



## **HSS Scrutiny Panel**

### **Follow up review of Mental Health Services**

#### **1<sup>st</sup> March 2022**

The comments provided to the questions below relate to the secondary care Jersey Adult Mental Health Services (JAMHS) including the; acute inpatient, community mental health and crisis teams. We have consulted with our user participation group, Focus UP, to ensure that our comments are reflective of the experiences of those affected by severe mental illness (SMI). We have included anonymised (italicised) quotes from current JAMHS service users.

**Q1: Please could you provide the Panel with details about whether, in your experience, the Covid-19 pandemic has changed the need, or the requirements, for Mental Health Services in Jersey. Please provide any further data, or details, where possible.**

- The evidence from service providers, including ourselves, would indicate that there is a greater need for support for islanders' general mental health. More people are becoming mentally ill due to stress and the Covid-19 pandemic has tapped into a lot of vulnerability. The impact of Covid, in terms of the increase demand for mental illness services, has placed even more pressure on a service already in crisis. People affected by SMI report that the "uncertainty and limitations" imposed as a result of Covid-19 has increased their general anxiety levels.
- Covid-19 has promoted public health measures in the general population and resources have been allocated to early intervention for mild to moderate mental health problems. However, its impact on those affected by SMI, a vulnerable population, is less addressed and there is a big gap in terms of the resources available. There doesn't seem to have been any recognition of the importance of early intervention for those affected by SMI, and the risk and costs when we don't get it right. Targeted investment in early intervention for those affected by SMI will prevent further deterioration of mental health, relapse, and reduce the burden on family, the wider community, and mental illness services.

*"...It's made everything that was a problem before much worse: Services more understaffed, more people in need of treatment and they are iller than they were before covid. Orchard house is in even more disrepair and staff are even more exhausted. As a patient fortunate enough to have been in receipt of care from the CMH pre-pandemic I feel more anxious now that suddenly I won't get care anymore because the CMHC will be forced to do a cull. The*



*need for more appropriately qualified and experienced staff and the need for high quality care is much much greater."*

- As a charity we are already seeing the devastating impact on some families affected by severe mental illness and the impact of Covid on family life. Families have had to step up the support they provide and many people have reported that living in closer proximity has negatively impacted their mental health.

*"Having to live in closer proximity to relatives has created more opportunities for friction, which has negatively impacted my own and their, wellbeing."*

**Q2: Please could you provide the Panel with details about whether, in your experience, the Covid-19 pandemic has impacted the provision of Mental Health Services in Jersey? Please provide any further data, or details, where possible.**

- The reduced provision and restructuring of JAMHS has had a significant impact on access to treatment and the availability of continued support, which has in turn had a negative impact on the mental health of those affected by SMI. We saw an overcrowded Orchard House, community patients being cared for by families during symptomatic periods, and an overall frightening time where people felt they needed to reach crisis before they could ask for help. Whilst the government focused on the mental health of the general population one of the most vulnerable groups, those affected by SMI, had many of their needs left unmet. Poor staffing levels, staff working in bubbles, sickness levels and the introduction of a traffic light system affected the availability and consistency of staff. This resulted in fractured relationships with staff and little or no trust or respect for the services.

*"Yes. CMHT has been obliterated. I barely ever see my nurse; her caseload is clearly too large. There seems to be very little help and regular support for those who need it the most."*

- Service users report that access to support in the community is rarely available, which will lead to increased numbers of people becoming mentally ill. They tell us that the continued problems with staffing in mental illness services is one of many issues causing serious disruption to recovery. Service users believe that they are being 'categorised' by the gravity of their illness in order to determine the level of service they receive.

*"Instead of services improving, they are only interested if you are in a crisis situation, it seems. This is a huge backward step".*



*"How long will it now take to recover, and how many people will suffer for this?"*

*"I think I now have less contact with services than I would have had in the same situation pre-pandemic."*

- Our work with families has highlighted the continued impact that covid-19 has had on Jersey's mental health services. The introduction of a Traffic Light system and staff sickness levels continues to impact patients and families. As many have not had their community support return to pre-pandemic levels, it is highly likely that families will continue to have to step up the level of support they provide for their loved ones. When we started Focus on Mental Illness in October 2020, we estimated we would support 15 families in our first year of operation. Between October 2020 and December 2021, we supported 56 families, a total of 125 individuals through 451 interactions. The evidence-based family intervention service that we provide is essential as it promotes early intervention, recovery, problem solving skills and improved communication and reduced relapse rates.
- Service users observe an exhausted and overstretched workforce, poor working conditions, and staff that openly express their desire to do more for their service users.

*"When I have commented to staff that the service has not been adequate, they have openly agreed, expressed their embarrassment and urged me to seek advocacy and complain."*

**Q3: Do you consider that there have been any good, or positive, changes in the delivery of Mental Health Services in Jersey in the period since 2018? If you are unable to comment on change specifically, but have positive experiences to relate, the Panel would be grateful to receive this information.**

- The introduction of the home treatment and crisis teams. Unfortunately, these teams operate within a framework that presents many challenges, including limitations in; the hours they are available, how many times people can be seen, and how often.
- Refurbishment of the estate for adults in need of inpatient care and those accessing the community mental health centre. Investment for these temporary fixes to a longer-term problem was 'hard won'.



*"Orchard House has been decorated...It is also notable that Orchard House was supposed to be closed"*

*"La Chasse is a nicer and safer building than it was but it's wrong that mental health don't have their own purpose-built space."*

- There is more therapeutic activity available for patients' receiving treatment in Orchard House, including an activities coordinator and occupational therapist.

*"Better therapy on the ward"*

- Additional investment in the transition pathway from CAMHS to JAMHS, the launch of the 'equals by experience' (EBE) payment pilot, and the development of a family and carers protocol. These positive changes could be strengthened through collaboration with, and commitment to the role of, the charitable sector.

**Q4: Do you consider that there have been any bad, or negative, changes in the delivery of Mental Health Services in Jersey in the period since 2018? If you are unable to comment on change specifically, but have positive experiences to relate, the Panel would be grateful to receive this information.**

- Poor recruitment and retention of staff, failings in leadership capability and financial investment have all impacted on delivery and resulted in a lack of progress or service improvement.
- The system continues to be stacked against carers and families, which has resulted in more stress and fear and a lack of trust from families when it comes to what services say they can deliver.
- Access times to psychology for those affected by SMI, already JAMHS service users, remains unacceptably high. The department is understaffed, which has severely impacted service.
- The work of the Mental Health Improvement board was disbanded when Covid arrived, which meant that developing plans to address the findings of the 2019 scrutiny review became murky and unclear.
- Jersey does not have an appropriate place of safety and those affected by SMI describe worsening conditions.



*"The provision of crisis care at the ED remains inadequate: it takes time to mobilise the support, and people in crisis may be left unattended for an indefinite period; there is no door on the room used for consultation, and consequently, no privacy."*

- Internal communication continues to be an issue.

*"There seems to be weaknesses in communication between teams, in particular with regard to care plans and prescriptions."*

#### **Q5: What, if anything, could improve the patient experience of Mental Health Services?**

- An uninterrupted and uninfluenced range of platforms for service users to be empowered and involved in all aspects of care and service delivery. The voice and experience of people affected by SMI has not so far featured in much of the improvement work. There is a willingness on the part of services to work with services users, for example the introduction of EBE meetings. However, this work continues to be led by professionals with outside influence from third sector agencies. Attempts at authentic engagement are in the main through a carefully selected group. This has resulted in the majority of JAMHS service users having no real voice in the delivery and planning of the services they receive.

*"Proper co-production with service users. Not just tokenistic, random requests for feedback AFTER service development."*

*"Continuing to involve service users and listening to their experiences and then hopefully reaching a decision of how best to help it move forwards."*

- The parity of esteem concept should be adopted and integrated. Not only between mental and physical health / illness but across the range of mental illnesses.

*"Staff to stop discriminating against those given labels such as BPD and Schizophrenia...Person centred care. Treat us like humans who have positive aspects to our lives, not second-rate citizens. Remember that we also have physical health care needs."*

- Returning to the very basics of those aspects of service delivery that will support recovery.

*"...existing services should be reviewed for basic quality of life improvements: e.g., Doors in the ED consultation room; better bedding for inpatients; repair*

*of equipment used for therapeutic activities. There should be a renewed commitment to the emphasis on recovery that emerged from the 2015 consultation, with particular emphasis on the \*genuine\* involvement of service users as equal partners."*

- Investment in the workforce, including; availability of expertise and training, a genuine concern for their mental health, working conditions, and pay.

*"1. More staff with enough experience - especially Psychologists... A lot more staff with a decent amount of experience of working in the NHS/similar would be great. 2. More funding! The recent 'extra funding' given to mental health is a slap in the face."*

*"...There should be provision for the wellbeing of front-line staff..."*

*"...smaller caseloads. More pay for staff..."*

**Q6. Do you have any other comments about how Mental Health Services in Jersey have changed since 2018? The Panel would welcome any comments or information which may relate to the findings and recommendations of the initial review (see appendix).**

- A number of recommendations essential to supporting those affected by SMI remain outstanding, for example; meaningful outcome-based indicators for measuring performance (recommendation 2), regularly asking service users for feedback on quality (recommendation 3), recruitment and retention problems (recommendation 8), appropriate place of safety (recommendation 11), genuine co-production approach (recommendation 14), realistic financial support for charities providing frontline mental health services (recommendation 15), fees charged by GP's (recommendation 17), and a clearly defined model of care (recommendation 20).
- *"I'm thoroughly disappointed and do not feel like there is any appreciable difference between now and 2018. Yes, there have been changes, but from my perspective, I'm still seeing the same issues over and over."*
- *"...There needs to be an urgent effort to do what has already been recommended and promised, rather than indulge in further lengthy consultation. There needs to be consistent long-term leadership with the authority and resources to implement change, with genuine input from service users, and a shift towards meeting individual needs over the implementation of impersonal policies."*
- As we continue to move towards the changes implemented through the Jersey Care Model for Health and Community Services (HCS), the challenges this





presents for mental illness services is becoming more and more apparent. It is difficult to ascertain what resources in the Jersey Care Model are, or will be, ring-fenced for preventative and proactive schemes supporting people affected by severe mental illness. It is our view that net expenditure falls below that which is required in order to put mental illness services on a sustainable footing and prevents minimal opportunity for the charitable sector to access and draw on resources that could directly support the secondary care mental illness services. The NICE guidelines for Schizophrenia and Bipolar Disorder recommend that every family affected should be offered family intervention, a service we offer, yet this isn't happening. We are providing a frontline service yet there is no funding available to us and no clear referral pathways in place. Many NICE recommended treatments like CBT-p (for psychosis) and ECT are not available in Jersey.

## **NOTES:**

### **About Focus on Mental Illness**

Focus on Mental Illness works passionately to improve the quality of life of islanders affected by severe mental illness. Our vision is clear; for every person so affected to have the opportunity to fulfil their potential, participate in, and contribute to, all aspects of life. Our service offer is complimentary to the existing system of mental health support in Jersey and our purpose is to put 'mental illness' back on the agenda.

### **About Focus UP**

Focus on Mental Illness' User Participation group is made up of volunteers affected by severe mental illness and family members. The group has identified three areas of activity; supporting the development of Focus on Mental Illness' service offer, promoting the voice and experience of those affected by SMI within Jersey's mental health services, and campaigning for change in public attitudes and behaviour towards people affected by mental illness.