

Survey to seek views on Mental Health in Jersey

How to submit your survey responses:

- Complete the survey online at: gov.je/JSNA



- Alternatively, you can print, fill in, and post this paper survey to the following address:

*Public Health Intelligence & Commissioning
Government of Jersey, Union Street
St Helier, Jersey, JE2 3DN*

Responses must be submitted no later than 7 September 2025

If you have any questions, please contact jsna@gov.je

Introduction

The Minister for Health and Social Services and the Minister for Children and Families are undertaking a review of mental health needs in Jersey to help directly inform and shape the Mental Health Strategy 2026-2030.

As part of this process, we are engaging with the public to better understand:

- The current mental health needs in Jersey across all age groups
- Whether existing provision meets population needs
- Any key gaps, barriers, and inequalities – particularly for underrepresented and priority groups

We would like to hear from anyone aged 13 or over who wants to share their experience of services in Jersey. We are particularly interested in understanding the needs of people living with mental illness, and whether current services in Jersey are meeting their needs.

If you wish to respond from more than one perspective (e.g., from your personal experience of using services and as a carer), you will need to complete a **separate survey** for each person's perspective. This will help us understand each viewpoint fully and accurately.

If you would like to provide a professional or organisational response, please contact the team directly at: jsna@gov.je.

Completing the survey

The survey should take approximately 10-15 minutes to complete. It begins with a few demographic questions to help us analyse responses across different groups in the community. The main section of the survey asks for your views on a range of topics related to mental health needs, personal experiences, and your opinions on mental health services in Jersey.

Responses must be submitted no later than 7 September 2025. Please answer as openly and honestly as you can, there are no right or wrong answers. We are simply looking to hear your views and experiences. We understand that this is a sensitive topic. You can exit the survey at any time. Feel free to share as little or as much information as you're comfortable with.

Important: Do not include any personally identifying information in your free text responses.

Data Protection

Your responses will be treated confidentially and in line with Jersey's data protection legislation. Any comments you provide will remain anonymous. *Learn more about how we handle personal data for this consultation here:* gov.je/PublicHealthPrivacy

Please note: While responses are anonymous, if a serious risk of harm to yourself or others is identified, we may be obligated to share relevant information with safeguarding professionals.

If you feel that you may be affected by the questions in this survey at any point, or feel that you need support, please stop and reach out.

Help is available

You can visit: gov.je/mentalhealth

Or contact:

- Mental Health Service for adults: 01534 445270
- Child and Adolescent Mental Health Service (CAMHS): 01534 445030

1. Before we begin, please confirm that you are happy to take part in this survey.

By continuing, you confirm that:

- You are aged 13 or over.
- You understand that your responses will remain anonymous.
- You are aware that your feedback will help shape Jersey's Mental Health Strategy for 2026–2030.
- You understand that you can skip any question or stop the survey at any time.
- You acknowledge that if you share information suggesting a serious risk of harm to yourself or others, we may need to pass that information to a safeguarding professional.

Do you agree to take part in this survey? *(Tick one only)*

- ☐ Yes, I agree to take part
- ☐ No, I do not want to take part → **end of survey (page 18)**

2. Do you give permission for us to include anonymised quotes from your response in relevant published reports? *Not all responses will be quoted, and any comments used will not identify you. (Tick one only)*

- ☐ Yes
- ☐ No

For information on how we handle personal data for this consultation visit:
gov.je/PublicHealthPrivacy

3. Which of the following best describes the perspective(s) you'd like to share in this survey? *(You may tick more than one. If you do, please complete all relevant sections as listed below.)*

- ☐ your own personal experiences of mental health in Jersey → **complete Section 1 (page 3 to 9)**
- ☐ the experiences of someone you know or care for in Jersey → **complete Section 2 (page 10 to 16)**
- ☐ general experiences or perceptions of mental health in Jersey → **complete Section 3 (page 17 to 18)**
- ☐ your perspective as a professional or representative of an organisation → **Instead of completing this survey, please contact: jsna@gov.je**

SECTION 1: *Answer the following questions (on pages 3 to 9) if you'd like to share your personal experiences of mental health in Jersey. If not, skip to Section 2 (page 10)*

About you - We ask these questions to help us analyse the results of the survey.

4. What is your sex? *(Tick one only)*

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

5. Is your gender the same as the sex you were registered at birth? *(Tick one only)*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

6. What age-group are you in? *(Tick one only)*

- | | |
|--|---|
| <input type="radio"/> Under 13* → end of survey (page 18) | <input type="radio"/> 35 to 44 |
| <input type="radio"/> 13 to 15 | <input type="radio"/> 45 to 54 |
| <input type="radio"/> 16 to 17 | <input type="radio"/> 55 to 64 |
| <input type="radio"/> 18 to 19 | <input type="radio"/> 65 to 74 |
| <input type="radio"/> 20 to 24 | <input type="radio"/> 75 to 84 |
| <input type="radio"/> 25 to 34 | <input type="radio"/> 85 and over |
| | <input type="radio"/> Prefer not to say |

*** you must be aged 13 or older to participate in this survey**

7. What is your cultural and ethnic background? (*Tick one option which best describes your ethnic group or background*)

White

- ☐ Jersey
- ☐ British
- ☐ Irish
- ☐ French
- ☐ Polish
- ☐ Portuguese or Madeiran
- ☐ Romanian
- ☐ South African
- ☐ Other White, *please specify* _____

Asian, Asian British or Asian Jersey

- ☐ Indian
- ☐ Thai
- ☐ Other Asian, *please specify* _____

Black, Black British, Black Jersey

- ☐ Caribbean
- ☐ African
- ☐ Other Black, *please specify* _____

Mixed

- ☐ Asian and Black
- ☐ Black and White
- ☐ White and Asian
- ☐ Other Mixed, *please specify* _____

To support your understanding of the next few questions, the following definitions are provided:

Long-term (chronic) condition: A health condition that has or is expected to last 12 months or more such as: heart disease, arthritis, or diabetes.

Diagnosis: A qualified medical professional has identified a condition based on your symptoms, medical history, or diagnostic test results.

8. Do you have any diagnosed long-term (chronic) physical health conditions? (*Tick one only*)

- ☐ Yes
- ☐ No → go to question 10
- ☐ Prefer not to say → go to question 10

9. If you're comfortable to, please list the long-term (chronic) physical health condition(s) you have been diagnosed with. (*Optional*)

Do not include any personally identifying information

10. Do you have a diagnosed mental health condition? *(Tick one only)*

- ☐ Yes
- ☐ No → go to question 12
- ☐ Prefer not to say → go to question 12
- ☐ I believe I have a mental health condition, but I have not had a formal diagnosis → go to question 12

11. Have you ever received a diagnosis for any of the following mental health conditions?

(Tick one box in each row)

	Yes – diagnosed in the last 12 months	Yes – diagnosed more than 12 months ago	Never
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (e.g. Generalised Anxiety Disorder, Panic Disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood disorder (e.g. bipolar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive Compulsive Disorder (OCD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia or Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders (e.g. Bulimia, Anorexia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Self-harm: *is any behaviour where someone hurts (poisons or injures) themselves on purpose for any reason.*

In the past 12 months, have you... *(Tick one box in each row)*

	Yes	No	Prefer not to say
Thought about harming yourself in any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately hurt yourself in any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Have you ever experienced a mental health crisis in Jersey? (Tick one only)

A mental health crisis is a situation in which someone feels at a breaking point and requires urgent help. This may involve extreme emotional distress, panic attacks, suicidal thoughts, self-harm, or other behaviours that pose a serious risk to their safety or wellbeing.

- ☐ Yes
- ☐ No → go to question 15
- ☐ Prefer not to say → go to question 15

14. You mentioned that you have experienced a mental health crisis in Jersey. If you feel able to, please provide information about any support you received or did not receive at this time. (Optional)

Do not include any personally identifying information

15. Are you a parent? (Tick all that apply)

- ☐ No, I do not have any children → go to question 17
- ☐ Yes, one or more children aged 0 – 3 years old
- ☐ Yes, one or more children aged 4 – 17 years old
- ☐ Yes, one or more children over 18 years old → go to question 17
- ☐ Prefer not to say → go to question 17

16. Do(es) your child(ren) attend a mainstream childcare or education setting? (Tick all that apply)

Mainstream childcare/education refers to standard schooling in general education settings, such as local primary or secondary schools.

- ☐ Yes, they attend a mainstream childcare/education setting
- ☐ No, they attend an alternative childcare/education setting
- ☐ No, they are homeschooled
- ☐ No, they do not attend a childcare/education setting
- ☐ Prefer not to say

17. Are you currently an unpaid carer? (Tick one only)

An unpaid carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

18. Have you experienced the death of someone close to you in the past 12 months? (Tick one only)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Your Mental Health

This section asks about your experiences with mental health and any support you may have received in the past 12 months. We're interested in what has helped, what challenges you may have faced, and how well your mental health needs are currently being met in Jersey. Your feedback will help identify what's working and where improvements might be needed.

19. In the past 12 months what, if anything, has made a positive difference to your mental health? (This could include people, places, services or activities that you have engaged with)

Do not include any personally identifying information

20. To what extent do you feel your mental health needs are currently being met in Jersey? (Tick one only)

- ☐ Very well met
- ☐ Fairly well met
- ☐ Somewhat met
- ☐ Not very well met
- ☐ Not at all met

21. Please explain the reasoning behind your answer to the above question. (Optional)

Do not include any personally identifying information

22. In the past 12 months, have you received support for your mental health in Jersey?
(Tick all that apply)

- ☐ Yes – I have received support from government services (e.g. Adult Mental Health or CAMHS)
- ☐ Yes – I have received support from a private provider
- ☐ Yes – I have received support off-island → go to Section 2 (page 10)
- ☐ Yes – I have received support from charity, community or peer support networks (e.g. Mind Jersey)
- ☐ Yes – I have received informal support (e.g. from friends, family, online)
- ☐ No – I actively chose not to seek help → go to Section 2 (page 10)
- ☐ No – I tried to seek support but I was unable to → go to question 28
- ☐ Not sure → go to Section 2 (page 10)
- ☐ Prefer not to say → go to Section 2 (page 10)
- ☐ Other (please specify):

Do not include any personally identifying information

23. Having received mental health support in Jersey, please can you tell us about your experience with these services.

Please be specific about the service(s). What worked well with the service(s)? What could be improved? (Optional)

Do not include any personally identifying information

24. If you had to wait to access services/treatment, were you offered or signposted to any other support whilst you waited? (Tick one only)

- ☐ Yes
- ☐ No → go to question 26
- ☐ Prefer not to say → go to question 27

25. If yes, please tell us about what support you were offered whilst you waited.

Do not include any personally identifying information

26. If no, is there any support you would like to have been offered whilst you waited?

Do not include any personally identifying information

27. Whilst receiving support from services, did you feel you were...

(Tick one box in each row)

	Yes	No	Don't know	Prefer not to say
...listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...involved in the plan for your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...provided with details of how your care will be managed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...provided with a care co-ordinator/lead professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...signposted to other available support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...told how to manage risk and triggers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...given advice about caring for your physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. If you said that you 'tried to seek support but were unable to'. Please tell us more about why you were unable to receive support. *(Optional)*

Do not include any personally identifying information

SECTION 2: Answer the following questions (on pages 10 to 16) if you'd like to share the experiences of someone you know or care for in Jersey. If not, skip to Section 3 (page 17).

About them - We ask these questions to help us analyse the results of the survey.

29. What is the sex of the person you know or care for? *(Tick one only)*

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

30. Is their gender the same as the sex they were registered at birth? *(Tick one only)*

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

31. What age-group is the person you know or care for in? *(Tick one only)*

- ☐ Under 13
- ☐ 13 to 15
- ☐ 16 to 17
- ☐ 18 to 19
- ☐ 20 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 and over
- ☐ Prefer not to say

32. What is the cultural and ethnic background of the person you know or care for?

(Tick one option which best describes their ethnic group or background)

White

- ☐ Jersey
- ☐ British
- ☐ Irish
- ☐ French
- ☐ Polish
- ☐ Portuguese or Madeiran
- ☐ Romanian
- ☐ South African
- ☐ Other White, *please specify* _____

Asian, Asian British or Asian Jersey

- ☐ Indian
- ☐ Thai
- ☐ Other Asian, *please specify* _____

Black, Black British, Black Jersey

- ☐ Caribbean
- ☐ African
- ☐ Other Black, *please specify* _____

Mixed

- ☐ Asian and Black
- ☐ Black and White
- ☐ White and Asian
- ☐ Other Mixed, *please specify* _____

To support your understanding of the next few questions, the following definitions are provided:

Long-term (chronic) condition: A health condition that has or is expected to last 12 months or more such as: heart disease, arthritis, or diabetes.

Medical diagnosis: A qualified medical professional has identified a condition based on your symptoms, medical history, or diagnostic test results.

33. Does the person you know or care for have any diagnosed long-term (chronic) physical health conditions? (Tick one only)

- ☐ Yes
- ☐ No → go to question 35
- ☐ I don't know → go to question 35
- ☐ Prefer not to say → go to question 35

34. If you're comfortable to, please list the long-term (chronic) physical health condition(s) they have been diagnosed with. (Optional)

Do not include any personal identifying information

35. Does the person you know or care for have a diagnosed mental health condition? (Tick one only)

- ☐ Yes
- ☐ No → go to question 37
- ☐ Prefer not to say → go to question 37
- ☐ I/they believe they have a mental health condition, but they have not had a formal diagnosis → go to question 37

36. Has the person you know or care for ever received a diagnosis for any of the following mental health conditions? (Tick one box in each row)

	Yes – diagnosed in the last 12 months	Yes – diagnosed more than 12 months ago	Never	I'm not sure
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (e.g. Generalised Anxiety Disorder, Panic Disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood disorder (e.g. bipolar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive Compulsive Disorder (OCD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia or Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders (e.g. Bulimia, Anorexia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Self-harm: *is any behaviour where someone hurts (poisons or injures) themselves on purpose for any reason.*

In the past 12 months, has the person you know or care for... (Tick one box in each row)

	Yes	No	Prefer not to say	Don't know
Thought about harming themselves in any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately hurt themselves in any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Has the person you know or care for ever experienced a mental health crisis in Jersey? (Tick one only)

*A **mental health crisis** is a situation in which someone feels at a breaking point and requires urgent help. This may involve extreme emotional distress, panic attacks, suicidal thoughts, self-harm, or other behaviours that pose a serious risk to their safety or wellbeing.*

- ☐ Yes
- ☐ No → go to question 40
- ☐ Prefer not to say → go to question 40
- ☐ I don't know → go to question 40

39. You mentioned that the person you know or care for has experienced a mental health crisis in Jersey. If you feel able to, please provide information about any support they received or did not receive at this time.

Do not include any personally identifying information

40. Is the person you know or care for a parent? (Tick all that apply)

- ☐ No, they do not have any children → go to question 42
- ☐ Yes, they have one or more children aged 0 – 3 years old
- ☐ Yes, they have one or more children aged 4 – 17 years old
- ☐ Yes, they have one or more children over 18 years old → go to question 42
- ☐ Prefer not to say → go to question 42
- ☐ Don't know → go to question 42

41. Do(es) their child(ren) attend a mainstream childcare or education setting? (Tick all that apply)

***Mainstream childcare/education** refers to standard schooling in general education settings, such as local primary or secondary schools.*

- ☐ Yes, they attend a mainstream childcare/education setting
- ☐ No, they attend an alternative childcare/education setting
- ☐ No, they are homeschooled
- ☐ No, they do not attend a childcare/education setting
- ☐ Prefer not to say
- ☐ Don't know

42. Is the person you know or care for currently an unpaid carer? (Tick one only)

An unpaid carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Don't know

43. Has the person you know or care for experienced a death of someone close to them in the past 12 months? (Tick one only)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Don't know

Their Mental Health

This section asks about the experiences with mental health of the person that you care for, and any support they have received in the past 12 months. We're interested in what has helped them, any challenges they have faced, and how well their mental health needs are currently being met in Jersey. Your feedback will help identify what's working and where improvements might be needed.

44. In the past 12 months what, if anything, has made a positive difference to the mental health of the person you know or care for?

This could include people, places, services or activities that you are aware they have engaged with.

Do not include any personally identifying information

45. To what extent do you feel that their mental health needs are currently being met in Jersey? (Tick one only)

- ☐ Very well met
- ☐ Fairly well met
- ☐ Somewhat met
- ☐ Not very well met
- ☐ Not at all met
- ☐ Don't know

46. Please explain the reasoning behind your answer to the above question. (Optional)

Do not include any personally identifying information

47. In the past 12 months, has someone you know or care for received support for their mental health in Jersey? (Tick all that apply)

- ☐ Yes – they received support from government services (e.g. Adult Mental Health or CAMHS)
- ☐ Yes – they received support from a private provider
- ☐ Yes – they received support off-island → **go to Section 3 (page 17)**
- ☐ Yes – they have received support from charity, community or peer support networks (e.g. Mind Jersey)
- ☐ Yes – they receive informal support (e.g. from friends, family, online)
- ☐ No – they actively chose not to seek help → **go to Section 3 (page 17)**
- ☐ No – they tried to seek support but were unable to → **go to question 53**
- ☐ Prefer not to say → **go to Section 3 (page 17)**
- ☐ Don't know → **go to Section 3 (page 17)**
- ☐ Other (please specify):

Do not include any personally identifying information

48. You said the person you know or care for received mental health support in Jersey. Please can you tell us about their experience with these services.

Please be specific about the service(s). What worked well with the service(s)? What could be improved? (Optional)

Do not include any personally identifying information

49. If they had to wait to access services/treatment, were they offered or signposted to any other support whilst they waited? (Tick one only)

- ☐ Yes
- ☐ No → go to question 51
- ☐ Don't know → go to question 52
- ☐ Prefer not to say → go to question 52

50. If yes, please tell us what support the person you know or care for was offered whilst they waited.

Do not include any personally identifying information

51. If no, is there any support you think they would like to have been offered whilst they waited?

Do not include any personally identifying information

52. Whilst receiving support from services, did the person you know or care for feel they were... (Tick one box in each row)

	Yes	No	Don't know	Prefer not to say
...listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...involved in the plan for their care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...provided with details of how their care will be managed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...provided with a care co-ordinator/lead professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...signposted to other available support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...told how to manage risk and triggers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...given advice about caring for their physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. You said the person you know or care for 'tried to seek support but were unable to'. Please tell us more about why they were unable to receive support. (Optional)

Do not include any personally identifying information

SECTION 3: Answer the following questions (on pages 17 to 18) if you'd like to share your general experiences or perceptions of Mental Health in Jersey. If not, skip to the end of the survey (page 18).

General views

54. In general, what do you believe are the main barriers to accessing mental health support in Jersey? *(Tick all that apply)*

- ☐ Not knowing what support is available
- ☐ Long waiting times
- ☐ Not meeting the criteria for mental health services
- ☐ Inability to afford private support
- ☐ Fear of being judged or stigmatised
- ☐ Concerns about confidentiality/privacy
- ☐ Previous negative experiences
- ☐ Services too focused on crisis and not early help
- ☐ Services are hard to get to (location/transport/accessibility)
- ☐ I don't think there are any major barriers
- ☐ Prefer not to say
- ☐ Don't know
- ☐ Other *(please specify):*

Do not include any personally identifying information

55. Please explain your answers to the above question, or share any other thoughts you have about accessing mental health support in Jersey

Do not include any personally identifying information

56. How, if at all, do you think mental health support in Jersey could be improved to better meet the needs of Islanders? *(Optional)*

Do not include any personally identifying information

57. When thinking about mental health services in Jersey, what types of support or services, if any, do you think are currently missing? (Optional)

Do not include any personally identifying information

58. Is there anything else you'd like to share about mental health support in Jersey? (Optional)

Do not include any personally identifying information

End of survey

Thank you for completing this survey!

- Remember to post your completed survey to the following address by 7 September 2025:
*Public Health Intelligence & Commissioning
Government of Jersey, Union Street
St Helier, Jersey, JE2 3DN*

If you have any questions, please contact jsna@gov.je

If you are affected by any of the questions in this survey or feel that you need support, please reach out.

Help is available

You can visit: gov.je/mentalhealth

Or contact:

- Mental Health Service for adults: 01534 445270
- Child and Adolescent Mental Health Service (CAMHS): 01534 445030