

1. Please could you provide the Panel with details about whether, in your experience, the Covid-19 pandemic has changed the need, or the requirements, for Mental Health Services in Jersey. Please provide any further data, or details, where possible.

For many people with chronic mental illness the reduced life/opportunities they endure leads to a degree of isolation which covid has exacerbated and increased in terms of negative impact on their lives. This includes the ability to be able to access the right support at the right time. An overall increase in referrals to our children and family provision and our adult service suggest the effects on mental health is widespread and calls for a joined-up response to ensure easy and timely access to the most effective support.

We have witnessed how people, young and old are reaching out to communities like Mind Jersey helping us to think about ways of tackling the crisis together. Our collective community response provides a real opportunity to reduce stigma and build a more hopeful narrative around mental health and illness. The pandemic has created opportunities to begin an Island wide joined-up education and awareness campaign around the similarities and differences between mental health, mental illness and wellbeing. Communities of people expressing collective fear and stress about a virus is a very good example of how it is perfectly normal and ok to feel anxious when presented with a threat, but that not everyone who feels anxious has an anxiety disorder.

2. Please could you provide the Panel with details about whether, in your experience, the Covid-19 pandemic has impacted the provision of Mental Health Services in Jersey? Please provide any further data, or details, where possible.

The pandemic has affected individuals and families' day-to-day lives in varying and surprising ways. Some loved the slowing down of things and others are still experiencing emotional and economic insecurity. Our stories from lockdown research 2020 highlighted how the pandemic exacerbated pre-existing inequalities in mental health provision in Jersey. We found that people with pre-existing mental illness, young people, women working from home and marginalised communities were among the most likely to be negatively affected. We have seen an increase in demand for mental health services across our services from children and young people to support for people over 65 years with long term mental health problems.

Currently it appears as if the adult mental health (AMH) service is acting as an emergency service with little time for delivering early intervention for people with high level needs. Difficulties in recruitment and changes in structures appear to leave little time for staff to build up therapeutic relationships with service users and families. People who are living with long term mental illness tell us that many team members try very hard to support them but feel that there is less practical outreach support and approaches that take account of the challenges of their lives. Waiting list have expanded again for talking therapies and people are frequently accessing Mind trainee counselling provision whilst waiting for appointments.

3. Do you consider that there have been any good, or positive, changes in the delivery of Mental Health Services in Jersey in the period since 2018? If you are unable to comment on change specifically, but have positive experiences to relate, the Panel would be grateful to receive this information.

People from all walks of life with lower-level anxiety or depression are now receiving support from the listening lounge. This is helpful as we move through a pandemic but needs monitoring and coordination by all key stake holders to ensure long-term sustainability and continuity of therapeutic care. Some people in times of distress appear to be moving between the different mental health provisions.

Improvements to décor and provision of inpatient care is welcome but there is a need for ongoing work to address the potential for institutionalised practices to take hold. Whilst psychology input is now on the ward, people tell us that psychology and community support follow up in the community is limited.

The idea of a home treatment team seemed a very good idea, but it doesn't appear to be joined up with other community and inpatient provisions and appears separate to the main team. This often results in barriers to accessing the right support and an inability for people to move seamlessly between teams as and when need escalates or improves. Some carers report poor continuity of care because of agency staffs and vacant positions. Often follow up is via phone calls, and people are left to drift if calls are not answered. This prevents ongoing meaningful hope of recovery or stability. Feedback to our services suggest lack of parity of esteem between mental and physical health.

Peer support is a model of support for people experiencing difficulties with their mental health and could be incorporated alongside other provision but not replacing clinical support when deemed necessary. Peer Support Workers use their lived experience to offer purposeful support, based on the principles of listening, sharing experiences, and having an equal relationship rather than providing expert advice. This model it would appear is not fully understood or accepted by all AMH teams. In other more concerning circumstances, it can allow or encourage AMH to withdraw too early or work by proxy through the peer support volunteer.

4. Do you consider that there have been any bad, or negative, changes in the delivery of Mental Health Services in Jersey in the period since 2018? If you are unable to comment on change specifically, but have positive experiences to relate, the Panel would be grateful to receive this information.

We are concerned with what we see as the triangle of trauma whereby people often men are bouncing from homeless shelters and the prison with little follow up care or priority given to their holistic needs or basic human rights as citizens of Jersey. There appears to be limited active follow up and care in the community for people released from prison and or people in the community that do not have accommodation of their own.

Some people also have trouble accessing early intervention even when they have a previous history and diagnosis of mental illness. In fact, a previous diagnosis or presentation sometimes prevents someone receiving care even if things have changed greatly since previous presentation or admission. Some people tell us that no one wants to take their case as they are deemed too difficult.

There seems to be a lack of helpful debate across teams around the difficult and contested area between consent, rights, and benefits of early intervention. For example, when clients are not engaging, and family or friends are reporting psychotic or depressed unsafe

behaviour some professionals are refusing to intervene citing client choice as reason for not trying to engage with the person.

People go off island for treatment because they cannot access treatment on island treatment. We tend to spend a lot of money on off island placements yet have no clear pathways for safe return and re integration of vulnerable people into Jersey community.

5. What, if anything, could improve the patient experience of Mental Health Services?

Please see the report from our Reconnecting with Hope Conference October 2021 co-produced with service users.

Please see our stories form lockdown 2020 report attached.

We need to ensure that the right support is offered at the right time to everyone, not just what is available. This includes those who have been pushed into poverty due to their mental health and people from diverse groups often excluded because of difference.

Commitment from public sector to implement the triangle of care training which clearly sets key elements required to achieve better collaboration and partnership with carers in the service user and carer's journey through mental health services. This is important as without legislation carers needs are frequently not addressed. This will also support the implementation of the Jersey Care Model as we will all be looking after those that care for others.

Community wellbeing hubs for people with long term mental illness that they can claim their own access support or training and make friends.

Create a culture of participation and co-production across all mental health services one that is monitored by people with lived experience

Ongoing coordinated AMH Staff training support and supervision /training for other primary care colleagues including G.P.'s.

6 Do you have any other comments about how Mental Health Services in Jersey have changed since 2018? The Panel would welcome any comments or information which may relate to the findings and recommendations of the initial review (see appendix)

Since 2018 a lot of changes seemed to have taken place around structures and processes within mental health systems. Today date the benefits do not seem to be working there way down to those most in need. There are ongoing challenges across the public and voluntary sector in measuring outcomes and service user experience. It is also difficult to do this without clear objectives as highlighted in the review. In the striving for data and the impact of interventions the persons quality of life often gets overlooked.