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 28

Ymateb gan: | Response from: 4 Welsh Police Forces

'Following consultation with the four Welsh forces and with ACC D Thorne the responses have been brought together by Peter Thomas MBE, Force Advisor on Mental Health, South Wales Police and Helen Bennett, Mental health consultant to the Police and Crime Commissioner, South Wales Police.'

Pencadlys Heddlu
Heol y Bont-faen
Penybont
CF31 3SU

Mewn argyfwng ffoniwch **999**
fel arall, ffoniwch **101**
Gwefan: **www.heddlu-de-cymru.police.uk**

Police Headquarters
Cowbridge Road
Bridgend
CF31 3SU

In an emergency always dial **999**
for non-emergencies dial **101**
Website: **www.south-wales.police.uk**

Consultation: Mental Health Inequalities (Senedd.Wales)

I refer to the request for information regarding mental health inequalities and response to questions are as follows:
Consultation questions:

- **Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?**

  The groups of people who are disproportionately affected in Wales by poor mental health are:
  - BAME community (Isolated community, poor understanding of cultural needs and differences)
  - LGBTQ community (sexual orientation, gender identity, stigma and victimisation)
  - People experiencing poverty and debt contributes to poor mental health
  - High levels of social deprivation in Wales, this includes the unemployed poor or limited housing and income inequality
  - People who have experienced trauma, prejudice, stigma and victimisation and hate crime (May well have experienced abuse such as domestic violence and ACE's)
  - People with significant mental health issues including personality disorder and dual diagnosis
  - Hidden groups such as families with as history of mental, health issues, suicide and hidden disabilities (hearing loss, some long term physical health problems)
  - Homeless
  - Immigrants refugees and asylum seekers
  - Ageing population (loneliness and isolation and increasing physical health needs)

- **For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?**

Primary Care

There has been investment in primary care to support mental health but all these services have waiting lists for access and treatment. Some of the identified groups are reluctant to access health care particularly mental health as the issue of stigma and cultural beliefs is still prevalent.

Training for GP's needs to be increased as 1 in 3 persons who attend have hidden mental health issues which manifest in physical health symptoms.

In primary care health and social care professionals may not have knowledge of services to support the identified groups above operated by the third sector.

Perhaps those working in primary care require more knowledge and understanding of mental health issues to be able to give the required input and response to improve an individual's resilience. This could be completed by using the lived experiences from the individuals in the identified groups

Secondary Care

Access to mental health services can be difficult for statutory services such as health, police and third sector. The referral process is restrictive and the individual may have to relate their story several times, this deters people from accessing services. If assessed by mental health services they may leave with no resolution of the issues and can feel isolated and let down. Assessments appear to be more of a paperwork exercise, not thinking about all aspects to provide holistic care, just looking at what is in front of the assessor not other significant issues that impact on an individuals mental health. There are more services being provided as part of signposting but staff may not be aware of services available.

Some groups have limited community support such as those with dual diagnosis and personality disorder. Therapeutic input within the community is limited and waiting lists are usually 18 months or more.

During the pandemic it has become obvious that staff burnout in the NHS has increased. Staffing issues have become critical and the ability to attract staff to train and take up a career in mental health appears to have reduced and retention is affected. Initiatives need to be put in place to make the NHS and mental health services an attractive place to work. Appropriate support and valuing of staff needs to underpin a good working philosophy. Experienced staff have a better understanding in the

service but sadly these staff are leaving because the demands being made are not achievable.

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

  There is a recognition that NHS services for mental health at primary and secondary care level are at capacity. The issues and groups identified above are not just a mental health issue, they are a public health issue and cross governmental partnerships need to be strengthened to address all issues of health, housing, employment, education and criminal justice issues.

- **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?**

  Welsh Government has invested significant amounts of money into services to improve outcomes. However, there needs to be an evaluation of the impact this financial investment has made to the people identified in the group. This is to ensure that the services put in place have made a difference. If not, then the monies need to be redirected in a way to benefit the users of the service.