

Q1 2022 MVP Feedback

Jersey Maternity Voices Partnership (MVP) collects feedback and details of service user experience to fulfil its objectives of continuous improvement within local Maternity Services.

1. Please could you provide the Panel with details about whether, in your experience, the Covid-19 pandemic has changed the need, or the requirements, for Mental Health Services in Jersey. Please provide any further data, or details, where possible.

We launched in October 2021 so our feedback responses are all post pandemic. Having said that some relate to experiences during the pandemic and include both the need for and lack of perinatal mental health support in general at that time.

2. Please could you provide the Panel with details about whether, in your experience, the Covid-19 pandemic has impacted the provision of Mental Health Services in Jersey? Please provide any further data, or details, where possible.

Our data cannot speak to the provision prior to the pandemic but at the current time the provision of perinatal mental health support is severely lacking. We have feedback relating to women being ignored or disbelieved when it comes to mental health difficulties along with referrals not being forthcoming when promised and long waiting times (in excess of 6 months) when appointments do come through. This is supported by the peer-support programme through Mind already having a 4 month waiting list a month or so after launch.

3. Do you consider that there have been any good, or positive, changes in the delivery of Mental Health Services in Jersey in the period since 2018? If you are unable to comment on change specifically, but have positive experiences to relate, the Panel would be grateful to receive this information.

A peer-support service is helpful for those with minor mental health concerns in the perinatal period, often more so than generic talk therapy as the listener has direct experiences to draw on.

Professional Midwife Advocates who provide debriefs to service users have contributed positively to helping many families cope with minor mental health difficulties in the immediate aftermath of having a baby. Particularly if the concerns arise as a result of an experience not in line with desires or expectations. For example, an assisted delivery and minor injury as a result of complications during labour. Where the reasons and course of events is explained and questions answered, families can often move on from the events more comfortably. This should be offered to ALL families.

4. Do you consider that there have been any bad, or negative, changes in the delivery of Mental Health Services in Jersey in the period since 2018? If you are unable to comment on change specifically, but have positive experiences to relate, the Panel would be grateful to receive this information.

There used to be specific Perinatal mental health nurses up until 2018 but there doesn't seem to be any longer. It is unclear why this position wasn't retained when the previous incumbent left but since that time, people have either not received support or have been referred to generic talk therapy. The delay is almost always detrimental and immediate support in the days and weeks post birth could prevent minor difficulties becoming more severe.

5. What, if anything, could improve the patient experience of Mental Health Services?

- Perinatal Mental Health Nurse permanently on staff.
- Dedicated and well trained mental health midwife champion on shift at all times on the maternity ward to see all families before discharge. This is done in Australia along with offering all parents 8 counselling sessions automatically if they so desire. All birthing people are physically checked before they leave, as are all babies, but we ignore the mental wellbeing of the parents entirely.
- All women and birthing people should have to be discharged from a mental health perspective as well as physical health. Midwives see them until around 10 days and do not discharge the mother or baby if there are physical health concerns. The same should apply to mental health, the default position being you are receiving mental healthcare until discharged in the same way as physical health.
- GP training to spot concerning mental health signs during 6 week check (although realistically women should not be paying for a six week check or any maternity care).
- As above for HV.
- Training of all midwives.

6. Do you have any other comments about how Mental Health Services in Jersey have changed since 2018? The Panel would welcome any comments or information which may relate to the findings and recommendations of the initial review (see appendix).

- Recommendation 8 concerning asking for regular feedback – we can support seeking perinatal mental health service user feedback if desired.
- Key finding 7 – we would advocate for service users to form a permanent part of the improvement board, user voices are essential to design services.
- Key finding 15 – we find this to be especially true in the perinatal period where birthing people are going through a huge life transition. Many don't have extended families on island and are especially isolated during a period of immense upheaval. The mental health support should have at least equal esteem with physical health and that is far from the situation currently.
- Key finding 16 – we have proven through Jersey Maternity Voice Partnership that this type of organisation can actively contribute to service design through co-production. The gov should replicate across other services with immediate effect.

- Key finding 17 – Mind’s Peer Support network was almost immediately over-subscribed and has a 4 month waiting list – thus demonstrating the gap in services that the third sector are trying to fill.
- Key finding 20 – JTT is self referral through the gov website but this is not widely known and should be promoted as it cuts GPs out of the provision of services.