Dr Jake Bowley, Consultant Clinical Psychologist, Jersey Health and Community Services

Dear Panel,

Following the invitation for submissions regarding your questions, a survey was disseminated amongst staff working for the SoJ HCS, Adult Mental Health Service asking for anonymous feedback. We had a limited response, but wanted to still send you a summary of the opinions we received.

What are the current trends in mental health in Jersey?

Increase in young person's admissions (CAMHS), and of young people with substance misuse, autism and mental health, dual diagnosis, self-harm and personality disorder.
Best practice would be a community based social model but due to resources and locum cover at times this has gone back to a medical model.
Within the team there are many practitioners that implement the recovery approach but pressure from resources impact this at times.

Increase in use of inpatients by adolescents. lowering of resilience and increase in self-injury. return to the medical model.

Investing in the future of mental health services looking at improving services for both staff and service users

I think there is a culture of denial in Jersey, a common coping strategy is to disconnect from the emotional impact of events, seemingly for fear of it being considered a sign of weakness/deficit. This goes for clients, staff and management. I also think there is a resourcing issue that leads to staff relying on quick throughput rather than success outcomes to manage their caseload. The recent report from the auditor general suggests targets reinforced this position for staff; targets were often about contacts rather than outcomes. There is hope for a different way of being though, the recovery movement does model a more open and accepting response to difficulties.

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

Jersey Recovery College has been great.
Adult inpatient ward falling apart
Adult Outpatients building not fit for purpose - old building, old furniture - uninviting.
Staff shortages everywhere - not retaining staff
Difficult to provide full service to service users due to staff shortages.

Very little with no real evidence of prevention etc. filtering down with a lack of an overall strategy for effecting change.

I think the improving access to psychological therapies part of the strategy has shown that given opportunity many people in Jersey will seek support. However I also think the resources put in to this service were too low for it ever to have been successful in terms of delivering quick access to appropriate intervention.

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?

The initial enthusiasm and momentum has stalled due to leadership

Difficulties and limitation and freeze on spend has stalled good initiatives to support vulnerable people in Jersey
Internal supervision, the recovery college membership, openness and good relationships between agencies

Staff are trying their best with the current limited resources and often working on 'good will' over hours to ensure the service user is having their needs fully met. Staff are wearing several hats at one time. It feels uneasy that staff on the floor are not involved in major decision making about the organisation and future of it. It feels that it's all about saving money rather than best interests of the individual and what is really needed.

There are meetings that aim to bring together multiple agencies to discuss individuals. There are also mechanisms for learning lessons when problems occur for individuals with respect to multiple agencies. Support for these meetings seems to require a culture of learning that although is supported in policy seems to be missing in practice. Again this seems to reflect a sense of overwhelm (due to a under resourcing of services) leading to a cynicism that undermines learning.

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

Specialisms can be preserved through separating child from adult specialties, however this comes at the cost of hand offs between services and poorer outcomes for transitioning teenagers/young adults, especially when the individual presents with difficulties around engagement with services. Having a transitioning service or assertive outreach service, or improved connectivity with third sector partners aimed at young people 16-25 might mitigate the risks of lost contact.
IT systems that more easily talk to each other might also help.
There needs to be a much better transition pathway which is joined up working rather than a hot potato.
There needs to be a young persons' service mitigating the risks more effectively.

CAMHS has always been separate, the biggest risk is one service gets more resources whereas shared service would probably be resources shared better. however if you were amalgamated you may get therapists who do not enjoy working with children

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

Most jurisdictions are in free fall due to lack of investment, lack of staff, inability to operationalize or generalise innovation. Small dynamic services like ours needs to understand that local innovation as a community rather than trying to copy large national bodies is more likely to bring better outcomes.

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.456.8459&rep=rep1&type=pdf

https://www.merseycare.nhs.uk/media/4247/structured-clinical-management.pdf

Please feel free to contact me if you have any questions

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