



# Health and Social Security Panel

## Assessment of Mental Health Services

### Witness: JT

Thursday, 13th December 2018

**Panel:**

Deputy M.R. Le Hegarat of St. Helier (Chairman)  
Deputy K.G. Pamplin of St. Saviour (Vice Chairman)  
Deputy C.S. Alves of St. Helier

**Witnesses:**

Mr. M. Fewer(?) - Head of Access Networks, JT  
Mr. L. Bridge(?) - Health and Safety Manager, JT

[10:30]

**Deputy M.R. Le Hegarat of St. Helier (Chairman):**

Good morning. Thank you both for coming. This is a public hearing. What you will see on the table next to you says that basically what we say in here is treated as parliamentary privilege, the same as if it was in the States Assembly. The public hearing is also being livestreamed, which means that the public out there can listen to it and watch what goes on, and it will be recorded so we will have a transcript of what goes on. Firstly, we will introduce ourselves and we would like you to do the same, if that is okay. My name is Mary Le Hegarat. I am a Deputy of St. Helier and I am the Chairman of the Health and Social Security Scrutiny Panel.

**Deputy K.G. Pamplin of St. Saviour (Vice Chairman):**

I am Deputy Kevin Pamplin of St. Saviour and I am Vice Chairman of this panel.

**Deputy C.S. Alves of St. Helier:**

I am Deputy Carina Alves of St. Helier District 2 and I am a member of the panel.

**Head of Access Networks, JT:**

I am Mark Fewer and I work at JT and my current role is Head of Access Networks.

**Health and Safety Manager, JT:**

Lee Bridge. I work for JT and I am currently Health and Safety Manager for the gigabit project.

**Deputy M.R. Le Hegarat:**

Thank you both for coming. The lady in the corner is the one that is working all the systems and you obviously already have had some communication with Tom, our scrutiny officer. There is one of our panel members who is missing today, which is Deputy Trevor Pointon from St. John, but when the panel first got together we all decided that the one thing that we would want to look at as our first project, if you like, was mental health. There was a mental health review done in 2016 and we wanted to see whether things have changed as a result of that strategy coming into force. But also we come from very, very different backgrounds, so we have had various experiences in relation to mental health and it was quite clear to us that it was something during the election campaign as well that was brought up on a number of occasions, so that is why we started with that review. Our work currently is gathering as much information, both orally and in writing, from third sector, public sector and also personal testimonies in order that we can get a really good cross-section of the community providing us with data. Also we have run a survey with over 300 responses to that. So it is about getting a really good broad spectrum. After that what we will do is we will obviously put together a report and then some recommendations with obviously both positive and negative on the way forward. We will ask you some questions but if you have got anything that you wish to say to us, obviously please feel free to do so. In your view, have you noticed any trends in relation to mental health in the workplace?

**Head of Access Networks, JT:**

Yes. I think it is becoming more and more ... people are becoming more and more aware of mental health in general and I think that is being reflected in the workplace as well, so much so that we at JT, some 18 months ago, decided to put together a workgroup to focus purely on mental health. We already had a wellbeing facility that we were working on within our H.R. (human resources) area, so we paired up aside from that, mental health being part of it, and we decided to form a separate group. From that, the first thing that we really looked into was the current mental health policy that we had in the business and it was not really that acceptable, to be honest with you. It was a little bit outdated. So our first focus was to build and create a new policy focusing purely on mental health in the workplace, which we did and it took us a fair bit of time to build because we wanted to include some deliverables in that as well, which is something we have continued to work on in the

workgroup. But it has proved to be a very positive step forward in JT and some of these areas ... would you like me to elaborate?

**Deputy M.R. Le Hegarat:**

Yes, please do.

**Head of Access Networks, JT:**

Sure, okay. So once we had got together I think the first thing was to build this policy but also we were quite keen on focusing on getting some training to personnel in the business, which we did. We now have a total of 8 mental health first aiders in the company now and we are continuing to grow that number. That is hugely important. From my own personal experience, I have been a mental health first aider since September 2017 and up to now I have had to use that on 6 different occasions. I have been a physical first aider for a long number of years and never had to use that in the workplace, so I think that speaks volumes. So we managed to get the policy created and launched on I think it was Mental Health Week in June. I think that was when it was. We aimed at an appropriate time to launch the new policy. I think it has gone down very well. We have got a sponsor on our directorate as well for the group, which is great, so we get focus right the way throughout the hierarchy. We are now working on the number of deliverables that we have in that policy. Those include the further training of first aiders and also I think what is hugely important, something that we are seeing countrywide now, is mental health awareness in general. So, how do we promote that? How do we start getting that message across the business? So, things that we have been doing, we are putting posters out with the names of those first aiders out there and where to go to get help. We have also got on our intranet, our company front page, a mental health page which has all of the links to a number of services, first aiders of course but links to people like Mind, Recovery College, Talking Therapies, that sort of thing and so on, so there is help there if needed. We also have an AXA helpline which everybody has access to and also the business will cover what we call like a life coach type facility if anybody does need that as opposed to going to their G.P. (general practitioner). Probably if you are in a situation where you need that help your G.P. is probably your first port of call but we do have that option where if you need to talk to somebody we do have that facility as well. That is at the company's own expense, of course, but there again if you were to weigh that against hours lost I think there is a benefit there anyway.

**Deputy C.S. Alves:**

Is that somebody who is independent then?

**Head of Access Networks, JT:**

It is, yes. Yes, it is. Also what we have been doing is, to go out and try and spread the word, we have built like an internal presentation piece with video links to certain things and just a breakdown

of ... sort of a high level view of what mental health is and how you can get help and so on. We are in the process of going out to different team meetings within the business and giving a 10-minute sort of presentation on that, so people become aware that we are here: "This is where you can go to get help. If anybody wants to be a first aider, please apply." We have got a number of management line managers in as first aiders. It needs to be across the whole spectrum. You need to have people who want to and can be a first aider. It does not matter what area you are in the business. A line manager is not necessarily the right person. It is very much down to that person. So that is the work that we have been focusing on at the moment. One other thing that we have been doing is working quite closely with Mind. They have now managed to secure a training facility but we have a facility ourselves at our West Exchange at St. Owen which we have offered as a location if they need training space as well, which means that we can then start looking at how we can do some inhouse training. They offer 2 different variants on the first aider training. One is the full 2-day course, which is a qualified first aider. That is what we have done. But there is also what they call their first aider light course, which is a 4-hour training period in which they can ... it is a very high level how to spot the signs, this is what it is, et cetera, and that is something we would like to roll out right across the whole management group of JT. So that is something that we have got planned for the next year.

**Health and Safety Manager, JT:**

We are trying to change the attitude of the workforce as well from being embarrassed to come forward to speak about it or being more sympathetic to somebody instead of just: "Man up" or using sayings like that, trying to get it across that that is not the right attitude, to carry on with it. Also some of the workers do not realise that they have got mental health, whether good or bad. So again it is getting the message out there to the workforce as a whole that it is not embarrassing, everybody has got it, it can hit anybody at any time. So we have started from the ground floor because Jersey and the U.K. (United Kingdom) are a bit behind the times with it. I think I have noted that my generation has grown up with those sort of sayings of: "Keep away from them" or "pull your socks up" or this, that and the other. So I think that is the attitude we have got to change and tell people that it is not an embarrassing illness and that there is help there, because not a lot of people understand there is help available. It is available to all. It is not whether you have got money, if you have got no money, if you are out of work, if you are in work. It is available from the investigations we have done in our small group. It is just getting out there and making people understand.

**Deputy M.R. Le Hegarat:**

You sort of touched on it a little bit but how do you think mental health is viewed in the workplace? How do you think it is viewed in the workplace overall?

**Health and Safety Manager, JT:**

Overall I think it is becoming more prominent. Like I said, I do not think everybody fully understands the implications of mental health, whether it can be good or it can be bad, just like physical illness. It can affect anybody. It can affect your work, even your homelife. I have met people ... I have used it more than my physical first aid and I am in a smaller office than Mark. I have used it 3 or 4 times since last September, so we are getting the message out there. I feel the more people come forward talking about it, that encourages more people to come in and talk about it. All the wellness sessions, the talks we have had about it, we have always had to arrange more because of the amount of people wanting to learn about it. So it is going in the right direction.

**Head of Access Networks, JT:**

That is something else we have done as well. We have been running some wellness sessions, including mindfulness sessions, in the lunchtimes and stuff like that. I am pleased to say that when we first attempted this a few years back it really was not well supported but the last 2 we have run were very, very well supported, right the way through the whole business. So I think that is a real positive thing. We are getting the message out there. I think it is important to realise as well that the whole ... for me, mental health awareness is key, for people to understand what it means, what it is and where you can get help. You have got people that will be unwell and phone in and say: "I have got a cold today." Actually it is not a cold. Or: "I have got a migraine or my back hurts" or something. It is actually they are struggling with their mental health. So this makes it very difficult to record how many hours are lost through mental health. However, we are already starting to see a better picture now. People are now not covering up because that stigma is starting to decrease. So I think that is really, really important. We still have some way to go. I do not think your job is ever done, is it, in this area, but we are making progress and we are seeing those ...

[10:45]

Something else we have done as well, we have a staff survey. With the help of Mind, we worked with them to get some questions from their surveys that they run and adapted them to suit JT and we put them in our staff survey. So now we have a revolving couple of questions every time we have a survey around mental health. That will start to give us some scope and look at some figures around what people are aware of that they can ... what help they can get, have they had any experiences with poor mental health. It is very anonymous so it is an opportunity to capture that as well.

**Health and Safety Manager, JT:**

Also what I think is pleasing is that historically men have been a bit more standoffish on it but we have found in JT that the number of men applying for the first aid courses, applying to come to them, outweigh some of the females attending.

**Deputy C.S. Alves:**

Can I just ask what is the makeup of the mental first aiders that you have got?

**Head of Access Networks, JT:**

It is pretty much 50:50 and the same with the working group and our sponsor as well. So, getting men involved, I know that is something that a lot of the organisations like Mind, for example, are focusing on, men's mental health and I think older persons' mental health as well. It is encouraging to see that we are managing to get men to come forward because the old stigma around it was like Lee touched on before: "Pull your socks up, pull yourself together", that sort of thing, and it does not help.

**Health and Safety Manager, JT:**

It was sort of a macho attitude. People perceived it as a weakness whereas now hopefully the attitude is changing that it is normal to feel like you feel. Men standing up explaining the problems they have gone through and explaining to a group at team meetings and such like also encourages people to come forward, that they are not alone, there is help there, they are not going to be laughed at or mocked or pointed out in a crowd sort of thing. So it is all positive, everyone we meet.

**Head of Access Networks, JT:**

That team meeting I attended to do the presentation, there were 62 people present in that group, so it was a pretty good group and it was a real mixed group. From that presentation we got 3 first aiders from that. It does come across really well. People are aware of it but just need that little bit more information to understand that it is very serious. Mental health illness can be fatal. We know that and it is not a broken leg. However, if somebody comes into the office with a broken leg everybody is going to go and say: "How are you?" If somebody comes in with mental health, they will not even know. It is quite a difficult one to deal with and a very serious one. So getting that message out there and getting that focus it is nothing but positive and we are finding that the rewards are coming in and we want to keep on going. I was also going to mention that when we present this it is really encouraging to see how many people start to say: "We did not realise this." They were unaware how serious this is and other people will come up and say: "I have been struggling with this" but not necessarily with poor mental health themselves but with somebody that they either live with or work with. I think supporting people who have poor mental health obviously is a given but there is also the support for those that have to live with it. It quite often falls on to your spouse or your partner or your family or very close friends. Where is the support for those persons? They need support as well.

**Deputy C.S. Alves:**

You mentioned that you have had to use mental health first aid a few times, I think you said since September. How does it work in practice? What does that mean?

**Head of Access Networks, JT:**

Sometimes it can be as much as just having a cup of coffee and listening to somebody. To be honest with you, I can speak from personal experience. I have had a lived experience, hence the reason when I came back from a long spell of illness that is what drove me to set up this working group. I think to say at the least I am quite passionate about it. It can be anything. For me, a lot of the time then was just being able to have somebody I could just talk to and just you get that off your chest kind of thing and that can be enough. However, it could go as far as a situation where somebody is really struggling, and it is having a serious impact on their work life, their home life, et cetera. That is when you need to start ... the advice that you would give is to visit your G.P. because you need referral for further support and the G.P. is the place to do that. We also, as a first aider ... because it can be quite difficult for somebody to go to their G.P. and say: "Excuse me but I have got a mental illness" or not in so many words. We offer that we will go along with them as well, so we provide that support as well. So it is anything from that and anything in between really.

**Health and Safety Manager, JT:**

Some people do not even know you can go to your G.P. So we cannot diagnose as first aiders, we cannot even offer advice as such but, like Mark said, sometimes it might just be half an hour out of your day going to a quiet area, listening to somebody and then support them in the coming weeks with family problems, work problems and such like, explain to them they can go to their G.P. If it is work related they can go to H.R. There are various working from home, flexi hours. People are not always aware that these are available to assist people through these times. Just giving them that bit of advice and information sometimes works wonders.

**Deputy C.S. Alves:**

Have those things been set up, like flexi hours, since you started championing the mental health first aid or were they things that were already in place?

**Head of Access Networks, JT:**

I think they were already in place but it is very much down to the manager's discretion. I manage a couple of groups and I have had to provide some flexibility for persons in my team before. It may be just a case of moving their hours slightly. They may have some issues at home they need to deal with or something. We do offer flexibility. The same with somebody working from home as well. In this day and age it is so easy now to operate from home. We do have those facilities available to us. We do not just ... it does not just happen. You speak to your manager and it is at the manager's discretion to make sure that that can be supported, because obviously we still need

the business to run. But there again we want to make sure we keep our people well, so it is finding that nice happy medium. Yes, we do have flexibility available to us.

**Deputy C.S. Alves:**

Of the times that you have had to use your training, has it been people who have presented themselves to you or is it other people who have advised that maybe so and so ...

**Head of Access Networks, JT:**

Both.

**Health and Safety Manager, JT:**

Both. I have had a person come up to me asking and then I have also noticed or had reported back to me concerns about people. So it is just going up, introducing yourself, because you already know your ... and just asking questions: "Are you okay? You look a bit down", such and such, just get into a conversation, have a coffee with them. It usually comes out if they have got a problem. A lot of it is about work problems. So you can sit down and, like Mark said, sometimes it is just a conversation, they get it off their chest and you can see the relief. Their shoulders go down after they have told you and then you can ask them if they mind you acting on their behalf, asking H.R., visiting their line manager with them to give them a bit of support if they do not want to bring it up, going to the line manager. All the line managers, the workers must think they are unapproachable but H.R. and the line managers I have dealt with have been above and beyond the call of duty and helped all they could. I think it has helped all these people and then that gives them the confidence to talk to other people and that word soon spreads. Then you get somebody coming to you asking advice: "Afternoon off to go to the doctor's, this, that and the other, will I lose money?" Obviously you cannot give them weeks and weeks sort of thing and you have got to draw the line at getting taken advantage of, but getting to realise that, yes, go in. A lot of them will say: "I will come in early the next day." It is give and take a lot, but they just need the awareness that they can do this and the firm are more than happy to help where they can as long as they are not taken advantage of. I do not have any problems with any of the staff I have helped and they have all come later to thank me, even if it is just a coffee sort of thing.

**Head of Access Networks, JT:**

It is also spotting the signs. You see somebody whose work output has changed and you think that is out of character. So it is just a case of saying: "Is everything all right?" and having a chat. I run regular one-to-ones with my teams, team meetings, so they are always a good opportunity sometimes just to air any issues that may be arising. It is trying to spot those signs and catching it early because recovery is there, it is possible but it is catching it early enough.

**Deputy C.S. Alves:**

Has mental health first aid made a difference in your organisation then?

**Head of Access Networks, JT:**

Yes, most definitely. We do need more. I think we need a different range of persons who are trained. The thing is it does have to be the right person, you know. I certainly class myself as a people person so I think that helps. Well, it does help. But there are some managers who are extremely good managers but probably not the person I would probably want to go and speak to about my mental health. So it does have to be the right person. I am not picking on managers, I do not mean it quite like that. So it does have to be the right person.

**Deputy C.S. Alves:**

Are you keeping things like statistics on things like sick days?

**Head of Access Networks, JT:**

We are working on that at the moment with H.R. We are looking at ... what we want to do is get the feedback from sick days and reasons, obviously just high level numbers. The latest feedback has shown that the sick days are pretty much even but we are seeing more around mental health, so people are starting to ... also from like I said about our staff surveys that we run as well. We just need to wait until the end of the year, I believe, and then we can collate some figures on that and see what sort of response we have been getting on that and look at some heat maps, et cetera, and get some idea of what that has been providing.

**Deputy K.G. Pamplin:**

Can I just start with the benchmarks for what you are doing as a workplace? What are the benchmarks do you see for what you are doing? What you are talking about is a very holistic and rewarding approach to caring for people in the workplace. What are the benchmarks when you looked outside into the private sector workplace and what other businesses are doing, how you came up with this model?

**Head of Access Networks, JT:**

I suppose really the objective obviously is to minimise mental health illness but also from a business point of view to get more work hours, and loss of work hours is huge. It is the number one issue in the whole of the U.K. now.

[11:00]

It used to be the old bad back syndrome. Well, it is now mental health. I have forgotten what the actual figures are but it is pretty high. So that is something we need to address from a business point of view but also it is the wellbeing of our workforce as well. When you are running a business like JT or anything like that, your most important assets are your people, I would like to think anyway, and so you do need to look after them. Could you elaborate a little bit more on what you mean by ...

**Health and Safety Manager, JT:**

What I was going to say, sorry, is, like Mark said, you need the right people in the mental first aiders and during our time in the forum all the first aiders talk it out in their own time, to get into Mind, to go on to the internet, Mental Health Great Britain, and find all the questions they have got in their heads. They have gone out and found the information, come into the meeting - we meet every month - collated it all and tried to work it best to our business plan and what we were looking for, because not everything fits. So we have done a lot of legwork in asking other businesses what they have got in place. They have nicked a bit of ours, we have nicked a bit of theirs, to try to make it fit because I do not think there is a one size fits all because all businesses are different. I think that is another reason you need the right people in these positions to go out and go to the wellness centre, the festival at the weekend, the show at the Radisson, out of their own time. They are there for their own interests but also they have got the interests of the business. They all come back and report what they have found. We all talk about it, get the bits that fit and we are improving the policy every month I think. We are putting things in that may have been missed before that people have realised that if there is a first aid incident, a physical incident or whatever, then you try and work your policy to stop that happening again. If we have come back with mental health issues, what can we do to help that person or a similar person in that position again or get that message out there that there is help available for that certain condition? So we have all done the legwork to try and get to where we are now and we will meet again in January - I think that is the 6-month thing - to update the policy again.

**Head of Access Networks, JT:**

Yes, review the policy.

**Health and Safety Manager, JT:**

Review it, update it and put it back out, and pushing people in management, the managers above our heads, which has not taken a lot of pushing. We needed the mental health internet page on our hub and it was there within a month, done and dusted, and that is getting added to. So it is prodding the people who can make a difference and also the people who are in the role making inroads and asking questions, going home, when they go out to a fair saying: "I met somebody from RBS, Lloyds, they are doing this. I think it would be a fit here."

**Head of Access Networks, JT:**

There is something else that we wanted to do. It was something that we wanted to set up if we could and that is like a forum where we have a number of representatives from different workplaces, corporates, whatever, just different types of workplaces and have a forum where we could get together and swap notes, ideas, et cetera. I think that strengthens what everybody is doing. So that is something that we are keen to set up.

**Deputy K.G. Pamplin:**

That is brilliant because that is where I was going to. As you are leading this in your own workplace, looking outside in other workplaces, you are sensing that there is more companies doing similar stuff like you, that the culture is shifting, or would you also say there is still a lot of room for improvement and you are cultural ambassadors for the workplace?

**Health and Safety Manager, JT:**

I think there is room for improvement not only in the business sense of finding out about an awareness of mental health but I think it is outside the help available needs to be improved because so many people are getting involved, becoming more aware that they need help, that talking to them you need a G.P. There is a 12-week waiting list sometimes to see somebody. I was talking to a lady from Talking Therapies and they have got plans. They need another 50 people to deal with it all. That proves the message is getting out there. People are becoming more aware of it, so it is having a snowball effect of improving things out of the business sector as well.

**Head of Access Networks, JT:**

The same for the Recovery College and Mind, they are always looking to increase the people who volunteer to help. I am involved with both groups and it is needed. It is definitely a requirement.

**Deputy K.G. Pamplin:**

What would you say has been your biggest success since you started this that you would suggest to other organisations: "This is working"? What would you say has been your biggest success since you started this?

**Head of Access Networks, JT:**

I have never really looked at like that, to be honest with you, but I would say that probably I think the biggest piece of work we did was putting the policy together so it fits all and, not to use a word but the old one I felt, being someone who has lived the experience, was slightly abusive, I suppose. So I think that was a really, really good piece of work, but the stuff that has fallen out from that as well, building the first aid team and continuing to build that, getting the message out here. For me the

whole goal has always been about mental health awareness, that that is the most important thing. So whatever we can do to grow that I think is the goal. We have still got a long way to go.

**Deputy K.G. Pamplin:**

Yes, of course. What would you say to organisations to help prevent in their workplace their fellow workers suffering from mental health?

**Head of Access Networks, JT:**

I think the workgroup is really good because we have a dedicated focus within the workplace. First aiders definitely without a doubt. I think that is an absolute given. But also you have to think about the accommodations that you can provide for that. It is not necessarily locations. It is just the flexibility that we were talking about before as well. If somebody says: "I need to go and talk to somebody right now", they need to be able to do that, take half an hour out, go and have a coffee, have a chat with a first aider or anybody. Sometimes that can save a week away from work, just that half hour. It is as simple as that sometimes. I am not saying every time, of course, but it can be as simple as that. So it is the flexibility of the first aid and the availability for people to be able to have that help available to them.

**Deputy K.G. Pamplin:**

How has this affected you personally?

**Head of Access Networks, JT:**

Me?

**Deputy K.G. Pamplin:**

The pair of you being involved in this. Has it changed your life? Has it changed your ...

**Health and Safety Manager, JT:**

It changes your whole outlook on how you see things. Originally, like I say historically, it was stereotyping. I am from the north of the England originally and it was the centre of: "Pull your socks up, grow up, that is life" sort of thing. So a couple of things happened personally to my family, suicide, and it just opens your whole ... you see other people who you respect in the same business who come out and tell you they have had problems and then you just realise that it can affect anybody at any time and you look on the whole workforce in a different light. It is so rewarding one person saying thank you. The last forum meeting we had, one of the first aiders asking another first aider in the office, because she had been inundated but she was saying you can see the help she is offering to the people who are asking for help and they are having less days off because they know there is somebody there, like a relief valve. So all these putting it in one big pot; you have

helped people; you have helped the business; there is less people being off sick; there is more people talking about it. If they are talking about it in the office, they are talking about it out of the office, because everybody has got friends in different businesses. We are getting messages from other businesses saying: "We think it is great what you are doing. Could we ask questions? Could you attend this?" We are here now because of a year's progress.

**Head of Access Networks, JT:**

I think the recommendation for this was through Mind. As I said, we have worked quite a lot with them and they see us as ... I think the word they used was "champions", which was nice to hear. We have made a lot of progress in the last 18 months and we will continue to. For me personally, as I mentioned earlier, I lived an experience. I have been very ill with poor mental health and it was, I think, therapeutic for myself to get involved. Seeing what I have been through and how I can recover from it, I know that it is possible and I want to give that to other people as well. So in JT I probably spend 20 per cent of my time working on mental health situations, the action lists, et cetera, that we are doing with the workgroup. Outside of that I am also doing voluntary services with Mind and the Recovery College. For me, I am quite passionate about it but also it helps my own recovery, being able to help other people, being able to get involved. So it means a lot to me.

**Deputy M.R. Le Hegarat:**

How important is leadership in promoting good mental health in the workplace, do you think?

**Head of Access Networks, JT:**

It is absolutely extremely important, without a doubt, hence the reason we wanted ... for our workgroup we felt that we needed somebody from the top to be involved, and thankfully we do. We have one of our directors as a sponsor for the group. That was again on the back of doing that presentation that I spoke about earlier. This particular person was extremely taken by it and said: "I want to be involved." You cannot buy that. It is fantastic.

**Health and Safety Manager, JT:**

Plus I think if the engineers or office workers see that the upper hierarchy, including Graeme has shown an interest in it, Graeme Millar ...

**Head of Access Networks, JT:**

Yes.

**Health and Safety Manager, JT:**

... I think they see it that it is not just about them, that these people are promoting it and they take more notice. Then when they see that somebody cares, if that is the right thing to say, that the

people in charge care about you, then they are more likely to take it in, take notice and come forward for help.

**Head of Access Networks, JT:**

That is why I am keen to see the results of our survey. We are asking questions about: "Do you feel that you can approach somebody about mental health? Do you feel that JT has support for mental health?" things like that. It is very general questions but it will be really, really good to see what the responses are. The surveys are quite well attended. I know from both my teams, I think it is 89 and 91 per cent, so it is pretty good. So you get a good feeling and a good picture of what is going on and I get to see the comments from my teams and they have been very positive. However, there is myself as a first aider involved with them so I am plugging it all the time.

**Deputy M.R. Le Hegarat:**

We have already got quite a lot of information. I do not know if there is anything else.

**Deputy K.G. Pamplin:**

If you were to sum up what you have gone through as an organisation and where you were there and where you are now and if we had the whole public and private sector workplace management there, how would you sum it up?

**Health and Safety Manager, JT:**

From the stone age to the 21st century.

**Deputy M.R. Le Hegarat:**

From the stone age to the 21st century, that is actually ...

**Deputy K.G. Pamplin:**

I love a good quote.

[11:15]

**Head of Access Networks, JT:**

Yes, that is a good one. But we still have a way to go but we are ... I think what we can say is that we feel very confident that we can provide the support that anybody needs in the business at JT. We have that in place. We would like more and we will work on that and we will continue to spread the awareness.

**Deputy K.G. Pamplin:**

I also feel that because JT is such a well known public identity really, is it not, working for a company that is talked about a lot, does that come into play, the representation of everybody knows Jersey Telecom and you provide the telephone service and it is a public service? So, working for a public company, the other businesses work in trust companies or banking people do not quite understand it but there is such a visible presence and when you work for Jersey Telecom somebody might have an opinion. Has that ever come across in the workplace of looking out for your people because they are representing such a public identity?

**Health and Safety Manager, JT:**

I think it is more they are, I think it is, 98 per cent local employees, apart from the project we are just finishing, and I think that matters to the people working and people looking outwards inside. That is like I said getting calls from other businesses on the Island who ... we just missed out on a stand at the Wellfest which we were disappointed with but it just came too late to be able to put a JT local business stand in with all the other stalls and places to go for help and the wellness centres. Mind was pretty ... really tried hard to get a ...

**Head of Access Networks, JT:**

Yes, they were keen to see us.

**Health and Safety Manager, JT:**

We were the only local business that they suggested could put a stand up, were in a position to put people in for the weekend to be able to explain what we have done, how we have done it and how far we have come to try and encourage other local businesses, big or small. It does not matter if you have 400 people, 1,000 people or just a little shop with 2 or 3 people.

**Deputy K.G. Pamplin:**

How many workforce is there at Jersey Telecom now? How members of staff would you say roughly?

**Head of Access Networks, JT:**

Locally. I don't know what locally ...

**Health and Safety Manager, JT:**

Four hundred?

**Head of Access Networks, JT:**

No, it is more than that. Locally I think it is more than that. I think it is about 450, around there. I am not too sure but obviously it is worldwide now, JT. We are not just looking locally as well. We

want it to be everywhere. We have got an Australian office and Australia is probably number one when it comes to mental health facilities. They have been on this for quite a long time now and they are strides ahead of most people, but their statistics have sort of led that. It is pretty high. It is important.

**Deputy K.G. Pamplin:**

Well, congratulations and good luck with the rest of it. Thank you for coming today. Have you got any questions for us about what we are doing?

**Head of Access Networks, JT:**

I suppose it would be interesting to know ... we will all get a view of the report I would imagine, obviously.

**Deputy M.R. Le Hegarat:**

As soon as we publish.

**Head of Access Networks, JT:**

Thank you. I know you are focusing on a number of different areas and it is nice to see that the workplace is an area that you are keen to focus on as well.

**Deputy K.G. Pamplin:**

It is fundamental, is it not?

**Head of Access Networks, JT:**

It is, absolutely, but I do not think it has always been. It has sort of been looked over because poor mental health does not discriminate. It does not matter where you are, who you are. It is there. So it is nice to see that. I would like to see what can be done and I would say that, as a working group, we would be keen to help out, be involved if we can.

**Deputy K.G. Pamplin:**

We appreciate that.

**Head of Access Networks, JT:**

I think this forum that we spoke about a number of times, I would really be keen to see that. From the first aid training course I did keep everybody's email address so I might try to set something up.

**Deputy K.G. Pamplin:**

This is what our review, as Mary said at the beginning, is about. You are right, it is such a wide ... we are going across the board here. There is very serious levels to obviously children and adults. So our scope, we had to look at the mental strategy that was launched by the previous Government and we are halfway through that and we will see how it is progressing, but we also wanted it to be led by everyday folk, which is why we have gone out and we have done a survey; 345 people have done that in less than 8 weeks. That tells you that ... so it is important for us, as new politicians as well, that we do something that when we report it is going to be thorough, it is going to be people led, it is going to be up to date. We will then hold the Minister for Health and the Health Department to account and all of us, especially in our time in office, however long that will be, so we can seek the improvements that you are doing and at a personal level and hopefully we will continue that trend. There is a lot of work to do.

**Head of Access Networks, JT:**

There is a lot of work, but it is very encouraging to see this. You get full marks. It is great.

**Deputy K.G. Pamplin:**

If you have anything that you think: "We should have said that" or if you have anything you feel is going to be helpful to us, do fire anything towards Tom.

**Head of Access Networks, JT:**

Tom, yes, that is great. There is one thing I did mention in my ... I put some personal notes that I sent in and mental health ... as we know, somebody who is suffering from a mental illness it can go as far as wanting to take one's life, so we do have the Samaritans on board that can give you 24/7 support but not everybody in this condition will be thinking of taking their life. They are just in a really, really bad place, dark place, empty place. I know, I have been there. You want that instant help and late on a Friday night, Sunday lunchtime, whatever, where do you go? Okay, you may have A. and E. (accident and emergency) but does everybody know that and what sort of support? How long are you going to sit in a waiting room? It is almost do we need some sort of mental health A. and E. situation. I do not know. So that was the one thing that ... well, there were 2 things. That was one thing. The other one was the support for people who are providing support as well. I think that is hugely important as well.

**Deputy K.G. Pamplin:**

Thank you for sharing as well. It is very much appreciated.

**Head of Access Networks, JT:**

For me, talking to anybody about what I have been through actually helps. It helps me and it helps other people to understand as well. It is kind of therapeutic.

**Health and Safety Manager, JT:**

As a business, I do not think there is a massive financial outlay to get where we have got.

**Head of Access Networks, JT:**

We have done this with a zero budget so far. So it is tight.

**Health and Safety Manager, JT:**

Everybody we talk to are willing to get on board and are wanting to get on board, so hopefully that will make things easier, but people mention money, finance. The first thing you talk about is you have done it on a shoestring budget. We have not needed any more money. We have not done it because we have to scrimp and scrap. It is because we have not needed the great outlay of money, a few posters. The mental health first aid course is probably the biggest outlay. So it does not cost a lot to get where we have come to in a year's time, the amount of improvements made. So that needs to go out to businesses who are kind of holding their purse strings.

**Deputy K.G. Pamplin:**

Well said. Thank you.

[11:23]