

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 14

Ymateb gan: | Response from: Rebecca Hoare

Hi,

I'd like to provide some examples of a first hand account of mental health services within Wales. If any elaboration or clarification is needed then please advise and I will provide further information.

I had my baby in December 2019 after a particularly difficult pregnancy. The birth was also difficult and my baby was placed in intensive care. I was discharged prior to my baby even though I was very unwell as the nurse cited that it was just my mental health. Needless to say, I was taken into surgery for a second time the next day.

Once my baby was discharged in January 2020, he had noisy breathing. I had a fantastic health visitor by the name of [REDACTED] who was absolutely lovely. I had suffered with Obsessive Compulsive Disorder for a long time and she was really reassuring. The pandemic then hit and I really struggled. I barely saw any medical professionals. My baby was placed on a waiting list in May 2020 and we are only now starting to have his breathing properly investigated. Part of my OCD is contamination based so it was exceptionally difficult trying to navigate looking after a young child in a pandemic completely alone. The government didn't bring in social bubbles for parents with children under 1 for a long time. I told the perinatal mental health team that I was starting to feel suicidal and after that no one contacted me for months. I remember my sister standing on my doorstep not even allowed to hug me even due to how I was feeling.

I felt as if I had no support and no one to help. My baby wasn't being seen regularly. I finally had counselling with the perinatal mental health team but that was short term. They were very good and helped me to combat my OCD but during the conversations, they believed I may have PTSD. The consultant started to help me to face this but was told to stop and nothing more was then done. In order to have regular counselling for a longer period of time then I needed to go to secondary care. Primary care (who you initially normally go to) are only able to offer 6 sessions. This is definitely not enough time to introduce and get to know your therapist and look at sorting your mental health. Also in England you can self refer whereas in Wales you cannot. I recently had a phonecall from the mental health team and they have said that even though I have been suicidal they are not sure if they can offer me CBT as I have had it in the last 3 years.

From my experiences, I have had some really helpful fantastic people but I feel as if leaving particularly vulnerable people alone is extremely dangerous. I had my family and friends around me but I really worry about people where that might not be the case and also even if they do, would that stop them if they are not able to access the help they need? I hope that my experiences help to improve the service. Thank you for your time.

Additional information required:

Rebecca Hoare

My evidence is submitted as an individual

I have had no confirmation from any other individual. I give permission for my name to be provided

Thanks,
Rebecca Hoare