

Response from PCB for 'Follow up review of Mental Health Services' review

I have been asked to respond to your letter of 2nd February and to inform this I have sought to gather views from the wider GP community with an invitation to all GPs to feedback regarding the questions posed.

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

Whilst for some the lockdown and 'work from home' periods have been beneficial for their mental health for many others being stuck at home without the normal home/work boundaries and lack of social contacts has been detrimental. Some, especially older vulnerable people, remain isolated at home due to fear of the virus. Depression and anxiety disorders directly linked to the experience of the pandemic have been common but it's difficult to ascertain from the experience of individual GPs the change of prevalence from baseline: objective data from mental health services would be helpful to clarify this.

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

During the initial lockdown Jersey Talking Therapy was closed down - this was very disappointing and difficult to understand as if there is any health service most suitable to virtual/phone delivery psychological services are surely it. This abandoned the very people to be most affected by the lockdown and caused significant harm. Although we don't have the figures one would assume that this significantly worsened the already lengthy waiting times for psychological treatments. While wider mental health services continued they were disrupted and moved to telephone-based care. This was understandable given the context, but not ideal for vulnerable patients.

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

The provision of the Listening Lounge has been a considerable improvement in mental health provision for milder conditions and to fill the gap whilst patients wait for Talking Therapy input. This service has in general been well received and many patients find brief interventions from peer support or simple counselling to be all that is required to get them back on track. For others lower tier psychological treatments provide some early benefits that can later be built on by Talking Therapy. It is fairly reactive although counselling can still take a number of weeks to become available, and the walk-in facility remains suspended due to Covid.

People speak well of support and psychological therapy from MIND although it's not clear how this service has changed in recent years.

Kooth has become available as a virtual therapeutic option for young people. I am not aware of what impact this has had however. There is a perception that CAMH service has improved over recent years

The availability of adult ADHD services has improved and has had a positive impact on those newly diagnosed and treated for the condition although the waiting list is lengthy.

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

Jersey Talking Therapy waiting times remain very poor and seem to have worsened since 2018. Having previously been a health professional referral-only/gatekeeping service it now only accepts self-referrals which can increase access, but there are concerns that not accepting GP referrals and requiring specific 'opt-in' reduces access to people with learning difficulties, communication difficulties (e.g. autism), non-English speakers and many with anxiety and depression where the conditions limit motivation and confidence to approach services directly.

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

- Better continuity of medical and support workers: current high turnover of staff worsens patient care and confidence.
- Shorter waiting lists for outpatient appointments for adults and children including dementia services.
- Both in-hours and out-of-hours crisis responsiveness and provision: it is often difficult to get hold of the right person at the right time and willingness/incentive to get involved is variable. Refusal to visit patients at home because "we don't do home visits" even when patients feel unable to leave their house. Relying on telephone assessments when face-to-face is more appropriate or has been specifically requested. Patients end up at the Emergency Departments which is less than ideal. There are some examples of good practice, but unfortunately seem to be too rare. There is a lack of OOH provision from CAMHS.
- More immediate provision of psychological treatments to improve mental health more speedily and effectively, reduce the risk of deterioration and avoid overprescribing of antidepressants.
- Better interdisciplinary working between mental and physical health teams. For example referrals for patients with 'delirium' are often rejected by mental health but may need significant mental health input to manage. There is a desperate need for both an experienced psycho-geriatrician and likewise a specialist geriatric team at the hospital to provide holistic patient centred care
- Consideration of better engagement between lower level psychology services and GP practices. At least one practice has a mental health practitioner providing immediate care for mild to moderate disorder but funding for this is not guaranteed for the long term - sustainable funding for such schemes would be beneficial
- Generally referral systems are poor and seems to be designed to filter out patients rather than assess them first and then provide appropriate care: more proactive approaches are needed.
- Improved communication from mental health to GPs especially around crisis situations when it is vital GPs know what has happened in a timely manner. Lack of appropriate communication across the service is a recurrent complaint.

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

There has been a lot of talk about the need for better services and greater public awareness of mental health, but investment in infrastructure and personnel appears not to have matched the expectation and promises.

“Like other areas of the hospital the Mental Health service is in a critical state. Unless management and politicians can institute change to improve recruitment and retention and to invest in primary care I can only see a catastrophic failure in patient management occurring at some time.”