



## Scrutiny Panel – Mental Health Review Contribution

LINC provides a range of therapeutic interventions in the community including counselling, psychotherapy, art therapy, groups and workshops, digital CBT, mindfulness and mental health nursing. We hold organisational membership with the British Association of Counselling and Psychotherapy and as such adhere to a robust ethical framework. Our approach is recovery-orientated and we place emphasis on the development of recovery orientated goals with those we support, placing priority on the values that matter to each person, in addition to clinical outcomes.

### What are the current trends in mental health in Jersey?

- Spotlight on workplace wellbeing. There appears to be far more concern and a greater narrative around promoting mental wellbeing in the workplace. Particularly over recent months, with publication of statistics around the number of days taken off from work by islanders due to mental health problems, there is a definite motivation currently, particularly in the private sector, to consider mental health provision for employees.
- Young people's mental health seems to have gained traction recently. The inclusion of mental wellbeing outcome measures in the recent school survey, media spotlight on the need for greater provision and early intervention and outreach initiatives driven forward by the Youth Service have created a greater narrative around this. This may have contributed to some extent to the increase in referrals to CAMHS, currently the highest it has been since 2011. It is frustrating to see the current difficulties with the PBS team which will no doubt lead to a further increase in CAMHS referrals, from education for example.
- Reliance on pharmacological interventions within primary care. The prescription rate for antidepressants has risen and we have seen numerous

people at LINC who have been prescribed medication for either depression or anxiety while waiting to access talking therapies. It seems GP's are often in a difficult situation in which, knowing the lengthy waiting times to access JTT, they are left with little alternative but to rely on drug treatments to support patients experiencing mental distress.

### What progress has the States of Jersey made on implementing its mental health strategy?

- Legislation. It is encouraging that capacity and self-determination legislation is being introduced. This will support movements towards a more empowering and enabling mental health system for service users, although initially will take a period of adjustment for professionals and service providers not accustomed to a legal framework of this kind.
- Despite the difficulties around accessibility and waiting times, Jersey Talking Therapies is a welcome addition to the provision on island.
- The Recovery College has met some of the objections outlined in the strategy in terms of provided a wider range of services designed for the individual and ensuring there is a focus on social inclusion and recovery. There are inherent difficulties with providing a service with foundations so deeply rooted within peer support and lived experience however the benefits to this can be profound and it is certainly a welcome contribution.
- Other initiatives and pilot schemes. Despite the pilot of having mental health nurses supporting emergency services recently being discontinued due to concerns around workload it is at least encouraging that innovative services of this sort are being considered and trialled within our health and social care system.
- Promotion of mental wellbeing. It has been evident over the past 12 months that there has been increased exposure and media coverage relating to mental health. The increase in events organised both within a professional capacity and also for the public has been useful in generating discussion around mental wellness.

### What further work is required?

- Improved access to talking therapies without excessive waiting times. Ensuring that a range of services are available to provide choice and deliver the most appropriate interventions to meet individual need.
- Securing joint working across the mental health system, as outlined in the Strategy, from our perspective has not been achieved. As a provider that sits outside of Statutory services working collaboratively with other providers in

the best interests of service users is fraught with difficulty. Poor communication and concerns around GDPR and information sharing, and a lack of standardisation can make joint working challenging.

- Early intervention is still not being achieved. Too often individuals are only able to access support from Statutory care when they have reached a point of crisis.
- Informal support in social contexts would be hugely advantageous and promote recovery for those in our community with enduring needs who find themselves becoming socially isolated.
- Greater priority given to comorbidity of mental and physical health disorder as reflected in UK IAPT targets.
- Currently the provision of community -based treatment and support is lacking. Enabling those within our community teams to work with more flexibility in terms of where they support service users and what that support looks like would create the context for more compassionate, therapeutic and relational care to improve outcomes.
- A drive in innovation and implementation of fresh ideas and initiatives would be welcomed. There appears a need to challenge some existing poor practices and cultures that may have developed as a result of low staff attrition. A mental health system where recovery-orientated principles are embedded within service delivery will require collective and institutional endeavour.