
Senedd Cymru | Welsh Parliament

Y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol | Equality and Social Justice Committee

Ymateb gan: Platform | Evidence from: Platform

Well-being of Future Generations (Wales) Act 2015: Post-legislative scrutiny Consultation Response

About Platform

Platform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platform, the charity for mental health and social change.

We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

Summary of Our Response

- Mental ill health is not because of specific genetic factors or unavoidable chemical imbalances.
- Like health, our mental health is largely determined by our circumstance. It is a complex interaction between our environment, body and mind.
- The social determinants play a key role in the prevalence of mental ill health.
- We must include mental ill health measures within the National Indicators

• **We must position mental health as a key sustainable development goal.**

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Recommendations

- To strengthen the ability of the act to mandate its action and hold accountability to support creating the conditions for new markets and ways of working and address the impact of the commercial determinants of health.
- To strengthen the position of mental health within the act and the conversation surrounding it ensure it places equal importance on the social determinants of mental health.
- Make mental health an integral part of sustainable development and a core part of development measures and goals.
- Reviewing the Wellbeing-duty in part 2 to ensure mental disorders are specifically included in knowledge that they are largely caused by social inequality.
- Review the national indicators and milestones to better reflect a social model of mental health and include a measure on suicide, psychosocial disability (WHO, 2023) and additional learning needs.

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Impact and Value for Money: Importance of the Future Generations Act to Mental Health

“It is no measure of health to be adjusted to a profoundly sick society.”

Krishnamurti, 1960

The Wellbeing of Future Generations (WFG) Act 2015 helps us all to together work within planetary boundaries, improve our environment, our economy, our society and our culture. Amongst many important things that are strengthened in tandem with the Social Services and Wellbeing (SSW) Act 2014, the WFG Act puts into legislation the need to address the social determinants of health. This is paramount to the agenda of improving our mental health because without planetary and community health we can't have mental health. And as planetary and community health continues to decline so will our collective mental health.

As we know the circumstances in which we are born, live, work and age shape our health outcomes (WHO, 2015). This is equally as true for our mental health. We know your postcode is a better predictor of your mental health than your genetic code (Shim & Compton, 2015). This includes all the diagnostic categories from schizophrenia and psychosis to depression to ADHD and Autism (Joseph, 2022; Mate, 2022; Timimi, 2025).

Observed differences in the social determinants are linked to the unequal distribution of resources (Marmot, et. al., 2008). We know that our circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices (WHO, 2025). Mental health is therefore largely a social and political issue rather than an individual one.

At the same time, people who are given a diagnosis of mental illness die on average up to 25 years earlier than the general population (Shim 2020). The risk factors for the mental disorder diagnosis are heavily associated with social inequality. The greater the inequality the higher the

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inequality in risk. This means that the more disadvantage someone is exposed to across their life means they are more likely to experience mental ill health (WHO, 2015). It means the one in four statistic about mental health is not evenly distributed but instead correlated to disadvantage and inequality.

This health inequality is not because of specific genetic factors or unavoidable chemical imbalances (Moncrieff et al, 2022; Davies, 2022; Mate, 2022). Like health, our mental health is largely determined by our circumstances and has been well evidenced as so (WHO, 2015, WHO & UN, 2023). It is a complex interaction between our environment, body and mind.

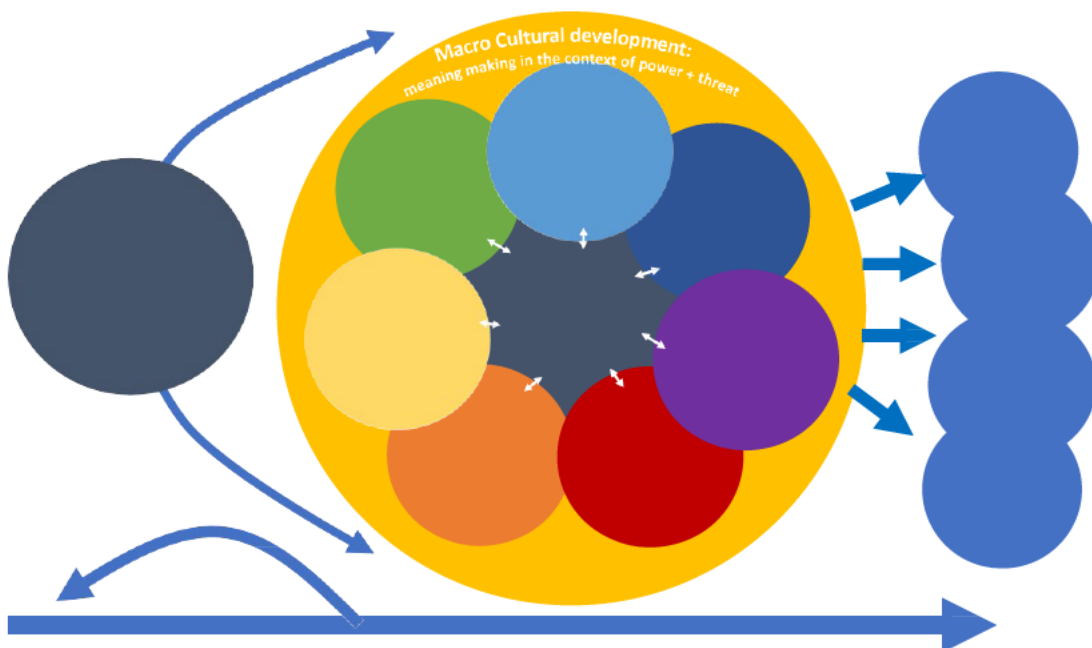


Figure 1: The interactive factors and complexity of our mental health

The social determinants of mental health are not different to those of physical health, but they deserve special attention because of the huge disparity in life expectancy and the large-scale population level misunderstanding about the causes of mental ill health. For example, a study by Professor Moncrieff and colleagues in 2023 found that 80-90% of us believe that depression is caused by a chemical imbalance, including many GPs who continue to prescribe anti-depressants to the public on this basis, but this is in fact not true and never has been. We therefore

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would benefit from a public mental health awareness campaign to correct these myths and properly inform and education the population. This would not only better prepare people to look after and understand their own mental health meaning people seeking support would be better informed and would therefore support NHS mental health colleagues in their efforts to provide effective and prudent intervention and support. Supporting other sectors and the public to understand the limited role of healthcare in health prevention and treatment.

Mental health, at its simplest is about nervous system regulation (the body being in balance; Feltman-Barrett, 2017) and connection to ourselves, others and the world around us. We know that we are more likely to experience overwhelm if we're living in poverty, faced with injustice, forced to rely on fear and shame-based systems, and don't feel connected to our communities, ourselves, or the people around us.

Nervous system dysregulation occurs when there is an imbalance between the sympathetic and parasympathetic branches of the autonomic nervous system. Also known as our threat system this is more commonly known as being in flight, fight, freeze or fawn. We can think of nervous system regulation as being in 'flow and fusion' - with ourselves, others and the world around us. It is normal for our bodies to enter these states; they are how we keep ourselves safe and are our bodies assessing and responding our environment. When we are exposed to too much threat or we can become stuck in these states. This has a negative impact on our mind and bodies as we can get stuck in interpreting things that are safe as threats. You can see here how the term 'mental health' quickly becomes limited as what we're actually talking about is a whole body response.

This is the definition and explanation we use at Platfform and it is the definition the new Welsh Government Mental Health strategy has adopted. Having a sense of connection is fundamental to our mental health and wellbeing, including:

- A connection to ourselves - being in tune with how we're feeling physically and emotionally and what matters to us, alongside feelings of control of decisions which impact our lives.

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- A connection with others - positive relationships, appropriate and consensual physical touch, trust and a sense of belonging.
- A connection to the world - feeling part of something bigger. Feeling connected to our community and the world around us including our connection to nature.

The social determinants get in the way of connection in many different ways. Poverty, for example, is one way that connection can get disrupted and increased out exposure to toxic stress. Poverty is a vicious cycle, both a cause and a consequence of mental ill health (Ridley, 2019). Adverse childhood and community experiences (ACCEs) have a long- lasting ripple effect across the future generations (Ortiz, Gilgoff, Burke Harris, 2022; Davis, Pinderhughes, & Williams, 2016). ACCEs are associated in a dose-dependent way with over 60 mental and physical health outcomes and premature death and the COVID-19 pandemic has substantially increased stress globally. It has and is expected to continue to increase rates of stress-related disease and cognitive impairment without appropriate interventions (Ortiz, Gilgoff, Burke Harris, 2022). Growing up in poverty increases a person's risk of developing psychosis (Hastings, 2018; Topor, 2013; Laporte, in press).

It is therefore of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of mental disorders (WHO, 2015).

Mental ill health will therefore largely be improved through targeted social and economic policies and programs across the social determinants as opposed to large scale health based individually focused therapy programmes or via mental health services alone. We know mental health services are already at breaking point and referrals for support and assessment have continued to grow but more of the same will not fix this (BBC News, 2021). Despite popular understanding the solutions to mental health are firmly outside of the mental health system.

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The Improving Access to Psychological Therapies (IAPT) model used by NHS England is an example of misplaced mental health policy intervention which the WFG act provides mechanisms to avoid. Less than one in five of those referred to the programme move to recovery (23%; Sidhu, 2019, Davies, 2022). Furthermore, the Health Foundation found that in deprived areas, patients referred for psychological therapy were less likely to receive treatment (2019).

An economic evaluation of an Improving Access to Psychological Therapies (IAPT) service conducted by Mukuria and colleagues described it as probably not a cost-effective approach to mental health intervention (McCone, 2018). These issues are so pervasive that the IAPT model is now testing moving towards a service model that has a focus on addressing the wider determinants of mental health. Outcomes of pilots so far were perceived as having a positive impact on mental health and could reduce the burden on therapeutic services. Warning that service- and individual-level barriers need to be addressed to enhance statutory and community support links, manage service users' expectations, and improve accessibility for certain groups (Curtin, et. al., 2023).

We are fortunate the policy context in Wales means we do not have this model nor its legacy to unravel but have instead embraced ecologically informed holistic approaches such as the Whole Schools Approach and new 2025-2035 Welsh Government Mental Health Strategy. The new strategy not only has a focus on same day open access holistic support but describes a vision that links these principles beyond the mental health system, connecting up public services and recognises the importance on building community and having the building blocks, including the right knowledge, to thrive too.

This is why the WFG Act is seen as a progressive approach mandating a collective direction in policy development across public service to address and supporting ensure the best circumstance for population health. Whilst there are limits to that power because of the devolution arrangements this is still a major step forward in making space and direction action to addressing the root causes of poor health.

Here in Wales the WFG Act, the SSW Act and the Mental Health (Wales) Measure 2010 together provide a legislative framework to support a

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context which allows us to begin to overcome the legacy of these out dated ideas and their historical limitations and harm. The act has allowed mental health services a much-needed legal framework to push forward for a social model of understanding mental health in collaboration with the wider network of public and voluntary sector service provision. Much like what happened over 40 years ago for people with a learning disability in the move from hospitals to community. Wales's policy approach at the time (the All-Wales Strategy, 1983) was and remains progressive in its aspirations today. Finally, we are beginning to be able to apply the social model to our mental health and following in the same progressive and inspiring direction.

The WFG Act arguably paths the way for mental health legislation reform allowing a context to support an approach that would be difficult to realise without space to develop a social model of mental health understanding and the opportunities to pilot cross sector collaborative working.

Mental health continues to grow as a public health priority and human rights imperative. There has been an increase in the number of countries wishing to adopt or reform legislation related to mental health. However, laws on mental health, currently often fail to address discrimination and human rights violations including in mental health care settings. This is true for here in the UK and Wales as well. There are frequent reports in the press of inhumane and undignified incidents occurring in our mental health services, including in our services for babies, children and young people (e.g BBC, 2018).

To support countries in this area, the World Health Organization and the Office of the High Commissioner for Human Rights have recently jointly developed the publication entitled *Mental health, human rights and legislation: guidance and practice* (2023). We are not convinced the UK mental health bill will go far enough. Leaving Welsh Government to pick up and deliver where Westminster has failed.

To achieve the aspirations of these, and other progressive legislation and policy in Wales, including the new mental health and wellbeing and suicide and self-harm strategies we must centre mental health much more centrally in the conversation around the wellbeing of future generations.

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At the same time we must continue to advance supporting mental health legislation to complement the work of the WFG Act.

Review and Reporting

The National Indicators (NI) would benefit from strengthening their mental ill health and wellbeing measures. Indicator 29 which collects a mean of the population's mental wellbeing will miss the fundamental role that inequality plays in mental wellbeing. It will also miss the impact of intersectionality and provide an illusion of wellness that is obscured by these complex loading factors. By focusing too heavily on the 'average,' without more sophisticated data to deepening the context we risk making decisions based on a half-truth, potentially leading to ineffective strategies and misguided expectations. It would be more helpful to reflect this as a percentage who reach a set point on the WEMWEBS measure. This would support making better comparisons to rates of child poverty, poverty, secure housing and the other determinants. Given we know marginalized communities suffer the most from poor mental wellbeing a mean will obscure progress made on addressing this.

At the same time mental wellbeing is only part of the picture and does not capture the breath of what we currently call 'mental health'. Mental health is not separate from physical health or is it separate from mental wellbeing. Better understanding this complex picture will support improvements in our interventions. This is why we welcome NI 30. "percentage of people who are lonely" but need to point out that there is no measure of rates of suicide or of additional learning needs or of rates of mental illness diagnosis or psychosocial disability (WHO, 2023).

Mental health problems cause 22.9% of all 'years lived with disability, the highest burden of any health condition (Whiteford *et al.* 2013). They cause excess and avoidable mortality which has been described as a form of 'lethal discrimination' (Thornicroft, 2013).

Given the high costs to quality and length of life, the integral link between mental health and the social and commercial determinants of health including measures that reflect mental ill health rates would provide a

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more sophisticated and enhanced surveillance picture. This would allow better allocation of resource and intervention to improve population mental health.

The Effectiveness of Guidance Made under the Act should be strengthened

Guidance is not enough. The WGF act has many competing demands and priorities to buffer against. From a mental health perspective specifically a lack of regulation in the pharmaceutical and wider health industry compete unintuitively against improving the populations health. By this we mean that it is in their stakeholders interests that mental health is medicalised and its solutions are medications and biomedical interventions. The United Nations recently warned against this (UN, 2017).

Without legislative power to mandate a change in direction commissioners will struggle to move away from medially orientated business models and make space for social ones because of the dominance of these industries, their economic power to resist evolution in approach and their current monopoly in the market space (Radden Keefe, 2021).

These forces are known as the commercial determinants of health which are the conditions, actions and omissions by commercial actors that affect health. They arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place.

Commercial determinants of health are the private sector activities impacting public health, either positively or negatively, and the enabling political economic systems and norms. They are defined as the “systems, practices and pathways through which commercial actors drive human health and health inequity” (WHO, 2023).

The Act would be strengthened by an ability to mitigate against the commercial determinants of health.

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Conclusion

Mental ill health is not because of specific genetic factors or unavoidable chemical imbalances. Like health, our mental health is largely determined by our circumstance. It is a complex interaction between our environment, body and mind. The social determinants play a key role in the prevalence of mental ill health.

To being to address this we must include mental ill health measures within the National Indicators and we must position mental health as a key sustainable development goal.

Recommendations

- To strengthen the ability of the act to mandate its action and hold accountability to support creating the conditions for new markets and ways of working and address the impact of the commercial determinants of health.
- To strengthen the position of mental health within the act and the conversation surrounding it ensure it places equal importance on the social determinants of mental health.
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