

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY L.M.C. DOUBLET OF ST. SAVIOUR
ANSWER TO BE TABLED ON TUESDAY 10TH OCTOBER 2017**

Question

Since the publication of the Mental Health Strategy for Jersey 2016-2020, can the Minister outline what, if any, progress has been made towards further reducing waiting times for access to talking therapies and/or counselling for those with mild to moderate mental health issues? Can the Minister also provide a breakdown of the stages that are followed from the point at which the patient makes initial contact with their GP?

Could the Minister further advise what progress has been made towards achieving Key Priorities 2 'Prevention and Early Intervention' and 5 'Leadership and Accountability' of the strategy and outline what actions have been taken in respect of each of those priorities?

Answer

Investment was made into adult mental health (Jersey Talking Therapies) in 2013 – 2015. Currently, most referrals to the service come from GPs. In the last quarter there were 454 referrals, with 354 coming from GPs. There has been a 50% increase in referrals since the launch of the Jersey Talking Therapies service. The GP will typically make that referral using the designated referral form and the person will get seen for an assessment, on average, within 4 weeks. Following that assessment, they will then go onto a waiting list for treatment until there is a slot available for them to begin. We have recently introduced a system where those people that are waiting are called on a regular basis to see how they are doing and for their risk levels to be assessed. The service, which has been such a success in terms of the level of referrals since its inception, was reviewed this year and workshops are being held to identify service improvements.

Activity	Waiting Time Before Investment	Waiting Time After Investment
Assessment	20 weeks	4.5 weeks
1:1 Support	36 weeks	10 -15 weeks
Counselling	8 weeks	5.5 weeks

Since the Mental Health Strategy was approved in November 2015, good progress has been made with the agreed priorities for 'Prevention and Early Intervention' and 'Leadership and Accountability':

Prevention and Intervention

The focus of investment and improvement for 'prevention and intervention' since January 2016 has been on Older Adults Mental Health services, Primary Mental Health workers in schools, and, latterly, the Recovery Network development:

1. Older Adult Community Mental Health Service

This comprises:

Older Adults Community Mental Health Team (CMHT)

Service description – a multidisciplinary team for people with complex and/or high risk mental health needs including depression and psychotic illness, and people with dementia, with a single point of access,

integrated, person-centred care planning and care for older adults and their carers in their normal place of residence or in a community location.

Status – Fully implemented. Staff recruited and integrated into the service. Core service values agreed, care pathways agreed.

Memory Assessment Service (MAS)

Service description – an enhancement and expansion of existing services, which ensures that dementia is diagnosed as early as possible in the mild stages of the condition, and supports service users and carers to make informed decisions and choices about care and support. People with dementia and their carers will have more information and signposting to help them manage their care more effectively and understand how to access other assistance, with personal care plans to meet identified needs. The service will improve the ability of care professionals (including GPs) to identify signs of cognitive impairment and will raise professional awareness of the service to ensure that GPs, the Hospital, Voluntary and Community organisations and Community and Social Services understand their roles and processes and are confident about making referrals.

Status – Fully implemented. Core service values agreed, care pathways agreed, vacant posts filled.

Hospital Liaison for Older People with Mental Health Difficulties – a single point for information on any mental health issue for over 65s at the hospital with training, support and guidance to hospital staff – including delivering training, supporting discharge planning and advising on the care of a patient. The service provides advice on the diagnosis of people with suspected organic and functional mental health problems and supports the delivery of good clinical care, care planning and discharge planning. This includes advice on managing behaviour that challenges others, and options for support in hospital, intermediate care, reablement and referral to local services in order to promote early discharge opportunities.

The Liaison service also provides urgent response and advice to the Emergency Department and Emergency Admissions Unit on non-hospital management options, and works with ward staff and Community teams to ensure good communication, sharing of information and smooth transfer of people into Community-based care.

Status – Clinical Nurse Specialist post filled and Nurse Practitioner will commence induction at the beginning of November 2017.

Rapid Response and Reablement Team (RRRT) development – Two Rapid Response and Reablement mental health nurses were employed in Q1 2017 to provide timely support and intervention for older people in order to prevent admission to hospital or to enable a timely discharge.

The mental health nurses:

- support their colleagues in the RRRT with joint working and education
- undertake assessment, care planning and care for short-term mental health interventions
- offer education and support that enables staff in residential care settings and Community providers and family members to continue to care for older people with mental health difficulties when they are experiencing an acute, short-term mental health issue.

Status – Fully implemented. Staff recruited and integrated into the service

Older Adult Primary Care Mental Health Team (PCMHT) – this service will work closely with the individual's GP to:

- Undertake assessment and review of care as part of care co-ordination for older people with mild to moderate functional and organic mental health needs
- Provide social prescribing to older people with mild to moderate functional and organic mental illness, promoting independence and recovery

- Co-ordinate pre-referral tests/examinations ahead of referral to MAS
- Provide case finding for people with key risk factors for dementia
- Ensure effective communication and care planning for people with mild to moderate functional and / or organic mental illness and other comorbidities
- Provide a focal point for work with the Rapid Response and Reablement service, CMHT and Hospital Liaison services.

Status – Two of the four Primary Care Teams are fully operating with posts filled. The Clinical Nurse Specialist for a third cluster is due to commence induction in early January, and the final cluster has the potential to go live in early 2018 pending successful recruitment. Challenges with nursing recruitment has resulted in delays to full implementation. In the interim, transition measures have been put in place to enable other areas of the Older Adult Community Mental Health Service to align with new ways of working. This will enable a swift implementation of remaining clusters once remaining posts are filled.

2. Primary Mental Health Care Workers – Education and work in schools

Two Primary Mental Health Workers (PMHWs) commenced work in June 2017. They complement and extend the overall offer of early intervention services available for children and young people. The PMHW roles reflect thinking regarding how the pathway for children and young people with emerging mental health needs will become more integrated. As part of this, there is a clear commitment to bring education and health closer in delivering evidence-based interventions for children, young people and families at the very earliest opportunity.

3. The Recovery Network

The Recovery Network will champion and provide sustainable practical resource to co-produce locally. It will connect people with an interest in mental health and wellbeing, having people with lived experience at the core and creating opportunities to partner with mental health services. It will be pro-active, positive, accessible, empowering, transparent and compassionate. Its purpose will be to:

- Inspire change
- Challenge attitudes
- Cultivate mutual respect
- Value and share lived experience
- End stigma
- Advise policy makers and service providers
- Provide peer support between individuals who may be experiencing or recovering from mental health issues
- Provide peer support to individuals whose loved ones are experiencing or recovering from mental health issues
- Connect people and services
- Promote early intervention and contribute to the development of services.

The Recovery Network is being scoped following a number of workshops with a range of stakeholders, many of whom have lived experience. This is being led by the Recovery College.

In relation to the work of the Recovery College itself:

Students in Semester one completed a questionnaire:

- 97% of students stated that they would recommend the course to family and friends
- 95% of students felt the courses met or exceeded their expectations
- 66% of students felt the College helped them feel more confident, have more direction and connect to other people
- 100% of trainers who worked with the College would recommend working there
- 71% felt working with the College helped them grow professionally and feel more positive about the future.

Feedback included:

"I just wanted to say a huge thank you for enrolling me...I got so much from [the course] at a time I needed it most in my life. Please pass on my thanks to [the trainers] they were amazing and added so much to the experience." Student, Balanced Living for Beginners, Summer Semester 2017

"Jersey Recovery College has empowered me to feel more confident and open to new experiences whilst giving me hope and positive progress towards a life worth living." Student, Open Water Swimming, Summer Semester 2017

"There is something so liberating about the whole idea of service users working with mental health practitioners. Until I heard of it, I would never have thought it was possible...we are smashing down the barriers by working together. We get to see each other in a different light. It's brilliant." Peer Trainer, Jersey Recovery College

Leadership and Accountability

The Mental Health Engagement day on 15th May 2017 was attended by over 120 people. The Minister for Health & Social Services opened the day, confirming his commitment to improving the island's mental health services.

18 different organisations helped raise awareness of existing services and networks. These included: Prison Me No Way, Recovery College, Samaritans, Triumph over Phobia, Mind (Jersey), Eating Disorders, Jersey Alzheimers, Staying Put Housing, Silkworth Lodge, Alcohol and Drugs Service, Brighter Futures, Youth Enquiry Service, NSPCC, Citizens Advice Jersey and the Jersey Online Directory, Child and Adolescent Mental Health Service, Adult Mental Health, Early Help and the Multi Agency Safeguarding Hub (MASH).

Attendance and participation in the Engagement Day confirmed that people remain enthusiastic and committed to working together and to discussing issues and opportunities openly and with mutual respect. The day enabled delegates to share their thoughts on:

1. Recruitment Changing Practice
2. Recovery College
3. Community Triage
4. Suicide Prevention
5. Older Adult Mental Health Redesign
6. Mental Health in Schools
7. Mental Health Estate
8. 'Family Smiles' Programme
9. 'Letting the Future in' Programme
10. Implementing New Legislation

In the afternoon, 60 people attended a workshop to discuss Armed Forces Veterans' Mental Health, with guest speakers from Rock2Recovery. The workshop confirmed the interest in this subject, and identified that priorities for further work included raised awareness of veterans' mental health care needs and that the challenges veterans face regarding transition from the military are potentially complex, multi-dimensional and multi-agency in scope: learning to avoid isolationism, establishing strong relationships and developing confident skill sets to reduce stress and anxiety and creating resources and choice when moving forward are key. It was felt that a 'golf bag' of diverse strategies beyond medicine and psychological intervention to maximise tolerance to change, mental health and wellbeing was needed.

In addition, the following work continues to be progressed:

Social Inclusion and Recovery

- The Recovery College was live from January 2017; 176 students have enrolled since its inception, with many doing more than one course (see positive feedback above)

- Mental Health Public Awareness has increased, with additional content on the Jersey Online Directory and increased social media
- Suicide Prevention Training

Access & Care Coordination

- Feasibility study for a new Mental Health Estate is being finalised
- Mental Health Criminal Justice Pathway – a gap analysis has been produced and the Forum is developing investment priorities including improved pathways and services
- Listening Lounge – finalising plans for a new service, which will be provided by Shelter
- Community Triage – finalising plans for a new ‘out of hours’ service, working closely with Police and Ambulance
- Jersey Talking Therapies has been reviewed; workshops are being held to identify service improvements

Quality and Innovation

- A quarterly Mental Health dashboard and Annual Report are being produced