

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY C.S. ALVES OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 16th JUNE 2020**

**Question**

Will the Minister advise –

- (a) what checks, if any, the psychology, psychiatry and talking therapies departments are currently undertaking on those patients who were having on-going treatment prior to the Covid-19 pandemic, but whose treatment had to stop;
- (b) whether contact has been maintained with these patients since the ‘Stay at Home’ restrictions began;
- (c) if such contact has been maintained, by which channels it has been maintained and what percentage of patients have been contacted on more than one occasion; and
- (d) if no action was taken to maintain contact with patients, why that was the case?

**Answer**

(a) The Mental Health Service (MHS) was reconfigured to provide an emergency service during Health and Community Service’s (HCS) response to Covid-19. The Mental Health Service was tasked with ensuring that the needs of clients could be met if 50% of staff were unable to attend work because of illness or self-isolation. Each client within the MHS was reviewed in terms of level of acuity.

The Jersey Talking Therapies (JTT) Service was paused during the initial Covid-19 response as part of an HCS-wide decision to pause outpatient services. JTT staff were redeployed to maintain acute services and the wellbeing provision for HCS staff. The Psychology Service was also redeployed, except within both the Inpatient and Alcohol and Drug services where they are part of multi-disciplinary teams. The MHS also restructured specialist mental health services including psychiatric services as detailed in (b) below.

When the JTT and Psychology Services were paused on the 20<sup>th</sup> of March 2020, there were 402 JTT and Psychology clients open to the Mental Health Service. After clinical review, 59 of these clients were stepped up and offered telephone/video conferencing contact in response to need through the Mental Health Contact Team. This service was initially available between 8am to 8pm but was reduced following a review of demand. It is now available 9am to 5pm, 7 days per week.

Paused clients were contacted and given advice, including information about the Listening Lounge Service and directed towards their GP if they experienced any deterioration, to ensure appropriate medical review. On the 27<sup>th</sup> of April, after a review of capacity, the MHS wrote to all paused JTT and Psychology clients offering them contact with the Mental Health Contact Team if required.

b) Contact was maintained with patients using the mechanisms below:

Service	Covid emergency response Lockdown	Phase 1 – Level 2-3 Soft lockdown
<b>Inpatient Units</b>  <b>Essential service</b>	Business as usual. Some community-based staff redeployed to support inpatient units. Bed base reduction on Orchard House, Cedar and Oak to enable single room provision to manage potential/actual Covid outbreaks.	Business as usual. Release community-based staff to enable phase 1 achievement.  Maintain bed base at Covid-19 levels to manage potential outbreaks
<b>All Age Home Treatment Team (HTT)</b>  <b>Essential Service</b>  Introduced as a key element of the initial Covid response	<p><i>‘The HTT has been established to help facilitate early discharge from hospital and provide short term intensive support post discharge.’</i></p> <p>The Home Treatment Team was developed to support existing service users from Adult and Older Adult community-based MH teams who required urgent intervention/monitoring, without which mental health crisis would result. This includes maintenance of depot and clozaril treatments without which deterioration is almost certain.</p>	Adult (18-65) Home treatment team to continue  Release of staff from psychology teams to support phased return of activity in JTT/psychology.
<b>Mental Health Contact Team (MHCT)</b>  Introduced as a key element of the initial Covid response	<p>The Mental Health Contact Team was introduced to ensure that existing patients who were assessed as being stable or at reduced risk could have a proactive contact point with the service. Staff with underlying health conditions were utilised to work from Le Bas with strict adherence to public health guidance or working remotely.</p> <p>The contact team was designed to make and respond to calls to/from people on an existing MH caseload and provide:            Response to non-urgent call; proactive reviews to prevent relapse/deterioration; remote appointments with Drs for medication reviews / provision of ongoing prescriptions.</p> <p>The service was provided by a full range of the Multi-Disciplinary Team.</p>	Release of identified staff redeployed from ‘paused’ teams to enable phased return of psychology, JTT. Memory Assessment Service (MAS) activity.  MHCT activity will be reintegrated with original teams for those continuing to work remotely.
<b>Adult Community Mental Health Team (CMHT)</b>	During the Covid-19 emergency planning response, CMHT staff were deployed to the newly formed Liaison, HTT and Mental Health Contact Team, or to inpatient units to support workforce challenges. Existing patients	With release of staff from the HTT, CMHT activity will recommence.  Communication technology to be utilised where-ever possible.

	<p>were allocated to one of the community-based teams based on level of risk.</p> <p>Limited CAMHS interface re-introduced after one month to support an identified cohort of care leavers.</p>	<p>Depot / clozaril clinics to return to original team (Adult CMHT)</p>
<b>Jersey Talking Therapies (JTT)</b>	<p>The JTT Service was ‘paused’ during the initial Covid-19 response with staff redeployed to maintain essential services, and the wellbeing provision for HCS staff.</p> <p>JTT open cases have been restarted as part of the MH Contact Team towards the end of this period using remote options.</p>	<p>JTT staff to be released from current redeployment wherever practicable to return to JTT provision using virtual/remote interface.</p> <p>JTT staff to continue to progress paused interventions, review waiting lists and allocate available interventions, produce an outline plan and pilot the CCBT ‘SilverCloud’ course.</p>
<b>Psychology</b>	<p>The Psychology Service was ‘paused’ during the initial Covid-19 response except for inpatient services. Staff were redeployed to maintain essential services and the wellbeing provision for HCS staff.</p> <p>Psychology open cases have been restarted as part of the MH Contact Team towards the end of this period using remote options.</p>	<p>Psychology staff to be released from current redeployment wherever practicable to return to Psychology provision using virtual/remote interface.</p> <p>Psychology staff to continue to progress paused interventions, review waiting lists and allocate available interventions.</p>

(c) The data available is as follows:

- There were 117 JTT/Psychology client contacts with the Mental Health Contact Team in April and 141 contacts in May.
- 75% of all adult MHS current clients have been contacted more than once (on separate days) during the Covid-19 response.

(d) Action was taken to ensure contact with clients, as detailed above. The restructuring and change in mental health service provision took place in the context of HCS actions to manage the impact of Covid-19.