

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY THE DEPUTY OF ST. JOHN  
ANSWER TO BE TABLED ON TUESDAY 30TH JANUARY 2018**

**Question**

Further to the answer to Written Question 1(525) on 10th October 2017 in respect of Mental Health services, will the Minister provide a full account of such services currently provided for all children and young people; and advise whether these services are experiencing an increase in demand and, if so, whether he is able to provide any data to support the reasons for this?

**Answer**

The structure and operation of Jersey CAMHS (Child and Adolescent Mental Health Services) can seem complex and is probably best explained in terms of how a child or young person accesses the service, with four 'tiers' of service provision.

**Tier One – Universal services** such as early years services and all primary care agencies including general medical practice, school nursing, health visiting and schools. Tier one services aim to promote mental well-being, recognise when a child or young person may have developmental or mental health problems that this level of service cannot meet, and know what to do when this is the case. Universal services may be provided by a range of agencies across Jersey.

**Tier Two – Targeted services** such as the new P82-funded Primary Mental Health workers in Education, and school and youth counselling. This includes support for children with less severe mental health problems.

Tier two services include mental health professionals working on their own, rather than as part of a multi-disciplinary team. Staff may work with the child or young person directly, or indirectly by supporting professionals working in universal services. In addition, tier two services include school counsellors and youth counselling services such as the YES (Youth Enquiry Service) project. Targeted services include those provided to people at increased risk of developing mental health problems.

**Tier Three – Specialist community CAMHS** involves a multi-disciplinary team of child and adolescent mental health professionals providing a range of specialist interventions for moderate to severe mental health presentations. A CAMHS triage service has recently been introduced involving the new P82-funded Education Primary Mental Health workers and a Specialist CAMHS worker jointly meeting with children, young people and their parents where there is uncertainty about which tiered service needs to be offered.

**Tier Four – Highly specialist services**, such as inpatient services. These are generally services for a small number of children and young people who are deemed to be at greatest risk of rapidly declining mental health, or from serious self-harm, who need a period of intensive input.

**Access and referral to CAMHS**

Referral routes and access to Jersey CAMHS varies, with most referrals coming from GPs. In 2015 and 2016 there were 434 and 476 referrals made respectively into Specialist CAMHS. During 2017, there were 543 referrals received suggesting a small increase of referrals year on year. Of the 543 referrals received in 2017, 400 were accepted for assessment and treatment into Specialist CAMHS; the remaining 143 referrals were signposted on to other services. A change in the complexity of referrals into Specialist CAMHS has been noted. More young people are being referred into Specialist CAMHS whilst in crisis or requiring intensive input.

**National CAMHS services** are under pressure. They are having to cope with a significant increase in demand. For example, referral rates to tier three CAMHS in England have increased greatly, with the number of cases rising by more than 40% between 2003 and 2009 (JCPMH, 2013).

JCPMH. (2013) Guidance for commissioners of child and adolescent mental health services. Joint Commissioning Panel for Mental Health. <http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>