Family Nursing & Home Care

Submission from Family Nursing & Home Care
Re The Mental health Review
27th September 2018

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

Like many other international jurisdictions the prevalence of mental health illness is rising, and the age profile is starting younger. FNHC experiences this profile across all of the service that are provided.

2. **What progress has the states of Jersey made on implementing its mental health strategy? What further work is required?**

The Mental health strategy has been very instrumental in coordinating services and identifying the gaps in provision for both adult and children. As part of this work the states now have a better understanding of the demands being placed on services and the capacity within services to respond.

The Mental health strategy has clearly focused on service users and their experiences, and has been particularly strong constructing a good model to gain service voice and support service user engagement. It has also identified that some services still have long waits (JTT), are hard to access, and that some patients experience particular difficulty when in crisis.

Further work is required to continue to improve integration and simplify access to services. A good example of the need to strengthen and integrate services more, is around the perinatal period for both parents. Currently, there is no protected perinatal mental health service or a formalised pathway that focuses upon improving outcomes. There are informal working together agreements that work at ground level, however these could be improved by the development of pathways.

Equally important and could be improved upon, is the management of waiting times and experiences of both adults and children when presenting in crisis. This is particularly relevant for those who attend ED services.

Specific work that could also support is the strategy is the need to centralise data for PND in mothers. It is currently held within several domains including FNHC, GP, JTT and Adult Mental Health services. This presents challenges understanding the incidence on Jersey although there is no reason to believe that it differs significantly from U.K. National stats 10 to 15 percent. There is no benchmark or data on fathers that are identified locally either.

Patient experience shows that postnatal anxiety is just as significant in incidence as depression if not more, and that parent's in Jersey face particular social demands most often related to finances and rates of employment. This may be different to other jurisdictions, and requires further investigation. Parents are also experiencing challenges associated with maternity and paternity leave benefits

3. How have mental health services changed since the launch of the mental health strategy

From FNHC's perspective, there has been the launch of the MECSH programme as part of the targeted heath visiting offer that supports more vulnerable parents. The identification of a high percentage of mental health needs in this service is around

16 % of the MECSH cohort, and this has led FNHC to introduce a mental health practitioner to support parents at home and bridge them into other services when required.

There has also been the development of an antenatal pathway which is in place for Health Visitors, Midwives, GPs and social workers which reflects the views of the DOH, and our experience locally in Jersey, which highlights the benefit and need to support mental health across all services

The Parent Infant Partnership with CAMHs is another initiative that has recently been put in place and works closely with HV's as the only referrers.

The Rapid Response and Reablement team have received investment to provide to mental health support workers to assist adults failing to cope and to prevent individuals going into crisis. This service has been really successful in keeping people in the community and preventing hospital admissions

4. What support is currently in place to ensure organisations which provide mental health services are able to work in partnership in the best interest of the individuals concerned

System redesign team are currently trying to pull together data from all services to make outcomes and activity visible and inform practice. More could be achieved through integration and formal collaboration. Pathways being developed that inform multiagency and disciplinary work.

5. What are the clinicians and practitioner not thinking family or whole potential risks and benefits of separating child and adult mental health services how could risk be mitigated?

There are potential risks associated with any service model. Currently children and adult's services feels very separate, and the potential risks are concentrated around managing and responding to safeguarding appropriately. The separation can result in clinicians and practitioners losing the ability to think family and contextualise what is going on in the family unit i.e. cause, impact, and effect, safeguarding risks and the ability to parent.

The advantage of separation is that you can focus on each service area and have dedicated resource that results in each service having the same level of importance and priority. The child voice and needs of children's are arguably stronger in a separate system approach.

Generally with separation there can be more duplication, services may not be as lean as they could be therefore become less efficient. Communication also usually becomes more of a challenge and potential more of a risk

6. What examples of best practice are available from other jurisdiction that jersey could learn from?

I think we could develop our own pathway which fits locally. Lots of evidence base was used to inform the Mental Health Strategy to this point. There are good examples in the UK of pathway work that has supported and strengthened practice