

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](#)

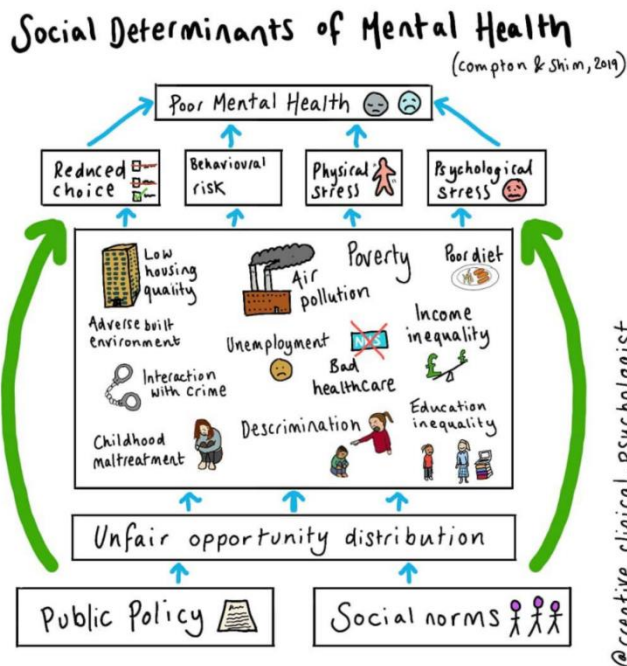
MHI 36

Ymateb gan: | Response from: Seicolegwyr dros Newid Cymdeithasol - De
Cymru | Psychologists for Social Change - South Wales



Health Committee Mental Health Inequity Consultation Response from PSC Cymru

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



@creative.clinical.psychologist

It is injustice that is largely at the core of this issue. The model in [this paper](#) by Dr Ruth Shim should be considered when reviewing current mental health policy to ensure it adequately accounts for people's contexts / circumstances and exposure to injustice. There will be whole groups and also whole communities that will be more vulnerable to mental health issues. Alongside supporting people who the current system is unjust towards we need to think about [adverse community experiences](#) as well. Taking a [place-based](#) approach to these issues.



It is less about who and more about identifying the circumstances that cause mental health inequity. Anyone who lives in circumstances where prolonged exposure to humiliation, shame, isolation, loneliness, fear, feeling trapped and powerless [is at risk](#). All protected characteristic groups are vulnerable to this including children in the care system but if you take this view you will miss the impact mental health inequity has on, for example, young white men and people living in areas of deprivation. Whilst there is very little provision for Refugee and Asylum Seekers there is also poor provision for everyone else. To get this right long term we need to recognise mental health is about

our mind, body and circumstances. The current model can not break the cycle of transgenerational trauma.

Building a Nurturing World

Psychologists for Social Change Cymru

The world is complex, and the whole of the environment affects people. To thrive, people need to live in a world which is nurturing and sustaining. This means having sufficient resources, secure relationships and equal access to power to be able to develop a meaningful life. Tackling inequality, housing problems, lack of opportunity, and creating a more nurturing and cohesive world helps to nourish people through the lifespan. Mental health is fundamentally about social health. It is not a DIY project.

Belonging and Connection

Having a sense of belonging, feeling safe and connected, having meaning, trust, and good relationships within our families, friends and communities.

Whole System Approaches

To build individual wellbeing and resilience, whole system approaches to place and community are needed.

Strong Foundations

To grow and develop well, people need strong and stable foundations and a robust safety net to build their capabilities from.

Early years are crucial

Families and children need stability, resources and support through investment in childcare, housing and employment.

By creating a psychologically healthy world based on agency, security, connection, meaning and trust mental health can flourish

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?

AND

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



The first thing to clarify is that we understand 'poor mental health', including 'mental illness' to be the result of unaddressed/unhealed adversity, distress and trauma (across a spectrum - <https://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia>).

The current system does not cater for the 'missing middle'. There are adult missing middle groups too that the current system excludes just like in children's services.

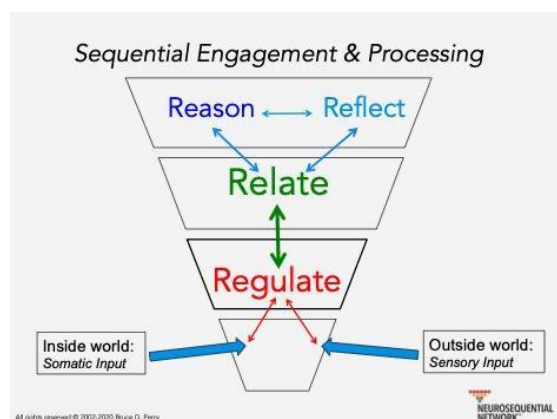
Current policy and practise do not reflect a trauma based understanding. This perpetuates mental health inequity as obscures the necessary solutions from view. The use of the non-evidence based medical diagnostic system (the DSM/ICD) in mental health does not currently account for this adequately. The work by James Davies in his book *Sedated* which talks to the issues around long term medication use and disability as well as to problems with a medical rather than a holistic (mind body and circumstances) model on people's long term outcomes.

Limitations of diagnostic categories

Whilst some trauma is represented under the term 'complex PTSD' the attached symptomatology is limited and cannot account for childhood neuro/developmental trauma or other chronic trauma exposures. It bars many people from accessing necessary support. There are a number of issues in children's services as well linked to inadequate diagnostic criteria. There is not clarity in CAMHS services whose business it is to address neuro developmental trauma. Meaning many issues go unaddressed resulting in knock on impact on numbers of people in the criminal justice system, homelessness, alcohol and drug use, domestic violence and unemployment etc.

Many of the diagnostic terms used, given their lack of evidence, are based on social views of the time. Many hold within them inherent discrimination. The term 'personality disorder' and its use against women is an example that Dr Jess Taylor speaks to in her new book *Sexy but Psycho*.

Without recognition of the impact of circumstances (https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/) the system currently will always fall short of applying the necessary interventions at the right time. The trauma recovery model should also be consulted. <https://www.trmacademy.com/> - FACTS Bridgend NHS service.



The current system is therefore unable to make prudent use of resources. This means many people arrive to 'therapy' or mental health service unprepared to make best use of the support on offer. Dr Bruce Perry's neuro sequential model should be consulted for this and services should be reorganised around this model. His book with Oprah Winfrey has a number of recommendations about how to better embed support into communities.

The 6-8 session model does not allow for trust or regulation to occur. The lack of continuity and bridging of relationships between services means people lose their 'secure base' in this handover and often become dysregulated in this transition.

Often many months if not years of work is lost here. This also causes people to bounce around the system needlessly.

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?

A Psychosocially Informed Public 'Mental' Health response

But more than this the advice of the UN sp. rapt. on mental health should be applied. The report said –

“The urgent need for a shift in approach should prioritize policy innovation at the population level,” he writes, “targeting social determinants and abandon the predominant medical model that seeks to cure individuals by targeting ‘disorders.’”

<https://www.madinamerica.com/2017/06/united-nations-report-calls-revolution-mental-health-care/>

We need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in.

(Desmond Tutu)



We need a public mental health response to address mental health inequity. The current system is not fit to do this but nor should we expect it to.

Following the Mind over Matter report this response should unlock expertise embedding the skills of applied practitioners such as [Neighbourhood Psychologists](#) into communities. As per the work of Save the Children Cymru in Bettws, Newport (Early Learning Community).

Integrating Poverty and Mental Health Approaches in Prevention and Early Intervention

Alongside this approach integrating poverty and mental health support will be key. For example, by embedding psychologist expertise within families first services as across the Gwent footprint. This allows both for the sharing of knowledge and practice but also bridging across sectors.

Contact Details

Dr Jen Daffin, Community Clinical Psychologist and Chair of PSC Cymru.

This response is on behalf of Psychologist for Social Change, Cymru

Please include Jen Daffin/PSC's name alongside this response.

Non confidential material enclosed.