

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 41

Ymateb gan: | Response from: **Comisiynydd Heddlu a Throsedd Dyfed Powys** |  
**Police and Crime Commissioner for Dyfed Powys**

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24<sup>th</sup> February 2022

**Joint response of Police and Crime Commissioner for Dyfed-Powys  
and Dyfed-Powys Police to  
Senedd Health and Social Care Committee inquiry into mental  
health inequalities**

1. Background

- 1.1. Dyfed-Powys Police is making every effort to support those living with mental health conditions, whether they be suspects, victims or in a time of acute need.
- 1.2. Some of the most notable recent developments involving Dyfed-Powys Police include:
  - 1.2.1.1. The secondment of a senior mental health decision maker into the Dyfed-Powys Police Vulnerability Hub.
  - 1.2.1.2. Pembrokeshire Twilight Sanctuary delivered by MIND Cymru now live in Haverfordwest with similar daytime provision open in Pembroke Dock.
  - 1.2.1.3. Local mental health partnership meetings established at town and county level to agree most appropriate ways to support recurrent service users.
- 1.3. Dyfed-Powys Police's Mental Health Strategy for 2022-25 focuses on four thematic work streams:
  - Crisis care and handover procedures
  - Suicide prevention and self-harm
  - Criminal justice and custody

- Recurrent service users and trends
- 1.4. The Commissioner's office's oversight of custody focuses on vulnerable detainees, including those experiencing mental ill-health.
2. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

### **Rurality**

- 2.1. Dyfed-Powys Police recorded 20,317 mental-health related incidents in the 12 months to 31<sup>st</sup> January 2022. Whilst the highest number of incidents per 1k population was recorded in Carmarthenshire (45.76, n=7,893), this was the county with the lowest suicide-related incidents (0.03, n=6).
- 2.2. Conversely, Powys reported the second lowest number of mental health incidents per 1k population (34.87, n=4,456) but the highest number of suicide-related incidents (0.05, n=7). Four of these occurred in Montgomeryshire.

### **Additional needs**

- 2.3. Of the 20,317 mental-health related incidents in the 12 months to 31<sup>st</sup> January 2022, 1,189 (5.9%) suggested the presence of learning difficulties or Autism Spectrum Disorder.
- 2.4. Access to crisis care is anecdotally reported to be relatively swift. However, provision for those with more complex issues is not so prompt. Reportedly the current waiting list for assessments for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder are 6 and 3 years respectively.
- 2.5. Individuals who suffer mental health issues as a result of undiagnosed Autism or ADHD are often not managed effectively. This tends to be a factor in most of Dyfed-Powys Police repeat demand, in particular among younger people. Their behaviour is often described as difficult, begging the question how different this would be if they were able to have quicker access to proper diagnoses and treatment.

### **Victims of historical abuse**

- 2.6. Victims of sexual offences are not always able, or encouraged, to access counselling before the court process has concluded. This puts the delivery of justice before the victim's welfare. The impact this will have on a victim's likelihood to support a criminal prosecution cannot be overlooked. The [Draft Guidance on Pre-Trial Therapy](#) issued in 2021 by the Crown Prosecution states that "Therapy should not be delayed for any reason connected with a criminal investigation or prosecution".

### **Offenders**

- 2.7. A [joint thematic inspection looked at the criminal justice journey for individuals with mental health needs and disorders](#). Published in November 2021, it found 29% of those in police custody identified as having a current mental illness, and 71% of those referred to a liaison and diversion scheme had a mental health need.
- 2.8. The inspection report explained "The criminal justice process itself, for example the experience of custody, can have a severe and negative impact on someone's mental health, particularly if they are already suffering a mental illness."

### **Waiting for therapy**

- 2.9. The police experience demand from individuals who are being managed by community health teams whilst awaiting psychological therapies. Some types of therapy such as Dialectical Behaviour Therapy (often used for personality disorders) have a wait list of around 3 years. Minimum waitlists for other therapies tend to be around 18 months. When they do get seen, they are not offered long term psychoanalytic therapy, which would look at the root cause of their issues. There are third sector organisations such as Mind and New Pathways with shorter waitlists who offer free/low cost therapy, but they also usually only offer 15–20 sessions. When dealing with complex childhood adverse experiences such as sexual abuse, these individuals often require two to three years of therapy, sometimes more.
3. 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?

### **Waiting times and thresholds**

- 3.1. Very often accessibility relates to service delays and resilience issues across health and local authorities. This inevitably leads to high thresholds and therefore many not qualifying for meaningful services once assessed. There is a likelihood that the inability to address issues early will lead to greater problems later in time. Whilst individuals await the relevant support, the police are often needed to support individuals who are at risk of harming themselves or others. Of the 20,317 mental-health related incidents recorded by Dyfed-Powys Police in the 12 months to 31st January 2022, only one quarter (5,091) resulted in a crime being recorded.
4. 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?

### **Funding**

- 4.1 The capacity and availability of mental health services needs to be drastically increased through prioritising funding for recruitment and training.
- 4.2 There needs to be a far greater focus upon supporting young people, with early intervention and support minimising the risk of harm or increased service demand at a later point in time.