

Systemic Review Programme

Review of mental health statistics in Wales

January 2026

The Office for Statistics Regulation

Statistics should serve everyone, helping enhance knowledge about every section of society and the economy, and people's place within them.

The Office for Statistics Regulation (OSR) provides independent regulation of official statistics produced in the UK. Official statistics are statistics produced by Crown bodies and other organisations listed within an [Official Statistics Order](#), on behalf of the UK Government or the devolved governments.

We aim to enhance public confidence in statistics produced by government by setting the standards that they must meet in [the Code of Practice for Statistics](#). We ensure that producers uphold these standards by conducting reviews of statistics against the Code. We also report publicly on system-wide issues and on the way statistics are being used, celebrating when the standards are upheld and challenging publicly when they are not.

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Overview

Why we did this review

Understanding the mental health of people is essential for ensuring that government policies and health resources are targeted effectively to improve wellbeing and reduce inequalities.

At the Office for Statistics Regulation, we have been exploring the extent to which mental health statistics in the UK meet users' needs. We have published reviews of mental health statistics in [England](#) and [Northern Ireland](#), as well as an [update](#) to our review in England. We have now turned our attention to mental health statistics in Wales.

Most of the [official statistics](#) on mental health and mental wellbeing in Wales are published by the Welsh Government. These statistics cover 'core' topics related to mental health services, such as public health and primary and secondary care services, as well as wider topics, such as education and maternity. Other producers include the Office for National Statistics, Public Health Wales and Digital Health and Care Wales.

The current overall provision of data and statistics on mental health in Wales is limited, however, and there have been calls for the Welsh Government to commit to collecting and publishing more data about mental health.

In its [Mental health and wellbeing strategy: strategy and delivery plan](#), published in April 2025, the Welsh Government proposed a new mental health core dataset for Wales. Delivering the core dataset is a complex undertaking with several barriers.

This review critically assessed the current landscape of mental health statistics in Wales, investigating the extent to which existing data meet the needs of users. It has highlighted the limitations of available statistics and identified areas where information is lacking or inconsistent. The review has also explored the main obstacles to implementing the Welsh Government's proposed core dataset, offering clear recommendations and identifying essential questions that must be addressed to enable meaningful improvement in the quality and coverage of mental health data in Wales.

Highlighted findings

- The current provision of data and statistics on mental health is limited. Users identified several areas where they either need more information, or the data simply do not exist.
- There are several issues with the current data and systems. These include inconsistent approaches to data collection and entry and those inputting the data not being specialists in data entry.

- The Welsh Government's planned core dataset aims to link data from different sources and will follow patients through their whole care journey. However, there are several barriers to its successful implementation across Wales, including funding and resourcing issues, a lack of suitable IT, and there being no legal mandate for health boards to adopt the new system.

Our judgement

Mental health data and statistics in Wales are at a crossroads: The current approach could continue, which would be frustrating for both the producers or the statistics and users. The alternative is taking a new direction, making more data of a higher quality available. Although this route is challenging, it will bring numerous benefits to all those involved in mental health in Wales.

The four recommendations we have made are designed to facilitate a smoother transition towards more comprehensive and higher-quality data.

Next steps

We will continue to monitor the progress and delivery of the core dataset, which we consider is necessary for statistics to provide a comprehensive picture of mental health in Wales. We will also continue to engage with statisticians in the Welsh Government as the core dataset is developed and to advocate for better statistics on this important topic.

Related links

[Review of mental health statistics in England](#)

[Review of mental health statistics in England: update December 2023](#)

[Review of mental health statistics in Northern Ireland](#)

[Improving mental health services in Northern Ireland: The Regional Mental Health Outcomes Framework](#)

Introduction

Why statistics on mental health matter

Understanding the mental health of people across the United Kingdom is essential for ensuring that government policies and health resources are targeted effectively to improve wellbeing and reduce inequalities. At the Office for Statistics Regulation, we are exploring how well mental health statistics in the UK are meeting users' needs.

Responsibility for the policy, delivery and funding of mental health services lies with the devolved government in each country of the UK. We have previously published reviews of mental health statistics in [England](#) and [Northern Ireland](#), as well as an [update](#) to our review in England. This report is focussed on mental health statistics in Wales.

Data from the [National Survey for Wales](#) show that average mental wellbeing scores have declined since 2016–17, reaching their lowest point in 2022–23 and remaining at a similar level in 2024–25 (the latest available data). The survey assesses mental wellbeing by asking 14 self-assessed questions from the Warwick-Edinburgh Mental Wellbeing Scale, where a higher score indicates better wellbeing. Wellbeing scores are lower for those in the most deprived groups compared to those in the least deprived groups. This gap widened after 2021–22, due to a large decline in the mental wellbeing score for those in the most deprived group. Lower wellbeing scores were also noted for those with poor physical health.

[Mean mental wellbeing scores for children and young people](#) aged 11–16 years, measured in Wales by the Student Health and Well-being Survey, remained fairly stable across academic years 2017–18 to 2023–24. However, they were consistently lower for those with lower family affluence across all academic years.

Welsh Government statistics show that in 2024–25, there were nearly [7.3 million prescriptions for antidepressants in Wales](#). This number has increased every year from just under two million in 2001–02. In 2023–24, [13,936 children and young people aged 11–18 years received counselling in Wales](#), an increase of 13% compared with 2022–23. Anxiety was the most common type of issue, increasing as the main presenting issue from 12% in 2015–16 to 40% in 2023–24, although this is a decrease from 46% in 2022–23. It also increased as a predominant issue from 12% in 2015–16 to 36% in 2023–24, which is again a decrease from 43% in 2022–23. A presenting issue is the reason that a client self-references or is referred to a counsellor, while a predominant issue is the underlying issue(s) that is identified during the counselling process.

What we hope to achieve with this report

Although some data and statistics exist in Wales, such as mental wellbeing scores, and aspects related to mental health, the current provision overall is limited. This means that

whilst valuable, the existing statistics are not sufficient to meet users' needs. [The Big Mental Health Report](#), published by Mind in 2024, called for the Welsh Government to commit to collecting and publishing more data about mental health.

In April 2025, the Welsh Government proposed a new mental health core dataset for Wales, as outlined in its [Mental health and wellbeing strategy: strategy and delivery plan](#). Delivering the core dataset is a complex undertaking, and the strategy highlights several barriers to its successful implementation. Fundamentally, mental health data collection is not currently compulsory in Wales, unlike in England, and the strategy outlines an aim to mandate the new core dataset.

The Wales Alliance for Mental Health, a collaboration of Wales' national mental health and suicide and self-harm charities, has reinforced the need for a core mental health dataset and the training, support and systems needed to successfully implement it. In its June 2025 report, [Priorities for the next Welsh Government 2026](#), the Alliance recommended that the next Welsh Government should "Deliver a robust and transparent data system that focuses on both system, experiences and impact of support within the first year of the new Welsh Government".

We want to raise the profile of mental health statistics in Wales, using our role as the UK's statistics regulator to advocate for a better data infrastructure that enhances understanding of the prevalence of mental health conditions in Wales and the effectiveness of services and interventions. By doing so, we hope that these can continue to be improved to meet individuals' needs.

To support these aims, alongside this report, we will continue to engage with a range of organisations and make the case for ongoing improvements to mental health data and statistics.

Our review approach

We began our review of mental health statistics in Wales in summer 2024. As well as reviewing the current data and statistics, we engaged with the producers of the statistics and with organisations that are involved more broadly in the data and statistics. We sought views from users of the statistics from a wide range of backgrounds, including government, public health bodies, third-sector organisations and care providers. Full details of the organisations that participated in the review are provided in [the annex](#).

The mental health landscape in Wales

Overview of organisations involved in mental health in Wales

Despite Wales being a relatively small country, it has several government organisations that are involved in mental health services and mental health data.

Seven local health boards are responsible for planning and delivering primary, community and secondary care services alongside specialist services for their areas. These include mental health services. The health boards are also responsible for improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities in the population across their respective areas. The health boards collect data on the services they provide, which then feed into official statistics.

There are also **three NHS trusts**, which cover the whole population of Wales: Public Health Wales NHS Trust, Velindre University NHS Trust and Welsh Ambulance Services NHS Trust. Of relevance to mental health, Public Health Wales works to protect and improve health and wellbeing and to reduce health inequalities among people in Wales.

Additionally, there are **two special health authorities** in Wales:

- Digital Health and Care Wales (DHCW), which is part of NHS Wales. It works in partnership with NHS Wales colleagues and other key stakeholders to provide national digital and data systems and services which support the delivery of health and social care in Wales. It also collects and analyses health service data across Wales. DHCW is responsible for the development and implementation of an all-Wales electronic record to help improve mental health planning and provision in Wales.
- Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales. It has a leading role in the education, training, development and shaping of the healthcare workforce across Wales. It is also responsible for the [Strategic mental health workforce plan for health and social care](#), the ambition of which is to deliver a motivated, engaged and valued health and social care workforce.

A further organisation, NHS Wales Performance and Improvement, previously NHS Wales Executive, focuses on enhancing care quality and safety. Its Performance and Assurance directorate oversees mental health and learning disabilities by leading assurance reviews to improve service quality and consistency. It also manages the [Strategic Programme for Mental Health](#), which seeks to improve safety and outcomes by reducing unwarranted variation and promoting equity between physical and mental health services.

The NHS Wales Joint Commissioning Committee (NWJCC) is a joint committee of the seven health boards acting collectively on their behalf. One of the roles of NWJCC is to

commission a range of services related to mental health across Wales. It also oversees the commissioning of the ‘NHS 111 press 2’ service, which allows people to call 111 and press option 2 to connect directly with a mental health worker in their area.

Policy context

The Welsh Government has published two new strategies related to mental health in 2025: [the Suicide prevention and self-harm: strategy and delivery plan](#), published on 1 April, and the [Mental health and wellbeing strategy: strategy \(2025-2035\) and associated delivery plan \(2025-2028\)](#), published on 30 April.

The ‘Mental health and wellbeing strategy’ contains a commitment to publishing a mental health data and digital delivery plan and, as part of this, developing a mental health core dataset. It acknowledges that this is a complex piece of work, but states that the aim is to ensure that the data collected are robust and fit for purpose.

The three-year delivery plan that accompanies the strategy includes an action to “Provide a clear plan for digital and data for mental health services that supports the delivery of the strategy.” Within this action, the delivery plan commits to the following:

“Development of digital and data overarching plan and a two-year detailed implementation plan. This detailed implementation plan will include:

- Mandate a mental health core dataset for services.
- Put in place and report on clear outcomes and experience measures across all services.
- Introduce an electronic patient record across Wales.”

The planned development of the core mental health dataset is discussed in more detail later in this report.

Mental health data and statistics in Wales

Most of the official statistics on mental health and mental wellbeing in Wales are published by the Welsh Government. These statistics cover ‘core’ topics related to mental health services, such as public health and primary and secondary care services, as well as wider topics, such as education and maternity. To help users understand the official statistics landscape, the Welsh Government published a [document](#) in 2021 that provides a summary of the mental health data sources that it uses. This summary includes background information on the data sources, what data are available, how frequently the data are released, and web links for further information.

In 2024, the Welsh Government published a mental health [dashboard](#) that brings together all the published mental health data and statistics from a wide variety of data sources into one place. Information is available under the broad headings of public health, primary

care, secondary care, education and finance. The Welsh Government told us that web analytics data indicate that the dashboard has been very popular among users.

In addition, statistical releases on [suicides in England and Wales](#) are published by the Office for National Statistics (ONS). Public Health Wales also publishes statistics on [real-time suspected suicide surveillance](#). These statistics are currently published as official statistics in development. Digital Health and Care Wales's [hospital admissions tables](#) include admissions for individuals with certain mental health conditions.

Public Health Wales also publishes data on the [School Health Research Network's](#) (SHRN) [Secondary School Children's Health and Wellbeing Dashboard](#). Although these data are not published as official statistics, Public Health Wales follows the [Code of Practice for Statistics](#) when producing the dashboards.

Other organisations, besides those responsible for official statistics, also produce data related to mental health. For example, the NHS Wales Joint Commissioning Committee (NWJCC) publishes a [dashboard](#) on the 'NHS 111 Wales Press 2: Mental Health Support' service. The dashboard contains information on the number of contacts with the service overall, which is also broken down by age, gender, hour and day of the week, health board and local authority. However, much more detailed information is available for internal use than is published externally. Colleagues within NWJCC noted that barriers to making more data available externally mostly related to quality issues and concerns around confidentiality and disclosure.

Issues with the existing data

The Welsh Government statisticians we spoke to were very open about several issues with the existing data and their desire to improve both the range of topics covered by the statistics, and the quality of the data underpinning the statistics.

The statisticians told us that the information provided by current statistics on mental health is limited. Much of the data related to mental health are collected on an aggregate basis, and there are many gaps where either the data simply do not exist or are not in an understandable or useable format.

We heard that there are several issues with the current data and systems. These include:

- Different health boards using different systems to collect their data. These range from paper systems to Excel spreadsheets to bespoke electronic reporting systems.
- Inconsistent approaches to data entry across the health boards.
- A lack of national standards for certain variables, meaning that those entering the data are unclear on what they should input or how.
- Those inputting the data not being specialists in data entry and lacking time. We heard that often, those entering data are also the clinicians delivering services and treatment. These individuals may lack the skills to engage with the IT systems, as well as being under-resourced in relation to delivering care to individuals. When pressured for time and faced with the conflict between treating patients or entering data, it seems inevitable that clinicians will opt for treating patients.

The statisticians told us that these issues combined can lead to challenges in standardising both the content and the format of the data. Additionally, some of the data may be incomplete or lack reliability.

The statisticians told us that they are doing as much as they can with the existing data to provide the greatest insights possible to users. The publication of the dashboard demonstrates a clear commitment to making the current data as accessible as possible. They also have plans to make the processes to produce the dashboard more efficient, and to bring in relevant data from wider sources. They told us, however, that making more information available to users over and above this will require more data to become available, and the planned mental health core dataset is necessary to achieve this.

Finally, the statisticians told us that they find user engagement challenging. They have close connections with some users, for example policy colleagues in the Welsh Government, where they know who to approach to ask a question. They told us, however, that they struggle to get feedback on their statistics from general users. Although they have feedback forms asking users to get in touch, users very rarely do.

They went on to say that they receive several parliamentary questions and freedom of information requests, and they try to use these to give them insight into users' needs. Many of these requests are for questions that they cannot answer as they do not have the data. This further emphasises the point that the current data offering is not sufficient.

Are users' needs being met?

Consistent with the issues outlined by the statisticians, users of statistics and data expressed frustrations with the quality and availability of mental health data in Wales, citing issues with incomplete, outdated or unpublished data. They told us that it is very difficult for them to answer many of their questions in relation to mental health with the data that are currently available. They also felt that without reliable data, it is challenging to improve mental health services and address gaps effectively.

Users told us that often they look at data for England to get a proxy for Wales, but they acknowledged this is not ideal. Related to this, they expressed frustrations around surveys that previously included Wales but now are for England only, for example, the Adult Psychiatric Morbidity Survey and the Mental Health of Children and Young People surveys that started during the COVID-19 pandemic. These surveys provide vital information on topics such as the prevalence of mental health conditions, socioeconomic inequalities in mental health, and the relationship between physical health and mental health, as well as issues such as self-harm, bullying and eating disorders in children and young people. Although data on many of these topics are collected for children and young people through the [School Health Research Network's](#) (SHRN) Student Health and Well-being surveys, it may be that users are less aware of these surveys and so do not access these data.

Additionally, users told us that data are sometimes combined for England and Wales when it would be more useful to present separate figures. These issues all limit understanding of mental health specifically in relation to the Welsh population. There is a need for more Wales-specific data. Users told us that they do use data and statistics from other sources to help answer their questions, such as MIND, the Samaritans and non-official statistics publications from Public Health Wales.

Some users noted frustrations about data that are not published, such as internal 'NHS 111 press 2 service' data or management information collected by health boards. While they recognised these data may not meet official statistics standards, they believed that sharing the data could still help build a fuller picture of mental health in Wales.

Users identified the following topics for which data are either limited or simply do not exist:

- the prevalence of mental health conditions and trends over time
- demographics and the social determinants of mental health
- inequalities and mental health
- the link between mental health and physical health
- patient flow and what happens where
- data on people themselves rather than systems and services
- evidence of the effectiveness of interventions
- outcomes for individuals, both in the short term and over time
- the mental health workforce

- expenditure on mental health

Users told us that they need information on these topics to be able to better understand the full picture of mental health in Wales.

Users shared a range of experiences with Welsh Government statisticians: some highlighted positive interactions, while others expressed a desire for greater engagement or more clarity regarding points of contact. These insights suggest opportunities to further strengthen user engagement.

Plans for change

The Welsh Government has committed, through its [Mental health and wellbeing strategy \(2025-2035\)](#), to developing a mental health core dataset for Wales.

The planned dataset will follow the patients through their whole care journey and aims to link data from different services, including referrals, therapies and treatment, across both primary and secondary care and community settings. If implemented, this dataset will provide much greater insights by linking datapoints that currently exist in isolation and by introducing new data. Both the statisticians and users, however, felt that progress on the new dataset has been slow.

The organisation tasked with developing this core dataset is Digital Health and Care Wales (DHCW). While we were carrying out the research for this review, a pilot of the dataset was underway with one local health board.

We heard about several barriers that are currently preventing the roll out of the dataset across the whole of Wales.

A significant barrier is the lack of the necessary IT infrastructure. The health boards in Wales currently have different systems for capturing mental health data. All the health boards must agree to adopt the new dataset and the appropriate software, but not all have done so yet.

There is no legal mandate for health boards to adopt the new system. As health boards are legal bodies in their own right, DHCW cannot force them to participate.

Another barrier to implementing the new dataset relates to issues around funding and resourcing. Obtaining and implementing standardised IT systems may prove difficult due to financial constraints. The current shortage of suitably skilled personnel also means that it will not be possible to simply implement new systems without appropriate individuals being identified to enter data, and extensive training being given to these individuals. Again, this could be challenging due to time and funding constraints.

Further challenges exist in the delivery of mental health care itself, as provision can be different across the health boards. Mental health is a complex topic, and Wales is a diverse country. Reflecting the importance of delivering services that are appropriate for specific populations, there are different models and service offerings across the seven health boards. This makes the collection of consistent data on mental health more challenging.

Given these barriers, the statisticians were concerned that although an all-Wales system would be preferable, the outcome may end up being a collection of disparate systems, as is currently the case. If this happens, there will also be the additional challenge of ensuring

that data definitions are consistent, so that items are collected in a consistent manner. The statisticians expressed doubts that this consistency could be achieved.

Users we spoke to were generally very aware of the planned dataset and expressed hope that it will improve data collection and reporting. They felt that the core dataset will be key to addressing existing gaps, and that patient-level detail will provide vital information on who needs support and that this, in turn, will genuinely inform planning.

However, users were also largely aware that the dataset has been promised for several years and remains undelivered. They spoke of the challenges of rolling out such a system in Wales, and of the difficulties in securing agreement from all seven health boards. They also noted that to enable data to be fully joined up, organisations such as the Ambulance Service and Public Health Wales would also need to contribute data, which introduces additional challenges.

Some users were optimistic that the core dataset would finally be delivered in the near future, while others remained sceptical due to the ongoing barriers.

What needs to happen if change is to be achieved?

It is evident that the current statistics on mental health in Wales do not meet users' needs. The implementation of the Welsh Government's mental health dashboard is a useful first step in bringing together the existing information into one place so that it is more accessible to users. For users to truly be able to answer their questions, however, there needs to be a step change in the data that are available.

Fundamental to achieving this will be the successful development and implementation of the core mental health dataset for Wales. It is crucial, therefore, that the barriers to implementing the dataset are challenged and overcome.

We believe that in order to start to address these barriers, there are some key questions that must be answered.

Who is responsible for driving change?

Strong and effective leadership will be fundamental for effective change. Many things need to be in place for the core mental health dataset to be successfully delivered. In addition to developing the dataset itself, suitable systems must be established in the health boards, and appropriate training provided to those responsible for inputting data so that the data submitted is in line with specified standards. This will require investment both in finance and resources. It will also be crucial to address any barriers related to the challenge of balancing the demands of providing care to individuals with the need for accurate data entry. Without strong leadership to ensure that these issues are tackled, it is unlikely that the core dataset will be successfully implemented.

Digital Health and Care Wales (DHCW) is identified in the Welsh Government's 'Mental health and wellbeing strategy' delivery plan as the organisation responsible for developing a digital and data plan for mental health services in Wales. The delivery plan also notes that a Data, Digital & Outcomes Group has been established to provide oversight to the systemwide work. It remains unclear whether DHCW or the group that has been established has the authority or the capacity to take forward the wider work necessary for successful implementation of the dataset. Questions remain about who will ensure that the right systems and training are available in the health boards and who will fund these efforts. How, for example, will challenges such as resistance from chairs of the health boards be overcome? While collective responsibility is needed, somebody also needs to take on a clear leadership role.

The Welsh Government has created a Minister for Mental Health and Wellbeing. Some stakeholders that we spoke to suggested that the minister could provide greater oversight

and challenge. However, there was a feeling that data and the digital agenda may not be a current priority.

How should data collection be mandated?

These issues lead naturally into the question of whether the Welsh Government should mandate data collection or not. Currently, there is no national mandate for mental health data collection in Wales – it is voluntary, unlike in England. There was a perception among users that this lack of mandate is closely linked to the lack of data maturity in some health boards.

It is unclear whether DHCW, the organisation identified by the Welsh Government as being responsible for developing a digital and data plan for mental health services in Wales, has the powers to mandate data collection, and how it would do this if so.

Mandating data collection is a complex issue and again, will depend on suitable systems and adequate training being put in place. Users we spoke to had mixed views on whether data collection should be mandated. On one hand, some felt that mandating health boards to collect and publish data could be a step towards better transparency, accountability and improvements in data quality.

However, users were also conscious of the pressures that clinical staff are under, so they felt that the lack of data was understandable. Discussions focussed on the differing scale in Wales compared to England; in Wales, teams and budgets are smaller, people are multitasking and there are fewer specialist staff. Any attempt to mandate data collection, therefore, would need to take into account and address these difficult issues, and at a minimum, adequate training in systems and data entry would need to be given.

Learning from others' experiences

Our reviews of mental health data and statistics in [England](#) and in [Northern Ireland](#) revealed different levels of maturity of both data and systems.

In England, any organisation that provides NHS-funded care is mandated to submit data to the Mental Health Services (MHSDS) and NHS Talking Therapies (NHSTT) datasets under [national information standards](#). These information standards are published under the relevant section of the Health and Social Care Act 2012 and with delegated authority from the Secretary of State for Health and Social Care. Supporting documentation details the format in which data must be provided, and there are teams that specialise in working with providers to improve their submissions. An [NHS England guest blog](#) that we published at the end of 2023 provides further information on this, including how they support providers to submit data, ensuring all data are submitted and improving data quality.

Our [review](#) of mental health statistics in Northern Ireland, undertaken in 2021, found a similar picture to that in Wales. This included a lack of robust mental health data and inconsistent IT systems and data collection practices across regions, all of which had hindered the development of official statistics. Like in Wales, this meant that the analytical needs of individuals and organisations were not fully met.

At the time of our report, a digital solution to improve the disparity in technology across the health and social care sector in Northern Ireland was in development. The [Encompass](#) programme is a Northern Ireland-wide initiative to introduce a digital integrated patient record across health and social care to improve patient safety and health outcomes.

Since our report, the 'Mental Health Outcomes Framework' has been under development. In a [guest blog](#) that we published in September 2024, the Chair of the Mental Health Outcomes Framework discussed both the outcomes-based approach to collecting standardised mental health data and the Encompass system as an enabler to ensure successful implementation of the framework.

The experiences of those involved in developing these data and systems in both England and Northern Ireland could be invaluable in helping those in Wales, both in terms of offering insights on the factors that have contributed to success and the challenges and barriers that have had to be overcome. We strongly encourage relevant parties in Wales to reach out where possible to take advantage of vital learning opportunities.

Recommendations and next steps

Mental health data and statistics in Wales are at a crossroads, where the current approach could continue, or a new direction could be pursued where more data are made available. Continuing as things are would be frustrating both for those producing statistics and users. The alternative is challenging, with many barriers to overcome, but it offers numerous benefits for all those involved in mental health in Wales.

Our recommendations are designed to act as strategic facilitators for those involved in mental health data and statistics in Wales to help make the transition towards more comprehensive and higher-quality data smoother.

Recommendations

Recommendation 1: Prioritise strong leadership and clear accountability: Effective leadership must be established to ensure that the core mental health dataset is prioritised and delivered effectively. This includes designating an individual or group with clear authority and responsibility for driving progress; securing required systems and training; mandating and standardising data collection; and addressing barriers such as resistance from health boards and competing demands on clinical staff. In the first instance we believe that responsibility for this lies with the Minister for Mental Health and Wellbeing, although the Minister could then delegate authority where appropriate. Sufficient resource must be in place to support continued progress, and we acknowledge that decisions may have to be made around competing priorities where funding and resource constraints are present.

Recommendation 2: Those involved in the development of the core mental health dataset in Wales should take opportunities to learn from experiences in England and Northern Ireland. This will help to inform effective strategies and avoid common pitfalls, and could include:

- asking relevant individuals in England how they went about mandating data collection initially, what training is provided to those submitting data, and how they support organisations on an ongoing basis, both with providing data and ensuring they are of sufficient quality.
- speaking to those in Northern Ireland about the development of their outcomes framework and the Encompass system, how they have gone about this, what challenges and barriers they have encountered, and how they have overcome these.

While responsibility here lies chiefly with Digital Health and Care Wales, statisticians in the Welsh Government should also be involved to ensure that users' needs are considered in the development of the dataset.

Recommendation 3: Statisticians from the Welsh Government and clinicians must be involved in the development and implementation of the core dataset. Their involvement will maximise the benefits of a change in data recording of this scale and ensure that the data collected are fit for statistical purposes.

Recommendation 4: Statisticians in the Welsh Government must find effective ways of engaging with users to identify their needs in relation to both the core dataset and future official statistics produced from the dataset. This will ensure that both the data and outputs are relevant and useful. As part of this, the Welsh Government could convene a mini-statistics assembly of users, including organisations such as the Wales Alliance for Mental Health, whose support and challenge could facilitate progress. This will help ensure the data collected are relevant and useful and support evidence-based improvements in services.

Next steps

We will continue to monitor the progress and delivery of the core dataset, which we consider is necessary for statistics to provide a comprehensive picture of mental health in Wales. We will continue to engage with statisticians in the Welsh Government as the core dataset is developed and to advocate for better statistics on this important topic.

Annex: List of organisations that participated in this review

Beat Eating Disorders

Cardiff University

Digital Health and Care Wales

Health Education and Improvement Wales

Mental Health Foundation

Mental Health Matters Wales

Mind Cymru

NHS Wales

NHS Wales Executive

NHS Wales Joint Commissioning Committee

NHS Wales Performance and Improvement

Platform

Public Health Wales

Royal College of Nursing Wales

Samaritans

Welsh Government

