

**Department for Children, Young People
Education and Skills**

P O Box 142, Highlands Campus
St Helier, Jersey, JE4 8QJ
Tel: +44 (0)1534 449437



Deputy Mary Le Hegarat
Health and Social Security Scrutiny Panel Chairman
Scrutiny Office
States Greffe
Morier House
St Helier
JE1 1DD

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Dear Deputy Le Hegarat

I am writing in response to the review that you are undertaking in respect of mental health services in Jersey.

As part of the review, I understand that the Panel has requested submissions from people who support children and young people in schools.

Based on the terms of reference of the review, my colleagues have written a detailed document about the services and support they provide for children and young people in relation to mental health. I am enclosing a copy of this document with this letter.

Should you have any queries, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to be "Tracey Vallois".

**Senator Tracey Vallois
Minister for Education**

Assessment of Mental Health Services

Inclusion and Early Intervention (IEI) provide services and support for children and young people in schools and in the community. This is typically in response to children who are either reporting or presenting with emerging mental health or well-being needs, which can be responded to ('nipped in the bud') through comparatively brief, early intervention support. All services are organised to ensure they are appropriate and accessible for children's age and stage.

This offer is separate to specialist services and support provided by the Child and Adolescent Mental Health Service (CAMHS), which sits in Health and Social Services (but is due to move across to Children, Young People, Education and Skills in the near future)

1. What are the current trends in mental health in Jersey?

Activity data from the academic year 2017 - 2018, gleaned from the Primary Mental Health Team (PMHT), suggests that anxiety and emotional challenge e.g. mood, are the two most significant causes for concern and underlie requests for support from schools/professionals and from families (anxiety 31% and emotions 36% of all referrals to the PMHT. Anxiety (47% and emotions 37% of all consultations held at parent drop in sessions).

Activity data from the academic year 2017 - 2018, gleaned from the School Based Counselling Service indicates that students primarily sought therapeutic input from a school based counsellor for support with:

- Family issues (such as separation and divorce, violence, child-parent tension and arguments/disagreements);
- Personal problems (anxiety, fear, self-esteem, developmental problems, illness, post-traumatic stress, bereavement), and
- Peer group challenges (disagreements, bullying, fighting, relationship problems).

The data submitted by all 9 (secondary) schools indicates that girls (64%) continue to be more likely than boys (35.9%) to utilise counselling services, with girls largely seeking support for personal problems and boys for family related problems.

With regard to the point of access of the service, boys tend to access support from the school based counsellor in Year 8 (22.5% of all referrals), closely followed by year 10 (17% of all referrals) and year 9 (16% of all referrals). Girls on the other hand, showed a more even distribution with years 9 to 13 accounting for 70% of the referrals made with little variation between each year:

- Year 11 – 15%
- Year 10 – 14%
- Years 9 and 13 – 13.9% respectively, and,
- Year 12 – 13.6%

2. **What progress has the states of Jersey made on implementing its mental health strategy? What further work is required?**
3. **How have mental health services changed since the launch of the mental health strategy 2015?**

Since 2015, an offer of services and support has been developed, which provides a graduated response for children, who may present with need that sit on a continuum of complexity. This ensures children are able to access the right support at the right time. This is further reflected in a redesigned and renamed service – **Psychology and Well-being (PAWBS)** – which ensures issues of well-being are visibly a priority for the Education Department. Key developments in the area of mental health and well-being include the following:

Emotional Literacy Support Assistants (ELSAs)

The ELSA model has been introduced to the significant majority of schools in Jersey. ELSAs are school based professionals (typically keyworkers), who have attended a six day training course with indefinite, ongoing, half termly clinical supervision delivered by the Psychology and Well-being Service (PAWBS). This equips them with the skills to provide early support for all children presenting with emerging well-being needs. ELSAs are also provided with twice termly CPD sessions and an end of year annual conference facilitated by the PAWBS. There are currently 70 ELSAs providing support to children in Jersey schools with plans for further training of new cohorts available in January 2019 following demand from schools.

Well-being Team

The Well-being team (team of 4 representing 2.46 fte) provide a peripatetic service to all primary schools. The role and contribution of this team has developed and includes a mix of casework (1:1); small group work; whole class work, support and consultation for school based ELSAs and the development and delivery of training. The well-being team are all trained in and implement the FRIENDS approach – this is a licensed, manual –based approach (CBT methodology) designed to support children with emerging symptoms of anxiety/depression to more complex well-being needs. As integral members of PAWBS they also co-develop and co-deliver relevant training modules with other PAWBS teams e.g. Sleep, Mindfulness, Fitting The Oxygen Mask (support for senior managers to nurture the well-being of staff).

School-based Counselling (SBC) Services

A review of school-based counselling services was undertaken in 2014. This led to the development of professional, operational guidelines to support robust governance around these roles and a requirement on schools to report on the activity and performance of their SBC to the Education Department (via the Principal Educational Psychologist). This guidance has also been revised and updated in 2016 and 2018. The Psychology and Well-being Service oversee the clinical supervision of all SBCs. The number of SBCs has steadily increased and all but one secondary schools provide a counselling service for its pupils (10 posts operating on island from September 2018). The most recent annual audit of this service indicates that students are seeking this form of school based therapeutic support with, for example, 615 students

accessing a counselling service during the academic year 2017 – 2018 and 3158 therapeutic sessions delivered in total.

Primary Mental Health Workers (PMHWs)

In partnership with Health and Social Services (CAMHS), 2.0 fte PMHWs have been seconded to the PAWBs since June 2017. These posts are 'new' and have been developed to extend the offer of support (and with this expertise) available across all schools and the wider community. The post holders provide: consultation and advice; training and development; 1:1 and small group support and a weekly triage clinic for children, young people and their families alongside CAMHS colleagues. Parent workshops and a pop up information stand have been offered through the main library over the summer holidays and mindfulness and compassion group workshops have been offered to schools. A dedicated weekly, telephone consultation line is available to any professional working with a child or young person and links with many voluntary sector agencies and all Jersey GP surgeries continue to be forged.

Initial feedback is very positive and there is an ambition to increase fte for these roles at the very earliest opportunity. One future development already suggested by the PMHT is to work closer with CAMHS colleagues to offer an initial psycho-educational offer to families seeking CAMHS support, to offer a learning insight into conditions such as heightened anxiety, whilst awaiting further involvement from CAMHS following initial assessment.

Workforce development

Since 2015, The Education Department has introduced a training offer for schools, which ensures school-based professionals are able to understand and respond proportionately to children with mental health and well-being needs. The offer includes training in the following areas: Supporting staff well-being; Mindfulness; Mental health first aid; Promoting positive mental health and resilience in children; Implementing the FRIENDS programme; Responding to bullying in schools; Responding to pupil distress; supporting anxious pupils; supporting self-harm; Understanding ADHD; LGBTQ. This training is always well attended and positively evaluated and, with the exception of Mental Health First Aid (offered by MIND Jersey) is offered free of charge. 2018 has also witnessed many of the courses on offer above, being offered to any professional who works with children and young people with the PMHT offering to develop training specifically for teams/agencies in relevant areas, as demand arises.

Anti-bullying

Due to the evidenced relationship between bullying and mental ill health, a project that looked to understand and respond to this issue has been prioritised and developed as a piece of ongoing action research over the last 18 months. This is being led by the PAWBs with active involvement from school representatives and other partner agencies e.g. The Police. The project has included: seeking the views of over 2000 pupils and 500 school-based professionals on issues of bullying (illuminative research); establishing a focus group to review local evidence and manage project activity; review and improve the Department's policy (with a view to achieving practice change in schools); develop resources and introduce approaches to support children; parents and school staff in this area.

4. What support is in place to ensure the organisations which provide mental health services are able to work in partnership and in the best interests of the individual concerned?

PAWBS chair a termly mental health network meeting devised to share ideas, news and good practice to better support the Jersey community by avoiding duplication, promoting the work achieved by all agencies and working together. To date representatives from the following agencies attend: MIND Jersey, Eating Disorders Group, YES, Liberate, Drug and Alcohol Service, Silkworth, Citizens Advice, You Matter, Hospice, NSPCC, Jersey Recovery College, Specialist Community Public Health Nursing, Libraries Services, Brook and The Primary Mental Health Team.

Strategic roles are adopted which include:

- Education lead for Parentscope Project;
- Chair of the Mental Health Network;
- Education Lead for prevention of suicide;
- Virtual School Head teacher for Looked After Children (LAC) until 2018;
- Membership of the multi-disciplinary Autism and Social Communication (ASC) diagnostic pathway and steering group;
- Education representative on Mental Health Criminal Justice Forum;
- Education representative on Legal Information for Young People Project.

Every opportunity is used to bring together teams who deliver associated services. This includes:

- New supervision policy introduced to PAWBS in 2018 encouraging members from different teams within PAWBS to engage in peer supervision meetings, sharing skill sets and differing perspectives.
- ELSAs – CPD and supervision is co-facilitated by all teams within PAWBS and visiting speakers from other services.
- SBCS – Termly CPD meetings are attended by EPT and PMHT with time for shared ideas, supervision and CPD from visiting speakers.

Since September 2017 the Principal Educational Psychologist has met with Youthful Minds every 6 weeks. This is a participation group formed by young people who have experienced mental health challenges and MIND Jersey. The meeting enables the Education Department to share ideas and thoughts with young people who also have the opportunity to feedback themes and concerns to inform future planning and joint work. Joint projects have included a review of CYP use of JOD (Jersey Online Directory), a pop up information stand at the local library during the summer holidays and support during recruitment processes for new staff.

PAWBS constantly searches for opportunities to co-work and develop resources. The time allocation model used to deliver services allows for project development time and team members are actively encouraged to identify emerging themes. To date, this has included training in LGBTQ (co-delivered by Liberate, Youth Service, CAMHS and facilitated by an Educational Psychologist); Sleep (currently being developed by the PMHT, FHSN and facilitated by the Well-being Team); Fitting The Oxygen Mask (developed by PMHT, WbT and EPT).

Within the Inclusion and Early Intervention Section a group of service representatives have formed VAPA (Voice and Participation Ambassadors). Training concerning the

UNCRC (1989) and participation has been provided to all IEI staff and work continues to source new methods and adaptations to existing service delivery, raising awareness amongst practitioners of the need to support children and young people to use their voices, offer feedback and evaluations as our client, and be included in decision making processes.

Throughout 2018 the formation of the Jersey Student Council Network has also been a focus. All Jersey schools have been offered training and support in auditing or creating effective student councils within schools, promoting student voice and engagement. This will culminate in the first forum meeting in October 2018 when students from participating schools will come together to establish a collective, capable of informing processes and professionals through voice and participation (VAP), identifying themes through consultation with their fellow students etcetera. Work continues to link this forum with The Children's Commissioner's Office and The Core Group.

Evaluation – all IEI services, and therefore the PAWBS team, also engage in an ongoing and annual audit of services with feedback gathered on training, case work delivered etcetera. The results of such evaluations also feed into operation plans to inform future direction, adaptation and development.

5. What are the potential risks and benefits of separating child and adult mental health services? How could any potential risk be mitigated?

6. What examples of best practice are available from other jurisdictions that Jersey could learn from?

The approaches and developments outlined in 2. and 3. above were actioned as priorities as they had previously been researched and identified as representing best practice with strong and established evidence-bases around 'what works'. In addition, they reflect and sit within an overarching early intervention strategy, premised on a view that problems should be identified and addressed at the very earliest opportunity to prevent them from getting worse and subsequently requiring a more specialist response.

The UK green paper; *Transforming Children and Young People's Mental Health Provision* (Department for Health, Department for Education, December 2017) suggests:

- The desire to have a mental health lead in every UK school and college by 2025, responsible for supporting fellow staff members to support students facing mental health challenges, spotting early signs and considering appropriate support to other agencies.
- To create mental health support teams, offering support to groups of schools and colleges, working alongside the mental health leads based in schools and linking NHS staff and schools together.
- Mental health support teams that also work alongside other agencies including school nurses, Educational Psychologists, School Counsellors, voluntary and community organisations and social workers.
- A desire to reduce waiting times when young people need treatment.

- Setting up a new national partnership to investigate and improve services for young people aged 16 – 25.
- Improving understanding of mental health, looking at the internet/social media; how to support families; how to prevent mental health problems.

Within the Jersey context, much of this is already being achieved following the launch of the Mental Health Strategy but the offer could be extended if the PMH team (in particular) were to increase in size and we were to request that schools identify a designated lead for mental health.

Wales are currently reviewing their offer of PMH support, which has become an extension of CAMHS and as a result consumed by deadlines and mental health measures, which reflect waiting times and responding to complaints as opposed to the value added by early intervention, upskilling and brief involvement.

Scotland is trialling a model where a psycho-educational offer is made to families accessing CAMHS.

Completed by:

Julian Radcliffe (Director - Inclusion and Early Intervention)

Michelle Vaughan (Head of Service – Psychology and Well-being)

20.08.18