

STATES OF JERSEY

OFFICIAL REPORT

WEDNESDAY, 22nd MAY 2019

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[9:33]

The Roll was called and the Dean led the Assembly in Prayer.

PUBLIC BUSINESS – resumption

1. Assessment of Mental Health Services (S.R.4/2019)

The Deputy Bailiff:

All items of Public Business, given that P.37/2019 and P.38/2019 were deferred, have now been concluded, save for the last item on the Order Paper and the final item of Public Business is the in-Committee debate on the Scrutiny report assessment of Mental Health Services, so I will remind Members, as this is an in-Committee debate, that Standing Orders provide that Members can speak more than once and that there is no vote at the end of the debate. In theory, it is for me to decide the duration, but the States have agreed that we will devote the morning session to this, so, therefore, we will expect to finish at 12.45 p.m. on this debate. To start the debate, therefore, I call on Deputy Le Hegarat.

1.1 Deputy M.R. Le Hegarat of St. Helier:

One in 4 of us will experience some form of mental health problem in our lifetime; conditions from mild to severe anxiety and depression, to bipolar disorder, schizophrenia and dementia. Our mental health, emotional, psychological and social well-being, affects how we think, how we feel, how we behave. When we convened our first Mental Health Scrutiny Panel in June 2018, the need to prioritise examination of this critical area was clear. The Island's Mental Health Strategy was published in 2015, aiming to improve services between 2016 and 2020. We were, therefore, halfway through that process. But what do we know about the services provided by the public and statutory services, by private, voluntary and community organisations? How easy are the services designed to support and treat those experiencing poor mental health to access and use? What is the experience of those that need them? In summary, what progress has been made on delivering the 2015 strategy and what work remains? To answer these questions, the panel considered a significant volume of evidence: 340 survey forms were reviewed, 16 written submissions, 15 personal testimonies, 9 public hearings, one private hearing, engagement with 15 charities, visits to the prison, police headquarters, and across the board of the mental health estate. The result of the review contains 69 pages and I would commend all Members to read it. I would like to express considerable gratitude to all those who contributed, service users and families, support agencies and statutory services. In the report we make clear that people, who use mental health services, were at the heart of our review. I know that I speak for all of the panel to say a heartfelt thank you to those people. Thank you for your support, your willingness and your bravery, for reliving often harrowing and personal experiences to give insight into how services are delivered. What do the results show? Are services as good as they could be? Has the Government done enough to improve mental health services? Unfortunately, the answer to both these questions is no. However, there are positives. Our mental health services have staff that are dedicated and hardworking and there is general acceptance from the public, professionals and politicians alike of the need for improvement. The panel has sought to act in a constructive manner and as a critical friend. The resulting report makes 21 recommendations. Strong political and executive leadership are required; adequate investment in services and concentration on the recruitment and retention of staff. We need to be creative in our thinking and we need to encourage staff into this critical area, both locally and also from abroad, wherever those individuals are. We need to ensure that they are provided with good housing facilities, good care for their children, and everything that Jersey has to offer them, and welcome them to our Island.

[9:45]

The investment in our estate is critical in relation to this. The facilities need to be updated and they need to be a place where people want to work and they are happy to work and they feel safe going to work on a day-to-day basis. All of these matters, if put into place, will ensure that the future of Jersey

and our mental health services moves forward so, hopefully, this morning, everyone will contribute to this debate and give whatever they can. I would also, at this point, like to say a thank you to the team within the Greffe and particularly our Scrutiny Officer, who worked tirelessly alongside us and created the report.

1.1.1 Deputy C.S. Alves of St. Helier:

Over the 9 months it took the panel to receive evidence and write this report, we heard some truly harrowing stories of first-hand experience. I felt shocked and at some points I had to hold back my emotions, but there was a part of me that was not surprised. A couple of common themes were unacceptable waiting times - nearly three-quarters of the people we spoke to and gathered evidence from had to wait to be seen - and, of those people, three-quarters of them felt that wait was not very to not at all acceptable and just over half were not even made aware that they had to wait. A quote from a respondent: "Staff are naturally unwilling to commit to a waiting time, as they have no control and cannot guarantee how long it will be." Most mental health patients are experiencing some kind of distress; the longer they wait for treatment, the greater their distress and the more problems can arise. Not just for them, but for their family, friends, partners and work colleagues. Another common theme was the lack of additional information communicated to the patient and the family. Over 60 per cent of respondents, from across the services, said that they were not given any information about other services such as the Samaritans. When you see that 64 per cent of people, who had to wait, said that their mental health became somewhat, or much, worse during the wait, this is extremely significant. Shortly after publishing our report, someone I know posted something on Facebook, which spoke to a lot of people and has made me more determined to make sure we get this right. The post read: "La Moye Prison inmates get their own room, with their own T.V. (television), have access to the gym, have access to counsellors, socialise in communal areas, have opportunities to learn new skills through various activities, have opportunities to gain qualifications. Orchard House patients have a room that is worse than a prison cell with no T.V.; rooms are not cleaned for days; there is the smallest of outdoor areas, for those who do not have permission to leave the premises, which is dark, wet, and which barely gets any sunlight; one family room for visitors, which is so small you could touch each side of the room when stood in the middle with your arms outstretched; no activities; no opportunities to learn new skills; no exercise equipment; no immediate access to counsellors or psychologists to talk to, the list goes on. People, who are suffering mentally in Jersey, would be better off in prison than to go to the place that is meant to provide the care that they need to return to a better state of health and strength of mind. What a sad and bleak place Orchard House is. My heart breaks for anyone that has to endure any sort of time in what can only be described as a place, which is a complete disgrace to humanity." We recognise that these facilities improve the mental health of prisoners and help to rehabilitate, yet they are severely lacking in a mental health facility. I can only imagine how it must feel for this person to be a family member on the outside looking in and seeing this and how this itself could impact their own mental health as well. We live in a society and in a world, which is for ever changing and evolving at an extremely fast rate and with this comes ever-changing and increasing pressure and stress on all areas of society, but even more so on our young people. A recent article in the *Guardian* stated: "In a survey of 8,600 school leaders, teachers and support workers, 83 per cent said they had witnessed an increase in the number of children in their care with poor mental health, rising to 90 per cent among students in college. Many described a sense of helplessness in the face of the crisis. One said: 'It was like a slow-motion car crash for our young people and I am powerless to stop and cannot bear to watch or be a part of it anymore.' Others complained that real-term funding cuts in schools were making it harder to support pupils in need with fewer support staff available. 'We are at a crisis point with mental health' one respondent said. 'Much more anxiety, self-harming, 3 suicides in 3 years in my school alone' said another." Ultimately, everything I have said and everything you will probably hear during this debate today boils down to one thing: investment, financial investment, or, to be frank, money. "You get what you pay for" is something I would often hear growing up and although we are not a wealthy family, we always recognised that if you want good quality you are going to have to pay for it. Too many

years of Governments under-investing, cutting here and there, has led to this. As an employer, the States need to take the mental health of its staff seriously, as well. When workloads are unachievable and workers are crying out for support, giving them a discount on a yoga class, or a gym pass, is not what they need. They need investment in resources, be that manpower, or better equipment; this is a form of bullying. Giving unachievable workloads, with limited resources; that is bullying and that is precisely what has been happening. The Government cannot afford to keep under-investing and cutting budgets, thinking that by cutting back here and there will save in the long run, because it will not. You will end up spending a lot more than you did in the first place to rectify all those bad choices made to fulfil some fictitious target and the Mental Health Review Report highlights that. This is not just about mental health; this is about all areas of our Government, because one area will impact another and so on. If we care about our future, our people, we must invest in them. **[Approbation]**

1.1.2 Senator S.C. Ferguson:

Yes, I have had a number of constituents, who have had mental health problems and so, perhaps, I am extrapolating from the particular to the general but, judging by everything we have heard over the last few years, it is probably appropriate. For instance, the length of time from the reference by the G.P. (general practitioner) to triage, it is too long, as previous speakers have said. By the time the triage and consultation takes place, the situation has got worse. But, on the other hand, what I have noticed is that there is an immediate assumption by clinicians that the patient is never cognisant of the medication with which they should be treated and, in fact, in some cases clinicians are ignoring what the patient says. This is not good enough, because just because you have a mental health problem does not mean that you have said goodbye to your thinking faculties. In some cases you may, but in general you can still think and you are still aware and you still know. The P.A.C.'s (Public Accounts Committee) report on organisation and culture pointed out that behavioural reform was probably more important than the reorganisation and, as I have said, just because somebody has mental health problems does not mean to say that they are incapable of thinking and the clinicians need to remember this. I agree that Orchard House is substandard. I was appalled when I went around. Some of the staff are trying jolly hard, but it really is not the sort of situation where I would want any of my relatives being put into. I do have just one query, which perhaps somebody will answer for me during the debate: why is there an increase in mental health problems for children? This is something that really does absolutely fox me, because is it poor parenting, is it the necessity for both parents to work, is it purely money, is it perhaps the conditions? If somebody could comment on this, I would be very grateful.

1.1.3 Deputy K.G. Pamplin of St. Saviour:

I will be speaking twice in this debate, but I just wanted to highlight what we are doing as a panel. What we are doing is breaking down, as my Chair mentioned, our 64-page review and taking a section each and, as you have already heard from Deputy Le Hegarat and Deputy Alves, some very powerful things are already coming out. So, my first part of my speech is to highlight some of the issues in the report. As my fellow Members have already mentioned, this in-Committee debate, for the first time we believe, follows and draws findings from that Scrutiny review into mental health services here in Jersey. As mentioned, this piece of work was a highly in-depth review of a period of over 8-plus months. I also would like to pay tribute to all those who played their part in making it such a powerful and truthful account of the situation we find ourselves in today. We caveat by saying that it is fair to say that everyday folks' impressions of politicians the world-around right now is probably not in its highest esteem, thanks to Brexit, thanks to other personality politicians around the world, not naming names. So, for people who have gone through such heartbreaking, distressing, situations to step forward and to come into this building to speak to a group of new politicians they have never heard of, or met before, was very brave and, again, I pay tribute to all of those who told us their real accounts here in Jersey. For me, like many others here today, mental health was a big issue on the doorstep during last year's election. Previous to this, however, I was already involved in work on the situation of mental health services and the impact on the Island from my time working for 2 local

charities and supporting many others, but also in my personal life with close family and friends. I wish to ask, by asking the simple question, how do we want to be remembered in history in many years to come? My daughter and I have a saying at the end of each day where we simply ask each other: “What did you do today to make you happy?” and also: “What did you do today to make the world a better place?” Historically, very sadly, and much like other parts of the western world, the attitude to mental health and mental illness has not been the best. But, let us just focus on our Island home and let us take St. Saviour’s Hospital, for example, which was a relatively modern name for the institution that was called the Jersey Lunatic Asylum for nearly 100 years. In 1952 the name was changed to the Jersey Mental Hospital and then, in 1963, when attitudes began to change towards mental health, the current names were then adopted. But, in fact, going further back the foundation stone for the asylum was laid on Saturday, 29th July 1865, nearly 20 years after the then States had first been criticised for their care of Islanders with learning disabilities and mental health issues in 1847. At this time, history tells us, the States were extremely reluctant to spend money on a purpose-built asylum. Such was the frustration at the inaction of the States in respect to this issue that, in 1859, the then Lieutenant Governor of the time made the rare decision to exercise his power of veto in the States and he was successful in blocking a proposal to delay the building of this public asylum. Now, fast-forward many years and eventually the old building was closed and services were moved out, but not to a purpose-built facility to care for all aspects of mental health and Islanders who need that specialist care. Orchard House, as was already mentioned, in particular, was hastily cobbled together in the shadow of the old asylum, which still stands, in a building clearly then not fit for purpose.

[10:00]

But, as time went on and service demand increased and issues and pressures continued to grow, impacting the States of Jersey Police, the Jersey General Hospital and local charities were then needed, all because, still, attitudes had not changed at the pace with the lack of funding, or joined-up thinking still far behind. As the ITV F.o.I. (Freedom of Information) report last week showed, in the last 3 years almost £350,000, which was allocated to mental health services, was simply not used. Now, after coming into this position as a States Member, I wanted to play my part in bringing the issues forward and working proactively with others to make a difference. So, during our induction period, I was interested to see Orchard House as a States of Jersey facility that new Members could come and visit. But, on arrival, it was clear that was not going to happen; that it was not to be a visit to Orchard House, at all. In fact, what we got was another death-by-PowerPoint in a separate building and then a quick Q. & A. (question and answer) and a “thank you very much”. Those who know me and those who do by now, I am not shy in coming forward, I made the observation vocally at the time: “This was not a visit to Orchard House.” Luckily, the new interim director for mental health, who was with us, recognised my point and she very kindly took myself and Deputy Doublet into Orchard House. From the moment I walked through the door, that very unsettling moment hit home why we had not been brought to see this facility after all. My heart literally sunk; it was so much worse than I had feared. It was like walking into a prison; an environment not fitting the very same Island that I love so much, that is so caring and so community-based, looking out for each other. What has happened here? As our report documents, the Mental Health Strategy our Scrutiny review was based around states that: “The need to re-provide the existing adult acute inpatient service in more suitable accommodation has been identified as a priority.” This was the same priority given when the service was moved into Orchard House; there is not a long-term solution. It still remains a priority. When collecting personal testimony from several people, from staff, professionals, politicians and Islanders, one person told us it is just not a place really where somebody with severe anxiety is going to get better; simply it is not a great place to be. How true that simple statement is. As I said, it sits in the shadow of this large, looming, aforementioned old asylum building, boarded up, broken down, looking over you. What does that say to anybody who is in a moment of crisis? The garden space is about the space of the floor in front of us, not one sign of any flower, or any love, or care, or thought given to the only outdoor space for Islanders to feel better in. If you go to

Orchard House and experience what we all did then you, like myself, should feel like all of us, ashamed that this is what we have allowed to happen. But, at the same time, I hope, like me, it fires you up to finally, once and for all, turn the tide on this issue. But, probably most upsetting and shocking of all of the many pieces of evidence from all concerned is that young children have been taken to this adult facility. This is heartbreaking. Just sit with the parents of children and teenagers going through the situation of a troubled daughter, or son, and how the system and Island does not have the ways and the means to support them, other than police cells, or a General Hospital - which we all know is not fit for purpose also, not as severe as Orchard House, but, as we know - we need a new one. But they do all they can, the police force, the care workers, the social workers. Again, we have to praise the nurses and all clinical staff for all that do and have done for Islanders over the many years. They also have been trying to speak out and tell us. We know, through our evidence, that for some the service has been able to match their needs, but even in the submissions that those people told us about they then caveated their evidence of their positive experience, saying: "We were lucky. We won the lottery. We know this is not the same for others." In terms of other estate issues, La Chasse, the adult outpatient services, was also located in a very uninviting building, small, cramped, impersonal, with rundown meeting rooms and walls so thin you could hear conversations in adjoining rooms. One mental health nurse, newly put in post in the Island, was sat in front of the wall with mould right in front of him. Welcome to Jersey. Jersey Talking Therapies, the much-in-demand service, is located in shared offices above the bus station. People visiting have to announce themselves at a general reception area, then walk down a very long corridor and pass the other private businesses on the same floor. The staff then told us that the service was going to be moved and more thought put into its location but, as we know, they are still there. The issues remain for this much-in-demand service. But I am reassured by the new staff in place and the Director General of Health that work is going on. We really hope it is. C.A.M.H.S. (Child and Adolescent Mental Health Services) was moved into a main new building on a prominent route for schoolchildren in a modern, very transparent, glass building, which also holds social workers. Again, the concerns of the staff, but particularly the children using this service, have shown great concern. The children are telling us they did not feel comfortable going into this new setup seeking mental health support. They are telling us they are concerned that a social worker might just walk in and take them away. Do you not believe me? Read our report, or read, even, the Jersey Children Commissioner's Island-wide consultation. She assures me this is a subject she is working very hard on behind the scenes. What this picture clearly demonstrates is, as mentioned and reported by the C. and A.G. (Comptroller and Auditor General) in her reports into health, that things over time have been woefully disconnected. It is another symbol of a local health system that has ashamedly been in the past complex and disjointed, relying on charities to find the pathways for our loved ones. On an Island our size, as she stated, it is frankly unforgiveable. As I noted, having met the new leaders in health, including the new Director General for Health and others, it seems, finally, a real drive and understanding for change is happening. We must really note that and we all must play our part in this because, for too long, things have been promised and not delivered. But spending time with staff in the hospital, as I have done recently across the Island on the ground, staff are also feeling at last things are changing. This leads me on to accountability, another part of our mental health report. The evidence in our report could not be any more clear and, in fact, the company, who provided the consultation for the Mental Health Strategy, said and I quote: "Over the past 18 months, the link between strategy and operational delivery has not been clear enough." Again, we know from comments from the Minister for Health and Social Services through our briefings most recently, this is being addressed finally. But it is all of our accountability that needs to come into play. When something is said that something should happen, we should be holding those things to account, asking the questions, how, when, what, where and when? As I have mentioned before in this Assembly, for too many years Ministers, or those with the authority and the powers, have said: "This is going to happen", like building a children's mental health unit in the hospital, which still sits on local media websites. It never happened. We should be seeing transparency and smart achievable goals being met, reports, evidence to show what has been put in place, how it is working and here are the results

and achievements. No more important when it comes down to caring for our loved ones and preventing lives being taken as much as humanly possible, so we can simply look someone in the eye and say: “We really did all that we could” because, right now, we cannot. All this while reports show that research, as Deputy Alves said, too many children are being admitted to hospital unnecessarily and spending months and years of their childhood in institutions, sometimes when they do not need to be there, but also the rates of self-harming, anxiety and worse, are also increasing. We have that evidence locally also. This is not one of those things that can be brushed over anymore. We recently, as an Assembly, declared a climate emergency. I believe we need to declare a need for an urgent change of climate for our children, for our future, for all Islanders who experience their own mental health illness, because, if we do not, history will define us that we did not. I will give way at this point to speak later.

1.1.4 Deputy M. Tadier of St. Brelade:

I am really pleased that this Scrutiny Panel, as one of their first major pieces of work, has chosen the subject of mental health. It is an area, in which many of us have either some experience politically, or from a family context, or from friends in a small Island and we are all aware of the issues around that. I am also glad, because I have often considered the parallels that exist between the Committee of Inquiry we had into care on the Island and the looming mental health crisis, which, were it not for this review, I was almost on the brink of asking for an independent inquiry to be done into mental health services in the Island. Because I think they are one area in which you almost need a fresh pair of eyes to come in and have a root and branch independent critique of what is going on in the Island. It is very difficult, notwithstanding the good work of the people who work in those industries, whether it is charitable, or the States, to do that; but, to a certain extent, we have already had that fresh pair of eyes with the new Members that have come in. I do want to put a challenge out there, though; it is easy to be passionate about a lot of issues, including mental health and I would ask Members and the wider society, are we sufficiently passionate about mental health and changing the outcomes to change our societal and our economic model? Do we feel passionate enough about changing mental health outcomes, for example, to ask the rich in the Island to pay a bit more tax, so that they can fund better facilities? We have heard first-hand evidence from users and families of the facilities saying that they would be better off in prison and those kinds of statements should shock us and I do not doubt, for one moment, that they are wrong, but they probably, I am sure, would be countered by professionals. I am sure it is a very complex area. But the other point is, we know that the parallel that is being made with the prison service and the mental health services is quite apposite, because a lot of mental health individuals, who perhaps have a sole mental health need, do end up in the criminal justice service for no fault of their own, because they have not received the right intervention at the right times. I certainly know from constituents and I have been to the Magistrate’s Court with an individual, as a friend, if you like, for somebody who should not have been there at all and spoken to the duty advocate, because it is somebody in care who then reacted badly to being restrained and they were being put in court, even though they were a young person. The duty advocate agreed that they should not have been there in the first place at all and at least one Member of the Assembly, who had a previous different capacity knows exactly what I am talking about and he will sympathise with that situation, as well. But there are numerous examples in that regard. The reason that we ask for the idea of a more equal society and a reduction in income inequality is not just for some kind of ideology; the reason is that the evidence shows that in societies, which are more equal and in which the gap between the richest and the poorest is smaller, rather than larger, everybody is better. So, the rich are better off in that kind of society, the poorest are better off because, when you have a more cohesive society, people tend to look out for each other.

[10:15]

But, moreover, they can all afford to be participants in society and what we all know is that when people become marginalised in a society, for whatever reason, that is when stress can build up and mental health issues can build up as well to crisis point. If the society does not have a mechanism to

deal with it, partly because they are not investing sufficiently in those areas, then it becomes a problem for all of us. It ultimately becomes an economic problem, as well as a social one. So, for all of those reasons we need to make sure we address those issues correctly. I will caveat, of course, the fact that mental health and health in general is the great leveller, so we know that mental health issues can affect anybody, no matter what societal background you come from. But it has to be emphasised that poverty is one of the biggest contributors to exacerbating mental health issues and I think we need to get to grips with that. It is not sufficient for the Chief Minister to stand up and say, when he signed up to a core plank of his strategic plan, that income inequality should be reduced and then say: "Well I just care about increasing everybody's income", because that does not help anybody. If you bring people up from the bottom, but the people at the top keep on getting richer and richer, far above the people at the bottom and house prices are going up, it does not matter if you earn £1,000 a week if your rent and your bills are coming to a lot more than that, or I should probably say £1,000 a month. If your rent is £1,500 a month, then you cannot afford food and you have to choose about what kind of clothes you give to your children. These are real issues that we have to grapple with. So, the words and the passion are great. I put that challenge out, do we have it within us to fundamentally change the way we deal with these issues? I have to put it on record now that I am starting to lose confidence in this Government. I am not currently a Member, I do not think, until the end of today, but even if I were a Member and I think this is a salient point because there is another key factor when it comes to mental health issues, which is that of bullying in the workplace. I know, for example, that bullying can take many forms; it can take the form of people having to suffer racial abuse at a Parish meeting and the Constable not intervening, when he should do and standing up and not showing a duty of care; that is one example where somebody can be made to feel undervalued. Some Members will know exactly what I am talking about. But it can also happen in the workforce more generally when, on the one hand, we are saying we have all these whistle-blowing systems in place and we want you to report to us when you are being bullied. But the real bullying comes from when you are given a workload, which is unachievable and you are expected to do that. But it can also happen in ministerial Government.

The Deputy Bailiff:

We are inquorate. Could we get Members in please? Very well, we are quorate again. Please do continue.

Deputy M. Tadier:

To come full circle, the reason I am concerned is twofold. We have a Government, which ultimately is doing the same old, same old; it is saying that they want some kind of change, but we have the same old tired and old economic model trying to perhaps rebrand a tin, but with exactly the same content. We still have that emerging bullying culture where Members of the Government, whether they are Assistant Ministers, or not, are not able to speak out and critique and criticise the Government when they are doing something wrong and they will get threatened with sack and suspensions, as has been seen. I am not talking about myself here, incidentally. This is not a healthy way forward to go and if that is being shown at the top as a model for the workforce that we have and that any whistle-blowing is going to be shut down, that at least sends out a message, which is prone to cognitive dissonance. So, I would put a challenge to the Chief Minister to say that if he truly wants a diverse workforce and a diverse Council of Ministers, then he needs to listen to the dissenting voices and that needs to be replicated right throughout the civil service, because we have had many people leave the civil service, who should not have needed to, to work in other areas, who have been a loss and it is because they have seen a changing culture. So, we need to reverse that trend to progress a way forward, and that is just for the people who are on our watch. But I do commend the good work again of the Scrutiny Panel. I am sorry if some of these comments are hard for people to hear, but we are here to speak whatever we think to be true and to listen and act on it. None of us is perfect of course and we all have our part to play.

1.1.5 Deputy L.M.C. Doublet of St. Saviour:

I studied psychology at university, so I have an interest in this area and I followed the review very closely and the work of the panel and I just want to echo what others have said, that it is an excellent review and to applaud the panel and, of course, the Islanders and staff that took part in the review. Personally, I have had experiences recently where people have wanted to talk to me, because they have seen that I have had a child, so mothers and fathers come and talk to me about issues around parenting and maternity and paternity issues and it has been a massive eye-opener for me. There is a real hidden problem out there where so many parents are struggling and I just wanted to highlight something that I know the panel did not touch on very much in their report and I think it is a hidden problem. I understand that the panel could not cover absolutely everything. Senator Ferguson asked about the rise of mental health issues in children. If we look at the family as a unit and families do operate as a unit and everybody impacts each other, and we know from the 1,001 Days initiative, which Jersey has adopted, that strong early bond with a caregiver is absolutely critical in building good mental health in the child. But many mothers and fathers are not getting the support that they need to give their child that secure early start and I strongly believe that is the cause of many of the mental health difficulties that we are seeing in children; not the only cause, but I think it is a big one. The stories that I have heard from Islanders mirror many of the general issues that the panel have highlighted in their report. Some people are seeking and getting help and there have been some really positive stories. Talking about one particular mental health nurse, who a lady, this morning, described to me: "It was a godsend, she saved my life." But many stories are not like this; many of the stories I hear are negative and lots of mothers and fathers are not getting the help that they need and they are reaching the point of desperation. This is not good for children. It is obviously not good for the individual who is suffering from those difficulties, but it is not good for the child, who has just been born into that family. It is really hard for parents to speak up about this, because it is supposed to be such a happy time, our culture puts out these images of people smiling and giggling with their babies and, of course, everybody has those moments, but there can be some very dark times as well. I have looked at the stats on this and the U.K. (United Kingdom) stats from a recent YouGov survey show that around a third of mothers experience mental health difficulties. If we apply that to our annual birth rate, which is around 1,000, that is over 300 mothers that are affected every year and let us not forget the 300 babies that are experiencing that, as well. In Jersey, I think it could be even worse than this, because we have unique pressures here, the cost of living, the cost of housing here, we have more mothers and fathers who are both working full time than, I think, anywhere else in Europe. The pressures are huge. I am not even going to mention the private sector, where some women are only getting 6 weeks paid leave at the moment and that is all that many can afford to take. At least, in the States, mothers get 18 weeks at the moment, but even that 18 weeks, your baby is going to be about 3 or 4 months old at that point, probably not sleeping through the night, in fact probably waking several times in the night. That is enough, if you are going into work and working full time as well, that pressure is enough to make anybody ill. If you are a breastfeeding mother - which 80 per cent of women want to breastfeed their children - if you are a breastfeeding mother, that is all on you. So, all of this adds up to a picture of a mental health crisis, I believe, for mothers, and dads too, because the same stats that I looked at for mothers said that 17 per cent of dads also suffer with mental health difficulties after a baby arrives. Partners, not just dads, but the second partner, they are often forgotten, so in Jersey that is going to be around 170 men each year. The N.H.S. (National Health Service) recently committed to offering automatic support to partners of mums with mental health issues and I think we need to do the same, so I am calling on the Minister for Health and Social Services to look at this area and to not forget dads. It is not just the mental health services that need to address these issues, the whole of our society needs to be more aware of them and to do more to support new parents and their children. We have to stop treating mothers like it is some kind of lifestyle choice that they just have to deal with alone and we have to be that village that helps to raise the child. There are some amazing staff working in this area and supporting mothers and fathers and babies and I have heard some lovely stories from parents, but we are failing some mothers, we are failing fathers and we are failing babies. We need to give more support and, as Deputy Alves said, it comes down to money and resources, we do need to divert more resources

to services such as Family Nursing, a fantastic service, they need more support. The Bridge, if we are really serious about putting children first, we need to support the family around that child. So, in my view, this specific area of mental health needs a review of its own and, not just in terms of maternal and paternal and infant mental health, but maternity services as a whole. So, I am calling on the panel to look at this area and to consider a review on this area and also for us all just to be more aware of these issues, to check in with parents and families in our communities, in our parishes, in our workplaces and to be that village that helps raise the children in our community.

1.1.6 Deputy T. Pointon of St. John:

My colleagues have asked me to address the clinical aspects of the current service and they have asked me to do that, because I have, as it happens, been involved in the clinical delivery of psychiatric services. I am not sure that in a short speech I can do that justice, but I must give you a knowledge of my credentials. In the 1970s and 1980s, I was a specialist clinical nurse working in the specialist field of psychiatry known as therapeutic community. Latterly, I became a clinical nurse manager at Fulbourn Hospital in Cambridge, where the whole ethos of service delivery revolved around the principles of therapeutic community. This approach relies on the service user being empowered and directly involved in day-to-day decisions concerning their environment, treatment and care. The approach can only function where there is a strong multidisciplinary clinical team taking collective clinical decisions, that are informed by the service user and the service user's family. My responsibilities included acute admission provision for the north of Cambridge and Huntingdon, day centre services, community and crisis intervention services, along with an adult outpatient facility that included a drug addiction clinic. You would probably not be surprised by the numbers of heroin-addicted lecturers and dons, who were leading functional lives with the support of the clinic. In 1986 I had the good fortune to meet a Jersey girl at a T.A. (Territorial Army) camp in Germany and in 1989 I moved here. That was when my long association with psychiatry came to an end. I did offer my clinical skills to the services here, but was told they would not employ me because of my experience. At a meeting, the manager told me that I would be trouble and so I was not going to be considered. That was my first experience of what is euphemistically termed "the Jersey way".

[10:30]

If I am passionate about anything, it is that mental health should receive equality of recognition with physical health. In the report, we have used the current term "parity of esteem", meaning we should see mental and physical health through the same eyes. As I speak and as Deputy Pamplin has described, there is currently no parity of esteem. Mental health inpatient services at Orchard House, for what they are, are hidden away behind the old Victorian asylum. This dismal and dangerous environment, beset with chronic shortages of experienced and well-trained staff, has little but sedation and containment to offer. When I refer to well-trained staff, I am not referring to the fact of registration with a professional body; all of those staff, who are classified qualified have to be registered with a professional body. That is only a basic requirement. I am referring to those who do not, or cannot, go on to extend their skills as facilitators and therapists, skills that would offer meaningful interventions to service users. Where in the realms of physical illness would a person, assessed to be in need of high-intensity intervention, have to wait 22 weeks for an assessment and 33 weeks for treatment following that, a total of 55 weeks? We are looking here at 13 months before being able to engage in an active therapeutic relationship with the Talking Therapies service. If you have serious mental health issues and you do not qualify for hospital admission, Talking Therapies openly publish statistics that will undoubtedly dismay the individual, even encourage a well-being decline for those experiencing emotional pain. This does not seem to me to demonstrate a parity of esteem with services for the physically ill. It suggests to me that the message is: 'do it your broken self', a message that often leads to serious deterioration, requiring admission to an inadequate backstop facility and sometimes results in individuals relieving their pain by taking their lives. What can be done to inform the improvement strategy that Jersey is developing and there is an improvement strategy to ensure that we move away from the current failing model? There will need to be more

funding to recruit, train, and develop the staff group. But, this is a debate for another time. What we can consider here is the fundamental shift needed to get away from prescriptive solutions in which Government and the service it provides tells the consumer what the offer is, take it, or leave it. We can discuss here the overarching dependence on general practitioner and psychiatrist-prescribed drugs, that currently form the mainstay of mental illness management and that of first choice for controlling disturbed psychotic behaviour, depression and anxiety. This medical model has been the predominant approach for years and has led to the current shambolic state of the service. However, not all is broken, there are some areas of excellence and there are some truly innovative individuals, who really make a difference. But it is clear that a fundamental change strategy, designed by the Improvement Board, needs to be informed by the wealth of experience that is present in our society. We should be co-producing our mental health service. You ask, what is he on about, co-producing? Russell would ask: "Sounds as if he wants to produce a play." It is far from it. Co-production is about the inclusion of people, with lived experience of mental illness, as well as their parents, family and friends, who are all experts by experience. They should be involved in the commissioning, planning and delivery of services as equal partners with service providers and professionals. It is a well-established approach, having been defined in the early 1970s in the United States of America and drawing on a longer history of both community development and person-centred care. Some work on a co-production looks at the relationship between individual service users and providers. More commonly, co-production is concerned with the relationship between the whole service and its actual and potential beneficiaries. How experts by experience can be actively involved in the strategic design and eventual delivery of services, which is commonly called co-design and co-delivery. How people with lived experience can be involved in the commissioning plan, funding decisions and also manage and evaluate a programme of statutory third-sector and private-sector services in the locality. I have got a couple of quotes in here, a quote from a person called Danielle Hamm, she was the Associate Director of Campaigns and Policy with the organisation Rethink Mental Illness and she says: "It could not be more important for people with mental illness and their carers to be meaningfully included in the decisions that affect their lives. It makes absolute sense to get input from those people, who use services every day." Every person with a mental health problem should be able to say: "I am confident that the services I may use have been designed in partnership with people who have relevant lived experience." Co-production can build on the personalisation agenda in health and social care, where services seek to support self-management and build individual resilience. It is logical that experts by experience co-design and co-review service models, because they will have the ideal perspective in relation to those factors that support and those factors that inhibit their recovery. Finally, co-production can be the ideal method to drill down into the reasons for longstanding inequalities of care, giving voice to previously marginalised user groups, building connections with these groups. I have a quote from David Cameron. Some of the people behind me might not appreciate such a quote but it is: "The public become not the passive recipients of state services, but the active agents of their own life. They are trusted to make the right choices for themselves and their families. They become doers, not the done for." **[Approbation]**

1.1.7 Deputy M.R. Higgins of St. Helier:

I was not going to speak at this stage, but after hearing the Deputy of St. John; it is one of the best speeches I have heard in the States, while I have been in the States. What he is saying needs to be listened to, in fact so much so that I would suggest to the Council of Ministers that they have a look and maybe an Assistant Minister for Health and Social Services might step down. I hate to see him go from Scrutiny, but take the opportunity to use his knowledge and his experience and try and improve the appalling health service that we have. While I have been in the States, I have dealt with a number of people, who have had mental health problems and tried to get them assistance and it is appalling. I can remember, on one occasion, being called by a mother, whose son was melting down, having psychotic episodes, was a danger to himself. She contacted mental health first, who said: "You have got to be referred to a G.P." First of all, the G.P. would not come out. Secondly, I phoned the hospital and tried to speak to the emergency psychiatric team to try and get them, because there

was a danger to the person and possibly other members of the family. They said they could not. It took 24 hours to get a G.P. to come out and then for the person concerned to be referred to the service. I would say that the whole experience was appalling. Had it been a member of my family, I would have been absolutely berserk. As far as the person concerned was concerned, they were having to live with this and it was not the first time. There have been instances since then where the child has been in need of assistance from the service and they are not getting it. It is really appalling. I was starting to write some notes earlier for what I was going to say and I was going to say that just as children and abuse of them was hidden and covered up in the past in the Island, so the treatment of people suffering from mental illness and abuse has also been hidden. It is not something that people wanted to talk about, it is not something they did anything about. It is high time that we also put those who are suffering from mental illness, which can be any of us at any time in our lives - we can all go through some traumatic experiences and may need assistance - and so it is, therefore, vital that, besides children, this area, which has been forgotten and neglected, has to be given priority as well. One of the problems we have is a failure of our political system. Yes, we tend to prioritise the finance industry. I know it is important for the economy, it helps pay for things. But the point is, who gets priority when it comes to ... if Jersey Finance needs some money, we will give it to them; if they need some legislation, it will be given to them. But on these matters it always tends to be forgotten. I think one of the things I like about the new Assembly has been there are many people, who do take these issues to heart and are prepared to do something about it. I would urge all Members to get behind what the Scrutiny Panel have done. Let us all take a far more active interest in this issue and make sure we drive change; not down the road, now. Starting from the Government Plan that is going to be coming in, I want to see proposals, I want to see funding for this area. If it is not there then I, for one, will be creating a fuss and I hope other Members will as well.

1.1.8 Deputy R.J. Renouf of St. Ouen:

The ministerial team have welcomed Scrutiny's examination of our mental health services. It coincided with a time when the team and management have absolutely recognised the need to step up and deliver improvements to these services. The Scrutiny examination was absolutely thorough; it was a comprehensive report. It was an excellent example of Scrutiny being a critical friend, in my opinion, and it has helped us fashion services to a point where we want to take them. I particularly like the emphasis of the Scrutiny Panel on those who had lived through the experience of mental health problems and that input has been greatly valued. There are no excuses to be made. The service, in the past, has not been good enough, far from good enough. Vast improvements are needed and that has been recognised in the panel's report. We have been able, of the 21 recommendations, to accept 19 of them. There were only 2 we felt we could not accept and they were largely around management processes and not about the need for a delivery. I wish to, what I say today, give reassurance to Members that though we have come from a dark place, we are beginning to turn around the service. There is a lot more work that is needed, but they are very positive signs. I wish to ask Members to come with us on the journey and support us. Practical ways by the votes that you can cast when you bring forward proposals in the Government Plan. Yes, I would say to Deputy Higgins, there is certainly going to be a huge emphasis, or priority, in the Government Plan on mental health facilities and I would ask for Members' support and not to water those down, but to vote those through at the time that they come before this Assembly. I may, if I am permitted, ask to speak later in the debate if there are any points that I can help Assembly Members with, but my Assistant Ministers, I know, also want to speak about some aspects of this. Because it is a huge topic and I will try not to take up too much time. But Members will know that mental health has been set high up as a huge priority in the Common Strategic Policy and will be so in the Government Plan; it is a huge priority, as well, in my department. We have made changes at a departmental level to bring clinical leadership to a point where it is driving improvements.

[10:45]

We have made appointments to senior levels, within the target-operating models, of people who have professional and clinical experience. We have appointed a Mental Health Improvement Board, which has been sitting for the last 6 months. Its remit, essentially, to get to grips with the problem and its 5 key drivers are to improve experience, to improve the workforce, to improve the estate, to ensure a safe transition of the C.A.M.H.S. service and to move to deliver services around the clock. That board is not just this department, it is chaired independently by somebody who offers challenge to our department. It consists of members of the voluntary sector, Mind Jersey and My Voice advocacy services. It is adapting, so that we will be bringing on to that board users of the service with lived experience of it. This is an operational board to drive improvements. I want to inform the Assembly that I am proposing to delegate to Senator Pallett the strategic and operational oversight of mental health services, because I recognise and applaud his passion for improving mental health and well-being. I know he will be a champion for this service and I am looking forward to the work that I will be asking him to do, while, of course, I retain overall responsibility, but I see that as a good working relationship that we will establish. Then, of course, I want to assure Members of the transparency that will be delivered by the proposed Health and Community Services Board, which is being set up following the report, the critical report of the Comptroller and Auditor General. That board will meet in public and will have ultimate accountability for the quality and the operation of all services but, specifically, today talking about mental health services. Beneath it, it will have committees, which are chaired by Assistant Ministers, so that they will be in a position to challenge the department about quality and performance, because that will be one important committee; audit and risk, second committee; a people and organisational development, that is about our workforce; and a Finance and Modernisation Committee, new initiatives and how we finance them. Those boards will report in to the main board and we intend to have a firm and a structured means of governance which is transparent. I believe that this will enhance and improve the delivery of all our services, because we will be acknowledging where we have difficulties, where we struggle. The health service by its very nature and changing demands will always be in a position where it is always moving and we will need to monitor that. We, as a department, as a ministerial team, are making those changes. But I do not want Members to believe that it is all down to Health and Community Services, because it is not at all. Mental health and well-being spans everybody. It includes all the public service, the Parishes, employers will have a role. I applaud the contribution from our voluntary sector partners and, as in other areas of health, the voluntary sector have so much to give. But mental health is the business of all of us; it is not Government that can do everything. We must create the conditions for good mental health and care and we must look after those seriously affected by their mental ill health. But we can create that culture, which other Members have spoken about, of a tolerance, of an understanding and of a care for those experiencing difficulties. There has been, of course, huge demands on services. In part, one can say at some time it is a good thing, because people have been more ready to seek out help. Things have changed in recent years and people are talking about their mental health in a way we could not have done 5 or 10 years ago. That has created, of course, workforce pressures, not just in Jersey but in the U.K. and across many countries of the world. When we talk about those pressures, we have to think back to if we want to recruit now, we are looking at a workforce, the workforce that might have been trained 5 or 10 years ago. How many people were in training at that time? Not enough, because the demand was perhaps not anticipated sufficiently. We are fishing in a small pool but, nevertheless, Jersey has an offer and we are constantly striving to improve that offer. The work around key worker accommodation and key worker needs is vital. But we are now able to offer staff requiring accommodation, the excellent accommodation at Hue Court that is coming on board and Plaisant Court, but there is still much work to do. Services have been in the state they are very often because of workforce pressures. Though you try to fill vacancies with agency workers, or locums, still you cannot build a team which is able to drive, or is motivated to drive forward if, say, 5 out of the 6 psychiatrists we employ were locums, which was the case at one time. But recently we have employed 3 psychiatrists to fill those vacancies. Recently, we have offered places to 17 mental health vacancies, because there has been increased interest in coming to Jersey. Members might recall an oral question I answered of Deputy Pamplin's,

not this session, but the previous session, on the changed efforts in recruitment, that we are now making a personal contact with people as soon as they click on our website, or phone in, or the like. We are taking them on a journey, discussing their individual needs and how we might help them. We have got an increased presence on the N.H.S. website. They are all sorts of means which seem to indicate that we are now getting better at recruitment. As I have said, we have been able to offer positions, just recently, to 17 out of about, I think, approximately 40 vacancies in the service. But with those levels of vacancies, what it has meant and we have heard about the waiting lists in Jersey Talking Therapies, the workforce have not been able to address needs at the early stage that is needed. Of course, the longer people wait with a mental health problem that very often will escalate. When they do finally meet their patient, that the problem is often worse than it was when the patient was first assessed. That is what we need to turn around and we can address the issues at an early stage when people present to their G.P.s or come into the service. We must, as soon as we can, address their needs, then it might not need the serious intervention that needs to come along at a later stage. It might be dealt with by somebody, who is not as qualified as a senior therapist, or psychiatrist; it could be dealt with by somebody within the lower levels. Indeed, we must remember there is also the voluntary sector, who are able to offer services. I pay tribute to the work done by the Jersey Recovery College, Mind Jersey, Youthful Minds, the Youth Service; we are developing services with them, preventative services which can address low to moderate need, so that we can properly concentrate on those with a higher need. We need to improve that patient experience. Part of what we want to do is to create a listening lounge and, again, this is a project that will be coming forward in the Government Plan. A listening lounge is a place where people can go if they feel they are experiencing difficulties. It might be a physical place - we will be creating a physical place, subject to finance, subject to this Assembly's support - but it could also be at the end of a phone, it could be an online presence also, if we can address those needs at an early stage. We are, and this will be coming online in the next few months, creating a place of safety in the General Hospital for adults and for children, so that there will not be any more need for those in crisis to be housed in a prison cell. But, again, we need staff; we need the staff to man that place of safety, we need the staff to man a listening lounge. We are investing in all that work and in our clinical and professional leadership. We want to learn again from any user feedback and we will publish the results of that feedback, because we will be transparent in our new ways of working. This topic is really so huge it is difficult to cover all aspects. I recall, just now, Senator Ferguson wondering aloud why it is that young children, or our teenagers, are incurring so many mental health difficulties and I echo that, her call as to say why, why? I well remember the occasion, just a few months ago, when I came into work on Monday morning and was informed that 3 young teenagers, just that weekend, had been admitted to Robin Ward, having cut their wrists and cut their arms. Why? For me it is so difficult to understand, but I am informed that doing so, inflicting that on themselves, means that that relieves the anxiety they feel they are suffering. Why that is, asks Senator Ferguson; I do not think any clinician has a complete answer. It is probably a combination of factors, that we really do need to look after our young people in the Island and fit them up for good health, good mental health in adulthood. That is why I have come to support the transition of the C.A.M.H.S. service into C.Y.P.E.S. (Children, Young People, Education and Skills). This is just organisational; from the children's point of view and the parents' point of view, they will not know and they will not mind which departments of the States delivers the service. But it seems to me that if the work that the service needs to provide and do for children can be aligned with what is offered within a children's service, within an education service and all that pulled together, working with families. Children are not independent beings; they cannot always exercise their own choices. Work with the children will depend on involving those who are caring for them at home. It is a work that, I think, is best suited within children and young people. There is a good transition plan, which is being carefully worked out.

[11:00]

The professionals working within C.A.M.H.S. will have governance from within the medical profession. Their professional links will be retained and, indeed, the 2 departments, Health and Community Services and C.Y.P.E.S. have established a joint operational oversight group, to ensure that that service is working well moving forward. I think, knowing my Assistant Ministers, also would like to speak in the debate. I will not keep Members any longer, but I may wish to seek to respond to any particular questions later on.

1.1.9 Deputy S.M. Wickenden of St. Helier:

There have been some fantastic speeches today from many Members of the Assembly and it is showing a real picture of how quite concerning the issues that this Island are facing are and quite how urgent some of the fixes need to be put in place. I am a little bit confused about one aspect on the Government's response so far today, which is there is a lot of, 'we are trying to understand and it is a moving target and we want to make sure that we know and those kinds of things'. Where is the 'we understand that this is vital now, we understand that our facilities are not fit for purpose. We have put aside £8 million and we are going to start looking at doing this, because we have identified it as an issue and we are going to put the money...' Money seems to fall out of this Government for all sorts of things, whenever. Ernst and Young, a couple of million for them to go and look at our financial management; Modernisation and Digital a couple of more million; KPMG to go and look at our public finances and rewrite those rules; there is money for that. Let us go down the list that was put out: £175,000 this year and £150,000 next year for extended Greffe activities; £350,000 for the Island Plan 2020 with a further £225,000 needed in the following year; £200,000 for a sports grant. This money gets and appears when we think that we need something being done. We need to move out of Cyril Le Marquand House and we found into another building; how much money was spent on putting in the nice facilities for the civil servants to have nice coffee and nice facilities in their area? But the children that are going into mental health issues that are living in, that are put in ... appalling. Where is the certain amount of money that we are saying? You are right, this is not right. Let us put some money aside and let us fix these now. We have identified that we need money. OK, we do not know how much, but we are putting a pot of money aside, this many millions of pounds, because we are determined we are going to do something about it. Not we are going to put a board of people together and we are going to assign it to an Assistant Minister and we are going to go and have a couple of meetings each month and assess that there is a problem. There are 21 recommendations and we have accepted 18. I would like the Minister to come back and tell us what those 18 recommendations that are accepted and what has been agreed to do with it, because we are here today, we can speak multiple times. Tell us why you have accepted those 18, what are we doing to complete those recommendations and why? Because, as I say again, the speeches this morning have really highlighted a picture. The Scrutiny report - excellent - has highlighted some serious issues. I have dealt with constituents that have been dealt with appallingly in the way that the process and procedures of some of our departments deal with it. A young lady dealt with serious anxiety and had to go and get support from anxiety. It took months to even see a specialist and then that specialist left and then she had to build up another relationship with a new specialist. Then she ran out of her quoted amount of time to spend with the specialist, so she was suddenly on her own. Then, on a Friday evening from the Health Department she received a letter. She had got home from work, she opened this letter on a Friday evening and I am not even going to try and be evasive in what the letter said here, because it did itself: "We believe that you may have had some services from us." They did not know what it was, but that is how vague it was: "We believe you have received some medical services from us. We are not sure if you are entitled to those services under the social security payments. So, it is possible that if you are not entitled for the services that you may have had that we are not sure about, that you will be receiving a bill to pay for those services. We will let you know in advance." That was on a Friday evening for a lady that suffers from anxiety: "If you want to contact us, we are ready Monday to Friday, 9.00 a.m. to 5.00 p.m." The whole weekend this lady, who we are supposing to be dealing with, with a mental health issue of anxiety, spends the entire weekend thinking: "My goodness, am I going to get a massive bill that I cannot afford to pay? Which

of the services is it? I do not know.” Because it is anxiety it got worse and worse and I got a phone call and I helped try and deal with it. How unacceptable is that, as a process, when you are dealing with somebody with mental health, is to create a circumstance of anxiety, of massive anxiety over a weekend and not be able to deal with it? I have had constituents that I have gone down to Social Security with, who have lost their wife; they are young, they are widowed, they have children, they have to fill in 8 forms. They go down to Social Security and all they care about and all they want to know and the stresses. “Can I afford to pay my rent and can I afford to feed my children and clothe my children and what is going to happen in the future?” We cannot answer those questions. When you fill these 8 forms in, they all ask for the same information. It is already on the Government’s details, but the anxiety of it, the processes we are dealing with, do not help in mental health, so these also. It is not just about facilities, it is about the way that we set our processes up within the departments to deal with our customers, the people of Jersey, in a manner that is fit and appropriate and does not cause undue stress. It does not make a process that is easy for the administrator, but difficult for the customer. That is something that I have seen far too much over the last 3 years; in reports, in complaints, in areas. We need to start looking better at how we provide services; that the services are there for the people. But, again, I am coming back, can we get a commitment from this Government that there is going to be a pot of money put aside, because we have identified it from the Minister for Treasury and Resources? I do not know. If it is this urgent and it is causing this much problem, let us deal with it. Let us at least try and put some money ... we do not have to spend it, but let us put it aside and say that it is there and we are going to look at this. If it is needed it is there and we do not need to wait for a Government Plan. Because we can find the money for many other things, but let us put it aside and let us make a commitment to the people of Jersey in this. There has been talk about, why are young people self-harming and why are they dealing with anxiety? The self-harming, it is not that difficult; it is something they can control. They can hurt themselves, they do not have to hurt anyone else, because then they will feel guilty about hurting somebody else. They can hurt themselves, because they do not feel in control. They feel like if they do not get the good enough results in their G.C.S.E.s (General Certificate in Secondary Education) or A-Levels that they will not get a good job. Because house prices are unaffordable in this Island, that what they will end up doing is not being able to afford a house, or living that lifestyle, the white picket fence lifestyle that is being put out in that world. Because we, as the Government, are not controlling that level and giving any kind of support, or help, for young people. We know that young people are very unlikely to be able to afford a property in the future, because the wages are not going up, the jobs are getting harder to find. We are clearly not doing enough to support them to start their own businesses in this Island either; that is something we should be helping out with a lot more. But they go through stress, because they see on and on that they are not going to be able to achieve some of their goals, or it is harder for them than it has ever been for anyone else. They harm themselves and they stress themselves out, because they control themselves and they feel in control by doing that. Because we are not letting them feel like they have got control later on, or in any other way and that is why they self-harm and that is why they are anxious and that is why they get depressed, is because they do not feel they are in control. I think I have said enough, if not too much for now. I may speak again later. But I would like to hear some strong words from the Government to say: “Do you know what, we are going to take this seriously; we are going to put money aside?” I do not want the motto of this Government to be building a better today tomorrow; always tomorrow, always in 2020 we will finish this review, always at a later date. We are going to set a panel up and talk about it and at some point in the distant future we are going to tell you what we might be able to be doing about it. It is not build a better today tomorrow, it is build a better today, today.

1.1.10 Deputy H.C. Raymond of Trinity:

I really do not know which way to start. One of the main reasons was that, quite simply, I am here in this Assembly today because of mental health. Some 25, or 30, years ago my father-in-law was sent to St. Saviour’s. I use the phraseology that ... are we quorate?

The Deputy Bailiff:

I do not think we are. We will just do a recount. No, we are not quorate. Could you ask Members, please, to ... thank you very much. Yes, the *appel* is called for. Would Members signify their presence by pressing any voting button? We are not quorate. I will now adjourn the Assembly for 5 minutes. All right, someone has pressed a button at the last moment. We are now quorate again.

The Deputy of Trinity:

Yes, one of the reasons I am in this Assembly is because of mental health issues. My in-laws lived in Jersey, my father-in-law was a teacher and was moved to St. Saviour's in the latter part of the 1980s. I used to travel backwards and forwards and we were trying to sort of help him out and help his wife, i.e. my mother-in-law. He went in there for about 12 months and I use the phraseology, because I cannot remember the exact words from the court, he fell out of the window at St. Saviour's and, unfortunately, died. Following that, the locks and everything were put on St. Saviour's windows. My mother-in-law, at that time, who was a headmistress on the Island as well, really did not know how to cope and I have to say the help given was - here we are talking now 30-odd years down the line - virtually the same. In other words, we will speak to you, but that was it and she was still a headmistress at the time. That was one of the biggest decisions which made us come to Jersey. One of the decisions I am here today talking about something that is very close to my heart. Secondly, and I am sure Deputy Tadier will agree with me, that having sat through a situation in the court that day where we had somebody, who had been off-Island for some time, they came back at 18 and there was nowhere to put this gentleman, he had basically fallen foul of the system and I was due to charge him and take him to court.

[11:15]

I am not a psychologist but we felt - both of us felt - that that person should not be in court and in actual fact withdrew the gentleman from the court. I have subsequently, in my previous role because of the situation in Trinity and with some of the people that are based there, been dealing with people like this for some time, because we have mental health properties in Trinity. To come into Health and see this, I never, ever thought and I apologise for my sentiments at the beginning, that one would be in this position. The Minister for Health and Social Services gave me the sort of realm because of my other hat with regards to infrastructure, with regards to the buildings. When you hear the stories of what has been going on, for people to work in some of the buildings, which we have gone round, I think, every building in our mental health, have we not, and seen every building that is dealing with mental health, there has obviously been total lack of investment; total lack. It has not even fallen short and, therefore, I do not want to get into the realms of answering any of the questions that Deputy Wickenden said; I think that comes down to the Minister for Health and Social Services and our new Minister for Mental Health. My major concern is that we have to make sure that we put money into the properties that our people are working in, without any doubt at all. What I thought I would do is just bring you up to date as how we see it from Infrastructure and Health. We have to use the Government Plan and we have to go through Treasury and we appreciate that. I will come back to some figures, as well, which I have now been given, as to where the money is going to go. There has, obviously, been a programme of work to improve safety, for argument's sake, at Orchard House, but the environment does not lend itself to entirely eradicating those safety risks. I think, again, that has come out in the report by Deputy Pamplin. Plans are in place to relocate Orchard House to a new refurbished building at Clinique Pinel. That is not necessarily ideal, but it is a start. It offers an opportunity to provide a more therapeutically safe environment in the interim until longer-term plans for the service have developed. Relocating Orchard House to Clinique Pinel should create an environment that attracts potential candidates to the service. One of the comments that has been made and, again, made at Scrutiny and everything else, was that if you want to employ staff you have got to make sure that the staff are working in an environmentally pleasant building to and we have to say that some of the mental health buildings are not environmentally friendly. Maple, Oak, Cedar and Beech Wards are in a more acceptable condition, though we acknowledge facilities should be improved there which we can use. It was suggested we provide *en suite* facilities. Such

improvements are likely to feature in the longer-term plans for the service, while more attention and resources are focused on priorities, such as the replacement of Orchard House. Any capital development will be subject to funding and planning permissions. If I can just jump a little, just to confirm, the Minister for Health and Social Services has been given, within his budget, £2 million in 2019 for Orchard House and related work schemes and is seeking, through the Government Plan process, a further £3.3 million to complete these works in 2020. I think there are 2 pieces of information gone out about 2020 we will finish, or 2021, but we are planning to get that sorted for 2020, subject to going through the Government Plan in the next couple of months. A significant programme of work has been undertaken during this time to improve the safety within the constraints of the current environment at Orchard House. This includes a comprehensive programme for staff in physical interventions training, which is now established as the standard safety programmes for equipping staff to deal effectively with episodes of behaviours that challenge. This is a mandatory training requirement for all staff who work at Orchard House. A risk-profiling exercise has been completed to help staff identify risks and develop the appropriate mitigation. The unit now has a risk management plan to deal with these risks, which has included remedial work to parts of the estate. Tracking of safety incidents on the unit is in place and performance information shows that, since the introduction of the safety training, incidents have fallen. These are monitored through clinical governance process, but the intention is also to include the performance data in the annual quality report, which will be made public. Mental health continues to be an area which carries high levels of risk associated with meeting the complex needs of not only the youngsters, but the older people as well. It is our intention to ask service users, no matter where they are in the stage of their recovery while at Orchard House, about the safety aspects of their care. Ways to approach this will be discussed with people who use the service and the approach adopted. Can I just say that the Health Department, with our Minister, is fully aware and he is trying to do everything possible to make sure that we move forward in such a way that would benefit everybody with regards to mental health problems? My other hat comes down to the fact and that is that any new hospital propositions, discussions, transparency, we will be seeking to sit down with everybody in the mental health unit to make sure that we provide the facilities that this Island deserves for its mental health people. Again, from my own experience, I think this is the time when we have to look and say that whatever your political views are, this is an area that this Island has to spend money on and to make sure it is fit for purpose, not for next year, not for 5 years, but for the future of this Island. **[Approbation]**

1.1.11 Connétable R. Vibert of St. Peter:

I had originally not intended to speak today, but I will speak from the perspective of someone who has suffered from mental health as a young person and has had a child that has also suffered the same. The 2 situations are not dissimilar and it perhaps shows that, in some areas, we have not moved forward over the decades. As a 14 year-old boy, I can almost recall the day where something in my mind appeared to change and at times I thought differently and initially I hid this. It had an effect on my academic career, because, on one side of it I had various things going on in my head and then there was a veneer at school that everything was all right. But I found that it interrupted my studies. I gave up studying for one of my A Levels. I subsequently did not go to university. One of the reasons I did not pursue it was because I was very unsure that, without the protection of being among people I knew, if I moved somewhere in the U.K. possibly to study at university, I would be alone and would be unable to cope with the mental illness that I had been hiding for some years. Eventually, when I was possibly around 19 or 20, I did talk to a doctor about the issues. By that stage, I had become quite depressed, although again I was hiding it quite well from my parents. I underwent treatment at the General Hospital as an outpatient. That, I can say, was so horrific that the only outcome was that I got worse and I was quite determined that I would not go through further treatment. In fact, what happened was I hid it again. There was a great stigma attached in those days that if you suffered from mental illness then, of course, there were problems for your career. There is still an element of that today, even though things have improved. I did get periods of depression. Eventually I had to have time off work. It always felt like it was never going to come to an end.

There were various attempts to treat that; all of them unsuccessful, until I was 31. So, 17 years on, finally after another doctor having undertaken yet another unsuccessful treatment, I went to see a doctor, who was recommended by somebody else. Surprisingly, after 17 years, very quickly he said: "I know what is wrong with you." He prescribed some medication, which I have to confess I take to this day. I have then had 30 years, apart from the odd spell where I get tired and the depression will creep back, of relatively normal life. That was the 1970s. It was absolutely horrific; going to the General Hospital, in effect going into a locked ward, surrounded by a lot of people, who had various other mental health issues and then the treatment itself. I am unsure whether they still do that type of treatment. I do not really want to go into it any further. That was my story: 17 years hiding it from family, friends, people I worked with, periods of work and also the stigma of mental health was well and truly there for your professional career. One of the reasons I did not want to speak is because, even after 30 years, there is the fear that if you speak about it, it will come back. That is something people do not really understand. There is a genuine fear that if you speak about these things it will trigger something in your mind and it will return. One of my children, unknown to me, followed a very similar path. It started at school, where it was successfully hidden. I should have noticed the signs, but I did not. Children are very good at not speaking about things and hiding things. I should have seen it was there. I am not going to say which child it is, I am just going to say one of our children, they went off to university, did very well, got an M.A. (Masters of Arts), but unknown to us, the mental health illness was there, festering. There were signs. We did not see it. All appeared to be well. They then went off to do a PhD at Oxford. Again, you get phone calls to and from home, but we did not pick up on things that were said. I remember numerous times children saying: "I cannot wait until you come over. I just cannot wait. I am thinking about it every day." That was one of the signs, but we did not realise the significance of that. They did try to seek treatment in the U.K. What I would say is: despite the failings of our system here, we should not beat ourselves up, because the U.K., the N.H.S., treatment of mental health is simply overwhelmed by the number of patients.

[11:30]

Doctors just do not have the time to establish exactly what is wrong with somebody. So, unfortunately, the treatments they attempted were not successful. One day we got a phone call out of the blue and it was: "You need to come and fetch me, I am in my flat, in the corner of my flat, and I have not been out for 2 weeks." We immediately went off to the U.K. and, sure enough, mental health had deteriorated to psychosis with thoughts that there were people outside the flat, outside and so they had not gone out, would not go out. Because it was hidden right from school age, it has taken several years and our child has still not totally recovered. But I would say that once we got to Jersey, OK there was a little delay, but the treatment was absolutely excellent. Unlike the U.K. system, they spent the time to initially establish what the problems were. They also asked me about my history, because a certain amount of it was, of course, genetic. There is no doubt about that. They wanted to know what I had gone through. Again, as soon as I was asked the fear was there that talking about it would bring it back. What I would like to say is: yes, we do need the resources, but there are 2 other things we need to address. One is that stigma, which if you talk about mental health it will have an impact on your career; and the other thing is to train people to spot the early signs. Parents, teachers, youth clubs, everybody needs to have some training in spotting what those early signs are. It is often the people who you are not closely connected to who, when your guard is down, notice that there is an issue. Just as when I spoke with the doctor, I could see that he had seen the signs. Yet, I had to make that step to tell him, but he could see the signs that there was something that was wrong in my medical history. It took a long time to get there. I hope that helped. It is an important area. We must not forget that there is a training aspect here, because the earlier you catch these things the better. I do not think children are forthcoming. They are afraid of talking about mental health and wherever possible they will hide it. Thank you very much. **[Approbation]**

1.1.12 Senator T.A. Vallois:

There have been some brilliant speeches in today's in-Committee debate. The reason why I speak is because I have heard questions being asked about why, in particular, our younger people in society are experiencing more and more mental health issues. It is important and pertinent for me, as Minister for Education, to try and provide some element of answers to that. The reason I do so and what assists me in doing so is the extremely helpful report of the Scrutiny Panel. On their page 9, it shows the factors, the adverse factors and the protective factors, around mental health, about poor or good mental health. If you look at some of the adverse factors for individual attributes, you have things like low self-esteem, cognitive and emotional immaturity, difficulties in communicating, medical illnesses, substance misuse, social circumstances, your loneliness, bereavement, neglect, family conflict, exposure to violence or abuse, low income and poverty, difficulties or failure at school, work stress, unemployment, your environmental factors, poor access to basic services, injustice and discrimination, social and gender inequalities, exposure to war or disaster. Those are the adverse factors. You will recognise a lot of those within those speeches that we have heard. I refer Members to the Jersey School Survey that was completed last year. The survey was done, run, analysed and published by the Statistics Unit. Every Jersey child in school years 6, 8, 10 and 12 were given the opportunity to take part. For one of the adverse factors, low self-esteem, one in 5 of those children had low, or medium-low, self-esteem. Low, or medium-low, self-esteem was found to be associated with many other behaviours, such as smoking, being bullied, feeling unable to influence the school and community around them. Around one in 3 females and one in 4 males in years 10 and 12 reported having high anxiety levels. One in 4 year 6 children - that is 10 and 11 year-olds - express that they worried about school tests, or exams, often, or most days, rising to three-fifths of year 10s. One in 5 year 6 children reported worrying about school work, or study, often, or most days, rising to three-fifths of year 10s. We do these surveys for a reason. We should be taking this information and utilising it, applying it to our operational delivery in terms of services and supporting the very people that support our young people and those people who are suffering with mental health issues. Bullying is a huge issue in schools, in the workplace, in the community. The question I put out is: do we, as a community, value each other as human beings? Why are we so judgmental? You do not know what is going on behind the scenes in somebody else's life. Everybody experiences different things. Everybody has different family issues. I am lucky enough that I come from a background where I, personally, have had a very supportive unit, my family and friends. I am grateful for that, because not everybody has that. That is why we, as a community, need to be able to stand together. We may have differences of opinion, but we need respect for each other. In today's society, the way the economy is, or is not, working, we are constantly trying to fill the pot more and more with water. You have one individual, who has so much to do in their life and is feeling so much pressure to apply different things. The use of technology: these days you do not have to wait for a few days for a letter to come, it is in your inbox straight away. So, more and more is expected of that individual to carry out certain work. There is a tipping point. It is a tipping point for an individual. We have a tipping point. We are sitting on an edge cliff now, I believe, with regards to mental and physical health. They are both intertwined. The importance of having parity between the recognition of the 2 is the same argument I make in education about academic and vocational. It is a reference I make time and time again, because it is extremely important that we recognise you cannot make a fish climb a tree. Every single one of us is different. Every single one of us has talents. Every single one of us has abilities. The thing is that we just push people down the ladder, because we believe that is the right thing to do and we think that is OK in society. It is not. Hidden illnesses are all over the place. Not just mental health, but physical health too. Personally, I have Crohn's Disease. You cannot see it. You cannot tell. But I have it and I have been dealing with it for 17 years. I have to be on drugs day in day out to be able to manage. It is a similar situation: you do not understand what is going on in somebody's life, behind closed doors. Do not be judgmental about it. What worries me and Deputy Wickenden made the perfect point and this is why I get frustrated when I hear the words: "There is no money." It is a political choice. It is. When we talk about raising taxes, it is asking the question: is the money that we are already spending being spent in the right areas and are we producing the right outcomes for the people that we stand up and ask to vote for us at each election? We have some

archaic and soulless approaches to the way that we provide things. It only goes to exacerbate mental health issues. That is completely wrong. As a public service we should be leading, in terms of putting ourselves above the parapet and saying: "We can take this forward in a better way." We can do these things and we need to be putting the money in. This goes back to the arguments around -- Deputy Higgins made the point around: what is more important? Historically, we have seen it as finance being given the priority over whether it is legislation, or whether it might be finance. For me, it is not so much that we should be just saying the economy is the only thing that we should be focusing on, because that is the only bread and butter that is coming in. Many times I have stood in this Assembly and talked about the 3-legged stool: social, environmental and economic. If you do not support the 3, the stool falls down, because one leg has been chopped off. I hate to say it, but we are at that critical point now where there are only so many times you can keep talking about it. Let us stop talking about it. Let us stop producing lots of reports and putting them up on a shelf and start taking them and delivering and providing action, because only in that way people will feel the effects of why we are here to do the jobs that we do to represent them. We need to stop making assumptions. We need to stop believing just because things that we see, such as in the media in other countries, about the way that people have certain lifestyles, or do certain things, that everybody is doing that or there are a majority of people doing that. That is not the case. It is OK to not to be OK. Sit down and listen to somebody, just let them rant for half an hour, an hour, just listen. It makes a huge difference. It really does. For me, it is really important that we recognise that the economic side of this is: if we do not do something, we are failing our economy. The O.E.C.D. (Organisation for Economic Co-operation and Development) has produced reports on this many times. In 2014, the O.E.C.D. produced a report around various different countries and how they are dealing with mental health. There is one particular area in that report which I will just read out, because I think it is really important and why I stood to speak on this, as Minister for Education and as an individual Member in the States Assembly. They say the prevalence of moderate mental health conditions among young people in O.E.C.D. countries is high. Despite this, specialist services are still disproportionately focused on adults. Efforts should, therefore, also be made to improve treatment for the school-aged population and for young adults. The O.E.C.D.-wide medium age of onset for mental disorders is 14 years old, with anxiety and personality disorders beginning at around the age of 11. Remember what I said about low self-esteem, concerns about tests in our school surveys? 11 years old, year 6. Many child and adolescent mental health services are under-resourced and access to appropriate care is a problem. Evidence from Australia, for example, suggests that only 25 per cent of under 25 year-olds, with mental ill health, will access mental health services. Countries such as Australia, Finland, New Zealand, Sweden and the U.K. have rightly made expanding child and adolescent services a priority.

[11:45]

We can say we are making things a priority, but we need, not just as a Government, but as a States Assembly, to make sure that we are putting our money where our mouth is, especially for mental health. I am glad to hear of the appointment of Senator Pallett to lead on this particularly important area. Many of the things that have been said today reflect, I think and I feel, having been here for the last 10 years and having seen the discussions and debates around the Child Care Inquiry, are pretty much the same and equivalent. It is terrifying. We now have a Minister for Children. We now have a Children's Commissioner. We have gone from zero to hero in 5 minutes. Can we do that with mental health? I think we can. Do we need to pay a lot of money for an inquiry to do it? I do not think so. I think there is plenty of evidence and information there. The most important thing we have to do is listen, understand and take action. **[Approbation]**

1.1.13 Senator S.W. Pallett:

I want to start with thanks for 2 things. Firstly, I want to thank the Minister for having the confidence and courage to appoint me as the political champion for mental health. I know how important this area is to him, personally, so to have that confidence is reassuring for me. I also want to thank, to start with, the quality of the Scrutiny Panel report, which I have to say was absolutely exceptional,

and they need to be given the credit for. I want to start with their report, on page 16, which I think really sums up where we are, to some degree, with mental health services in the Island. It is a graph or a table which shows that. Nearly 80 per cent of people that try to access mental health services in the Island, in terms of the matter of time they had to wait, either found it not at all acceptable, or not very acceptable; 80 per cent of people. That is just not good enough. We know we have to improve on that. The consequences of that, I think we all know what that is. People will ultimately sink into deeper depression, or their issues will become worse. It is important that people have the opportunity to access services quickly. Some of those services do not have to be with a psychiatrist, or a medical professional. A lot of the times it can be just talking to people. I know, from my own point of view, I have struggled, at times, with some of my States work over the years and it is always important to have somebody that you can talk to privately. Be it a friend. Be it a colleague. Be it family. I think we all probably do that to some degree, with the pressures. The public are no different to that. Young people are certainly no different to that. I, like others, have been impressed by the quality of the speeches this morning. I have been shocked and disappointed by the experiences that some Islanders have endured when suffering from their mental health issues and the lack of support they have had. From my point of view, the health and well-being agenda is very important. I know a lot of people may look at me and say: well, that has been around physical health. But there is no overall health, without physical and mental health. It is important that we do not isolate the 2 from each other and we deal with them in a joined-up way. Unfortunately, to date, there has been a legacy of non-delivery. I think we would all agree with that. Since the first Mental Health Strategy for Jersey was developed ... and it was developed by a wide range of stakeholders, including people with lived experience of mental illness. That was really important. Since that strategy was launched in 2016, there have been some positives. I do not want to just dwell on the negatives. Let us look at some of the positives. We have successfully developed the Jersey Talking Therapies - I am going to mention that a bit later - the memory assessment services, suicide prevention framework, mental health liaison at the General Hospital, primary care, adults' mental health team, primary care, Child and Adolescents Mental Health workers Team and we have established the Recovery College and also had a high level improvement plan. Has it moved quick enough and with enough momentum? Probably not. That is, in essence, what my role will be, to add momentum to that work. We have had some successes. My job now is to ensure that the successes come quicker, that we put the right level of commitment into this and, as has been mentioned several times this morning, the right investment. Some of that investment, I agree with Deputy Wickenden, will not wait for the Government Plan. We have to accept that. There may be times I might have to come to the Council of Ministers and ask for them to move things forward quicker than maybe is in the plan as it currently is; certainly on the building side. We have been given an excellent update this morning by the Deputy of Trinity. But there may be times that he is going to need support, as well, in regards to getting some of those buildings up to speed. As I have said, the Scrutiny process has helped to raise that profile. That has been really important on this particular issue. It does need a holistic approach, when we move forward. One of the things that we have done is we have established a Mental Health Improvement Board, which is to drive the improvement forward. That has been in existence for the last 6 months. That will be a key element to driving the improvements that we need forward. I will be part of that Board. We are committed to delivering on the existing commitments to deliver 24-hour services. They do need to be delivered much more quickly now. As I said, it is important that we get the right investment with that delivery. We had to grapple with some really difficult issues. The lack of workforce planning and supply has been an issue that we have had to address, the poor state and the cost of living expenses for key workers, which was mentioned by the Minister. These are all issues that we are beginning to get the better of. In terms of recruitment initiatives, senior staff understand that, with new applicants and new people coming to the Island, we really have to engage with them and sell the Island for what it is and try to get them excited about working within what we see to be an improving service. I am pleased to say, only recently, we have managed to attract 17 new people to the service. That is a positive, but we do need to track more expert and knowledgeable people to the service. We must be committed to ensuring that the outstanding work relating to the current strategy is accompanied by a

specific set of time-bound objectives. By saying that, I mean we do need to deliver. I have said, on everything I have been involved with, those strategies and policies are great, but they really bore the pants off me, to be honest with you. It is about delivery. I know you have to have policies and strategies, but what I have tried to do in areas I have been involved with is ensure we deliver. If I have to have my feet held to the fire over this, great, because I do not want to be standing here 6 months before the next election with people saying to me: "You have done nothing." If we get to that stage, I will not be standing in the next election. I will not get elected in the next election, because I will have failed. So, I know the risks involved, but I think somebody has to drive the service and drive what we deliver forward quickly and effectively. I was going to go a lot more in detail about some of the things that we are beginning to do more recently, but I just want to talk on one, or 2, areas which I think are really important. One is around Jersey Talking Therapies and specifically about the work that they do and how important it is and how that would also link into what a potential new Listening Lounge will do. As we all know and I would like to think we know, Jersey Talking Therapies is a free service for Islanders aged 18 and over. I think it has been a victim of its own success. It has been hugely popular, but the fact it has had 9,000 contacts with patients each year just shows the depth of the issues that we are facing. We accept and the department accepts that the waiting times for those, who have moderate low mood, or depression, are long and that needs to improve. For example - and it is something that I am going to touch on that Deputy Doublet mentioned - parents with a child under the age of 2, or those with a psychological condition that could impact their physical health, for example, are placed on a priority list. I just want to mention and talk about what Deputy Doublet mentioned this morning and that is the mental health of young mothers. I do not know how many people managed to watch the recent documentary about young mothers and the issues around, I think, 3 or 4 young mothers, who had suffered from mental health and psychological issues, but I found that the most harrowing hour of T.V. I have watched - and it is giving me goose pimples even saying this - in many a year. What really shocked me was how normal, common sense and balanced people could be tipped over the edge so quickly and needed specialist help and services. I think we try to help people here. I am not sure we have got a joined-up approach to helping young mothers. I will say this to Deputy Doublet, because I brought this up at a ministerial meeting only last week and we are going to review it, because it is an area that deeply worries me, because you have explained it far better than me. You are a young mum. What young people go through and what young mums go through can be really tough and I am not sure we really offer the support we need to. So, we are going to look into that and it is important that we look into that. Going back to Jersey Talking Therapies, we are looking to increase the team and candidates, I can say, have already been shortlisted, so I think we are getting to a point where we can increase that service. Another thing we are looking to do - and it will not be right for everybody, but it might work for some - is introduce digital therapy, i.e. through the internet, where people can access services quicker. I think the digital world and technology offer a lot of bonuses in terms of health moving forward, but this is certainly one area where people could get support quickly. It will not be right for everybody, but it will certainly be a benefit for some. Typically, though, unfortunately those with a more complex condition have been asked to wait too long and I have already mentioned the figures that are in the Scrutiny report and that is clearly something that we have to improve on. As people know, in regards to physical health, one of the areas I have been pushing hard on to try to ensure that we have invested in is more preventative services. With my links and my oversight of Jersey Sport, we have got a new strategy for looking at some preventative measures around physical health and making sure that we can deal with obesity in young people and other health conditions. Those health conditions will also have a knock-on effect in terms of their mental health. Again, those links are quite clear and self-esteem has been mentioned by Senator Vallois. Self-esteem is hugely important with everybody, but I think with young people it is especially important. Peer pressure is so powerful with young people that it is important, I think, that we give young people the opportunity to access those mental health services, even if it is just somebody to talk to at a very early stage, before things overtake them. The Minister has already mentioned the importance of our voluntary sector within this and it is important that we do commit and invest in our voluntary services, because Jersey is

known for its community services, it is known for its voluntary sector, but that is under pressure, I think, from a resource point of view and a funding point of view. Sometimes we have to look at where value is in a service, because I think I know from experience, if we lose something in the voluntary sector it is a lot more expensive to reproduce in the government sector. I think, sometimes, people have got to remember that and sometimes, when charities and voluntary organisations are under pressure, we need to commit and we need to invest in them. I am just going to mention C.A.M.H.S. very briefly before I sit down.

[12:00]

It is an area where I need to go and really get more information. I do not know the ins and outs of everything in mental health and you would not expect me to. I know I have got to immerse myself much more greatly in the services that we deliver and understand better what we do not do very well. I have got those meetings planned and I intend to do all the things that I have already done in terms of looking at areas and looking at services and invest my time in ensuring that I know deep down where some of the areas are that are most troubling and those that most need addressing. I am comfortable that C.A.M.H.S. is going in the right direction, in terms of where it is moving to. Having been there only 3 weeks ago, there are still some concerns that have been raised around clinical governance, but I think we can deal with those and I know the senior staff are going to address those. I think it is around providing a safe environment for young people and making sure that people can access the right services at the right time and having spoken very briefly to Senator Vallois, Senator Mézec and senior staff, I am convinced, as I think they are, that the move is the right move and the changes are the right changes. Although I know the Scrutiny Panel have clearly made some of their concerns known, I still believe that is the right way forward. Just to add to that, I think we have listened carefully to all those concerns. There is a framework for clinical governance being put in, which is a place which will mean that professionals will still have a professional line of sight and accountability to their professional leads within H.E.S. (Household Expenditure Survey) and that is really important. I only found out the other day that we are going to have a Health and Community Services and a Children and Young People's Education Service, a Joint Governance Board, so that things do not slip through the cracks and that good knowledge is passed on and good understanding is passed through both services. I am going to sit down now. I think I have probably said enough for now. It is for me, I think, a crunch time for mental health services. I think we have had enough speeches today to suggest that we have got past the critical point some time ago and I think we have got to a point now where we have to deliver. I expect everybody in here to give me a really hard time over the next 2½ years and if I do not deliver and you do not see progress and the Scrutiny Panel do not see progress in a short period of time on some really important things ... I do not like using the phrase 'quick wins' with mental health, because sometimes they are not quick. Sometimes, with people that suffer from mental problems, sometimes it takes a long time for them to get over it, but there will be some quick wins. There are some things we can deliver, I think, in a fairly short order and I am going to put pressure on senior staff, because I have already told them I will be around delivering some of those services quickly. So, I hope you will have confidence in me to be able to do that; I know the Minister has and the rest of the team have and my Assistant Minister, so I hope I can deliver for you. If not, I am in trouble next time around.

1.1.14 Connétable K. Shenton-Stone of St. Martin:

I have close associations of mental health through all sorts of roles I have held over the years and, being from a large family with so many relatives, have experience much closer to home. Years ago, when I set up the Infertility Charity and ran the Infertility Support Group, by the very nature of the condition, anxiety and depression often develops. I hold an infertility counselling qualification for City University and I have sat with people reliving and going through deeply harrowing experiences. One of my close friends, who was also a cousin, suffered from this condition and took her own life. As a Constable, I have come across parishioners with mental health issues quite routinely, whether bipolar, or, more commonly, dementia. My own mother suffered from dementia and I have first-hand

experience of the treatments and facilities offered. As has been stated, we have excellent medical staff, whether nurses, doctors, psychiatrists, *et cetera*, but they are overworked and there are often not enough of them. The premises and facilities are antiquated and not fit for purpose and not fit to help a person's recovery. I really do applaud the Scrutiny Panel for their excellent report. They are bringing out into the open what has been ignored and underfunded for far too long. What do we do? Well, the report in this debate has given mental health the platform it so rightly deserves and needs. Evidently, from this debate this morning, we have the will to achieve what we need and what we now need is the money to facilitate the change. Mental health is a slope people go down and the sooner action can be taken and we can change the direction of travel, the better. We need new mental health facilities and investment in things that occupy people: art, sports and community, *et cetera*, to prevent isolation. In my experience, the Parish system is very important and if it is used properly, it gives excellent support and with community spirit, it really does help. The report does not seem to count the numbers of people who keep themselves outside of the system and we need a way to help them too. This report, ultimately, comes down to money and I cannot think of anything more important for this Government to invest in than mental health. It is a ticking time bomb. **[Approbation]**

1.1.15 Connétable J. Le Bailly of St. Mary:

When is the Minister going to make progress with the issue? We do not need more evaluation reports. The problem has been with us for years. All that happens is the problem gets kicked further down the road. The time to deal with this is now and not tomorrow. If it had been dealt with when it should have been dealt with, we would not have the problem. If we need staff, get them. If we need better facilities, provide them. Not next year, which only extends the misery for lots of people. Get on with it now. If civil servants can be re-housed in new offices in months, it should not be impossible to provide facilities for people, who really need that help. Everything is down to money. Putting it in the right place is the key. Let us make sure that we do that. Most of us signed the board in the coffee room which says: 'Put children first.' Was that a gesture, or are we really going to do that? Let us do that now.

1.1.16 Deputy G.P. Southern of St. Helier:

Only briefly, as one who has experienced several of these in-Committee debates in the past, it strikes me that we are all very good at analysing and stating that we must improve and we must improve the quality of our services, we must reduce waiting lists, we must be able to recruit and retain the appropriate staff and the appropriate numbers throughout the whole system and what we are less good at doing is getting some sort of commitment to the costs, whatever the shape of our mental health services will be in the future, whether it is in the community and whether it is in institutions and buildings that are built to the right specifications rather than the ones we are dealing with now. The important thing is where is the money coming from? In particular, I do not think I have heard today commitment from the Minister for Treasury and Resources, or her team, that has addressed that. We are about to have a jolly old bun fight in the near future if it is elbows out and bid for your services. I would like to hear from the Treasury Department today that their commitment, in terms of revenue funding is there, to allow us at all to fulfil any of the nice sounding promises we are making today. Certainly, before we finish, I would expect some response from Treasury to say their backing is there.

1.1.17 Senator S.C. Ferguson:

One thing that has bothered me about today's debate and I know it is important. We have had a lot of emphasis on youngsters and, yes, it is important, but there are older people in the Island, who are suffering, particularly the really older people, the third ... *le troisième âge* and so on, the pensioners, and I just ask the new Minister to keep that in mind when he is busy organising things for the children. However, going on from that, I wonder if some of our problems arise from the fact that a lot of families over here are away from their original family, so there is a lack of grandparents for the youngsters to talk to. We used to be able to go and talk to my grandparents and you get a totally different independent point of view and it really gives you something stable and I wonder if that is a

role for older people that we should be looking at and bringing into play. The obverse for that is that the lack of grandparents is probably a lack of support for young mothers. When you have just had a baby, it is very nice to be able to ring your mother, or speak to her and say: "Look, so and so is happening. What do I do?" Because, you are there with this squirming bit of humanity and you really do not know what to do with it. It is a bit disconcerting. I do wonder with young mothers - just a thought - are we discharging them from hospital too soon? We keep them in for a day, 2 days and then send them home, but that is before they have the hormonal adjustments, because you have just had 9 months with a parasite aboard and your hormones are totally up the wall and then suddenly your hormones are adjusting. For those men who are not aware of this, you go through a sort of situation called 'the weepies' when you are totally depressed and you cry all over the place and you might be having a nervous breakdown. It is just a hormonal adjustment and if you are still in hospital, they can keep an eye on you, so that you do not get into a desperate state. The Constable of St. Martin also mentioned dementia. Yes, that is a difficult thing to deal with and perhaps too often it is possible to keep your elderly parents at home, even with dementia, depending on the degree of dementia, obviously. I had my own mother at home for 5, or 6 years. There were moments and you develop an incredible black sense of humour but, perhaps again this is keeping people at home, keeping them in the environment to which they are used, so that they do not get quite so confused. It is something we should be bearing in mind, perhaps. Just a few thoughts.

1.1.18 Deputy K.G. Pamplin:

As I said, I wanted to rise, again, in a capacity as vice-chairman of the panel, on behalf of my fellow panel members, to thank everybody today for contributing which I think we can all agree has been a very worthwhile and at times an emotionally poignant, but important debate.

[12:15]

There were a few things raised through our report and others that I just wanted to touch on. I thank Deputy Doublet for her intervention and I am sure, as a panel, we will look into the subject she raised. She raised a very important point of course and speaking as a father, she was very right to raise those issues. Charities have been mentioned a couple of times. We spoke to charities through the report as evidenced and I echo the words of many others that the charities that have been borne through the Mental Health Improvement Board and the ones already in place are absolutely crucial and vital to our way of life on this Island. Echoing the words of Senator Pallett, we cannot take too much and be too complacent about this, but we also, at the same time, must recognise the burden that comes with these charities that do this incredible work, when we all know and acknowledge that volunteering is on the decline. As we have seen in other areas, from Honorary Police to others, it is becoming a bit of an issue and the charities can speak with experience on that. Also, fundraising is becoming slightly more difficult, because if the projection is right by the Charities Commission, we are going to have 400 registered charities in an Island that is 9 by 5, in an Island which, at times, does struggle with the cost and how far our pockets go. It is essential that the security of government, where it is supporting charities, is strengthened and reassured for those charities, who are doing so much for the Island. I thank the Constable of St. Saviour for bringing attention to Clinique Pinel in part of the capital project in the improvements to Orchard House that has been touched upon by the Minister for Health and Social Services and the Assistant Minister for Health and Social Services, which is to transfer patients from Orchard House across to Clinique Pinel in the interim. We must give thanks to Mrs. Ridgeway, as the Constable mentioned, for the huge work that went in to make that place the place it is today and I just urge the Minister and the team that in the transfer of that period - and I am sure they will and speaking to the staff, they will - real care is put in place for that, because that is a huge moment that cannot impact the incredible work that goes on in Clinique Pinel, especially dementia, as has been touched upon by other Members and as Senator Ferguson recognised. I just want to make this point that dementia is different to mental health. It is a degenerative illness and it is going to be one of the biggest issues of our lifetime going forward. The numbers say that, the data proves that, so we have to be clear, they are very separate things. To the people who contributed again, we give thanks

and we pay tribute to those who came forward. One of the things they often said to us at the hearings when they told us such powerful things was: "Is this going to make a difference? Is there going to be any change from it?" I think, today, we can say to them: "Yes, you did and yes, we have." We have done something very unique from a Scrutiny report, had this in-Committee debate for the first time and there have been 18 of the 21 recommendations adopted, or seen to be agreed and worked on. The 3, we have been able to compromise and one of those, in fact, has enabled a bit of change by the appointment of Senator Pallett in his role and if somebody ever says: "What is this about? Do you ever do anything? What is the point of Scrutiny?", well, that in itself is a huge win, because I think Senator Pallett is the absolute right choice for this and I have heard it in his voice today. I know how much he passionately believes in it and I urge the Senator, as well, to use us and, as was mentioned about, the Deputy of St. John and his unique insight ... and all of us who could be a huge help, we want to be a productive help to you. I can reassure you straightway that digital programmes are available already, Senator. Link, the local company providing mental health services, have the N.H.S. online programme SilverCloud. It is available now and it is free and accessible and I can put you in touch with them, so we can get people on that system. To others, thank you so much for taking part in this debate. This is exactly what I wanted to see today and I know it is being felt when I look at the comments on social media. I know, sometimes, we all have our opinions on social media, but today, trust me, it is being heard and it is being felt. I particularly want to pay tribute to the moving and poignant speeches by the Deputy of Trinity and the Constable of St. Peter. This is exactly what we are talking about, in terms of time for change and speaking out and speaking honestly. When people start seeing the highest people in the land, people with huge status and responsibility, like we have, starting to do that, that is going to have powerful resonance, so thank you so much for being so honest. I wanted to end my contribution on a personal note, as well. I have spoken to many people about this and, at times, it has been very moving and I wanted to make sure that the voices of those who know this first-hand were heard. A real person, who has a real mental health illness, wanted me to say these words: "We should normalise the importance of good mental health and well-being." Of course, normalise how important it is to look after one's self. Eat well, socialise, exercise and how beneficial it can and should be to talk and ask for help, as we have seen so powerfully displayed today. Do not conflate poor mental health with mental illness, even if one can lead to the other. One can have a mental illness and a good mental health and vice versa. The truth is, enough awareness has been raised. People are saying: "Why is there more demand?" Because stigma is changing. We are challenging the conceptions. The next future King of England is now leading the way, sports professionals, health professionals and politicians. You name it, we are all doing it, but we now need to make our words and actions count more. I could not agree more with our Minister for Education and I have every faith in her, in what she is trying to do. First, the conversation needs to be more inclusive when it comes to rarer conditions and to people whose voices are less loud. Second, we need to recognise that anxiety can be a normal reaction and is different from general anxiety disorder. This is a serious condition. Feeling down is not the same as depression. Also, we should be demanding more for a caring, modern policy, because as everybody has alluded to today, it is not just physical. Society and the environment plays its part. We have to recognise the society of our Island and how quickly it has evolved, how quickly we have established so many different parts of our society and how rapidly that is changing. Will we know the true effects of that? Maybe not for a while to come. What does the Government need to do? We have heard about it today. Hire more staff and then more. We know that is difficult, but they are seeing successes and we welcome and we pay tribute to those recent recruitments. It is very pleasing to hear that the change of attitude on the shop floor ... and I walked around the hospital for about 24 hours, but as we know and I also know, it is not easy, but we need to keep going. We must not remain complacent. It needs better working conditions, better pay and not piling your funding into a single type of therapy, or care path. Clinical commissioning groups need to spend money earmarked for mental health on mental health and I do not want to see a report like I saw on ITV last week that for 3 years, £350,000 of mental health money was just not spent. Prescription charges for long-term conditions need to be reviewed. Funding and research must be increased, so we can play our part by donating to charities and causes,

volunteering for mental health charities, who the Island owes a great debt. In the final part of my speech today, I pay tribute to my old school friend, who would have been the same age as me today. We shared a love of Star Wars and football growing and often, in our garden at Rosemount Estate, we would camp out in the shed in our parents' back gardens, and often getting grounded for doing so many times. We had a dream, I often think about, of finding our own Princess Leia and going to space. We always made a pact to be the good guys, looking out for people who needed help, because we had suffered ourselves through our own personal lives. We often joked about getting older together with our children and partners and see if we reached the stars and who had found their princess, or their hairy Wookie. He is not here today, because we did not know the illness had taken hold. One tragic personal event later and I remember seeing him and we talked the usual rubbish in the street, the next day he is not here anymore. I used to think, when I was 16 at the time: "This is just a one-off" but, sadly, my son has now experienced this at 16, when a young girl he saw every day took her life. It is all too clear, far too many of us now have alluded today to having family, or friends, caught up in this horrible illness. We have a duty to them and every one of us to demand to live in a world that is better placed, to really try to care and understand each other; not give in to hate and anger as we are seeing around the world. It is too easy to fall out and throw jabs and get on social media. We have got to change the course. This is what our children are seeing the world coming into. We have got to change this. The world and the Island is in transition, there can be no doubt, but no more talking about it. Let us get better. Let us be better, because I know so many looking up at us today want to be better too. Thank you everybody for taking part today.

1.1.19 The Deputy of St. Ouen:

I have found today's debate immensely helpful and I thank all the Members who have contributed and particularly some who have contributed in a very personal way. I know there are officers from the department who are listening and I am positive that, likewise, they will have found all these contributions very helpful, in our efforts to take the service forward. But I think, in our wide-ranging discussion today, we have realised that mental health is not about a discreet health service. It involves the whole of society. So, if we look at how we could improve mental health outcomes, that depends on providing a good education from the very start. But, before the education, it even depends on the beginnings, from conception, those early years, through education and then how people are housed and the income that people have to look after themselves. All these determine good mental health and we have some measure of influence over those outcomes, so let us realise that and try and work to better all those circumstances. Senator Ferguson spoke about older people and yes, it is true, much of our debate has been around children's mental health services, but we are equally aware of the needs of older people. There is growing awareness and concern about the isolation that can be suffered in a world where we are all interconnected it seems and we might be rushing about and meeting lots of people, but social isolation can be a big issue and that can affect the elderly very significantly. Within health and community services, we are developing a programme of care that is closer to home, so that we are not asking people to come into a building which will house a service, but we are trying to bring services closer to their homes and that will involve people around them, the community. As Senator Ferguson says, we recognise that can involve older people, who are in the community, who are willing to share and socialise. Sometimes, I feel we constrict that work with our rules around safeguarding and data protection and those are laudable pieces of legislation and we do need to observe proper rules, but sometimes there needs to be some flexibility, which allows communities to help themselves. I hope we can get to that situation. Deputy Wickenden asked me to respond by going through the 18 recommendations that had been accepted and to say what we were doing about them, but all Members will know that a ministerial response is required to any Scrutiny report and that ministerial response has been lodged, 1st May. That is a report available - Deputy Wickenden is not present at the moment, but it would take me some time to go through all 18 recommendations and how we have exactly responded to them - so I hope the Assembly might excuse me if I do not do that, but simply refer Assembly Members to the ministerial response.

[12:30]

Deputy Wickenden did, however, say that we should be spending money now and not just waiting and talking. Of course, we are spending money now, there is investment. I have spoken about the place of safety, which is coming on board in the next few weeks in the General Hospital. But I could have gone to the Minister for Treasury and Resources and asked for monies this summer to build, if we need to build, or to lease, the day and night facility, which we call the Recovery Lounge, or the Listening Lounge. I could have tried to establish that. I could have gone out and tried to find premises. But could I have staffed them? That is the thing. So, that is why we have not been able ... and I do not think it would have been right to say we will immediately try and deliver everything if we cannot staff those facilities, or at least we could staff them, but we would have to withdraw staff from acute services and leave people in greater danger. So, we are engaging on a responsible programme to develop services which will include the recruitment of staff. I can assure Members that I am seeing a transformation in the way we recruit staff which is beginning, it seems to me and others, to produce some results and that we are getting greater interest in coming to a service in Jersey. Perhaps those applicants also see that it is a service, which is on the up, which is beginning to improve. I want to pay tribute to the staff that we have, who have held the fort through difficult times. **[Approbation]** The Scrutiny report finds that they have been respectful, compassionate and knowledgeable and that, in general, service users had a positive experience from them. I have met so many of them and I do know that they care deeply, that they bring a passionate and professional approach and they go above and beyond, working long hours, often taking on overtime shifts, because of staff shortages and they have borne the brunt of great difficulties. I again want to pay tribute to them. I would align wholeheartedly with Senator Pallett when he asks that Assembly Members hold our feet to the fire in the journey that we must undertake over the next 4 years. Some Members have said it is just down to money. It is not, it is about achieving a societal change. The Constable of St. Peter has spoken about removing that stigma. It is about improving, training our staff, it is about putting the right resources in place, not just money. So, do hold our feet to the fire, but recognise please that the service is attempting to address complex needs and that there is no easy solution for some of these, it is difficult. But we have real professional and clinical help within the teams that we have, who impress me greatly. The ministerial team and the department are absolutely devoting itself to improving the service and to making change and I hope Members will give us support in the Government Plan and in all that is planned in the programmes going forward.

1.1.20 Deputy M.R. Le Hegarat:

This will be very short. It is to say thank you for all the contributions, both in this Assembly, to the staff that work within the service and to all those people that contributed towards this review. Last week was a milestone for the panel; we had all served our first year in this Assembly, which has been thoroughly enjoyable and challenging for us all. I think the thing is, that we will, for the next 3 years, remain working hard towards this mental health review, so that at the end of that 3-year period, whether we stand for election next time, whether we get in next time, or not, we will all be able to stand up and say we have achieved something as an Assembly and as a team that is worthy of all the hard work that went into it. Because I think that is critical to all of us in here; we want to be able to stand up and say we have done well and we have achieved something over that 3 years. For me that will be the most worthwhile part of it. **[Approbation]**

The Deputy Bailiff:

If no other Member wishes to speak, I now close the debate. That ends the Public Business for this meeting and I invite the Chairman ...

The Connétable of Grouville:

Could I raise a point of order, Sir? I think it is a point of order. It only came to my attention this morning, on the way in when I was listening to the news. Today is the 100th anniversary of the day of the debate that proposed that women could receive the vote and this was the beginning of a journey that we are still on, I think, driving towards diversity and inclusion. I wonder if there is a way that we could recognise, or acknowledge, that momentous occasion today.

The Deputy Bailiff:

I think, Connétable, you have achieved the end you were seeking merely by standing up and saying so. [Approbation] What Members may not have noticed, for a brief period we had a lady usher serving for the first time, I think, in States' history, so that might well be something that equally should be mentioned and memorialised. But, of course, thank you very much, Connétable, your words are obviously entirely well-placed. I now call upon the Chairman of P.P.C. (Privileges and Procedures Committee) to propose the future business.

ARRANGEMENT OF PUBLIC BUSINESS FOR FUTURE MEETINGS

2. Deputy R. Labey of St. Helier (Chairman, Privileges and Procedures Committee):

Some alterations to the Consolidated Order Paper, P.55/2019, Vote of No Confidence: States Employment Board has been listed first for the next sitting on 4th June. P.37/2019 and P.38/2019, pensions Regulations, lodged by S.E.B. (States Employment Board), they have been deferred to 4th June sitting too. The proposition of Senator Le Fondré about the appointment of a Speaker, P.47/2019, is still listed for 4th June. He did indicate, at the last sitting, that he might wish to defer that, but we have received no further instruction from him and he is not here at the moment to confirm, or deny, that, so we will wait and see. Even if it were moved, however, with a vote of no confidence debate, with a public finances debate, with Deputy Maçon's cats, I think it is very likely that it will be a long sitting and possibly go into a third day. With that I propose the arrangement of Public Business.

The Deputy Bailiff:

Do Members agree that Public Business should be taken as proposed by the Chairman of P.P.C.?

Deputy M. Tadier:

I just wanted to ask; I do not know if it is for the Chairman to answer this, but who chooses the names of the propositions that are put forward as they get listed? Because, clearly, Senator Le Fondré has put forward a proposition called Election of Speaker; of course it is nothing of the kind. It is the election of somebody to deputise for the current Presidents when they are not available and it seems to be misleading to the public and it might give some false hope, or some false anxiety to others.

The Deputy Bailiff:

My understanding, Deputy, is that the names of propositions are dealt with within the States Greffe.

The Deputy of St. Ouen:

Before we rise may I just remind Members that there is a presentation in the Rondel Room with lunch provided. It is given by our medical director and a pain consultant on the medicinal use of cannabis. It follows at 1.00 p.m.

The Deputy Bailiff:

On the assumption then that Members will take the order as suggested by the Chairman of P.P.C., the States stands adjourned until 9.30 a.m. on 4th June.

ADJOURNMENT

[12:39]