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 57

Ymateb gan: | Response from: Unigolyn | An Individual

Dear Sirs,

My evidence regards what I perceive as the inequality of mental Heath services for people with personality disorders .

I am writing to give my experience of the lack of appropriate mental health treatment given to two members of my family, my son [redacted] and my daughter [redacted] .

My son [redacted] exhibited mental health problems from a very young age. On leaving school he started to exhibit symptoms of depression which were medicated with antidepressants. Things turned unbearable for my son and the family and at the age of [redacted], after a brief period of hospitalisation and more antidepressants, he dressed in his Sunday best and took himself to the local woods, where we previously enjoyed family trips when he was younger, and hung himself. After his death he was posthumously diagnosed with asbergers syndrome. Had my son [redacted] been diagnosed and appropriately treated for the asbergers syndrome and not just medicated for depression he would be alive today living a full supported life up to his capabilities.

My daughter [redacted], who bought her first home when she was 21 but had to sell it in 2007 due to being to unwell to work to pay the mortgage, currently lives alone in [redacted] in my previous home which I still own and pay all the bills for. Due to being unable to cope with [redacted] illness I have to live with my other daughter in [redacted] in her granny annex.

[redacted] showed no obvious signs of mental health issues in her youth but, since the suicide of my son and the deterioration of the family unit, I have seen her mental state decline through mild depression and anxiety symptoms to various states of mental incapacity and recovery including of late very intrusive almost constant passive suicidal thoughts.

Whilst in the early stages of her issues and living in [redacted] recieved a few helpful sessions with a behavioural therapist and a very useful longer term stay in a rehabilitation unit in the royal glamorgan hospital but since having to move to [redacted] she has been labelled with several different issues and disorders but has received virtually no treatment. She fights hard to keep going but with such a deteriorated quality of existence and mental state often finds herself in periods of crisis where she is unable to look after herself safely. [redacted] has ended up being admitted to [redacted] mental health ward for very short periods by the police and a surgeon who was having to deal with a fingertip amputation [redacted] suffered during a very bad cycling accident in one of her very unstable states.

In the past two months I have had had to make emergency visits to care for my daughter because the months and months of untreated passive suicidal thoughts have become so intrusive she is scarred she will act on them.

[redacted] is a very honest person She has told the dr and CMHT on numerous occasions over the past 14 months of her longing to be dead but she has also told them while she is able to drink to block out the thoughts and stop any action she will not kill herself because she knows the devastation it causes those left after living through what happened to her parents after her brothers suicide. As she has not made a serious attempt to commit suicide her cries for help are being ignored by the [redacted] mental health team who are the team that provide mental health services for the area in which she lives. Only yesterday [redacted] when I took [redacted] to her GP for an emergency assessment we were told that hospital and mental health care admission would only be considered if a serious suicide attempt was made.

When I look at NHS web advice it states that passive suicidal thoughts should not be ignored and all the help lines I have been advised to contact say to immediately contact her GP and local CMHT. The helplines are obviously under the illusion that help would be offered and are not aware that this seems to be a hopeless dead end.

I have always been told that prevention is better than cure but in the case of suicide there is no cure as my son's case proved.

Neither my son or my daughter showed any exterior symptoms of poor mental health and this seems to be a key component in the refusal of appropriate and timely mental health treatment.

I am very grateful to have been given this opportunity to bring this issue of mental health inequality to your attention as hopefully now this can be highlighted and the risk of losing a second child to this illness can be averted. I will be devastated if it happens again in my family.

In conclusion my views are :-

1 I consider that the groups of people disproportionally affected by poor mental health in Wales are those people who do not exhibit obvious mental disabilities in their appearance and everyday behaviour but have personality disorders which are the underlying cause of mental health problems.

2 I believe the main barriers to accessing mental health services for these people is the reluctance of secondary services to accept them for treatment even when primary services say their needs are above what can be offered by primary services .Also the reluctance of Secondary services to accept the views of experts from other depts who have assessed a person and recommend that their needs exceed primary services and can only be met by secondary services.

Another barrier is the lack of represention as advocacy services only seem to be available once a person is in the mental health system .

Their experience could be improved by better cooperation between primary and secondary care and a willingness of secondary care to consider the views of other professionals.It is possible that a lack of resources available to secondary care may be the reason for their reluctance to accept people into secondary care.

The mental health services for these people would be improved by having adequate numbers of qualified staff in the nhs ,highly trained in all aspects of personalty disorders which the service seems to be deficient in and are currently reluctant to outsource probably due to financial restraints .