

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 09

Ymateb gan: | Response from: Guide Dogs Cymru





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To: SeneddHealth@senedd.wales

Dear Sirs

Triple barrier of mental health inequality

Guide Dogs Cymru is very pleased that the Health and Social Care Committee is launching a new inquiry, focusing on mental health inequalities across different groups in society. This letter provides an initial response from our organisation.

We note that you have indicated that deaf people are twice as likely to experience mental health difficulties and may be further disadvantaged by a lack of mental health pathways and poorer access to health services generally. We fully accept this and support the Committee looking into this. We would suggest that people with sight loss experience the same problems and it would be better if the Committee focused on people with sensory loss rather than just deaf people. This would in no way diminish the focus on deaf people but would ensure that all groups of people with sensory loss, who are disproportionately affected by poor mental health, are equally considered by the Committee.

There is ample evidence available to support our call to focus on people with sensory loss in the Committee's inquiry. Even in ordinary

times, people with sight loss are more than twice as likely to have experienced unhappiness or depression compared to the UK average. (See *Understanding Society longitudinal study*, University of Essex, 2012-18). The recent report by Professor Debbie Foster (*Locked Out: Liberating disabled people's lives and rights in Wales beyond Covid-19 Report*) provides a lot of evidence that people with sensory loss have experienced significant increases in depression and anxiety because of COVID. Alongside this the Wales Council of the Blind recently produced a report entitled *Rehabilitation Offices for Visual Impairment: Addressing a workforce crisis in Wales*. Again, this report provides numerous examples of the factors contributing to worse mental health for people in Wales with sight loss.

The reports cited set out what needs to be done to improve the mental health of people with sight loss. A key factor is the need to address the specialist workforce crisis. If routine specialist support in the Community is not available, then more pressure will build on mental health services.

The sight loss third sector in Wales has been lobbying the Welsh Government for many years to improve rehabilitation and habilitation services in Wales. Despite the lobbying the policy gap remains and the post code lottery of services in Wales continues. This invariably leads to more pressure on mental health services.

We would urge the Committee to seek evidence from third sector organisations in Wales, supporting people with sight loss, when conducting this inquiry.

I am happy for this response to be published.

Yours Sincerely

PETER JONES

Peter Jones