

Children and Young People’s Mental Health and Wellbeing in Wales: Issues, Impacts and What Works.

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Over the past decade, the mental health of children and young people (CYP) across the UK—and in Wales in particular—has moved firmly into the spotlight of policy, inspection and public debate. Rising levels of emotional distress, widening socio-economic inequalities and new pressures linked to sleep, digital life and bullying have intensified scrutiny of how effectively services respond to emerging need. Against this backdrop, Welsh Government has introduced a series of significant reforms: the Curriculum for Wales, which places wellbeing at the heart of education; the statutory Whole-School Approach to emotional and mental wellbeing; and, most recently, the All-Age Mental Health and Wellbeing Strategy (2025–2035), which sets out a “no wrong door” ambition for coordinated, equitable support across systems (Welsh Government, 2025a; Welsh Government, 2021). Together, these initiatives signal a strong national commitment to prevention, early intervention and better system connectivity.

Yet evidence from Healthcare Inspectorate Wales (HIW), Care Inspectorate Wales (CIW) and Estyn suggests that many CYP continue to face barriers to timely, consistent and culturally appropriate support—particularly those with complex needs, neurodevelopmental differences or who experience socio-economic disadvantage (HIW/CIW/Estyn, 2024). Persistent variation in thresholds, follow-up, Welsh-medium provision and the ease with which families can navigate early-help pathways indicates that policy ambition has not yet translated into a universally reliable lived experience.

Drawing on Bronfenbrenner’s ecological systems theory (1979), the social determinants perspective and resilience theory, this essay aims to explore the Wales-specific factors shaping children and young people’s mental health. It will examine how risks and protective influences interact across different ecological layers—home, school, community and services—and how variation within these systems can either intensify or ease distress. The analysis also situates Welsh developments within a wider international landscape by considering mental health policy approaches from other countries, using these comparisons to highlight alternative models and potential learning for Wales.

The essay will aim to consider how these pressures affect wellbeing, family life and participation in education, and proposes practical, evidence-informed actions aligned with Welsh legislation and policy. Particular emphasis is placed on the role of schools as relational,

preventive and coordinating environments. Local detail from Pontypridd and Rhondda Cynon Taf (RCT), within the Cwm Taf Morgannwg University Health Board (CTM UHB) area, is included to provide a more granular view of strengths, gaps and opportunities for improvement.

The Curriculum for Wales Health and Wellbeing Area of Learning and Experience (AoLE) offers a deliberately broad and interconnected understanding of health, spanning physical development, mental health, emotional literacy and social wellbeing. Its “what matters” statements highlight that learners’ interpretations of their experiences shape their mental health, that healthy relationships are central to wellbeing, and that social and digital environments play a powerful role in shaping identity and behaviour (Hwb, 2019/2020).

Beyond the education system, the Well-being of Future Generations (Wales) Act 2015 places a statutory duty on public bodies to work preventatively, collaboratively and with a long-term perspective towards seven national wellbeing goals, including A Healthier Wales and A More Equal Wales. This legislation situates mental health within a wider commitment to integrated public services, social justice and sustainable development (Welsh Government, 2025b; Legislation.gov.uk, 2015).

Taken together, these frameworks provide a coherent strategic direction for promoting mental health and wellbeing across Wales. The more complex task, explored in this essay, lies in translating these ambitions into consistent, equitable practice across the country’s varied local contexts.

Recent Wales-specific surveillance paints a troubling picture of early-emerging wellbeing difficulties. SHRN’s 2024 primary report indicates that around 30% of learners show elevated or clinically significant emotional difficulties, while nearly seven in ten report sleep problems, patterns that follow clear socio-economic gradients (Liu et al., 2024; SHRN, 2025). Inspectorate evidence adds that, by secondary school, many young people remain unsure where to seek help and often encounter inconsistent follow-up support.

Viewed through Bronfenbrenner’s ecological systems theory (Bronfenbrenner, 1979), these trends reflect pressures operating across multiple layers of a child’s environment. Sleep disruption and emotional strain sit within the microsystem, shaping daily functioning, concentration and relationships. Socio-economic disadvantage reflects exosystem and macrosystem forces that influence family stress, access to resources and broader structural inequalities. Meanwhile, variability in school-based support exposes mesosystem gaps in coordination between home, school and services.

The well-documented links between poor sleep and anxiety, depression, reduced concentration and lower attainment, alongside evidence that stress and low mood undermine attendance and engagement, show how difficulties in one part of the ecological system can cascade through others. Taken together, the data suggest that wellbeing challenges are becoming embedded early, and that the wider system surrounding children and young people in Wales is not yet providing the coherent, multi-layered support that Bronfenbrenner's model identifies as essential for healthy development (Hwb, 2019/2020; HIW/CIW/Estyn, 2024).

Building on these wider wellbeing pressures, bullying, particularly online, continues to be a major source of distress for children and young people. Wales is currently consulting on updated statutory Rights, Respect, Equality anti-bullying guidance (2025), which aims to strengthen prevention, early identification, data collection and responses to both prejudice-based bullying and cyberbullying (Welsh Government, 2025c; Welsh Government, 2019). SHRN's primary findings indicate that around half of learners report being bullied, while smartphone ownership and high levels of screen use are already widespread by Years 5 and 6, increasing exposure to online harms and peer-to-peer digital conflict (Liu et al., 2024; SHRN, 2025).

The consequences, ranging from anxiety and low mood to social withdrawal, school avoidance and a breakdown of interpersonal trust, directly erode the sense of belonging and connectedness that underpins resilience and healthy development. Interpreted through Bronfenbrenner's ecological systems theory, bullying functions as a microsystem stressor that can be intensified by mesosystem dynamics (such as inconsistent school responses), exosystem influences (including family stress or patterns of digital access) and macrosystem factors (such as wider societal norms around online behaviour). This layered interaction illustrates how bullying, particularly in digital spaces, can ripple across ecological levels to shape wellbeing, engagement and longer-term developmental trajectories.

Building on these concerns about online harms and the growing influence of digital peer cultures, the AoLE sets a clear expectation that schools will help learners understand how social influences shape identity and wellbeing, and develop the critical digital literacy needed to navigate online content safely and thoughtfully (Hwb, 2019/2020). In practice, Welsh inspectorates note that although online and app-based supports can be helpful, night-time device use and the displacement of sleep and study by screen time remain persistent challenges for many learners (HIW/CIW/Estyn, 2024). The wider evidence base suggests that it is not

social media use per se, but the intensity, timing and emotional context of engagement that carry the greatest risks for anxiety, sleep disruption and reduced academic focus. This underscores the importance of consistent routines and boundaries across both school and family settings.

Viewed through Bronfenbrenner's ecological systems theory, these patterns illustrate how digital behaviours within the microsystem, such as late-night scrolling or peer interactions, are shaped by mesosystem dynamics, including school expectations and parental monitoring. At the same time, exosystem and macrosystem forces, such as platform design and societal norms around constant connectivity, further influence young people's experiences. Together, these interacting layers help explain why digital habits can exert such a powerful influence on wellbeing, learning and the capacity to feel safe and connected in school.

Extending this ecological perspective, a growing body of Welsh reviews highlights how wider social determinants, such as family poverty, housing insecurity, parental mental health and rising academic pressures, are contributing to heightened distress among children and young people (Public Health Wales/Partners Commentary reported in Deeside.com, 2025; HIW/CIW/Estyn, 2024). Within Bronfenbrenner's model, these influences sit largely in the exosystem and macrosystem, shaping the stability, stress levels and resources available in children's immediate environments. Neurodiverse and care-experienced learners face additional challenges, particularly around timely assessment, continuity of support and access to tailored interventions.

The Additional Learning Needs and Education Tribunal (Wales) Act 2018 (ALN Act) replaces the former SEN framework with a unified ALN system and introduces Individual Development Plans (IDPs) from 0–25, aiming to strengthen cross-agency collaboration and provide more coherent, person-centred support (Law Wales, 2018; Legislation.gov.uk, 2018). When implemented well, IDPs should articulate how neurodevelopmental profiles intersect with mental health needs, enabling schools, health services and families to coordinate provision across ecological layers. However, early evidence suggests that practice remains uneven, with variations in capacity, training and local systems meaning that many children and young people still experience delays or fragmented pathways.

This reinforces how structural and systemic factors can compound microsystem challenges, such as sleep disruption, bullying and digital pressures, shaping wellbeing trajectories in ways that demand coordinated, multi-level responses.

Continuing this system-level picture, the 2024 joint inspectorate review highlighted promising innovations such as Crisis Hubs and Sanctuary Spaces, which provide more immediate, community-based support for young people in distress. At the same time, it identified persistent structural inconsistencies, including variable CAMHS eligibility criteria, uneven follow-up after initial contact and gaps in Welsh-language provision (HIW/CIW/Estyn, 2024). These issues mirror the earlier themes of fragmented pathways and uneven implementation seen within the ALN system, underscoring how differences in local capacity, workforce pressures and commissioning arrangements shape the support available to children and young people.

The CAMHS In-Reach to Schools model, intended to build school capacity, strengthen consultation and provide training, remains a promising bridge between education and health. Yet a 2025 Welsh Government evaluation reports considerable variation in how the model is delivered across health boards, including differences in staffing, referral processes and data collection, which limits national learning and consistency (Coffey, 2025; Welsh Government, 2025d). From a Bronfenbrenner perspective, these system-level frictions sit within the exosystem, influencing how effectively microsystem settings such as schools and families can respond to emerging needs.

When early help is unclear, thresholds are high or follow-up is inconsistent, difficulties often escalate, contributing to rising anxiety, behavioural challenges, attendance issues and reduced attainment. This reinforces the cumulative picture emerging across the previous sections: that gaps and variability across ecological layers, home, school, services and wider systems, can compound one another, amplifying unmet need and shaping wellbeing trajectories in ways that demand coordinated, multi-level responses.

Building on these system-level pressures, Wellbeing Wales' new strategy recognises that children and young people's mental health is shaped by rights, relationships and the environments in which they grow, learn and live. SHRN data shows that although many pupils report high overall life satisfaction, clear affluence-linked gradients persist in both symptoms and wellbeing (Welsh Government, 2025a; Liu et al., 2024), echoing the socio-economic patterns identified earlier. Engagement work by the Children's Commissioner shows that both parents and young people are increasingly worried about the pressures and the cumulative strain created at home. Factors such as parental stress, housing instability, rising living costs and challenges with parental mental health can unsettle daily routines, limit parents' emotional

availability and heighten tension within the family (Children’s Commissioner for Wales, 2024/2025; HIW/CIW/Estyn, 2024).

Within schools, poor mental health often presents as sleep-related concentration difficulties, school avoidance, behaviour incidents and dips in attainment patterns that align with earlier discussions of sleep disruption, bullying and digital pressures. Estyn emphasises the need for targeted support, seamless multi-agency collaboration and clear early-help pathways, while also cautioning against overburdening staff and highlighting the importance of appropriate supervision for counselling and pastoral teams (Estyn, 2021; HIW/CIW/Estyn, 2024).

This framing reinforces the interconnected nature of the challenges facing children and young people in Wales: pressures within families, schools and communities interact across ecological layers, shaping wellbeing in ways that require coherent, sustained and system-wide responses.

Viewed through Bronfenbrenner’s ecological systems theory, these dynamics show how challenges in the microsystem, family routines, school relationships and everyday stressors, are shaped by mesosystem interactions, such as the quality of coordination between home, school and services. They are further influenced by exosystem and macrosystem forces, including poverty, housing policy, service thresholds and national reforms. Together, this reinforces the cumulative picture emerging across the previous sections: children’s wellbeing is rarely the product of a single factor, but of interactions across multiple ecological layers. Variability or friction at any level, home, school, community or services, can intensify distress and undermine engagement, attendance and learning, highlighting the need for coherent support across the whole system.

Wales has a notably strong policy foundation for supporting children and young people’s mental health: the Whole-School Approach framework (statutory guidance that schools and local authorities must “have regard to”), the Curriculum for Wales with its Health and Wellbeing AoLE, the ALN Act with its 0–25 IDP system, and the All-Age Mental Health and Wellbeing Strategy, which commits to prevention and a “no wrong door” ethos (Welsh Government, 2021; Hwb, 2019/2020; Legislation.gov.uk, 2018; Welsh Government, 2025a). Yet, as the preceding sections highlight, implementation remains uneven. Mixed-methods research in Wales points to variable awareness, capacity and confidence across schools and services, with many settings experiencing reform fatigue due to the simultaneous rollout of the Curriculum for Wales and ALN reforms (Brown et al., 2025; Ryder et al., 2024). These

pressures sit squarely within Bronfenbrenner's exosystem, shaping the conditions in which microsystem-level supports are delivered.

The CAMHS In-Reach programme exemplifies this variability. Although designed to strengthen school capacity through consultation, training and closer links with specialist services, health boards differ markedly in how the model is enacted, some offering direct pupil support, others focusing solely on staff training, and some adopting hybrid approaches. Evaluation has been constrained by inconsistent data collection, staffing models and referral pathways, limiting national learning and undermining the consistency that the wider policy framework seeks to achieve (Coffey, 2025; Welsh Government, 2025d).

Taken together, these patterns reinforce a central theme: strong policy architecture does not automatically translate into coherent practice. Variability across ecological layers, policy, services, schools and families, continues to shape children and young people's experiences, highlighting the need for sustained, system-wide attention to implementation as well as design.

These implementation gaps mirror earlier patterns of fragmented pathways, inconsistent ALN practice and uneven early-help provision. When policy ambition is not matched by reliable delivery, frictions accumulate across ecological layers, home, school, community and services, intensifying unmet need. As thresholds rise or routes into support become harder to navigate, difficulties escalate, feeding into the attendance issues, behavioural incidents, sleep-related concentration problems and dips in attainment outlined previously. Taken together, this reinforces the wider picture: Wales has a strong strategic framework, but variability in capacity, coordination and day-to-day implementation continues to shape children's lived experiences of support, with consequences that ripple across their wellbeing, relationships and learning.

Extending this picture to the local context, joint inspectorate fieldwork in Pontypridd and the wider Rhondda Cynon Taf (RCT) area covering services across the Cwm Taf Morgannwg UHB footprint, including Merthyr Tydfil highlighted both notable strengths and persistent gaps. Inspectors pointed to the dedication of local staff, the growth of early-help and preventive supports in schools, and the presence of safe spaces and crisis hubs offering immediate, community-based responses for young people in distress (HIW/CIW/Estyn, 2024). These developments echo the innovations praised nationally, such as Crisis Hubs and Sanctuary Spaces, and align with the microsystem-level supports that Bronfenbrenner's model identifies as protective.

However, the review also exposed significant shortfalls in specialist provision, inconsistencies in thresholds, and a striking finding that many 11–16-year-olds did not know where to turn for help, precisely the navigation and equity challenges the Welsh Strategy seeks to resolve (HIW, 2024 Youth-Friendly Summary).

For RCT schools, the CAMHS In-Reach model is intended to provide a named practitioner offering regular consultation, staff training and strengthened links between education and specialist mental health services. Yet national evaluations show that the offer varies considerably by health board, with differences in whether practitioners deliver direct pupil support, focus solely on workforce development, or adopt hybrid approaches (Coffey, 2025; Welsh Government, 2025d). This variability mirrors the wider implementation challenges outlined earlier, uneven ALN practice, inconsistent early-help pathways and fluctuating service capacity and sits squarely within the exosystem in Bronfenbrenner’s framework, shaping what support schools and communities can realistically access.

These inconsistencies underline the need for a clear, bilingual pathway map, transparent referral criteria and shared metrics across the CTM footprint to ensure that children and young people in Pontypridd and RCT genuinely experience the “no wrong door” approach envisioned in Wales’ policy architecture. Without this coherence, system friction accumulates: young people struggle to navigate support, thresholds rise, and difficulties escalate, contributing to the attendance issues, behavioural incidents, sleep-related concentration problems and attainment dips discussed earlier. The local findings therefore crystallise the wider national pattern, strong strategic ambition and committed practitioners, but uneven delivery across ecological layers that ultimately shapes children’s lived experiences of wellbeing and support.

Building on the earlier analysis of system variability, ecological pressures and the need for coherent pathways across the Cwm Taf Morgannwg footprint, the evidence points to a set of interlocking, research-informed strategies that Welsh schools and partners can implement with fidelity. First, positioning the Whole-School Approach (WSA) as a core leadership priority, embedding mental health across behaviour, attendance, anti-bullying and ALN policies; co-producing action plans with learners, families, CTM UHB and third-sector partners; investing in staff professional learning (including Welsh-medium resources); and reviewing progress termly, helps ensure that statutory guidance is enacted as intended rather than diluted by competing reforms (Welsh Government, 2021; Brown et al., 2025; Ryder et al., 2024). Delivering the Curriculum for Wales Health and Wellbeing AoLE with explicit attention to

sleep, emotional regulation, digital citizenship, healthy relationships and media literacy enables schools to address the early-emerging risks highlighted in SHRN data, particularly sleep disruption, online harms and body-image pressures, while using learner voice and local intelligence to tailor content and connect classroom learning with pastoral and family-facing work (Hwb, 2019/2020; Liu et al., 2024).

Strengthening anti-bullying systems under the updated Rights, Respect, Equality guidance requires earlier, whole-school action: refreshed policies, staff and pupil training (including bystander roles), restorative practice, disaggregated tracking of cyber and prejudice-based incidents, child-friendly policy versions and alignment with counselling and In-Reach pathways. This reflects the high prevalence of bullying and early smartphone use emerging in primary settings (Welsh Government, 2025c; Liu et al., 2024). The ALN Act 2018 provides a statutory mechanism for integrating mental health and neurodevelopmental support through high-quality IDPs that capture needs, classroom adjustments and service roles, co-produced with families and monitored across transitions to prevent drift (Law Wales, 2018; Legislation.gov.uk, 2018).

Given the variability highlighted earlier, standardising and scaling CAMHS In-Reach, ensuring each RCT school has a named practitioner, a bilingual “map of support” is visible, termly consultation clinics are routine, peer wellbeing ambassadors are trained and shared evaluation templates are used, directly addresses the navigation gaps identified by inspectors and reduces postcode variation across CTM (Coffey, 2025; Welsh Government, 2025d; HIW/CIW/Estyn, 2024). Embedding Welsh-language equity through auditing access, commissioning Welsh-speaking staff and co-designing WSA actions with Welsh-medium learners responds to inspectorate concerns about language-related barriers to disclosure and support. Finally, tackling social determinants through cluster-based partnerships, linking schools with local authority services, Regional Partnership Board programmes, youth work and third-sector schemes to address food insecurity, transport, uniform costs, debt and housing pressures, helps stabilise the home routines and relational environments that underpin attendance, engagement and learning (Deeside.com, 2025; HIW/CIW/Estyn, 2024).

Taken together, these actions form a coherent, multi-layered response aligned with Bronfenbrenner’s ecological systems theory: strengthening microsystem supports, improving mesosystem coordination and addressing exosystem and macrosystem barriers so that children

and young people in RCT experience the consistent, equitable, “no wrong door” system that Welsh policy aspires to deliver.

Despite the strong policy architecture outlined earlier, capacity and variability remain significant constraints across Wales, shaping how effectively schools and services can realise the ambitions of the Whole-School Approach, the ALN system and the All-Age Mental Health and Wellbeing Strategy. Evidence points to uneven WSA implementation, with differences in leadership confidence, clarity of roles and the balance of English- and Welsh-medium resources, echoing earlier discussions of reform fatigue and inconsistent local capacity (Brown et al., 2025). The CAMHS In-Reach programme, designed to provide a consistent bridge between education and specialist mental health services, shows similar variation across health boards in staffing models, referral routes and whether practitioners offer direct pupil support or focus solely on staff consultation (Coffey, 2025). These inconsistencies reflect the broader system frictions identified in previous sections: uneven ALN practice, variable early-help pathways, fluctuating thresholds and gaps in Welsh-language provision.

Addressing these challenges will require targeted professional learning, ring-fenced time for staff to engage in WSA and In-Reach activity, agreed cross-board metrics to support shared learning and systematic bilingual resource development. These actions align closely with the strategy’s emphasis on system connectivity, equity and outcomes (Welsh Government, 2025a), and with Bronfenbrenner’s ecological framing: strengthening the exosystem conditions that enable microsystem supports, home, school and community, to function effectively. Without sustained investment in consistency and capacity, the variability described across earlier sections risks continuing to shape children’s lived experiences of support, undermining the “no wrong door” approach Wales seeks to deliver.

In comparison, notable contrasts emerge between Wales and several international systems. In England, a key difference lies in the scale and structure of school-based mental health provision. Mental Health Support Teams (MHSTs) now operate across many schools, delivering targeted interventions for mild to moderate difficulties and providing training for staff (NHS England, 2023). This represents a more formalised and nationally coordinated model than is currently available in Wales, where school-based mental health support varies by local authority and is not delivered through a dedicated national workforce. Scotland offers another distinctive approach through its Getting It Right for Every Child (GIRFEC) framework, which provides a statutory foundation for early intervention and multi-agency coordination,

including the allocation of a “named person” responsible for each child’s wellbeing (Scottish Government, 2016). While Wales promotes multi-agency working through regional partnerships, it does not have an equivalent statutory mechanism guaranteeing coordinated oversight for every child. Scotland has also invested in community-based mental health and wellbeing services for children and young people aged 5–24, providing early support outside CAMHS and easing pressure on specialist services (Scottish Government, 2021).

International comparisons highlight further structural differences. Finland is widely recognised for its universal and preventative approach, supported by legislation requiring every school to provide access to a school psychologist and school social worker (Finnish Ministry of Education, 2020). This contrasts with Wales, where access to in-school mental health professionals is not mandatory and varies considerably between regions. Finland’s universal child health clinics and early screening programmes also ensure early identification of emotional and developmental needs, whereas Wales’ Flying Start programme, though effective, is targeted at disadvantaged areas rather than universally available (OECD, 2020). Australia provides another instructive example through its nationwide network of Headspace centres, offering youth-friendly, walk-in mental health, wellbeing and employment support for young people aged 12–25 (Headspace Australia, 2022). Wales is developing Youth Wellbeing Hubs, but these remain at an early stage and are not yet as widespread or integrated as the Australian model. Australia also leads in digital mental health provision, with a comprehensive national framework for online interventions, counselling and self-help tools (Australian Government, 2021), whereas Wales’ digital offer, though expanding, remains less extensive.

Overall, while Wales demonstrates strong policy commitments to early intervention and whole-school wellbeing, international comparisons show that other countries often provide more consistent access to in-school mental health professionals, more established community-based early intervention services and more comprehensive digital or youth-friendly support models. These differences highlight opportunities for Wales to strengthen its service infrastructure, particularly in relation to accessibility, workforce development and universal provision.

Taken together, the evidence from Wales shows that children and young people’s mental health needs are real, multi-factorial and unevenly distributed, with particularly pronounced burdens in sleep disruption, anxiety and depression, bullying exposure and difficulties navigating support. These pressures interact across ecological layers, home, school, community and

services, shaping wellbeing, relationships and participation in ways consistently highlighted throughout this analysis. The impacts on daily life, family stability and school engagement are substantial, yet the solutions are both identifiable and strongly aligned with Welsh law and policy: a fidelity-driven Whole-School Approach; Curriculum for Wales learning that foregrounds sleep, emotional regulation and digital life; a strengthened anti-bullying system under Rights, Respect, Equality; ALN-anchored multi-agency planning through high-quality IDPs; a standardised, bilingual CAMHS In-Reach model with clear pathways; and cluster-based partnerships that address poverty-related determinants.

For Pontypridd and RCT within the CTM UHB footprint, the immediate priorities centre on consistent early-help navigation, equitable Welsh-medium access and shared evaluation frameworks across schools and services, areas where inspectorate findings indicate persistent gaps. These steps directly operationalise the 2025 Strategy’s “no wrong door” commitment and the Well-being of Future Generations Act’s long-term, preventative duty, helping to build the coherent, connected conditions in which all children and young people in Wales can thrive (Welsh Government, 2025a; Welsh Government, 2025b).

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