

# 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 02**

**Ymateb gan: | Response from: Unigolyn | An Individual**

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Hi

I am writing on behalf of [REDACTED] and also as a previous front line CAHMS professional involved in mental health provision in Wales. I would like my observations recorded.

1. Prior to 2008 I worked for a gentleman called [REDACTED]. My ability to provide care for my patients was often limited by poor access to training, limited talking therapies, no beds for in-patients, and poor access to infrastructure necessities such as IT equipment. However I felt that due to extreme effort by all involved we were able to provide a safe service albeit not as good as we would have liked. We were able to travel to the geographic locality which made a huge impact on accessibility for more impoverished clients.

2. Post 2008 [REDACTED] departed and I noted a huge downgrading in my service. We saw an increase in our catchment age and a clear reduction in staff. We were transferred to a more centralised base such that patients were required to travel to appointments and as such the poorer clients were now finding it difficult to access care ( this was done without prior planning and consultation). I was so concerned for the poorer clients that I whistle blew to my MP (after a near fatal incident saw a child with epilepsy fail to have a crucial letter typed for over 4 months ) and nearly all staff in my unit go off with stress related illnesses. I had around 400 patients allocated to my care at that time and I note that the RCPSYCHE recommendation would have been less than half that number.

3. Subsequent to my whistle blowing I received the traditional welsh NHS response of extreme bullying that eventually led to my retiring. However I noted that in order to create complaints against me my diary was tampered with and very unwell patients were cancelled ( one or two were never seen again). I feel that the bullying of staff adversely affects health provision enormously and I am aware that in child psychiatry especially, whistle blowing and bullying were not unusual.

[REDACTED]

I hope this is helpful to your enquiry.

Best wishes