Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar anghydraddoldebau iechyd meddwl

This response was submitted to the Health and Social Care Committee consultation on mental health inequalities

MHI 11

Ymateb gan: | Response from: Unigolyn | An Individual

I'm writing from the perspective of a mental health practitioner in the Department of Traumatic Stress and what I see as issues within this service area. Despite raising these issues from a narrow perspective, I am sure that these may be generalised to the wider service that we provide within mental health. I'd like to add that these are my own reflections and do not represent the organisation I work for. The Traumatic Stress Service, part of [redacted], has been running for more than ten years and has always lacked resources leading to waiting lists that are at best 1 year long, and at its worst, 2 years long. This can often mean that people who are dealing with posttraumatic stress disorder (PTSD) following a critical incident can develop other serious mental health problems as they are stuck in a desperate loop and life becomes more and more restricted due to resultant anxiety and/or depression. Often this will impact on the day to day functioning and their capacity to work. This can also result in the loss of any financial stability so the problem escalates. With appropriate treatment, the PTSD can be resolved but it can have a profound effect on their life going forward. It would be very helpful to not only reduce waiting times by introducing interventions that can go someway to improving their capacity to cope. This might be more support with housing, getting hospital appointments, and social support and help to get re-engagement and support with finding employment. Although some of these services are available, they are not always accessible for all patients.

Groups of people disproportionately at risk of poor mental health – wider inequalities in society

- **Groups disproportionately affected by poor mental health in Wales**

I have found that the occurrence of PTSD can affect anyone, it is more likely that the secondary mental health issues are more prevalent for people who struggle with language, have a cognitive impairment or ongoing physical problems that act as a barrier to them accessing services to help support them. I think we have addressed issues affecting the access and support systems for asylum seekers and refugees although previously they have faced barriers in receiving effective treatments. Often language barriers and lack of understanding of religious and cultural beliefs have resulted in appropriate care not being available. Within the NHS, there is a lack of flexibility in service provision and if patients aren't able to attend within these specific time-frame they are withdrawn from treatment without any discussion of how needs could be reasonably met. This might include support in travelling to appointments, high levels of anxiety and unfamiliarity with one's environment and how the system works. When people are overwhelmed by their everyday problems and demands as well as a deteriorating mental health, they can become disorganised and incapable of taking appropriate actions. They just need some additional support and more communication regarding problems in attending services.

It is often individuals in poorer communities, where there is a lack of social support that people struggle the most. Access to transport, childcare, finances are practical issues that may get in the way of accessing services but it may be fear and anxiety that prevents engagement also. In some

cases, it would be useful to have support to help individuals get over these initial hurdles. Some of our patients who have endured really difficult childhoods may have difficulty in communicating needs, may feel unable to trust others and may have poor interpersonal skills. Often they can become easily frustrated and appear aggressive to others who do not understand what they need and want. Often they have only learned to shout or scream in order to get needs met, but this would not be tolerated by services and can end up with the individual not receiving appropriate treatments. As a mental health service, we should be able to handle even the most difficult of patients in a safe and compassionate manner.

Another group of individuals whose needs do not get met are homeless groups. They are treated poorly by society generally as we may hold very negative views about drug taking habits without fully understanding the mental health issues that have led to this way of life. I have only had experience of talking with people who have been homeless but have since received accommodation. They have suggested that they wouldn't have been able to access services before as most services would require a home address and telephone number. This is not always available to those in a homeless situation. Patients attending the Traumatic Stress Service that were previously homeless have related some of the difficulties about being without their own home. Although there are some homeless shelters available, they do not go far enough to support this patient group. I have been devastated to hear about the high number of deaths within this population, often younger individuals, who have been disregarded by society. Patients that have eventually been able to access support have reported cases of drug dealing within the hostels, sexual abuse and constant threats of physical harm. Sometimes drugs have been the only comfort and way of coping with such a bad situation. Individuals have reported that they feel so bad about themselves that they believe they do not deserve help. Low self-esteem, feelings of worthlessness and lack of control over their life drives their lack of self-care and capacity to access services and organisations that may be able to offer some support.

- **What factors contribute to worse mental health within these groups**

For those with difficult childhood experiences, who may have difficulty communicating and understanding information, may have difficulties expressing needs and containing emotional responses can often find themselves on the edge's of society. When services are overwhelmed and have limited resources, there is often a lack of timely communication. This can often add to individual's feeling rejected again, leading to more distrust and feelings of frustration and a further withdrawal from services. Often ways of coping then become maladaptive and increases their risk of harmful behaviours to themselves or others.

From a service perspective providing psychological treatment for PTSD, there is an overwhelming feeling that we are only able to address the trauma related issues and we don't always have access to ongoing support when treatment is complete. This can often result in relapse and continuing problems.

- **Barriers to accessing mental health services?**

Language difficulties or problems with communicating with others. Perhaps problems receiving information and understanding it. Not enough flexibility in services.

Pressures on staff and NHS provision leading to practitioner burn out and stress. Pressures of waiting list may force you to finish treatment without adequate support on completion.

- The more social problems the person is experiencing, the poorer the outcomes. I have found that housing (and trying to communicate with Housing Departments) is one major issue and having to deal with disability claims/PIP/Universal Credits. These systems appear to invoke a lot of anger, frustration and hopelessness. I have been party to the poor treatment some patients have received by these departments and I notice this the most when people are poor communicators.

- How effectively can existing services meet their needs?

They do the best they can and it may work well for people who are motivated, have a lot of social support, are good communicators and don't have underlying mental health problems that are not addressed. There continues to be a lack of communication and information sharing between services and departments. This can lead to treatment that is disjointed, untimely and often repetitive assessments.

- How could their experience of using mental health services be improved?

Improved training and support for staff when dealing with diverse groups and problems – e.g. homelessness/drug addicted individuals/alcoholics/anger issues
Joined up working between health and social care and voluntary organisations. Streamlining interventions from the start in a stepped care approach or adjunct where possible in a timely manner.
More community projects that encourage engagement and support
Having a robust plan in place for services when in a pandemic

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

Policies can often be too rigid and organisations like the NHS are put under pressure by the need for outcomes and reduced waiting list expectations. Often monies are provided without any clear planning or forward thinking. There appears to be a pressure on the service to use the monies within a specific time frame which then leads to fragmented interventions that are only short term. The underlying problems are not resolved.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

This would take a little bit of time to think about but I think it would be useful to streamline services.

- Psychosocial assessment of health, mental health and social care needs (may include educational or work related assessment) –> address basic needs (housing/financial/health problems –> psychological treatment/s for main mental health issue - > Recovery projects/support building/education/help with return to work.

- Support workers would be really useful to help a person navigate the difficult systems we have in place – particularly since more digital engagement is involved.

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