

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 92

Ymateb gan: | Response from: Rhian Phillips

Dear Sir/Madam,

My name is Rhian Phillips. I am 49 years old and live in [REDACTED].

I am currently struggling to live in a state of extreme stress and crisis due to very poor mental health and having been (again) unable to access any appropriate treatment for my many and complex enduring issues. My home address means I fall under the catchment area of the Hamadryad mental health team in Cardiff.

History -

My brother Christopher suffered with many life difficulties and, in February 1999, at the age of 24 hung himself. Whilst alive he had almost no support from mental health specialists, only receiving tablets to treat depression which started

to manifest after my brother left the routine and safety of his school years. Posthumously he was diagnosed by Dr Griffiths, a psychologist working at the Royal Glamorgan hospital, with Asperger's syndrome. Had my brother been correctly diagnosed, the underlying Asperger's syndrome identified and support given he would not be dead today.

I showed no symptoms of depression or any mental illness before my brother's suicide but following it the family dynamics were shattered, my father fell apart but would not go for help, his altered behaviour then started impacting on my life and within a few years I was suffering with mild depression and was advised to go on anti depressants by my GP. I took numerous anti depressants which provided little effective relief from my condition but again, as in my brother's case, the cause of the depression – my the loss of my family support network, the failing health of my father, my major emotional trauma was left untreated.

It is now 20+ years since my brother's death and my life has been totally shattered. In February 1999 I owned my own home, I worked full time, I owned a car and a motorbike, had numerous friends and acquaintances and was financially stable. Now in 2022 I am living in my father's flat, my father is paying nearly all of my bills, I struggle to hold down very low level part time jobs in between states of crisis and on waking I feel like my life is not worth living more often than not.

Evidence

Question 1

In my opinion some of the groups of people disproportionately affected by poor mental health in Wales are 1) Those whose problems aren't immediately solved by antidepressants which is the first, and sadly often the only treatment, offered to someone presenting at the GP with poor mental health issues. 2) Those people without a strong support network and who are isolated. 3) Those people who are refused appropriate help and end up having to self

medicate in various forms which can work for a while in mild cases of poor mental health but can over a long period become problematic and often includes alcohol and drugs

A factor that contributes to these groups of people is lack of appropriate treatment at the correct time. Delays in mental health treatment means the mind is left to deteriorate to lower levels and then when the original problem is eventually discussed new problems have already developed and are again not treated leading to a continued downward spiral that is difficult to break. Another factor that, in my opinion, is the way that a mental health problem can be easily misdiagnosed but, even after years of continuing decline, services still won't engage to try to find the route of the problem to be able to start successful treatment.

Question 2

In my opinion the main barrier to accessing mental health services is the disjointed, fragmented structure of access into services. The

GP is the main point of contact but as GP's are already stretched for time they do not have the ability to do in depth assessments to identify the route of the cause but signpost out to other services. These services then signpost to other services and the run around is mentally exhausting and again causes more problems to the person suffering with the mental health issues whilst, from my experience, still not being able to access any appropriate treatment/help. This seemingly unbreakable circle of "signposting on" goes round and round in circles. Each organisation thinking they are helping whilst all the while the mental health of the person in need deteriorates. GP's have access to refer to Primary care and Secondary care mental health services but these services, both in the case of myself and my brother, just ping pong the patient back and for saying neither service is suitable ie too ill for primary care/not ill enough for secondary care. The GP seems to be unable to challenge these contradicting services and again it is left to the mentally ill patient, or whoever they can find to

try to help, to try to unravel the problem and, with poor mental health it is almost impossible.

I have attached copies of two such letters received in 2020 and 2021 after I contacted my GP when my mental health started to deteriorate again a few months into the first covid lockdown when all my positive self help methods (eg my volunteering, group cooking sessions, health and fitness groups, ability to visit friends, access to my allotment due to distance, my part time jobs therefore my minimal income I used to pay for private support and therapies, all social interaction, travel for respite and numerous)

In the past 12 months the police and the ambulance services have also been to my property a few times. From what I can remember these visits were initiated by the GP, a helpline I had called and a concerned passer by after I'd had a collapse due to a mini mental breakdown.

These records from the ambulance service and the police do not seem to be integrated into medical notes and all findings from these visits are either not passed on or if they are passed on,

not taken into account by the GP or Secondary mental health services.

A further barrier to accessing treatment is the illness itself. I have in the past suffered major accidents and had to engage with knee reconstructive surgery, physiotherapy for rehabilitation, medication for pain management etc. I was able to attend all appointments and my treatment was very successful because my mind was working and able to engage with the process to get well. I was also at every point in my care treated with respect. With (severe) mental health problems it is the mind that is “broken” therefore can have great difficulty in doing the basics of eating/sleeping etc and for long periods of time it can be challenging and distressing and at times impossible to deal with letters/post/phone calls, leaving the house to make appointments. This frequently sees the “services” disengaging with the patient because the person, without help, is too ill to respond but without help often then deteriorates further.

Question 3

I am very sorry but I am currently unaware of Government policy in regards to mental health so am unable to comment.

What I can say is that lives are ruined way before a primary care mental health patient ever gets to the stage of needing the government to look at the case. I personally know 8 people (7 of them in Wales) who have committed suicide whilst supposedly under the care of primary services (high suicide rates) because their health deteriorated to a state they could not cope with and no NHS secondary care (low suicide rates) was offered.

Question 4

I would strongly recommend continuity between services (GP/primary/secondary/third sector) is looked at. Currently there is no cohesion between services and this causes lots of patients with mental health problems in the primary services to fall between the cracks and deteriorate because

their illness does not allow them to function like a “normal” person.

Lack of advocacy available to patients suffering with mental health problems but only being known to primary care is huge problem.

Advocacy is, from my experience, only available to patients in secondary care. There are a few charities that provide advocacy but these again have very strict requirements to access and, for myself and my brother because when ill we both lived in a family property and not a council/tenanted property failed to have access to an advocate. Advocacy service should also be made available to EVERYONE who requests it no matter what services they are in need of.

From my experience, especially since covid, I am unable to contact any mental health professional directly and always have to go via my GP. With GP appointments so difficult to get and short in time it often leads to no contact. I have for this reason had Police and ambulance services fill in the gap in contact. There are now some community based

mental health nurses but also from my experience over the past two years contact for these is also only via contact/appointment through GP surgery. The inability to be able to talk to anyone trained in mental health care has seen my health deteriorate from trying to retrain in a new part time job in the winter of 2019/20 with a small glimmer of hope for the future to waking most days with no will to live and needing my 80 yr old father to look after my basic needs and try to keep me engaging with the outside world. It has also seen the police and ambulance service become involved in my "care" when I have experienced crisis rather than being able to be seen by an appropriately trained and funded mental health nurse.

I would also suggest a huge increase in home assessments/periodic visits for those patients who have reported concerns about their mental health to their GP. Underlying causes of poor mental health can be vast and varied. Often inside the home the problems are easily hidden from the

outside world, in the case of my brother – autism issues, and myself - able to pretend for a few hours at a time outside my life but unable to function at all inside my home when in crisis – but cause further complications and deterioration in mental health state if not picked up.

Lastly I would like to point out that anyone who has plucked up the courage to approach their GP with regards to mental health issues is at a very low point in their life as, still, poor mental health is seen as taboo in society.

In my opinion if a register is set up to log these patients at first contact then this would provide an overview of their care and state of mind which could be monitored/accessed by all services so that cohesion between departments and continuity of care could be achieved without the need for all the signposting and repeat referrals/refusal of treatment, wasting both time and resources, and happens all too often.