



Health and Social Security Scrutiny Panel

Assessment of Mental Health Services

Witnesses: Mind Jersey and Jersey Recovery College

Monday, 10th December 2018

Panel:

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

Witnesses:

Service Development Manager, Mind Jersey
Carer and Family Support Manager, Mind Jersey
Manager, Jersey Recovery College
Chair, Jersey Recovery College

[11:59]

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

Just before we start, we have this morning had issues with some of the sound et cetera, so just be prepared that if we do have any issues, then we will stop temporarily to see if we can try to fix them. Thank you very much for coming to the panel members and obviously the members of the public that have turned up this morning. First what I would like to do: this is a public meeting, which is being live-streamed, and therefore I would ask that those panel members and also the people who have come in to speak to us introduce themselves and just basically say where they are from so

that the public may have an idea of that. Just also be aware that this meeting, although public, is governed by States privileges.

[12:00]

I will start by introducing myself. I am Deputy Mary Le Hegarat from St. Helier and I am the Chairman of the Health and Social Security Scrutiny Panel.

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

Deputy Kevin Pamplin. I am Vice-Chair of this panel.

Deputy C.S. Alves of St. Helier:

I am Deputy Carina Alves of St. Helier District No. 2. I am a member of the panel.

Deputy T. Pointon of St. John:

I am Trevor Pointon, Deputy of St. John, and I am a member of the panel.

Deputy M.R. Le Hegarat:

I would also like to ask if you would like to introduce yourselves as well, please.

Manager, Jersey Recovery College:

My name is Beth Moore and I am the Manager of Jersey Recovery College.

Chair, Jersey Recovery College:

Ben Bennett. I am the chair of the board of Jersey Recovery College.

Carer and Family Support Manager, Mind Jersey:

I am Stephen McCrimmon. I am the Carer and Family Support Manager at Mind Jersey.

Service Development Manager, Mind Jersey:

I am Liz Kendrick-Lodge. I am the Service Development Manager at Mind Jersey.

Deputy M.R. Le Hegarat:

What I will ask, because we have been experiencing difficulties, if we could try and speak as loud as we possibly we can - I have got a loud voice, so I do not have to worry - because some of the mics do sometimes have issues. I know that some of the members of the public had issues if we do not speak loud enough, so I would ask if we can try and speak as loud as possible; that would be good. You will also see that we have a Scrutiny Officer with us this morning and somebody who

is working the live-streaming. We have got a number of questions that we would like to ask all of you, so whichever way you want to start, that is fine, but it is really to get an idea from you all. As you are aware, we launched the Mental Health Review in July. All 4 of us are newly-elected Members of the States, all come from very different backgrounds, and all felt that when we got together that this was an area that we wanted to look at because we feel that are gaps, I think, but also that we wanted to make sure that the strategy which was put in place 2 years ago is moving forward. For us, it is valuable to see whether anything has changed in the last 2 years, and if it has changed, whether it is for the better or not, but also as well to see where the gaps are and whether there are some other things that we can be looking at and then to go back to the Ministers once we have done all of this review and put together all the evidence to be able to move forward. The first question I would like to ask all of you: in general, how has the demand for the services you provide changed over the last 2 years? If you want to start on my left.

Manager, Jersey Recovery College:

We have only been going for 2 years, so we opened our service in January 2017. The year before that, we began development on the service and had roughly 130 people involved in the development and design of Jersey Recovery College, and that was people with mental health difficulties, loved ones, third sector partners and community partners, Health and Social Services and professionals who work within mental health. We started from quite a large engagement base. Once we started delivering our courses, last year we had over 300 enrolments - 326, I think it was - and this year we are up to about 470. We have grown in terms of demand for the service, but that was also probably in relation to our profile growing and people becoming more aware of us.

Carer and Family Support Manager, Mind Jersey:

My role within Mind Jersey is the Carer and Family Support service. In 2017, we have seen a 40 per cent increase in carers and families attending our service for one-to-one support. This year I would say there is an increase again in that. Partly the reason could be that we have now formalised a service for carers and parents of younger people, which we always did informally, but now we have taken that to a more direct service for the needs of that group. I think generally through the services at Mind Jersey, we have seen them growing in the last couple of years.

Service Development Manager, Mind Jersey:

Two years ago, we were not providing services directly to children and young people. We had started developing that service with the help of a group of young volunteers called Youthful Minds. Now we are providing a range of different services and we are seeing the need for those services growing. It has increased greatly in the last, I would say, 6 months, so much so that we are currently, for the first time, holding a waiting list for our one-to-one support that we offer 7 to 24 year-olds. We have definitely seen the need increase. Our peer support service is the service that we offer one-

to-one support to individuals who are experiencing mental health problems. The people providing the support themselves are in recovery from a mental illness, and again, we have seen the need for that service increase. What we have seen an increase in is the number of people who are perhaps on the waiting list for other services coming in contact with us and asking for us to provide almost like that bridging support while they are sitting on a waiting list, for example, for Jersey Talking Therapies.

Deputy M.R. Le Hegarat:

I will stop with you. You say that there has been a demand in services and you think that you are being utilised because of maybe the lack of other services, but are there any other reasons why you believe that demand has changed?

Service Development Manager, Mind Jersey:

If I just go back to children and young people, I think that children and young people, their mental health needs are increasing. I think that there is more understanding about mental health as well. We are educating more teachers, more social workers and parents et cetera around mental health and how to identify mental health problems earlier. What that means is that children and young people are being supported to access help earlier. I think that is one of the reasons why we are seeing an increase in need for that service. With regards to the peer support service, I think as there is more knowledge out there around the benefits of not only receiving support from somebody who has experienced a similar condition to you, but also of offering that support, the benefit that has to your mental health. We are seeing the kind of results of that now and more people are talking about it and services are starting to signpost people into that service as well, which is really exciting, because historically, when the service first started, we were seeing less of that happening.

Deputy M.R. Le Hegarat:

What about yourselves at Mind?

Carer and Family Support Manager, Mind Jersey:

I think there is a big spotlight on mental health just now, even in the U.K. (United Kingdom), and that has been ongoing. One of the concerns that I have is people's expectations when you put that out there and are just saying: "Look, you need to talk about this, you need to ask for help." Mental health is not an exact science and trying to equip people with what they can expect should they go and see their G.P. (general practitioner), going to see the doctor, what that might look like. There are still a number of people who think that they are going to have medication which they do not want. It is well-known in the Island that the Jersey Talking Therapies can be almost a year's wait, so some people are saying: "I am not even going to go down that route to begin with." We have found, almost in desperation, that people have just picked up the phone and called the helpline. Certainly with

families, at the families end, we have had to develop our services. This is another thing I think is quite important. We do not always follow the U.K. recommendations when it comes to mental health. For illnesses such as schizophrenia, the N.I.C.E. (National Institute for Health and Clinical Excellence) recommendations are that the families offer behavioural family therapy. We do not offer that in Jersey, so we have almost had to pick things like that up. We have got 4 trainee counsellors who do the placement with Mind. We try to offer some of the families that are in crisis some ... not therapy in the sense of what they would get if they went to Jersey Talking Therapies, but something that would support their emotional needs during that time. Our service with carers of families is coming up to its 10th year. I think from when we started, we were maybe talking 60 or 70, and we are talking 400, 500 different carers a year that we are currently supporting, so we have seen a massive increase.

Chair, Jersey Recovery College:

I think we would probably echo that our experience has been similar to what Liz was saying before. It is sometimes just about people with lived experience or people with mental health difficulties become aware of what is available and that has led to the increase. As a new service, we have had to explain to the world what it is that a recovery college is and what it does and where we fit into the landscape. We work in partnership with Mind, we offer some things that are very different and we are different from Talking Therapies and we are different from services. I think that there is a growing awareness and understanding of mental health difficulties, but also what is available, so I think we would anticipate seeing demand for all the services grow as people begin to understand what is available and how it can help them. I do not think it is always clear if somebody is in crisis or suffering exactly which way to turn or what to do first and I think there is probably some work for us all to do on that.

Manager, Jersey Recovery College:

We asked our students who attend the college which courses they would like us to run, and one of the themes that comes up repeatedly is people want more information about what is available, what services are available, what the infrastructure is in terms of mental health services, what they can access, when they can access it. That is not just coming from people with mental health difficulties and their families, it is also coming from professionals who work in the mental health space. I think there is a real need to promote more understanding of what is available. The other thing I would just echo is what Liz was saying about a more general understanding of the value of peer support and experts by experience and the value that lived experience can give to the way services are delivered, to the way that services are designed. We work within that same model as well and I think the evidence around peer support is so strong and there are lots of different ways that people can use their experiences of poor mental health to help others to make sure that services are what they should be from the people who are using them.

The Deputy of St. John:

You sound as if, as organisations, you have all experienced a considerable increase in workload. That presumably is related - and I am making an assumption here - to the fact that the States mental health services are not able to manage the need. You are filling a gap, which is very laudable. I am wondering, where do you draw your funding from?

Chair, Jersey Recovery College:

For us, we are about 75 per cent to 80 per cent supported by Health and Social Services, a commissioning arrangement service level agreement, and the rest is raised through external fundraising.

Carer and Family Support Manager, Mind Jersey:

In Mind Jersey, at this present moment in time, to the best of my knowledge, there is only one service level agreement service, which is the Caring Fund support service. My understanding is that there is a shortfall of about £25,000 running that service, so basically all our services are reliant on donation.

Manager, Jersey Recovery College:

For us next year, the amount that the States S.L.A. (service level agreement) will cover is 65 per cent, so each year that we grow, the S.L.A. remains the same, but we are growing, so we have to fundraise more on top of that. I think next year we are looking at about a £40,000 deficit.

The Deputy of St. John:

The States are saying to you: "Work within the budget we are allowing you"?

Chair, Jersey Recovery College:

We have re-entered conversations in relation to our S.L.A. going forward, so it would probably be premature to say that is the message. We have a new commissioning relationship and it seems very productive at the moment. I think probably it would also be worth coming back on your point about filling the gap. In a sense, I think services like ours do that, but we are also a complement to services rather than competitors. I am sure people do come to Mind and people come to us, say if they are caught up in a waiting list for Talking Therapies, but in the ideal world, those people would be able to access both us and the more conventional services. It should not be either/or. I think that is part of the growing understanding of what mental health needs really are. There needs to be a rich and diverse set of services provided, however is the most appropriate way in order to meet all of that need.

The Deputy of St. John:

What would be the ideal world in relation to prevention and intervention?

Manager, Jersey Recovery College:

Liz is the expert on prevention and early intervention.

Service Development Manager, Mind Jersey:

No, not the expert.

The Deputy of St. John:

Talk among yourselves, please. Let us deal with it now.

Carer and Family Support Manager, Mind Jersey:

Easy and quick access is paramount, easy and quick access, because we could raise all the stuff that we do, we can draw people's attention to the importance of why it is important to speak out, but if you have got to wait ridiculous times ... and it is ridiculous. If I developed a mental health problem, presented at the doctor and then the doctor was telling me that it might be a year before I was receiving any treatment, then that presentation could be entirely different in that year.

[12:15]

It is a service that really is not fit for purpose. I would say 100 per cent it has to be easy and early access.

Manager, Jersey Recovery College:

You have to be able to access a range of different interventions, therapies and support, because particularly when you are talking about recovery in mental health, it takes several things. That may be medication, so you may need medical support; you may need support from the clinical psychologist; the occupational therapist; talking therapy is very highly recommended for people; you may need additional skills such as mindfulness or education that we provide; you may need peer support. There is a whole range of things if you are experiencing it yourself. If you are a family, similarly there is a whole range of things that you should be able to access. I think having a really joined-up system that includes statutory services and third sector would go a huge way, and G.P.s as well, primary care, that would go a huge way towards joining up the dots.

Deputy M.R. Le Hegarat:

Do I pick it up that that is not really communicated or not necessarily advertised, but you think people do not know of all the services that are available to them, there is no sort of one stop where you can have a look to see across the board?

Chair, Jersey Recovery College:

I think that would be a fair comment. I think probably most of us here have lived experience of mental health difficulties. I know speaking from my own experience, when I became ill, I knew I needed to see my G.P. but I really did not know what was going to happen next or what else was available. It is only since getting involved with the charity that works in that space that I have got a better understanding, but I would pretty confident that the person next to me ... and in my day job, I see a lot of people who present with challenges and I am able to signpost to them, but there is a bit of a lack of clear information about what might be appropriate, given where you are in your particular journey.

Service Development Manager, Mind Jersey:

If you are a parent of a child, if you are teaching a child, if you are working and living with, loving a child who is starting to experience mental health problems, it tends to be thought that C.A.M.H.S. (Child and Adolescent Mental Health Services) is the only place to go to, that every single child or young person who is experiencing a problem with their mental health needs C.A.M.H.S. and that is not the case. I do not think the majority of people understand that our C.A.M.H.S. service here is a specialist mental health service and that there is a lot more available within education, within the third sector et cetera available to young people, children and young people, and also to their families. We have spoken a bit about early intervention, but around prevention, I think there is still a lot more work that needs to be done in the community around educating people here in Jersey about mental health, about mental illness, about what to do if you see a young person - or anyone, really - who is in mental distress, increasing the knowledge and the confidence as a people in how to respond in order to signpost that person to the right services and support that is available to them. I think in terms of educational programmes, there is much more that needs to be done. At Mind Jersey, we deliver mental health first aid training and we have seen a large increase in demand, particularly from workplaces, to sending their employees on that training. There is much more of a recognition now that in the workplace we need that kind of parity of esteem between physical and mental health. Nobody has a health and safety policy that does not include some sort of procedure around how your physical first aiders are in the workplace, what percentage of them et cetera, it is a requirement, is it not? But we are not quite there yet when it comes to mental health. You are much more likely in the workplace or in a school, in an education setting, to come across a young person who is experiencing mental distress or a colleague who is experiencing mental distress than you are a lot of physical health conditions. I think there is still quite a way to go.

Manager, Jersey Recovery College:

That piece around the prevention and educating the community, I think that is where experts by experience and peers really come into their own, because the stigma exists because people are frightened and they do not know what a mental illness looks like, they do not know what that might mean. There are these old perceptions of being locked up in institutions and that you will never recover. I have got a mental illness and I am fine, I am here today, and my colleagues have as well - I know Ben has just mentioned that - and the more that people see that there is recovery possible within mental health and they hear people talk about their experiences, that will start to break down some of the stigma and it will also help to start to educate communities. I think our point would be that the expert by experience and the peer, a lot more energy and emphasis needs to be put on that as a mechanism within our mental health services, because I think if you have been through it, you offer so much more value than somebody who has learned it from a textbook. If you work together with the person who has learned it from the textbook, you can produce some incredible insight.

Carer and Family Support Manager, Mind Jersey:

I was just going to say that historically has been the case, certainly with our service, that if we look at the majority of referrals, they have either been self-referrals or somebody who has used the service. It took us an awful long time to get services providers to get into the habit - particularly Orchard House, because we started to work through the platform of the triangular care - but it is incredible that we have got a service that is now nearly 10 years old. I know that the Recovery College is the same: when you get the feedbacks, you do not see anybody saying: "I did not benefit from that." Everybody says it was of benefit, yet services are still reluctant to support people to access these services that are here.

The Deputy of St. John:

That brings me on to where do you think we are at in relation to the mental health strategy, which was laid out in 2016, and is ongoing?

Chair, Jersey Recovery College:

Could I start with the positive, because I think one of the first pillars of the strategy was about social inclusion in recovery and one of the first aims was to set up a recovery college, so it is clear that that has happened. I think we have been well-supported in this journey and we have felt it has been successful. I am sure our students feel it has been a success, so I think as far as that aspect of the mental health strategy has been going, I think that has been a success. I think there may be some other areas that have not gone as well so far.

Manager, Jersey Recovery College:

I will just finish up on that point then around the recovery and social inclusion. Part of the strategy, we sit under that umbrella and one of the kind of intentions of setting up a recovery college in Jersey was obviously to offer education around recovery and mental health and wellbeing, but it was also to influence a wider change. Within the best practice within the U.K., recovery colleges sit as catalysts for change within mental health services. The way that that works is that practitioners work within recovery colleges, they design and deliver courses alongside people with lived experience, they sit on our board, they help us shape our service. Everything we do is coproduced with mental health professionals and they take that recovery-focused practice and those insights from people with lived experience back into their day-to-day practice. That is how you influence change. Also our courses are open to mental health professionals. We do not get as much uptake in that space as we would like and we would really love to be positioned within policy and procedure as a training go-to for mental health professionals around recovery and then they would take that education back into working practice as well. We have certainly had that feedback from clinicians that have worked with us. They have said it has re-motivated their energy around the practice, they have remembered why they got involved in the first place and their passion for helping people has returned. There is real benefit in the recovery college model to fulfil that remit, but we are nowhere near fulfilling any of it at the moment. That is something that we really need to address. For the recovery and social element of the mental health strategy to really fulfil its purpose, we need to have more emphasis on that partnership between the Recovery College and mental health services.

The Deputy of St. John:

You are painting a picture there of some real difficulty.

Manager, Jersey Recovery College:

It is a challenge, because as we say, every course that we deliver is delivered in partnership with a professional. The majority of our courses should be delivered by statutory mental health professionals, that is the recovery college model, but we also work with Mind, we work with lots of other practitioners that help us deliver our courses. Just because of capacity, it is just very difficult for us to have access to clinicians to work with us to deliver our courses. There are lots of people that want to work with us, but it is very difficult at the moment. We certainly do not want to take resource away from the frontline, because we know how that important that is, but the capacity issue is something that does just affect accessing mental health services, it affects the infrastructure around the mental health ecosystem as well. I do not know if you guys get impacted by capacity issues as well, but that is certainly something that is a real glass ceiling in terms of our development. We cannot really move beyond where we are at until we can rectify that as an issue. I do not think that part of the strategy will really move forward as much as the intention is for it until that is rectified.

Carer and Family Support Manager, Mind Jersey:

I would just echo that. I was at a meeting on Thursday and our community psychiatric nurse informs me that the community team are 12 members of staff down, so for us to try to work in joint partnership when they are trying to work from a caseload that they are just taking more and more on is really difficult.

The Deputy of St. John:

How close do you think they are to the tipping point of not being able to recover their staffing level?

Carer and Family Support Manager, Mind Jersey:

To be honest, I think you would have to ask them. There are some absolutely amazing mental health professionals in this Island. We are so lucky with some of the guys that we have got. I do not know how long you can continue to work under that structure without it affecting their morale. There is also another thing that they raised as well, that in the last 5 years they have lost 3 mental health staff to suicide, which if you look at it again from the population of this Island, that is really quite high. There are definitely problems there.

Manager, Jersey Recovery College:

I would also echo what Stephen has just said about the quality of the practitioners. The practitioners we work with are amazing, they are incredible. It is not the individuals within their role, it is a systematic issue.

Chair, Jersey Recovery College:

It is a system issue and it is a capacity issue, yes.

Deputy C.S. Alves:

You mentioned Talking Therapies, about the long waiting list, so I just want to put the question to all of you: how adequate are the Jersey mental health services for looking after people in crisis, in your opinion?

Chair, Jersey Recovery College:

I think Stephen's point was clear: if you present to your G.P. and you get a referral for therapy and you are going to wait nearly a year, then that is inadequate. I can think of individuals that I have known who have, as Stephen said, just said: "Do you know what, it is not worth it" and they are going to then miss an appointment that is made for them, which of course causes havoc for the people who are scheduling that, so you end up in a sort of vicious circle. It becomes harder and harder to resource that service correctly, because the people who need it most are disengaged and disaffected by the fact that it does not really sound like anybody is listening: "Yes, we care, yes, we

want to help you, but you are going to have to wait 12 months or 7 months" - or whatever it is - is a very difficult message to hear, particularly when you are in a certain state of mind.

Carer and Family Support Manager, Mind Jersey:

I would go as far to say that I think the system is broken, because when I first got involved with mental health, we had a community resource called Clairvale, which was a recovery unit. I think it was about 12 or 14 beds. We certainly had more staff from Orchard House, we had more things happening in Orchard House with regards to occupational therapy, crafts, and I think the swimming pool was just about to open then, and then a model came in where it was suggested that you did not want people to become dependent on services. This followed a trend from the U.K., which was evidence-based: you wanted people going into an acute psychiatric unit with a quick turnaround and back into the community, but this came on the back of huge input into resources in the U.K. to N.H.S. (National Health Service) Trusts. You had community service teams that had crisis intervention, community home teams, early intervention. Jersey had none of this and yet we followed suit. We took away the beds, we tried to get the quick turnaround, we took away our only recovery unit for people who had been coming out of Orchard House or prior to going in, trying to treat them in the community, and then we go down in staff. I do not know the figures, but one of the things that I was quite keen to try to get hold of is since the closure of Clairvale is how many people have been known to services that have sadly gone on and taken their lives, because we seem to going a different way to the U.K., where its equal is people who are not known to services.

[12:30]

I think we are looking at people who are known to services that this has happened to and I honestly believe it is because our system is not working.

Deputy C.S. Alves:

The strategy refers to a place of safety, but this does not really exist in Jersey. Do you think a place of safety is required, and if so, how could it be delivered?

Carer and Family Support Manager, Mind Jersey:

In the U.K. they have a 136, which is tailored towards the person in crisis. I always try to relate it to a loved one, so I think of my daughter, who is 21, and I think that if she developed a mental health crisis, I phone the police, the police turn up with their flashing lights, she goes into the car, sometimes that can be traumatic in itself. They then take her to the place of safety, which can be the police station, so she is in a cell where she has got to wait for a psychiatrist to come in. The whole experience ... and this is for a mental health problem, this is not for somebody that has broken the law, but this is all we have got in Jersey.

Deputy C.S. Alves:

To what extent do you think these places of safety should be separate for adults and children?

Chair, Jersey Recovery College:

I think it would make sense to keep that separation, even though that throws up more resourcing challenges, and that is just simply because of the safeguarding issues around that. I think the first thing that the Government probably needs to grasp is the importance of a place of safety. Your previous question was a 2-parter. I do not think any of us are fully equipped how best it should be delivered. The first part of the question: "Do we need it?" Yes, and I think that probably the logic is to follow best practice elsewhere in the world, where these sort of community triage facilities or whatever are in existence and adopt that, but I imagine in that model you would want to separate adults and children in crisis.

Service Development Manager, Mind Jersey:

But not the arbitrary age of 18 you are an adult. We work at Mind Jersey with children and young people up to the age of 25, because we have heard from young people what it is like to access C.A.M.H.S. services, which is very much wrapped around the family and works systemically with the family, and then to transition into adult services, where it is very much personal empowerment and a very different way of working. One of the things that we have done as a service, we have listened to the voice of children and young people and asked them: "What does a youth-friendly service look like?" and they have helped us develop that. I think when we are coming back to the question around place of safety, a 21 year-old young person perhaps needs to access somewhere similar that maybe the 18 year-old, 17 year-old et cetera is accessing. I think we need to listen to children and young people more around what it is like to be a young person, to be an adolescent and not just place them somewhere where other adults go, because that is really frightening and it is very scary. We have heard that a lot from 16 year-olds and 17 year-olds who have to go to Orchard House, 18 year-olds, 19 year-olds, 20 year-olds and 24 year-olds who have to go to Orchard House, but that is very much an adult service. The way that they work with you, it is not very friendly, especially when you are experiencing a significant mental health crisis.

Deputy C.S. Alves:

This is Mind Jersey. In your submission you recommended that the Government should introduce a carers' law. What would be the benefits of such a law?

Carer and Family Support Manager, Mind Jersey:

Without a law, then any sort of work you do around carers' involvement, we are talking about resources. When things are not going as well as they could be within a service, the first and foremost

thing to put aside is carers and families. We have done an awful lot of work in bringing in the triangle of care, which is best practice for involving carers. That was launched in the summer of 2016 and we geared our services up with that to deliver the triangle of care awareness sessions, the carer awareness sessions that are needed to meet the criteria, but since then we had one assessment done by the community team. You are meant to do 2 assessments a year. When that assessment was done, we got told that Orchard House was then going to roll theirs out. This is meant to be rolled out to all mental health services, so we are 2 and a half years down the line. What we would have hoped by this time is that adult services would have had their assessments done, children and adolescent services, alcohol and drug services and elderly services. So far we have had one assessment done. Because carers, they do not have any say at all. It is a really powerful thing. I was in Scotland a few years ago and my mum had heart surgery and we did not know what to expect. Coming out of that hospital, they said: "Just take your mum home" and I am going: "Did they encourage her to do this? I do not know what to do for the best." Flip that on its head with mental health, if that has not been your world and then you are asked to go and support somebody. So what I did as I arrived in Scotland is to say: "Look, I am going to be looking after my mum for a while here. I need to speak to somebody to tell me what are the best things to do for my mum's recovery." You do not have that around here, so it is not just in and around mental health, it is across the board.

Deputy K.G. Pamplin:

Can I just come back to the point you made about funding? Is it a one-year agreement or is it rolling? How does your ...

Chair, Jersey Recovery College:

We currently have a one-year S.L.A. My role at the charity really is to lead on strategy and to do strategic planning. When the main tap that funds your organisation - potentially, hypothetically - could be turned off at the end of the 12-month process, it makes planning on anything other than the 12-month cycle very challenging indeed. It poses the greatest risk to our sustainability as an organisation and it is the greatest, if you like, fogbank that we have to steer our way through when we are trying to build a strategy.

Deputy K.G. Pamplin:

You are getting into my point. There is a year's worth of funding. What in that agreement says: "We will need to start negotiating with you to continue the funding" or when the agreement would be that additional funding would be coming down the line? Is that included when you ...

Chair, Jersey Recovery College:

Yes, it is. It has certainly been part of our practice, even if it is not explicitly stated in the S.L.A., so we begin a process of discussing that in good time. I would say that, again, it comes back to this issue perhaps between people and systems. The conversations that we have with our commissioning team have always been very positive and very supportive. It is the architecture of the model that creates the barrier.

Deputy K.G. Pamplin:

The conversations have begun for the funding for next year, is that what you are saying?

Chair, Jersey Recovery College:

We are currently in a 6-month S.L.A., which sees us through the first half of this year, and I believe that is because there is so much change going on at a higher level within Health and Social Services. We have been given some optimistic hints that we might be in a different and more favourable world thereafter.

Manager, Jersey Recovery College:

But particularly if you are applying for an S.L.A. to set up a new service or even to enhance an existing service, a year is no time at all. We are barely on our feet and we have been going for 2 years. We are delivering a good service, but there is so much more that we want to do, and it is very difficult to plan for that when you are only being allocated funding 12 months at a time.

Deputy K.G. Pamplin:

Because going forward as a charity, giving a bit of background knowledge about this, how difficult is it going forward securing funding? Paint a picture for those who do not understand how many charities are out there. What we are talking about is essential services, which have come through a mental health strategy, not provided by Government, so there is a partnership going with a charity, but how difficult is it in reality to secure that funding going forward?

Chair, Jersey Recovery College:

It is a huge challenge and it is a source of great anxiety. This is the first charity that I have been involved in, particularly at a governance level, and you just sit down and think: "Hang on a minute. I see what this is. This is a start-up business and all of our funding is based on goodwill" because that which comes from donations is based on how people feel on any particular given day. You might do very well in fundraising or you might not. The security of finances is through our S.L.A. and of course that then also has that ambiguity that sits over it. In terms of building a staffing base, you want to make commitments to people to say: "Okay, we are a model mental healthy employer" and of course one of the foundation stones of making people feeling well at work is to give them some sense of job security. How do you make a commitment to job security if the funding behind

those jobs is not guaranteed in the same way? It becomes a case of a bit of a balancing act, trying to work it out, juggling costs which are commitments against funding, which is not a long-term commitment.

Deputy K.G. Pamplin:

I guess it is the same for Mind. You have obviously been going a lot longer, so you have more insight in this, but if the S.L.A. is removed and you have to rely on funding through the charity status, where would that leave you?

Carer and Family Support Manager, Mind Jersey:

Probably closing services, to be honest.

Deputy K.G. Pamplin:

How close would you say that is? How quickly would that happen?

Carer and Family Support Manager, Mind Jersey:

I honestly do not know. That would obviously be up to the board of trustees what services they would prioritise, what was feasible to go on. I know one of the difficulties is when you are trying to build a service around the needs of people and you do not know how much money you have got available, you do not know if the same money is going to be there next year, you tend to have to be quite cautious about what you can do and what you cannot do. Certainly over the years that I have been involved with this particular service, I have had to look at other ways. I use the example of the trainee counsellors, so we have got a good rapport with Highlands College. We have looked at the placements while I have been involved, what we could offer, what they could offer us. Sometimes we have to think about other organisations that are there and they can marry up with some of this stuff that we need doing and complement. But it is difficult, it is really difficult, because you can come up with some great ideas and then not be sure whether you are going to have the finances going forward to carry these out.

Service Development Manager, Mind Jersey:

Because currently only 13.7 per cent of our income is funded through S.L.A., and we are the largest mental health charity on the Island, providing a wide range of services. Since the mental health strategy, we are providing 2 of the services that were recommended, but we are not funded by those. We read the mental health strategy, we listened to what people told us and we started to work with our own service users and people who might use our service to develop those services; that is our peer support service and the offer for children and young people. We do have to go out and source funding from elsewhere for all those services, but again, the same principles apply. We only have the arrangements that are in place for that funding. It is not long term, so we know there is that risk

that those services are going to have to stop, that we are going to have to pull those services if, because of the number of charities in Jersey, we do not manage to secure that funding again in a year's time, in 2 years' time et cetera.

Deputy K.G. Pamplin:

Also, to be clear, there is a very distinct difference between the U.K. and Jersey. We do not have the N.H.S. here. There is a different model in place. My experience working at Headway was very much a campaigning group, to change policy, to change direction. The Hillsborough disaster happened, a lot of awareness was not around of suffocating implications. Headway lobbied Government and changed policy and created policy. Jersey, it is a very different case. Charities, it would be fair to argue, provide the services that we would expect. What we are also seeing is there is more and more paid private services. We have alluded to Talking Therapies. If you are not going to get to Talking Therapies in a year, people will pay money to see a psychiatrist. It is the services and the financials are what are kind of bleeding between you too. How do we holistically bring everybody together so there is a strategy delivered? Is there a will to do that? Are you seeing a will or are there any blockages in the pipe that just say: "Just carry on being a charity"?

Manager, Jersey Recovery College:

There was a recent movement around the partnership piece around the community and voluntary sector and the States. That was really encouraging, going along to that workshop and hearing the civil service really backing the notion, but I think a lot needs to happen before that partnership working is as good as it can be. It is really encouraging that we are starting to think about that. I think that that is good. There is also a bit of a tension, I think, when you are a charity such as ours, when such a large proportion of our funding comes from the States and yet our community, who developed us, wanted us very much to be an independent organisation. There can be a real tension there in terms of your money coming in from one pot and people asking you perhaps for something different and being awarded the freedom and the autonomy to work within those requests in a way that people are asking for, no matter where your money is coming from. If you have that vote of confidence from the public and from the States, you should be able to function in a way that is independent and how you wish to.

Chair, Jersey Recovery College:

I think the point about autonomy is really important. I am remembering David Cameron talking about the big society.

[12:45]

The cynical part of my brain says: "So what you mean is you are trying to get charities to do the work of Government?" But there is enormous value in having an infrastructure or an environment, an ecosystem, that they have made up by outsourced services, by third sector organisations delivering. It just has to be done right. The point that Beth gave is balancing. We would love it if Government were to give us more money, but we also have to treasure our autonomy, because that is part of our charitable objects. That is, we believe, the absolute best way to deliver the service that we deliver. Better funding and certainly more continuity and clarity around funding would be a wonderful thing, but it is important it does not come with too many difficult strings attached. There has to be a really good conversation around what it looks like, just to ensure that we do not sacrifice important autonomy.

Manager, Jersey Recovery College:

I think that is probably relevant to every community sector organisation that works for the States.

Deputy K.G. Pamplin:

Is the argument therefore - alluding to Carina's question earlier - about bringing all mental health services, wherever they come from, however they are funded, together?

Chair, Jersey Recovery College:

There is the logic of having them under the oversight of a mental health commissioner, for example, having some central entity that joins the dots. I think that would be very useful.

Deputy K.G. Pamplin:

A sub-question to that: the hospital is obviously under review and there is an argument for and against separating mental health inside the hospital or should there be a separate place, should it be integrated, should it not? Just your views on that subject across the board.

Carer and Family Support Manager, Mind Jersey:

I do not know the answer to that, to be honest. I think there is a case for both. I think the general hospital should always have some provision within it for people who are experiencing mental health problems. It is not unusual for somebody who might be in for an operation or gets some bad news when they are in there that that has a real knock-on effect for their mental health. I think the current idea of people ... and it seems terrible, because we go to great lengths in mental health to protect people's confidentiality, rightly so, but yet we ask them to go to the front desk at the general hospital and tell them their name and their mental health condition when they go in the door, before they get to see anybody. Yes, I think it would be good if there was somewhere that was easier, felt more comfortable for people to access at times over mental health, purely a mental health crisis, when there is not a physical risk.

Manager, Jersey Recovery College:

I personally think that question should go out a large community of people and get different views on it, because we have all got personal opinions on these things, but that is an issue that came up while we were developing the Recovery College. Any issue around mental health, there are different views on it and people have very different passionate views on it. To really understand the answer to that question, I think there should be a huge piece of coproduction work between those who deliver services and those who use them to find exactly what people want, so the employees that will be working in this space feel that it is appropriate for them and people accessing services and their families feel it is appropriate for them too.

Deputy K.G. Pamplin:

Because what I think we are all alluding to, a parent of a young child at 11.00 p.m. at night, the G.P. is shut, the out-of-hours G.P. is £135, do they go and take their daughter or son to a general hospital, which is seeing any horrific thing at that stage, or would it be a separate place? It is providing a safe space - going that route - to that person in crisis that is not a prison cell, which is not a Victorian institute, which is beyond its services, it is dealing in a slightly different way.

Service Development Manager, Mind Jersey:

Sorry, you spoke about it being a young person and the parent. I think that just prompted me to say currently - because obviously currently that is what happens, is it not - what young people that we work with tell us though is that that experience in and of itself can be incredibly difficult, because during the daytime when they are in a mental health crisis, they are being responded to by C.A.M.H.S. in the way that C.A.M.H.S. work, very systemically, in a very child-friendly way, but if they have to access A. and E. (Accident and Emergency) support out of hours, they are being responded to by adult professionals working in a very adult way. Going back to the crisis and support, I think for children and young people that is not acceptable, because that can feel very isolating, the feelings of shame and guilt that are already there can be reinforced et cetera. At the moment, the way we are responding to adolescents essentially who are in crisis could definitely be improved.

Deputy M.R. Le Hegarat:

Part of the mental health strategy, leadership and accountability were an important part of the Government's mental health strategy. To what extent do you think these things have been developed over the last 2 years?

Manager, Jersey Recovery College:

The people who we interact with in both the commissioning team and within Health and Social Services, there has been so much change, particularly this year, that leadership and accountability, it is very difficult to answer that question, because we are not quite sure who the leaders are who should be accountable.

Carer and Family Support Manager, Mind Jersey:

I would echo that.

Service Development Manager, Mind Jersey:

Definitely.

Carer and Family Support Manager, Mind Jersey:

Just again revisiting the work of the triangle of care, a couple of colleagues at mental health services, I was sitting next to them: "Who do I need to go and see?" They said: "We do not know." For a period of time, there was no leadership per se. There was a group of individuals in management and nobody really knew who had the clout to do this and the clout to do that. There has been huge disarray within that, not just for ourselves. That is difficult enough for the day-to-day, but then people who are accessing these services, whether it has been somebody we have been on a journey with, they do. We are the first carers for them, which the idea is to keep up to speed with communication and changes. One of the things that we emphasised to mental health in particular was that: "Whatever is happening, please take us along on the journey with you" because so often there are changes made and we are the last to hear about it, then we are passing that information over to the people that it is going to affect, patients and their families. What has happened recently, I could go to Orchard House just now and I could probably struggle to tell you 10 people that work there, whereas at one point I knew everybody. It is a continual turnover of staff and it has been over the last, I would say, 18 months.

Deputy M.R. Le Hegarat:

I will ask you a very direct question: have you, in the last 12 months, as organisations had any meetings, conference - however you like to call it - or have you been called into any meeting as a group to introduce you to the people that are now in charge of mental health in Jersey?

Carer and Family Support Manager, Mind Jersey:

No.

Deputy M.R. Le Hegarat:

You have had no correspondence whatever?

Chair, Jersey Recovery College:

We have a meeting with the Minister for Health. That was very productive, but that was just us. It was not as a group, and it was something we reached out as part of our influence or engagement strategy.

Deputy M.R. Le Hegarat:

So none of you could tell me who is responsible in Jersey at the moment in relation to overall mental health?

Manager, Jersey Recovery College:

We did meet with a senior member of the mental health redesign team, but we have not met with anybody above that level and we have not really been introduced to the Mental Health Improvement Board as of yet.

Carer and Family Support Manager, Mind Jersey:

Again, I have relied on colleagues to tell me who they suggest is the best person to approach with various things that I need to discuss.

Deputy M.R. Le Hegarat:

Being a diplomat, I will say I am surprised and disappointed from the perspective that the 4 of us of the panel have gone out and looked at all the different services and facilities and we have tried to get to as many of those as possible. I suppose it would have been my anticipation that when things change, if you have got a large community of charitable organisations, that if you are thinking or expecting them to provide some services, then you would at least have made an effort to find out who all those people were. You both talk about the importance of coproduction and participation in developing and delivering services. Would you be able to explain in more detail, what does this mean to you when you are talking about a good service for Jersey and developing this in Jersey? If people talked about mental health services in Jersey and they said: "They have got the best service" what do you think that means? How do we achieve that?

Manager, Jersey Recovery College:

I think it is about bringing experts by experience and mental health professionals together to work on what that means. I have seen it from both sides. I am a person with lived experience who has sat and offered my views on several different projects, including the mental health strategy, and it is a very uncomfortable place to be if you are on your own among a group of friends or health professionals. I am sure that if you put a mental health professional in a room of people with lived experience, they would find that equally uncomfortable. If you have equal numbers of both in a room and they are working together on a task or an opinion piece or a piece of work that involves them to

work together in collaboration, then you really achieve something special. We saw it with the Recovery College, and I know that Mind have seen it through some of the services that they have designed and delivered. Once you see it in action, you would never question why you would not do it again, because it produces incredibly rich work, it produces the best kind of outcome that you could wish for, because you are getting both sets of expertise, but there is a lot of subliminal advantages as well that happen. There are power relationships that readjusted between people who deliver services and those who access them; there is empowerment that comes with it for the people who are involved; there is a real humanising factor for both sides, seeing each other in a very human light. In terms of nurturing that relationship between service providers and service users, it is a very healing process. If there has been any kind of disconnect there, it is incredibly powerful. I really think we should be looking to have experts by experience within services. Some of the N.H.S. Trusts in the U.K. have very senior positions that are held by experts by experience, heads of social inclusion and recovery and roles like that. We need roles like that within our mental health services to really push this agenda forward. We need tools and mechanisms that enable that work to happen in a very thoughtful and planned way, because one thing you cannot do with coproduction is rush it. It cannot be something that comes last minute. I really disagree with service development where you have a group of service users in one room and a group of clinicians or senior directors in another discussing what this service should be. They should be in the same room having the same conversation.

Chair, Jersey Recovery College:

I would echo Beth's point, coproduction starts from the bottom up and it cannot be rushed. That sometimes I think maybe might conflict with the timetables of Government, who are sometimes keen to get reform and restructure done in a hurry. The truth is that a rushed job is sometimes a bad job, and I think particularly with an issue like mental health. The other point I would echo is ensuring that decision-makers at senior level are engaging regularly with people with lived experience or people at senior level are people with lived experience, because then you ensure that it is in the D.N.A. (deoxyribonucleic acid) of the organisation.

Carer and Family Support Manager, Mind Jersey:

Yes, I would echo that. I would also say that a real willingness and belief that that works is really important. We had a piece of work 11 years ago called the Partnership Project, which was between £80,000 and £100,000 spent bringing 15 service users and 15 service professionals together. It was over 18 months. Professor Peter Gilbert led on that and people put their heart and souls into that. After 18 months, when it went back to Health, as far as I am aware, it is gathering dust up on one of their shelves. The thing that really bothers me about that is that the 15 service users that took all that time to work there and put everything in, all their experience, in the belief that it was going to make real change and it never did, because it is left again there with the mental health

services to drive it forward. We were talking about partnership working, co-working; it has to be shared.

[13:00]

For me, the ownership has to be with them both, not just: "Yes, okay" but: "We have had your input now, we will go and take that forward." Still to this day the various things that are coming up through mental health that we have been asked to get involved in is not at the very beginning. I continually ask: "Why are service users not here from the very beginning? Why are carers not here from the very beginning? You are involving them once you have an idea of what it is that you want to do."

Manager, Jersey Recovery College:

It is often an afterthought, it feels like.

Carer and Family Support Manager, Mind Jersey:

It is, yes.

Service Development Manager, Mind Jersey:

It is tokenism, that is what it is.

Deputy M.R. Le Hegarat:

Wrapping that sort of thought process up then, so in your view, all service providers, regardless of where they are in the chain, need to be brought in at the start of any process, and that is the only way that good partnership working will work?

Service Development Manager, Mind Jersey:

Absolutely.

Manager, Jersey Recovery College:

People who use the services as well, they should be included at that very first stage. There are some excellent pockets of work in Jersey that can be referred to. Mind's Youthful Minds group have done amazing work; the Recovery College exists through coproduction; the physiotherapy team up at the Pain Clinic have done some great work coproduction. There is a lot that exists and we have got lots of lessons and insights between us that we would be very happy to share around high coproduction work. I would argue even something like the new hospital, that should be a coproduction process.

Service Development Manager, Mind Jersey:

We will never in Jersey have a quality mental health service unless we have coproduction and participation. We will never have a quality service. It will not exist, because it is impossible. We have to have coproduction and we need to be listening to the voices of those people using services. I think another point that I want to make is we must not assume that everybody with a mental problem is in a homogenous group - they are different ages - and need the same kind of model or approach. The way that you would engage with children and young people, like our Youthful Minds group, they are a group of young people aged between 11 and 24 and they volunteer for Mind Jersey. They are our youth participation group. We would never work with them the same way we would work with an adult population. Everybody is different. Just echoing what Beth was saying and also Stephen - I suppose what everybody is saying - is that to develop quality services, you have to seek genuine contribution. I just want to pick up from what I said before: tokenism, just having somebody sitting on a panel where the decision has already been made really ahead of time, a young person sitting on a panel, for example, who has not even seen the application form for the mental health professional, that is not true engagement. We have some really good examples of where that has worked, because Youthful Minds do sit on interview panels for mental health professional roles here in Jersey. But what I am saying is we need to genuinely seek the contribution of people, we need to be willing to listen to what people are telling us that they want from services.

Deputy K.G. Pamplin:

I think it is a really relevant point that you just said. I think there is a transition going on at the moment. We have only obviously been constituted as politicians for 6 months. There is a new change going on with the one.gov rollout. There is a lot of uncertainty all over the place. We would argue that can cause more mental health problems. There is a huge amount of change going on and nobody is quite clear yet where that is going. People are fearful for their jobs, the right direction. As we know, this is continually going on and what you are saying is if you are not included as part of that process, all you are creating is a bigger problem. Only a couple of days ago the Government released their plan for a whole approach to health going on. Included in that was the Mental Health Improvement Board we have just touched upon. Have representatives of your charities been invited on to that, do you know?

Carer and Family Support Manager, Mind Jersey:

James might have.

Service Development Manager, Mind Jersey:

I think James was involved. We are not, no.

Deputy K.G. Pamplin:

Because they talk about a particular focus on establishing a 24/7 service with prevention and early intervention.

Carer and Family Support Manager, Mind Jersey:

Yes, I have been at that meeting.

Service Development Manager, Mind Jersey:

We have 2 members of Youthful Minds who are represented on that workshop as well, which is really exciting. We are quite pleased about that.

Deputy K.G. Pamplin:

That is good.

Deputy M.R. Le Hegarat:

Anything else finally that you would like to ...

Deputy K.G. Pamplin:

Or any questions for us?

Service Development Manager, Mind Jersey:

Just finally, to go back to coproduction and participation, it also needs to be adequately resourced, that is the other thing. A lot of the time we are being asked by services for a young person, for example, or an adult to take part in a workshop to develop services or perhaps as an interview panel et cetera. Although there is value placed in their contributions, there is no kind of offer of people being financially reimbursed for that, but you are asking people to provide their expertise. Their expertise is in their lived experience, so I think that we need to look at developing some sort of a mechanism to financially offer people. For some people, it might have implications in terms of benefits et cetera, but we must not make the assumption that people would not want to be remunerated for their expertise that they are sharing, effectively.

Manager, Jersey Recovery College:

It is a real equaliser. We pay our peer trainers, because they stand up next to a professional who, in an ideal world, is delivering a course as part of their working day, where it is part of their salary. They are being paid for their time, so our peer trainers are being paid for their time and expertise as well. That is really important. Also I think if we move towards that system, that is what good mental health systems look like. We do have a capacity issue. Perhaps Jersey would be a more attractive place for people to come and work and be mental health professionals here if they saw that we were a recovery-focused Island, that we were working with coproduction, that we have embraced experts

by experience, that we were moving in a forward direction, we might be a more appealing place for people to work.

Deputy M.R. Le Hegarat:

Thank you very much for coming in and for your time.

Chair, Jersey Recovery College:

Thank you for listening.

Manager, Jersey Recovery College:

Can I ask what happens next?

Deputy M.R. Le Hegarat:

We have taken both oral and written evidence from individuals. We are speaking to obviously Government departments and we are speaking to a large number of third sector groups as well, like yourselves. We have obviously got the survey as well, so all the evidence will be gathered and that evidence will be analysed and then a report will be commissioned. I say "commissioned", it will not be commissioned, it will be put together by the Scrutiny Officer and we will obviously have a look at what the findings are, if you like, as a group and then basically they put forward those findings, whether they are good or bad, whatever happens to come out of that analysis of that information. Then the report will be put together and then the recommendations and then we will put it to the Health Department and then show them what those recommendations are. They will obviously respond to those recommendation and then we, as a panel, will obviously continue to pursue that and those recommendations, so that we see some way forward, if that makes sense. Hopefully the report should be completed by the end of January, middle of February. We have lost a little bit of ground from the perspective that there were a few people who had not had an opportunity to fulfil the survey, so we wanted to make sure that we did not miss those opportunities, so we delayed it by a week. But obviously all that does have to be analysed. We have got the Scrutiny Officer, but we have finite resources, so it will need to be all analysed for us to be see the way forward and then it will be published.

Deputy K.G. Pamplin:

I think the key thing for us is, as Mary said earlier, we are 4 new elected politicians, who sit outside of Government and we all have different backgrounds of why mental health is very important to us. We did hinge it on the strategy because that was fair to do, we are there to scrutinise to see how the policy is going. But we wanted it to be people-led. We have had over 350 people respond to our survey in less than 2 months, and that goes to show the appetite and the demand, that people want to be heard. We wanted this to be led by evidence, of course by you coming today, policy-

makers, doctors, clinicians, charities, but it is the people that really are going to drive this. The message that we are going to be putting out there is when we produce this report, it is going to be honest and it is going to be recommending things. Then we are not going to put it on a shelf to be dusted away, this is going to be something - as a personal commitment - for the next few years we are going to be holding the Government to account, that this will be up-to-date evidence of 2018 of where we sit. There will be good things and there will be things that we want to hold to account. Over the next few years, we will be constantly pushing. We are not going to be dropping this and then moving on, so that is where it is. It is all going to be public, it is all going to be published. We will obviously go out to the media, because we wanted it to be progressive. We do not want it to just be a hitting stick. We know, as you keep saying, there are really good things going on, so we need to spotlight those things and say: "They are going on. Let us put this here and work together and give everybody the voice." But our role in this, as Scrutiny, is to hold it to the Ministers, the Health Department and continue that in the next few years, because what is clearly lacking, it is well and good having a strategy, but what are your key performance indicators and measurements? How are you measuring success? From what we are hearing, there is a big gap there, so that is what we are going to be doing for the next few years. In a way, you get to hold us to account as well, because you have been a big important part of this, so hopefully the idea being in 3 years' time, we have made some healthy, positive change.

Chair, Jersey Recovery College:

Fantastic, yes.

Deputy K.G. Pamplin:

Thank you.

[13:10]