

# Jersey Mental Health Strategy 2026–2030

Improving mental health and wellbeing across all ages



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**Scallywag**

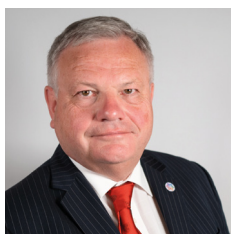
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# Ministerial foreword



Deputy Tom Binet  
Minister for Health  
and Social Services



Connétable Richard Vibert  
Minister for Children  
and Families

**In Jersey, mental health challenges impact across the entire community, with an estimated one in five children and adults struggling with common disorders like anxiety and depression. These figures highlight a shared experience for many in Jersey, where the far-reaching effects of mental illness are felt within many households and professional environments.**

Most mental health disorders develop early in life, with 50% of conditions beginning by age 14 and 75% presenting by age 24, so it is vital to provide support from early childhood onwards. Recognising that these challenges often begin in childhood and continue into adulthood, we have intentionally designed the Mental Health Strategy to serve all ages and the entire community, enabling support to be available at every stage of life.

This strategy builds on transformation work delivered through the Mental Health Strategy 2016-2020 and the Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2025. It recognises that although a great deal of progress has been made, there is still more to do, and we must push forward ambitiously. It sets out a whole system vision for mental health and wellbeing that includes prevention, early intervention, effective care and treatment, ongoing support, and person led recovery.

The strategy is about people – their stories, strengths, and hopes. It explains how we will improve mental health and wellbeing for all islanders over the next five years. It has been developed through understanding current mental health needs in Jersey, listening to what both adults and young people have told us matters the most to them, and drawing on evidence-based practice from other areas.

It reflects a shared vision of a Jersey where everyone, regardless of their age or diagnosis, has the right to good mental health, care, and support, achieved through focusing on the following four strategic priorities.

- **Prevention, early intervention and building resilience**
- **Integrated pathways and quality interventions**
- **Crisis and urgent care response**
- **Recovery, rehabilitation and transitions**

Over the next five years, we will continue to build a community where mental health and wellbeing are understood as everyone's business, where services are joined up, and where no one is left behind. The Government cannot achieve these changes alone - we must collaborate with you, our partners and islanders, to champion and improve care and support for all. We are excited to progress this with you, together.

# Acknowledgements



**We would like to express our sincere thanks to everyone who has contributed to the development of this all-age Mental Health Strategy. This work has been shaped by the voices, experiences and insights of people across the island, and it reflects a collective commitment to improving mental health and wellbeing for all.**

We are especially grateful to the individuals with lived experience of mental illness / mental health difficulties, who shared their personal stories, challenges and ideas. Their involvement and openness helped ensure that this strategy recognises the realities of people with mental health needs, and places them at the centre of our planning. Many families, carers and supporters also gave their time and shared their views, helping us to understand the wider impact of mental health needs across the life course.

We wish to thank the children and young people who contributed through focus groups and workshops. Your honesty about what helps and what gets in the way has played a vital role in shaping a strategy that aims to improve support, understanding and opportunities for the next generation.

Our thanks also extend to the professionals across health, social care, children’s services, education, primary care, emergency services, the prison service, and the voluntary and community sector. Your expertise and commitment to improving experience and outcomes in a complex and pressured environment have been central to this work, helping us understand the current system, the strengths and challenges of this, and how this may be improved moving forward in partnership.

Finally, we acknowledge the significant ‘behind the scenes’ work from analysts, administrative staff and the strategy steering group, who have helped gather and analyse information, coordinate events and interviews, draft and redraft the document, and ensure that every voice could be heard.

This strategy is the result of shared effort and shared ambition. We recognise that the work ahead will require continued partnership and commitment from all involved. To everyone who contributed, in any way, thank you. Your involvement has strengthened this strategy and helped ensure that it reflects the needs, hopes and priorities of people of all ages across Jersey.

# Introduction

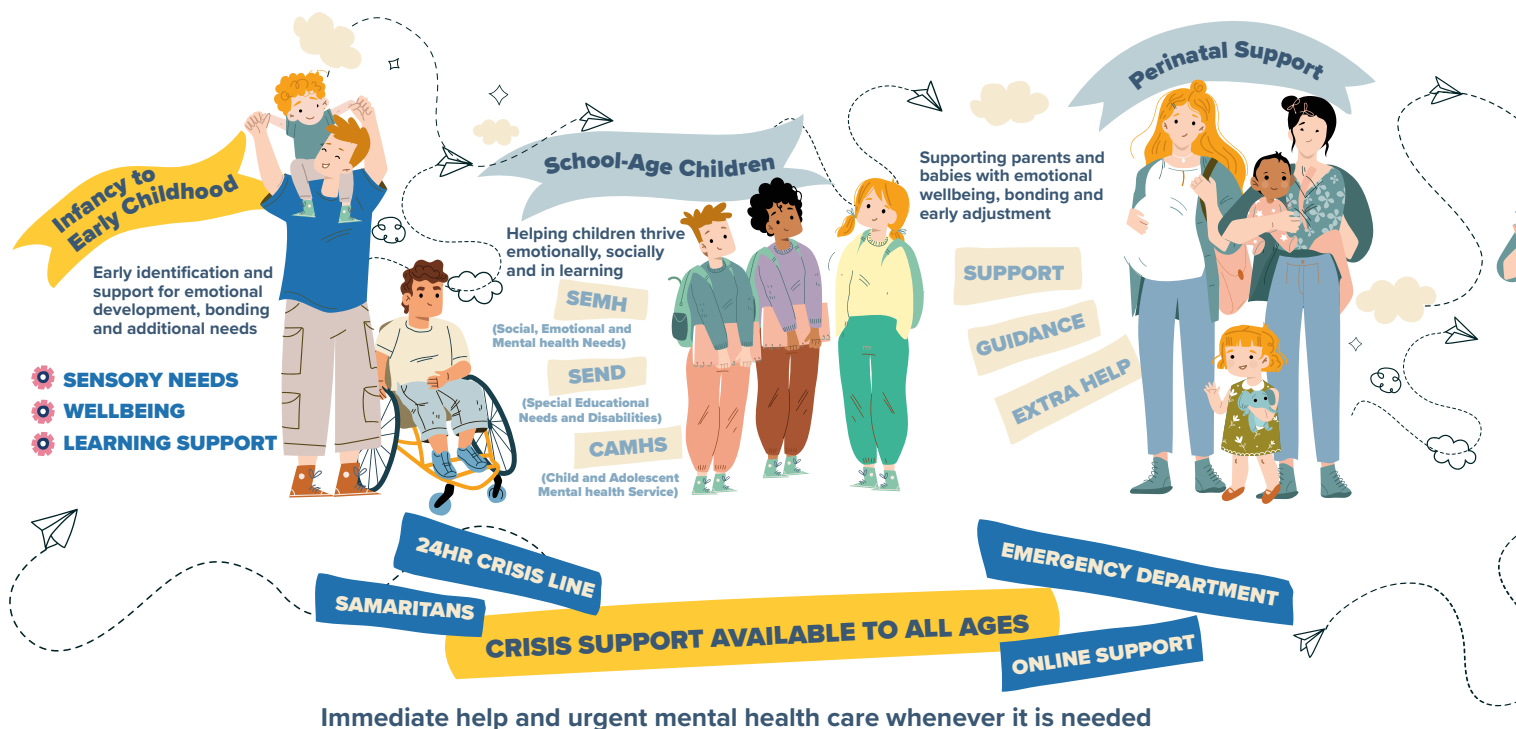
This all-age strategy explains how we will improve mental health and wellbeing for people who live in Jersey over the next five years. It sets out what we know about mental health in Jersey, what both adults and young people have told us matters most, and how we will work together to ensure better service experience and outcomes for those experiencing mental illness and distress.

Many islanders have told us that getting the right mental health help can still feel confusing and hard to navigate. Support can arrive too late, feel disconnected or be inconsistent. This strategy is about changing that. Our aim is to create a clearer and more joined up system that supports people earlier and closer to home, with improved partnership working.

Mental health is shaped by everyday life. Where we live, work and spend time matters. Housing, money worries, education, work, safety and access to green spaces all affect wellbeing, whether people become ill, and how they cope with illness. Mental and physical health are closely linked, and poor mental health can make other challenges harder. Building strong, healthy communities is key to improving wellbeing across the island.

Recognising the challenges of significantly increasing demand for mental health services and our ageing population, the strategy sets out priorities for the next five years. One of these must be to promote mental health and prevent difficulties with mental health where possible. We also know from research and from people’s real-life experiences that early help makes a difference. When people get support sooner, they are less likely to reach crisis and more likely to recover and stay well. This strategy focuses on prevention, early support and recovery, while making sure specialist care is available quickly and safely when it is needed, is age appropriate, and is more joined up.

## Jersey Mental Health Service Lifecycle



This strategy has been shaped by islanders of all ages including those with lived experience. Their voices can help us design services that wrap around the person, recognising individual needs, strengths and goals. Mental health support cannot sit with one service alone. Health and care services, children’s services, schools, charities, community groups, the police, employers and local organisations all have a role to play, by helping to reduce the stigma still experienced by many with mental illness.

Some people face extra pressures that can affect their mental health. This includes people who have experienced trauma, those who need to travel off island for care, people with multiple and complex needs, and groups who are more at risk of poor mental health. Services must understand and respect different cultures, backgrounds and experiences so that everyone feels safe, welcomed and treated fairly.

Supporting families and carers is vital, and so is supporting the wellbeing of the staff who provide care. We are committed to supporting a skilled, compassionate and diverse workforce, and to growing peer support so that people are supported side by side through recovery by others with experience of mental ill-health.

This strategy is a shared commitment. It calls on all agencies, services and community partners to work together around the needs and priorities identified by islanders – and in particular by those with mental health needs and lived experience of serious mental illness. By acting together, we can make mental health support easier to access, better connected and more responsive, helping people of all ages to stay well and thrive in Jersey.



# 1. Development of the all-age Mental Health Strategy

## a) Scope of the Mental Health Strategy

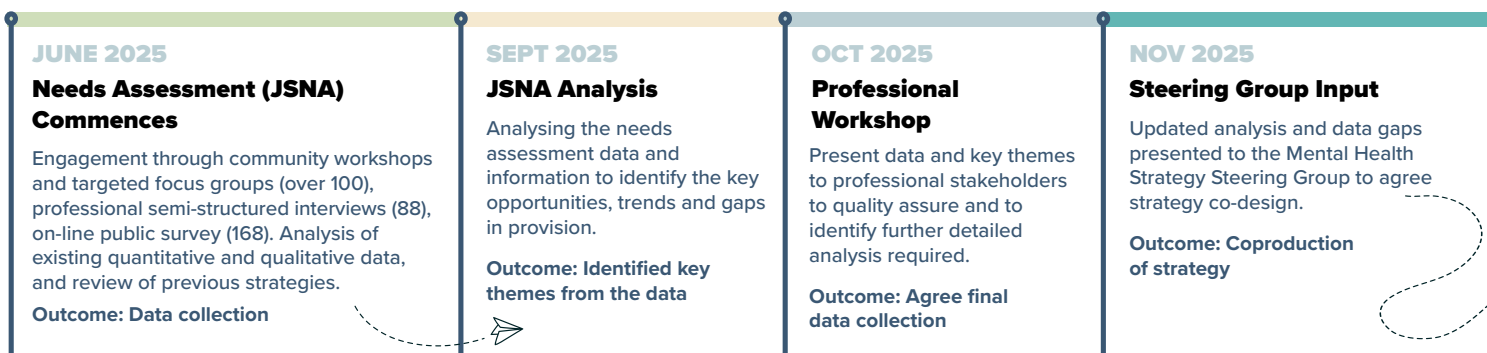
The scope of this strategy is all age and whole population, setting out a whole system vision for mental health and wellbeing that includes prevention, early intervention, effective care and treatment, ongoing support, and person led recovery. The strategy identifies and sets out specific issues relating to children and young people, as well as adults of all ages.

Mental health and wellbeing are understood as a combination of emotional, psychological and social factors that influence how people think, feel and function in everyday life, including their ability to cope with stress, build relationships, and participate in their community.

This strategy covers the full spectrum of mental health needs, from maintaining wellbeing and generally supporting people to live well, through to providing support, treatment and a recovery focus for people living with serious and enduring mental illness. It includes the responsibilities of health and social care organisations (both Government, charitable and voluntary services), children and young people’s services, education, community organisations, and wider partners, reflecting the understanding that mental health is shaped by social, economic and environmental factors as well as individual experiences.

This strategy aims to bring together a shared direction for mental health in Jersey, setting out key priorities and actions, a focus on prevention and maintaining mental health, and ensuring consistent, person-centered and recovery focused support for everyone with mental health needs.

## Strategy development timeline



## b) Methodology and timeline

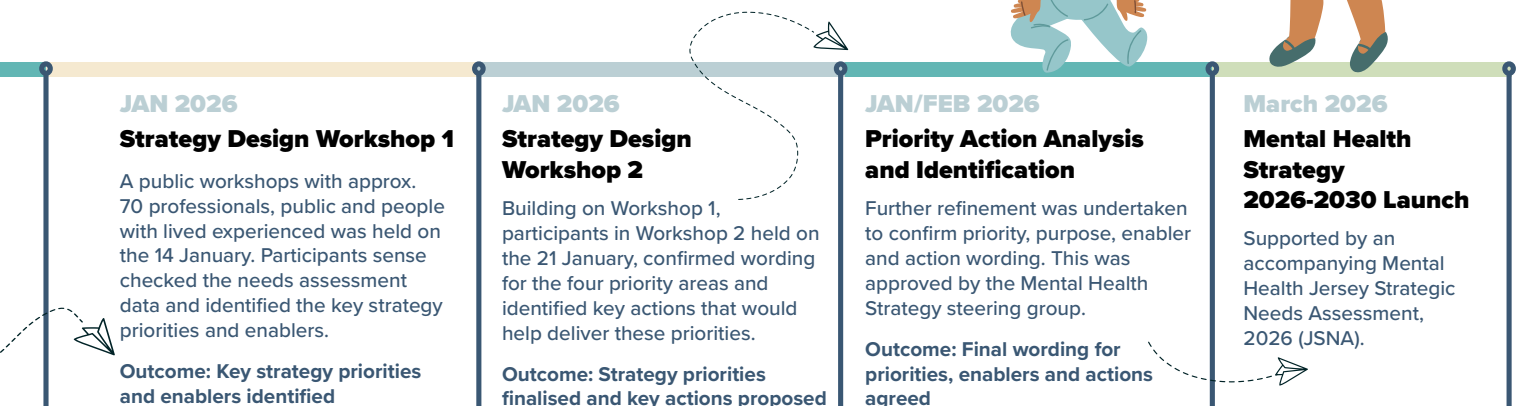
The development of this strategy began with a needs assessment which involved reviewing existing local data, including service data, population data, Bright Spots survey of children in care and leaving care from 2023/24, and the Women’s Health JSNA, gathering views from the public and professional stakeholders via surveys, interviews and focus groups, and examining best practice and research in other areas (jurisdictions).

Between June 2025 to February 2026 extensive feedback was obtained from the public and professionals through.

- Focus groups with over 100 people living with mental illness, the majority of whom were using current mental health services
- Two children and young people engagement events
- Targeted focus groups for people identified as being vulnerable / at risk of mental health challenges, including homeless people and people in prison, and those with complex needs (including in off-island hospital placements)
- An island-wide survey completed by 168 participants
- An on-line survey and semi-structured interviews with mental health professionals across a range of child and adult mental health services (both Government and third sector) with 27 interviews and 61 staff surveys completed.

This has helped to form a comprehensive picture of mental health in Jersey and determine what needs to be prioritised in the strategy over the next five years. Further detail can be found in the accompanying Mental Health Jersey Strategic Needs Assessment (JSNA) (2026).

Following completion of the needs analysis, two large workshops were held in January 2026 with service users, carers, professionals / stakeholders, and partners to review the information gathered and develop our agreed priorities and actions.



## c) Review of previous strategies

### i) Children and Young People’s Emotional Wellbeing and Mental Health Strategy (2022-2025)

The Children and Young People’s Emotional Wellbeing and Mental Health Strategy was published in 2022. The Strategy set out 16 actions across four priorities, aiming to ensure that all children and young people in Jersey are happy, thriving, and able to enjoy the best mental health and wellbeing.

Implementation of the strategy was reviewed by the Children and Young People’s Leadership team at the end of 2025. The review included service data, surveys, evaluations and stakeholder feedback. It showed significant progress, particularly in embedding wellbeing into schools; expanding early intervention; and strengthening specialist pathways. It also highlighted persistent challenges in relation to neurodevelopmental demand, transitions and systematic measurement of outcomes.

Key achievements identified included a whole school model being established with a designated mental health or wellbeing lead; greater integration of services; expanded therapeutic capacity and development of specialist pathways; improved service user feedback and outcome measures. Particular challenges noted included transitions between CAMHS and adult services, visibility and coordination of Early Help Services, the need for increased focus on carer and staff wellbeing, and the need to further improve awareness and reduce stigma.

Of the 16 actions identified within the strategy, 6 were identified as being complete, 9 as ongoing and 1 as discontinued. Outstanding and ongoing actions were identified and have been incorporated into the development of this strategy.

### ii) Mental Health Strategy for Jersey (2016-2020)

A previous Mental Health Strategy for Jersey was published in 2016. This strategy recognised the wide-ranging impact of mental health problems, and set out a vision to promote mental wellbeing, prevent mental ill health, and ensure services that meet the needs of people with mental health conditions which can assist them in their recovery.

The 2016-2020 Strategy identified a significant number of actions to be taken to deliver the identified priorities, including anti-stigma interventions, improved cross-system working and partnerships, development of peer support and the establishment of a Recovery College, review of current service models, development of a place of safety and reprovision of the adult inpatient ward, and a detailed review of current staffing supported by increased training. Implementation of the strategy was overseen by a multi-agency steering group, although this was paused during the Covid-19 pandemic.

Since the publication of the 2016-2020 strategy – and particularly from 2022 onwards – significant amounts of change and development have occurred in adult mental health services. These have included a full redesign of community mental health services and development of new services; the creation of a Mental Health Strategic Partnership Board; the relocation of acute inpatient services and the opening of an Article 36 Suite (place of safety); implementation of the Care and Recovery Framework (CARF); a new Mental Health Law and improved

Mental Health and Capacity Law oversight; the introduction of Peer Support and Carer Support workers; and most recently the establishment of a community-based Recovery Hub, delivered in partnership with people who use mental health services.

Many of these developments have helped to deliver the actions set out in the 2016 Strategy, although we very much recognise there is always more to do. Our new all age Mental Health Strategy builds upon the aspirations and achievements of the 2016 strategy, and on the significant work undertaken to date.

## d) Related current strategies

There are several other current Government of Jersey strategies which relate directly to this Mental Health Strategy. Each of these were shaped by people who have lived experience in these areas, reinforcing that lasting change is only possible when communities are actively involved. This strategy does not seek to replicate the priorities and actions within these other strategies but instead should complement and support them. The related strategies include:

**Strong Foundations - Dementia Strategy for Jersey (2024-2029)** focuses on helping people live well with dementia, improving early diagnosis and care pathways, strengthening community support and reducing stigma. It aligns with our aims around early intervention, person centred care and support for carers.

**Neuroinclusive Jersey Strategy (2025-2028)** sets out priorities and actions to make Jersey more inclusive for neurodivergent islanders, including improvements in health, education, employment and criminal justice. It was shaped by extensive engagement with neurodivergent people and shares our values of system-wide improvement, lived experience, partnership working and person-centred support.

**Suicide Prevention Strategy - Connected in Hope (2025-2029)** aims to save lives by reducing stigma, improving early support, strengthening community awareness, and ensuring people at risk receive timely and compassionate care. This aligns with our focus on early help and prevention, trauma informed support and community-based safety.

**Substance Use Strategy - A Change in Direction (2023-2033)** sets out the island's planned approach to reducing harm from substance use over the next decade. It focuses on alcohol, psychoactive drugs including recreational and novel substances, the misuse of medicines, and performance and image enhancing drugs such as steroids and related supplements. Developed by the Public Health Directorate, the strategy takes a health and social approach informed by local data and extensive engagement with government departments, support services, and people with lived experience.

Through the development of this strategy, we have identified several issues relating to dual diagnosis of mental illness in people with a learning disability. We are therefore proposing to develop a Learning Disability Strategy for Jersey in the future.

### e) Guiding principles

Through the work undertaken to develop the strategy, several key principles were developed which need to underpin the content and outcomes of this work. These reflect the feedback and priorities set out by service users, carers and professionals, and are supported by evidence and best practice guidance.

**These included**

- The need to differentiate between wellbeing, mental health, and mental illness. We heard from many people that they perceive that the nature and needs of mental illness have sometimes been lost because of a significant focus on generic wellbeing.

Mental health refers to a person’s emotional, psychological, and social wellbeing, as well as any diagnosed or undiagnosed mental health conditions they may experience. It’s important to recognise that mental health is not a simple scale from “well” to “unwell”. People can experience significant mental health conditions and still lead meaningful, connected lives. Others may not have a formal diagnosis but still experience significant emotional distress or poor mental wellbeing. Mental health and wellbeing can be described as a continuum, where people can move between different levels of illness and wellbeing, depending on a range of factors.

*This is illustrated below:*

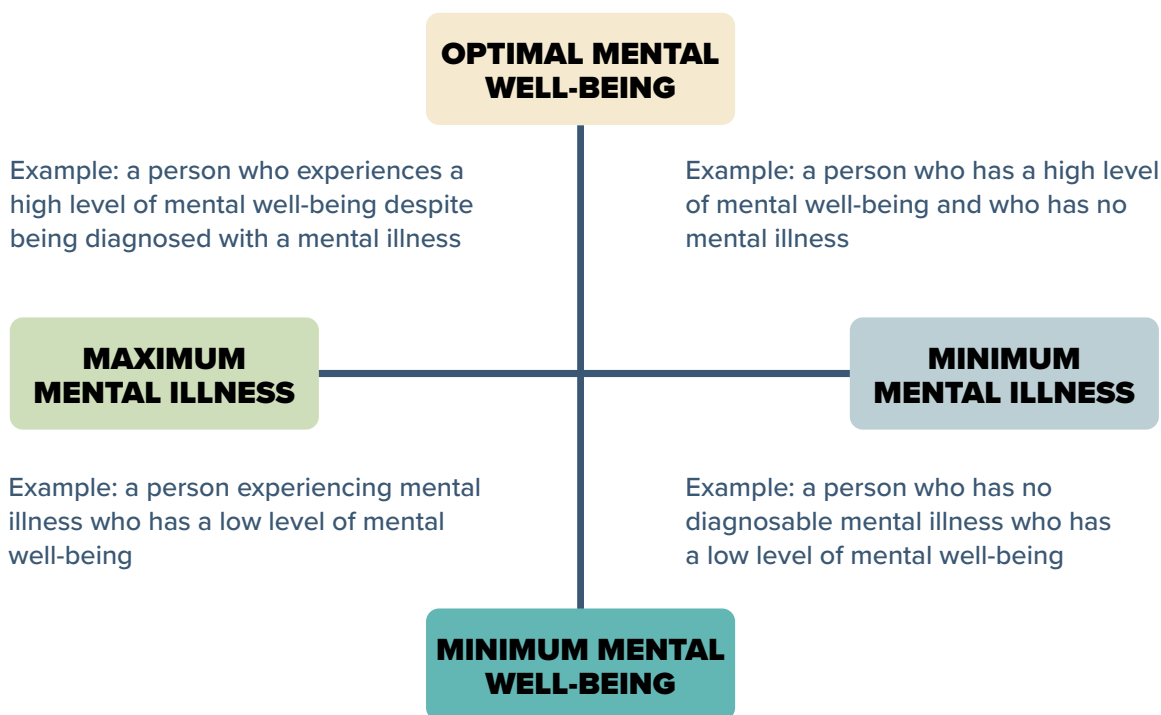


Figure 1. The relationship between mental health and wellbeing. Image source: Cambridgeshire & Peterborough Insight - Mental Health Needs Assessment

***Some key principles that have arisen from the work undertaken to develop this strategy are as follows:***

- Prevention and early support is essential in maintaining mental health, and reducing the personal health, social and economic burdens of mental ill health when it arises.
- People with mental health needs often experience multiple disadvantages and overlapping challenges, such as poor physical health, trauma, social isolation, housing instability, poverty and substance misuse. These needs cannot be addressed in isolation, and require services to work effectively together with integrated pathways and effective communication.
- Mental health support and treatment (including crisis care) must be easily accessible when needed. Services must consider health inequalities and determinates, be culturally competent, and be based where possible on evidence, positive experience and outcomes.
- Transitions between services – including from CAMHS to adult services – must be person-centred, timely and well supported.
- Reducing stigma and increasing awareness of mental health and ill health remain a key challenge within Jersey.
- Services must be focused on recovery and empowering, and where possible with care plans and interventions being developed in partnership, and service user driven outcome measures being agreed. Development of services should be co-produced where possible.
- Services need to be joined up, developed as a system and easy to navigate, with reduced need for repeated assessments and retelling of personal stories (which may re-traumatise the individual). Support must be flexible, coordinated, trauma-informed and person-centered.
- Carers and families play an essential role in the support and care of people with mental health needs; this must be recognised, supported, and their own needs considered.
- The ongoing development, training and support of the workforce is essential in ensuring the availability and effectiveness of mental health services in Jersey for the future.

✧ **Reducing stigma and increasing awareness of mental health remains a key challenge within Jersey** ✧



## f) Tiered model of mental health services

A tiered model of mental health support organises interventions and care so that people get the right help when they need it. This starts with support for everyone and generic preventative interventions, then early targeted help, and finally specialist care for those with higher needs. This approach fits Jersey’s focus on prevention, early intervention and recovery, ensuring we consider and respond to all levels of need. Effective planning and commissioning can ensure that each tier is funded and sustainable, with planned investment used to redesign and strengthen early intervention, community support and specialist services, ensuring that our resources are directed to where they are most effective.

*The tiered model of mental health care can be shown as below:*

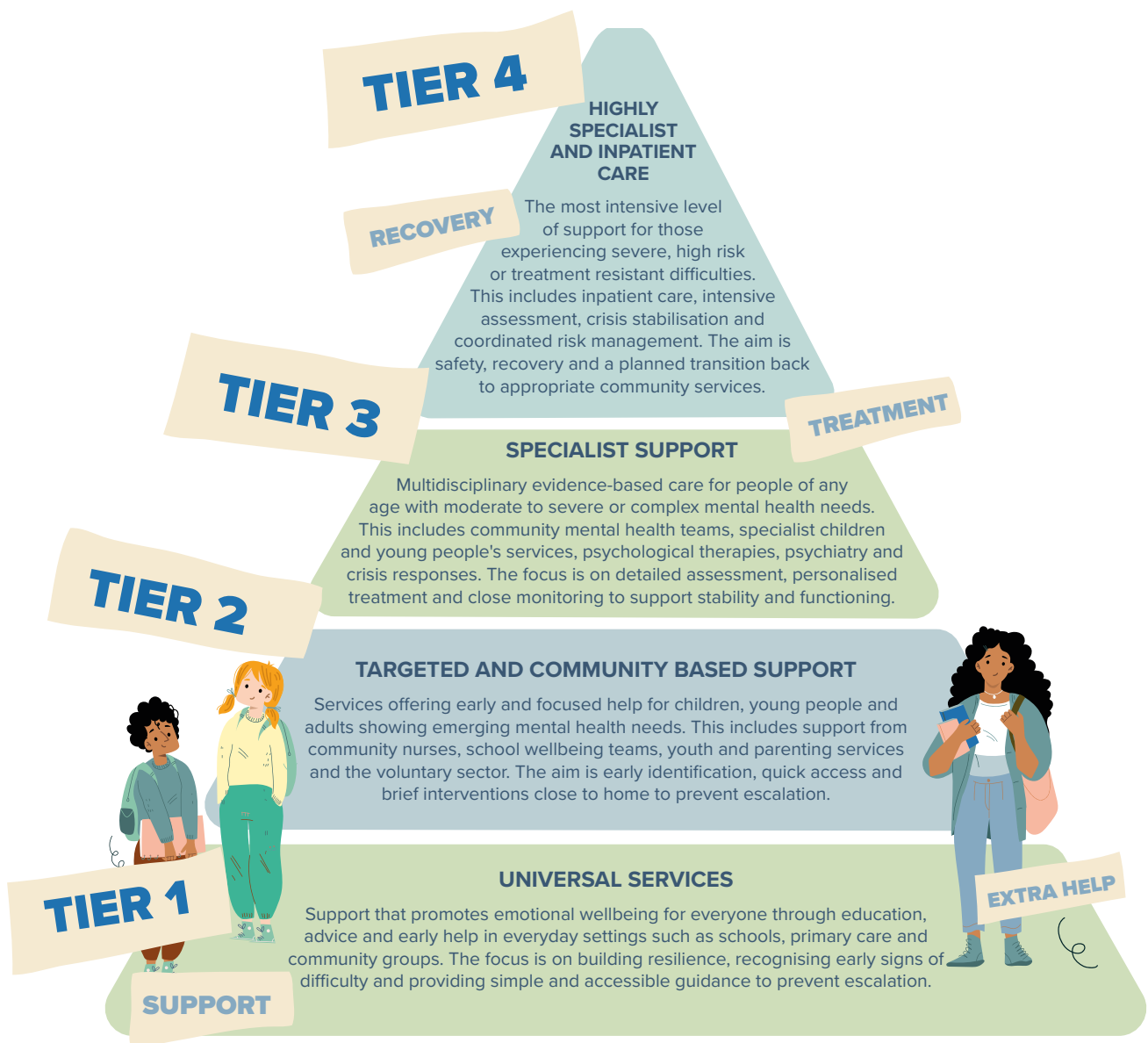


Fig 2 Tiered model of Mental Health Services - diagram

## 2. Mental health in Jersey - identifying needs

Mental health and wellbeing are influenced by a wide range of factors, which can either protect mental health or increase the risk of mental illness developing. Mental health and wellbeing services only account for approximately 30% of what keeps us well; other wider protective factors include money and resources; good housing; occupation, education and skills; physical activity; good food; positive environments; and our friends, family and community networks.

An estimated 1 in 5 children and adults aged 25-64 in Jersey have a common mental health disorder (including conditions like anxiety and depression). Most mental health disorders develop early in life, with 50% of conditions beginning by age 14 and 75% presenting by age 24.

Population growth has slowed in Jersey in the last decade. In 2024 there were an estimated 104,540 people living in Jersey. Jersey faces the challenge of an ageing population and a declining birthrate. The population aged 75+ is expected to rise by 75% by 2051, whilst the working age population (aged 16-64) is predicted to decrease by 9%. The diversity of inward migration is increasing. The island will need to support a growing number of retired people with a shrinking workforce. This shift in population will likely place increasing strain on mental health and wellbeing of islanders, and on demand for mental health services – including higher demand for support services for the elderly, increased strain on the working age population, and the need to make support services accessible to those from different cultures.

***There are a number of positive strengths associated with living in Jersey. These include:***

- Most islanders feel safe (violent crime rates are comparatively low)
- Access to outside / green space and activities – 75% of children visit parks, beaches or open spaces weekly
- 91% of primary school pupils trust adults at school and feel safe
- More islanders have higher education qualifications than ever before (42% in 2021)
- Unemployment rates are low (3.5% compared to 4.7% in the UK)
- An overall high GDP (commonly used to measure the size and health of an economy)

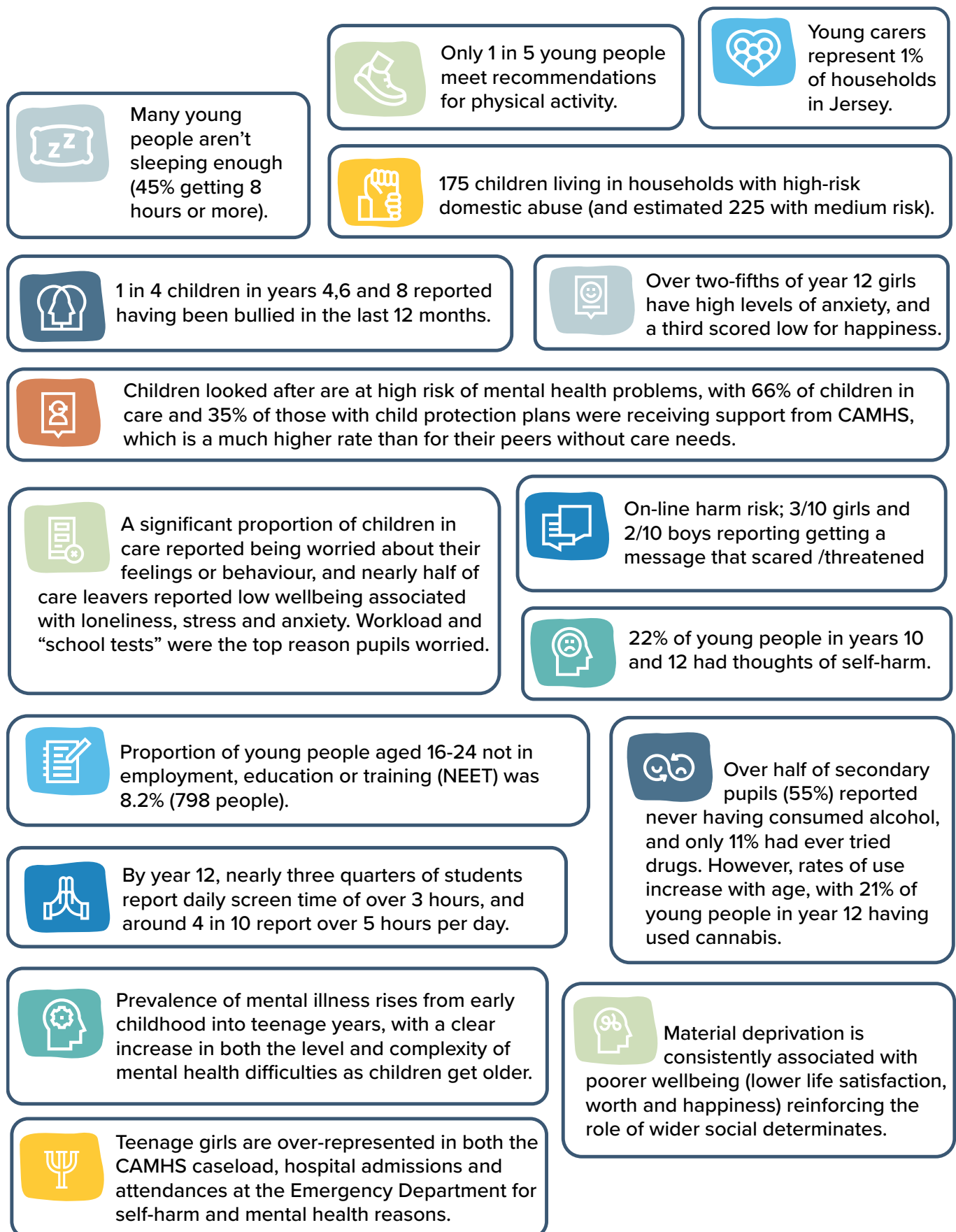
However, the benefits of living in Jersey are not felt equally across the population. These differences contribute to what is known as health inequalities. These create areas of risk and need in relation to mental health.

***Examples of these include***

- There is a big income gap between the rich and the poor
- Around 21,000 islanders live in low-income households
- 82% of single parent families are struggling financially
- There are over 300 homeless people, with mental health and substance use identified as the most common cause (showing interconnection of these issues)
- Only half (51%) of people from ethnic minorities have an on-island friend or family support


Our data collection and needs assessment identified some specific risk factors in relation to mental health, which are set out by Children and Young People and Adults below.


## Specific risk factors - Children and Young People





## Specific risk factors - Adults





 Only 55% of adults meet recommended levels of physical activity.


 Wellbeing for adults is lower than England, especially for women who had significantly lower life satisfaction, feeling worthwhile and happiness.


 1 in 4 adults drink to harmful levels.


 Around 1 in 4 adults (27%) with a long-standing condition scored low for life satisfaction compared to 8% with no condition.

 Prescriptions for medical cannabis are rising with over 4,000 patients receiving a prescription (presenting a potential risk of psychosis in some people).


 56% of adults get the recommended 7 hours or more sleep, whilst 34% report that poor sleep affects their daily activities in 2025.


 400-450 domestic abuse crimes each year in Jersey.

 56% of 16–34-year-olds report feeling lonely at least some of the time.

 Islanders who found it difficult to cope financially were more than twice as likely to report rarely or never dealing with problems well, always or often feeling lonely, and rarely or never feeling optimistic compared to those who found it easy to cope financially.



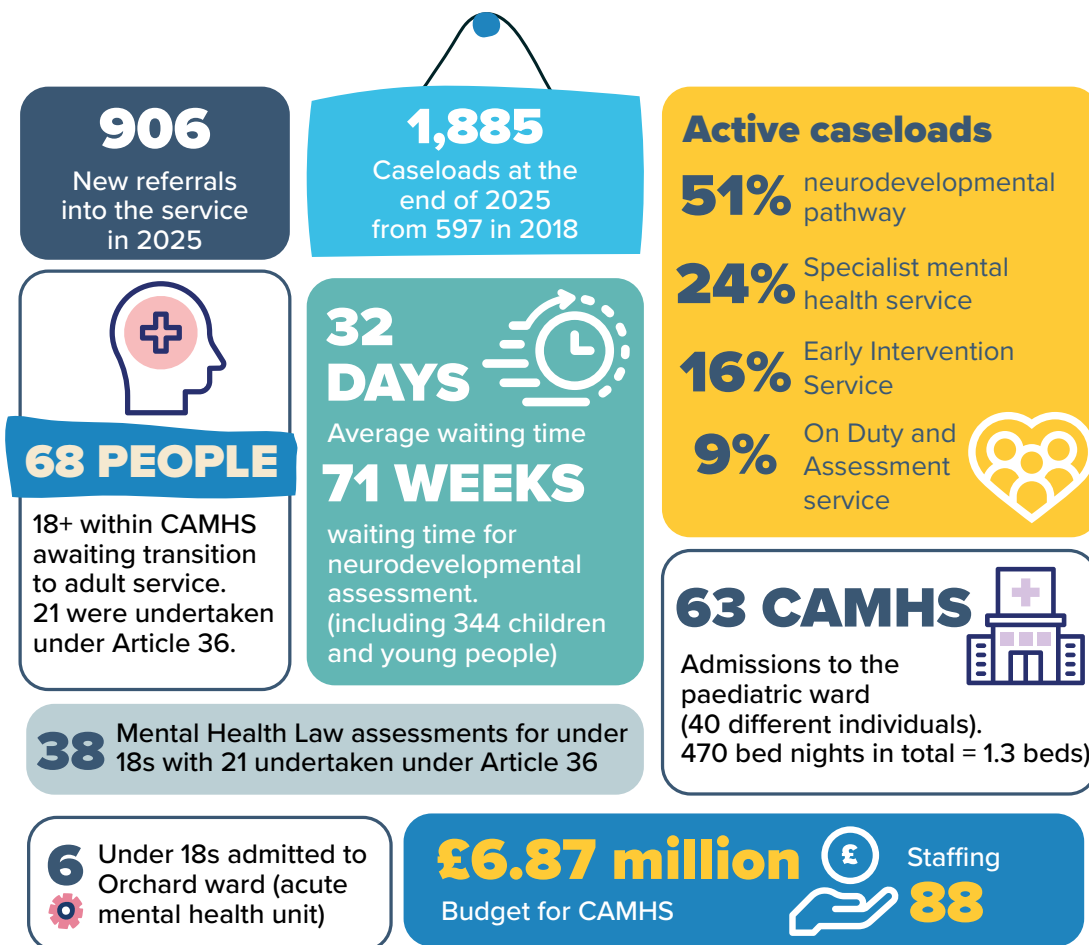
 Mental health is a growing cause of workforce absence and incapacity claims.

 Over 33,000 islanders are living with a long-term health condition (with 14,200 having two or more).

### 3. Understanding current demand- Mental Health Services

As part of developing an understanding of the current mental health position in Jersey, we reviewed the current levels of activity within statutory (Government of Jersey) mental health services.

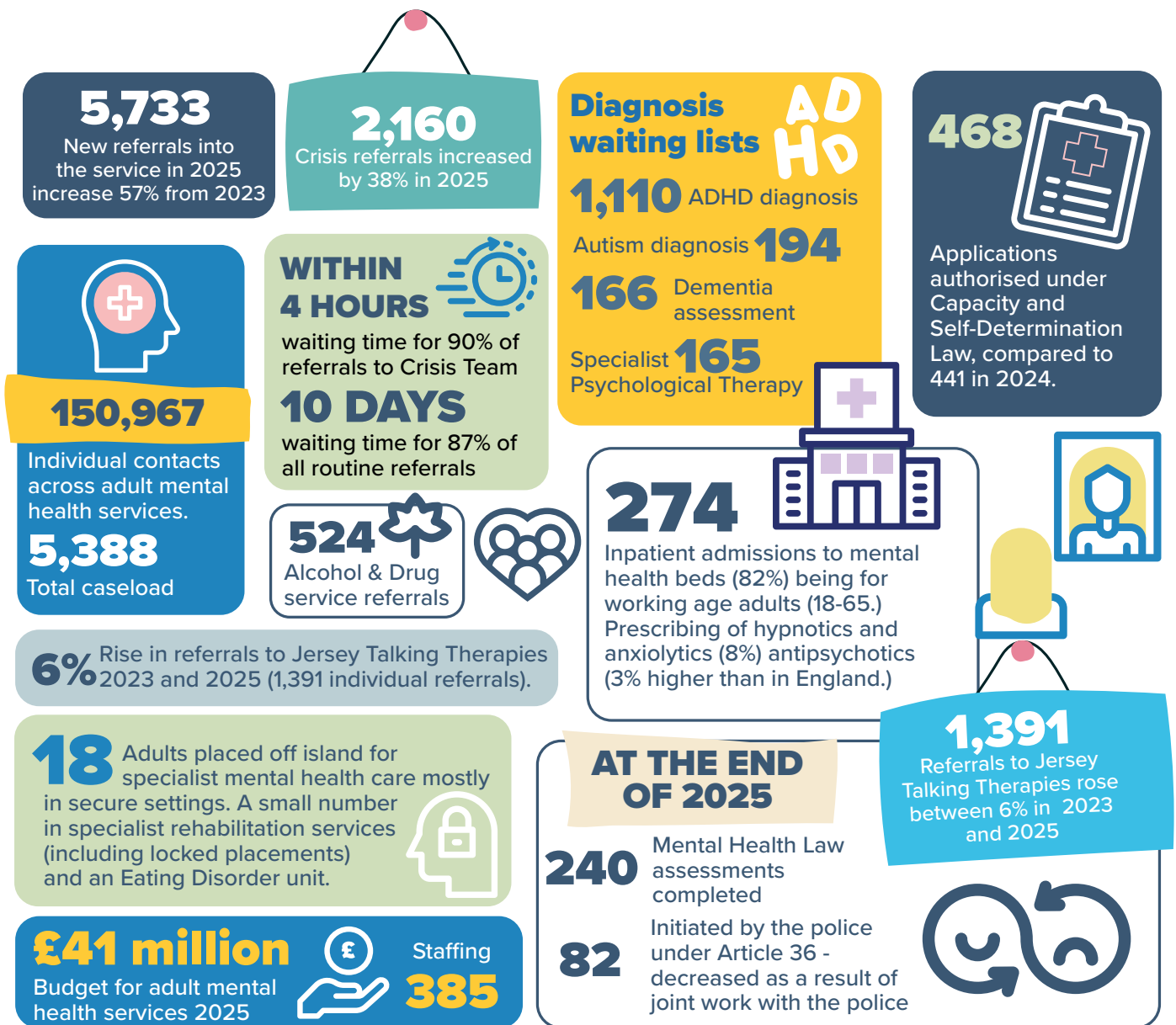
#### a) Child and Adolescent Mental Health Services (CAMHS)



Our service use data shows that mental health need increases steadily with age, becoming most acute during adolescence. While early childhood needs are smaller in volume and predominantly behavioural - particularly among boys - there is a marked rise in emotional distress from around age 11. Girls experience a particularly sharp deterioration in wellbeing as they progress through adolescence, reflected in rising emotional distress, increased crisis presentations and growing demand on specialist services.

Service demand has risen steadily since 2018 and is driven not only by referral volume but by complexity, acuity and the need for sustained specialist involvement. Two broad demand profiles are evident: high numbers of new referrals for neurodevelopmental or general assessment, and crisis-related referrals among those already in the system. Distinct peaks at ages 7 and 13 highlight key transition points, and the move from children’s to adult services remains a period of vulnerability.

## b) Adult Mental Health Services



Adult mental health service use shows clear gendered patterns and rising acuity. Women account for the majority of referrals to psychological therapies and a majority of Mental Health Law detentions, while men remain significantly overrepresented in deaths from suicide. Referrals to psychological therapies have grown steadily since 2020, particularly among working age adults, though a proportion do not progress to treatment due to capacity pressures and disengagement. Outcomes remain positive but not consistently at target, reflecting increasing operational strain.

Secondary and crisis services are seeing higher levels of severity and complexity. Crisis presentations, self-harm related emergency department attendances and statutory interventions have all increased, with more emergency detentions and longer periods of compulsory treatment. Inpatient activity continues to centre on severe mental illness, with variable lengths of stay driven by complex need and a small number of long stay patients.

Community mental health teams operate with persistently high caseloads, dominated by mood disorders, psychosis and organic conditions. As the population ages and more islanders live longer in poorer health, pressure on community, crisis, inpatient and dementia care pathways is expected to increase further.

## 4. Mental health in Jersey - what we have learned

### a) Children and Young People

The specific experiences of children and young people and their families / carers were gathered during focus group sessions and through surveys with the Jersey Youth Assembly and Youthful Minds, and through wider engagement work capturing the views of parents and carers.

#### *Professionals working with children, young people and families told us:*

- Crisis support often felt hard to access, with support not always available when needed - intervention support is often required earlier
- Transitions from CAMHS to adult services felt abrupt and poorly supported, losing continuity at a time when stability was most needed
- Services need to be consistent, needs led and inclusive, with clear pathways and information about what will happen
- More drop-in services and youth friendly options are needed
- Exam stress and assessment pressures are a key concern
- Services need to communicate and work together more effectively to ensure a smoother coordinated experience
- They would like adults to model emotional language so they can learn to name and express feelings
- There are some perceived financial barriers to treatment, resulting in an inequitable system
- More activity based / outdoor activities were needed
- The need to strengthen a multi-agency offer for children looked after and those with the most complex needs
- Young people often want to help and support each other but need the right tools, and weren't sure how to do this
- Recovery can be seen as small manageable steps rather than big leaps; feeling in control and having choices around care makes it feel more achievable
- They recognised the impact of social media on self-esteem and mental health
- Young people would like more online access to mental health support
- Data available from within CAMHS shows service users have reported improvements in staff making them feel comfortable; being taken seriously; communication; and the range of support available.

**Within our professional engagement,** people also recognised some fragmentation of pathways creating unintended barriers. There was a strong call for clearer access criteria for CAMHS services and the need to ensure pathways are joined up and health inequalities were considered. Engagement from services was described as variable, and some concerns remained in relation to the care of young people who require inpatient admission. There were also consistent concerns regarding the capacity of the education system to meet the needs of children and young people with Social Emotional and Mental Health (SEMH) needs, and those who are neurodivergent or experiencing trauma. A recurring theme was the lack of adequate support for carers / families, which was echoed by carers themselves.

## b) Adults

The public survey undertaken suggested that 50% of perceived mental health needs were not being met, and 50% reported that they had been offered no other support whilst they waited for a mental health service. The specific services were not identified and will have included specialist diagnostic services (such as ADHD and autism) which have lengthy waiting lists. Specific barriers to accessing mental health support were identified as long waiting times (75%), inability to afford private care (57%), and previous negative experiences (54%). Almost 50% identified not knowing what support is available as a major barrier, whilst 42% had a fear of being judged or stigmatised.

### *The public and professionals told us:*

- Services are not joined up, and often do not communicate or work well together
- There is an insufficient focus on prevention
- There is a perceived over-reliance on clinic-based models and medication, and a need for clearer pathways and expectations
- Individuals with complex or overlapping needs are often passed between services or fall between gaps (especially those who face multiple disadvantages). Individuals asked for more targeted support for care leavers, people in prison, homeless people, people with a dual diagnosis (mental illness and substance / alcohol misuse), and for women who experience domestic violence
- Some concerns about cultural insensitivity and identity-competent care (for example for the LGBTQ+ population)
- Clear improvements in the quality and responsiveness of mental health services were consistently identified. Crisis care, triage, timely access and working relationships between services have improved, but these remain inconsistent (resulting in mixed experience of services)
- Frontline staff are the greatest strength of the system (described as compassionate, skilled and motivated) but at times feel under-resourced with a need for increased training and supervision. Communication skills were described as variable
- The development and expansion of peer support roles is positive
- Models of care should be trauma informed
- Further work on collaboration across providers external to Government is needed – although positive relationships with the police were now seen as a strength
- Use of off-island placements was accepted as necessary for specialist care, but needed to be for as short time as possible, requiring improved local provision (including accommodation and step-down models) for those with complex needs
- Waiting for specialist diagnostic services (dementia, ADHD, autism) and psychology therapy remain a concern
- The need to attend the Emergency Department of the hospital for mental health crisis is distressing and often a poor experience; a priority request was for an alternative to be provided
- Increased focus and new pathways for dementia are required, in line with the Dementia Strategy
- Relationships and joint working between mental health and learning disability services could be strengthened, to improve outcomes and experience
- Carers and families often feel unheard and excluded from care planning and delivery
- Trust will grow when changes and improvements are consistently felt in day-to-day care

## C) Key considerations

- Prevention and early intervention need more focus and planned interventions, for both children and young people and adults.
- Stigma creates fear, shame and misunderstanding around mental health. It can prevent people from speaking openly, seeking help early, or staying engaged with services. Stigma can also exist within systems, contributing to unequal access and poorer experiences. Challenging stigma is essential to creating safe, inclusive services and supporting recovery.
- Physical health and mental health are closely linked. People with serious mental illness often experience long term physical conditions and earlier mortality, largely due to preventable illnesses and reduced access to healthcare. People with long term physical health conditions and chronic pain are also more likely to experience mental illness. Wider inequalities such as poverty, housing, trauma and social isolation further affect health outcomes. Primary care plays a key role in the early identification, treatment, medication management and holistic support. Access to primary care due to costs can create barriers.
- Accessible services and welcoming spaces are best designed jointly with the people who use them. Welcoming spaces are created through how people are greeted, how information is shared, and how flexible and respectful services feel. When services are not accessible, people delay or avoid help.
- Rights based approaches. Care must be guided by Jersey’s Mental Health and Capacity Laws and rights-based principles that promote dignity, participation, non-discrimination, empowerment and fairness. These principles apply across prevention, early help, and specialist care.
- Cultural competence means understanding and responding to people’s diverse backgrounds, beliefs, identities, and lived experience. These factors shape how people view mental health / ill health, seek help and feel safe within services. A culturally competent system treats everyone with respect and adapts support to individual social and cultural needs.
- Recovery model focuses on supporting unique personal journeys, with or without ongoing symptoms. It focuses on hope, agency, and opportunity, supporting strengths and empowerment. This includes moving from a traditional medical model to a collaborative and empowering partnership, with opportunities for peer support and user-led education.

- People with complex needs and seldom heard voices are often unrepresented, and face barriers such as inequalities, stigma, discrimination, trauma, digital exclusion, and social isolation. These barriers also affect access, experience, and outcomes across all ages. Listening to seldom heard voices helps us understand what works, what needs to change, and ensures services reflect the needs of the whole population, not just those who find it easiest to be heard. Prioritising these voices strengthens trust, reduces inequalities, and improves prevention, early help, and specialist care. The needs of people facing multiple challenges cannot be addressed in isolation. Support must be flexible, coordinated, and centred on the person, with services working together rather than expecting individuals to navigate multiple systems. Care should be trauma informed, relationship-based, and focused on long term safety, stability, and quality of life.
- Clinical services and pathways need to be clear, coordinated, and work effectively together, with reduced duplication and using a trauma informed approach. Where possible services should follow evidence and recognised clinical guidelines to ensure safe, effective, and consistent care. Families and carers should be valued partners and supported in their roles. Both service user experience and outcomes should be measured, to understand whether (and how) services are making a meaningful difference and contributing to recovery. Clear pathways and consistent standards support safe transitions; timely access and high-quality care aligned with professional and regulatory expectations.
- Effective partnerships – especially between mental health services, between agencies (such as with the police, education, prison and ambulance services) and across the wider system – are essential.
- Digital tools and online support can provide flexible, confidential, and accessible support, especially for people who face barriers to attending services in person. Online platforms offer peer support, self-help resources, and links to crisis care. They are particularly helpful for rural communities, young people, parents, and carers. Digital support complements face to face care, and must be safe, inclusive, and connected to local services.
- Workforce. A skilled, compassionate, and well supported workforce is essential. Strong relationships, integrated working and training, and shared purpose enable better outcomes. Teams must work across organisational boundaries, using trauma informed, recovery focused and person-centred approaches.



**Prevention and early intervention need more focus  
and planned interventions, for both children and  
young people and adults.**



## 5. Identified priorities and actions

Through speaking with islanders, reviewing evidence, data and best practice, a number of key areas for consideration started to emerge. These were explored and reviewed in two multi-agency adult workshops attended by around 70 people in each and two young people workshops hosted by Youthful Minds and Jersey Youth Parliament, all workshops included people with lived experience and their carers. Together we co-produced the four priority areas and associated actions for the 2026-2030 all-age Mental Health Strategy.

### *These priority areas are:*

- Prevention, early intervention and building resilience
- Integrated pathways and quality interventions
- Crisis and urgent care response
- Recovery, rehabilitation and transitions

### a) Prevention, early intervention and building resilience

**Aim: We will do this through helping people to stay mentally well, get support early, and live their life well.**

Our vision is to promote and support good mental health at every stage of life, so people in Jersey can live well, stay connected, and remain independent for as long as possible. We will focus on prevention, early help and building resilience, recognising that mental health needs often start early and can build overtime. By acting sooner, within families, schools, workplaces and communities, we can reduce crisis, avoid unnecessary hospital care and keep people close to home.

We will build on the strength of island life by supporting strong communities, trusted relationships and promoting and supporting self-management. We will help people manage everyday pressures and life changes, providing practical, timely support that fits with the realities of living on a small island. Through prevention, we will support children to thrive, adults to stay well at work and home, and older people to age with dignity, resilience and connection.

Early support means recognising changes in emotional wellbeing as soon as they appear, and responding in the places people live, learn, work and socialise. For children and young people, this involves parents, carers, schools, community groups and health professionals noticing early signs and offering support in familiar environments. For adults, it means spotting changes in mood or functioning before crisis occurs, with shared responsibility across families, employers, community groups and primary care.

For older adults, it means recognising that mental health needs can sometimes be missed or mistaken for ageing or physical health issues, requiring families, carers and services to identify concerns early

We will actively promote and support people to do more of the things that keep them well, building on the positive aspects of life and living in Jersey and helping people to support each other.

*Four key actions were agreed in relation to this priority:*

1	Invest and educate in public health prevention (things that keep you well) including healthy eating, better sleep, reducing drug and alcohol use, connecting with others, being physically active, giving back to your community, safe social media usage, and learning new skills, including for more vulnerable groups.
2	Create a clear accessible roadmap of support available for children and young people, depending on their needs including what to expect when you access services.
3	Commission and deliver prevention and early intervention support through community providers, such as GPs, supported by shared care agreements to ensure coordinated and consistent care.
4	Focus on the role of families and carers in early years attachment, prevention, early intervention and resilience building.



## b) Integrated pathways and quality interventions

**Aim: We will deliver this by developing and implementing integrated pathways based on evidence, ensuring that these are safe, effective and recovery focused.**

Service users and carers told us that they want much clearer information about what services are available, how to access them, and what to expect from services – including potential outcomes. Crucially, they want services to work together more coherently, and for there to be less ‘passing between services’. It is essential that the whole mental health system is designed to work together around the person.

We recognise that there are members of the community who do not currently receive the full range of services to meet their needs; These are often people with complex / multiple needs who may struggle to engage, have negative previous experiences of mental health services, or experience health inequalities. We heard clearly from these groups that this is a key gap that must be addressed – and, once again, that services need to work together differently to meet their needs.

The aim is to create integrated pathways that feel seamless, supportive and are effective. Care pathways should be joined up across health, education, social care, community, and voluntary services, with clear roles, shared information, and smooth transitions. People should feel supported by the system, not expected to navigate it alone.

The priority also places strong emphasis on both evidence and trauma informed care models. Transitions, particularly between services or life stages, must be planned early and handled well. A skilled, supported workforce and the active involvement of carers, families, and people with lived experience are essential to making this work. People who use services must be involved in the development and delivery of our services in the future (including through the expansion of peer support roles).



*Four key actions were agreed in relation to this priority:*

1	Develop, publish and implement care pathways for agreed services (both children and adults) including outcome measures and service user experience measures.
2	Ensure the needs of people with complex/multiple needs are met (including for example drug and alcohol problems and mental illness, or children looked after and care-experienced young people), both through the integrated pathways, by coordination of care that is person-centered, and by improved access to shared training.
3	Strengthen support for carers through the implementation of the Triangle of Care (or appropriate equivalent for children and young people). This will ensure meaningful partnership between staff, service users, and carers, with clear communication, shared involvement in care planning, and recognition of carers as key partners in support.
4	Improve data collection, sharing and communication between services by introducing clear information sharing agreements, a single unique identifier used across all services, and ensuring systems are in place to reduce the need for repetition of information by service users.



### c) Crisis and urgent care response

**Aim: We will deliver this by ensuring people know where to go in a mental health crisis, and can access fast, safe, and supportive help when they need it most.**

This priority focuses on how people are supported when they are in mental health crisis or need support urgently. A crisis is often a time of fear, distress, and vulnerability, and the response people receive can influence their safety, recovery, and future trust in services. People told us that crisis support must be consistent, compassionate, and easy to access. They want to be listened to, taken seriously, and supported in safe environments by confident, well-trained staff, from the correct agency. A joined-up response between CAMHS, adult mental health services, emergency departments, ambulance services, police, schools, social care, housing, voluntary organisations and community partners will ensure shared responsibility for safety, continuity and outcomes.

Crisis care should not rely on Accident and Emergency Department attendance (unless there is a physical health risk), and should include alternative, age-appropriate environments for assessment and support; clear crisis plans (developed collaboratively in advance where possible), and follow up that prevents repeat crisis.

This strategy aims to ensure crisis pathways are joined-up, trauma informed, and available 24 hours a day for all ages. Services should work together across health, social care, emergency services, and communities, with carers and families recognised as key players in the identification and management of crisis. The goal is a consistent, reliable crisis system that supports people quickly, safely, and with dignity, at the moment they need help most.



*Four key actions were agreed in relation to this priority:*

1	Provide safe, appropriate crisis alternatives to hospital/emergency department attendance (for both children and adults) by expanding community-based crisis options such as crisis cafés and safe spaces with 24/7 access.
2	Create a clear and accessible crisis pathway available in multiple languages, braille, easy read and for our deaf community so that individuals and their families/carers know exactly where to go for support in a crisis. Address current crisis access difficulties by ensuring calls are answered, are free of charge, and accessible to people of all ages.
3	Introduce post crisis follow up within a set timeframe, to ensure people are checked in with after a crisis and to reduce repeat crisis use.
4	Ensure staff are well trained and trauma informed, with access to supervision and wellbeing support, and provide mental health training for health and care, police, prison, and ambulance staff so services are joined up and respond appropriately in different situations.



## d) Recovery, rehabilitation and transitions

**Aim: We will achieve this by ensuring a consistent focus on recovery, independence and quality of life, and by developing improved rehabilitation services (through partnership between Government and charitable / third sector agencies).**

Recovery means supporting people of all ages to live meaningful, connected lives, not just to reduce symptoms or exit services, even while living with ongoing mental health difficulties. It is based on hope, personal strengths, choice and support. Instead of focusing only on symptoms, the recovery model looks at what gives a person purpose, confidence and connection. It recognises that recovery is different for everyone and is shaped by personal goals and life circumstances.

This strategy recognises that recovery is personal and looks different for every individual. What matters most is feeling safe, having purpose, maintaining relationships and taking part in everyday community life. Recovery is something shared between services, families, communities and the person themselves. It is supported by timely help, clear pathways and strong community connection. The aim is long term wellbeing, confidence and quality of life, with people moving forward at a pace that works for them.

For children and young people, this is about feeling safe, confident and able to take part in education, friendships and family life. For adults, it is about purpose, stability and connection through relationships, work or meaningful activity, and community life. For older adults, it centres on independence, dignity and maintaining social connection while managing physical health, mobility and loss.

We will work in partnership across health, education, social care and community organisations to ensure every person, at every age, has access to recovery focused support that fits their life.

We heard that mental health rehabilitation services are currently limited, with gaps in the pathway. Specifically, this includes repatriation from specialist off-island hospital care; a need for increased focus on non-medical interventions; gaps in accommodation pathways available for those with on-going mental health needs; and the need to strengthen consistency of support during periods of transition between services (including from CAMHS to adult mental health services). Different agencies need to work together more effectively to strengthen the rehabilitation pathway.



*Four key actions were agreed in relation to this priority:*

1	Ensure our systems, processes and pathways are consistently focused on recovery and quality of life, supporting people to live well.
2	Strengthen rehabilitation pathways (to include children and young people) by improving community and accommodation support options, including consistent pathways for people returning from off island placements and youth friendly options.
3	Strengthen support during periods of transition between services (including between inpatient and community care, and between Government and other services). Reduce gaps in care, ensuring service users of all age (and families and carers where appropriate) are fully involved in transition plans and by making meaningful changes based on service user feedback.
4	Undertake interventions which seek to improve public and professional awareness and understanding of mental illness, and actively reduce stigma experienced. Measure impact of this through service user feedback.



## 6. Roles, responsibilities and delivery of the strategy

The implementation of the Mental Health Strategy will be the responsibility of the Mental Health Strategic Partnership Board, which is now well established in Jersey. The Board includes representatives from both adult and children’s mental health services, partner Government agencies (including the police, ambulance service, Public Health, the prison service and Employment Social Security and Housing and commissioning), voluntary and charitable sector partners, and service user and carer representatives.

A detailed action plan will be developed which will set out plans and responsibilities to achieve each of the 16 actions within the lifespan of the strategy. This will include financial plans where these are required.

The Partnership Board will report publicly on progress against the strategy on an annual basis, and will provide updates on a regular basis to both the Minister for Health and Social Services and the Minister for Children and Families. A specific focus will be not just on whether the agreed actions have been implemented, but on whether they have had the anticipated impact. This will be monitored through the collection and analysis of outcomes, service user experience measures, performance information / data, and feedback from service users, carers, professionals and partners.

Through implementation of the strategy, and delivery against the agreed priorities and actions, we are confident the Mental Health Strategy will deliver our objectives – improving mental health and wellbeing across all ages, and ensuring that children, young people and adults who need mental health support, care and treatment receive this in a timely, supportive and effective way.

# Appendix

## Appendix A - Project steering group membership

Name	Role
Donna Marriott	Director of Children and Young Peoples Services
Andy Weir	Director of Mental Health, Social Care and Community Services
Daniela Raffio	Deputy Director of Public Health Commissioning
Zoe Taylor	Public Health Research Officer
Darren Bowring	Associate Director Children's Mental Health and Wellbeing
Laura Hunter	Head of Alcohol and Drug Services
Samantha Coppard	Commissioning Officer CYPES
Liz Lewry	Project Lead Mental Health
Rachel Ruddy	Consultant Psychiatrist / Clinical Lead for Adult Mental Health
Marguerite Clarke	Head of Public Health Intelligence
Catherine Keep	Clinical Lead / Consultant Psychiatrist, CAMHS
Andrea Sanabria	Public Health Consultant
Washington Gwatidzo	Senior Commissioning Lead, HCJ
Catia Harrison	Public Health Analyst
Tara Dufty	Informatics Analyst Adult Mental Health
Suzie Philips	Head of CYPES Informatics
Richard Dyer	Head of Children's Mental Health and Wellbeing (CAMHS)
Carly Lucas	Head of Transformation, Commissioning and Partnerships, CYPES

Special thanks must go to all of the service users, carers and professionals who have played an active role in the development and oversight of the strategy.

## Appendix B - Glossary of terms

### ***All-age***

An approach that includes children, young people, adults and older adults within the same strategy or service model.

### ***Attachment***

The emotional bond between an infant and their caregiver that influences development and wellbeing throughout life.

### ***Carer***

A person who provides unpaid support to a family member or friend who has physical or mental health needs.

### ***Care pathway***

A planned and coordinated route through services, outlining what support is available, in what order, and what people can expect.

### ***Crisis***

A period of severe emotional distress when a person feels unsafe, overwhelmed or at risk, and requires urgent mental health support.

### ***Early intervention***

Support provided at the first signs of mental health difficulty to prevent symptoms worsening and reduce the need for intensive services.

### ***Health inequalities***

Differences in health outcomes that arise from social, economic or environmental factors and can lead to unfair disadvantage.

### ***Integrated care***

When services work together in a coordinated way across health, social care, education and voluntary sectors.

### ***Lived experience***

The personal experience of having mental health difficulties or caring for someone who does. Lived experience is used to guide service design and improvement.

### ***Mental health***

A person's emotional, psychological and social wellbeing, including how they think, feel, act and manage stress.

### ***Mental illness***

A clinically recognised condition that affects mood, thinking or behaviour, such as depression, bipolar disorder or schizophrenia.

### ***Neurodiversity***

The natural variation in how human brains develop, including autism, ADHD, dyslexia and other neurodevelopmental differences.

### ***Outcome measures***

Tools used to monitor whether a service or intervention has improved a person's health, wellbeing or functioning.

### ***Peer support***

Support provided by people with lived experience of mental health challenges to others experiencing similar difficulties.

### ***Prevention***

Actions that reduce the likelihood of developing mental health difficulties through education, early help and addressing wider social factors.

### ***Recovery***

A personal and unique journey of living well with or without ongoing symptoms, focusing on hope, purpose and connection.

### ***Trauma informed practice***

An approach that recognises the impact of trauma, ensures emotional and physical safety, and avoids re-traumatisation.

### ***Transition***

The planned movement between services or life stages, for example from CAMHS to adult services, or from inpatient to community care.

### ***Voluntary and community sector***

Charities, community groups and non-profit organisations providing support alongside statutory services.



