

Opening doors:

Ending the wait for
better mental health
support in Wales

August 2026

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About Mind Cymru

We're Mind Cymru, the mental health charity. We work nationally and locally. Nationally, we campaign to raise awareness, promote understanding and drive change. We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year.

Locally, in communities across Wales, our 15 independent local Minds provide life-changing face-to-face support to more than 32,000 people each year, from support groups to focused counselling.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

Lived experience foreword

The voices of people with lived experience were central to the development of this report. We asked contributors what they would most like readers to take away from it and here are some of the messages they shared:

“To me, this report tells an all-too-familiar story of a fragmented system where people fall through the gaps, especially those deemed ‘too complex’. I’ve spent years fighting to be heard and am exhausted by feeling I must prove how unwell I am before I’m considered worthy of support. No one should have to reach crisis before getting help. I’ve lost count of how many times I’ve had to retell my story as professionals leave. We need a system that prevents crisis, not one that leaves people to deteriorate until they finally meet the threshold for help.” **Natalie**

“A mental health system cannot be called accessible if people must reach crisis point before they are believed or offered help. As a mixed-race, queer, neurodivergent disabled person with experience of severe mental illness, I have seen how fragmented services and rigid thresholds can erase the whole person. I want readers to take away that good care is not only faster care: it must be relational, culturally responsive, trauma-informed and shaped with people who use services. My hope is for a no-wrong-door system where asking for help once is enough, and nobody is left deteriorating between services.”

Francesca

“I was diagnosed with bipolar disorder at 21, and the support I received through mental health services changed my life. During my darkest moments, compassionate professionals helped me find hope and belief in my future. Their care showed me that recovery is possible and that a diagnosis does not define a person’s potential. Today, I am able to work, contribute, and live a fulfilling life. I hope readers take away the importance of kindness, person-centred care, and listening to lived experience. My hope is for a mental health system where every person feels heard, supported, and empowered.” **Alison Ella**

“The pinnacle of this report is the importance of providing early, diverse and holistic intervention for individuals accessing mental health services. I wish to see a more proactive and consistent system from the earliest possible stage. From professionals developing meaningful, tailored interventions, to guiding individuals to welfare support and maintaining regular contact, these approaches can reassure that individuals are recognised and valued. Upon reflection, implementing these key principles can progressively regain the trust of individuals who’ve been inadequately addressed by the system.” **Shay**

Executive Summary

In Wales, the mental health system is under pressure. More people are needing help with their mental health for a variety of reasons, from the lingering impact of the pandemic to the pressures of the cost of living crisis. As of 1st April, 2025, [almost 25%](#) of patients registered with a GP were recorded as having any mental health condition. Despite this need, we know that not everyone is able to access the high quality care they deserve. Each case will vary person to person. However, we know that system issues, such as staffing capacity and long waiting lists, are negatively impacting what can be delivered.

The NHS 111 Press 2 phonenumber, which provides urgent mental health care, has indicated how demand for support has been growing. Since its introduction in 2022, nearly 280,000 calls have been answered. The service received nearly 7,000 calls in [March 2026](#) alone seeking urgent mental health support.

To meet the growing demand for support at an earlier stage than many people are currently able to access it, the mental health system in Wales needs to transform its approach. To enable this there needs to be a shift in culture, practice and the type of support offered. To better understand this from the perspective of people seeking support we, along with colleagues in England, asked people what their principles for high quality, accessible mental health support should be. We have themed these into five principles that should underpin the system in Wales:

- 1. Person-centred:** Care is shaped around the individual's needs, values, goals and circumstances, rather than the needs of services. It treats people with dignity and respect and supports them to be active partners in decisions about their care.
- 2. Accessible:** Support is easy to find, easy to navigate and available in ways that work for different people. Services make reasonable adjustments and remove barriers that might prevent someone getting help.
- 3. Learning and improving:** Services are committed to continuous improvement through feedback, co-design, transparency and the use of evidence. People with lived experience help shape how services develop and change.
- 4. Safe:** Care protects people from harm while providing support that improves outcomes and wellbeing. It is delivered by skilled staff in environments that promote trust, dignity and recovery.

- 5. Committed to early intervention:** Support is available as soon as problems begin to emerge, helping to prevent them from becoming more severe, complex or entrenched and improving long-term outcomes.

We also asked mental health professionals for their thoughts on how support is being delivered. Many of their views further underlined that the system is not only not working for those seeking support, but also for those providing the support.

We are on the path to change in Wales. The Mental Health and Wellbeing Strategy for Wales was launched by the then- Welsh Labour Welsh Government in April 2025. At its core was the [commitment](#) to make Wales **“The first nation to deliver same-day, open access mental health care.”** This new, ‘open access’ model would provide those seeking help for their mental health with same-day support without the need for a referral.

This commitment has been [restated](#) by Delyth Jewell, the Deputy Minister for Social Care, Mental Health and Women’s Health of Wales in July 2026:

“It would mean that people can access a variety of services without having to have a referral and **that support would be based on need, not having to wait a long time to get that referral and to be seen.** The focus would be on the person's biggest concern at that moment.”

The principles people with lived experience identified are weaved through the proposed model in Wales already. We believe that the implementation of open access, same day support has the potential to be truly transformational for people’s experiences and outcomes.

The purpose of this report is to look at what these principles mean in a Welsh context, how they are being delivered and what remains to be addressed. You can read the full *Opening Doors: Ending the wait for better mental health support* [here](#)

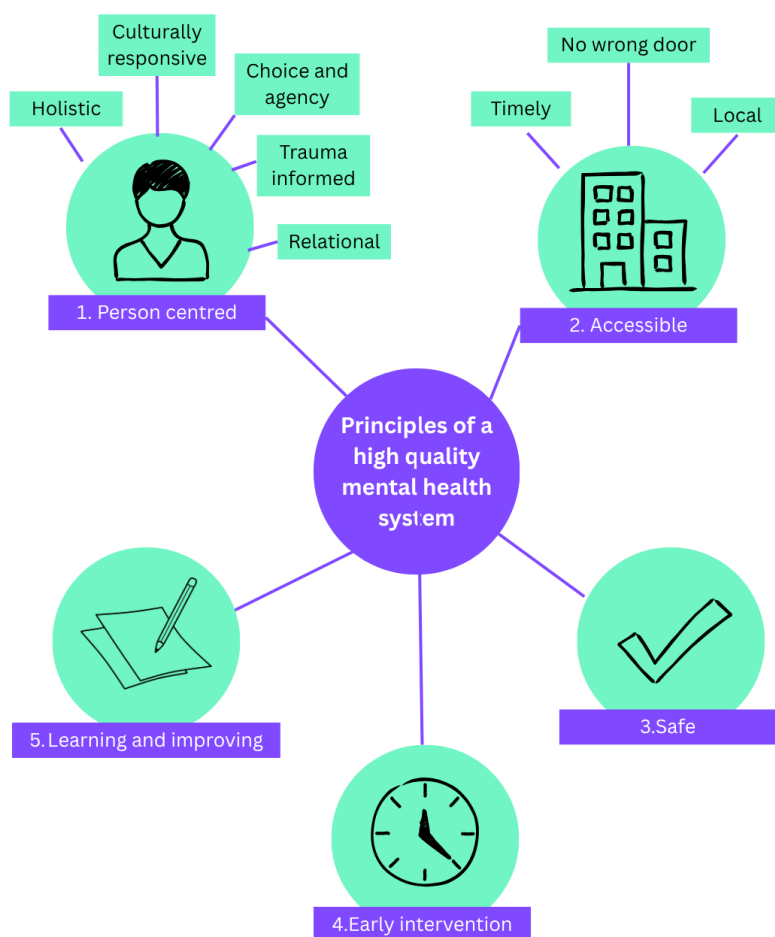
In order for the model to deliver on its potential, we believe there are some key priorities for Welsh Government and its partners:

1. Ensuring there is transitional **investment for the next three years** to ease the transition to the open access model in Wales.
2. **Recognising the work of the voluntary sector** as integral to delivering on this model, using the knowledge and experience of the sector to help shape regional delivery.
3. Placing the **tackling and elimination of inequalities** of access and experience and the voices of marginalised groups at the centre of the new model.

This model could be life-changing for anyone who needs help with their mental health in Wales. It is an opportunity that must not be passed by.

Key Principles

Drawing on insights from people with lived experience, professionals, and the existing literature, we identified five key principles that are critical to a high-quality mental health system.



1) Person-centred

"I'm a person, not a diagnosis" – **Adult with lived experience**

Person-centred care focuses on the individual, respecting and being responsive to their needs, wishes and values in a holistic way. This means looking not just at a person's diagnosis (or the absence of one), but considering how meeting their social, emotional, cultural and practical needs can help support their mental health. This kind of care is built on strong relationships between the person, professionals, peers, their loved ones, carers and the wider community. Person-centred care works best when all these people work in partnership to determine and deliver the best care for the individual. Genuinely

person-centred care supports people to develop the knowledge, skills and confidence to make informed decisions about how their needs should be met. There are five key elements to it:

- 1. Holistic:** Holistic mental health care looks beyond specific symptoms or diagnoses and addresses the interconnected physical, emotional, social and spiritual needs of an individual. This may involve providing clinical support, as well as practical support like help with debt, employment, housing or benefits.
- 2. Relational:** Relational mental health care recognises the value of human connections and how this is fundamental to supporting a person's recovery. A mental health service providing relational care creates an environment where service users and professionals are held as equals, working together to make decisions about the care and support that a person needs. Relational care is not just about the relationship between a patient and a professional. It's about working with a person's whole support network.
- 3. Culturally responsive:** A mental health service that is culturally responsive recognises that a person's culture, background and identity can affect how they experience mental health. It understands these differences when providing support to meet the needs of individuals. This includes considering a person's ethnicity, nationality, religion, language, sexuality, disability and gender. This principle in practice means removing barriers to accessing support and improving experiences of care for marginalised communities. Culturally responsive services make it easier for marginalised communities to find and access the right support when they need it.
- 4. Trauma-informed:** Trauma-informed mental health care understands and responds to the relationship between people's life experiences and the development of mental health difficulties. Care is grounded in an understanding of how previous trauma can impact a person's needs, including their ability to feel safe and develop trusting relationships with mental health professionals.
- 5. Choice and agency:** People having choice and agency in their care is essential in a modern, rights-based mental health system, and has been shown to be more effective and lead to better treatment outcomes. From the point of first contact, people should be treated as active partners in their care, trusted to understand their own needs and supported with clear, accessible information that enables them to make informed decisions. In practice, this means that shared decision-making becomes standard across all services. Individuals should be able to make a genuine choice as to where and how they receive care, and between different providers and treatment approaches.

2) Accessible

"I have the compassion and the qualities to support these families, but feel we are letting them down with the waiting times and the limited staff that are available to carry out the assessments." – **Mental health professional working in children and young people's services**

It often takes a lot of courage for people to reach out for help with their mental health. Therefore, it is important that when they do so, help is accessible. This means that support is available when they need it, close to home. It also means that the system is easy to navigate, offering any reasonable adjustments that people might need to access services in a way that works for them. Three key aspects of this are:

- 1. Timely:** Timely access to mental health services allows people to access the support they need quickly, at the right time, and without delays. They don't have to wait for weeks, months or even years for an assessment or treatment.
- 2. Local:** A truly local mental health system offers care close to where you live, without creating a postcode lottery in the quality and availability of services. Most services are delivered at a local (or "neighbourhood") level, with more specialised services provided across a larger area or regional level. Local care should be physically accessible, including in more remote areas. Online therapies can be available for people with mild to moderate mental health conditions, including online appointments and supported self-help. However, digital solutions must never be the only option, and should only be used by people who actively choose to do so. Digital solutions should supplement, rather than replace, local services which are physically accessible to all residents.
- 3. The "no wrong door" principle:** A mental health system with "no wrong door" ensures that wherever someone first reaches out for help, they are met with support rather than barriers. It recognises that people don't always enter the mental health system in neat or predictable ways. For some it will be through their GP, for others it might be through a teacher, a social worker, a community organisation or housing officer, and for others, via the police. Under a "no wrong door" approach, all of these settings are valid entry points, and they are all equipped to respond. People aren't required to navigate a complex system, repeatedly explain their situation, or "prove" they deserve help. Instead, it creates an expectation that services will work together to guide someone through the system and take shared responsibility for their care

3) Safe

"People are also discharged from wards far too early without a proper plan, with bed flow being prioritised over recovery." – **Mental Health Nurse**

Safe mental health care is compassionate, person-centred and empowering. The people with lived experience we spoke to told us feeling safe involves building trust with staff, being listened to and heard and being understood. A safe system doesn't rely on coercive interventions, restraint or intrusive surveillance to prevent harm. Instead, there is a well-embedded understanding and culture that these interventions should only be used as a last resort. Services must also be safe for people from marginalised communities and must anticipate their needs and any risks to their safety. Mental health professionals providing safe care create a culture of openness and transparency. They listen to service users when things go wrong, and learn from their mistakes, alongside their colleagues and managers.

The mental health system must also ensure public safety where someone's poor mental health may contribute towards them posing a risk to others. In some situations, this will be a decision about whether or not someone is detained under the Mental Health Act. Across the board, public safety should start with early intervention, effective community support, proactive outreach, culturally responsive care and shared responsibility between services.

4) Early intervention

"What would help most is earlier, easier access, clearer communication between services, and follow-up that doesn't drop off after the first session. That would have reduced my anxiety and helped me engage sooner and more consistently." – **Adult with lived experience**

Early intervention aims to offer people support as soon as signs of poor mental health emerge, so they don't develop into more acute, complex and entrenched issues. Early intervention is distinct from timely care. A system can be timely at providing care when people are in crisis, yet be poor at providing effective interventions early enough in someone's journey to prevent them reaching crisis point.

A mental health system that is effective at early intervention puts resources into getting people support as soon as they start to struggle with their mental health. Support might mean one-to-one counselling or group therapy, or local community groups that teach coping strategies. Over time, early intervention can deliver important cost savings for the NHS. By getting people the right support early on, we can prevent more people from reaching crisis point and needing more costly, intensive interventions later in life.

5) A commitment to learning and improving

"I've noticed that some people are doing lived experience and co-production really well. Others are using it as a bit of a tick-box exercise." – **Adult with lived experience**

The final principle that defines a high-quality and accessible service is a commitment to learning and improvement. Services that do this well are co-designed, openly and proactively encourage feedback, act based on that feedback, and are transparent about the quality of their service.

Effective co-design involves professionals working in local services, service users and the people that care for them, providers and commissioners, all working together to design and improve services. These partnerships treat everyone equally, and respect and value different backgrounds and experiences. This helps everyone involved to feel valued and invested in the design and improvement of services.

Openness to feedback is critical. In a service that does learning and improving well, all service users and those that care for them are given the opportunity to share open and honest feedback without the fear that it will negatively impact the care they receive in

the future. They feel listened to and confident that action will be taken in response to their feedback. Staff working in these services feel able to provide feedback on care that requires improvement, without the fear of repercussions. It is essential that feedback and other key data metrics are not just collected. They must be routinely reviewed by providers and commissioners and used to make improvements to the service. More broadly, data should be shared publicly and presented in a clear, accessible way, so providers, decision-makers and the public can understand it.

Finally, it is important that data collection efforts are focused on the metrics that matter most. This means ensuring staff are not so overburdened by paperwork that they're unable to spend time building therapeutic relationships with the people they are there to help. The whole system should be focused on measuring metrics that best reflect the experiences and outcomes of patients. Mental health care, at its core, is relational, and the most effective care is grounded in human connection and understanding. Measuring the number of contacts a person has had with a service sheds no light on how effective that service was. Both providers and commissioners should work with people with lived experience and their loved ones to develop outcome measures that capture people's experience of a service, and the therapeutic benefit the service delivered for them.

A New Mental Health System for Wales: Turning Principles into Action

The [2025 Mental Health and Wellbeing Strategy](#) aims to lead Wales to a system of “**seamless mental health services**”, where people can be led to the right support first time without delay. Rather than traditional, tiered models of care, this ambition would be more flexible, trauma-informed and, recovery-based. You could access same-day care without a referral, wherever you are in Wales. This is **open access**: getting people the help they need, when they need it, based on what they need.

In March 2026, Welsh Government published a [Quality Statement](#) that embedded open access into mandatory expectations for services. The open access model contains nine core components which are the essential parts of redesigning the system and delivering care. The Quality Statement aligns with these components:

1. Systems are **co-designed** with people who bring diverse perspectives and experiences
2. Systems reflect a **variety of diverse options** and include both **formal and informal services**
3. The promotion of **safety** is distributed across the system
4. System and service improvement is achieved through continuous **monitoring and quality improvement cycles**

5. **Recovery-orientated and trauma-informed** approaches are clearly and consistently integrated at all levels of the system of care
6. People have **same-day access** to multiple levels of care
7. Resources and services are guided by a **one-at-a-time approach**
8. Services are **flexible, data-informed and collaborative**
9. Care is **person-centred**

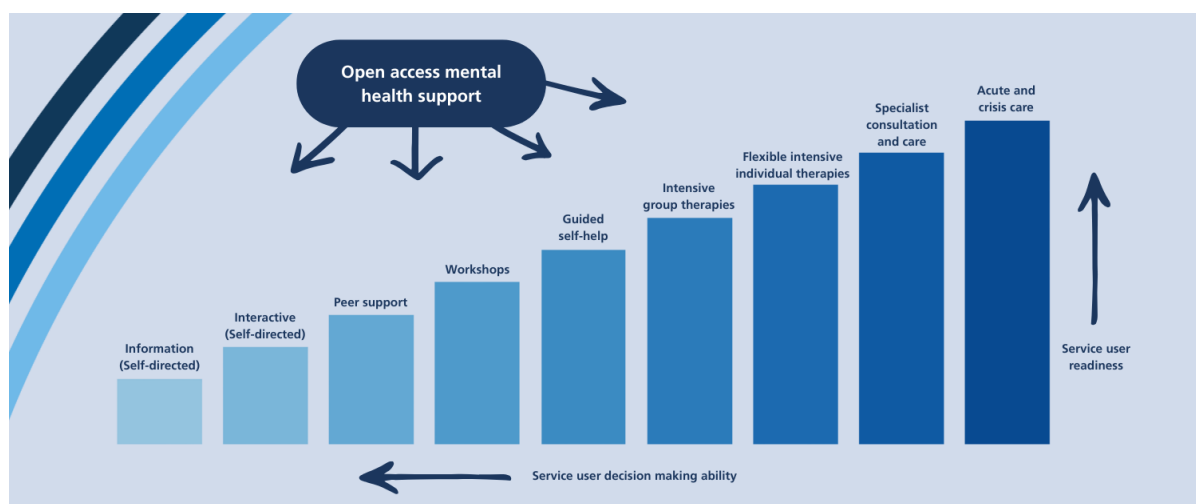


Figure 1: The Stepped Care Model

The [model for open access in Wales](#) is based on a framework developed in Canada called [Stepped Care 2.0](#). This is designed to enable timely and accessible care with the flexibility to meet people's wide-ranging needs. People have access to care on the same day they show up, via a range of access points, and sessions are guided by what they choose to focus on, rather than a rigid assessment that may not fit their immediate needs. [Evidence](#) from Canada demonstrates how the model has led to significant reductions in waiting times and improved experiences and outcomes for those accessing mental health services. Training and planning work has already taken place across all local health boards around the stepped care model.

As the diagram shows, someone seeking mental health support will be guided to the right option for them, based on their needs. There will be **'no wrong door'** for accessing support services. Where you enter, wherever that may be, is correct for you to receive the right care.

The strategy's [accompanying delivery plan](#) outlines two key actions to support this system change, calling for a national model of integrated care for mental health across health and social care, and a new approach to delivering early intervention care. Both are planned to be completed by 2028.

Can it work?

“It’s horrible, heartbreaking and unsustainable. I worked so hard for three years doing my nurse degree, and I have now been qualified five years, and I am already trying to figure out a way of working outside of the NHS.” – Mental Health Nurse

If successful, evidence suggests that this model could improve access, be more responsive to need and still allow for some flexibility to meet local demand and community need. It could support staff better and have a positive effect on waiting lists and rising demand. In time, as people get support at an earlier point, this should reduce demand in secondary and crisis care, meaning there is more capacity for those who need that support.

However, there are challenges, such as:

1. Workforce capacity may affect the delivery of the model.
2. Funding could restrict the scaling and speed of transformation.
3. Local health boards already have a variation of what they can offer with services, and this may not be rectified at once.

Our research indicates that both staff and service users are feeling the impact of stretched mental health services.

“They say it’s a job that you have to love to do, but how can you love it when you can’t even deliver what needs to be delivered. It has turned staff into machines that just apologise for the lack of funds and move on.” – Mental Health Nurse

Our 2025 Big Mental Health report highlighted a challenging landscape for primary care mental health support:

- **Over 1 in 3 people who answered the survey report a deterioration in their mental health** while waiting for an appointment with their GP (36%) or a voluntary/ third sector (35%) organisation.
- 61% of respondents said that their latest GP appointment around their mental health met their needs, 79% said the same about their voluntary/ 3rd sector appointment, indicating a **disparity of experiences between the primary and third sectors.**
- Also, waiting times were a frequently reported concern. Only 50% of people were seen within three days, with nearly a third (31%) of people waiting over a week. **80% of people reported feeling hopeless while waiting to see their GP about their mental health.**

Mind's Professionals Survey for 2026 highlights a sample of the pressures on the mental health workforce.¹ It was answered by professionals ranging from psychologists to those working in specialist secondary care services. Particular challenges for Wales included inadequate staffing levels, high caseloads, difficulties with discharge and problems with linking up with wider support services:

- **82% of respondents thought these challenges would lead to reduced trust in mental health services.**
- 83% worried they would lead to a deterioration in mental health care during waits for care, while.
- 75% worried service users would be less able to live a fulfilling life.

"Despite the huge stress on staff, it is a privilege to do this work." – **Psychiatrist**

We found that only 63% of respondents felt they could deliver the standard of care they felt is needed for service users 'Always' or 'Most of the time'. 42% of people indicated that their ability to deliver this standard of care has 'Somewhat worsened' or 'Significantly worsened' over the last 12 months.

Staff themselves were feeling the effects of these challenges:

- **11% of respondents currently used mental health services.**
- **74% reported experiencing stress at work.**
- 59% experienced burnout or emotional exhaustion.
- 51% experienced compassion fatigue.
- **53% considered leaving their current role.**
- 44% of people reported that these problems had worsened over the last year.

These figures are indicative of a system that is not working as it should for both staff and patients.

"Caseloads too big for staff to give adequate care. Staff sometimes get compassion fatigue as they are burnt out themselves, then care is poor." – **Peer Support Worker**

The approach to mental health care in Wales is already beginning to shift, and we hope to see these survey figures improve as the open access model is rolled out across the country. From the commitment in the strategy in April 2025, the Welsh government and local health boards are planning implementation and delivery of the model according to the Quality Statement for Mental Health.

¹ **Note:** the sample size for this research in Wales was 118. It is a snapshot of a small number of professionals and is not indicative of the wider mental health workforce as a whole. This information should be best used as an indication of key themes and challenges facing current staff, with further research needed.

Most major parties committed to improving accessibility of mental health services in Wales in their manifestos for the 2026 Senedd election. We now need to see these manifesto commitments become cross-party consensus for the open access model. With focused leadership, nationally and locally, along with transitional funding to drive the initial changes, we believe the vision for a new mental health system in Wales can be realised. **Wales has the opportunity to develop a truly transformative shift in how mental health care is delivered.**

Conclusion and Recommendations:

“Frustratingly, we can work therapeutically in that moment and give people a good experience of care, but they’re then let down by the system as a whole.” – Psychiatrist

Overall, Wales is well-placed to make the principles suggested by those we spoke to a reality. The progress that has been made so far in building the new model and seeking a range of voices to influence its development has been promising. The challenge now will be to make the framework come to life and have a tangible impact on people seeking help for support.

Whilst significant progress on the building blocks for the new model has been made, there are three key areas that need to be addressed. We want to see the Welsh Government and key stakeholders:

1. Ensure there is transitional **investment for the next three years** to ease the shift to the open access model in Wales.

Current developments have been based on existing budgets with local health boards being asked to move resources around to prepare for implementation. Whilst this has enabled the development of “demonstrator projects”, there has been pressure on both budgets and staffing.

In order to achieve a successful and smooth transition to same day, open access mental health care by 2028 we recommend that the Welsh Government works with NHS Performance and Improvement to provide three years of specific transitional funding that can ease these pressures and ensure there are the staffing and financial resources to deliver on the programme of change. This would recognise that the existing system is under huge amounts of pressure with people currently experiencing long waits to access support, so would allow for continued resource whilst the transformation is happening and avoid any potential for defunding support.

When the new model is implemented it should lead to a reduction in the number of people needing support from secondary care in the medium-to-long term, so a managed transfer of resources can be achieved to enable the model to be sustainable

2. Recognising the work of the voluntary sector as integral to delivering on this model, using the knowledge and experience of the sector to help shape regional delivery.

Currently the “demonstrator projects” being delivered by local health boards are very much led by those organisations and focused on how current services are being delivered practically and culturally. As the transformation rolls out, we want to see a greater engagement with the local voluntary sector on not only what is currently provided but what could be delivered in the future, and how. Through NHS Performance and Improvement there has been positive engagement on a national level with both the voluntary sector and the voices of lived experience that have helped to shape and influence the model. This needs to be repeated as we move into national rollout on a regional level.

There is significant experience within the voluntary sector in Wales of working in ways that underpin the proposed open access model. This should be seen as a strength to be invested in. Having a proactive, equal partnership between statutory and voluntary sectors on a local level with an open discussion on who is best placed to deliver aspects of the proposed model would provide the best possible conditions to deliver on the transformation.

3. Placing the tackling and elimination of inequalities of access and experience and the voices of marginalised groups at the centre of the new model.

Inequalities in access and experience of mental health support have been clearly identified through a series of reports. If you are young, experiencing poverty or from a racialised community you can struggle to access support, both initially and ongoing, and your experiences are of support that doesn’t always meet your needs. Considering that the principles of open access put the person’s needs at the centre of what is offered in terms of support, there is the potential for some of these experiences to be eliminated. However, there needs to be determined leadership at all levels to ensure that the new system does not repeat the mistakes and assumptions made by the current system and result in people continuing to experience challenges in accessing the right support.

Engaging and acting on those voices that are traditionally marginalised in the development of support is an essential starting point. This needs to be coupled with building meaningful relationships with community organisations and investing in the support that they are already providing the community.

We believe that if the three areas are addressed then the model will be truly transformational for everyone seeking support in Wales and make a significant difference to the lives and experiences of all communities. Wales has made a commitment to

opening the doors to mental health support and we now need to see this being made a reality.

Appendix: Research Methodology

This report draws on three key sources of evidence:

1) Literature review

To gain a comprehensive understanding of developments in mental health services, we carried out a comprehensive review of the existing literature during March and April 2026, covering evidence available up until April 2026. This included academic research, government policy and practice, an analysis of mental health data sets. We also examined research and grey literature such as reports from charities and professional bodies, including Mind's previous research.

2) Online workshops for people with lived experience

In March and April 2026, we convened two 2.5-hour online workshops with people with lived experience of the mental health system. Workshop discussions covered what it's like to access mental health care in England and Wales today and gathered views on what a high-quality, accessible mental health service would look like.

Our first workshop in March involved 11 adults aged 26–70. 12 young people aged 16–24 took part in our second online workshop in April 2026. Members of both groups belonged to a broad range of ethnic backgrounds, religious backgrounds, genders and sexual orientation.

Participants from both workshops had lived with a range of mental health conditions including, anxiety, depression, bipolar disorder, panic disorder, anorexia and eating disorders, as well as neurodivergent conditions. All participants had experience of the mental health system, having accessed services across primary care, crisis emergency support, non-NHS or voluntary sector provision, inpatient care services and Child and Adolescent Mental Health Services (CAMHS).

3) Our mental health professionals survey

In March 2026 we launched an anonymous online survey to gather people's experiences of what it's like working in mental health services today. The survey sought to understand what high-quality care means to mental health professionals, whether they are able to deliver the quality of care that they want to, and if not, what is standing in the way.

The survey ran for eight weeks from 13 March to 7 May 2026. 1,500 people began the survey and around 1,200 proceeded to give substantive responses. As responses to individual questions were optional, base sizes per question vary and more detail on this can be found below.



We received responses from a wide range of mental health professionals including psychiatrists, mental health nurses, social workers, psychologists, occupational therapists, counsellors and psychotherapists. Staff were working in primary and secondary NHS mental health services, in the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector – including in local Minds - and in private practice.

Most respondents (89%) were working in England, with 9% working in Wales.

We are very grateful to the many charities, membership and professional bodies, and unions that supported us by promoting the survey to their members and networks.