

STATES OF JERSEY

Health, Social Security and Housing Scrutiny

Panel

Child and Adolescent Mental Health Services

(C.A.M.H.S.) Review

MONDAY, 3rd FEBRUARY 2014

Panel:

Deputy J.A. Hilton of St. Helier (Vice Chairman)

Deputy J.G. Reed of St. Ouen

Witnesses:

Executive Director, MIND Jersey

Carer Support Manager, MIND Jersey

Residential and Peer Support Manager, MIND Jersey

[12:59]

Deputy J.A. Hilton of St. Helier (Vice-Chairman):

We will open the meeting. I am Deputy Jackie Hilton, Vice-Chair of the panel.

Deputy J.G. Reed of St. Ouen:

I am Deputy James Reed, panel member.

Deputy J.A. Hilton:

If you could introduce yourself for the tape, please?

Residential Home Manager, MIND Jersey:

Okay. I am Liz Kendrick-Lodge. I manage MIND Jersey's residential services and I am currently developing a peer support service as well for MIND Jersey.

Executive Director, MIND Jersey:

It is James Le Feuvre, I am Executive Director for MIND Jersey.

Carer Support Manager, MIND Jersey:

I am Stephen McCrimmon, I am the Carer Support Manager at MIND Jersey.

Deputy J.A. Hilton:

Thank you very much indeed. I would like to offer the apologies of our Chair, the Deputy of St. Peter, who is currently unwell. I would like to draw the public's attention to our code of conduct, which is on the seats next to them.

[13:00]

Thank you very much indeed. Thank you very much for coming this afternoon, we really appreciate this. I would like to start by asking you what your relationship is with the Child and Adolescent Mental Health Service, which we will refer to as C.A.M.H.S.

Executive Director, MIND Jersey:

C.A.M.H.S., absolutely. I think it is a really important question, and to really emphasise at the outset that we are a local mental health charity. Our current remit is exclusively for adults. So you may say how strange you think to come to a C.A.M.H.S. hearing, but we come with a very positive sort of view, because there are things we think that could be done in the future. We do not have the remit or the resources to service younger people at this stage, but it is something we would be very interested in considering. So this is not coming to set out a stall, but it is simply to identify some of the links there are because, of course, transitions at 18 or at 65 are entirely arbitrary. Very many of the people that seek support in the work that we do have undoubtedly been served by C.A.M.H.S. in the past and, as they have transferred into adulthood, they transferred to adult services and they then would come our way. My colleagues can talk in a bit more detail about the sorts of things that happen, but a really important thing that MIND nationally and MIND Jersey is doing is really pushing the preventative agenda, the early interventions. I have no doubt as a scrutiny panel you have heard that many times before, but it is absolutely worth restating that if you intervene as early as you can when people are first thought not to be so well, be it a physical condition or a mental condition, mental health issue, then there is a lot of evidence to suggest that

you can do some very good beneficial work. So we think there are things that could be done with adolescents in particular and certainly in the age range 16 to 23, which I see as more of a continuum; the 18 switchover is entirely arbitrary. If you think about young people in any case, all young people, whether they have physical or mental health issues, 16 to 23 is a very challenging time around physical changes, moving perhaps from full-time education into work or not into work, possibly going away to higher education if they are able to do that, or not. Moving out from home possibly for the first time, getting into serious relationships, very often for the first time. So forget any of the other things that are going on, it is a stressful time for all young people and we think there is more that could be done and we would be keen on seeing how we might help in that to provide a continuum and to give some signposts for all young people, really, in terms of the support that they might access into the future.

The Deputy of St. Ouen:

Thank you for making it clear that you currently provide services exclusively for adults, can I ask, is there a charitable organisation on the Island that focuses on children?

Executive Director, MIND Jersey:

Not that I am aware of, no.

The Deputy of St. Ouen:

None at all.

Executive Director, MIND Jersey:

No. Nationally, there is something called Young Minds, which is distinct from MIND generally, but it is an excellent charity, but there is not one, and that would be of a different order to establish something like that, I think.

The Deputy of St. Ouen:

Is there a reason why we do not have that focus on young people?

Executive Director, MIND Jersey:

I suspect it is because an awareness around adult mental health issues arose first, I am just surmising here, and then a C.A.M.H.S. service was probably developed rather later than a general mental health service, and there has not been the follow-through from charities. I do not know about that, Deputy, but I would suspect that is the reason why.

The Deputy of St. Ouen:

I am pleased you raised the issue of transition, because that is one of the areas that we are keen to look at, and you mentioned 16 to 23, quite a big group or age variation. Where do you see your involvement? If you are adults, at what point does an individual, in your view, become an adult? Is it age-specific or is it at a point where there the Children and Adolescent Mental Health Service goes: "Well, this person is now moving into Adult Services"?

Executive Director, MIND Jersey:

Well, it dovetails, as I understand it, at 18; that is when youngsters tend to move through, unless I have got that wrong. I think that is when you access statutory adult services, so if we follow that same pattern, 18 plus. But there are 16, 17 year-olds who are really quite mature and there are 23 year-olds who are exceedingly immature. So I stress the notion of the arbitrary 18 is strange, I think, but we live with what we have. A bit more positively, we think there are things that could be done differently. The other point I would make is I know there has been a lot of criticism of services and we have nothing to say about that because we have not had a great deal of experience, but we are always mindful that there is only one service in the Island so people have access to a single service, they do not have choice as they would have elsewhere. Therefore, the reputation of the service is really important so that people still have confidence to access the service. We say that around our work with the adult services; I am sure it is the same with C.A.M.H.S.; families will need to have support from the providers and when there are issues, we work very positively to address the issues with statutory services.

The Deputy of St. Ouen:

Is it a case that the reason why currently MIND only focuses on adults is because of a general lack of resources rather than a willingness to ...

Executive Director, MIND Jersey:

Yes. We are a very small team and there is a lot of work to do around the adult population, because there are all sorts of issues around stress and stigma and many, many things. We could do lots more in that sector as well, but certainly we would not be engaging in doing anything additional in a new dimension, in a new area, unless there was proper support and proper agreement to do it.

Deputy J.A. Hilton:

Have you had any discussions with the Children's Service or Social Services Department?

Executive Director, MIND Jersey:

Not directly. I did with the previous manager that was in post, but I have not since.

Deputy J.A. Hilton:

With providing a service for young people?

Executive Director, MIND Jersey:

No, just a get to know you, explore the boundaries-type discussion. That did not ever ...

Deputy J.A. Hilton:

You mentioned earlier that you believe that there are additional services, or a new service that you could provide. Could you expand on that a little bit?

Executive Director, MIND Jersey:

Sure. If I ask Stephen first to talk to that point around your current role and how you see there are parallels.

Carer Support Manager, MIND Jersey:

Well, the model that we have just now within adult carer service, really, we sort of look at 2 areas: one is if service issues are developing then we hope to intervene with that before communication gets too bad. The other one is around the emotional support, because it can be a very distressing time for families. One of the things that we pride ourselves in since we have been doing this, as James rightly said, is we only have one service within the Island where they can go, so a national headline or a local headline portraying a negative experience of our service can prevent some families that might need that service. So what we try and do is we try and exhaust every avenue we can before a family feels they need to do that. Another thing is where there has been an outside service and not part of the States, we can almost be a sounding board for families, somewhere to come, meet other people who are in similar situations. If there are common issues developing then we can take that to the appropriate persons.

Deputy J.A. Hilton:

The common issues, has that happened recently? Are there common issues that are being explained to you by the families that you are supporting?

Carer Support Manager, MIND Jersey:

Within adult services, yes.

Deputy J.A. Hilton:

Do you get any information about families with children and adolescents that things are not quite ... because some of them who are now adults must have transitioned to adult services. So we are quite interested in some of the feedback that you may have had from those families and individuals.

Carer Support Manager, MIND Jersey:

There are a few families who have come to us and said that when their loved one went through the C.A.M.H.S. experience that they felt, for them themselves, the family, the mum and dad, that they could have done with some external support at that time, they felt it would have been helpful. We have once or twice been in a situation where we have tried to provide support for a young person, there was one with Le Rocquier School for example, and it was around just talking about what a young person could do if their mum became ill, what a crisis plan was. That person was not obviously engaged with C.A.M.H.S. themselves, their mum was engaged in Adult Mental Health Services, but we could see from that that there may well be a role that our charity could provide in offering support to young people.

Deputy J.A. Hilton:

The role you provide at the moment, the carer's role, that is just directed towards adult carers of family members with mental health problems?

Carer Support Manager, MIND Jersey:

Yes.

The Deputy of St. Ouen:

How long has the carer support service agreement been in place?

Executive Director, MIND Jersey:

Steve, when were you appointed?

Carer Support Manager, MIND Jersey:

I was appointed just over 4 years ago, but that was the charity who had funded that from the beginning, they could see a need for it, and then later, I think it was last year ...

Executive Director, MIND Jersey:

It got included in the service level agreement with the current negotiations with Health, which included the support for Stephen to carry on providing a service on a continuing basis.

The Deputy of St. Ouen:

Was there significant funding in reaching that agreement with Health?

Executive Director, MIND Jersey:

It covers the costs of employing Stephen, to be direct.

The Deputy of St. Ouen:

Just one member of staff?

Executive Director, MIND Jersey:

Yes.

The Deputy of St. Ouen:

At the time, presumably the Health Department thought that was sufficient.

Executive Director, MIND Jersey:

It was the other way round, really, my predecessors in the charity had gone out and proven the case, which is the way we operate: if we think there is a need we try and fundraise and we initiate, we do a pilot scheme, and then we collect evidence. Liz is going to do the same with the peer support scheme in turn, and then we can turn to colleagues in Health and say, "This is what we have done. This is the feedback we have had, this is the evidence. Would you now like to support us?" My task is to try and weave that into whatever is coming through from the White Paper to link up the service level agreement and get it extended, if it is appropriate, to cover these new areas of work.

The Deputy of St. Ouen:

Did any discussion take place with the Health Department about extending the Carer Support Service to families with young people, or ...?

Executive Director, MIND Jersey:

No.

Carer Support Manager, MIND Jersey:

C.A.M.H.S. did invite me to come and talk around some of the stuff that we did with a view to possibly ... at that time it was just looking at doing one single carer per family group. We could not possibly offer a service as they do at the adults, but what we did look into was just having a get-

together with families to try and look and see what the common issues were, and then to work closely with C.A.M.H.S., but that was literally just before December.

Deputy J.A. Hilton:

December 2013?

Carer Support Manager, MIND Jersey:

Yes.

Deputy J.A. Hilton:

Excuse me a second. Just to recap: C.A.M.H.S. invited you to discuss what sort of support you could give to families with children and young people with mental health issues?

Carer Support Manager, MIND Jersey:

Yes. They wanted to hear what we had done for adults with a view to maybe later on discussions about providing something for the families. I think the key difference, from my understanding, is that with Adult Mental Health Services, you are more patient-focused, and rightly so, but the family, you do not have the same bounds of confidentiality and things like that. Whereas C.A.M.H.S. is more a holistic approach where they work quite intensely with families, because families really have to understand what the child is going through, what support they can provide, what is helpful, what is unhelpful. But we did agree that it would be good, maybe quite healthy, for another agency, if you like, for families to be able to go and receive some external support.

Deputy J.A. Hilton:

So has anything happened since then? Have you had any more communication with C.A.M.H.S. since?

Carer Support Manager, MIND Jersey:

We have not, but that was literally just before the Christmas period.

The Deputy of St. Ouen:

Have you ever been asked to provide an advocacy service? I am thinking especially around what I call the transition period where a child reaches an age where they are considered to be able to determine exactly what treatment and support they are provided.

Executive Director, MIND Jersey:

No, we have stuck to the 18 plus whereas I know at 16 there are things that begin; I am not sure of the precise legal definition, but 16 year-olds have more rights than younger people have, but 18 plus is where we have the entry. It is just 18 plus.

The Deputy of St. Ouen:

Has anyone highlighted the need for such a service?

Executive Director, MIND Jersey:

Not directly to ourselves but another colleague of ours does run the Independent Advocacy Service. That is exclusively for adults and increasingly for much older people, and that is part of the dementia strategy we are working with Health around, but we have had no suggestion or we have no ambition to take it under 18 at this stage because we are busy enough making sure that we are doing the right things for adults and indeed, as I say, for older people who are particularly vulnerable around safeguarding and all sorts of other issues.

The Deputy of St. Ouen:

Just tell us about your experiences around what I call the transition period, this movement through the individual being the responsibility of Children's Service to Adult Services?

Executive Director, MIND Jersey:

It should be seamless and presumably people who are in C.A.M.H.S., if it is thought they still require treatment and support then there should be referrals, and I think there are generally into the adult service, it is just the fact that, and I do not think it can be helped, but you have to acquaint yourself with a whole new clinical team, new social workers, new C.P.N.s (community psychiatric nurses) and new medical team if you are accessing secondary services. It is simply the observation, among all the other things that are going on, it is a further challenge for people who perhaps are not feeling quite well themselves. That is the point we want to make.

[13:15]

The Deputy of St. Ouen:

Why is there a lack of continuity, especially with regards to mental health issues where a patient takes time to build up relationships, there is this sudden cut-off and it is like: "Okay, you start fresh."

Executive Director, MIND Jersey:

Because the teams have been recruited and trained and they are experienced in dealing either with children and adolescents or with adults. It is the same physical maxim as to where you have a paediatric service and then at some point you become an adult, so you might be a child with diabetes, eventually, presumably or definitely at 18 you would be handed across to the adult consultant. It is not unique to Jersey, that is the way services are. The point we are making is we think as an external independent organisation we could help families and help make sure that the signposting is there, that the connections are made and that they are supported in accessing the services as seamlessly as possible.

The Deputy of St. Ouen:

Absolutely, and I think that is a great aim because certainly there is evidence today to show that seems to be lacking.

Deputy J.A. Hilton:

That seems to be an issue. Have you put that idea forward to the ...

Executive Director, MIND Jersey:

Not directly, we are quite opportunist by coming here today because we knew you are reviewing and it could just be that there might be some recommendations that might say some of these things.

Deputy J.A. Hilton:

Is there any other area that you believe that you can fill some gaps?

Executive Director, MIND Jersey:

Yes. I think, Liz, if you could talk to that, if you would?

Residential and Peer Support Manager, MIND Jersey:

What we have very much noticed in working with adults, particularly adults who are parents, is that it is incredibly difficult for a parent who has a mental illness, as well as their children, because what is happening is that if a parent has been diagnosed with a mental illness, it probably is going to be highlighted through Children's Services that this is a child in need of some sort. So then what happens is the child is managed and supported through Children's Services and the adult is managed and supported through Adult Mental Health. That again, and we just spoke about transition and how difficult that is, for a family there is no sort of communication, the 2 teams are not working together. What that does is it puts that family at risk. So, essentially, services are not

working systemically with families at all and that means that the children are vulnerable, the adults are vulnerable. Last year I approached C.A.M.H.S., Adult Mental Health and the N.S.P.C.C. (National Society for the Prevention of Cruelty to Children) to see whether they had noticed similar issues within their areas, and everybody agreed that this was a need. There is a definite need here that we should be in Jersey highlighting the need to work with families. So we have got together on a couple of occasions and we have started a working group just to try and drive this forward into this year. One of the things we have identified is that we should be training both Adult Mental Health Services and Children's Services in communicating better with each other to support families. That is something that C.A.M.H.S. have taken on and in developing this training course we are delivering it through the Children's Safeguarding Board. C.A.M.H.S. are very involved with that and keen to take that forward. I just wanted to say that is a really good example, I think, of how we have worked with C.A.M.H.S. So what that has highlighted as well, similar to what Stephen is doing, is that there are a lot of children who are carers, who are caring for adults with mental illness and there is not a lot of support out there. When I say "support" it is not just the support that statutory services are providing, so your emotional support et cetera, it is also respite: doing fun things together. It just does not exist because, as Stephen and James have both said, there is no third sector, no charity supporting children.

Deputy J.A. Hilton:

Are you aware of how many families that affects?

Residential Home Manager, MIND Jersey:

No, because the difficulty is, within Adult Mental Health Services, and again, Stephen, in terms of the carer side of things, you probably know more, for example, when doing an assessment when somebody is a parent, there is no requirement to ask the question: "Are there children in this family?" so you cannot go and ask how many people with a mental illness are parents. We do not hold those stats. So that is something that would be helpful.

Deputy J.A. Hilton:

Why is that?

Residential Home Manager, MIND Jersey:

I do not know. Nationally there is no requirement to ask that question.

Deputy J.A. Hilton:

But it would seem fairly obvious if you have an adult with a mental health issue who is the main carer for children then that is going to impact quite significantly on the children and so, especially if

it is a single-parent family, who is supporting the children? Do we find ourselves in a situation where children who are caring for their parent who has a mental health issue end up very unwell themselves?

Residential Home Manager, MIND Jersey:

Absolutely. Yes.

Executive Director, MIND Jersey:

There is no definite link, and this is tricky because the children in those families have no need to access C.A.M.H.S. because of themselves they can be fine; very well, they are certainly living in a pressured environment, but Stephen did some early work for carers in Le Rocquier, that was only indicative, it is not scientific, but your experiences there?

Carer Support Manager, MIND Jersey:

One of the things when I was introduced to the children, and it was a great set up, I have got to say, I was very impressed with what they were doing. There were 4 children who I could clearly see were not as comfortable, and when I said to the person who was running it: "Correct me if I am wrong, but would there be any chance they are affected by mental illness?" and she said: "That is incredible, how did you know?" I said: "Because they are clearly not as comfortable in this group as the rest of them." You know where child A is maybe saying: "Look, I am caring for my mum who has M.S. (multiple sclerosis)", the other one says: "I am going to take my mum to the shops at the weekend" these 4 children did not want to talk about their experiences at all. Just when you asked about numbers there, I do not have any figures whatsoever, I just know that from the families that we support, there are a lot of young people involved with them as well. But one of the things that they have in the U.K. (United Kingdom) that we do not have here is the Carer's Law. With the Carer's Law, the carer has the right to have a carer's needs assessment, and that is when a lot of these things are picked up with what is happening in the family home. Some carers, for them, it is not just about their own needs, it is they will not do something unless their child is getting their needs met. Now, we do have, I think, a lot of areas where it is good practice, but again - I am going to dare to say this - but when things have gone bad with sickness or with change of staff, or whatever, my experience is that the first people who are put on the side is the family and the carers. I understand you still want the priority to be the person using the services, but with carers having no legal rights here whatsoever you cannot challenge that and, for me, it is something I see reoccurring every single time there is a change within ...

Deputy J.A. Hilton:

The group that you spoke about in the secondary school, was that set up by the school, was it, just to address a need that they had obviously recognised was there?

Carer Support Manager, MIND Jersey:

Yes. My understanding is Le Rocquier is the flagship school to try this. I think there are now other schools, Les Quennevais and one or 2 others are doing it as well, because of the great success it provided. They were identifying lots of young carers within the school and they were running different things, I think they went to the Southampton Football Ground, they were doing a lot of the practical stuff as well. But there seems to be more and more evidence coming from children's carer services, certainly the ones that I visited in Glasgow, that there needs to be this emotional support as well with young people who are caring for people who have mental health problems.

The Deputy of St. Ouen:

In your discussions with the Health Department, are you aware of how many open cases C.A.M.H.S. currently manage?

Executive Director, MIND Jersey:

No.

The Deputy of St. Ouen:

Do you think that is an omission?

Executive Director, MIND Jersey:

No, because we are open to an approach from Health to say: "This is an area of need. If you think that you can provide some services, let us talk about it" we are just at the beginnings of that process. So again, we saw that you were doing your review at the beginning of 2014, so we thought it was a good time to come. But I am very, very clear we protect and support the existing services. We are absolutely not going to over-reach, there is a temptation to drift into things, and it just does not work because you dilute the quality of what you do elsewhere. Our reputation, we think, is quite good and we are going to ensure that we manage that first. As Stephen has said, there are things that we think around carers per se, and I would generalise that more: we work closely with J.A.C.I. (Jersey Association of Carers Incorporated). There are some big issues around carers in this Island right across the spectrum of age and condition, and I will keep saying we need to do more to acknowledge what carers do and to support them. It is lots of different sorts of support; we have just identified some here. Again, Stephen made the very important case in C.A.M.H.S., they do work holistically because it is around mum and dad, brothers and sisters

and the child, and we understand that. With adults it is more distant, because the family are secondary to the adult who has their own ability to request or deny sharing of information. In a curious way, the way C.A.M.H.S. could work and should work, it would be a really helpful way to work with adults, but I do understand the reality about consent. Let us not even get into that because adults are adults, and we sometimes are desperate to become more involved, but if the patient or service user is not wanting his or her family involved, then we have to accept that.

Deputy J.A. Hilton:

It makes it extremely difficult for families sometimes, does it not? Very difficult indeed when they are trying to support their relative but they are not getting the information that they really need.

Executive Director, MIND Jersey:

Absolutely. Just to give a little more colour, that is where Stephen's support groups ... where people are invited to come, there is no compulsion at all, but they will come and they will talk in the safety of that room with other carers around their own experiences, and that is very therapeutic and very valuable for them, is it not?

Carer Support Manager, MIND Jersey:

Yes.

Executive Director, MIND Jersey:

Because you find that there is nothing that is new and there is not someone else who has not been exactly there, and people have the capacity to share. I would suggest to you that there would be young adults with children who I am sure would find the same sort of support really helpful. That is not to say that we want to intervene and get involved in the counselling and in the pattern of the care plan for that individual, but we are there, once removed. Stephen made the point again: we can represent issues that arise with the statutory services because we describe ourselves as the "critical friend" so we can go and be fairly blunt-speaking to officers about where there are omissions or where there are things not going well, and that is very much our approach rather than it being headlines in the media.

Deputy J.A. Hilton:

Generally speaking, do you find that you get a good response from the department when you raise concerns?

Executive Director, MIND Jersey:

Yes. They will come to meet your carers, you have a whole range of people come in to speak to the carers from Social Security, from the police, from Health. Where else?

Carer Support Manager, MIND Jersey:

Across the board, really, every issue that arises. Sometimes a lot of it is to do with families not understanding what services can and cannot do and services sometimes have an unrealistic idea of what families are or are not doing. A great example is the recovery model, you know that families can unconsciously be undoing a lot of the good work that services are doing because they have got the emotional attachment, but once you give them the information and you support them around that information, specially emotionally because sometimes it is very difficult, we have found it has worked really, really well.

The Deputy of St. Ouen:

Just picking up on something you said earlier, as a charitable organisation, which I think we need to recognise, do you find that the Public Health Department put pressure on you or others to fill in the gaps that currently the service has?

Executive Director, MIND Jersey:

I would not say so, I think it is more that we identify where there are gaps and we try and prove the case by leading on pilot schemes, and that seems to be the way we operate, and then we can go with evidence to say: "Look, this is what we have found, this is what we have done. How about supporting us?" it is the other way round, I think.

The Deputy of St. Ouen:

So there is no expectation by the Health Department for you to provide or to support them in particular ways in the services that they offer?

Executive Director, MIND Jersey:

No. I do not think so. They do not dump tasks on us, if that is what you mean ...

The Deputy of St. Ouen:

No. I am just interested. You say you indentify issues that need to be dealt with and you have also said that the Health Department does not exert pressure on you to deal with the problem necessarily, I was just trying to understand, well, they must be doing it then, they must be reacting and addressing the needs that you flag up, is that how it works?

Executive Director, MIND Jersey:

I think so. To be fair, they have drawn us into some of these ... there is a myriad of working groups around the White Paper, so the Dementia strategy and the Talking Therapies strategy, which are taking an age to be introduced, but that is an aside comment. They have involved us and we have been with them in all of these meetings about how could it look, what would it take and who might be best there to provide it. So it is a process of negotiation, discussion, slowly, slowly, slowly forward we go. But that is the best approach we have found, I think.

The Deputy of St. Ouen:

You mentioned respite services, I think, residential care. You said that MIND focuses on adults. So are respite services only limited to adults?

Residential Home Manager, MIND Jersey:

Yes, residential, it is; it is purely adults. It is 18 and above at the moment.

[13:30]

The Deputy of St. Ouen:

Are you aware if anyone is offering respite services to young people suffering with mental health problems?

Executive Director, MIND Jersey:

I am not aware of it.

Residential and Peer Support Manager, MIND Jersey:

No.

Executive Director, MIND Jersey:

I think for most it is around physical disability.

Residential and Peer Support Manager, MIND Jersey:

Physical, yes.

The Deputy of St. Ouen:

One last question in this area: how closely do you work with another charitable organisation which is called Autism Jersey?

Executive Director, MIND Jersey:

Well, not especially closely, to be honest, because our focus is around adults with mental health illness, so we have good relationships with Mencap and with autism and especially close relationships with Alzheimer's because there is a bigger connection. But many of our clients are fully-functioning, working but just not well at the moment. Steve, help me describe the ...

Carer Support Manager, MIND Jersey:

Just mental illness really fluctuates whereas autism is an all-time present condition so historically I think, even in the U.K., although they come together in one or 2 things, they do tend to be separate.

Deputy J.A. Hilton:

Do you get many families coming to you who have got young people who are transitioning, so they are 18, coming to you looking for help, support for the young person who is unwell and their family?

Executive Director, MIND Jersey:

When they reach 18?

Deputy J.A. Hilton:

When they reach 18, yes.

Carer Support Manager, MIND Jersey:

One of the things I think when you talk about gaps, and I think where we have a sort of default focus, is in people who maybe do not know what next step to take in-Island, whether it is themselves that is experiencing a mental health issue or whether it is a member of the family. They generally come to us and what we will always do is listen, hear what the problem is and then if we can help ourselves or if we can signpost that person on. Sometimes it is just information, they want to come and know something about ...

Deputy J.A. Hilton:

Are you surprised that there is not a service the same as yours for adults for children and young people in the Island?

Executive Director, MIND Jersey:

Yes.

Deputy J.A. Hilton:

It seems that really this is something that should have happened a very long time ago. I think there are a lot of young people who probably feel very isolated and could benefit from having a group of youngsters in a similar position to themselves.

Executive Director, MIND Jersey:

That is where peer support might come in. Liz can just talk about that.

Residential and Peer Support Manager, MIND Jersey:

We have secured funding from the One Foundation and we are planning to introduce a peer support service. Again, because we are 18 plus, it will be for adults. But, basically, the whole idea is that we will recruit individuals who themselves suffer from a mental illness or a mental health problem and they will then come in and be the actual support workers working with other individuals who have mental health issues. I suppose the basic premise is that you can sit down with somebody who can truly say to you: "I know exactly how you feel. I have been through that myself." So there is that mutual reciprocal kind of nature of that relationship. So we are very excited about that, but we definitely can see how that would benefit a lot of adolescents on this Island. Stephen gave a fantastic example there of those 4 children that he identified immediately because they were sitting separately from the group because they were different, their parents have a mental illness, they deal with different issues to other young carers, for example. So we definitely would be able to say, I think without a doubt, that a similar service for under 18s would be beneficial.

Deputy J.A. Hilton:

This is just about to take off, is it?

Residential and Peer Support Manager, MIND Jersey:

Yes, we have just finished the consultation phase.

Deputy J.A. Hilton:

You know you mentioned before that you had noticed a gap, you conducted the pilots and then you would go back to the department with the evidence to back up your case. Are you always met with a willingness to engage or fund those gaps?

Executive Director, MIND Jersey:

Well, yes, eventually.

Deputy J.A. Hilton:

Has the department ever turned round and said: "Well, no, we are not going to find the money"?

Executive Director, MIND Jersey:

Not yet, no.

Deputy J.A. Hilton:

So they are always willing open to listen?

Executive Director, MIND Jersey:

They are receptive, but the opportunity is now with the White Paper investment for States approval in 2012, so we are making hay while we may around making sure that we align where we think we should be going with the things that they are outlining.

Deputy J.A. Hilton:

So going back to the *Health White Paper*, in your opinion, do you think enough emphasis has been put on the needs of children and young people around their mental health? What is your view on that?

Executive Director, MIND Jersey:

I am not sure that it has, really, because again I think the premises about early interventions and preventative work, I absolutely believe that, regardless of your condition, if you are a youngster who is newly diagnosed with diabetes, all that you can do with that young person is talk to them about diet and exercise routine and all of those things will net-off burgeoning, exponential costs, and it must be the same with mental health. That is not just Jersey, the whole of the western world has to recognise that if you invest up-front early interventions with preventative things, education and support. It is difficult to release the funds to do it because the output and the product is 12 to 15 years down the road, and we are very short-termist in how we do things. But it must be the case that if you can work with youngsters, adolescents, then maybe there is some prospect in their 20s they are going to be more settled, more stable perhaps in work, perhaps in proper relationships or education or training.

Deputy J.A. Hilton:

In the *Health White Paper*, as far as early interventions go, they talk around schemes put forward by organisations like Brighter Futures helping families who present with difficulties, so the support is put there. That has only really just happened now, but I do not think I have seen any evidence

of the same help being offered to families who have children who are presenting with certain behaviours that to most people would indicate that there is a problem. So we always seem to be several steps behind, do we not?

Executive Director, MIND Jersey:

Playing catch-up. Yes, I think that is fair.

The Deputy of St. Ouen:

Could you tell us, on average, what number of new clients access your service per year?

Executive Director, MIND Jersey:

Well, Stephen, for yourself, firstly.

Carer Support Manager, MIND Jersey:

Per year, well, since we have been doing this for 4 years we have touched over 200 families on-Island.

The Deputy of St. Ouen:

50 a year.

Carer Support Manager, MIND Jersey:

Yes, you could say 50 a year, but I would say the first year, in getting off the ground, getting going, a lot of it was going out there and doing the public information stuff.

The Deputy of St. Ouen:

How many out of that number would be individuals that are going through the transition period from children to adult?

Carer Support Manager, MIND Jersey:

At this moment in time we really are only supporting families of young adults ...

The Deputy of St. Ouen:

That is what I am saying: right, so obviously suddenly the young person becomes an adult, they then can access some of the services that you provide. I just want to try and understand what that number is on an annual basis.

Executive Director, MIND Jersey:

It is chicken and egg: until you provide a service you will not know, but I cannot believe that there are not young people who would benefit from the sorts of things we do because, as they become adults, it becomes apparent that they are looking for the support that we offer. Just to give the stark statistics: one in 4 people in this Island will at some stage have a mental health illness or mental health distress and that is a large number of people. So I think we touch the tip of the iceberg; lots of people rub along without necessarily coming to see us, that is for sure. Our advocacy worker deals with people who have quite complex problems, people who very often have had a period of residential care up at Orchard House specifically and in some of the other places. There are lots of other people who are bobbing along in the community and there would be many of them who could do with some support, I think.

The Deputy of St. Ouen:

Could I perhaps rephrase the question: is there a specific pathway or pathways that young people will follow as they move from Children's Services into Adult Services and then obviously into some of the areas that you cover?

Carer Support Manager, MIND Jersey:

I think from the carer's side, yes, so we allow that C.A.M.H.S. themselves will maybe advise of our services or Adult Mental Health Services, who will then advise of our services. We have got quite a few historically who it has maybe been a lot further down the line where the person they said has engaged with C.A.M.H.S. when they were younger. They have mentioned before that they have said that they have felt since they came to us they have met other people, they have got information that they have required, they have some of the emotional support that they feel that they have benefited from that. I quote a lady that I met quite recently, she said: "You know, I just wish that I had this when I was going through the first experience" which was when the person was a child, a young person.

The Deputy of St. Ouen:

We were told this morning by the Health Department that in recent times there has been quite a significant increase in the number of individuals that they are being referred and that there is a belief that the increased demand will continue. What is your experience?

Executive Director, MIND Jersey:

In mental health generally?

The Deputy of St. Ouen:

Well, in the services that you are providing.

Executive Director, MIND Jersey:

There is no doubt about it, it could be that people are more aware of what is available or it could be that the way we live life with the stress that there is, and the issues around employment for some people. I think housing is a factor in Jersey; people struggle with the cost of housing. There are lots of factors that are contributing but Jersey is every bit up there with Britain and with Europe in terms of the incidence of mental health, probably a bit more so in terms of the relationship we have with alcohol and drugs as well as a community. So there is nothing to say that the business is going to decrease; if anything, I think it is going to expand because life is complicated and the traditional structures that people might have had around extended families are not as obvious as they were even a generation ago. So people do require more support, which is bang on again about early interventions, getting in before it becomes too complicated to try and sort it out and people can then move on. The services then can focus on those who are seriously acutely ill over an extended period.

The Deputy of St. Ouen:

You speak about, and it was mentioned this morning, drugs and alcohol. Do you see that as a symptom of a mental health problem or an outcome?

Executive Director, MIND Jersey:

I just think it is a complication. If you are getting right back to basics where we are advising everybody that lives in Jersey, really, around some core things around having routine, having exercise, having a good diet and having plenty of sleep and really not abusing alcohol and not using drugs at all, that is the recipe for any one of us in this room about how you will protect your health and how you will enjoy better health generally in the longer term. It is the same with mental health. I think there is a connection; I think if you have a mental health illness and you complicate that with improper use of alcohol or drugs, it is going to make it more complicated.

Carer Support Manager, MIND Jersey:

I think with dual diagnosis it is more what do you try and treat first, do some people self-medicate because their medication is not ... Can I just touch on the thing about what the U.K. had done. Because there was an awful lot of money, I think it was the New Horizon that they put in, it was 10-year strategy plan around mental health. Now, they had things like early intervention, home treatment teams; a lot of developments with local organisations. Unfortunately, in Jersey we did

not have that and what I have experienced in this role is that a lot of this that the family are faced with, trying to live with and care for someone who is actively getting more and more unwell because you do not have the crisis intervention. You have got wait till this point where unfortunately, if things get so bad, you would use the Mental Health Law. If you are emotionally attached to somebody and caring about your son, daughter, mum, dad, brother or sister, that takes an awful lot of emotional distress in watching them go through that. So I think we have found, we have probably taken a bigger hit than maybe what we would have if you had some of these resources, families might be more ...

Deputy J.A. Hilton:

We heard this morning that I think the age that was given was 15 years old, although it is flexible, where they take into consideration what the child is saying with regard to the information being given to the parent when a child is being treated for some form of mental illness, which I was quite surprised at. It is such a young age; in my mind I thought that 18 was the cut-off. Are you surprised to hear that? Were you aware of that?

Executive Director, MIND Jersey:

No. There are different ages for all sorts of things: driving licences, voting is now 16 and drinking alcohol. There is no clear cut-off. I think with some youngsters who are quite mature that is very reasonable that they take on board; the youngster, the client, must come first even within families. You can argue that the younger the child the much more involvement and responsibility the parents have, but I think it is not just on a given day when you are 17 and 364 days old suddenly it changes, there has got to be a progression, I think.

Deputy J.A. Hilton:

We are interested around the media. Do you believe enough has been done to raise awareness regarding mental illness in children and adolescents within the media?

[13:45]

Executive Director, MIND Jersey:

There is certainly not enough being done per se around raising awareness, which is one of our other remits; we have a big campaign coming soon around stigma generally because we are absolutely certain that people need to be more open and they need to talk about mental health in more normal terms than they have done. The media has a responsibility to sometimes report things more positively and more responsibly; that is not just Jersey; a lot of research has been done around how mental health conditions are reported in the media, and that gives members of

the community anxiety and fear, which is quite ill-founded, very often. But we are going to push ahead, there is a big programme going around the re-launch of our website. We have got a guest speaker coming in May who is coming to talk specifically about stigma, and we are going to be on the case all the while to get people like Ruby Wax nationally, Stephen Fry. People are beginning to come out, if I might use the phrase, and talk about their own experiences, and the more that people do that, the better. There is a particular sensitivity around young people because you have to protect the young people in every sense. In encouraging people to speak, we are not in the business of outing people or exposing people. We have got some young people in their 20s we are working with now and they are coming to talk about their own experiences and we are going to record that if we can and promote that in our education and training programmes. They have the confidence now to speak out about how it was for them.

Deputy J.A. Hilton:

Have you had any discussions with education about maybe this group of young people that you have going into schools and talking to young people in our schools?

Residential and Peer Support Manager, MIND Jersey:

I think that is something that we have definitely identified that will need to happen if we are going to run an anti-stigma campaign. We are talking about early intervention, we recognise that we have got to get to the young, the younger the better; almost pre-adolescence, really. So that is something that we will do. What we recognise as well is we do not want to go into schools and start talking about mental illness and mental health and start influencing children; we know there are a lot of issues around self-harming, ecetera. So if you go in and you talk about self-harm there is a danger that you may inadvertently raise interest in it. So we are very aware that we need to work closely with Education on that, but it is not a discussion we have had with them yet.

Executive Director, MIND Jersey:

No, not yet.

The Deputy of St. Ouen:

Presumably, when you talk about early intervention, you are looking for the most part for the public services to be more proactive and develop these areas, supported by you, presumably?

Executive Director, MIND Jersey:

Yes. Well, primary care and secondary care, whoever is there, just to be thinking early on: "Is there something other than what immediately presents that we should be thinking about?" If that is the case, them getting in there and providing a range of services, whatever they would be, to try

and support. Psychology has an important role around talking to these youngsters in particular and talking therapies for adults. That is an interesting observation. It is very much designed as an 18 plus adults service. I am sure it could be argued and I think in the U.K. they are beginning now to think about having a talking service for 16-plus, quite possibly, and again maybe we will talk to Health about that once the adult service is up and running and proven, I think it could very well be extended into a younger age range.

The Deputy of St. Ouen:

Are you aware of any specific initiatives that are being or have been undertaken to raise awareness around mental health issues and try and remove the stigma attached to it within the school environment or within the age group that we have been talking about?

Carer Support Manager, MIND Jersey:

I think we have and we have in the past been invited to schools to talk; that was more raising awareness of mental illness. But, saying that, the way we try and do it is to talk about the more generalised mental health problems: things like anxieties, panic attacks, O.C.D. (obsessive compulsive disorder), things that might affect more of people in the audience that we are talking to. Then we try, on the back of that, to introduce some of the more serious illnesses and explain, really, they are human conditions: anxiety, panic attacks, these are conditions that we can all experience as a psychosis. So what we try and do with children is to say that this is not an alien condition that you have to be something terrible to have and it can happen to any human being. We try and address it in a lighter way rather than getting in there and just talking purely on schizophrenia and bipolar disorder.

The Deputy of St. Ouen:

Is generally the information that you circulate and provide to the general public focused on adults?

Carer Support Manager, MIND Jersey:

Yes.

The Deputy of St. Ouen:

Is there any information that either you provide or you are aware of that is specifically targeted at the younger person?

Executive Director, MIND Jersey:

I do not think there is. I think it is adult-oriented.

Residential and Peer Support Manager, MIND Jersey:

We do not, no, Young Minds do, but that is in England.

Executive Director, MIND Jersey:

Young Minds is a good website.

Deputy J.A. Hilton:

Young Minds, is that a registered charity?

Executive Director, MIND Jersey:

Yes.

Deputy J.A. Hilton:

How long have they been set up, do you know?

Executive Director, MIND Jersey:

I do not know; Stephen, do you?

Carer Support Manager, MIND Jersey:

It has been quite a few years now. I think it was a psychologist that started it up, but date wise ...

The Deputy of St. Ouen:

Let us just be clear, they are not represented on the Island at all?

Residential and Peer Support Manager, MIND Jersey:

They are not, no.

Deputy J.A. Hilton:

We do not have much time left now. Can we just recap on the main issues that you believe should be dealt with by the Health Department with regard to the mental health of our young people, if you can just recap for us?

Executive Director, MIND Jersey:

Uniquely, we think that we have a role to play potentially in providing independent support, particularly for families, for carers. We in no sense would cross boundaries around the care that they are providing to the family holistically, and we absolutely understand that, so it is different

from what we currently do with adults. We think we could do it as an extension of our work and that would help provide more of a seamless transfer, so families would be aware and, as the client get towards 18, they could be linked and their families certainly could be linked through to our Adult Carer Service. We think there is a lot of work that Liz in particular can do around education and training and around peer support and, again, once the case is proven and peer support is up and running, it will manifest itself in lots of different ways in meetings of mentors with individuals, but there might be small groups around given activities. There is everything to say we could do some inreach into 15 or 16 year-olds if we have proven the case for the adults. If there was a 17 year-old who was interested in something we were doing, I would not have much doubt that we would be able to involve them. Again, to say to you that the arbitrary nature of the cut-off is just absurd. So it would be around those things, and then the other important thing is that we have the capacity as critical friend if we have got evidence from families and from groups, and even from the peer support group if there are themes that emerge from what the people who are accessing that service tell us, then we can report those directly to the service. It is always anonymised because that is the protection we give individuals, and we can negotiate or suggest that they could be changed, or improvement, and particularly then people from Health can continue to come and talk to these groups, so there is a dialogue. We almost signpost in both directions, primarily for people to access statutory services but for statutory services we can also help give them access to service users and to the carers as well.

Deputy J.A. Hilton:

Okay, thank you.

The Deputy of St. Ouen:

You mentioned earlier on about training of different individuals that support young people. What other actions need to be taken alongside of that training to ensure that you have the appropriate service being delivered?

Residential and Peer Support Manager, MIND Jersey:

So specifically around raising awareness of the impact of mental illness on families.

The Deputy of St. Ouen:

I am not suggesting training is not important, I just want to understand that training is one thing, but then what do you do with it? I would just like you to elaborate a little bit on what happens next; once a person is trained, then what do you expect?

Residential and Peer Support Manager, MIND Jersey:

Yes, absolutely. I think that specifically around the training that we are doing with Adult Services and Children's Services, what happens in Jersey is you either go on adult safeguarding training or you go on child safeguarding training. So if you go, for example, on a child protection training course, you are in a room with all the other workers who are all working within Children's Services. So you understand each other's issues because you all work with children. You then go on the training around adult mental health, they all work with adults, they all understand and have shared concerns and issues. I think what you tend to get then is your adult workers going: "Children's Services are not doing enough, they are not doing their job" in relation to supporting the child and the Children's Service workers are going: "Adult Mental Health are not doing what they should be doing. Why is that the parent is not being supported in such a way?" So historically we have not got the children's worker and the adult worker together in the room discussing, having dialogue around getting to grips with and an understanding of what the issues are. I think that one of the aims is for the individuals to go away and start thinking about what the other practitioner is going through, the issues; not only the practitioner but also what is the child experience. Yes, my primary concern is the parent who has the mental illness, but there is also a child in that family, so what does the child go through, what is that stage, the age of development? So that practitioners go away with a shared understanding of the impact on the family unit rather than: "Okay, this is the adult, this is the adult's needs, this is the child." That is one of the aims we have with the training.

The Deputy of St. Ouen:

One of the issues that people have raised with us in recent times is that they have tried to draw a comparison with a physical problem and they said obviously: "If you have an ailment, you will go to a doctor, your G.P. (general practitioner)" and depending on what the outcome might be with where you are and the specific person, and so on and so forth, ultimately, one hopes, the matter is treated and dealt with. What pathways are there regarding mental health? Because various persons have said there are not the same types of pathway that people can move through to achieve the same end result, a positive outcome, if you like.

Executive Director, MIND Jersey:

Yes, I think that is a fair comment, in a sense. Just take as an example, if you have problems with your hip and you access your G.P. they will know, because there are protocols and you are referred in to the orthopaedic surgeon and if it is appropriate you will have a given date for your surgery and there is a logical progression. It really does depend on the first person who sees them, often the G.P., accepting, diagnosing, understanding that there is something that is required,

further intervention is required. There are any number ... as it can be through psychology, and that is quite an important route, or it can indeed be into the secondary services, C.A.M.H.S. in this instance. It does depend on the individual presenting with the symptoms and being honest with the doctor as well about how they are feeling, and that is very, very hard because there is a stigma about talking about it. Lots of people will go to their G.P. and talk about anything else other than the fact that they are feeling really low and fairly depressed and it takes a fair degree of skill to get beyond the things that they talk about to understand there is an underlying something happening here.

The Deputy of St. Ouen:

Are you saying that to break down that stigma that we know is attached to a mental health issues, and I come back to your early intervention approach, it is educate the youngsters?

Executive Director, MIND Jersey:

Educate everybody.

The Deputy of St. Ouen:

Help them to understand not only about mental health issues but be more tolerant, perhaps, and aware that when an individual presents himself with a behavioural difficulty it may be that there is some sort of underlying problem rather than just a naughty child?

Carer Support Manager, MIND Jersey:

I was just going to say one of the challenges I think the services have is that many years ago you used to try and get a diagnosis quickly and there were a lot of people out there with diagnoses that they should not really have owned, because it was maybe a one-time episode. The other thing is that the mental health experience can change so professionals have also got that to think about as well. So, again, one of the frustrations that families get is: "Well, why can they not do this? Why will they not just put them up there?" They really have to go through the N.I.C.E. (National Institute for Health and Clinical Excellence) guidelines, really, when they are treating somebody and then somewhere in the middle of that the presentation can change, the symptoms can change. So whereas they might be looking at something in the beginning that is a behavioural disorder, further along the line they might then start to see something that is more of an underlying illness. So it is a wee bit more difficult, whereas if you go with just a physical ailment you generally know what the pathway is going to be; that can twist and turn within mental health.

The Deputy of St. Ouen:

I accept it is more difficult, but should that stop aiming to address, remove and reduce the stigma that is attached to mental health?

Carer Support Manager, MIND Jersey:

Oh no, absolutely not, not the stigma. Again, just an explanation for my part, but stigma is very much within the person that has the illness because you might get some guys who come up and talk about their mental health experience and the first time they get maybe a diagnosis or an idea of what it is that is going on with them they already have pre-conceived ideas of what a mental health problem is, as has their family.

[14:00]

So that is one of the first areas that I had to look at is we were meeting families who had someone within with a serious mental health problem and they had their own stigma around that, because the only information they were ever getting is maybe what they had seen in the newspaper or heard in a dramatic radio or television programme.

The Deputy of St. Ouen:

How much importance do you place on counselling, in a most general term, as one of the first steps to addressing, dealing with an individual with a mental health problem?

Carer Support Manager, MIND Jersey:

For us I think we could not really comment on that because that would have to be a professional qualified person that would have that point of call for what a person should and should not have for a therapeutic response. For us, we are about signposting. The G.P. is always the first port of call because there could be a physical ailment that is causing the mental health problem.

The Deputy of St. Ouen:

It is talking to people or encouraging individuals with mental health problems to talk to someone that is the first step, is it not?

Executive Director, MIND Jersey:

To talk to their G.P., the G.P. is the navigator: he/she knows the family generally, will know the individual, and as Stephen has said, people often present with multiple issues, so they may have some physical conditions and they may have some underlying mental health, it is not black and white, it is not simple. Many people have dual diagnoses, so they might have asthma and they might be depressed because they cannot do things, or they might have a heart problem or they

might have diabetes. The point we are making is you want people to be aware at the outset of making the appropriate referrals. But to stress again we do not put ourselves up as a clinical team at all, we encourage people to access as soon as they can the appropriate services, and we help guide them through beyond that, so that they might get to psychology, as I said, or they might get to C.A.M.H.S. or they might get to Adult Services, but it is a question of funnelling and encouraging people to take the right steps at the right time.

The Deputy of St. Ouen:

We are extremely grateful for the time you have spent with us.

Deputy J.A. Hilton:

Yes, thank you very much for coming in to discuss it with us.

Executive Director, MIND Jersey:

Thank you

The Deputy of St. Ouen:

It is certainly improving our understanding. Thank you.

[14:02]