

A Mental Health Strategy for Jersey (2016 - 2020)

Planning together, for our future

Summary Version



Ministerial Foreword

Mental health and wellbeing really is everyone's business. Jersey is no different. We know that:

- one in four people will experience a mental health problem at some point in their lifetime
- one in six adults have a mental health problem at any one time
- one in ten children aged between five and 16 years has a mental health problem, many continue to have mental health problems into adulthood
- among people under 65, nearly half of all ill health is mental illness

In other words, nearly as much ill health is mental illness as all physical illnesses put together. There really is no health without mental health.

Mental health problems can have a wide ranging impact for individuals in a number of areas of their lives including housing, education, training, physical health and relationships with family and friends. It affects people of all ages and cultural backgrounds.

Investment has already been made to improve and develop services but addressing the impact of mental ill health and emphasising the importance of mental wellbeing for citizens, for local services and for the economy of our island continues to be a priority.

This strategy sets out our vision for promoting mental wellbeing, preventing mental ill health and for services that will most effectively meet the needs of people with mental health conditions which can assist them in their recovery. It identifies the areas for change needed in Jersey so that we can ensure high quality mental health services for Islanders.

As the Ministerial team for Health and Social Services, we know that there has already been a considerable amount of work undertaken by many people to produce this strategy. We would like to thank everyone involved in contributing to its contents and look forward to their support in the future as we begin the journey of implementation. With your help we are confident we can make a positive difference to people's lives.

Senator Andrew Green, MBE: Minister for Health and Social Services

Deputy Peter McLinton: Assistant Minister for Health and Social Services

Connétable John Refault: Assistant Minister for Health and Social Services

Executive Summary

In 2012 the States Assembly endorsed the strategic plan for Health and Social Services called '*A New Way Forward for Health and Social Care*' (P82/2012). The vision described an integrated health and social care system and a programme of change that will meet the challenges facing the Island's Health and Social Services whereby services are safe, sustainable, affordable and where:

- Services are 'wrapped around the individual', with a single point of access for patients/service users and for care professionals, and individuals making informed choices and caring for themselves as much as possible
- More health and social care services are available in individuals' homes, and in community and primary care settings, with services provided by a range of professionals and care designed for the individual
- Efficient, effective, productive, integrated care which is received in the most appropriate place, provided by the most appropriate professional
- Telehealth, telecare and telemedicine as part of an integrated set of services
- Improved identification of those individuals who are in need or at risk, with a holistic assessment of health and social care needs
- Care provided in less institutional settings, including an increase in fostering for children
- Improved value for money and robust contract management. Services available from a greater range of organisations, with the Voluntary and Community Sector and other providers having opportunities to provide more care, and individuals have more choice and control over the care they receive
- A workforce which is better developed and deployed, with more services available locally wherever practical and affordable. Patients will be encouraged to support one another, and individuals will receive care from a range of professionals, including therapists and nurses

As part of this transformation programme a system-wide review of mental health services has been conducted using innovative participatory approaches which have included;

- A Citizens Panel to identify key building blocks for the future system
- Action Learning Sets of front line practitioners and service users to identify practice challenges
- Customer voice exercises, which enabled people who have used services to describe what went well and what could have gone better
- A System wide engagement event which used participatory approaches such as 'open space' to test and endorse the findings of the review process

These approaches have led to new insights into the challenges facing mental health. The different dimensions of these challenges were summarized in nine emerging themes:

- Securing joint working across the mental health system
- Developing the workforce
- Awareness raising, prevention, early help and support for young people and children
- Improving the money flow in the system to follow the service user
- Enabling workplace mental health interventions
- Building educational approaches to recovery
- Improving the service environment
- Developing mental health services in the criminal justice system
- Establishing outcomes, quality and measurement
- Culture and leadership

This work has informed the development of five priorities of the mental health strategy which offers a comprehensive strategic direction for future whole system development:

1. Social Inclusion and Recovery
2. Prevention and Early Intervention
3. Service Access, care coordination and continuity of care
4. Quality Improvement and Innovation
5. Leadership and accountability

The strategy for mental health: Our vision for the future

1. The Emerging Themes

The process of review has highlighted consistent issues and themes running through the activities of the Citizens Panel, Action Learning Sets and the Customer Voice Exercise. This enabled the establishment of a set of key themes that were further developed during the Engagement Event:

- Securing joint working across the mental health system
- Developing the workforce
- Awareness raising, prevention, early help and support for young people and children
- Improving the money flow in the system to follow the service user
- Enabling workplace mental health interventions
- Building educational approaches to recovery
- Improving the service environment
- Developing mental health services in the criminal justice system
- Establishing outcomes, quality and measurement
- Culture and leadership

These nine themes were then further distilled to create five overarching areas of strategic priority for mental health and wellbeing in Jersey. Each area of intent is further supported by examples of relevant research or best practice drawn from the literature review conducted by the Health Services Management Centre alongside other relevant examples. A case vignette that has relevance to the area of strategic intent is included to underpin it via the sharing of lived experience and personal testimony, followed by a summary of areas for consideration to meet each priority.

By presenting the areas of strategic intent in this way, the strategy demonstrates a golden thread that runs from the insights generated by the review process towards the priorities identified in the strategy, thus closing the circle from review to strategic intention.

Key Priority 1: Social Inclusion and Recovery

Recognition of the importance of social, cultural and economic factors to mental health and wellbeing means that both health and social issues should be included in the development of mental health policy and service development. The principle includes support to live and participate in the community, and effort to remove barriers that lead to social exclusion such as stigma, negative public attitudes and discrimination in health and community settings.

Mental health service providers should work within a framework that supports recovery both as a process and as an outcome to promote hope, wellbeing and autonomy. They should recognise a person's strengths including coping skills and resilience, and capacity for self-determination. This may require a significant cultural and philosophical shift in mental health service delivery.

Building Blocks	Emerging theme
Not tolerating stigma and discrimination	Building educational approaches to recovery
Recognise the impact of suicide on families	Enabling workplace interventions
Understand the causes of mental illness	Securing joint working across the system

Customer Voice

78% of respondents thought that all mental health services in Jersey should be more recovery focused

88% of respondents thought that there was not enough mental health promotion in Jersey

The supporting evidence from literature

Anti-stigma interventions have been associated with a small, but significant reduction in personal stigma. Educational interventions alone or when combined with other interventions are generally associated with a reduction in personal stigma for different types of mental illness diagnosis. One example of good practice is the delivery of events to raise public awareness around mental health issues to reduce stigma have been delivered by the Australasian Centre for Rural and Remote Mental Health (ACRRMH). ACRRMH organised mental health 'road shows' aimed at increasing awareness of mental health issues.¹

Recovery-focused services are a central component to making health services fit for the twenty first century. At the heart of the concept of recovery is a set of values about a person without the continuing presence of mental health symptoms. Recovery emphasises the importance of hope in sustaining motivation and supporting expectations of an individually fulfilled life. In Making Recovery a Reality (Shepherd et al., 2014) the authors argue that recovery does not necessarily mean cure. Instead it focuses on "the unique journey of an individual living with mental health problems to build a life for themselves beyond illness ('social recovery'). Thus, a person can recover their life, without

¹ Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. HSMC March 2015

necessarily 'recovering from' their illness."

Peer support is an emerging area of good practice. It may involve social, emotional or practical support. In the area of mental health, peer support is considered as important in the building on shared experiences developing empathy and it's focused on an individual's strengths. The Mental Health Foundation defines peer support as the "help and support that people with lived experience of a mental illness or a learning disability are able to give one another".²

An example in practice is The Brighter Futures project, which worked across three areas in Scotland to pilot a peer mentoring approach for isolated older people. The project was led by the Mental Health Foundation in partnership with Glasgow Association for Mental Health (South Glasgow), Recovery Across Mental Health (RAMH), (East Renfrewshire) and Seniors Together (South Lanarkshire).³

The aim of project was to work with older people to deliver a peer mentoring service aimed at improving the wellbeing and the quality of lives of more isolated older people through enhancing their social networks and enabling meaningful community engagement through, for example, universities, arts groups, exercise classes and faith community groups. The outcomes of the project included: improvements in self-esteem for all participants, and 74% of the participants reported improvements in perceived social isolation.

Case vignette

When R was discharged from Orchard House she felt quite lost, not ready to go back to work but wanting to build towards that day when she could get a job again and feel able to cope with it. R had really enjoyed sessions in the recovery centre while she was in hospital but now she was home transport was difficult and she just couldn't face going back to the same building for anything. R used to be very involved in music in her younger days and kept thinking about how she would like to be able to do music again in a safe but mainstream environment and how some Pilates and meditation would help too.

Going to a totally 'everyday' setting without some more support felt like a step too far and there was nothing that she knew of in the community where she could work on her recovery and support others with theirs. R also welcomed the idea of learning from others who had been through similar experiences and over time wanted to help others who had experienced mental ill health.

² Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. HSMC March 2015

³ *ibid*

What we will do

- We will continue to work using engagement and participative approaches such as the Citizens Panel and action learning sets to deliver the priorities identified in this strategy.
- We will work with other States of Jersey Departments, Community and Voluntary Sector organisations and local business to address issues of mental health and wellbeing in the workplace by developing an awareness raising programme.
- We will work towards the establishment of a Recovery College which is service user led with support from mental health organisations and professionals.
- We will review the evidence from IMRoC and the other extensive work conducted in the UK and seeks advice from recovery experts to help deliver this change.
- We will place the concept of recovery at the centre of all mental health related training and practice development across the life course in mental health services.
- We will work with service providers to establish the principles of a recovery based approach which will be embedded within all policies, protocols, strategies and processes.
- We will work closely with the Public Health Department and the Community and Voluntary Sector to build a co-ordinated programme of mental wellbeing awareness delivered with the aim of reducing stigma and discrimination.

Key Priority 2: Prevention and Early Intervention

Mental health promotion, prevention and interventions need to include consideration of the spectrum from health and wellbeing to mental health problems to mental illness. The range of service options needs to include those illnesses that are most often managed within the primary care sector, as well as those that may require greater specialist involvement. Services should be provided on the basis of need, not diagnosis or whether an illness is common or uncommon. Service options need to be responsive to the needs of different age groups, including young children and older people, and to the differing needs of those who suffer particular illnesses.

Building Blocks	Emerging theme
Speedy response at the time of need	Awareness raising, prevention, early help & support for children & young people
Increase the focus on prevention	Improving the Service Environment
Support in the workplace	Enabling workplace interventions
Customer Voice	
<i>81% of respondents thought that mental health services in Jersey do not respond quickly enough to peoples needs</i>	
<i>94% of respondents thought early intervention was essential</i>	

The supporting evidence from literature

Evidence to support the development of awareness, prevention, early help and support for mental health and young people was found with the importance of school-based educational programmes to prevent, reduce stigma and identify mental health issues in young people were demonstrated in Canada and Australia. The emergence of web-based services to support access to mental health support was demonstrated.⁴

An example practice can be found in Canada where the development of the Mental Health and High School Curriculum guide (Teen Mental Health, 2015) has resulted in the development of school based resources to support mental health literacy in schools, defined as:

- Understanding how to obtain and maintain good mental health
- Understanding mental disorders, their identification and treatments
- Decreasing stigma
- Understanding how to seek help effectively.⁵

The Canada school-based mental health programmes focus on positive psychology and positive mental health. Initiatives emphasise health promotion and illness prevention

⁴ Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. March 2015

⁵ *ibid*

strategies including safe and supportive environments; student engagement/empowerment through engagement in school activities; resilience and self-determination.⁶

The Centre for Mental Health published findings relating to the benefits of investing in mental health services for children and young people. They found that the most common mental health conditions affecting children and young people are conduct disorder (i.e. severe behavioural problems), anxiety, depression and attention deficit hyperactivity disorder.⁷

The review of the evidence showed that for all these conditions there are interventions that are not only effective in improving outcomes but also good value for money, in some cases outstandingly so, as measured by the surplus of measurable economic benefits over the costs of intervention.⁸

Case vignette

L went to see her GP to talk about her mental distress; the appointment was short and didn't feel like it was worth the £40. The doctor said he would refer her onto the mental health service and that she was to go home and wait. Two weeks later L was assessed and although she was beginning to self-harm she ended up on a waiting list for 10 months for psychology.

During that time things just got worse, not sleeping or eating and the cutting was getting more risky all the time. L considered going back to the GP but the £40 just didn't seem worth it, as she didn't think that the doctor had any interest or experience in mental health.

L knew that A&E would have to see her if she went there, and so one evening when she was feeling suicidal and had cut herself badly she walked in a dream like state into the hospital. The staff in A&E reception were kind and efficient and the building looked so much better than when she had been there before. The nurses attended to her cuts and then she was put in the 'Mental Health' quiet waiting room.

L became anxious and more distressed and was admitted into Orchard House and ended up with an elongated stay before being discharged and getting the psychology treatment that she had needed months earlier. L maintains that if she had been able to access out patient psychology sooner she would never have needed an inpatient stay.

⁶ Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. March HSMC2015

⁷ Investing in Children's Mental Health – Khan, L. Parsonage, M. & Stubbs, J. CFMH February 2015

⁸ *ibid*

What we will do

- We will continue to develop integrated care as part of the Out of Hospital and Sustainable Primary Care programmes, to ensure GPs have rapid access to mental health services across all ages.
- We will work with the Primary Care Body and Primary Care Medical Director to put in place a continuous professional development programme to further inform and educate GPs and other primary care professionals in relation to mental health and wellbeing.
- We will continue to develop primary care based mental health services such as Jersey Talking Therapies that have been shown to address mild and moderate needs both directly and through support to GPs.
- We will put a greater focus upon early intervention with children and young people and develop services to specifically address their needs with less need to resort to residential solutions.
- We will develop the role of specific services to provide early intervention and support to children and young people who have experienced adverse childhood events including trauma and abuse.
- We will work with MAST teams in Schools and Colleges to develop an education-based programme of mental health and wellbeing awareness raising.
- We will work with key service providers so that that all sites to which the public have access provide a range of information about the services offered at that site, as well as information about other services including mental health advocacy and the services provided by voluntary and community organisations.

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

While recognising that different service types and locations are important, services across the spectrum of age and need should be developed and delivered in a way that reduces the risk of people falling through gaps, that reduces unnecessary duplication and complexity and promotes information sharing. This depends on both collaboration between services at all levels, and integrated models of service delivery.

Building Blocks	Emerging theme
Continuity of care with services working well together	Securing joint working Mental health services in the criminal justice system
Easily accessible information about services and where to find help and support	Awareness raising, prevention, early help and support for children and young people
Adequate numbers of well trained and supervised staff	Developing the workforce
Customer Voice	
<i>87% of respondents thought there was not enough mental health intervention in primary care</i>	
<i>91% of respondents think joint working and partnerships are key to improving mental health outcomes and experience</i>	

The supporting evidence from literature

A study of a multi-professional approach to care delivery; structured management (non-clinical case worker); scheduled patient follow-ups, and enhanced inter-professional communication. This approach was found to deliver improvements in patients with depression or anxiety when supported by a collaborative care model compared to usual care. Collaborative care was associated with improvement in depressive symptoms.⁹

Evidence to support police officers to deal with individuals presenting with mental health issues and the benefits of cross-sector working are present in the literature. A briefing by the Centre for Mental Health (Bather et. al, 2009) argued that “police officers need more and better training in mental health issues.

An example in practice has been the establishment of Street Triage pilots in the UK, in these schemes, mental health professionals provide on the spot advice to police officers who are dealing with people with possible mental health problems. This advice can include an opinion on a person’s condition, or appropriate information sharing about a person’s health history.

The aim is, where possible, to help police officers make appropriate decisions, based on a clear understanding of the background to these situations.

⁹ Characteristics of Effective Collaborative Care for Treatment of Depression, Coventry et al (2014) in Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. HSMC March 2015

The need for better mental health care in prisons has been evident for some time, and mental health in-reach teams have developed to provide a range of services to ensure equivalence of access for prisoners. They have also enabled closer liaison between prison staff and health professionals.

There is some evidence to indicate that the use of Mental Health First Aid is a potentially useful approach to training that would help the police and prison staff in dealing with mental health needs. Mental Health First Aid is an educational course which teaches people how to identify, understand and help a person who may be developing a mental health problem. In the same way as we learn physical first aid, mental health first aid teaches you how to recognise those crucial warning signs of mental ill health.¹⁰

Developed in Australia in 2000 and now internationally recognised in 23 countries, the MHFA course teaches people how to recognise the signs and symptoms of common mental health issues, provide help on a first aid basis and effectively guide those towards the right support services.¹¹

Case vignette

L was arrested on a Class A drugs charge and remanded on bail. During this time, he drank quite heavily as he was scared and couldn't see another logical approach to escaping the fear of a prison sentence. He lost his job, his flat, his friends, and his life, as he knew it. He was seen at Drugs and Alcohol service (referred by GP) but only attended a couple of appointments, as he was not ready to stop self-medicating through alcohol.

L saw a probation officer once before sentencing. Sentence was eventually passed and he received a two and half year prison sentence. Due to the nature of his charge being drug related, L saw a counsellor from the Drugs and Alcohol service on a weekly basis whilst at La Moye. L appealed his sentence, not the verdict but the sentence.

L's case was heard and he was released, having the sentence turned over to community service, three and half months after his imprisonment.

L had a sentence plan in place, which if had he had served his full term, would have been executed and included pre-release preparation. As it was, his sudden release came as a total surprise with no support for return to the real world. Three and half months was long enough to become institutionalised to an extent and L was very shocked and frightened by his release.

L doesn't feel that he was shown a duty of care on his release. He does not however hold anyone individually accountable for this, as he believes that he should never have broken the law. L does feel that it is an area that needs to be addressed. L feels that it was the single most disturbing incident of his life. L feels he "fell through the cracks" in the system; he is still dealing with the long-term impact of having a criminal record and trying to return to the working world.

What we will do

¹⁰ Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. HSMC March 2015

¹¹ MHFA England

- We will work with primary and secondary care professionals, service users and managers to review current service models to ensure an improved focus on assessment, diagnosis treatment and recovery based in community settings. As part of this work we will establish integrated care pathways supported by a coherent co-ordination function across key services.
- We will develop further 'partnership' arrangements with a provider to secure a more consistently accessible and cost effective forensic medium and low secure mental health inpatient service.
- We will work with service providers to review and implement protocols to ensure more effective transition between services, e.g. between CAMHS and adult services and between adult and older people's services between criminal justice system and mental health services.
- We will review and consider the most appropriate model for Consultant provision. Specifically, whether a Consultant should continue to be the responsible clinician for community service users during any in-patient stay.
- We will establish clear information sharing protocols between primary and secondary care, as well as with external agencies. This will enable more effective sharing of relevant information about service users and their needs, their care plans and risk factors.
- We will work with the Home Affairs Department to establish an appropriate site and operational service model for a Place of Safety in Jersey. This will include specific provision for medical and nursing support within the Place of Safety when it is occupied.
- We will work with key service providers including the Probation Board and the Courts to review the existing provision of Court Liaison and Diversion services for people with mental health needs, with a view to developing a business case for the establishment of an improved service.
- We will work with the Home Affairs Department to explore and develop a model for an efficient, sustainable and safe mental health prison service at HMP La Moye, using evidence-based multidisciplinary in-reach models.
- We will review and consider service models for young people and adults who have experienced adverse childhood events including trauma and abuse.

Key Priority 4: Quality Improvement and Innovation

Quality is a measure of whether services increase the likelihood of desired mental health outcomes and are consistent with current evidence-based practice. As such this places an emphasis on the provision of services that should produce positive outcomes for service users and make the best use of current knowledge and technology and that seek to innovate.¹²

Mental health services, whether in the primary care or specialist sector, cannot be provided as a 'one size fits all' across the age range. Our community is rich in diversity. It embraces cultural and religious differences. This brings many strengths and opportunities, but we also need to recognise the challenges faced at times by some within our community. There should be demonstrated cultural competency in the planning and delivery of responsive and high quality mental health services.

Building Blocks	Emerging theme
Value and support the role of people and organisations outside statutory services	Securing joint working Developing the workforce
Explore, offer and invest in different therapies and support because one size doesn't fit all	Improve the money flow in the system to follow the service user
Need for choice	Improve the service environment Building educational approaches to recovery
Customer Voice	
<i>75% of respondents thought that people using mental health services in Jersey would benefit from more choice</i>	
<i>98% of respondents thought that service users should have their views listened to routinely</i>	

The supporting evidence from literature

Several frameworks have been developed to inform the measurement of outcomes and quality in mental health services and the factors which enable service transformation. Fossey and Parsonage (2014) describe a framework for measuring outcomes and performance in liaison psychiatry, to be used for such purposes as accountability, performance management and service improvement. They suggest the need for a 'balanced scorecard' approach, including a mix of measures or indicators drawn from the three dimensions of structure, process and outcome and covering multiple outcomes.¹³

An important example of practice is the Enhancing the Healing Environment programme. Led by The King's Fund it encouraged and enabled multi-disciplinary teams to work in

¹² Quality Improvement in Mental Health WHO 2003

¹³ Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. HSMC March 2015

partnership with service users to improve the environment where care was delivered. It put service users at the heart of design, and challenged both thinking and attitudes to the delivery of care, as well as highlighting the important role that the physical environment can play in supporting innovation in service delivery and in improving the patient experience.¹⁴

The programme, which was evaluated, has now concluded. Further work is now being led by the University of Worcester in relation to environments specific to people with dementia.¹⁵

Case vignette

B found the waiting area so disturbing that he almost didn't get to see the professional he was waiting for. The magazines on display were old and inappropriate and on the front page of one had a sleazy heading about domestic violence towards men being less significant for individuals experiencing it than for women. B felt disrespected, vulnerable and as if his whole story had been exposed somehow.

The poster on the wall made him feel worse as it talked about how aggression towards staff would not be tolerated. As he sat there he wondered if he was unsafe, his personal experiences of violence meant that the poster scared him and he reflected on how vulnerable he was in that moment. Once he had realised that the other people waiting didn't look remotely violent he became annoyed at the tone in the poster, the inference that staff needed to be safe, but not patients.

In the times B sat in the waiting area and over time he planned more constructive and valuing wording for the poster and had thoughts of all the positive mental health publicity that could be available instead of magazines and how with a small amount of investment the whole waiting experience could be valuing and calming.

¹⁴ Sharing success in mental health and learning disabilities: The King's Fund's Enhancing the Healing Environment programme 2004-2008 The King's Fund 2008

¹⁵ www.kingsfund.org.uk

What we will do

- We will work with clinicians to review the thresholds for access to all mental health services and ensure these are explicit within operational policies. These will also be clearly communicated to service users, referrers and the public.
- We will work with clinicians to develop operational protocols between all mental health services to ensure more seamless transition, but also to ensure effective joint working, transfer of cases and co-ordination of responses, particularly at times of crisis.
- We will develop a greater choice of interventions and services wherever possible and make clearer those choices for all who use mental health services.
- We will work with the Strategic Housing Unit and other Housing providers to:
 - develop housing and support options for older people, including those with dementia to reduce the reliance on residential and nursing home care, delivering care close to home and increasing independence.
 - provide both greater choice through an appropriate range of housing options for young people and adults.
- We will engage with workforce experts and Directors of Services to establish a plan for workforce development which will include a more detailed review of current staffing, in order to support a diverse, trained, skilled and appropriately experienced workforce across all areas of mental health. This work will include an exploration of the role the independent and private sector workforce.
- We will refresh and establish training, both mandatory and voluntary to develop a renewed and updated programme that will better meet the needs of professionals in their daily practice.
- We will implement a robust recruitment and retention plan which will be supported by effective mentorship/mentoring/coaching arrangements.
- We will work Service Directors to establish a productivity based approach to innovation, to assist in improving efficiency and effectiveness.
- We will work with Jersey Property Holdings and service providers to complete an audit of inpatient and community services sites which will provide an accurate assessment of their fitness for purpose. This will include review of potential risks to patient, staff and visitor safety. As a minimum it will be expected that there is sufficient space for confidential discussions between staff and between staff, service users and carers.
- We will establish a task and finish group to progress a suitable option for the re-provision the adult inpatient services at Orchard House.

- We will produce a service map for service users and their families, which will describe the various mental health services, how they link to each other and information about how to contact them.
- We will establish a joint mental health and criminal justice forum. This will be comprised of mental health service senior management and representatives of HMP La Moye, the probation service and Jersey Police. It will serve as a forum for addressing operational issues and concerns, as well as providing oversight in relation to service developments.
- We will establish a joint programme of training and development between criminal justice services and mental health services so that each may gain a deeper and more detailed understanding of each other's services, roles, responsibilities and priorities.
- We will establish a mentoring programme, focused on equipping prison staff, police and probation colleagues with the skills to identify and respond to the signs of mental illness, complemented by a similar approach to equip mental health service staff to better support those with offending backgrounds and those who are resettling in the community.
- We will work with key service leads across public and voluntary and community sector organisations to establish a common understanding and shared approach to risk, its assessment and management. As part of this work:
 - Current risk assessment and risk management approaches will be reviewed and updated.
 - Common approaches to positive risk management will be established with guidance on how to include positive risk management into joint care planning with service users and their carers (where appropriate).
- We will develop a robust Quality Assurance and Governance system for mental health services in Jersey, which will provide accountability back to senior management, who in turn can then be held to account for the quality of services.
- We will introduce a quality framework that will include:
 - Compliance (standards being met, regulatory, statutory and outcome measure compliance is being achieved)
 - Assurance (Risks to the service, including its value and goals are identified and managed)
 - Improvement (Services are being improved and transformed in line with agreed priorities and that innovation is supported and encouraged)
- We will produce an annual Quality Report for the public, which will incorporate:
 - Patient safety (including serious incidents and near misses)
 - The effectiveness of treatments that patients receive
 - Patient feedback about the care provided

Key Priority 5: Leadership and accountability

Families and carers should be informed to the greatest extent consistent with the requirements of privacy and confidentiality about the treatment and care provided to the consumer, the services available and how to access those services. They need to know how to get relevant information and necessary support. The different impacts and burdens on paid and unpaid carers need to be acknowledged.

Effective leadership, both operational and strategic, should be central to the process of transformative change and the embedding of a culture that seeks to promote co-production, recovery and independence within mental health services.

Building Blocks	Emerging theme
Develop clear lines of accountability	Establish system outcomes, quality and measurement Developing the workforce Improve the money flow in the system to follow the service user
Not tolerating stigma amongst the public and professionals around people with mental health problems	Developing the workforce
Adequate numbers of well trained staff working in suitable conditions	Improve the service environment Enabling workplace mental health interventions
Customer Voice	
<i>91% of respondents think joint working and partnerships are key to improving mental health outcomes and experience</i>	
<i>57% of respondents felt hopeful about the outcomes of the Mental Health Services Review</i>	

The supporting evidence from literature

In *Service Transformation – Lessons from Mental Health* (Gilbert et al., 2014) the factors that enabled change to happen in mental health was explored. Among these was the need for high-quality, stable leadership to manage change, handle unexpected demands and results, and ensure integration of expertise, both within the organisation and among voluntary and independent providers.

The King's Fund have found that the business case for leadership and engagement is compelling: organisations with engaged staff deliver better patient experience, fewer errors, lower infection and mortality rates, stronger financial management, higher staff morale and motivation and less absenteeism and stress.¹⁶

¹⁶ Report from The King's Fund Leadership Review 2012

An emerging evidence base is developing around the role of workplace mental health interventions. In their debate piece for the BMC Psychiatry in May 2014 LaMontagne et al review the evidence to support an integrated approach to workplace mental health and the authors argue that to realise the greatest population mental health benefits, workplace mental health intervention needs to:

- comprehensively protect mental health by reducing work–related risk factors for mental health problems- include job insecurity, bullying or psychological harassment, low social support at work
- promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities
- address mental health problems among working people regardless of cause.

The conclusion reached is that in practice an integrated approach to workplace mental health can expect near-term improvements in mental health literacy, to be followed by longer-term improvements in working conditions and job quality—given adequate organisational commitment, support, and time to achieve organisational change. These changes should, in turn, lead to improvements in mental health and wellbeing.

Case vignette

J had struggled with low moods and anxiety ever since he started secondary school and none of his teachers seemed to recognise what was happening for him. However when he was in year 10, his teacher referred him to see the school counsellor which was incredibly helpful and although he still felt very unwell, there was a sense that someone was listening and understood what was he was going through. After a few months his school counsellor suggested that J might need some more specialist help and also access to youth services for on-going support.

J was referred and accepted into CAMHS and also linked into the Youth Enquiry Service. J got on well with both his psychologist and psychiatrist at CAMHS and although he was now diagnosed as having depression, anxiety and OCD felt that his needs were being met. He had access to some art therapy, which really helped. When things went well people really talked to each other and knew what other services would be appropriate and things seemed joined up for J.

At the end of his time at CAMHS he was transferred on to Adult Mental Health and discovered that there was almost no transition or proper handover. His CAMHS worker just said that J had to move on in two weeks and that was that.

When J arrived at his first appointment in adult services he discovered that although they were nice, they knew nothing about him and J had to tell his story all over again on several occasions. J wished that people had talked more about his transition and that both children's and adult mental health services had planned the change with him.

What we will do

- We will establish a multidisciplinary Community of Practice for Mental Health, which will include service users and carers and support practitioners from different disciplines not only to work together, but to explore how they are accountable to each other.
- We will conduct a detailed review of current mental health spend for Jersey which will cover public, non-profit and the private sector. This will create a baseline from which to build plans for future funding.
- Building on mechanisms used in P82/2012 and this mental health strategy we will develop effective service improvement mechanisms which engage effectively with professionals and the public.
- We will work towards a defined set of outcome measures for mental health services across the life course. The agreed metrics will seek to measure the impact and success of services and interventions against agreed criteria. This will inform future outcomes based model to drive further improvement.
- We will establish a monitoring system that regularly audits and reviews defined outcome measures and identifies trends and areas for ongoing improvement, as well as shaping new outcome measures.

Our Intentions and Next Steps

This strategy has been developed as a result of P82/2012 '*A New way forward for Health and Social Care*'. It is consistent with the vision of our Green Paper, and the subsequent White Paper, '*Caring for each other, Caring for ourselves*'. Providing care closer to home, in the right place at the right time applies equally to mental health services as it does to other areas of health and social care.

Our intention is to make this a reality, starting with the development of a clear and deliverable implementation plan, to take forward this strategy in a phased way that will help deliver the vision approved by Islanders and the States Assembly.

This mental health strategy has been developed through a number of deliberative steps. Engagement has played a pivotal part in the process that has led to the five priority areas. The 'golden thread' of issues that link the building blocks, the emerging themes and the areas of strategic intent have all been informed or developed by people who work in, use or have an interest in mental health services in Jersey.

The process has demonstrated the value and importance of that engagement, reaching out beyond professionals, to the public, service users and other organisations in the community and voluntary sector to seek and include their views. In addition, by engaging with staff from the mental health services and allied agencies including primary care and enabling them to learn together and create change from the ground up.

Our intention is to continue this engagement and extent this way of working to other areas of strategy development.

The development of this strategy has also highlighted the importance of being able to access good quality information to inform future planning and the vital role that culture and leadership will play in shaping the way in which the areas of strategic intent are taken forward.

This strategy sets the priority areas for the future delivery of mental health and wellbeing services in Jersey. Implicit in these is a commitment from all involved to enhancing recovery and sharing a common set of values about promoting high quality, outcome driven services. The changes to make these intentions a reality will need to happen within a more constrained financial settlement and will require partnership at all levels to be successful.

Our intention is to be clear on the benefits as a result of this strategy both in terms of quality and value for money.

The work underpinning this strategy has identified a number of current issues which can be acted on in the short term.

Our intention is to begin to act on those issues in a timely manner where we can.

The **next step** now is to begin a communication process with Islanders and key organizations before finalising the strategy in late June. An implementation plan will then be developed which sets out priorities for action over the next five years with detailed costs and clear links to other strategies such as sustainable Primary Care.

Acknowledgements:

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We could not have successfully completed this piece of work without the knowledge, help and expertise of colleagues from both the community and voluntary sector and in other States of Jersey departments giving up their time to give their input.

Thanks also to Contact Consulting and the University of Birmingham whose expertise and knowledge have helped to make the process the success it has been.

Andrew Green
Minister for Health



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