

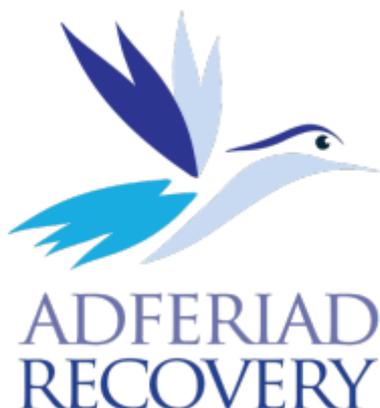
## Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 62

Ymateb gan: | Response from: Adferiad Recovery

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## Senedd Health and Social Care Committee inquiry into mental health inequalities

### **1 About us**

Adferiad Recovery is a recently-formed Welsh charity, the result of a merger between Hafal, CAIS and WCADA on April 1st 2021. Adferiad Recovery is a charity and company limited by guarantee which speaks for people with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), people affected by addiction, and people with co-occurring diagnoses, and for their families and carers, as well as for a wider group of vulnerable people for whom we provide services.

Adferiad Recovery is governed by its members who elect our Board of Trustees (which has strong representation of service users and carers). Adferiad Recovery delivers services in all twenty-two counties of Wales and in Lancashire.

### **2 Our take on the Centre for Mental Health's report**

We welcomed the Centre's report "Mental health for all?" and "Mental health inequalities: factsheet" published in 2020. We agree that the specific forms of inequality which they identify are issues for Wales as much as for the rest of the UK.

We particularly welcome the Centre's inclusion of these areas of concern:

- The experience of the LGBTQ community – we draw attention to the evidence of victimisation and hate crime and higher incidence of self-injury and suicide attempts
- The effect of co-occurring health problems including hearing loss and physical disabilities
- The effects of poor housing and homelessness
- The experience of the aging population and the impact of loneliness and isolation
- The effects of multiple disadvantage

We also believe that there are some important matters which are not fully addressed in the Centre's report, some because they are specific to Wales, others which have wider relevance: we have focused on these matters in the rest of this response.

### **3 The experience of ethnic minorities in Wales – the need for research**

We know, both from limited data and anecdotally, that people from ethnic minorities in Wales experience the problems identified in the Centre's report. However, there is a lack of evidence available to identify the extent of inequalities and to what extent there may be a different picture in Wales (which might be better or worse than England) as a result of diverging legislation and policy following devolution or for other reasons.

Specifically we are concerned that there is very limited evidence about the experience of groups in Wales where numbers in contact with mental health or other services are too low to draw clear conclusions from statistics; by contrast general data for England only or for the UK does provide at least a statistically credible picture. A key example is the experience of Black people, especially in the context of those with the highest needs - including those who are subject to the Mental Health Act: the numbers involved in Wales are too small (and therefore variable) to draw conclusions from statistics alone.

We believe that in-depth research is required to examine the experience of specific groups and to identify how inequalities can be addressed. This is not a new issue: over ten years ago research (link below) highlighted that "In-depth exploration of care pathways remains another clear priority for research and policy, as do the recovery pathways taken or forged by people from racialised backgrounds".

The relatively small numbers involved (reflecting the population of Wales) should be seen as an opportunity rather than as a statistical problem: for example, it should be possible to speak to a significant proportion of those affected – surely the best approach.

An obvious place to start would be the experience of Black people in Wales. A total of 26 Black people were detained in Wales in the year ending September 2021 under Section 135 and 136 of the Mental Health Act (link below), on the face of it over twice the average rate. Research into those individuals' experience, including speaking to them and to their families, could enlighten services about those with the most serious problems and lead the way in improving the wider experience of Black people in mental health services in Wales.

[https://www.diversecymru.org.uk/wp-content/uploads/Count-Me-In\\_published-version-Aug-2013.pdf](https://www.diversecymru.org.uk/wp-content/uploads/Count-Me-In_published-version-Aug-2013.pdf)

<https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Mental-Health/Detentions-under-Section-135-and-136-Mental-Health-Act/detentions-by-ethnicgroup>

#### **4. Welsh speakers – the need for research**

There is limited evidence of the particular experience of Welsh speakers in relation to mental health and mental health services. Anecdotally our experience has been that some Welsh speakers have felt remote from services because services can be seen, notwithstanding formal Welsh language policies, as English-speaking in practice. However, we recognise that significant progress has been made in recent years.

One study (link below) suggests that Welsh speakers report better mental health than others in Wales, although we suspect that this may reflect less inclination in this group to self-diagnose too readily by reference to recent trends in English usage (for example, “depression” has almost become a synonym for “sadness” in English). In this respect Welsh speakers may actually report their mental health more accurately but we are no closer to knowing how the experience of different language groups may vary.

The time is right to research the experience of Welsh speakers using mental health services in depth.

[https://research.bangor.ac.uk/portal/en/researchoutputs/health-and-mental-health-disparities-between-national-identity-groups-in-wales\(972550be-a01d-4306-b06a-42af5fc848ea\).html](https://research.bangor.ac.uk/portal/en/researchoutputs/health-and-mental-health-disparities-between-national-identity-groups-in-wales(972550be-a01d-4306-b06a-42af5fc848ea).html)

#### **5. Men and suicide**

The Centre’s factsheet does not address the well-known gender disparity in suicide (although it does mention suicide among women in the specific area of abuse).

In 2020 in England the male suicide rate was 15.3 per 100,000 compared to the female rate of 4.9 per 100,000; in Wales the disparity was significantly higher - male 16.7 per 100,000, female 4.3 (rates in both countries were down on the pre-Covid year 2019) (link below).

We know that suicide prevention is a priority for the Welsh Government and we have engaged previously in consultations on this matter. In the context of this consultation we would just note that it is important that the mental health of men is not sidelined in any consideration of inequalities.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/dataset/suicidesintheunitedkingdomreferencetables>

#### **6. People with a serious mental illness - and the Covid pandemic**

Although care and treatment for people with the most serious mental health problems obviously place major demands on resources this does not mean that these patients are treated fairly: on the contrary specialist, high level services risk becoming the “Cinderella” within mental health services where the discussion has moved towards wider wellbeing and preventive services.

We draw attention particularly to the waiting times for psychological treatments. Waiting times remain much longer for people with the most serious mental health problems and the priority must be to resolve this problem rather than extend such treatments further to a wider group, however desirable that may be in future.

The tendency to shift priority away from those with the highest needs may be exacerbated by the Covid emergency. Our surveys of clients and members have shown significant problems for people with serious mental health problems during the pandemic. But we also fear a legacy of inequality in the future because of the accelerated shift in emphasis towards lower level problems.

We share the concern that the pandemic can affect the mental wellbeing of many people. However, these problems are almost always best addressed through practical support - economic, educational, and housing-related, for example; and where direct help with mental wellbeing is required, non-specialists such as schools (pastoral support and school counselling), colleges, and employers are best placed to provide this.

Specialist mental health services should not be diverted to support the responsibilities of other departments and agencies to play their role in protecting and enhancing the mental wellbeing of their clients, staff and the public. Exceptionally specialist mental health services may support some individuals where the pandemic is the primary cause of their problems. However, a greater concern would be the overuse of treatments such as antidepressants for people whose problems are essentially practical ones caused by the pandemic (see the next section below).

The priority for mental health services now must be to “catch up” in terms of treatment and care for those most in need, whether long-term clients or newly diagnosed clients who have become seriously unwell during (but rarely due to) the pandemic.

### **Misdiagnosis, over-treatment, and inappropriate treatment**

Inequalities in mental health services are not only about access but also about what type of service people receive; and too often inequality manifests itself as treatment which is not needed at all.

Prescriptions of anti-depressants in Wales are out of control, far exceeding England (link below) while there is scant availability of talking therapies.

Further, it is common knowledge that antidepressants are actually widely prescribed in Wales for problems which should be being addressed with practical support in relation to poverty, unemployment, housing, and abusive relationships or relationship breakdown. In some disadvantaged communities antidepressants are seen as the only “answer” to a poor quality of life, especially for women. This problem is not unique to Wales - but in Wales it is further advanced.

There should also be concern about the rapid increase in the use of behavioural drugs for children in Wales for problems which may actually arise from challenging family environments or a lack of appropriate educational support. The jump in prescription of anti-depressants for children during the pandemic should also be scrutinised and challenged – drugs cannot be the right answer to children’s anxieties and fears.

<https://gov.wales/prescriptions-wales-interactive-dashboard>

## **7. People with complex needs, including those with both mental health and alcohol, drug, and other addictions**

People with complex or “co-occurring” needs have long experienced difficulty in accessing both mental health and addiction services as a result of the failure to join up services effectively so that they can support the whole person rather than address selective symptoms; worse, some people are still unwelcome in services where their “co-occurring” problem is deemed as unmanageable in the context of treating other problems which the service is narrowly focused on. There should be a priority for access to services for those with addiction issues, particularly given the recent rise in numbers of people with gambling, alcohol and other addictions.

A 2018 HIW/CIW Review of Substance Misuse Services in Wales (link below) found that access and waiting times for services across Wales is inconsistent and is sometimes limited in rural areas, and that long waiting times and a lack of capacity in services means that some find it difficult to get the treatment they need. Following a period when even more people have struggled with addiction, speedy access to appropriate support should be high on the Welsh Government’s agenda.

<https://hiw.org.uk/sites/default/files/2019-06/180725smen.pdf>

## **8. Contact**

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