

Welsh Government Draft Mental Health and Wellbeing Strategy 2024-2034

June 2024: Crisis response



About Crisis

Crisis is the national charity for people facing homelessness across Wales, Scotland and England. We know that homelessness is not inevitable, and we know that together, we can end it.

We provide services directly to people experiencing homelessness, carry out research into the causes and consequences of homelessness, and campaign for the changes needed to end it.

In Wales, our Crisis Skylight South Wales team works across Swansea, Neath and Port Talbot to support people at risk of or currently experiencing homelessness to end their homelessness through housing stability, financial security and employment, good health and wellbeing, and positive relationships and social networks.

About this response

This response has been written by our Wales Policy team, with input from our members with recent lived experience of homelessness and the South Wales Skylight staff team, including our in-house clinical/forensic psychologist.

Introduction

Homelessness and mental health

Poor mental health can be both a cause and a consequence of poor housing conditions and/or homelessness and people who are homeless often find it difficult to access the mental health support services that they need.

One Crisis member explained that their mental health was “the main factor” contributing to their homelessness and that their mental health problems have worsened since becoming homeless. The member explained:

“Everything you struggle with your mental health, homelessness amplifies it. I had less energy to focus on sorting out access to mental health services when homeless. When you are homeless it's even harder to go to the GP.”

Another member stated that their mental health had not contributed to them becoming homeless, but that experiencing homelessness had “severely” affected their mental health:

“It's set me back a lot with both symptoms and accessing treatment...”

...my mental health issues are brought about by external factors- housing instability and having to live in frightening/traumatic/threatening situations over a long period of time are the biggest contributor.”

Another member described their feelings while experiencing homelessness as follows:

“...it's depressing and you feel like there's no way out”.

The draft mental health and wellbeing strategy

Crisis welcomes the Welsh Government's efforts to introduce a new strategy for mental health and wellbeing in Wales.

Crisis was part of the Expert Review Panel that considered how legislative reform could help to end homelessness in Wales. The panel made a number of recommendations around mental health, including:

*"That the Welsh Government considers how its new mental health strategy and guidance around the Mental Health (Wales) Measure 2010 can recognise the connection between homelessness or insecure housing and mental health, emphasising the importance of collaborative working between mental health services and housing options/homelessness services."*¹

We are, therefore, pleased to see the acknowledgement within the strategy of the links between homelessness and mental health. We would hope that as the strategy and accompanying delivery plans are further developed, more detailed and tangible actions to address the barriers that people experiencing homelessness face when trying to access mental health support will be drafted.

We would welcome the opportunity to work with the Welsh Government to ensure that there are clear actions for supporting people who are experiencing homelessness and have included some initial suggestions for areas that these actions could include in our answers to the consultation questions below.

1. How much do you agree that the following statement sets out an overall vision that is right for Wales?

"People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales."

What are your reasons for your answer to question 1?

Crisis welcomes the sentiments contained within this overarching vision. We have included comments on different areas of the vision below.

Prevention

Crisis would like to see the preventative focus of the strategy reflected more prominently as part of this vision. The vision for care and support is that it is "recovery-focused", but

¹ Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

we feel that support should be readily available at an earlier stage for prevention of mental ill-health before recovery is necessary. This is especially important for groups that are experiencing trauma and are known to be at increased risk of developing mental health needs, including those experiencing homelessness.

Stigma and discrimination

We agree that aspiring for people to be “free from stigma and discrimination” should be a Welsh Government objective – many of our members feel that the stigmatisation attached to experiencing poor mental health and/or homelessness can worsen their mental health.

One of our members explained:

“When you have no home you are stigmatised. You have a constant battle just keeping warm and clean and fed. It makes you harder and feral.”

Another member explained:

“I feel like I am blamed for struggling with my mental health. I am quite hard on myself, mental health support is reinforcing the guilt and shame I feel.”

A rights-based approach

Crisis supports efforts to move towards a “rights-based approach” to mental health support. Many of our members report that public services are not currently providing the service to which their rights entitle them. One member commented:

“... if everything ran as described, I would not have ended up rough sleeping... the legislation isn't being followed.”

Despite our support for a rights-based approach, we would emphasise the importance of ensuring that services do not require a person to assert their rights before the service is accessible to them, but rather that services are accessible based on need. This is especially important given that many people who are struggling with mental wellbeing may lack the confidence or ability to assert their rights to access support. It is also crucial that those who may not have the knowledge, confidence or capacity to exercise their rights have access to advocacy.

Some of our members report that they don't feel their rights to access mental health support are taken seriously without the support of their lead worker or a psychologist from our South Wales Skylight. One of our members explained:

“There's no access to mental health services. There was just nothing. Because I'm laid back and placid, they thought 'he's alright'. Sian [Crisis psychologist] tried to phone so many numbers and email so many people. If it wasn't for Sian, I don't know what I would've done.”

Another member commented:

“They say, “If you need anything, let us know.” But you do let them know and they can't help and discharge you.”

In efforts to empower the population, we must be clear that this does not mean shifting the full responsibility of a person's care onto them rather than mental health services.

One of our members commented:

"There are many actions I should be taking myself but I'm not able to because of my mental health.

I have limited energy. Being homeless forces you to transfer your energy from struggling with mental health to struggling with homelessness."

If we overwhelm the individual with responsibilities where this is inappropriate to do so, we risk reinforcing the feelings of shame that they already feel because they are not able to help themselves.

Connected system of support

Crisis strongly supports the vision of a connected system of support across health, social care, third sector and wider.

As part of our work as both the convener and a member of the Expert Review Panel considering how legislative change could help to end homelessness in Wales, we heard that many people experiencing homelessness across Wales find it difficult to access support because public services are not well connected to each other.

In a recent survey, we asked Crisis members at our South Wales Skylight how good public services are at working together to provide support to people who are at risk of or experiencing homelessness. Responses highlighted inconsistencies across public services as well as the variation of experience within each public service. Members made particular calls for more joined up working with job centres, probation services and mental health services, as well as health services generally. One member called for:

"An integration of services throughout all sectors including mental health, physical health, addiction services, DV & SV services, police & probation, homelessness, training & employment, treatment and therapy etc... The treadmill of trauma that is currently available blatantly isn't working."

A particular concern at Crisis is the need for improved connections between mental health and substance use services.

Amongst people experiencing homelessness, mental ill-health often co-occurs with substance use. A Public Health Wales study showed that 30% of people experiencing street homelessness during the COVID-19 pandemic cited substance misuse as a contributing factor to their homelessness.

The Expert Review Panel heard that people experiencing homelessness and with co-occurring mental health and substance use needs often struggle to access support because services are reluctant to treat both issues at the same time. This results in members being 'ping-ponged' between mental health and substance misuse services. A report by Cymorth Cymru also found that 13% of survey respondents stated that their

drug or alcohol use was the reason they were unable to access healthcare or mental health services.²

The Expert Review Panel made a number of recommendations to improve the connections between public services and within mental health services. These include recommendations for clearer pathways between mental health and housing services as well as legal duties for referral and co-operation between public services.³

We have explored this further in answers to questions on Vision Statements 3 and 4.

A supported workforce

Crisis agrees that public service workforce must feel supported, and must have the “capacity, competence and confidence” to support people in the way that they need to be supported.

Crisis feels strongly that the workforce considered as part of this vision must extend beyond mental health professionals to include those working on the frontline of homelessness.

As outlined in the Expert Review Panel’s report, it is especially important that local authority Housing Options staff receive training on how to work in a trauma-informed way because people experiencing homelessness are very likely to have experienced mental health difficulties and trauma.⁴ It is essential that engagement with public services meets the individualised needs of each person and does not risk re-traumatising people.

2. In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones? What are your reasons for your answer to question 2?

Crisis agrees with the ten principles of the strategy. We are particularly pleased to see a number of principles that reflect the core tenets of Crisis’ policy solutions, namely: person-centred, preventative, trauma-informed and no wrong door. Within the equity principle, we particularly welcome the inclusion of people experiencing homelessness within the list of under-served groups in society whose needs must be met by services. Many people who have experienced homelessness would also fall into the other groups listed within this principle, and we would therefore note the need for an intersectional approach to ensuring that the needs of all the groups listed can be met.

Further, the equity principle refers to “understanding” barriers that people face – we would ask that the Welsh Government commits to breaking these barriers and rebuilding a system free from barriers, rather than simply understanding them.

We agree that an all-age focus is needed to ensure that people of all ages are supported but it is important to note that a person’s age can affect their needs both a clinical sense as well as in a social and cultural way, and that different needs of different age groups

² Cymorth Cymru (2016) *Health Matters: The health needs of homeless people in Wales*

³ Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

⁴ Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

should be met in different ways. The principle of person-centred support will be especially important in relation to this.

3. Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this? What are your reasons for your answer to question 3?

We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

Are there any changes you would like to see made to these actions?

The vision statements are welcome, but we feel it is difficult to see how these outcomes are going to be achieved for those experiencing homelessness without the finer detail of the delivery plans. This question refers to actions, but, as outlined throughout this response, we feel it will be important to ensure that this strategy is supported by detailed and tangible actions, including specific actions to address the particular barriers faced by those experiencing homelessness.

We would strongly recommend that an additional high-level action is added to this section to focus in on opportunities to access NHS mental health services – a well-known barrier for the members we support.

For example, GPs are currently the main first port of call to access NHS support, but our members often struggle to register and get an appointment with the GP. If they do manage to secure an appointment and get a referral, the waiting lists are so long that their mental health deteriorates significantly between referral and appointment, and they feel incredibly discouraged by the length of the wait.

Crisis members commented:

"It's terrifying when you ask for support and the wait is so long - it feels like a rejection."

"People give up when they have to do lots of things to get an appointment."

"I was given a referral for therapy which did not materialise and psychiatric help which would be months away."

"At present there's a feeling that while waiting and after treatment one is left very much alone."

We would also note that "opportunities to protect and improve mental health and wellbeing" can be linked to a particular location. Our members can struggle to access services because they cannot arrange or afford transport to and from appointments. Others may struggle with online appointments if they do not have internet access or a private space available to them. It is important to ensure that services are able to be flexible in order to meet individual access needs.

With regard to the individual vision statements, we have noted our views below.

VS1.1 – Crisis welcomes this statement and strongly agrees with the need to place a “specific focus on identifying and listening to under-served groups traditionally excluded from mainstream services”, including people who are experiencing homelessness. We know that our members often face particularly traumatic experiences and yet face numerous barriers in access support. Crisis would be happy to be involved in further consultation to develop more detailed actions to help address these barriers.

VS1.2 – Crisis supports efforts to improve mental health literacy and particularly values the commitment to communication being culturally sensitive. We would add that communication needs to be adapted to ensure it is accessible for those who are digitally excluded – some Crisis members struggle to access online resources as they do not have access to a smart phone and/or reliable Wi-Fi. We would also like to emphasise the importance of communication in plain language – complex written information is often inaccessible for our members who have additional learning needs, low levels of literacy or are neurodivergent.

VS1.3 – We are mindful that the outlined commitment to a ‘national conversation’ is vague. We would appreciate more detail on what this means in practice and how we can ensure groups who are at heightened risk of experiencing mental health conditions – including those at risk of homelessness – are included in this conversation. For example, this may include facilitating links between mental health services and housing services and trauma-informed training for those working in housing. We would also highlight that public-facing aspect of the national conversation should take account of digital and social exclusion and consider how people with limited access to technology are included in the conversation.

VS1.4 – We support actions to address mental health stigma but, again, as the strategy develops, we would welcome more detailed actions around addressing mental health stigma among particular at-risk groups.

VS1.5 – Crisis believes in the importance of ensuring that frontline workers are able to protect and improve their own mental health and wellbeing. We know that those working on the frontline of homelessness services are frequently dealing with emotional and high-stress situations as they support people who are facing significant trauma.

At our South Wales Skylight, our clinical and forensic psychologist runs reflective practice sessions which gives our staff a space to collectively process emotions that come up through work with our members, learn from experiences to develop skills and confidence supporting colleagues and members in psychologically informed ways, and identify what worked well and not so well in terms of the service delivered.

Positive feedback from these sessions includes:

“It gives closure to difficult situations. Feels like a safe space to discuss how I am feeling and feel validated”.

“opportunity to share feelings and views with other staff and can provide a more balanced perspective and can provide food for thought”.

"Having space to think and talk things through, when work is so busy its hard to find that time and it really helps to get my thoughts together."

As well as this, all Crisis staff have access to an Employee Assistance Programme which offers members of staff, their partner, and dependent children aged between 16 and 24, unlimited access to 24/7 support. This includes:

- In the moment support via counsellors
- Legal, tax and medical information
- Bereavement support
- Trauma and critical incident support
- Computerised CBT
- Telephone or video counselling

We would suggest that all frontline staff have access to similar support.

To this end, we are supportive of recommendations made by the Ending Homelessness National Advisory Board in its annual report last year:

- That the Welsh Government acknowledge that a valued homelessness workforce, working in very challenging traumatic situations must have specialist support services available for staff to access as needed. As part of this acknowledgement, the Welsh Government should commission a review of the availability of specialist trauma support services across Wales to identify any gaps in supply; seeking to act on reported shortfalls within an agreed timescale.
- That the Welsh Government ensures there is equity of access to mental health support for staff working in the homelessness sector, regardless of the size or financial position of their organisation. For example, this might be achieved by considering the expansion of reflective practice and of the Canopi services available to NHS workers to also support staff in housing services.⁵

VS1.8 –Crisis notes the ambition to “work in partnership with national organisations from wider sectors [...] reduce the barriers under-served communities face in accessing community assets.” We hope that this work will also include looking at how access can be improved for people experiencing homelessness. Our members are often facing significant trauma and may be staying in temporary accommodation that they have to vacate during the day. Accessing community services can provide a vital lifeline – both in terms of having a place to go and in relation to improving their wellbeing.

Vision Statement 2

4. Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this? What are your reasons for your answer to question 4?

Crisis has always been clear that the responsibility for preventing and ending homelessness does not lie solely at the door of the housing department of national government, but rather that all departments of both national and local government must come together to prevent and end homelessness.

⁵ Ending Homelessness National Advisory Board (2023) [Annual Report to Welsh Ministers 2022-23](#)

Mental health difficulties can be both a cause and consequence of homelessness. As such, a cross-governmental approach is imperative, both in reducing homelessness and in improving mental wellbeing for people experiencing homelessness. It is crucial to have buy-in from all parts of government to achieve the overarching vision for this strategy.

We agree that this section lays some of the foundations for this but would welcome further detail as delivery plans are developed – particularly in relation to cross-department working between mental health and housing services.

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

- what mental health policy can do
- what wider Welsh Government will do

Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

Crisis welcomes the statement that the Welsh Government will be working with partners to implement new standards for mental health services for people in prison. We feel that we would have valuable perspective to input into this work as a result of the Critical Time Intervention project that we run at our Crisis Skylight South Wales.

Our Critical Time Intervention project is designed to support individuals who are homeless or at risk of homelessness on release from prison during the critical transition from custody to community, aiming to break the cycle between homelessness and offending. Our CTI team support people leaving HMP Swansea and HMP Parc to access suitable housing, build relationships in their community, work on the things important to them, and in doing so end their homelessness for good.

Our CTI team highlight that there is insufficient access to mental health support in prison.

One of our CTI members said:

"In prison, there is no access to medication and trying to see a doctor takes a couple of months. It's terrifying when you ask for support and the wait is so long - it feels like a rejection."

As well as people who are in prison, it is important to assess the mental health support available for people on bail. One of our members detailed the following story in a response to our survey:

"As a result of being on bail I was not eligible for therapy to deal with the mental aftermath of coming out of a relationship that left shaking and crying and not even having a sense of self."

It is totally unacceptable that someone who has not even been charged with an offence can be left in such obvious distress.

If had not been for my support worker at crisis. I may well have taken the final exit."

There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

Crisis is pleased to see that the strategy acknowledges the proposals included with the Welsh Government's Ending Homelessness White Paper & plan to end homelessness.

As the detail and actions underpinning this strategy are developed, we look forward to the further development of the links between this strategy and homelessness legislation and policy.

We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them? Are there any changes you would like to see made to these actions?

We strongly welcome the extent to which this vision statement considers the wider social determinants of mental health, particularly the acknowledgment that "good quality, affordable and safe housing is vital to support mental health."

We also support the acknowledgement that income is important for determining mental wellbeing. However, whilst the related actions centre largely around employment and fair wages, we would like to see more reference to benefits as a source of income. For many Crisis members who are not able to work, their income is reliant on benefits, and the monetary value and accessibility of these benefits is therefore key to the protection of their mental health.

While welfare is a policy area reserved to the UK Government, we would encourage that this strategy includes commitments from the Welsh Government to continue to lobby the UK Government to improve the package of benefits available to people in Wales.

Housing benefit has traditionally played an important role in [preventing homelessness](#), but while [rents are at record highs](#), it no longer covers the true cost of renting. Combined with the [cost of living crisis](#), this is [pushing more and more people into homelessness](#). Data analysis by Crisis and property website Zoopla reveals that from March 2022 to April 2023 only 2% of rental homes on the market in Wales were advertised within housing benefit rates.⁶

As part of its efforts to protect the wellbeing of the people of Wales, Crisis encourages the Welsh Government to lobby the UK Government to make a long-term commitment to ensuring that housing benefit covers at least the bottom third of rents and to review the benefit cap. This commitment would significantly minimise the risk of homelessness for people on the lowest incomes, and therefore protect mental wellbeing.

Beyond housing benefit, the roll-out of Universal Credit included the consolidation of payments to be monthly single payments, with a five week wait before the first payment. This five-week wait has been linked to a rise in rent arrears, which may discourage landlords from letting to low-income households and lead to homelessness.⁷

In addition, we would highlight difficulties in the accessibility of the benefits system, one Crisis member explained that they were unable to apply for the Personal Independence Payment (PIP) due to digital exclusion:

⁶ Crisis (2023) [Charity calls for an end to housing benefit freeze this winter as shocking new statistics unveiled](#)

⁷ House of Commons Work and Pensions Committee (2020) [Universal Credit: the wait for a first payment](#).

"Setting up PIP claim - couldn't do that alone, you need a way to scan documents... You need a smart phone."

Inability to access benefits in this way can have a serious impact on a person's mental health, and this needs to be addressed.

Vision Statement 3

5. Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this? What are your reasons for your answer to question 5?

Crisis has always been clear that joined up, connected working across public services is key to making homelessness rare, brief and unrepeatable. It is also key to the wellbeing of a society – it is crucial that public services work in a joined-up way to provide the holistic support that people need.

One of our members commented that mental health services need:

"Better joining up between services so you don't have to tell your whole story over and over again."

We are pleased to see this strategy acknowledge the importance of multiagency working. This vision statement fits well with the new duties on public bodies proposed in the Welsh Government's White Paper on Ending Homelessness, which are duties that Crisis has long called for.

We are also particularly glad to see the commitment to embedding the Trauma-Informed Wales Framework, which we regard as a core tenet to ensuring that public services are fit for purpose for people with experience of homelessness.

We would welcome more detail on exactly how this vision is going to be achieved. In particular, we would welcome the opportunity to work with the Welsh Government on looking at how referrals and collaboration can be improved between mental health and housing services.

We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them? Are there any changes you would like to see made to these actions?

Crisis is generally supportive of the actions outlined, but we do have a number of suggestions for improvement, as well as some additional actions.

Communication and referral mechanisms

Key to the realisation of a number of the vision statements within this section will be development and establishment of efficient, user-friendly referral mechanisms which can be used by all public services to refer to and communicate with each other. We are especially keen, as is identified throughout this response, to see improved referral pathways between mental health and housing services.

As part of this work, it will be important to consider information sharing protocols that facilitates, where the individual consents, an ease of information exchange.

When we asked Crisis members how working across public services could be improved, a key theme was improvement of communication and information sharing between public services.

For example, Crisis members said:

"Communication is key and needs to be improved."

"I think doctors and the job centre should be more effective when passing information on to housing options so they can process people's applications more fairly".

Often, homelessness applicants have to take on the responsibility of chasing their medical records for use as part of their homelessness/housing application. Better communication between services would prevent the burden falling to the applicant, as suggested by one Crisis member:

"They [Housing Options] should work closer with medical/ health staff to get medical evidence."

We are pleased that the strategy acknowledges the need to improve communication. We would be happy to be consulted as part of the development and implementation of mechanisms and pathways that make communication and referrals more efficient.

When designing these systems, we would suggest that the Welsh Government learns from good practice that already exists across Wales and beyond. In regard to links between homelessness and health, particularly in secondary care, it would be useful to consult with Cardiff and Vale Health Inclusion Service (CAVHIS), and Pathway, the UK's leading homeless healthcare charity. In primary care, lessons could be learnt from the successful rollout of IRIS, the specialist domestic violence and abuse training, support and referral programme for General Practices that has been implemented in 6 out of 7 health board in Wales.

Beyond health, Crisis' Critical Time Intervention team and Built for Zero project could assist in advising on strengthening links between homelessness and prison and probation services.

Referral to mental health from housing

Crisis supports the recommendation by the Expert Review Panel that local housing authorities and support workers be added to the list of agencies able to make a direct referral for an assessment with Local Primary Mental Health Support Services, as is outlined within section 6 of the Mental Health (Wales) Measure 2010. Crisis feels that the implementation of this recommendation would make for more seamless collaborative working between housing teams and mental health teams and would reduce confusion and waiting times for people experiencing homelessness and mental ill-health.⁸

Multiple and complex needs

Many people experiencing homelessness have multiple and complex needs that require support from many different public services and different teams within the same service.

⁸ Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

For example, amongst people experiencing homelessness, mental ill-health often co-occurs with substance use. A Public Health Wales study showed that 30% of people experiencing street homelessness during the COVID-19 pandemic cited substance misuse as a contributing factor to their homelessness.

One Crisis member described the connection between their mental health, drug use and homelessness:

"Using drugs to cope with my mental health puts me in bad situations - I had to sell drugs to keep going. Using drugs to mask problems led to prison and losing homes."

At Crisis, we find that our members with co-occurring mental health and substance use needs often struggle to access support because services are reluctant to treat both issues at the same time. This results in members being 'ping-ponged' between mental health and substance misuse services. Indeed, 13% of respondents to Cymorth Cymru's Health Matters research stated that their drug or alcohol use was the reason they were unable to access healthcare or mental health services.⁹

A person with lived experience told the Expert Review Panel: "More doctors saying we can't treat you if you take drugs. But you need mental health services even more if you take drugs to self-medicate!"¹⁰

This disconnect within the system makes it difficult for people to access core support. It also often means that people who have experienced trauma are at risk of re-traumatisation as they have to repeatedly share the same details of their history, current situation and support needs with multiple professionals. This repeats patterns of abandonment and rejection from others who should be supporting them.

For this reason, we are particularly supportive of VS3.2.

We would also emphasise here the importance of adopting a case-coordination approach with a clear professional lead where people have complex support needs and require support from more than one public service, as recommended by the Expert Review Panel¹¹. The Welsh Government's White Paper on Ending Homelessness looked at introducing a case coordination approach and we hope that this proposal continues to develop as a Bill is drafted.

Social services and housing/homelessness services

The vision statements name a number of services between which connections will be improved. We strongly welcome the fact that housing is mentioned in this part of the strategy.

We would also like to highlight the importance of joint working between housing and social services.

Barriers to effective joint working between social services and local housing authorities means that young people are often stuck in between the two services. This is particularly true for 16- and 17-year-olds leaving care, which increases the vulnerability of this group.

⁹ Cymorth Cymru (2016) *Health Matters: The health needs of homeless people in Wales*

¹⁰ Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

¹¹ Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

We would welcome further work in this area to better understand the barriers to joint working between social services and local housing authorities.

Training

We welcome that **VS3.1** asserts the need to “explore how we can provide easy access to advice to people working in all services who may need guidance to support people with poor mental health.”

We would suggest that this goes further than ‘advice’ and that there should be a focus on providing training for all public service professionals in this area, particularly on how to ensure that the service being provided is trauma-informed.

Further, to create a collaborative and cohesive joint working model across public services, there needs to be an understanding of the expertise of other services.

With regard to joint working between housing and mental health services, there must be greater awareness about the causes and consequences of homelessness. This will need to be achieved through training and leaders taking accountability for ensuring that the training is reflected in practice.

Governance, oversight and leadership

Without effective governance, oversight, and accountability at both local and national level, it will be impossible to successfully implement effective joined up working across public services.

The strategy mentions the need to review “national and local governance arrangements to ensure robust mechanisms are in place to deliver and provide assurance on the key actions in the strategy and accompanying delivery plan(s).”

The Expert Review Panel recommended the introduction of new Joint Homelessness Boards, which would help to monitor whether services – including mental health - are working collaboratively to resolve homelessness, discuss complex cases, share existing good practice, and investigate where there are incidents of a serious nature.

The Welsh Government Ending Homelessness White Paper supported the principle of this recommendation, but instead committed to exploring how existing partnership functions or boards might be able to deliver this outcome. Crisis believes it is important to ensure progress is made in reaching this aim - particularly in helping to ensure that mental health and housing services are well connected on a regional basis.

We would also suggest that this strategy considers another recommendation of the Expert Review Panel, which suggests that each health board identifies a homelessness lead. This, again, would facilitate improvements to joint working practices between mental health and homelessness services.

Co-location and co-funding

Crisis supports the co-funding of multi-disciplinary homelessness and housing support teams with dedicated mental health expertise, co-location of services, or pathways that enable swift access to NHS mental health services for people experiencing or at risk of homelessness.

VS2 suggests that co-location of health and social care services would be helpful. We welcome this and would like to see this extended to include homelessness support services, as well as third sector support services integrated within public services, as suggested by recommendations of the Expert Review Panel, encouraging co-location of services can be helpful for those experiencing homelessness.¹²

Vision Statement 4

6. Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this? What are your reasons for your answer to question 6?

Crisis supports this vision and considers it will be important to develop tangible actions to make it a reality.

As outlined earlier in this response, we know that people who are homeless can face a plethora of delays in accessing mental health support and that, in the meantime, their wellbeing can be further harmed. As such, we welcome the aspiration to provide the right support without delay and urge that the delivery plans specifically look to address the barriers we have outlined for those who are experiencing homelessness in accessing mental health support.

We also particularly support the emphasis on “person-centred” support. In some areas, services have developed a post for a mental health outreach worker to specifically reach out and support those who are experiencing homelessness.¹³ We would welcome, as part of the detailed actions supporting this strategy, consideration of how this good practice might be encouraged more widely across Wales.

We are also glad that this section of the consultation notes that people should not have to repeat their story at each stage as we know that this can be re-traumatising. Crisis members said:

“When I explain my experiences it's painful.”

“I had to go through my recent trauma and past traumas which was in itself pretty traumatic.”

As this area is developed, we would welcome more detail about the actions that will be taken to prevent people from having to repeat their experiences at each stage.

We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them? Are there any changes you would like to see made to these actions?

We agree with the actions outlined and have some suggestions to be considered as part of the development of more detailed actions needed to be able to achieve the vision.

¹² Expert Review Panel (2023) [Ending Homelessness in Wales: A legislative review](#)

¹³ For example, see: [First-of-its-kind nursing outreach launched to support people sleeping rough on streets of Bridgend | ITV News Wales](#)

In particular, the strategy should acknowledge that not everybody can follow a pathway in the same way.

Variety of support

A key contributor to the realisation of this vision would be provision of a variety of different types of mental health support. Whilst some of our members struggle to access the medication that they need, others report that medication is the main source of support offered to them.

One Crisis member told us:

"'Antidepressant' drugs should not be the first/only offer from GPs."

Whilst some of our members do need medication, others need psychological therapy; some of our members prefer light touch group support, but other people need intensive 1:1 sessions.

A Crisis member outlined their experience as follows:

"Whoever I tried to get help from, I was just told to take tablets and it would go away. But I don't take tablets. I did go to [community mental health team] - there was nothing, just men's groups... I was at my lowest ebb, I didn't know where to go or what to do."

Another member explained:

"...online [therapy] is unhelpful for people with more severe issues than say, short term depression. Many people need more intensive treatment..."

Neurodiversity

We are pleased that the strategy makes commitments to tailoring support for people who are neurodivergent.

Recent research from End Youth Homelessness Cymru has shown that neurodivergent people are at heightened risk of youth homelessness and additionally disadvantaged by the inaccessibility of the services which are predominantly built with the neurotypical person in mind.¹⁴

Engaging with neurodivergent people in a way that is accessible to them is crucial to the protection of their mental health and the efficiency of any support they receive from public services.

Missed appointments and disengagement

Many people experiencing homelessness have chaotic lifestyles because of their housing situation which may lead to them missing appointments. For example, one Crisis member explained that they were unable to attend support groups and appointments due to the curfew at the shelter they were staying in:

"Homeless shelter - curfew at 5pm meant I cannot engage with neurodiversity support group, could not attend hospital appointments because I had to be back"

¹⁴ Conti, M. and Rowlands, B. (2024) [Impossible to navigate: youth homelessness through the lens of neurodiversity](#). End Youth Homelessness Cymru.

Other members have struggled because their appointments are sent to them in writing and they cannot read, or their appointment requires them to make a phone call to opt-in to the appointment, but they do not have access to a smart phone or the phone credit to make the call.

For these reasons, Crisis feels strongly that missed appointments should be considered in a trauma-informed and person-centred way. Stating the cost implications for the NHS on a missed appointment letter only adds further shame and stigma to those experiencing mental health difficulties. Automatically marking one missed appointment as disengagement and not following up often leads to disengagement with the mental health pathway altogether, which entrenches mental ill-health and homelessness.

Further, people who disengage with the pathway should not automatically be expected to go back to the beginning of the pathway and the end of the waiting list when they are in a position to re-engage with support.

A Crisis member shared the following story:

"My treatment was delayed due to being evicted, I then started it while in temporary accommodation but was unable to concentrate on it due to being overloaded with stress and not feeling safe at all in the accommodation- I was sleep deprived and fearful due to antisocial behaviour where I was staying. I will need to go back on a waiting list to re-do this treatment at a later date."

Each individual should be able to re-enter the pathway at the most appropriate point for them at the time that they re-enter, rather than being forced to start from scratch. This would ensure that people do not have to unnecessarily repeat their story in order to engage with the appropriate mental health support and are not forced to wait for extensive lengths of time before being treated.

Join up between emergency intervention and other parts of the system

We are in particular agreement with statement **VS4.12** which addresses the need to join up emergency intervention services to ensure they join up with other parts of the system. Many of our members access MH111#2 and have a positive experience of the support provided via this service, but report that after the immediate crisis has subsided, they are put on a long aftercare waiting list which risks re-deterioration of their mental health whilst they wait.

Further, Crisis staff have a duty to report the risk to statutory services if we think someone is in danger due to their mental health, but staff are often told that no action will be taken following our report.

Commissioning and funding

We are also supportive of the commitment to achieve effective commissioning of services. As outlined earlier, we would urge the Welsh Government to consider promoting co-funding arrangements which have helped to provide targeted mental health support for those experiencing homelessness.

7. **We have identified some areas where action is needed to support the mental health system as a whole. These areas are:**
 - digital and technology

- data capture and measurement of outcomes
- supporting the mental health workforce
- physical infrastructure (including the physical estate of services)
- science, research and innovation
- communications

Do you agree these are the right areas to focus on? What are your reasons for your answer to question 7?

Digital and technology

The shift to using more digital/remote support could be useful to overcome geographical barriers and difficulties in travelling to appointments, but this must be balanced with the importance of face-to-face contact highlighted in Vision Statement 1 and with the needs of those who are digitally excluded or lack their own private space. It is important to always consider the particular access needs of the individual.

When asked what they think mental health services should stop doing, one Crisis members responded:

"Assessments over the phone... there needs to be more face to face available."

"Phone calls are difficult for me - before 1pm they are pointless."

Many of our members do not have access to Wi-Fi or to a private space in which they can take a private call. When asked how being homeless has affected their access to mental health services, a member explained:

"Not being able to make/receive calls at the shelter - no privacy".

We would also welcome more clarification on the medium of both online and offline information and how this can be adapted to a person's learning style. For example, some people may find reading difficult, and may prefer audio/video/visual or face to face explanation.

Supporting workforce

As detailed above, Crisis believes in ensuring that frontline workers are able to protect and improve their own mental health and wellbeing. This includes frontline workers in homeless services. Working on the frontline in homelessness can be extremely mentally and emotionally challenging and it is crucial that people working in this space are supported. In this vein, we support the recommendations of the Ending Homelessness National Advisory Board detailed earlier in this response and in the board's annual report.¹⁵

In terms of supporting the workforce, we would also like to see development and implementation of a training programme for the mental health workforce to recognise and understand homelessness as a cause and a consequence of poor mental health, as well as the ways in which they can refer to and co-operate with homelessness services. This will be helpful in supporting current proposals for the Welsh Government's upcoming Ending Homelessness Bill.

¹⁵ Ending Homelessness National Advisory Board (2023) [Annual Report to Welsh Ministers 2022-23](#)

Research

Crisis notes that the consultation document highlights the need for further research and would welcome any emphasis on data and research on the mental health support for those experiencing homelessness in Wales.

Standardised language

We note the action to develop standardised language concerning mental health. It would also be worth exploring how public services could use consistent definitions of words and phrases used across the sector.

This should extend beyond just mental health terminology – for example, we understand that there are different perceptions of what 'homeless' means and would welcome better training and education on this.

Homelessness is much more than 'rooflessness' or lack of physical shelter, it is the lack of a home. As well as people rough sleeping, it includes living in unsuitable temporary accommodation in hostels or bed and breakfasts or staying on someone's sofa because there's nowhere else to go. It is important that public services are aware of this to ensure that they can connect people experiencing homelessness to the support that they need.

The Strategy Overall

8. The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

As emphasised throughout this response, Crisis welcomes the recognition of the increased risk people experiencing homelessness or poor housing have in developing difficulties with their mental health. We also welcome that this strategy will be accompanied by detailed delivery plans and would strongly recommend that this includes specific recommendations looking at preventive measures and improved access to mental health support for those who are homeless. Crisis would be happy to assist in this regard.

Some of our initial ideas for what these detailed actions could cover include:

- Improving the pathway between mental health services and housing services. As mentioned previously, we heard through the Expert Review Panel that referrals between these services are often difficult. Development and implementation of a training programme for health staff to recognise and understand homelessness as a cause and a consequence of poor mental health and the ways in which they can refer to and co-operate with homelessness services.
- Considering the Expert Review Panel recommendation that care assessments should routinely consider housing security given that this can be a driving factor and exacerbating factor in mental health issues.
- Progressing key proposals which seek to better support people who have a mental health problem and are experiencing homelessness within the Welsh Government's White Paper on Ending Homelessness, including among others; public sector duties to help identify, refer and co-operate where a person is at risk of or

experiencing homelessness; case co-ordination for those with complex needs; a more person centred and trauma-informed approach.

- Encouraging the expansion of good practice, including wrap-around mental health support in Housing First models and the funding of outreach mental health workers to visit people experiencing homelessness directly.

9. This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups? What are your reasons for your answer?

No response.

10. We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

Crisis is pleased to see consideration of people experiencing homelessness within the equalities impact assessment, as well as the acknowledgement of the strong link between substance misuse and homelessness. As stated throughout our response, we would welcome more detailed actions to accompany this strategy and consider that, given the connection between mental health and homelessness, this should include specific actions for those experiencing homelessness. We have outlined some ideas for such actions within our response but would be happy to assist the Welsh Government in discussing these further.

11. We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

No response.

12. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Responsible communication, media reporting and social media use

The Welsh Government's self-harm and suicide prevention strategy includes the following objective: "Responsible communication, media reporting, and social media use regarding self-harm, suicide and suicidal behaviour." Crisis considers this objective could be extended to include all mental health issues, not just self-harm and suicide. As outlined in our response to the self-harm and suicide prevention strategy, we would emphasise that stigmatisation and stereotyping of homelessness is also an issue that can negatively impact the mental wellbeing of people who are experiencing homelessness.

Housing First

We are pleased to see Vision Statement 4 acknowledges that some people need access to supported housing. With this in mind, Crisis considers that the extension of Housing First should feature in more detailed actions to support mental health strategy in Wales.

Housing First is specifically tailored for homeless people with complex and multiple needs, prioritising getting people quickly into stable homes. Once a person is in a stable home, they are provided with intensive, multi-agency support according to their needs with no pre-conditions or time-limits.

The most recent data collected from 17 Housing First projects between February 2018 and September 2022 shows that 701 people have been supported by Housing First projects in Wales, 332 people have started Housing First tenancies and 91% are sustaining their tenancy.¹⁶

Anti-social behaviour

Eviction from both the private and social housing sector can be a significant factor for a person becoming homeless or at serious risk of homelessness. One cause of eviction can be anti-social behaviour, and Crisis feels it is important that this mental health strategy acknowledges the link between anti-social behaviour and mental ill-health.

Research from Shelter Cymru states: "the vast majority of people with mental health problems do not commit anti-social behaviour; however, among people who are accused of anti-social behaviour, we found a high correlation with unmet mental health support needs."¹⁷

As part of our work with the Expert Review Panel considering how legislative reform could help end homelessness, stakeholders discussed how an individual's actions can often be perceived as anti-social behaviour when they are actually characteristic of a person's neurodivergence and/or unmet support needs for mental ill-health.

One example of such behaviour is hoarding. Hoarding disorder is a mental health problem in itself, but it can also occur as part of another mental health problem¹⁸ with trauma as the most significant trigger of hoarding behaviour.

Hoarding is often treated as a housing issue, which means that people who hoard often face eviction from their home. Crisis would like to see hoarding treated more compassionately as a mental health issue so that people experiencing hoarding can access support to avoid eviction and homelessness.

To this end, Crisis suggests that an action within this strategy could be to develop bespoke training for both private and social landlords on how to work successfully with tenants who have mental health conditions and/or are neurodivergent. The training should include how landlords can signpost tenants to appropriate support services.

¹⁶ Cymorth Cymru (2023) [Housing First in Wales continues to deliver impressive 91% tenancy sustainment rate](#)

¹⁷ Shelter Cymru (2023) [Reframing anti-social behaviour: A review of homelessness prevention good practice in Wales](#)

¹⁸ Mind (2022) [Hoarding](#)

The strategy should also link with proposals within the Welsh Government's Ending Homelessness White Paper which aims to narrow the use of anti-social behaviour clauses to ensure that people are not repeatedly refused housing because of previous instances of anti-social behaviour.

Police presence

Crisis understands that police forces play a significant role in responding to mental health crises within communities. However, we feel it is important to note that the presence of police can be intimidating for people with experience of homelessness who are in the midst of a mental health crisis. One Crisis member told us:

"Police presence is daunting, you feel like you're going to be thrown in the cells and punished rather than supported."

For this reason, we would suggest that the strategy adds an action for the Welsh Government to work with police forces to establish a way of minimising the distress caused by police involvement in cases of mental health crisis.

Self-Harm and Suicide Prevention Strategy

Crisis notes that the Welsh Government is simultaneously consulting on its strategy to prevent self-harm and suicide. Given that the mental health strategy is so closely connected to this strategy, we urge that the Welsh Government also acknowledge people experiencing homelessness as a particular at-risk group in the accompanying self-harm and suicide prevention strategy. Crisis has also responded to the consultation on this strategy to raise this point.

Conclusion

Crisis welcomes this draft mental health and wellbeing strategy, particularly the strategy's acknowledgement of the causal links between homelessness and mental ill-health. However, we consider that the development of the delivery plans and actions will be crucially important in providing the detail of how this strategy will be achieved. These plans must include actions that specifically look to tackle the barriers people who are experiencing homelessness face in accessing mental health support and in the promotion of mental wellbeing. Crisis would be happy to support in this regard.

As mentioned throughout this response, we also consider that the strategy reinforces the need to press ahead with the changes in the White Paper on Ending Homelessness.

Further Information

Many thanks for taking the time to read this response. If you would like any further information on any of the points raised, please contact Jasmine Harris, Senior Policy and Public Affairs Officer for Wales: Jasmine.Harris@crisis.org.uk.