

Children's Mental Health: Briefing on Policy Developments in Wales

Author: Dr Rhian Croke

There's a long history of inadequate focus, funding and prioritisation for children's mental health in Wales. While recently there has been some progress as new legislation and policy has been introduced, there is still some way to go until every child's right to the highest attainable standard of mental health is properly respected, protected and fulfilled in Wales.

1. Legislation relevant to children's mental health

Since 1999, health provision – including mental health – has been a responsibility devolved to the Senedd Cymru or Welsh Parliament) previously known as Cynulliad Cenedlaethol Cymru or National Assembly for Wales). Mental health law in Wales is primarily set out in the [Mental Health Act 1983](#), (go [here](#) for information on the Act, the Act is currently under [review](#)) the [Mental Capacity Act 2005](#) (go [here](#) for information on the Act) and the Mental Health (Wales) Measure 2010.

The [Mental Health \(Wales\) Measure](#) focuses on primary mental health support services, making it a legal requirement for local authorities and health boards to work together to expand and strengthen mental health services at primary care level across Wales for people of all ages, including children. Local authorities and their mental health partners have a duty to provide local primary mental health services in accordance with – (a) a scheme for their area or (b) a scheme for their area determined by the Welsh Ministers.

Since 2011, Welsh Government Ministers have also had a legal obligation to have due regard to Part 1 of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) and its First and Second optional protocols in the exercise of all their functions. This obligation is set out in the [Rights of Children and Young Persons \(Wales\) Measure 2011](#). There are many articles of the UNCRC that are relevant to children's mental health. Some of these articles are summarised below.

Article 2 of the UNCRC: children must be protected from all forms of discrimination. Children must not be discriminated against (e.g. on basis of age, race, language, gender identity, religion or disability) when accessing health services and facilities. If children have a mental health condition or additional learning needs, they must not be subjected to any discrimination. Children who are most vulnerable for example, children in care, in police custody, unaccompanied or homeless children must always be protected and provided with mental health care and support.

Article 3 of the UNCRC: In all actions and decisions concerning children, the best

interests of the child must be a primary consideration.

Article 4 of the UNCRC: Governments must do everything to implement the rights set out in the UNCRC to the maximum extent of their available resources.

Article 6 of the UNCRC: Governments must recognise that every child has the right to life and must ensure they are able to survive and develop to the maximum extent possible.

Article 12 of the UNCRC: Children have the right to express their views in all matters affecting them, and their views should be

given due weight in accordance with the child's age and maturity.

Article 19 of the UNCRC: Children have a right to be protected from all forms of physical or mental violence, injury, abuse, neglect, mistreatment or exploitation, including through the provision of social programmes that provide necessary support for children and for those who care for them.

Article 24 of the UNCRC: All children have the right to the highest attainable standard of health and to health care services that help them to attain this, including mental health.

Article 27 of the UNCRC: Government should ensure that every child has a standard of living which is adequate to allow them to develop fully - physically, mentally, emotionally, spiritually and socially. Whilst recognising the responsibilities that parents have, governments must ensure that they provide assistance to families to ensure that children's essential needs are met- in particular, nutrition, health, clothing, housing, education and safety.

Article 37 of the UNCRC: No child should be subjected to cruel, inhuman or degrading treatment or punishment. Children who commit offences should not be imprisoned for

life. The arrest, detention or imprisonment of a child should be used only as a last resort and for the shortest appropriate period of time. Every child deprived of liberty should be treated with humanity and in a manner that takes into account his or her needs. Children in custody should be kept separate from adult prisoners and they have the right to maintain contact with their family. Every child deprived of liberty has the right to prompt legal advice and other assistance.

Article 39 of the UNCRC: Governments must take all appropriate measures to promote physical and psychological recovery and social reintegration of a child who is the victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration must take place in an environment which fosters the health, self-respect and dignity of the child.

Article 42 of the UNCRC: Governments must make the UNCRC known to children and adults. Children are then better able to claim their rights in relation to mental health and adults are better able to empower children to claim them.

The UN Committee on the Rights of the Child in its [General Comment No. 15](#) on the child's right to the highest attainable standard of health, makes it clear that all health services (this includes mental health services) must always be available, acceptable, accessible and of high quality:

Availability of services: there should be functioning children's health facilities, goods, services and programmes in sufficient quantity.

Accessibility of services: services should be financially and physically accessible, without discrimination.

Acceptability of services: health-related facilities, goods and services must be designed in a way that takes full account of and is respectful of medical ethics as well as children's needs, expectations, cultures, views and languages, paying special attention to certain groups, where necessary.

Quality of services: health-related facilities, goods and services should be scientifically and medically appropriate and of good quality.

The [Social Services and Well-being Wales Act](#) also requires any persons exercising functions under the Act must have due regard to Part 1 of the UNCRC. However, health boards and health services in Wales are not under the same duty.

The [Well-being of Future Generations \(Wales\) Act 2015](#) aims to make public bodies act more sustainably, including demonstrating how they are maximising their contribution to 'a healthier Wales' and 'a more equal Wales'. The Well-Being Objectives however do not make the right to health a legal right.

[Additional Learning Needs and Education Tribunal \(Wales\) Act 2018](#) and associated [Transformation Programme](#) are intended to support a more coordinated approach to meeting additional learning needs. Consequently, if a health body determines that a CAMHS treatment or service they could provide is likely to be of benefit in addressing a child's or young person's additional learning needs then CAMHS will secure that provision.

In 2021 the [Curriculum and Assessment \(Wales\) Act](#), embedded a whole school approach to children's mental health.

2. Policy

In 2009, the review into [Services for Children and Young People with Emotional and Mental Health Needs](#) set out to establish whether services were adequately meeting the mental health needs of children and young people in Wales. The Healthcare Inspectorate Wales (HIW) and the Wales Audit Office jointly undertook the review, supported by Estyn and the Care and Social Services Inspectorate Wales (CSSIW).

The overall conclusion of the review was that services are failing many children and young people. [Breaking the Barriers: Meeting the Challenges. Better Support for Children and Young People with Emotional Wellbeing and Mental Health Needs \(2010\)](#) was the Welsh Government's action plan in response to this report. In 2012, the [Together for Mental Health Strategy](#) (all ages strategy) was published by the Welsh Government.

However in 2014, the National Assembly's Children and Young Peoples' Education Committee launched an [Inquiry into CAMHS](#) because there were still serious concerns regarding effective mental health provision for children. For example, Welsh Government data referenced in the Inquiry report showed that £82.75 was spent per head on general mental illness compared to only £13.94 per head on child and adolescent mental health. This suggests that children were not being prioritised within health budgets.

Following concerns raised regarding children's mental health provision the Assembly's Children, Young People and Education Committee agreed in 2016 to undertake a further inquiry. In their report, [Mind over matter: a report on the step change needed in emotional and mental health support for children and young people in Wales \(2018\)](#). Committee members said that not enough was being done to support the mental health of children and young people. The report called for a "step change" in mental health service provision:

We state that the urgent challenge now lies at the front end of the care pathway – emotional well-being, resilience and early intervention – and that addressing this should be a stated national priority for the Welsh Government.

Lynne Neagle AM, (then) Chair of CYPE Committee

3. Policy and legislative developments

The Mind Over Matter report made 27 recommendations; these can be summarised very broadly into three key themes:

- The Welsh Government to make emotional and mental health a national priority, and ensure services receive sufficient resources.
- Focus to shift towards prevention and early intervention.
- Increase and improve collaboration between relevant services such as health, education, social services, advocacy services, youth services, police and others.

The report identified the key role that schools play in emotional resilience and called for whole-school approaches to good mental health. This was taken on board by the Welsh Government in their response to the report.

One of the main areas the Committee report focused on was the group of young people who need mental health support, but who do not need or meet the criteria for help from specialist services. The Welsh Government responded by highlighting the [Together for Children and Young People programme](#) T4CYP (an NHS-led programme to improve mental health support available to children and young people) and one of its workstreams – early help and enhanced support.

This multi-agency service improvement programme considers ways to reshape remodel and refocus the emotional and mental health services provided for children and young people in Wales, in line with the principles of [Prudent Healthcare](#).

T4CYP reported it was aiming to finalise the early help and enhanced support framework and prepare for implementation by March 2021. An independent evaluation of the T4CYP is reported as a key milestone in the [Mental Health Delivery Plan](#) (2019-2022). There have been concerns expressed by the [Royal College of Paediatrics and Child Health](#) at the short-term nature of the T4CYP funding model and there have been requests made for Welsh Government to explain their long-term thinking.

Young people have also been campaigning for improvements in mental health support for children. In 2016, young people working in partnership with several organisations (including Hafal and the [Observatory on the Human Rights of Children](#)) conducted research and wrote a report called '[Making Sense: a report by young people on their mental health and well-being](#)' and made several recommendations on children's mental health, including creating high quality support provided by non-mental health professionals, embedding healthy coping mechanisms into the curriculum and reforming CAMHS referral systems and practice within CAMHS.

Following its establishment in 2018, the Welsh Youth Parliament engaged with young people to determine its priorities. Their top priority was the emotional and mental wellbeing of young people. Their report [Let's Talk About Mental Health](#) made ten recommendations focused on two central themes – information and awareness, and barriers to, and quality of support for children's mental health.

The Children's Commissioner for Wales (CCfW) critical report '[No Wrong Door](#)' also focused on the importance of children's mental health and emphasised that:

'children and their families who seek support for a range of needs often find that they have to navigate a very complex system, may fall through gaps where there are no services to meet their needs, or be on a waiting list for a long time only to be told that they were waiting in the wrong queue, or have been knocking on the wrong door all along'.

From the findings of the research, CCfW made several recommendations regarding the importance of early intervention and prevention and the critical importance of services being more coordinated. CCfW have also promoted the importance of statutory advocacy for children in health care settings.

Progress was made in the last Senedd, in particular with regards to providing mental health support for children and young people through education. There has been more funding dedicated to school-based counselling and a CAMHS in-reach programme. Furthermore, the publication of the [framework for embedding a whole school approach](#), and the amendment to the Curriculum and Assessment Act, has placed a greater priority on children's mental health. The Senedd Children and Young People Education Committee described the planned reform of the curriculum in Wales as a 'once-in-a-generation opportunity' to embed well-being into children's lives.

The Welsh Government's [Mental Health Delivery Plan](#) lists a number of actions to be met on children and young people's mental health, demonstrating an increased prioritisation on children.

The Senedd Children and Young People and Education Committee's scrutiny of Welsh Government, as well as consistent campaigning by children, the Children's Commissioner for Wales, the third sector and health and education professionals, has certainly been central to achieving changes on this agenda.

4. Change for children: Not quick enough

In the Senedd Children and Young People Committee's follow up report, [Mind over Matter: two years on \(2020\)](#), the Committee concluded that:

- While progress has been made, change has not happened quickly enough.
- Services are still not working collaboratively enough to address the problem.
- The Covid pandemic has impacted the lives of children and young people greatly and has made action now even more imperative.

Whilst significant progress has been made on the education recommendations made by Mind Over Matter and its follow-up reports, the progress on those relating to providing mental health support through service provision has been criticised as being slower.

In March 2020, the [Royal College of Paediatrics and Child Health](#), reported that they were concerned that inpatient provision and community settings for CAMHS patients was comparatively lower in Wales compared to other nations across the UK. Wales has:

'the lowest number of psychiatrists and the second lowest number of community mental health nurses and psychologists (6 and 8 per 100,000), implying lack of capacity as a reason for its low activity rates among both inpatient and community-based care.'

As emphasised by the [Royal College for Mental Health Expert Advisory Group](#)

'at the front end' of the care pathway, there needs to be an additional focus on the lack of provision for children and young people who need more specialist support, those with complex needs, and those who need help in a crisis. Specialist services have long experienced staff and resourcing shortages'.

[Barnados Cymru](#) commented that children far too often have to reach crisis point before accessing the support that they need and [Hafal Cymru](#) reported that there needs to be improved access and waiting times for children with acute needs as well as appropriate transition to adult services.

The statistics on child mental health are concerning:

- [Three children in every classroom](#) have a diagnosable mental health condition.
- Half of all mental health problems are established by the age of 14, with [levels of stress, anxiety and self-harm rising](#).
- [Suicide as a leading cause of death](#) amongst children 15+ is also increasing.

This evidence is compelling and concerning. It is totally inadequate that historical underfunding and under-resourcing of children's mental health services in Wales has continued over a decade since the Wales Audit Review 2009 pointed out these issues.

The Covid-19 Pandemic

Action to support children's mental health cannot come soon enough. The Covid-19 Pandemic has amplified challenges to accessing mental health service provision while at the same time children's mental health has deteriorated.

In April 2020, the [UN Committee on the Rights of the Child](#) expressed concerns about the physical, emotional and psychological effect of the COVID-19 pandemic and associated lockdowns and other measures on children. The pre-existing deficits in service provision for children's mental health in Wales have become more noticeable, with many children's mental health affected by the pandemic (breach of Article 24 of the UNCRC).

In submissions to the Welsh Parliament, Children and Young People and Education Committee Covid19 Inquiry, paediatricians and psychiatrists expressed their concerns regarding the '[collateral damage](#)' of the pandemic on children. They also noted that services for children were being redistributed to adult services to respond to the pandemic. The Senedd Children and Young People and Education Committee's [Inquiry into Covid-19](#) in 2020, was conclusive regarding the negative impact of the pandemic on children's mental health.

The Royal College of Paediatrics and Child Health have also [published data](#) that illustrates that there has been a significant increase in the proportion of inpatient beds being taken by children and young people due to being admitted for mental health reasons.

The link between the Covid pandemic and the mental wellbeing of young people was also highlighted in a report by Mind Cymru: [The mental health emergency: How has the coronavirus pandemic impacted our mental health?](#). The survey found that three quarters of young people said their mental health was worse in the early months of the pandemic, while a third of young people who tried to access support were unable to do so. The Mind Cymru research also reported that there has been a greater negative impact on young people from different ethnic minorities and those living in families where there is low or insecure income. The links between [child poverty and mental health](#) are fully

acknowledged. The pandemic has plunged many families into [poverty and food insecurity](#) (breach of Article 27 of the UNCRC) which will have long-term negative impacts on children's mental health.

The links between [abuse and children developing mental illness](#) are fully evidenced. [NSPCC reported](#) on the unprecedented demand across the UK for their Child Line Service during lockdown with child abuse calls to NSPCC rising by 20%. [Reports of physical abuse](#) of children rose by 53% during the first lockdown. Furthermore, between March and June 2020, the police recorded [259,324 domestic abuse related offences](#) in England and Wales. The challenges of no longer having school as a safe sanctuary from potential abuses in the home kept some children invisible, with limited scope for accessing help. Children's increased time at home also resulted in children's increased time online, and pressure to do 24-hour online networking, is likely to have resulted in [greater on-line bullying](#). Of further serious concern, many adults time online also increased with the [Internet Watch Foundation](#) reporting that 8.8 million people in the UK accessed images of child sexual abuse in just one month. This is evidence of serious breaches of Article 19 of the UNCRC.

Evidence that children were more vulnerable to violence, abuse and sexual exploitation is supported by [research](#) undertaken for the European Network of Ombudspersons (ENOC) in 2021. Increased levels of abuse have certainly impacted on children's mental health. According to [Royal Colleges of Paediatrics and Child Health](#), with regards to 'Adverse Childhood Experiences (ACEs), there needs to be 'ongoing scrutiny of work to develop 'trauma informed' and recovery and reintegration programmes to ensure that key stakeholders are working in a joined-up way, particularly given the changes and challenges to youth services over the period of the pandemic'. This is also a requirement of the UNCRC under Article 39, which focuses on a child's psychological recovery and reintegration.

Other issues that are likely to have affected children's mental health, are delays in court proceedings in the juvenile justice system; (ENOC Research) and, on children in institutions who were denied their liberty for long periods of time, with limited access to lawyers and social workers, often without good reason. This is a clear breach of Article 37 of the UNCRC.

At the beginning of the pandemic, the [UN Committee on the Rights of the Child](#), recommended that governments worldwide explore alternative and creative solutions for children to enjoy their article 31 right to play, rest, leisure, recreation and cultural and artistic activities. Evidence that children's diminished opportunities for play due to home confinement has had a negative impact on their overall mental health is supported by [research](#) undertaken for the European Network of Ombudspersons (ENOC) in 2021. Research undertaken by [Graber et al.](#) concluded 'play may be one of the most important areas of focus to promote children's health and well-being.' [Play Wales](#) recommend that any programmes that 'support children's physical and mental health should be scrutinised to ensure that they feature opportunities and time for self-directed play'.

[Research](#) in Wales undertaken by Tyrie et al, focused on early childhood development, has reported that the Covid-19 pandemic has had negative impact on the cognitive, emotional and social development of young children 0-5 years. There have also been consistent concerns expressed by the [Royal College of Psychiatrists](#) regarding the peri-natal mental health of mothers being affected during the pandemic.

The [Royal College of Psychiatrists](#) additionally has expressed concerns that the pandemic has created a context likely to increase eating disorders risk and symptoms and decrease factors that protect against eating disorders and exacerbate barriers to care.

Climate Emergency and Children's Mental Health

Alongside the Covid-19 global emergency, children are also living in the context of a global climate emergency. A [global survey](#) has demonstrated that children are experiencing increasing distress, anxiety and anger due to their concerns regarding the climate emergency and the negative impact on their fragile planet. Links have also been demonstrated between exposure to air pollution and deterioration of mental health by recent [research](#) undertaken by the London School of Economics.

5. Moving forward

In February 2021, the Welsh Government announced that an additional [£9.4 million](#) would be allocated to build on previous investments to improve child and adolescent mental health services (CAMHS) and also to support the whole-school approach to improve mental health and wellbeing in schools. The Welsh Government has also produced a [Young Person's Mental Health Toolkit](#) via the Hwb platform which provides details of a range of resources, including helplines and websites.

Following the 2021 Senedd election, the new Welsh Government set out its [Programme for Government](#), which included the following:

- Prioritise investment in mental health.
- Prioritise service redesign to improve prevention, tackle stigma and promote a no wrong door approach to mental health support.
- Roll out child and adolescent mental health services 'in-reach' in schools across Wales.

Translating this into practice takes time, however some may argue change has not happened quickly enough.

In Autumn 2021, oral evidence presented by the [Children's Commissioner for Wales](#) to the Senedd Children and Young People and Education Committee and [Mind Cymru](#) to the Senedd Health Committee continued to present serious concerns regarding waiting times for CAMHS. Concerns have also been expressed by the [Royal College for Mental Health Expert Advisory Group](#) regarding serious capacity issues within Neuro Development services and how these services must be able to meet the demand not just for autism services but for all Neuro Development services, regardless of diagnosis.

The [Royal College for Mental Health Expert Advisory Group](#) is calling for sustainability of the neurodevelopmental work force and the mental health workforce for babies, children and their families. For far too long the Group reports, specialist services have experienced staff and resource shortages. The [Welsh Government Mental Health Workforce Plan](#) has been described as a 'real chance to remodel current provision and create sustainable services which ensure that all people (including children) in Wales are able to access appropriate mental health support'.

The Children's Commissioner for Wales has been continuing to advocate strongly for a '[No wrong door approach](#).' As the UN Committee on the Rights of the Child recommends, services must be available, accessible, acceptable and of high quality. Services need investment but they must also be coordinated and ready to intervene early and in a timely manner. Every child deserves services that are children's rights compliant and adopt and embed a [children's rights approach](#).

CCfW working with Together for Children and Young People have developed the [NEST/NYTH Framework](#) to be implemented by Regional Partnership Boards. CCfW considers this framework has the potential to address the 'No wrong door approach'. However, it will require sustainable support from Welsh Government with close monitoring of its implementation. The new early intervention framework will only be applied by Regional Partnership Boards from 2022/23.

In December 2021, the [Welsh Government announced 100 million funding](#) for mental health. It is not yet clear what proportion of this funding will be spent on children or indeed how it will be used to support the mental health needs of children. It is a requirement of the UN Committee on the Rights of the Child, that the proportion of expenditure on children is made transparent and spending on children should be to the maximum extent of available resources (Article 4 of the UNCRC). Any allocation of Welsh Government public funds should be subjected to a [Children's Rights Impact Assessment](#). It can only be hoped that this new investment alongside policy being translated effectively into practice will better help children to experience their right to the highest attainable standard of mental health (Article 24 of the UNCRC).

The Senedd Children and Young People Committee must continue to scrutinise Welsh Government. The UN Committee on the Rights of the Child will soon be scrutinising the UK State party in the State Party Hearing as part of the UNCRC Reporting process. We look forward to hearing recommendations from both these committees on children's mental health.

Iechyd Meddwl Plant: Briff ar Ddatblygiadau Polisi yng Nghymru

Awdur: Dr Rhian Croke

Mae hen hanes o ddiffyg ffocws, cyllid a blaenoriaethu ym maes iechyd meddwl plant yng Nghymru. Cafwyd rhywfaint o gynnydd wrth i ddeddfwriaeth a pholisi newydd gael eu cyflwyno'n ddiweddar, ond mae dal tipyn o ffordd i fynd nes bod hawl pob plentyn i'r safon iechyd meddwl uchaf y gellir ei chyrraedd yn cael ei barchu, ei amddiffyn a'i gyflawni'n briodol yng Nghymru.

6. Ddedfwriaeth sy'n berthnasol i iechyd meddwl plant

Ers 1999, mae'r ddarpariaeth iechyd – gan gynnwys iechyd meddwl – wedi bod yn gyfrifoldeb sydd wedi'i ddatganoli i Senedd Cymru (Cynulliad Cenedlaethol Cymru gynt). Mae cyfraith iechyd meddwl yng Nghymru wedi ei nodi gan fwyaf yn [Neddf Iechyd Meddwl 1983](#), (edrychwch [fan hyn](#) am wybodaeth ynglŷn â'r Ddeddf, mae'r Ddeddf wrthi'n cael ei [hadolygu](#)) y [Ddeddf Galluedd Meddyliol 2005](#) (edrychwch [fan hyn](#) am wybodaeth ynglŷn â'r Ddeddf) a Mesur Iechyd Meddwl (Cymru) 2010.

Mae [Mesur Iechyd Meddwl \(Cymru\)](#) yn canolbwyntio ar wasanaethau cymorth iechyd meddwl sylfaenol, sy'n ei gwneud yn ofyniad cyfreithiol i awdurdodau lleol a byrddau iechyd gydweithio i ehangu a chryfhau gwasanaethau iechyd meddwl ar lefel gofal sylfaenol ledled Cymru i bobl o bob oed, gan gynnwys plant. Mae gan awdurdodau lleol a'u partneriaid iechyd meddwl ddyletswydd i

ddarparu gwasanaethau iechyd meddwl sylfaenol lleol yn unol â – (a) cynllun ar gyfer eu hardal neu (b) cynllun ar gyfer eu hardal a bennir gan Weinidogion Cymru.

Ers 2011, mae Gweinidogion Llywodraeth Cymru hefyd wedi cael rhwymedigaeth gyfreithiol i roi sylw dyledus i Ran 1 o [Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn](#), a Phrotocolau dewisol Un a Dau wrth ymarfer eu holl swyddogaethau. Nodir y rhwymedigaeth hon yn [Mesur Hawliau Plant a Phobl Ifanc \(Cymru\) 2011](#). Mae nifer o erthyglau Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn yn berthnasol i iechyd meddwl plant. Ceir crynodeb o rai o'r erthyglau hyn isod.

Erthygl 2 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: rhaid amddiffyn plant rhag pob math o wahaniaethu. Rhaid peidio â gwahaniaethu yn erbyn plant (e.e. ar sail oedran, hil, iaith, hunaniaeth rhywedd, crefydd neu anabled) wrth ddefnyddio gwasanaethau a chyfleusterau iechyd. Os oes gan blant gyflwr iechyd meddwl neu anghenion dysgu ychwanegol, ni ddylent fod yn destun unrhyw wahaniaethu. Rhaid i blant sydd fwyaf agored i niwed, er enghraifft, plant mewn gofal, yn nalfa'r heddlu, plant ar eu pen eu hunain neu blant digartref gael eu hamddiffyn bob amser ac y darperir gofal a chymorth iechyd meddwl iddynt.

Erthygl 3 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Ym mhob gweithred a phenderfyniad sy'n ymwneud â phlant, rhaid i les pennaf y plentyn fod yn brif ystyriaeth.

Erthygl 4 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Rhaid i lywodraethau wneud popeth i weithredu'r hawliau a nodir yng Nghonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn i'r graddau mwyaf posibl o'r adnoddau sydd ar gael.

Erthygl 6 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Rhaid i lywodraethau gydnabod bod gan bob plentyn hawl i fyw a rhaid iddynt sicrhau eu bod yn gallu goroesi a datblygu i'r graddau mwyaf posibl.

Erthygl 12 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Mae gan blant yr hawl i fynegi eu safbwyntiau ar bob mater sy'n effeithio arnynt, a dylid rhoi ystyriaeth

ddyladwy i'w safbwyntiau yn unol ag oedran ac aeddfedrwydd y plentyn.

Erthygl 19 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Mae gan blant yr hawl i gael eu hamddiffyn rhag pob math o drais corfforol neu feddyliol, anafiadau, camdriniaeth, esgeulustod neu ecsbloetio, gan gynnwys drwy ddarparu rhaglenni cymdeithasol sy'n cynnig cymorth angenrheidiol i blant ac i'r rhai sy'n gofalu amdanynt.

Erthygl 24 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Mae gan bob plentyn yr hawl i'r safon iechyd uchaf y gellir ei chyrraedd ac i wasanaethau gofal iechyd sy'n eu helpu i wireddu hynny, gan gynnwys iechyd meddwl.

Erthygl 27 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Dylai llywodraethau sicrhau bod gan bob plentyn safon byw sy'n ddigonol i'w alluogi i ddatblygu'n llawn – yn gorfforol, yn feddyliol, yn emosiynol, yn ysbrydol ac yn gymdeithasol. Tra'n cydnabod y cyfrifoldebau sydd gan rieni, rhaid i lywodraethau sicrhau eu bod yn cynnig cymorth i deuluoedd i sicrhau bod anghenion hanfodol plant yn cael eu diwallu - yn arbennig maeth, iechyd, dillad, tai, addysg a diogelwch.

Erthygl 37 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Ni ddylai unrhyw blentyn orfod dioddef triniaeth neu gosb greulon, annynol neu ddiraddiol. Ni ddylai plant sy'n troseddu gael eu carcharu am oes. Dim ond pan fydd popeth arall wedi methu y dylid arestio, cadw neu garcharu plentyn ac am y cyfnod byrraf priodol. Dylid trin pob plentyn sy'n cael ei amddifadu o'i ryddid gyda thrugaredd ac mewn ffordd sy'n

ystyried ei anghenion. Dylid cadw plant yn y ddalfa ar wahân i garcharorion sy'n oedolion ac mae ganddynt yr hawl i gadw mewn cysylltiad â'u teulu. Mae gan bob plentyn sy'n cael ei amddifadu o'i ryddid yr hawl i gael cyngor cyfreithiol a chymorth arall prydlon.

Erthygl 39 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Rhaid i lywodraethau gymryd pob mesur priodol i hybu adferiad corfforol a seicolegol ac ailintegreiddiad cymdeithasol plentyn sydd wedi dioddef unrhyw fath o esgeuluso, ecsbloetio neu gam-drin; arteithio neu unrhyw ffurf arall ar driniaeth neu gosb sy'n

greulon, yn annynol neu'n ddiraddiol; neu gan wrthdaro arfog. Rhaid i adfer ac ailintegreiddio o'r fath ddigwydd mewn amgylchedd sy'n meithrin iechyd, hunan-barch ac urddas y plentyn.

Erthygl 42 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn: Mae'n rhaid i lywodraethau wneud Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn yn hysbys i blant ac oedolion. Yna mae plant wedyn mewn sefyllfa well i arfer eu hawliau mewn perthynas ag iechyd meddwl ac mae oedolion yn gallu grymuso plant yn well i'w harfer.

Mae Pwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn yn ei [Sylw Cyffredinol Rhif 15](#) ar hawl y plentyn i'r safon iechyd uchaf y gellir ei chyrraedd, yn ei wneud yn glir bod rhaid i'r holl wasanaethau iechyd (mae hyn yn cynnwys gwasanaethau iechyd meddwl) wastad fod ar gael, yn dderbyniol, yn hygyrch ac o ansawdd uchel:

Argaeledd gwasanaethau: dylai fod digon o gyfleusterau, nwyddau, gwasanaethau a rhaglenni iechyd plant gweithredol.

Hygyrchedd gwasanaethau: dylai gwasanaethau fod yn hygyrch yn ariannol a chorfforol, heb wahaniaethu.

Derbynioldeb gwasanaethau: rhaid i gyfleusterau, nwyddau a gwasanaethau sy'n ymwneud ag iechyd gael eu cynllunio mewn ffordd sy'n ystyried yn llawn ac yn parchu moeseg feddygol yn ogystal ag anghenion, disgwyliadau, diwylliannau, safbwyntiau ac ieithoedd plant, gan roi sylw arbennig i grwpiau penodol, lle bo angen.

Ansawdd gwasanaethau: dylai cyfleusterau, nwyddau a gwasanaethau sy'n ymwneud ag iechyd fod yn briodol yn wyddonol ac yn feddygol ac o ansawdd da.

Mae [Deddf Gwasanaethau Cymdeithasol a Llesiant Cymru](#) hefyd yn ei gwneud yn ofynnol i unrhyw bersonau sy'n arfer swyddogaethau o dan y Ddeddf roi sylw dyladwy i Ran 1 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn. Serch hynny, nid yw byrddau iechyd a gwasanaethau iechyd yng Nghymru o dan yr un ddyletswydd.

Mae [Deddf Llesiant Cenedlaethau'r Dyfodol \(Cymru\) 2015](#) yn anelu at wneud i gyrff cyhoeddus weithredu'n fwy cynaliadwy, gan gynnwys dangos sut maen nhw'n gwneud y mwyaf o'u cyfraniad at 'Gymru iachach' a 'Chymru fwy cyfartal'. Nid yw'r Amcanion Llesiant serch hynny yn gwneud yr hawl i iechyd yn hawl gyfreithiol.

Bwriad [Deddf Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg \(Cymru\) 2018](#) a'r [Rhaglen Drawsnewid](#) gysylltiedig yw cefnogi dull mwy cydgysylltiedig o fodloni anghenion dysgu ychwanegol. O ganlyniad, os yw corff iechyd yn penderfynu bod triniaeth neu wasanaeth CAMHS y gallent eu darparu yn debygol o fod o fudd wrth fynd i'r afael ag anghenion dysgu ychwanegol plentyn neu berson ifanc, yna bydd CAMHS yn sicrhau'r ddarpariaeth honno.

Yn 2021 gwreiddiodd [Deddf Cwricwlwm ac Aseu \(Cymru\)](#), ddull ysgol gyfan at iechyd meddwl plant.

7. Polisi

Yn 2009, bwriad yr adolygiad i [Wasanaethau Plant a Phobl Ifanc ag Anghenion Emosiynol ac Iechyd Meddwl](#) oedd sefydlu a oedd gwasanaethau yn diwallu anghenion iechyd meddwl plant a phobl ifanc yng Nghymru yn ddigonol. Cynhaliodd Arolygiaeth Gofal Iechyd Cymru a Swyddfa Archwilio Cymru adolygiad ar y cyd, wedi'i gefnogi gan Estyn ac Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru.

Casgliad cyffredinol yr adolygiad oedd bod gwasanaethau yn methu nifer o blant a phobl ifanc. [Chwalu'r Rhwystrau: Ateb y Sialensiau – Cymorth Gwell ar gyfer Plant a Phobl Ifanc gydag Anghenion Lles Emosiynol ac Iechyd Meddwl \(2010\)](#) oedd cynllun gweithredu Llywodraeth Cymru mewn ymateb i'r adroddiad hwn. Yn 2012, cyhoeddwyd [Strategaeth Law yn Llaw at Iechyd Meddwl](#) (strategaeth bob oed) gan Lywodraeth Cymru.

Serch hynny, yn 2014, lansiodd Pwyllgor Plant, Pobl Ifanc ac Addysg y Cynulliad Cenedlaethol [ymchwiliad i CAMHS](#) oherwydd bod pryderon difrifol o hyd ynglŷn â'r ddarpariaeth iechyd meddwl i blant. Er enghraifft, dangosodd data Llywodraeth Cymru y cyfeiriwyd ato yn adroddiad yr Ymchwiliad fod £82.75 y pen wedi'i wario ar salwch meddwl cyffredinol o'i gymharu â £13.94 yn unig ar iechyd meddwl plant a'r glasoed y pen. Mae hynny'n awgrymu nad oedd plant yn cael eu blaenoriaethu o fewn cyllidebau iechyd.

Yn dilyn pryderon am y ddarpariaeth iechyd meddwl i blant, cytunodd Pwyllgor Plant, Pobl Ifanc ac Addysg y Cynulliad yn 2016 i gynnal ymchwiliad pellach. Yn yr adroddiad, [Cadernid meddwl: adroddiad ar y newid mawr sydd ei angen o ran cefnogaeth ym maes iechyd emosiynol ac iechyd meddwl plant a phobl ifanc yng Nghymru \(2018\)](#). Dywedodd aelodau'r Pwyllgor nad oedd digon yn cael ei wneud i gefnogi iechyd meddwl plant a phobl ifanc. Galwodd yr adroddiad am "newid mawr" yn y ddarpariaeth iechyd meddwl:

Yn ein barn ni, mae'r her frys bellach ym mhen blaen y llwybr gofal - lles emosiynol, gwydnwch ac ymyrraeth gynnar. Dylai mynd i'r afael â hyn fod yn flaenoriaeth genedlaethol ddynodedig i Lywodraeth Cymru.

Lynne Neagle AC, Cadeirydd y Pwyllgor Plant, Pobl Ifanc ac Addysg (ar y pryd)

8. Datblygiadau polisi a deddfwriaethol

Gwnaeth yr adroddiad Cadernid Meddwl 27 o argymhellion; gellir crynhoi'r rhain yn fras iawn yn dair thema allweddol:

- Llywodraeth Cymru i wneud iechyd emosiynol a meddyliol yn flaenoriaeth genedlaethol, ac i sicrhau bod gwasanaethau yn derbyn adnoddau digonol.
- Pwyslais ar symud tuag at atal ac ymyrraeth gynnar.
- Cynyddu a gwella'r cydweithio rhwng gwasanaethau perthnasol fel iechyd, addysg, gwasanaethau cymdeithasol, gwasanaethau eiriolaeth, gwasanaethau ieuencid, yr heddlu ac eraill.

Nododd yr adroddiad rôl allweddol ysgolion o ran gwydnwch emosiynol a galwyd am ddulliau ysgol gyfan at iechyd meddwl da. Cafodd hynny ei ystyried gan Lywodraeth Cymru yn eu hymateb i'r adroddiad.

Un o'r prif feysydd y canolbwyntiodd adroddiad y Pwyllgor arno oedd y grŵp o bobl ifanc sydd angen cymorth iechyd meddwl, ond nad oes angen neu lle nad ydynt yn bodloni'r meini prawf ar gyfer cymorth gan wasanaethau arbenigol. Ymatebodd Llywodraeth Cymru drwy dynnu sylw at raglen [Law yn llaw dros Blant a Phobl Ifanc](#) T4CYP (rhaglen o dan arweiniad y GIG i wella'r cymorth iechyd meddwl sydd ar gael i blant a phobl ifanc) ac un o'i ffyrddau gwaith – cymorth cynnar a mwy o gefnogaeth. Mae'r rhaglen gwella gwasanaethau aml-asiantaeth hon yn ystyried ffyrdd o ail-lunio, ailfodelu ac ailffocysu'r gwasanaethau iechyd emosiynol a meddyliol a ddarperir i blant a phobl ifanc yn Nghymru, yn unol ag egwyddorion [Gofal Iechyd Darbodus](#).

Nododd T4CYP ei fod yn anelu at gwblhau'r fframwaith cymorth cynnar a mwy o gefnogaeth ac yn paratoi i'w roi ar waith erbyn mis Mawrth 2021. Adroddir bod gwerthusiad annibynnol o'r T4CYP yn garreg filltir allweddol yn y [Cynllun cyflawni ar gyfer iechyd meddwl](#) (2019-2022). Mynegwyd pryderon gan y [Coleg Brenhinol Pediatreg ac Iechyd Plant](#) am natur byr dymor model cyllido T4CYP ac y gwnaed ceisiadau i Lywodraeth Cymru i egluro eu safbwynt hirdymor.

Mae pobl ifanc wedi bod yn ymgyrchu hefyd am welliannau mewn cymorth iechyd meddwl i blant. Yn 2016, cynhaliodd ymchwil gan bobl ifanc a oedd yn gweithio mewn partneriaeth â nifer o sefydliadau (gan gynnwys Hafal a'r [Arsyllfa ar Hawliau Dynol Plant](#)) ac ysgrifennwyd adroddiad o'r enw '[Gwneud Synwyr: adroddiad gan bobl ifanc ar eu lles a'u hiechyd meddwl](#)' a gwaed nifer o argymhellion ar iechyd meddwl plant, gan gynnwys creu cymorth o ansawdd uchel a ddarperir gan weithwyr iechyd proffesiynol nad ydynt yn arbenigo mewn iechyd meddwl, gan wreiddio mecanweithiau ymdopi iach i'r cwricwlwm ac adrefnu systemau atgyfeirio CAMHS ac ymarfer o fewn CAMHS.

Ers ei sefydlu yn 2018, ymgysylltodd Senedd Ieuenctid Cymru â phobl ifanc i bennu ei flaenoriaethau. Eu prif flaenoriaeth oedd lles emosiynol a meddyliol pobl ifanc. Gwnaeth eu hadroddiad [Gadewch i ni Siarad am Iechyd Meddwl](#) ddeg o argymhellion, gan ganolbwyntio ar ddwy thema ganolog – gwybodaeth ac ymwybyddiaeth, ac ansawdd y gefnogaeth o ran iechyd meddwl plant a'r rhwystrau.

Canolbwyntiodd adroddiad beirniadol Comisiynydd Plant Cymru '[Dim Drws Anghywir](#)' ar bwysigrwydd iechyd meddwl plant a phwysleisiodd:

'mae plant a'u teuluoedd sy'n ceisio cymorth ar gyfer ystod o anghenion yn aml yn gweld bod yn rhaid iddynt lywio system gymhleth iawn, gallan nhw syrthio drwy'r bylchau lle nad oes gwasanaethau i ddiwallu eu hanghenion, neu fod ar restr aros am amser hir er mwyn cael gwybod eu bod nhw'n aros yn y ciw anghywir, neu wedi bod yn curo ar y drws anghywir gydol yr amser'.

O ganfyddiadau'r ymchwil, gwnaeth Comisiynydd Plant Cymru sawl argymhelliad ynglŷn â phwysigrwydd atal ac ymyrryd yn gynnar a phwysigrwydd hollbwysig gwasanaethau sy'n cael eu cydlynu'n well. Mae Comisiynydd Plant Cymru hefyd wedi hyrwyddo pwysigrwydd eiriolaeth statudol ar gyfer plant mewn lleoliadau gofal iechyd.

Gwnaed cynnydd yn y Senedd diwethaf, yn enwedig o ran darparu cymorth iechyd meddwl i blant a phobl ifanc drwy addysg. Mae mwy o arian wedi'i neilltuo ar gyfer cwnsela mewn ysgolion a rhaglen mewngymorth CAMHS. Yn ogystal, mae cyhoeddi [fframwaith ar sefydlu dull ysgol gyfan](#), a'r diwygiad i'r Ddeddf Cwricwlwm ac Asesu, wedi rhoi mwy o flaenoriaeth i iechyd meddwl plant. Disgrifiodd

Pwyllgor Plant, Pobl Ifanc ac Addysg y Senedd y diwygio arfaethedig ar y cwricwlwm yng Nghymru fel 'cyfle unwaith mewn cenhedlaeth' i ymgorffori llesiant i fywydau plant.

Mae [Cynllun Cyflawni ar gyfer Iechyd Meddwl](#) Llywodraeth Cymru yn rhestru nifer o gamau i'w bodloni ar iechyd meddwl plant a phobl ifanc, sy'n dangos mwy o flaenoriaeth i blant.

Mae gwaith craffu Pwyllgor Plant a Phobl Ifanc ac Addysg y Senedd o Lywodraeth Cymru, yn ogystal ag ymgyrchu cyson gan blant, Comisiynydd Plant Cymru, y trydydd sector a gweithwyr iechyd ac addysg proffesiynol, yn sicr wedi bod yn ganolog wrth gyflawni'r newidiadau ar yr agenda hwn.

9. Newid i Blant: Ddim yn ddigon cyflym

Yn adroddiad dilynol Pwyllgor Plant a Phobl Ifanc y Senedd, [Cadernid meddwl: dwy flynedd yn ddiweddarach \(2020\)](#), daeth y Pwyllgor i'r casgliad:

- Er bod cynnydd wedi'i wneud, nid yw'r newid wedi digwydd yn ddigon cyflym.
- Nid yw gwasanaethau'n cydweithio ddigon o hyd i fynd i'r afael â'r broblem.
- Mae'r pandemig Covid wedi effeithio ar fywydau plant a phobl ifanc yn sylweddol, sy'n golygu bod gweithredu nawr hyd yn oed yn fwy hanfodol.

Er bod cynnydd sylweddol wedi'i wneud ar yr argymhellion addysg a wnaed yn Cadernid Meddwl a'i adroddiadau dilynol, mae'r cynnydd a wnaed o ran y ddarpariaeth iechyd meddwl wedi'i feirniadu am fod yn arafach.

Ym mis Mawrth 2020, adroddiad [Coleg Brenhinol Pediatreg ac Iechyd Plant](#), eu bod yn poeni bod darpariaeth cleifion mewnol a lleoliadau cymunedol i gleifion CAMHS yn gymharol is yng Nghymru o'i gymharu â gwledydd eraill ar draws y DU. Mae gan Gymru:

'y nifer isaf o seiciatryddion a'r ail nifer isaf o nyrsys a seicolegwyr iechyd meddwl cymunedol (6 a 8 fesul 100,000), sy'n awgrymu diffyg capasiti fel rheswm am ei gyfraddau gweithgaredd isel ymhlith cleifion mewnol a gofal yn y gymuned.'

Fel y pwysleisiwyd gan [Grŵp Ymgynghorol Arbenigol Iechyd Meddwl y Coleg Brenhinol](#).

'ar ben blaen' y llwybr gofal, mae angen pwyslais ychwanegol ar y diffyg darpariaeth ar gyfer plant a phobl ifanc y mae angen cymorth mwy arbenigol arnynt, y rheini ag anghenion cymhleth, a'r rheini y mae angen cymorth arnynt mewn argyfwng. Mae gwasanaethau arbenigol wedi wynebu prinder staff profiadol ac adnoddau ers tro.

Dywedodd [Barnados Cymru](#) fod plant yn gorfod cyrraedd pwynt o argyfwng yn rhy aml cyn cael mynediad at y cymorth sydd ei angen arnynt a dywedodd [Hafal Cymru](#) fod angen mynediad ac amseroedd aros gwell ar gyfer plant ag anghenion aciwt yn ogystal â phroses bontio briodol i wasanaethau oedolion.

Mae'r ystadegau ar iechyd meddwl plant yn peri pryder:

- [Mae gan dri plentyn ym mhob ystafell ddosbarth](#) gyflwr iechyd meddwl y gellir ei ddiagnosio.
- Mae hanner yr holl broblemau iechyd meddwl wedi'u sefydlu erbyn 14 oed, gyda [lefelau straen, gorbryder a hunan-niweidio ar gynydd](#).
- [Mae hunanladdiad fel prif achos marwolaeth](#) ymhlith plant 15+ hefyd ar gynydd.

Mae'r dystiolaeth yn rymus ac yn peri pryder. Yn hanesyddol, mae'n gwbl annigonol bod diffyg cyllid ac adnoddau mewn gwasanaethau iechyd meddwl i blant yng Nghymru wedi parhau dros ddegawd ers i Adolygiad Archwilio Cymru dynnu sylw at y problemau hyn yn 2009.

Pandemig Covid-19

Ni all camau i gefnogi iechyd meddwl plant ddod yn ddigon buan. Mae'r pandemig Covid-19 wedi dwysau'r sialensiau o ran cael mynediad at wasanaethau iechyd meddwl tra bod iechyd meddwl plant wedi dirywio'r un pryd.

Ym mis Ebrill 2020, mynegodd [Pwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn](#) bryderon am effaith gorfforol, emosïynol a seicolegol y pandemig COVID-19 a'r cyfnodau clo a mesurau eraill ar blant. Mae'r diffygion sy'n bodoli'n barod yng ngwasanaethau iechyd meddwl plant yng Nghymru wedi dod yn amlycach, gydag iechyd meddwl nifer o blant yn cael eu heffeithio gan y pandemig (torri Erthygl 24 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn).

Yn eu cyflwyniadau i Ymchwiliad Covid-19 Pwyllgor Plant, Pobl Ifanc ac Addysg Senedd Cymru, mynegodd pediatryddion a seiciatryddion eu pryderon am ['niwed cyfochrog'](#) y pandemig ar blant. Nodwyd hefyd bod gwasanaethau i blant yn cael eu hailddosbarthu i wasanaethau oedolion i ymateb i'r pandemig. Roedd [Archwiliad Covid-19](#) Pwyllgor Plant, Pobl Ifanc ac Addysg Senedd Cymru yn 2020, yn bendant ynghylch effaith negyddol y pandemig ar iechyd meddwl plant.

Mae Coleg Brenhinol Pediatreg ac Iechyd Plant hefyd wedi [cyhoeddi data](#) sy'n dangos y bu cynnydd sylweddol yng nghyfran y gwelyau cleifion mewnol sy'n cael eu cymryd gan blant a phobl ifanc am resymau iechyd meddwl.

Mae'r cysylltiad rhwng y pandemig Covid a lles meddyliol pobl ifanc hefyd wedi'i danlinellu yn adroddiad Mind Cymru: [Yr argyfwng iechyd meddwl: Sut mae pandemig y coronafeirws wedi effeithio ar ein hiechyd meddwl?](#). Canfu'r arolwg fod tri chwarter y bobl ifanc wedi dweud bod eu hiechyd meddwl yn waeth yn ystod misoedd cynnar y pandemig, tra bod traean y bobl ifanc a geisiodd gael cymorth wedi methu â gwneud hynny. Nododd ymchwil Mind Cymru hefyd y gwelwyd effaith negyddol amlycach ar bobl ifanc o leiafrifoedd ethnig gwahanol a'r rhai sy'n byw mewn teuluoedd lle mae incwm yn isel neu'n ansicr. Mae'r cysylltiadau rhwng [tlodi plant ac iechyd meddwl](#) wedi'u cydnabod yn llawn. Mae'r pandemig wedi gwthio nifer o deuluoedd at dlodi ac ansicrwydd bwyd (torri Erthygl 27 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn) a fydd yn cael effeithiau negyddol hirdymor ar iechyd meddwl plant.

Ceir dystiolaeth lawn o'r cysylltiadau rhwng [camdriniaeth a phlant yn datblygu salwch meddwl](#). [Adroddodd yr NSPCC](#) ar y galw digynsail ar draws y DU am eu gwasanaeth Child Line yn ystod y cyfnod clo gyda galwadau am gam-drin plant yn cynyddu 20%. Cynyddodd [adroddiadau o gam-drin corfforol](#) ymhlith plant 53% yn ystod y cyfnod clo cyntaf. At hynny, rhwng Mawrth a Mehefin 2020, cofnododd yr heddlu [259, 324 o droseddau'n ymwneud â cham-drin domestig](#) yng Nghymru a Lloegr. Roedd yr heriau o beidio â bod yn yr ysgol fel noddfa ddiogel rhag camdrinwyr posib yn y cartref wedi cadw rhai plant yn y dirgel gydag ychydig iawn o sgôp i gael gafaél am gymorth. Arweiniodd y ffaith bod plant yn treulio mwy o amser gartref at dreulio mwy o amser ar-lein, ac mae'r pwysau o orfod rhwydweithio ar-lein 24 awr y dydd, yn debygol o fod wedi arwain at fwy o [fwlio ar-lein](#). O bryder difrifol pellach, cynyddodd faint o amser y treuliodd oedolion ar-lein hefyd gyda'r [Internet Watch Foundation](#) yn adrodd bod 8.8 miliwn o bobl yn y DU wedi cael mynediad at ddelweddau o gam-drin plant yn rhywiol mewn un mis yn unig. Mae hynny'n brawf o dorri Erthygl 19 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn yn ddifrifol.

Mae tystiolaeth bod plant yn fwy agored i drais, camdriniaeth ac ecsbloetio rhywiol yn cael ei ategu gan [ymchwil](#) a wnaed gan Rwydwaith Ewropeaidd yr Ombwdsmon (ENOC) yn 2021. Mae lefelau cynyddol camdriniaeth yn sicr wedi effeithio ar iechyd meddwl plant. Yn ôl [Colegau Brenhinol Pediatreg ac Iechyd Plant](#), o ran 'Profiadau Niweidiol yn ystod Plentyndod, mae angen craffu parhaus i ddatblygu rhaglenni adfer ac ail-integreiddio 'sydd wedi'u llywio gan drawma' i sicrhau bod rhanddeiliaid allweddol yn gweithio mewn ffordd gydgyssylltiedig, yn enwedig o ystyried y newidiadau a'r heriau i wasanaethau ieuencid yn ystod cyfnod y pandemig'. Mae hefyd yn ofyniad o dan Erthygl 39 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn, sy'n canolbwyntio ar adferiad ac ail-integreiddiad seicolegol plentyn.

Mae'r materion eraill sy'n debygol o effeithio ar iechyd meddwl plant yn cynnwys oedi mewn achosion llys yn y system cyfiawnder ieuencid; (Ymchwil ENOC) ac, ar blant mewn sefydliadau y gwrthodwyd eu rhyddid am gyfnodau hir o amser, gyda mynediad prin at gyfreithwyr a gweithwyr cymdeithasol, yn aml heb reswm da. Mae hynny'n amlwg yn torri Erthygl 37 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn.

Ar ddechrau'r pandemig, argymhellodd [Pwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn](#), y dylai llywodraethau ledled y byd archwilio atebion creadigol eraill i blant eu mwynhau o dan erthygl 31 sef yr hawl i chwarae, gorffwys, hamdden, adloniant a gweithgareddau diwylliannol ac artistig. Mae'r dystiolaeth bod prinder cyfleoedd i blant chwarae yn sgil bod yn gaeth i'w cartrefi ac wedi cael effaith negyddol ar eu hiechyd meddwl cyffredinol wedi'i gefnogi gan ymchwil a gynhaliwyd ar gyfer Rhwydwaith Ewropeaidd yr Ombwdsmon (ENOC) yn 2021. Daeth ymchwil a gynhaliwyd gan [Graber et al.](#) i'r casgliad 'y gall chwarae fod yn un o'r meysydd pwysicaf i ganolbwyntio arno o ran iechyd a lles plant'. Argymhellodd [Chwarae Cymru](#) y dylid craffu ar unrhyw raglenni sy'n 'cefnogi iechyd corfforol a meddyliol plant er mwyn sicrhau eu bod yn cynnwys cyfleoedd ac amser ar gyfer chwarae hunangyfeiriedig'.

Nododd [ymchwil](#) yng Nghymru a gynhaliwyd gan Tyrie et al, a ganolbwyntiodd ar ddatblygiad plentyndod cynnar, fod y pandemig Covid-19 wedi cael effaith negyddol ar ddatblygiad gwybyddol, emosiynol a chymdeithasol plant ifanc 0-5 oed. Mynegwyd pryderon cyson gan [Goleg Brenhinol y Seiciatryddion](#) ynglŷn ag iechyd meddwl amenedigol mamau yn cael eu heffeithio yn ystod y pandemig.

Yn ogystal, mynegodd [Coleg Brenhinol y Seiciatryddion](#) bryderon fod y pandemig wedi creu cyd-destun a fyddai'n debygol o gynyddu symptomau a'r risg o anhwylderau bwyta ac yn lleihau ffactorau sy'n diogelu yn erbyn anhwylderau bwyta ac yn gwaethgu'r rhwystrau i ofal.

Argyfwng Hinsawdd ac Iechyd Meddwl Plant

Ochr yn ochr ag argyfwng byd-eang Covid-19, mae plant hefyd yn byw yng nghyd-destun argyfwng hinsawdd byd-eang. Dangosodd [arolwg byd-eang](#) fod plant yn profi gofid, gorbryder a dicter cynyddol oherwydd eu pryderon am yr argyfwng hinsawdd a'r effaith negyddol ar eu planed fregus. Mewn [ymchwil](#) a gynhaliwyd yn ddiweddar gan Ysgol Economeg Llundain, daeth cysylltiadau hefyd i'r amlwg rhwng dod i gysylltiad â llygredd aer a dirywiad mewn iechyd meddwl.

10. Symud ymlaen

Ym mis Chwefror 2021, cyhoeddodd Llywodraeth Cymru y bydd [£9.4 miliwn](#) ychwanegol yn cael ei neilltuo i adeiladu ar fuddsoddiadau blaenorol i wella gwasanaethau iechyd meddwl plant a'r glasod (CAMHS) yn ogystal â chefnogi dull ysgol gyfan i wella iechyd meddwl a lles mewn ysgolion. Fe wnaeth

Llywodraeth Cymru gynhyrchu [Pecyn Cymorth Iechyd Meddwl Pobl Ifanc](#) drwy'r platfform Hwb sy'n rhoi manylion amrywiaeth o adnoddau, gan gynnwys llinellau cymorth a gwefannau.

Yn dilyn etholiad y Senedd yn 2021, nododd y Llywodraeth Cymru newydd ei [Raglen Lywodraethu](#), a oedd yn cynnwys y canlynol:

- Blaenoriaethu buddsoddi mewn iechyd meddwl.
- Blaenoriaethu ailgynllunio gwasanaethau i wella dulliau ataliol, mynd i'r afael â stigma a hyrwyddo dull dim drws anghywir o ddarparu cymorth iechyd meddwl.
- Cyflwyno gwasanaethau iechyd meddwl plant a'r glasod 'o fewn cyrraedd' mewn ysgolion ledled Cymru.

Mae trosi hynny'n ymarferol yn cymryd amser, ond efallai y bydd rhai yn dadlau nad yw'r newid wedi digwydd yn ddigon cyflym.

Yn hydref 2021, parhaodd tystiolaeth lafar a gyflwynwyd gan [Gomisiynydd Plant Cymru](#) i Bwyllgor Plant a Phobl Ifanc ac Addysg y Senedd a [Mind Cymru](#) i Bwyllgor Iechyd y Senedd i gyflwyno pryderon difrifol ynglŷn ag amseroedd aros ar gyfer CAMHS. Mynegwyd pryderon hefyd gan [Grŵp Cyngorol Arbenigol ar Iechyd Meddwl y Coleg Brenhinol](#) ynglŷn â phroblemau capasiti difrifol o fewn y gwasanaethau Niwro-Ddatblygu a sut mae'n rhaid i'r gwasanaethau hyn allu bodloni'r galw nid yn unig i wasanaethau awtistig ond yr holl wasanaethau Niwro-Ddatblygu, beth bynnag bo'r diagnosis.

Mae [Grŵp Cyngorol Arbenigol ar Iechyd Meddwl y Coleg Brenhinol](#) yn galw am gynaliadwyedd y gweithlu niwro-ddatblygu a'r gweithlu iechyd meddwl i fabanod, plant a'u teuluoedd. Mae'r Grŵp yn adrodd bod gwasanaethau arbenigol wedi wynebu prinder staff ac adnoddau am rhy hir o lawer. Mae [Cynllun Gweithlu Iechyd Meddwl Llywodraeth Cymru](#) wedi'i ddisgrifio fel 'cyfle go iawn i ail-fodelu'r ddarpariaeth bresennol ac i greu gwasanaethau cynaliadwy sy'n sicrhau bod pawb (gan gynnwys plant) yng Nghymru yn gallu cael mynediad at gymorth iechyd meddwl priodol'.

Mae Comisiynydd Plant Cymru yn parhau i ddadlau'n gryf dros '[dull dim drws anghywir](#).' Mae Pwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn yn argymhell y dylai gwasanaethau fod ar gael, yn hygyr, yn dderbyniol ac o ansawdd uchel. Mae angen buddsoddiad mewn gwasanaethau ond rhaid iddynt hefyd fod yn gydgysylltiedig ac yn barod i ymyrryd yn gynnar ac yn amserol. Mae pob plentyn yn haeddu gwasanaethau sy'n cydymffurfio â hawliau plant a mabwysiadu [dull hawliau plant](#).

Gweithiodd Comisiynydd Plant Cymru gyda Law yn Llaw dros Blant a Phobl Ifanc i ddatblygu [Fframwaith NEST/NYTH](#) i'w weithredu gan y Byrddau Partneriaeth Rhanbarthol. Mae Comisiynydd Plant Cymru o'r farn bod gan y fframwaith hwn y potensial i fynd i'r afael â'r 'Dull dim drws anghywir'. Serch hynny, bydd angen cymorth cynaliadwy gan Lywodraeth Cymru a bydd yn monitro'r modd y caiff ei weithredu'n ofalus. Bydd y fframwaith ymyrraeth gynnar newydd yn cael ei gymhwyso gan Fyrddau Partneriaeth Rhanbarthol yn unig o 2022/23.

Ym mis Rhagfyr 2021, [cyhoeddodd Llywodraeth Cymru 100 miliwn o gyllid](#) ar gyfer iechyd meddwl. Nid yw'n glir eto pa gyfran o'r cyllid hwn gaiff ei wario ar blant, nac ychwaith sut caiff ei ddefnyddio i gefnogi anghenion iechyd meddwl plant. Mae'n ofyniad Pwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn, bod cyfran y gwariant ar blant yn dryloyw ac y dylai'r gwariant ar blant fod cymaint â phosibl o'r adnoddau sydd ar gael (Erthygl 4 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn). Dylai unrhyw ddyraniad o arian cyhoeddus Llywodraeth Cymru fod yn amodol ar [Asesiad o'r Effaith ar Hawliau Plant](#). Gellir ond gobeithio y bydd y buddsoddiad newydd hwn ochr yn ochr â rhoi polisiau ar

waith yn effeithiol yn fwy o gymorth i blant brofi eu hawliau i'r safonau iechyd meddwl uchaf y gellir eu cyrraedd (Erthygl 24 o Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn).

Mae'n rhaid i Bwyllgor Plant a Phobl Ifanc y Senedd barhau i graffu ar Lywodraeth Cymru. Bydd Pwyllgor y Cenhedloedd Unedig ar Hawliau'r Plentyn yn craffu'n fuan ar y DU sy'n wladwriaeth sy'n barti yn y Gwrandawriad Gwladwriaeth sy'n Barti fel rhan o broses adrodd Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn. Edrychwn ymlaen at glywed argymhellion y ddau bwyllgor hwn ar iechyd meddwl plant.