Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)
This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 56
Ymateb gan: | Response from: Platfform

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

FORM

Platfform
2nd Floor, Derwen House
2 Court Road
Bridgend
CF31 1BN

connect@platform.org
platform.org

Re: Consultation response to Committee Priorities

Thank you for the opportunity to respond to the consultation regarding priorities for the 6th senedd.

Platfform is the charity for mental health and social change.
We are a platform for connection, transformation and social change.
We're driven by the belief that a strengths-based approach is the foundation to sustainable wellbeing for everyone. We do not believe that people or communities are "broken" or in need of fixing.

Our work takes a trauma informed approach to understanding mental health and emotional distress, and we see the current mental health, and wider health, social care and public sector systems as no longer fit for purpose. Based on illness and deficit models, they deny people the hope and agency to heal.

Our comments on the priorities for the committee in the 6th Senedd are as follows:

1. Identified priorities

All of the identified priorities seem to be reasonable, and in the context of post-pandemic recovery, worthwhile. However, we would note that several of the priorities (workforce planning and well-being, carers and mental health in particular) have been the subject of many previous reports by Senedd committees. It would therefore make sense if the inquiries into these issues examined previously under-explored avenues of the problem or under-lying issues that created barriers to change and implementation of previous recommendations.

PLATF

2. Comments on well-being and need to avoid over medicalisation

Many of the priorities identified have 'well-being' at the heart of them. It is understandable that after an extremely challenging and difficult period, the issue of Mental Health and Well-Being has been prioritised by the committee (and we would support that).
However, we have concerns about the 'over-medicalisation' of Mental Health. It would be more appropriate to regard the Covid 19 pandemic as a form of collective trauma, in which it is understandable that many people have experienced strong emotions and feelings that have been distressing. We disagree with a response that places labels and psychiatric diagnosis on people who have had perfectly understandable reactions to the numerous traumas, stresses and pressures of the pandemic.

Instead we would prefer that all responses ranging from anxiety over the virus, to anxiety over job insecurity, restrictions, and loneliness are considered as valid and understandable reactions to a difficult period, and are not politicised by either side of what has become a polarised debate over lockdowns and restrictions.

We would also urge the committee to examine the role of trauma generally in Mental Health, to consider alternatives to psychiatric units and medications where appropriate, and to consider how all services can become trauma informed and offer genuine therapeutic environments.

We would hope that the committee also seeks evidence from people with lived experience when examining these issues.

3. Crisis Provision and support for their families

Despite a lot of focus on early help and intervention, in the time that it will take to see changes in this area take effect, young people and their families are still receiving really poor responses when in a crisis or when they reach out for support.

We have recently run a session for parents with experience of crisis services, which highlighted several themes stretching across public services. These themes included; An absence of compassion, with

PLATFFORM

judgmental labels applied; added distress caused by interactions with inadequate services that led to families spending energy and emotion un-necessarily navigating services; lack of support for families to have rest – with the health of those caring/supporting young people harmed by the lack fo support and consideration, the lack of ability to accompany the child/young person in different care environments, and the lack of communication and involvement in care that sometimes happened. We suggest the committee could consider this for a piece of work.

4. Thematic concerns for the committee to consider in all enquiries

Rather than list a series of other issues we would like the committee to consider doing specific pieces of work on, we have a number of specific themes that we suspect apply to all the inquiries the committee will be looking at and would thus suggest these themes are explored in their own right in each inquiry;

(a) The financial rules and culture within public services

It has been a common theme across numerous areas of public policy that financial decisions are often based on short termism, reactive rather than pro-active, and practices of commissioning services too often involve an excessive focus on cost rather than seeing the bigger picture of how a service can contribute towards a wider eco- system. Areas such as Mental Health, Social Care, and many chronic conditions, all experience an under-investment in community based services that intervene and support people to stay out of institutional settings. Outside of healthcare, we also see this failure to have early intervention in areas such as additional learning needs, social services, and housing support. It would be interesting if the committee could consider this common theme across all of its priorities, to identify the reasons why this occurs, and what the barriers to change are. To also consider what policies that could shift finance departments into thinking long term, thinking about individual services as being part of an eco-system, and valuing preventative/early intervention services more than they currently do.

PLATF**FORM**

(b) Equalities

The pandemic has highlighted many existing inequalities, which exist throughout the health and social care system as well as wider society. We thus believe that all committee inquiries should examine the extent to which equalities issues are taken seriously and addressed within service plans rather than regarded as a tick-box exercise. Furthermore, many services lack an acknowledgement that racism/sexism/ableism and other forms of discrimination can themselves be traumatic, and that many people using health and social care service have experienced trauma and multiple disadvantages. This inevitably impacts on the services they require, and the level of engagement and participation that occurs.

(c) Silo thinking

Almost all the priorities identified by the Committee require other public services to help address them. Health is not exclusively the property of the NHS, and a healthy population is one that has good housing, access to green and blue spaces, good education, good and meaningful employment, and active and supportive communities (amongst other things). Yet too often we see decisions being taken by public services that have a detrimental effect on other public services (for example, planning departments ignoring concerns over air pollution in approving housing estates of dubious quality that contain no affordable housing). We would suggest that the committee examines the extent to which existing partnerships, legislation such as the Well-Being of Future Generations act, and other policies aimed at addressing silo thinking have had the desired effect across the priorities the committee has identified. Furthermore, we feel the committee would benefit from examining systems thinking in the abstract and the extent it can be used to help formulate recommendations for improvements.

We are happy to discuss further and look forward to providing evidence to support the work of the committee.

Head of Public Affairs and Influence

PLATF**FORM**