

## Key Priority 2: Prevention and Early Intervention

We need different types of approaches in existing services promoting health and wellbeing, with the ability to act quickly when people start to have mental health problems. Services should be provided on the basis of need, not diagnosis or whether an illness is common or uncommon. Services need to be responsive to the needs of different age groups, including young children and older people.

### What will be different?

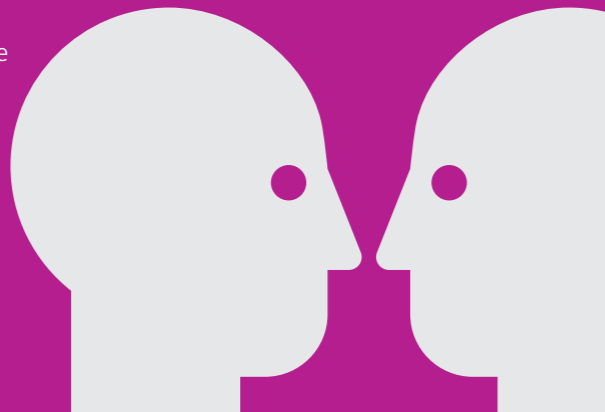
- We will build on preventative approaches used in schools to support students to look after their emotional wellbeing, in the same way as they look after their physical health
- We are reducing waiting times for the Child and Adolescent Mental Health Service (CAMHS). We have already made several of the changes suggested by the recent Scrutiny Panel Report and are striving to continue to improve the quality of this service for those with specialist needs
- We want to improve the way we identify, treat and support people living with dementia

## Key Priority 3: Service Access, Care Co-ordination and Continuity of Care

Services across the range of ages and needs should be developed and delivered in a way that lowers the chance of people not getting the service they need, stopping unnecessary duplication which is confusing and promoting information sharing between services that will help people improve their chances of getting better. This will mean services from across the community finding different ways of working together to improve peoples mental health and wellbeing.

### What will be different?

- We will be putting more mental health services into GP surgeries to make it easier for people to obtain help
- We will be improving services to make them more able to respond quickly to people living at home and thereby avoid unnecessary hospital admissions
- We will be providing mental health services for groups who we know have high levels of need.



## Key Priority 4: Quality Improvement and Innovation

Quality is a measure of whether services increase the chance of better mental health for the individual. It also refers to how close the service is to the standards recommended by international experts. This places an emphasis on services to produce information about how they are making a difference to patients' mental health, as well as making the best use of current research and new ways of working.

### What will be different?

- We will publish a set of measures for the public that describe the quality of our mental health services
- We will publish a set of measures for the public that describe how our mental health services are performing

## Key Priority 5: Leadership and Accountability

Families and carers need to know how to get relevant information and necessary support. The everyday challenges of being a carer – whether paid or unpaid – need to be acknowledged.

People involved in delivering day-to-day services and those with responsibilities for future service planning should work together when considering big changes to future services. We need to continue to work with carers and those who have used services to make sure things like recovery and independence are an even bigger part of mental health services in the future.

### What will be different?

- We will routinely ask service users to help us to improve services
- We will use information about how our services work to help us improve services, achieving better value for the funds that are invested

## Where can I find out more?

You can find a copy of the Mental Health Strategy for Jersey and the summary document of the Strategy online at [gov.je](http://gov.je)

1. McManus S, Meltzer H, Brugha T et al. (2009) Adult Psychiatric Morbidity in England, 2007: Results of a household survey Leeds: NHS Information centre for health and social care.

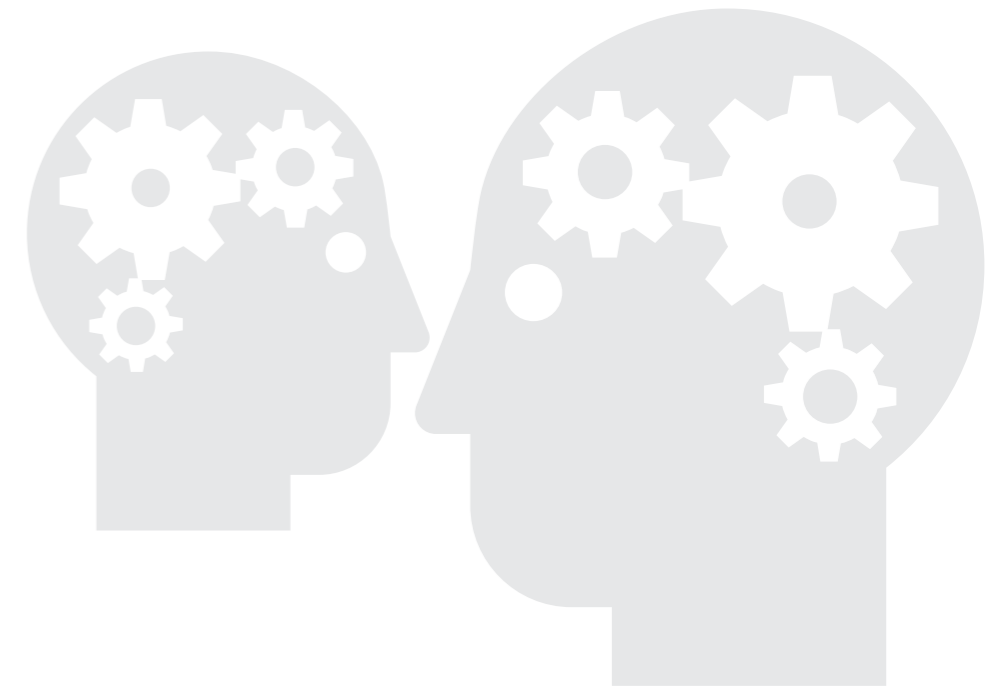
2. No Health without Mental Health, Department of Health, 2011

[www.gov.je](http://www.gov.je)

States  
of Jersey

## HEALTH & SOCIAL SERVICES

# A Mental Health Strategy for Jersey: Easy Read document



States  
of Jersey

## Introduction

### Improving mental health and treating mental illness are two of our biggest public health challenges.

We know that:

- one in four people will experience a mental health problem at some point in their lifetime<sup>1</sup>
- more people in Jersey are now receiving treatment; and they get it faster than before, because awareness and understanding of mental ill health has grown

But things could be better.

The Mental Health Strategy sets out how we plan to do this, between now and 2020.

### The challenge we face:

**Mental illness is one of the main public health problems in Jersey. The most common mental illness for adults is depression and anxiety. Many other people have mental illnesses connected with drugs and alcohol, and a growing number of people are now living with some form of dementia.**

We know that:

- many people who are on social welfare benefits or disability benefits also have mental health problems.
- people with mental health problems do not live as long as other people – those with severe mental illnesses die on average 20 years earlier than the general population<sup>2</sup>
- many people with life long illnesses such as diabetes, asthma, heart disease and chronic obstructive airway disease can become depressed, and this makes it harder for them to get better.

These are major issues, and dealing with them is not going to be easy.

## What have we done so far?

In 2012 the States of Jersey Assembly agreed to provide new investment to fund major changes to the way Health and Social Care is delivered in Jersey. These changes were described in a report called 'A New Way Forward for Health and Social Care'. As a result, between 2013 and 2015 there has already been some new investment in services which address mental health.

These include:

**Jersey Talking Therapies.** The service provides easy access to face-to-face or telephone assessments and 1:1 therapy. The service also provides educational courses and individual therapy. The service is based in most GP surgeries

**Alcohol Services:** There are now easier ways to get help if you think you are drinking too much alcohol. Nurses with specialist skills and knowledge run clinics in General Practice Surgeries. There are more people being asked about their alcohol as part of routine health care appointments, which can help them cut down before there is a problem. In addition, more staff have been employed to help those who are dependent on alcohol to detox safely at home and put plans in place which will help them to make a good recovery

**Health Visiting:** More support has been made available to families who have particular worries and difficulties, spanning the period from conception up to 2 years of age. The programme is delivered as part of the universal health visiting service.

## What you told us

As part of the commitment to improving the way health and social care services are delivered in the future, a review of all the services for mental health offered in Jersey was completed during 2015. The review considered prevention and recovery services, as well as clinical services which assess, diagnose and treat mental illness.

Front line workers such as doctors, nurses, psychologists, social workers and voluntary sector workers were asked to work together in small groups to think about how services currently work in relation to four key areas:

1. Prevention (building public resilience)
2. Early intervention (nipping problems in the bud)
3. Acute intervention (when things get worse)
4. Recovery and support (what helps us cope and enables us to return to normal)

The learning from these areas was used to decide the priorities identified in the Mental Health Strategy.

A citizen panel made up of a different people from across the island, chosen at random, worked together to identify key features that should be considered when planning improvements to mental health services. The panel had a chance to hear from experts, including professionals and people who use services, including the opportunity to ask questions.

The recommendations from the citizen panel were used to decide the priorities identified in the Mental Health Strategy.

In March 2015, the emerging themes of the review were presented at an engagement day attended by 200 people, including services users, health care workers, managers and representatives from the community and voluntary sectors.


## What the Mental Health Strategy says:

### Key Priority 1: Social Inclusion and Recovery

Recognition of factors that can influence people's mental health is important in helping them with their recovery. Issues like housing, work, income, family and friends should be included in the development of mental health policy and service development. How mental health is talked about in the media and in everyday life also plays a major role in helping people live with mental illness.

What will be different?

- People working in mental health services will agree a common approach to help people continue their recovery and help them learn to live with their diagnosis and continue to play a full and active part in their community, parish and Island
- We will continue to raise awareness of mental illness in the local media and stand up to discrimination and stigmatisation of people who experience mental illness.



One in four people will experience a mental health problem at some point in their lifetime

