

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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ANSWER TO BE TABLED ON TUESDAY 22nd MARCH 2016**

Question

Can the Minister provide a list of the services available to those with mental health issues, or the top 5 most common mental health issues, detailing –

- how an individual can access these services;
- how long the waiting list is for both the initial appointment/assessment and how long patients wait for the subsequent course of treatment/therapy appointments after the initial assessment; and

advise whether there have been any changes in these services and waiting times over the past 5 years, and set out what targets there are for the waiting times for each service?

Can the Minister also provide an update on the measures proposed within the Mental Health Strategy for the prevention of mental health issues, detailing whether any prevention initiatives have been implemented or outlining the plans for this area?

Can the Minister also advise what public health messages or campaigns, if any, are being implemented to deal with mental health stigma and to aid in the prevention and identification of mental health issues?

Answer

Health and Social Services provides a number of services to people with mental health issues. These services are listed below with information on how people can access them, and on waiting lists. We do not collate information on the most common mental health issues as these are often age related, however, academic articles define the most common mental health problems as:

- Depression
- Anxiety Disorders which include phobias, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder etc.
- Dementia including Alzheimer's, vascular dementia, Lewy bodies etc.
- Psychosis including schizophrenia and bi-polar disorder
- Personality disorder
- Substance abuse

Mental health practitioners will also be asked to support people with non-specific diagnoses such as self-harming behaviours.

Psychology and Jersey Talking Therapies

How does an individual access these services?

Primary Mental Health services for Jersey include the H&SS Psychological Assessment and Therapy service and the newly-developed Jersey Talking Therapies (JTT) service. Individuals can access these services once they have been seen by either their GP or a healthcare professional who will then either send a written referral to the service or provide the individual with a leaflet explaining how they can make contact and register by phone.

How long is the waiting list for both the initial appointment/assessment and how long do patients wait for the subsequent course of treatment/therapy appointments after the initial assessment?

Initial Assessment Waiting Times:

Step 2 (JTT mild problem)	3 weeks
Step 3 (JTT moderate problem)	5 weeks

Therapeutic Intervention Waiting Times:

Step 2	12 weeks
Counselling	8 weeks
Step 3	16 weeks
Step 4 (specialist intensive multi-disciplinary services)	29 weeks

Have there been any changes in these services and waiting times over the past 5 years, and set out what targets there are for the waiting times for each service

With the implementation of JTT in October 2014, there has been a major positive impact on waiting times for both assessment and therapeutic interventions. Prior to JTT becoming operational, the waiting time at Psychological Assessment and Therapy service was as follows:

Initial Assessment Waiting Times:

4 months

Therapeutic Intervention Waiting Times:

Counselling	2 months
1:1 Therapy	9 months

Older Adult Mental Health Services

How does an individual access these services?

Our older adult mental health services currently provide in-patient assessment for people with a dementia or a functional mental health condition such as depression or psychosis and continuing nursing care for people with dementia. These services are accessed through either GP referral or referral from other secondary care specialist services such as the emergency department.

The memory service and older adults community mental health team is also provided by the older adult mental health service and referrals can be made by GPs or secondary care specialist services.

How long is the waiting list for both the initial appointment/assessment and how long do patients wait for the subsequent course of treatment/therapy appointments after the initial assessment?

Historically, the community mental health team did not have a waiting list. However, in May 2015, due to an increase in referrals of 40% over the previous 3 years, a waiting list had to be introduced with priority given to those referrals with the greatest risk. All referrals are assessed within 6 weeks and since the introduction of increased funding as part of P82 this year, the waiting list has begun to reduce.

The memory service has a wait for initial assessment of up to 10 weeks. Following assessment, if a care package is indicated, this will be arranged at the end of the assessment process. The wait for initial assessment has increased from 6 weeks in 2013 due to a 35% increase in referrals.

Have there been any changes in these services and waiting times over the past 5 years, and set out what targets there are for the waiting times for each service

Waiting times have increased over the past 5 years and the number of referrals is predicted to continue to rise. This was recognised in the 'Caring for each other, caring for ourselves' White Paper and an extra £1.8 million is being invested into older peoples' community mental health services. This will have a direct impact on waiting times, reducing the time for a memory service appointment (back) to 6 weeks and eradicating the waiting time for referrals to the community mental health team. A liaison service to the general hospital will also be introduced along with improved mental health support to GPs.

Adult Mental Health

How does an individual access these services?

The adult mental health service provides in-patient assessment and treatment, community care packages and a liaison service to the general hospital, the police, courts, prison and the Shelter Trust. Services are accessed through either the GP or specialist secondary care services such as the emergency department. In certain situations, the police have authority under the Mental Health (Jersey) Law 1969 to access a mental health assessment.

How long is the waiting list for both the initial appointment/assessment and how long do patients wait for the subsequent course of treatment/therapy appointments after the initial assessment?

Access to adult mental health services is via a number of routes. A routine referral will be received by the team and a questionnaire will be sent to the client asking for relevant detail to help the assessment process. Once this has been received, an appointment will be offered by the appropriate mental health professional (doctor, nurse, social worker psychologist etc.) within 3 weeks. Urgent appointments will be assessed within 24-48 hours, dependent on risk, and emergency responses within 30 minutes via their liaison service and will be seen at the Emergency Department.

Have there been any changes in these services and waiting times over the past 5 years, and set out what targets there are for the waiting times for each service

The response times for access to adult mental health services have not changed over the past 5 years. Liaison services to the criminal justice services are a recent addition to service provision. There will be further improvements to service provision following the launch of the Mental Health Strategy at the end of last year (see below).

Child and Adolescent Mental Health Services (CAMHS)

How does an individual access these services?

CAMHS can be accessed through referral from GPs, specialist secondary care service providers and partner children's services including schools and youth services.

How long is the waiting list for both the initial appointment/assessment and how long do patients wait for the subsequent course of treatment/therapy appointments after the initial assessment?

CAMHS offers 3 types of access for initial assessment:

- Routine – 28 days
- Soon – 14 days
- Urgent – 2 days

The trend in waiting times has seen a reduction over the last two years. Following the Scrutiny review of 2013, a Lean rapid process improvement plan in 2014 has led to a headline reduction in routine initial assessment waiting times from 14 weeks to under 3 weeks. The figure for 2015 has fluctuated, but the

average waiting time across all urgencies during the year was 17.8 days, compared to 60.7 days in 2014. We are unable to make comparisons prior to 2014 as the criteria for access to CAMHS has changed.

During 2015 the average time from referral to initial assessment was:

- Routine – 20.6 days
- Soon – 11.3 days
- Urgent – 3.6 days

Following the initial appointment, each client will be prioritised according to risk. Those who are assessed as risk 1 (highest risk) will have a clinical appointment within a week, risk 2 will have a clinical appointment within 2 to 3 weeks, and low risk, risk 3, within 4 months.

Have there been any changes in these services and waiting times over the past 5 years, and set out what targets there are for the waiting times for each service

Waiting times and thresholds for access to services have been reviewed over the past two years. The mental health strategy supports the improvement of mental health services for children and young people and colleagues in education are working closely with us in developing service improvements (see below).

Alcohol and Drug Services

Health and Social Services provides alcohol and drug services directly and also has a service level agreement with Silkworth. The responses below are in two parts, with part 1 representing the HSSD service and part 2 Silkworth services.

How does an individual access these services?

Part 1 (HSSD) People with alcohol or substance abuse problems can access services either through self-referral or through a GP or specialist service referral. An arrest referral officer is also employed to support people who have addiction problems to access appropriate treatment following arrest as there is good evidence to show motivation to change behaviours is higher at this time. A liaison service is also provided to the general hospital.

Part 2 (Silkworth) Access to a residential treatment programme at Silkworth Lodge can be made via self-referral, D&A, GP or any other agency. Silkworth also now has a Community Day Programme for those that suffer with drug and/or alcohol issues, the purpose of which is to give a wider audience the information and tools that they need in order to make a balanced informed choice about their next steps into recovery, whether that be through the D&A service, Silkworth Lodge or other methods of recovery.

How long is the waiting list for both the initial appointment/assessment and how long do patients wait for the subsequent course of treatment/therapy appointments after the initial assessment?

Part 1 (HSSD) The initial assessment will take place within 2 weeks. Following assessment, if further treatment is indicated, those who have alcohol problems will commence treatment within 2 weeks. Those who require substance misuse programmes will be able to access the methadone programme within 3-4 weeks or the subutex programme where the wait is up to 6 months.

Part 2 Silkworth can see a potential client for initial informal assessment for the residential services within 48 hours. However, if a particular case requires urgent action, the client may be seen on the same day if possible. A client accessing the Community Day Programme can be seen on the same day.

Have there been any changes in these services and waiting times over the past 5 years, and set out what targets there are for the waiting times for each service

Part 1 (HSSD) There have not been significant changes to the waiting times for alcohol and methadone services, however, the wait for subutex has increased recently due to financial pressures. Work is ongoing to introduce shared care treatment programmes for methadone and subutex with GPs, which will have a positive impact on reducing waiting times.

Part 2 (Silkworth) There have not been any changes in the service waiting times over the past 5 years.

Mental Health Strategy/Public Health Messages

The implementation of the Mental Health Strategy is led by a number of different service providers, including Public Health, Community Social Services, Education Department and the community and voluntary sector.

An engagement day is planned in May to share the progress made to date. In addition, delegates will also be collaborating to collectively identify the key outcomes areas, with specific focus on 'recovery'.

Progress to date on the 2016 priorities includes:

Recovery College: The Jersey Employment Trust is leading the work on developing a Recovery College. An initial workshop took place on the 23rd February with representatives from statutory services, the private sector, the community and voluntary sector and people who are experts through experience. A project worker is now in place and future visits are planned to similar services in the UK to see how they run. As a result of the workshop, a number of people have been identified as willing and able to support this work going forward.

Older Adult Mental Health Services: New job roles and job descriptions are being written to fit with the redesigned services which include Memory Assessment, Community Mental Health Team, Hospital Liaison, Rapid Response and Primary Care Services. Meetings with clinicians and professionals are scheduled to develop service pathways and protocols that support the service specifications. These will be tested with patients and carers during April. Recruitment to posts is scheduled for May / June with the ambition of services going live in July.

Children and Young People: A stock take of current school-based services that support young people's mental health and wellbeing has been completed. A workshop with Education and Health and Social Services leads is planned to agree the focus for joint planning and service redesign ahead of investment for early intervention services.

Dedicated Awareness Events: Four dates have been identified as key opportunities to raise public awareness of mental health – Public Health along with other agencies will lead this work. The key dates include: 16th-22nd May – Mental Health Awareness Week; 10th September – World Suicide Prevention Day; 10th October – World Mental Health Day; 4th February 2017 – Time to Change.

Understanding Public Attitudes: Questions about respondents' perceptions of mental illness have been included in the next Jersey Annual Social Survey. Once this survey reports on findings in December 2016, a baseline understanding of self-reported public attitudes to mental illness will be known for the first time. This information will be used to shape future awareness campaigns.

Building Capacity: A series of evidence-based training on issues relating to suicide prevention is being conducted during 2016. This training is supported by senior clinicians and practitioners and will target front-line workers in different statutory and community and voluntary sector services. During 2016 the training will focus on responding to self-harm, managing risk and promoting emotional resilience.

Help Seeking: During 2016, the Jersey On-Line Directory is being reviewed and key search terms improved so that details of mental health services can be easily found by those seeking assistance from mental health services. Promotional materials raising the awareness of the On-Line Directory will also be circulated to front line workers and carers alike.

Benchmarking: Following the recent visit from the Director of the National NHS Benchmarking Network, plans are in place for Jersey to become a network member. This will enable local mental health services to benchmark themselves to similar UK and OECD countries for similar areas of service provision. This will give a focus for future service improvement activity.