



Response to Scrutiny Panel re Mental Health Review

General

Once again a note that dementia is NOT a mental health condition or illness but does of course often affect people's mental health. In the continued absence of a local dementia strategy it will continue to sit incorrectly and without the focus it clearly needs. JAA is disappointed that a local dementia strategy continues to be delayed.

1. What are the current trends in mental health in Jersey?

Increase in number of people of all ages with dementia. Increase in need for support of carers including therapeutic inputs. Emergence of younger onset group, impact of number of people dying from dementia on HSS and other services eg Hospice.

Without easy and early access to flexible support at the right time the numbers of people unable to remain at home and needing residential care will increase.

Observation - the number of professional colleagues from HSS who have left due to unhappiness at work, report unhappiness or have had long term sickness apparently related to stress is worrying.

2. What progress has the States of Jersey made on implementing its mental health strategy? What further work is required?

Continued danger that community services are over medicalised and their importance and role not understood. New regulations that will bring registration to wider range of care providers is welcome however medical models that sometimes underpin these are controlling and perhaps lack true understanding of social care models, their difference and importance.

3. How have mental health services changed since the launch of the mental health strategy in 2015?

It is perhaps interesting to see/hear of more people accessing private counselling and psychological services and the emergence of quite a wide ranging private MH service in LINC, part of the LV group. LV are a very fast growing private enterprise who are investing heavily in the care sector as a whole. Any additional service option for people is a good thing and promotes choice but I fear this is happening because of a lack of growth in and access to free services. If this is the case then health

inequality will continue to widen and some may find themselves having to find monies they cannot afford to get the right support in a timely fashion.

4. What support is in place to ensure the organisations which provide mental health services are able to work in partnership in the best interests of the individual concerned?

Unable to comment about what is 'in place' however JAA works closely with other services and enjoys an excellent supportive and open working relationship with most. It has been hugely positive to work alongside the older adult MH teams who are open to co-production and joint provision of support. There are still a small number of key areas that are more difficult to engage with in the same way.

Sadly there is a danger that at times partnership isn't necessarily an equal or fair one. For instance, working together to deliver an ever growing one day a week Saturday Club for people with dementia where running costs exceed £50k but the annual support from HSS remains at less than £15k and ongoing contracts run for no longer than 12 months.

5. What are the potential risks and benefits of separating child and adult mental health services? How could any potential risks be mitigated?

Unable to comment.

6. What examples of best practice are available from other jurisdictions that Jersey could learn from?

<https://gov.gg/CHttpHandler.ashx?id=107583&p=0>

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