WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY THE DEPUTY OF ST. JOHN ANSWER TO BE TABLED ON TUESDAY 8th OCTOBER 2019

Question

Will the Minister advise -

- (a) whether there are any mental health practitioners employed by the States who have specialist training that is specific to the needs of individuals suffering the effects of trauma (i.e. Post-Traumatic Stress Disorder);
- (b) if such practitioners are employed, what the waiting times are to be seen by them and, thereafter, to receive treatment; and
- (c) if there are no such practitioners, what plans, if any, exist to train mental health practitioners in this specialist area?

Answer

(a) It is normal to experience traumatic stress symptoms in the days following a traumatic event. For most people these symptoms subside naturally with time. For a proportion of people the symptoms persist causing significant distress and/or interference with day to day functioning, to the point of meeting the criteria of Post-traumatic Stress Disorder (PTSD).

For children and young people there are four Clinical Psychologists based in the Child and Adolescent Mental Health Service (CAMHS) who are appropriately trained and competent in delivering evidencebased psychological interventions for PTSD such as trauma-focused Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).

For adults experiencing symptoms of trauma, there are eight (full-time) Psychological Therapists in Jersey Talking Therapies and more than ten (full-time and part-time) Clinical & Counselling Psychologists in the Psychology service and within multi-disciplinary teams across Health and Community services who are appropriately trained and competent in delivering evidence-based psychological interventions for trauma symptoms and PTSD, such as trauma-focused CBT and EMDR. Several of these clinicians are also trained to deliver psychological interventions that are appropriate for Complex Post-traumatic Stress Disorder (C-PTSD) such as Cognitive Analytic Therapy (CAT) and Dialectal Behavioural Therapy (DBT).

(b) The waiting times for psychological intervention for trauma symptoms or PTSD vary across all services, depending on the severity of the symptoms and clinical need. Clients with the most severe difficulties are prioritised.

For children and young people presenting with trauma symptoms or PTSD, waiting times vary between two and nine months.

For single event trauma, the approximate waiting times for an adult to be assessed and start treatment with a Psychological Therapist are four months and 13 months respectively. For complex trauma, the approximate waiting times for an adult to be assessed and start treatment with a Clinical or Counselling Psychologist are seven months and 14 months respectively.

(c) As noted above, Psychological Therapists and Clinical and Counselling Psychologists working with children, young people or adults who present with trauma symptoms or Post-traumatic Stress Disorder are appropriately trained to deliver evidence-based psychological interventions.