experiences is key to improving physical and mental health outcomes for people with mental illness.

Whilst activity exists in this area there is scope for additional work with inclusion health groups who experience multiple complex risk factors, including those in contact with criminal justice settings, people experiencing homelessness and asylum seekers and refugees.

3.4.1 Delivery in PHW

Recovery colleges (Health Improvement Division) – Recovery colleges are emerging across Wales with all Health Boards expected to develop plans for rollout by the end of 2025/26. The Health Improvement Mental and Social Wellbeing Team are in the early stages of engaging with Recovery College leads to identify opportunities to support these developments and build connections between mental health services and community-based support, enhancing promotion of mental wellbeing and improving patient recovery journeys.

Co-production (Health Improvement Division): The Mental and Social Wellbeing Team worked with Welsh Government to establish a Co-Production Advisory Group. The group, which includes broad representation of population groups at higher risk of poor mental health and wellbeing, supported the development of Vision Statement 2 of the new Mental Health and Wellbeing strategy. PHW continues to provide support to further develop the role of this group in influencing policy and practice.

3.5 Suicide prevention, surveillance and response

Suicide prevention and response requires systemwide action to raise awareness and reduce stigma, prevention and early intervention activity targeted at higher risk groups, community engagement and reducing access to means. Providing timely access to support during crises of despair and bereavement support for those impacted by deaths by suicide are also key. A robust monitoring and surveillance system is required to enable effective prevention and timely responses to incidents and changing patterns of need or risk factors.

3.5.1 Delivery in PHW

Suicide surveillance (Research, Digital and Data Directorate): PHW provide a 'Real Time Suspected-Suicide Surveillance' system for Wales. Data from police is collated and analysed to enable the identification of changing patterns of risk factors, emerging means of death by suicide and early warning of potential clusters of deaths by suicide. Work is underway to develop an agreed All-Wales protocol for investigating and responding to potential clusters.



Suicide prevention and response: Suicide prevention and response activities in Wales are delivered through the National Suicide Prevention Programme, led by NHS Performance and Improvement. There is currently little involvement from PHW to support suicide prevention and response activities in the system.

3.6 Data, Research, and Evaluation

Accessible data and evidence is vital for informing policy and practice. Population indicators to monitor population mental health outcomes, inequalities and patterns of risk and protective factors enable the delivery of targeted action. Similarly data on access, experience and outcomes from accessing care and support are vital for continuous improvement of services.

3.6.1 Delivery in PHW

Mental and Social Wellbeing (Health Improvement Division and Research and Evaluation Division): Academic collaborations are in place to strengthen the evidence base on wellbeing outcomes and inequalities in Wales. Additionally, the Research Digital and Data Directorate have worked closely with the programme team to develop and deliver robust plans to evaluate the delivery and impact of the Hapus programme (incorporating a national conversation and cross-sector partnership activity).

Children and Young People’s Mental Health and Wellbeing (Health Improvement Division and Research and Evaluation Division): The School Health Research Network (SHRN) dataset provides a useful range of indicators on mental health and wellbeing outcomes and risk/protective factors for children and young people (up to age 16) in Wales. PHW have used this to assess the relationship between mental health and mental wellbeing, finding a strong association between the two and common risk factors (for those where data is available). Other linked-data analysis (SAIL) has identified service contacts prior to accessing mental health crises services, along with qualitative research exploring the experiences of young people accessing crisis care.

A children and young people’s mental health needs assessment (CYP MHNA) for Children and Young People is under development. The CYP MHNA draws on SHRN data, UK data and the perspectives of leading experts who have contributed to a series of Roundtable meetings to explore patterns and drivers of distress. The MHNA will support NHS Performance and Improvement in developing new models of care for child and adolescent mental health services and the wider system response to rising needs among children and young people.

Population Indicators (Research, Data and Digital Directorate): The National Indicator set (for the Wellbeing of Future Generations Act) and Public Health Outcomes framework include a number of important (although not complete) indicators on risk and protective factors for adult mental health and wellbeing,



such as loneliness, mental wellbeing, sense of community, safety, air quality, income, education and employment. However, gaps remain in the availability of data on access to and outcomes from mental health services.

3. Summary

As shown in this report a range of activity to protect and promote population mental health and wellbeing is happening across PHW. In some areas activity is well established, in others it is emerging and could be strengthened. PHW has a strong approach to promoting mental wellbeing and is taking action to address a number of key risk factors for mental ill-health.

PHW activity to support early intervention and access to support is primarily focused on developing social prescribing across Wales. Whilst this focus is valuable in addressing risk and protective factors there are opportunities to further collaborate (capacity dependant) with and through NHS partners, strengthening our healthcare public health offer to improve equity of access, patient experience and improve recovery journeys for people accessing mental health services in Wales. A greater focus on 'inclusion health' groups would be valuable if additional resourcing was available.

Delivery and development of the Real-time Suspected-Suicide Surveillance system by PHW is crucial for effective suicide prevention and response activities. However, PHW could play a stronger role in leading a public health approach to suicide prevention.

In respect to a life-course approach there is system leadership in place to support babies and early childhood development, but a greater focus is required on this priority period. There is established activity to protect and improve mental health and wellbeing through maintained schools, but wider community-based approaches could be further developed for children and young people. Mental health during key stages such as the menopause and later life, is not yet being directly addressed. Improved availability and accessibility of data across the life-course would strength further action.