



Mental Health in Wales: Fundamental Facts 2016





Having robust, accurate and current statistics on mental health problems and well-being is critical to shaping our understanding of the issues and challenges that we face as a society. As a research, policy and innovation charity that is committed to building public knowledge and advocacy on mental health and well-being, we intend that our Fundamental Facts illustrates the scale of the challenge and stimulates debate to create change. Facts on mental health help inform and influence public debate, generate greater public awareness and ultimately change people's lives for the better.

Mental health problems can damage lives and weaken society, yet three quarters of those with mental health problems receive no ongoing treatment and support. The Mental Health Foundation's contribution focusses on prevention:

- Preventing mental health problems from developing in the first instance,
- Preventing mental health problems from getting any worse by providing early interventions, and
- Preventing mental health problems from having a long-term or life-long impact by supporting recovery.

The Mental Health Foundation advocates for more robust data that will help us to find answers to these issues by including a wide range of perspectives, including, professionals, service planners, people who experience mental health problems, communities that experience high levels of mental health inequity, politicians and the media. There has been a long history

of under-investment in mental health research and data; it is imperative that we continue to build the evidence base for mental health.

At the moment only 5.5% of health research funding goes to mental health in the UK. In Wales, we need to invest in research and data collection as there is a scarcity of information available – in terms of what is captured at a Local Health Board level and also how it feeds into the national picture. Unlike England's psychiatric morbidity survey, there is no such survey in Wales which looks at who is accessing support, and at what point. Neither is there regular information about investment in mental health and where it's going. We need a clear picture of mental health in Wales, which includes issues of current scale and impact and research that looks at what works in order to build a mentally healthy society.

The Welsh Health Survey (adult) questionnaire includes a standard set of 36 health status questions known as SF-36. Responses to questions on the SF-36 produce two summary measures of physical and mental health - the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. Higher scores indicate better health. The survey is very limited on information and data on mental health and does not go into any depth about different mental health conditions or different treatment and support take up in Wales. The Welsh Government are in the process of developing a new survey of adults which will include health related questions and will replace the Welsh Health Survey.



Welsh Government's 10 year strategy for mental health and wellbeing, Together for Mental Health, published in 2012 aims to promote mental wellbeing of all people in Wales and, where possible, prevent mental ill-health from developing. At the heart of the strategy is the Mental Health (Wales) Measure (2010) which places legal duties on health boards and local authorities to improve support for people with mental ill-health. One of the themes of the strategy includes establishing a partnership with the public and improving information on mental health within that.

The Wellbeing of Future Generations (Wales) Act (2015) compliments this commitment to fostering the wellbeing of the nation by 'improving the social, economic, environmental and cultural wellbeing of Wales.' One of eight goals established within the Act is a vision of a 'healthier Wales' and a set of national indicators are being produced to monitor progress towards these goals.

Fundamental Facts is updated on a regular basis. This report summarises the most up-to-date data on mental health in Wales and will be revised regularly.

Mental Health Foundation's researchers also produce a wide range of evidence based, mental health information available free on www.mentalhealth.org.uk.

- Online A-Z
- How to Guides (online and in hardcopy)
- Infographics

Keep in touch with our work by signing up to our e-newsletter and following us on Twitter @mentalhealth.

What should you know about mental health in Wales?



- Results from the 2015 survey found that 13% of adults (aged 16 and older) living in Wales were reported to have received treatment for a mental health problem,¹ an increase from 12% reported in 2014.²
- Unlike other illnesses, the percentage who reported being treated for mental ill health did not increase with age, however trends suggest that an increase in treatment towards middle age before decreasing in retirement age.³ These rates have not significantly changed since the 2014 health survey.⁴
- A higher percentage of women report being treated for a mental health problem than men (16% vs 10%). Treatment figures show an increase of 1% for both men and women from 2014 statistics.⁵
- The overall cost of mental health problems in Wales is an estimated £7.2 billion a year.⁶
- In Wales, around £600m is invested in mental health services a year, which is more than any other service in the NHS.⁷
- Over the past 30 years, the service provision for people with a mental health problem in Wales has changed to become more community based. The number of people resident in hospital continues to decrease from 1821 in 2010 to 1441 in 2015.⁸
- Mental ill health can have a significant impact on life expectancy and is a key cause of health inequalities. Research undertaken in the UK in 2011, found that people with severe and enduring mental health problems die on average 10 years earlier than the general population.⁹

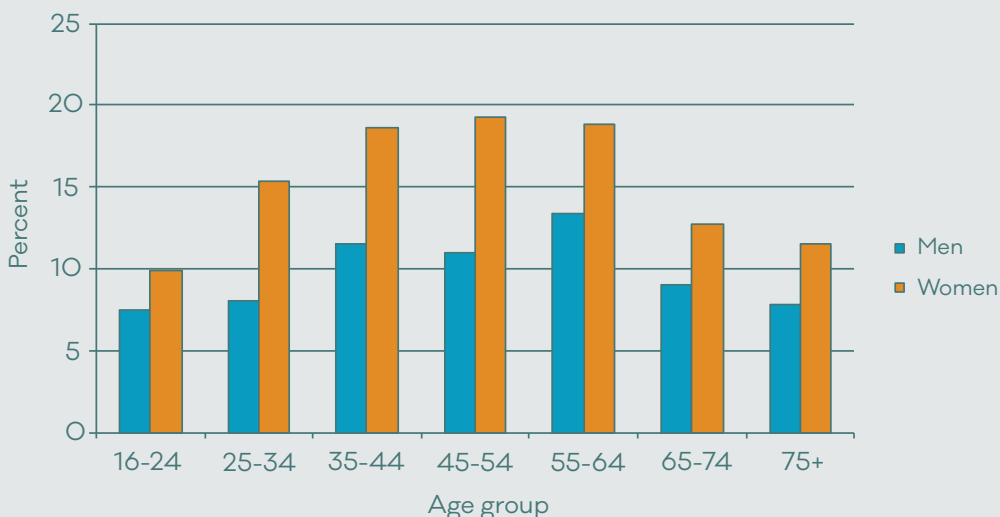


Figure 1: Percentage who reported being treated for any mental health condition, by age and sex

Welsh Government (2016). The Welsh Health Survey 2016 edition, Retrieved from <http://gov.wales/docs/statistics/2016/16O622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf>

Prenatal and postnatal mental health services



- Mental health problems affect more than 1 in 10 women during pregnancy and the first year after childbirth, and can have a devastating impact on new mothers and their families.¹⁰
- According to a 2014 report from the London School of Economics and the Centre for Mental Health, in the UK, 20% of women are affected by mental health problems during the perinatal period.¹¹ In Wales, 70% of people have no access to specialist perinatal mental health services; a figure significantly higher than the UK average of 40%.¹²
- Welsh Government statistics on spend per head of population in 2012-13 show spending of £200.87 per head on mental health problems. Of this:¹³
 - £82.75 per head was spent on general mental health;
 - £58.18 per head was spent on elderly mental health ;
 - £13.94 per head was spent on child and adolescent mental health.
- Since 2013, there has been no access to a Mother and Baby unit in Wales for mothers with perinatal mental ill-health. Although there is no trial based evidence to demonstrate the relative benefits of Mother and Baby Units compared to other types of care, there is evidence to suggest that women with serious perinatal mental health problems have better outcomes and better relationships with their babies if they are cared for in Mother and Baby Units.¹⁴



Child and adolescent mental health



- The specialist Child and Adolescent Mental Health Service in Wales (CAMHS) is under more pressure than ever before. The last four years has seen a 100% increase in demand.¹⁵
- The total number of CAMHS referrals to treatment in Wales doubled between April 2010 (1,204) and July 2014 (2,342). Young people awaiting outpatient's treatment has the highest numbers (2,410) compared to adults (1,291) and those in later life (682).¹⁶
- Spending on CAMHS remained broadly consistent between 2008-09 and 2012-13. In 2012-13, £42.8 million was spent on CAMHS (6.9% of the £617.5 million spent on mental health).¹⁷
- Welsh Government statistics on spend per person in 2012-13 showed spending to be £200.87 per person on mental health problems. Of this £13.94 was spent on child and adolescent mental health.¹⁸
- The rate of children subject to Child Protection Plans and on Child Protection Registers has increased in all four nations of the UK. Between 2002 and 2014, there was a 72% increase in Wales, which was the second highest across the UK.¹⁹
- In 2015, there were 2,935 children subject to a Child Protection Act in Wales, a decrease of 6% compared to March 2014.²⁰ This decrease in 2015 ends the trend of steady increasing rates within the last decade.
- Findings from the first Welsh Adverse Childhood Experience (ACE) study shows that children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence and adulthood which can themselves lead to mental health problems and diseases such as cancer, heart disease and diabetes in later life. Adverse childhood experiences were not only a concern for impact on health outcomes, individuals who experienced adversity in childhood were more likely to perform poorly in school and be involved in crime.²¹

The prison population



- A 2012 survey for Wales and England found that 36% of the surveyed prisoners were considered to have a disability and/or mental health problem. The survey found that 18% of prisoners reported symptoms of anxiety and depression, 11% reported a form of physical disability, and 8% reported both (please note figures have been rounded and therefore do not add up to 36%).²²
- A 2013 survey on 1,435 prisoners, which covered both Wales and England, found that 29% of prisoners who reported recent drug use also indicated experiencing anxiety and depression, compared with 20% of prisoners who did not report recent drug use.²³
- In 2015, figures show that in England and Wales there were over 32,000 incidents of self-harm in prisons, an increase of 25% from 2014, and between 2015 and 2016 there were 100 self-inflicted deaths, an increase of 27%.²⁴
- The number of people detained in police custody as a place of safety under section 136 of the Mental Health Act 1983 decreased from 8,667 in 2011-12 to 6,028 in 2013-14.²⁵ 2014-15 saw this figure decrease further.²⁶



Carers



- In the 2011 census there were a total of 6.5 million people in the UK who were unpaid carers, a rise of 11.5% from 2001 statistics. Just over half of unpaid carers in the UK are female (58%) and 42% are male, although this disparity diminishes after age 75, when men are slightly more likely to be providing care than women.²⁷
- In Wales, there were 370,230 people providing unpaid care, reflecting 12% of the population, a slightly higher percentage than the overall UK average of 10.3%.²⁸ Please see Table 2 below.
- Data from the 2011 Census in England and Wales found that around 1 in 20 women were providing 50 or more hours of unpaid care a week to an adult relative, friend or neighbour that has a long-term physical or mental health problem. In England, 1% of men and 1.2% of women were providing over 50 hours of care while also in full-time employment; in Wales these figures were higher at 1.6% of men and 1.8% of women.²⁹
- 2011 census data found that carers in Wales providing high levels of care were three times more likely to suffer ill health than non-carers.³⁰ This difference is particularly pronounced among young carers (under 24 years); those providing over 50 hours of care per week were 4.5 times more likely to describe their general health as 'not good'.³¹

Table 2. Number of unpaid carers in UK in 2001 and 2011

	Number of Cases 2001	Number of Cases 2011
England	4,877,060	5,430,016
Northern Ireland	185,086	213,980
Scotland	481,579	492,031
Wales	340,745	370,230
UK total	5,884,470	6,506,257

Self-harm



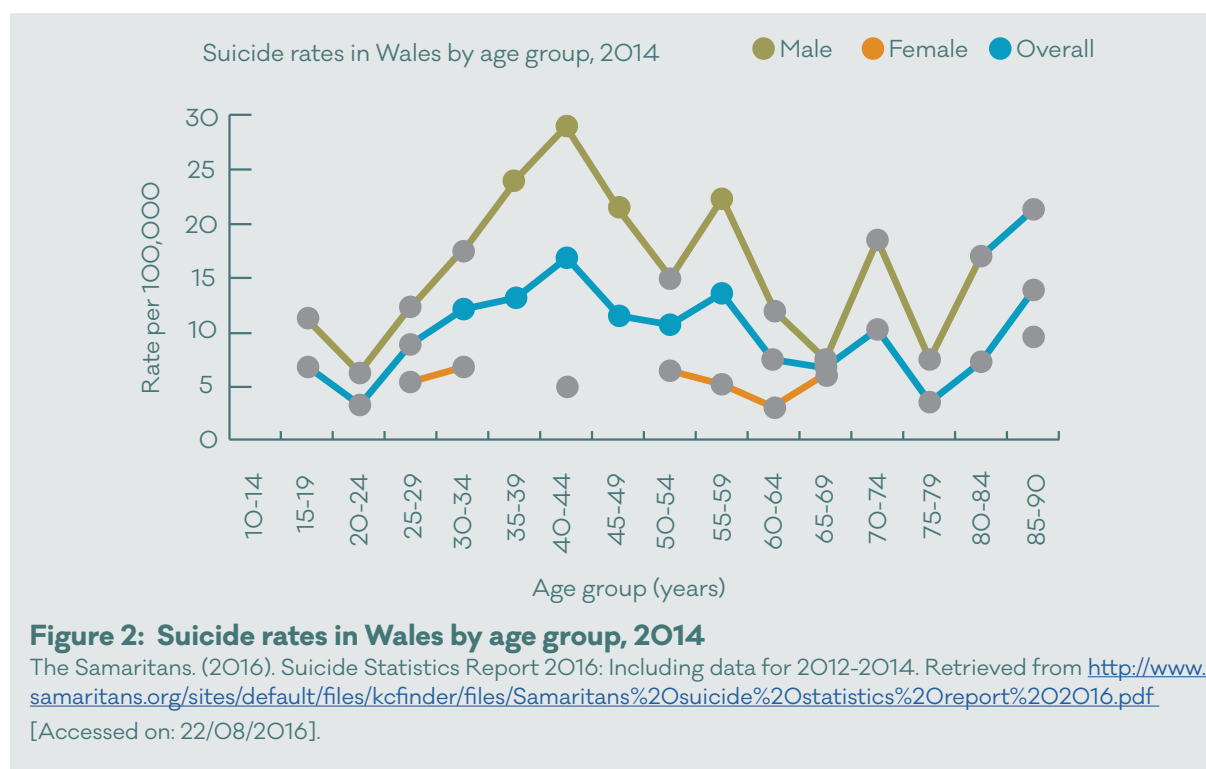
- Self-harm is a growing problem in Wales with approximately 5,500 emergency admissions to hospital each year.³² This gives an indication of the burden of self-harm on services, but does not take into account those assessed in A&E departments who do not require admission, or the many more who do not attend following an incident of self-harm. It is likely that this figure grossly underestimates the number of occasions when people harm themselves because many who do so may not seek services or go to hospital and of those who do attend hospital, only a percentage is admitted.³³
- The Welsh Governments suicide and self-harm prevention strategy for 2015-2020, shows that the age and pattern of self-harm, to be most concerning for young women aged 15-19 who were shown to have the highest prevalence. Between 2013 and 2014 more than 1,500 patients aged 10-19 were treated at Welsh hospitals with 1,223 girls being treated for self-harm compared with 319 boys.³⁴



Suicide



- According to ONS statistics suicide prevalence in Wales decreased from 14.7 per 100,000 in 2013 to 9.2 per 100,000 in 2014.³⁵
- In 2014, European age-standardised rate (EASR) for death from suicide showed the rate for Wales as 9.2 per 100,000 population. The suicide rate in England (10.3 deaths per 100,000), Scotland (14.5 deaths per 100,000) and Northern Ireland (16.5 deaths per 100,000) highlights that Wales has a marginally lower suicide rate than the rest of the UK.³⁶
- For males prevalence was 15.3 per 100,000 and 3.4 per 100,000 for females. The age group with the highest suicide rate per 100,000 for all persons and males is 40-44 years; for females the age group with the highest rate is 50-54 years.³⁷ Please see Figure 2 below. Please note that for some age groups no rate is shown; the ONS do not produce a rate when there are fewer than three deaths in an age category. ONS also mark rates calculated from fewer than 20 counts as unreliable, thus data that is missing or considered unreliable has been greyed out.
- Between 2013 and 2014 the female suicide rate in Wales decreased by 38.2% (in contrast to an 8.3% increase in the UK overall), and the male suicide rate decreased by 37.6% (in contrast to a smaller decrease of 5.6% in the UK overall).³⁸



Dementia



- 43,477 people in Wales were reported to have been diagnosed with dementia in 2014.³⁹ By 2021, the number of people with dementia across Wales is projected to increase by 31% and by as much as 44% in some rural areas.⁴⁰
- Diagnosis rates in Wales are just 43.4 per cent which means there are still nearly 25,000 people in Wales who are living with dementia but who have not been diagnosed.⁴¹
- While Wales shows a lower number of individuals with dementia, research by the NHS in 2013 found that Wales has the lowest formal diagnosis rates in the UK with only 38.5% of those living with dementia receiving a formal diagnosis compared to over 60% in Scotland and Northern Ireland, and almost 45% in England. Figures have increased from 800 to 17,000, however almost 27,000 individuals who may be experiencing dementia are not formally diagnosed.⁴²
- A report commissioned by Alzheimer's Society, published in 2015, exposed the financial costs of dementia to society in Wales. It estimates that in 2013, the total cost of dementia was £1.4 billion, an average cost of £31,300 per person per year.⁴³



Older people's mental health



- People over 65, particularly older women, are more prone to depression than any other age group.⁴⁴ Depression affects around 22% of men and 28% of women aged 65 years and over,⁴⁵ yet it is estimated that 85% of older people with depression receive no help at all from the NHS.⁴⁶



The impact of poverty



- Findings from the 2015 survey found, that there was poorer mental health in more deprived areas. The percentage of adults that reported currently being treated for any mental health condition by area deprivation showed 8 per cent in the least deprived fifth in receipt of mental health treatment which rose steadily with higher levels of deprivation to 20 per cent in the most deprived fifth.⁴⁷ Please see Figure 3 below.
- The findings from the New Policy Institute highlights the latest data and trends in work, poverty, housing and benefits sanctions in Wales. The report demonstrates that an average of 700,000 people were in poverty between 2010/11 to 2013–14, equivalent to 23 per cent of the population.⁴⁸
- A 2008 population study in Wales, England and Scotland found that the more debt people had, the more likely they were to have some form of mental health problem, even after adjustment for income and other sociodemographic variables.⁴⁹

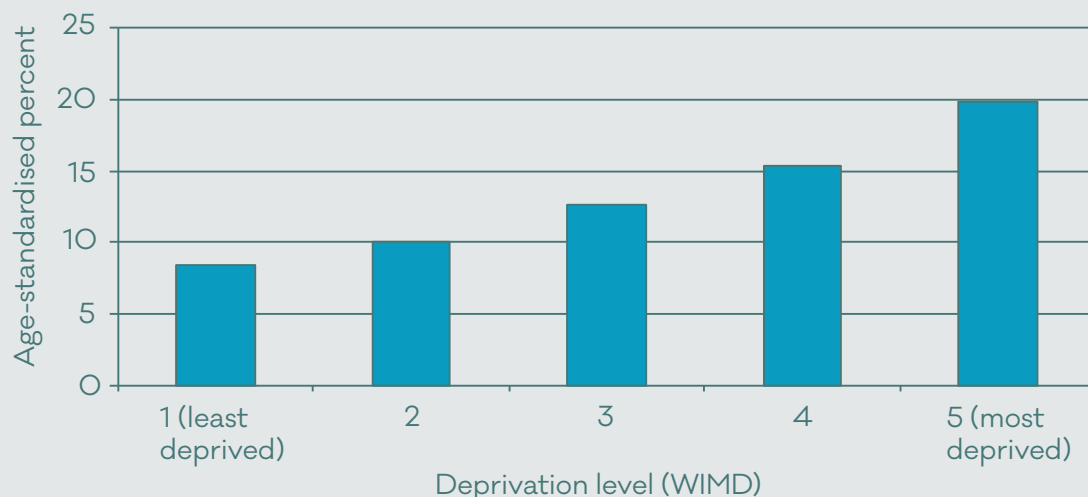


Figure 3: Percentage of Welsh adults who report being treated for any mental health condition, by deprivation quintile

Welsh Government (2016). The Welsh Health Survey 2016 edition, Retrieved from <http://gov.wales/docs/statistics/2016/16O622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf>

Welsh language



- According to the most recent census, there are 562,000 people in Wales who can speak Welsh, representing 19% of the population, however the percentage of Welsh speakers varies greatly across the counties of Wales.⁵⁰
- Research to explore the scope, nature and adequacy of Welsh language provision in the NHS in Wales concluded that the provision of services in the Welsh language was inadequate and that in the areas of mental health, learning disabilities, services for elderly people and young children, Welsh language services appeared to be poorly developed.⁵¹
- International research and evidence from mental health service users in Wales emphasises the need to provide psychiatric and therapeutic services that are in Welsh.⁵² For many native Welsh speakers, using English to discuss their feelings and emotions is difficult and treatment in English will not necessarily be appropriate or helpful.⁵³



Rural Wales



- Wales has a comparably rural environment with around 1 in 3 people living in an area classed as rural (compared to England where around 1 in 5 people live in rural areas).⁵⁴
- Lack of services available to support people with mental health problems and early intervention services is an issue throughout Wales, but particularly in rural Wales, where significant gaps in services exist.⁵⁵ Research has found that distance alone is an important factor when it comes to maintaining and improving health.⁵⁶



What is missing?



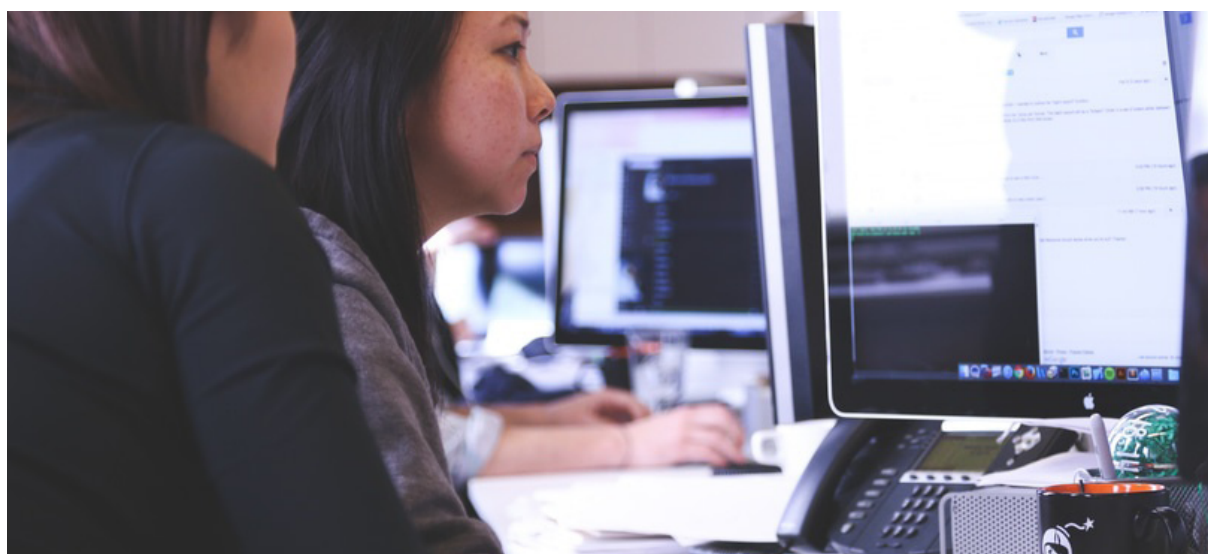
The Fundamental Facts presents UK wide mental health information, and this overarching perspective enables us to identify the key areas of data that are missing in Wales. It should be stressed, however, that where data has been collected for Wales alone that caution should be taken when comparing the data across countries as the measuring tools used and the samples selected, for example, may differ.

Data and information on mental ill-health in Wales, as well as the societal, economic and personal impact of mental health problems in Wales is very limited. There are many data gaps and this makes it very challenging to understand the real consequences of mental ill health in Wales. For example, The Welsh Health Survey 2015⁵⁷ details how many people experience mental health problems in Wales but limited

information on diagnosis, treatment and support. In Wales, the Welsh Health Survey, with a new survey of adults commencing in 2016-17 will include health related questions. We hope that this future survey will provide more detailed information regarding the mental health of the nation.

We are actively lobbying for more mental health data to be made available and for greater transparency so that people can have information on the prevalence of different mental health issues in their area and the services available to help people manage their mental health problems and to prevent them occurring.

We will publish an updated Fundamental Facts on a regular basis. New and updated data will mean that users of Fundamental Facts can be confident that the content is current.



References



1. Statistics for Wales. (2016). Welsh health survey 2015. Retrieved from <http://gov.wales/docs/statistics/2016/16O622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf> [Accessed on: 29/09/16].
2. Statistics for Wales (2015). Welsh Health Survey 2014. Retrieved from <http://gov.wales/docs/statistics/2015/15O7O7-welsh-health-survey-2014-health-status-illnesses-other-conditions-en.pdf> [Accessed on: 29/09/16].
3. Ibid.
4. Statistics for Wales (2015). Welsh Health Survey 2014. Retrieved from <http://gov.wales/docs/statistics/2015/15O7O7-welsh-health-survey-2014-health-status-illnesses-other-conditions-en.pdf> [Accessed on: 29/09/16].
5. Ibid.
6. Mental Health Promotion Network. (2009). *Promoting mental health and preventing mental illness: The economic case for investment in Wales*. [online] All Wales Mental Health Promotion Network. Retrieved from [http://www.publicmentalhealth.org/Documents/749/Promoting Mental Health Report \(English\).pdf](http://www.publicmentalhealth.org/Documents/749/Promoting%20Mental%20Health%20Report%20(English).pdf) [Accessed on: 02/08/2016].
7. Welsh Government. (2016). *New three-year plan to improve mental health services in Wales*. Retrieved from <http://gov.wales/newsroom/healthandsocialcare/2016/mental-health/?lang=en> [Accessed on: 03/08/2016].
8. Welsh Government. (2016). *Health statistics Wales*. Retrieved from <http://gov.wales/statistics-and-research/health-statistics-wales/?lang=en> [Accessed on: 19/07/2016].
9. Welsh Government. (2012). *Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales*. Retrieved from <http://www.qub.ac.uk/cite2write/harvard31.html> [Accessed on: 25/08/2016].
10. O'hara, M. W., & Swain, A. M. (1996). Rates and risk of postpartum depression—a meta-analysis. *International review of psychiatry*, 8(1), 37-54.
11. Bauer, A., Parsonage, M., Knapp, M., lemmy, V., & Adelaja, B. (2014). *The costs of perinatal mental health problems*. Retrieved from <http://everyonesbusiness.org.uk/wp-content/uploads/2014/12/Embargoed-20th-Oct-Final-Economic-Report-costs-of-perinatal-mental-health-problems.pdf> [Accessed on: 12/09/2016].
12. Bauer, A., Parsonage, M., Knapp, M., lemmy, V., & Adelaja, B. (2014). *The costs of perinatal mental health problems*. Retrieved from <http://everyonesbusiness.org.uk/wp-content/uploads/2014/12/Embargoed-20th-Oct-Final-Economic-Report-costs-of-perinatal-mental-health-problems.pdf> [Accessed on: 12/09/2016].
13. National Assembly for Wales, Children, Young People and Education Committee. (2014). *Inquiry into Child and Adolescent Mental Health Services (CAMHS)*. Retrieved from <http://www.assembly.wales/laid%20documents/cr-ld10016%20-%20report%20by%20the%20children,%20young%20people%20and%20education%20committee%20-%20inquiry%20into%20child%20and%20adolescent%20mental%20health/cr-ld10016-e.pdf> [Accessed on: 19/08/2016].
14. Hogg, S. (2013). *Prevention in mind All Babies Count: Spotlight on Perinatal Mental Health*. Retrieved from <https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-spotlight-perinatal-mental-health.pdf> [Accessed on: 19/08/2016].
15. National Assembly for Wales, Children, Young People and Education Committee. (2014). *Inquiry into Child and Adolescent Mental Health Services (CAMHS)*. Retrieved from <http://www.assembly.wales/laid%20documents/cr-ld10016%20-%20report%20by%20the%20children,%20young%20people%20and%20education%20committee%20-%20inquiry%20into%20child%20and%20adolescent%20mental%20health/cr-ld10016-e.pdf> [Accessed on: 19/08/2016].
16. Ibid.
17. Ibid.
18. National Assembly for Wales, Children, Young People and Education Committee. (2014). *Inquiry into Child and Adolescent Mental Health Services (CAMHS)*. Retrieved from <http://www.assembly.wales/laid%20documents/cr-ld10016%20-%20report%20by%20the%20children,%20young%20people%20and%20education%20committee%20-%20inquiry%20into%20child%20and%20adolescent%20mental%20health/cr-ld10016-e.pdf> [Accessed on: 19/08/2016].



19. NSPCC. (2015). *How safe are our children? The most comprehensive overview of child protection in the UK*. Retrieved from <https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2016-report.pdf> [Accessed on: 12/09/2016].
20. Welsh Assembly Government. (2014). *Children on child protection register by local authority, category of abuse and age group*. Retrieved from <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Service-Provision/childrenonchildprotectionregister-bylocalauthority-categoryofabuse-agegroup> [Accessed on: 22/08/2016].
21. Public Health Wales. (2016). *Welsh Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*. Retrieved from [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf) [Accessed on: 22/03/2016].
22. Ministry of Justice. (2012) *Estimating the prevalence of disability amongst prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) survey*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278827/estimating-prevalence-disability-amongst-prisoners.pdf [Accessed on: 12/09/2016].
23. Ministry of Justice. (2013). *Gender differences in substance misuse and mental health amongst prisoners*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf [Accessed on: 12/09/2016].
24. Gov.uk. (2016). *HM Chief Inspector of Prisons for England and Wales: Annual Report 2015-16*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538854/hmip-annual-report.pdf [Accessed on: 12/09/2016].
25. Ibid.
26. Ibid.
27. Carers UK. (2015). *Facts about Carers; Policy Briefing*. Retrieved from <http://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2015> [Accessed on: 01/07/2016].
28. Office for National Statistics. (2013). *2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001*. Retrieved from http://www.ons.gov.uk/ons/dcp171766_300039.pdf [Accessed on: 12/09/2016].
29. Office for National Statistics. (2013). *Full story: The gender gap in unpaid care provision: is there an impact on health and economic position?* Retrieved from http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_310295.pdf [Accessed on: 20/08/2016].
30. Welsh Government. (2011). *Carers Strategies (Wales) Measure 2010: Guidance issued to Local Health Boards and Local Authorities*. Retrieved from http://www.wales.nhs.uk/sitesplus/documents/829/FINAL_CARERS_STRATEGIES_WALES_GUIDANCE_2011_-_ENGLISH.pdf [Accessed on: 19/08/2016].
31. Office for National Statistics. (2013). *Full story: The gender gap in unpaid care provision: is there an impact on health and economic position?* Retrieved from http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_310295.pdf [Accessed on: 20/08/2016].
32. Welsh Government. (2015). *Talk to Me 2: Suicide and Self Harm reduction strategy for Wales Suicide and Self Harm Prevention Strategy for Wales 2015-2020*. Retrieved from <http://gov.wales/docs/dhss/publications/150716strategyen.pdf> [Accessed on: 18/07/2016].
33. Self Harm UK. (2016). *The facts: Self-harm statistics*. Retrieved from https://www.selfharm.co.uk/get/facts/self-harm_statistics [Accessed on: 02/04/2016].
34. Welsh Government. (2015). *Talk to Me 2: Suicide and Self Harm reduction strategy for Wales Suicide and Self Harm Prevention Strategy for Wales 2015-2020*. Retrieved from <http://gov.wales/docs/dhss/publications/150716strategyen.pdf> [Accessed on: 18/07/2016].
35. Office of National Statistics. (2016). *Suicides in the United Kingdom: 2014 registrations*. Retrieved from <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2014registrations> [Accessed on: 22/08/2016].
36. Ibid.



37. The Samaritans. (2016). *Suicide Statistics Report 2016: Including data for 2012-2014*. Retrieved from <http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20suicide%20statistics%20Report%202016.pdf> [Accessed on: 22/08/2016].
38. Ibid.
39. Alzheimer's Society. (2014). *Impact of Dementia*. Retrieved from https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2761 [Accessed on: 02/04/2016].
40. Welsh Government. (2011). *National Dementia Vision for Wales*. Retrieved from <http://gov.wales/docs/dhss/publications/110302dementiaen.pdf> [Accessed on: 14/07/2016].
41. Alzheimer's Society. (2015). *Wales diagnosis rates 2015*. Retrieved from https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2165 [Accessed on: 22/08/2016].
42. Health and Social Care Information Centre. (2013). *Quality and Outcomes Framework Achievement, prevalence and expectations data, 2012/13*. Retrieved from <http://www.hscic.gov.uk/catalogue/PUB12262/qual-outc-fram-12-13-rep.pdf> [Accessed on: 22/03/2016].
43. Alzheimer's Society. (2015). *The hidden cost of dementia in Wales*. Retrieved from https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2691 [Accessed on: 22/03/2016].
44. Audit Commission in Wales. (2004). *Developing Mental Health Services for Older People in Wales*. Retrieved from <http://www.wales.nhs.uk/documents/MHSOP-20report.pdf> [Accessed on: 12/07/2016].
45. Health and Social Care Information Centre. (2007). *Health Survey for England, 2005: Health of Older People*. Retrieved from <http://www.hscic.gov.uk/pubs/hse05olderpeople> [Accessed on: 14/09/2015].
46. Smyth, C. (2014). *Depression in old age 'is the next big health crisis'*. Retrieved from: <http://www.thetimes.co.uk/tto/health/news/article40572> [Accessed on: 15/09/2015].
47. Welsh Government. (2016). *Welsh Health Survey 2015: Health status, illnesses, and other conditions*. Retrieved from: <http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf> [Accessed on: 29/09/2016].
48. Joseph Rowntree Foundation. (2015). *Monitoring poverty and social exclusion in Wales 2015*. Retrieved from <https://www.jrf.org.uk/report/monitoring-poverty-and-social-exclusion-wales-2015>. [Accessed on: 18/08/2016].
49. Jenkins, R., Bhugra, D., Bebbington, P., Brugha, T., Farrell, M., Coid, J., ... & Meltzer, H. (2008). Debt, income and mental disorder in the general population. *Psychological medicine*, 38(10), 1485-1493.
50. Office for National Statistics. (2012). *2011 Census: Key Statistics for Wales, March 2011*. Retrieved from <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/>
51. Misell, A. (2000). *Welsh in the Health Service: the scope, nature and adequacy of Welsh language provision in the NHS in Wales*. Retrieved from <http://www.wales.nhs.uk/sites3/documents/415/WelshintheHealthService.pdf>. [Accessed on: 18/05/2016].
52. Ibid.
53. Ibid.
54. Wales Centre for Health. (2007). *A profile of rural health rural health in Wales*. Retrieved from <http://www.wales.nhs.uk/sitesplus/documents/888/RuralProfile.pdf> [Accessed on: 25/03/2016].
55. Welsh Institute for Health and Social Care. (2014). *Mid Wales Healthcare study Report for Welsh Government*. Retrieved from http://wihsc.southwales.ac.uk/media/files/documents/2014-10-23/MWHS_Report_-_WIHSC_for_Welsh_Government.pdf [Accessed on: 22/03/2016].
56. Wales Centre for Health. (2006). *Pictures of Health in Wales: A Technical Supplement*. Retrieved from [http://www.wales.nhs.uk/sitesplus/documents/888/wch%20pictures%20of%20health%20\(e\)%20lr.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/wch%20pictures%20of%20health%20(e)%20lr.pdf). [Accessed on 12/09/2016].
57. Welsh Government. (2016). *Welsh Health Survey 2015: Initial headline results*. Retrieved from <http://gov.wales/docs/statistics/2016/160601-welsh-health-survey-2015-initial-headline-results-en.pdf> [Accessed on: 17/08/2016].



mentalhealth.org.uk

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place.

We inform and influence the development of evidence-based mental health policy at national and local government level. In tandem, we help people to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

 [mentalhealthfoundation](https://www.facebook.com/mentalhealthfoundation)

 [@mentalhealth](https://twitter.com/mentalhealth)

 [@mentalhealthfoundation](https://www.instagram.com/mentalhealthfoundation)

London Office:
Mental Health Foundation
Colechurch House
1 London Bridge Walk
London SE1 2SX

Glasgow Office:
Mental Health Foundation
Merchants House
30 George Square
Glasgow G2 1EG

Edinburgh Office:
Mental Health Foundation
18 Walker Street
Edinburgh
EH3 7LP

Cardiff Office:
Mental Health Foundation
Castle Court
6 Cathedral Road
Cardiff, CF11 9LJ