



Bailiwick of Guernsey Mental Health and Wellbeing Strategy 2023-2029

Investing in mental health.
Investing in healthy futures.



States of
Guernsey

Contents

Foreword 3

1. Overview 4

2. Key Data 2

3. Executive Summary 8

4. Strategic context 12

5. Building blocks for good mental health 16

6. Model of mental health and wellbeing 19

7. Governance 23

8. Glossary of key terms 24

Appendix 1. Mental Health and Wellbeing Strategy: indicators and actions 26

Appendix 2. Mental Health and Wellbeing Steering Group Terms of Reference 33

Appendix 3. Service Mapping (2022) 36

Foreword

1

WHO, 2022

2

Gedze, 2021

3

Gedze, 2022

4

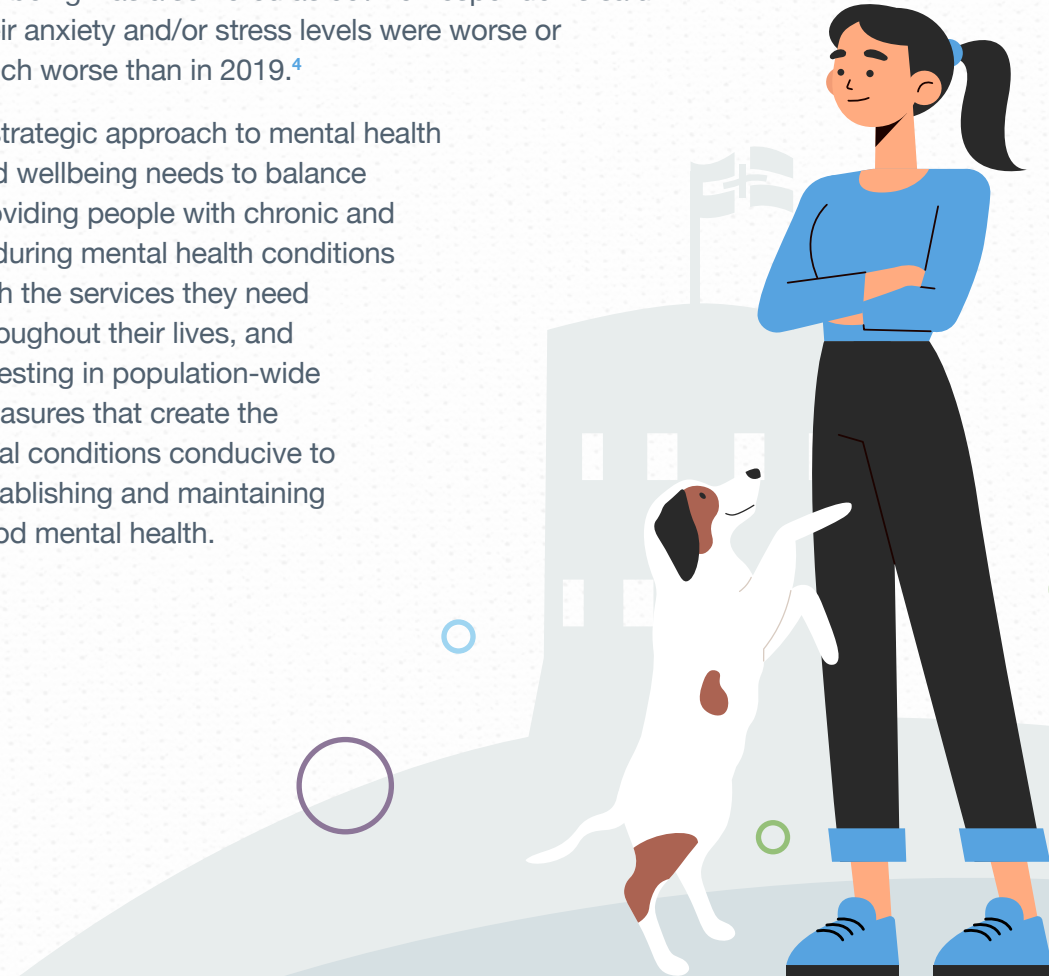
Data and Analysis, 2022

Mental health exists on a spectrum from poor to good mental health, which will naturally fluctuate throughout our lives. Within this Mental Health and Wellbeing Strategy, the term ‘mental health’ is defined as a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.¹

This Strategy follows on from two reviews into mental health service provision in Guernsey and Alderney, both conducted by Mr David Gedze. The first looked specifically at Specialist Mental Health Services (formerly Secondary Care Mental Health Services). This review provided recommendations related to management and leadership, community, and inpatient teams, building upon the ‘strengths of the existing structure.’² In 2022, Mr Gedze returned to assess progress since his first review as well as conduct a review of the wider mental health and wellbeing services across Guernsey and Alderney, not just those in Specialist Mental Health Services.³ Together, these reviews provide a starting point for the strategic direction outlined within this Strategy.

The COVID-19 pandemic, which occurred between the two Gedze reviews, further brought poor mental health to the forefront of people’s minds, with lockdowns causing social isolation for many. The Bailiwick of Guernsey Community Survey 2021 identified that 42% of respondents said their mental health was worse or much worse than in 2019 (pre-pandemic). Only 10% of respondents said their mental health was better than, or much better than 2019 and 47% said their mental health was about the same. A decline in population wellbeing was also noted as 50% of respondents said their anxiety and/or stress levels were worse or much worse than in 2019.⁴

A strategic approach to mental health and wellbeing needs to balance providing people with chronic and enduring mental health conditions with the services they need throughout their lives, and investing in population-wide measures that create the local conditions conducive to establishing and maintaining good mental health.



The main pillars of the Strategy are:

Understanding and collating Bailiwick datasets

Pillar one aims to collate data regarding mental health and wellbeing of the population, alongside specific datasets from services and data that incorporate the building blocks for good health (such as poverty and housing indicators).

Service improvements

Pillar three addresses gaps in provision identified in the 2022 Gedze review, alongside gaps identified by members of the Steering Group, and incorporates pre-existing workstreams in which there is a focus on mental health, such as areas of the Education Strategy.

Awareness, access and early intervention

Pillar two works principally at a population level, continuing work that is largely already ongoing about raising awareness and ensuring fair access to services. A key new piece of work within this pillar is action 2.2 'Agree and map an Island wide network of care pathways and referral criteria for service delivery throughout the model.' This aims to provide a clear and accessible pathway for both mental health practitioners and the general public so they can better understand how to navigate local mental health services.

Responding to recommendations of external reviews

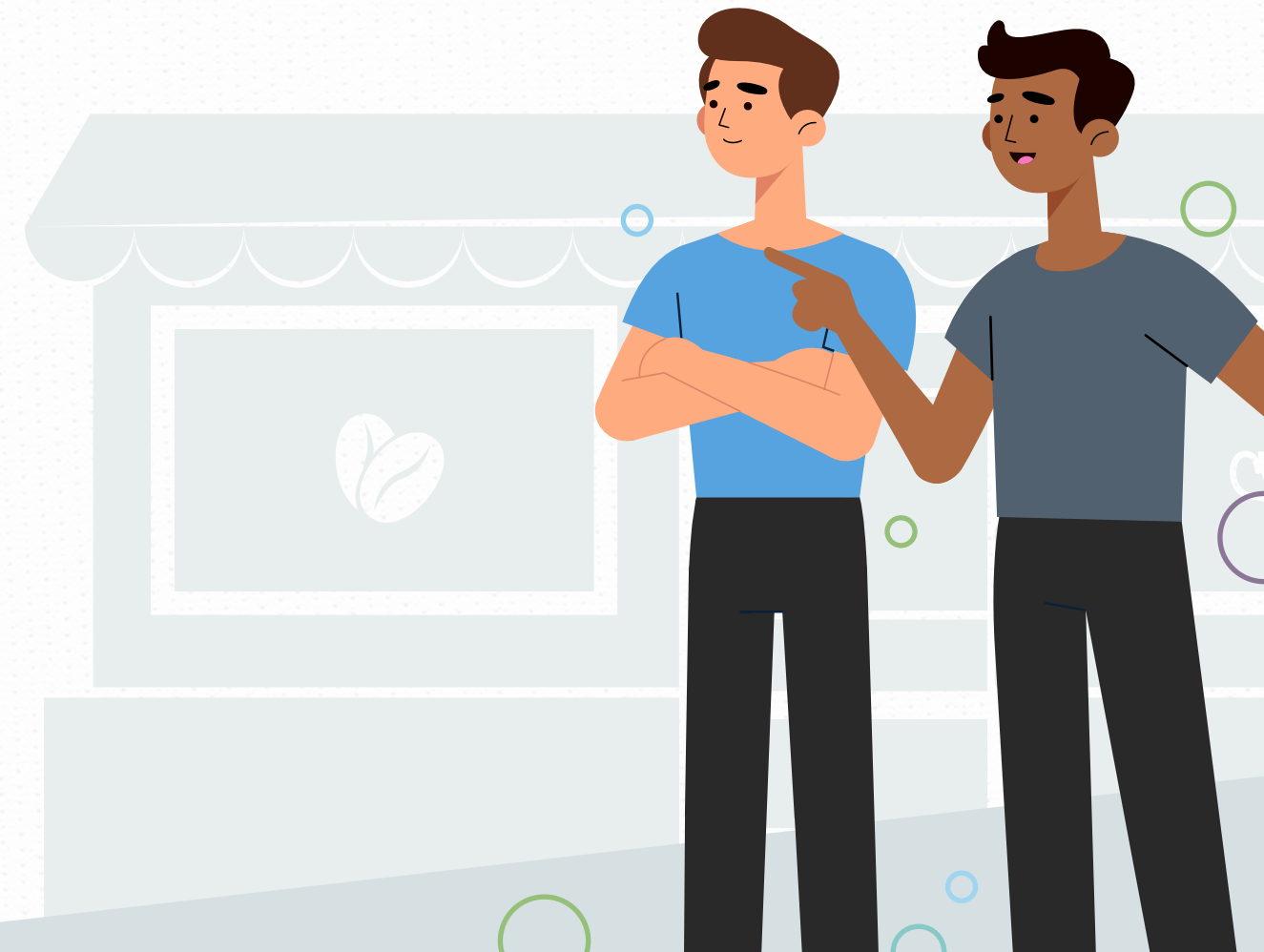
Pillar four includes outstanding formal recommendations from the 2018 and 2022 Gedze reviews as well as recommendations from the Special Educational Needs and/or Disabilities (SEND) Review published by the Committee for Education, Sport & Culture in 2021.⁵

A key component of this Strategy is true joint working. The Mental Health & Wellbeing Steering Group is made up of professionals from the States of Guernsey, private and charitable sectors as well as those with lived experience and has already begun this work. Embedding lived experience currently involves members of the Steering Group who have experienced of a variety of mental health services, however there is an ambition to further develop input of the community throughout the lifetime of the Strategy. The Steering Group has provided advice and direction for the Strategy, and we look forward to this work continuing. We are very grateful to key partners across the islands and look forward to continuing to strengthen relationships, services and joint working.

Feedback is always welcome. The Committee for Health & Social Care aims to work with the community to provide services that work for them. If you have any feedback, wish to be involved in the work of the Steering Group or have any data you think would be a useful contribution to the Strategy then please get in touch with us by emailing publichealth@gov.gg for general queries and www.gov.gg/CCCHSC for individual or service queries.

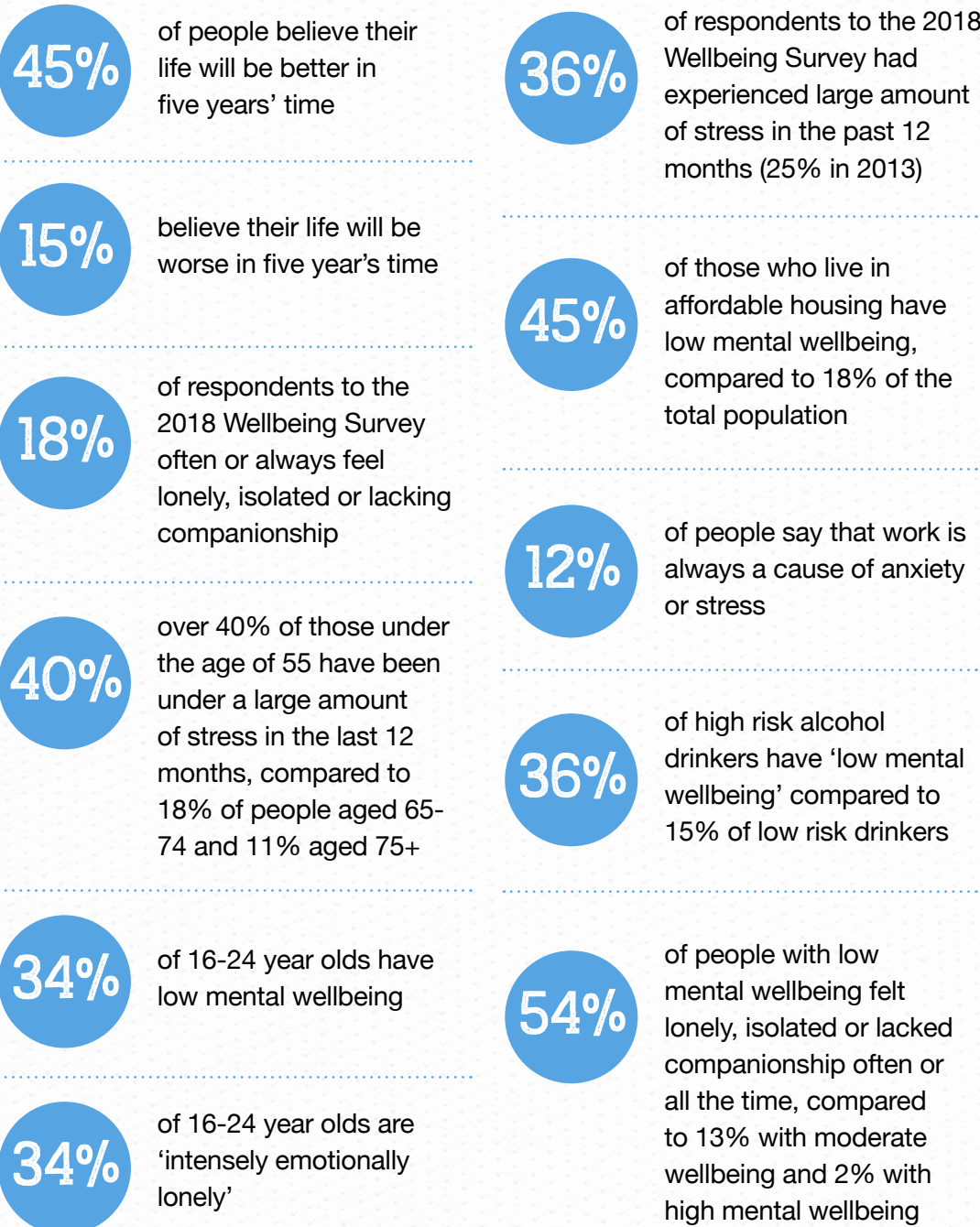
The Committee looks forward to working together with our partners and the community to achieve the aims within this Mental Health and Wellbeing Strategy, improving mental health for islanders and creating an environment where all people can reach their potential.

Deputy Al Brouard
President of the Committee for Health & Social Care



2 Key Data

2018 Wellbeing Survey⁶



⁶ Wellbeing survey, 2018 Data for those aged 16 and above

⁷ Guernsey Young Peoples Survey, A Report for Guernsey Primary, 2022

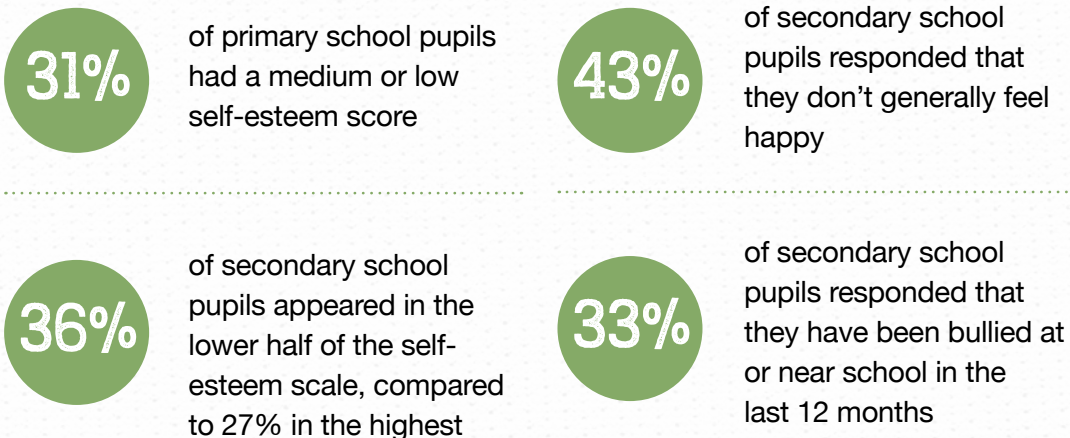
⁸ Guernsey Young Peoples Survey, A Report for Guernsey Secondary, 2022

⁹ This includes cancelled appointments, and appointments that were not attended.

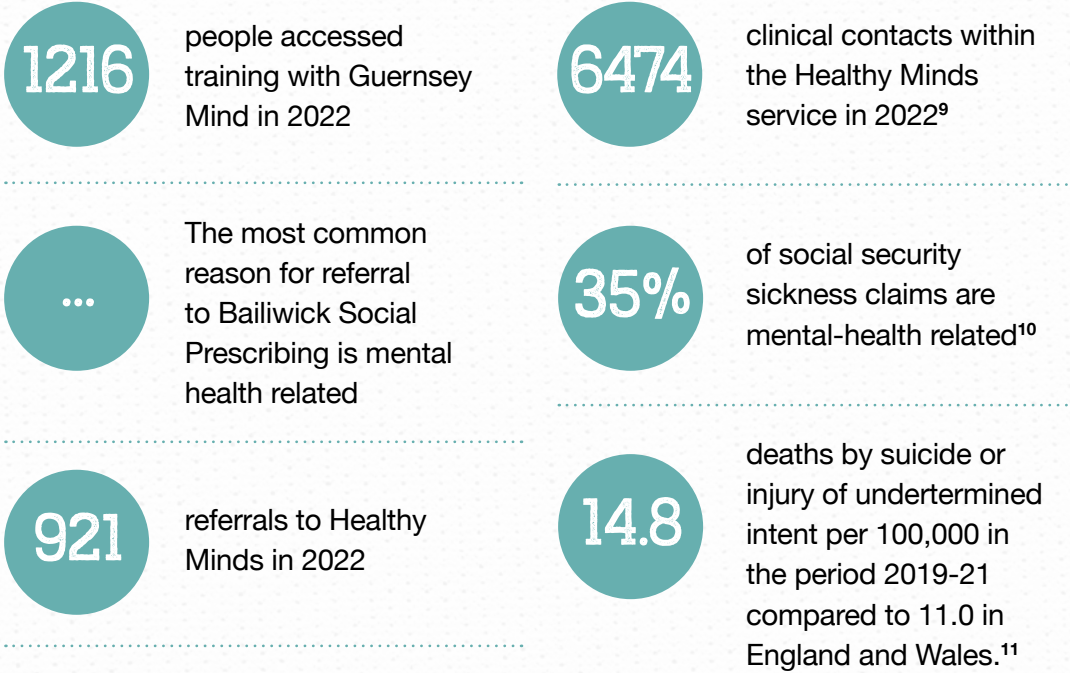
¹⁰ Data from the Supported Occupational Health and Wellbeing (SOHWELL) team.

¹¹ Public Health Services, 2023

2022 Young People's survey^{7,8}



Other local data



3 Executive Summary

The Mental Health & Wellbeing Strategy 2023-2029, (the Strategy), builds on established work with the private and charitable sector to improve working relationships, understanding of current mental health systems and patient experience. It does this by formally bringing together work that occurs across many departments of the States of Guernsey and other organisations as well as people with lived experience to collate data, identify service gaps and improve access to services. Key to this Strategy is improving communication between service providers, particularly during times of transition.

The Strategy sets out how government and the community can promote independence, choice and co-development of services that work for the population, across the continuum of care, from universal prevention to acute crisis. Independence in this context does not mean being isolated from your community, relying purely on personal responsibility or never needing to seek out support. Independence recognises that people can act with autonomy but are not independent from their support systems, whether they be formal or informal.

Our mental health is determined by a range of factors, including our social and economic circumstances. This means that a lot of poor mental health could be avoided by investment in prevention and early intervention measures, including actions that address social and economic circumstances that influence mental health, such as reducing poverty, appropriate housing and provision of safe green spaces.¹² Our mental and physical health are closely linked, as those with poor mental health are more likely to experience physical health problems. Social inequality of all kinds contribute to mental ill health, and in turn, mental ill health can result in further inequality – for example worse outcomes in employment and housing for people with mental health problems. Therefore, as a community, without investment in our environment for health, we will not be able to achieve substantial improvements in mental health across our population. It is important

¹² Mental Health Foundation, 2022

Key Data

- Across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on average income.¹³
- Locally, those who live in affordable housing, those who have high-risk drinking scores, and young people (16-25) were more likely to have low mental wellbeing than the general population.¹⁴
- Of local social security sickness benefits, 35% of claims are mental-health related.¹⁵

¹³ Mental Health Foundation, 2022

¹⁴ Wellbeing Survey, 2018

¹⁵ Data from Supporting Occupational Health and Wellbeing (SOHWELL) programme team

¹⁶ HM Government, 2011

¹⁷ Data from the Supported Occupational Health and Wellbeing (SOHWELL) team

¹⁸ Public Health England, 2019

¹⁹ UKHSA, 2019

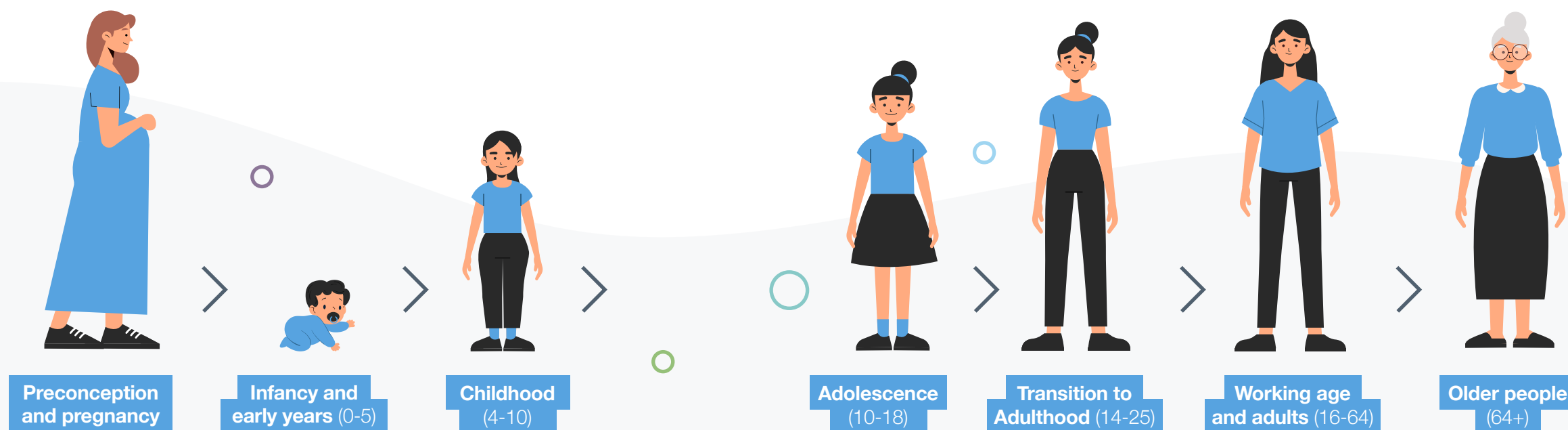
that work regarding preventative measures be conducted alongside continual improvement to existing services, and continued stigma reduction.

The mental health and resilience of individuals, families and communities is fundamental to building a fair and free society which protects people's human and civil rights. This can only be achieved if we all work together in partnership. We know that being in control of our own lives, good relationships, purposeful activities and participation in our communities improve our mental health. As well as potentially distressing for individuals, poor mental health has negative financial impacts at a population level, with poor mental health estimated to cost the UK government £105 billion a year and treatment costs expected to double in the next 20 years.¹⁶ No comparable data is available locally; however, it is known that 35% of local social security sickness benefit payments are mental health related.¹⁷

It is vital that a lifelong approach is considered in relation to ongoing mental health and wellbeing from pregnancy and infancy through to older age (Figure 1). Unlike an illness orientated approach, which focuses on interventions for a single condition often at a single life stage, a life course approach considers the critical stages, transitions and settings where large differences can be made in promoting or restoring health and wellbeing.¹⁸

LIFE STAGES

Figure 1: The lifecourse Approach¹⁹



Guiding Principles of the Strategy are:



Build a strong foundation

Build a community which prioritises mental and physical health at every stage of policy making.



Find solutions

Utilise current expertise across government and the community to proactively problem solve.



Inform and empower

Enable better mental health through public engagement and information that is easily accessible, free from discrimination and stigma.



Shared objectives and high quality services

Promote the development of high quality services, with a focus on continued improvement and shared objectives by the service providers.

These include the promotion of lifelong wellbeing supported by services across the lifecourse.



Implement evidence-based changes to policy and practice

The aim of the Strategy is:

to promote good mental health across the whole population so that more people living in the Bailiwick will have good mental health.

Objectives of the Strategy are:

- To focus on the reduction of avoidable harm across the lifecourse;
- To highlight areas of inequality and reduce stigma and discrimination relating to mental health;
- To support people to manage their mental health better so that people of all ages and backgrounds are able to have good mental health and wellbeing;
- For more people with mental ill-health to have better physical health;
- To meet people’s needs with appropriate, flexible and accessible services; and
- To provide data regarding the building blocks for good mental health and wellbeing as well as an ongoing dataset regarding population mental health.



Figure 2: The four pillars of the Mental Health & Wellbeing Strategy 2023-2029

4 Strategic Context

The first Mental Health and Wellbeing Strategy was approved by the States of Deliberation in 2013.²⁰ Alongside this Strategy, £24 million was made available to build the Mental Health and Wellbeing Centre (now the Oberlands and home to Specialist Mental Health Services) to replace the Castel Hospital. Since 2013, an amendment to the Policy and Resources plan gave mental health the same importance as physical health.²¹ More recently, the Government Work Plan, first agreed in July 2021 balanced the ‘needs of the Island and Islanders, with an emphasis on... health and wellbeing’ through addressing barriers which may lead to health inequalities.²²

In 2018, Mr David Gedze, a mental health social worker came to Guernsey to review Specialist Mental Health Services (then Secondary Mental Health Services). The report provided recommendations related to management and leadership, community, and inpatient teams, building upon the ‘strengths of the existing structure.’ In 2022, Mr Gedze returned to assess progress since his first review as well as review wider mental health and wellbeing services across Guernsey and Alderney, not just those in Specialist Mental Health Services. Work to implement the new recommendations has begun and will continue throughout the new Mental Health & Wellbeing Strategy (2023-2029) alongside work to fill newly identified gaps in service provision and other actions.^{23,24}

Between the 2018 and 2022 review, the Bailiwick was impacted by the COVID-19 pandemic. This undoubtedly impacted on islanders, with the Bailiwick of Guernsey Community Survey 2021 identifying that 42% of respondents said their mental health was worse or much worse than in 2019 (pre-pandemic). Only

²⁰ States of Guernsey, 2013

²¹ States of Deliberation, 2019

²² States of Deliberation, 2022

²³ Gedze, 2021

²⁴ Gedze, 2022

²⁵ Data and Analysis, 2022

²⁶ Government Work Plan, 2021

²⁷ Prevention of Discrimination (Guernsey) Ordinance, 2022

²⁸ Public Health Services, 2023

²⁹ There has been a change in the standard of proof required by coroners when weighing up evidence as to whether a death was caused by suicide. This was changed from the criminal standard of “beyond all reasonable doubt”, to the civil standard of “on the balance of probabilities”. Although the split between deaths due to suicide and deaths due to injury of undetermined intent has altered, it has not impacted the overall rates in England and Wales significantly. We would expect the same to be true for Guernsey rates.

10% of respondents said their mental health was better than, or much better than 2019 and 47% said their mental health was about the same. A decline in population wellbeing was also noted, as 50% of respondents said their anxiety and/or stress levels were worse or much worse than in 2019.²⁵ These findings highlight the consequences of factors outside of statutory mental health services in achieving and maintaining good population wellbeing. Recovery of the community post-pandemic has been identified as a key priority in the Government Work Plan.²⁶

The Prevention of Discrimination (Guernsey) Ordinance, 2022²⁷ will come into force on the 1st October 2023 and will provide protection against discrimination on a number of grounds including disability. Disability also includes mental disabilities, which means that mental disability will become a protected ground. Discrimination can come in many forms including:

- **direct discrimination**, whereby someone is treated less favourably due to a protected characteristic;
- **discrimination by association**, whereby someone discriminates against another person who is associated with a person with a protected characteristic;
- **indirect discrimination**, whereby an unreasonable rule or policy which is the same for everyone has an unfair effect on people who share a particular attribute; and
- **discrimination arising from disability**, whereby a person with a protected characteristic is treated unfavourably because of something arising in consequence of their disability.

The law protects from these four types of discrimination in advertisements, at work, providing goods and services, education, clubs and associations, and accommodation.

The introduction of this legislation sends a clear message that discrimination due a person’s mental illness is not accepted and will protect those with mental disabilities, whilst work simultaneously continues to reduce stigma within our community, both among the general public and also within workplaces.

Alongside the strategic context for the Strategy, it is important to note existing data that provides further context and rationale for the Strategy and its actions. This is highlighted within Pillar 1 of Appendix 1, and in section 2. More recently and of particular note is the Mortality Report produced by Public Health Services which includes data up to and including 2021. This shows an increase in the number of suicides and injuries of undetermined intent per year over the last 21-years.^{28,29} From 2001 to 2021 there were 111 deaths in Guernsey with an underlying cause of suicide or injury of undetermined intent. The average was 5.3 per year (standard deviation 2.7) and the range per year was 1 to 11.



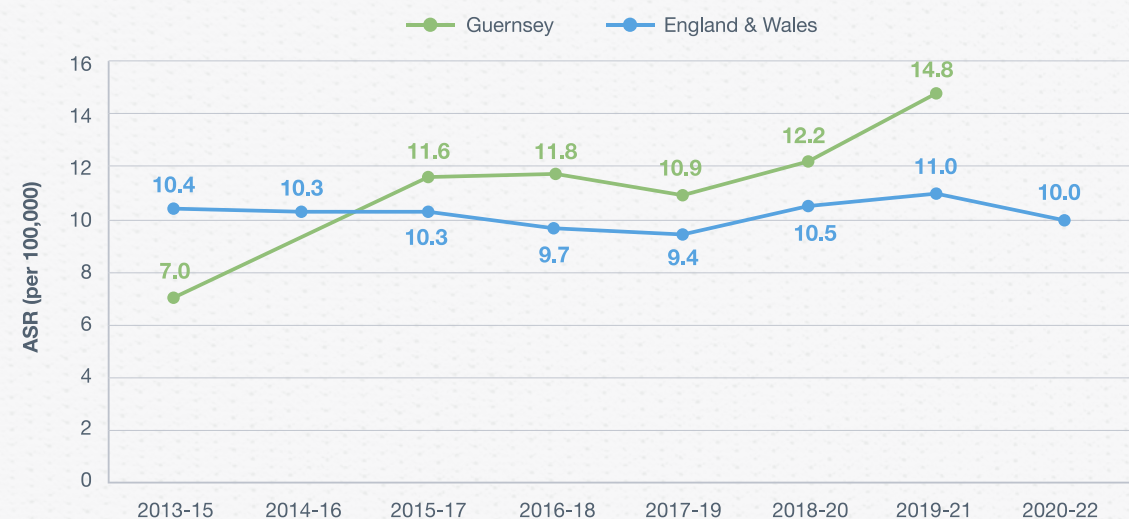


Figure 3: Three-year average Age-Standardised Mortality Rates for suicide or injury of undermined intent per year for Guernsey from 2001-03 to 2019-21 with England & Wales for comparison. The England & Wales rates to the central year of the three-year average.

There is a consistent pattern of more suicide deaths among males than among females. Of the 111 deaths between 2001 and 2021, 75% were male and 25% female. For males, suicide deaths are highest between ages 20–59 with a pronounced peak from 20 to 29 years. On average there were 4.0 deaths per year for males over the last 20 years compared to 1.3 per year for females. The most recent age-standardised rate for England & Wales was for 2021 with rate of 10 per 100,000.³⁰ This is lower than Guernsey rates for 2019–21 of 15 per 100,000. The most recent Guernsey data are for 2021 where there were 11 deaths due to suicide or injury of undermined intent. This is the highest number in a single year for the last 21 years.

It would be simple to attempt to explain the increase in mortality rates for suicide or injury of undermined intent as being caused (wholly or in part) due to the COVID-19 pandemic, however this data illustrates an increasing trend since 2015-2017 when rates first exceeded that of England and Wales. Many factors can be linked with increased risk of suicide including economic disadvantage such as deprivation, debt and inequality (see section 5).³¹

³⁰ *Suicides in England and Wales* - Office for National Statistics (ons.gov.uk)

³¹ *Samaritans, 2023*

³² *Public Health England, n.d.*

Wider determinants of health³²

Are also known as the building blocks for health. Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.

Mental health and wellbeing are the responsibility of everyone within our community including businesses, the voluntary and public sector, private practice and individual citizens. This is not the only Strategy within the States of Guernsey or the community which aims to contribute towards improved mental health and wellbeing. The success of these other strategies, either directly or indirectly, are vital to improving islanders' mental health and wellbeing. A key consideration here will also include an integrated approach to mental health, skills and work policies with health systems. This will support a life course approach with workplaces, and welfare systems working together and considering the wider determinants that will impact on the mental health and wellbeing of islanders. Some of the strategies that will also contribute to improved mental health and wellbeing are detailed in Figure 4.

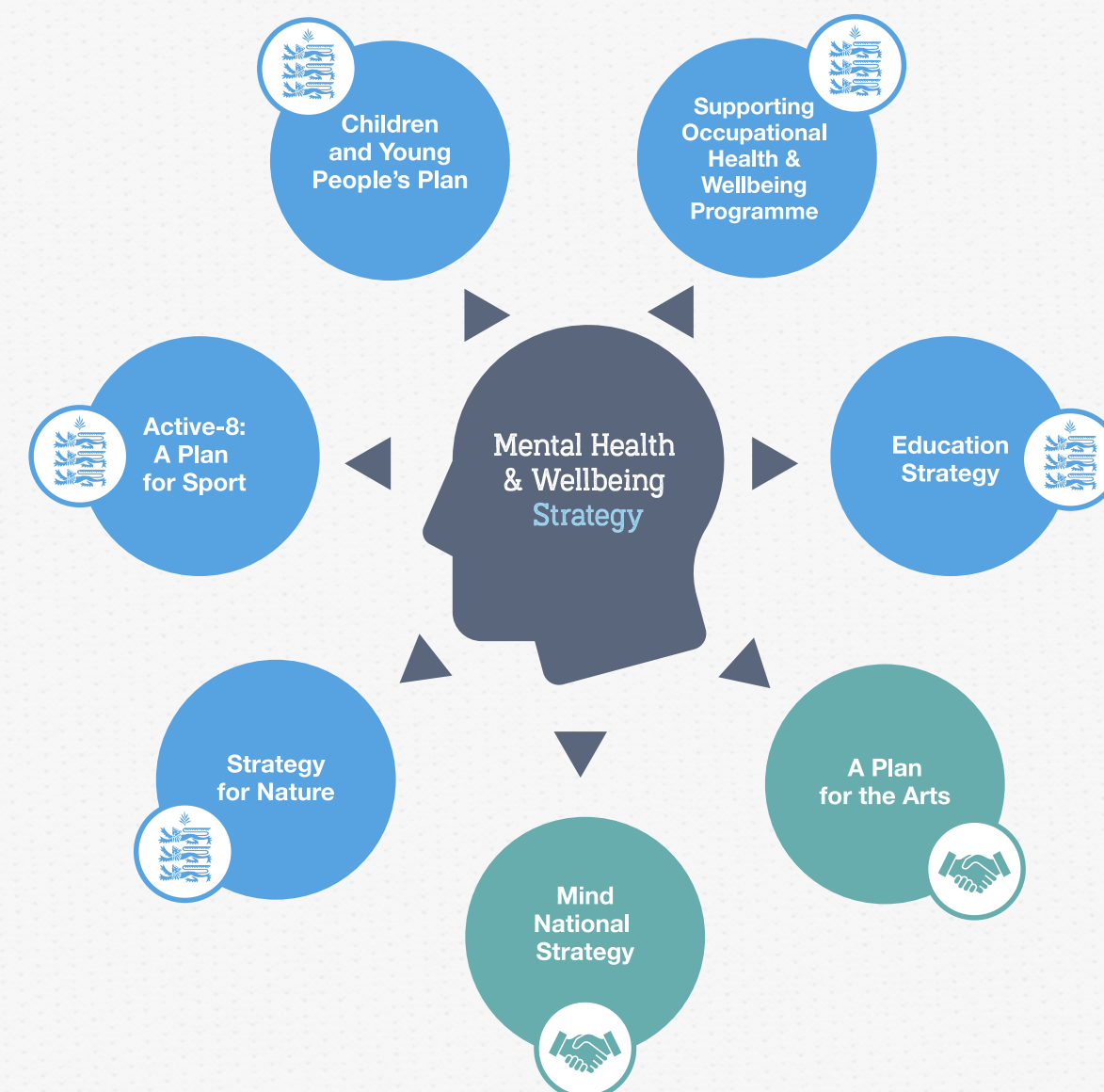


Figure 4: Strategies which align with the Mental Health and Wellbeing Strategy

5 Building blocks for good mental health

Our mental health is influenced by a complex array of interacting factors which change throughout our lives. Many of these factors are outside of our personal control, and those factors that are often seen to be within our personal control are strongly influenced by our demographics, social factors, living conditions and surroundings.

Our mental health influences our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions. In this way mental and physical health are inextricably linked. Mental illness is also closely associated with many forms of inequalities.

Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic and other factors. These differences can be in relation to prevalence; access to, experience and quality of care and support; as well as opportunities and outcomes. Health inequalities can cause reduced quality of life, poorer health outcomes and early death for many people.³³

As well as continuing work in these statutory mental health services, the Strategy aims to highlight and advocate for the importance of building blocks for good mental health and wellbeing. These link the work of Health & Social Care, other States Committees, and the charitable and private sectors in taking joint responsibility and accountability for good mental health and wellbeing across our population.

Building blocks for health, often called the wider determinants of health, include things such as stable jobs, good pay, quality and secure housing, education and skills and meaningful community connections. Providing society with these things are similar to constructing a sturdy building. A thriving community, with good mental wellbeing needs all the right building blocks in place in order to be able to succeed. Identifying, measuring, and tackling inequalities and places where blocks are missing is vital to ensure we fix the root of these problems as well as dealing with poor mental health once it arises.³⁴

There are many factors and building blocks which have been linked to positive mental wellbeing. There is also a well-established and complex link between other health issues, such as substance use disorders and mental illness, with research suggesting that over 60% of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for another mental illness. Integrated treatment has been found to be consistently superior compared with separate treatment for each diagnosis, with integrated treatment often involving strategies to boost interpersonal coping skills and approaches that support motivation and recovery.³⁵

³³ The King's Fund, 2022

³⁴ The Health Foundation, 2022

³⁵ National Institute on Drug Abuse, 2020

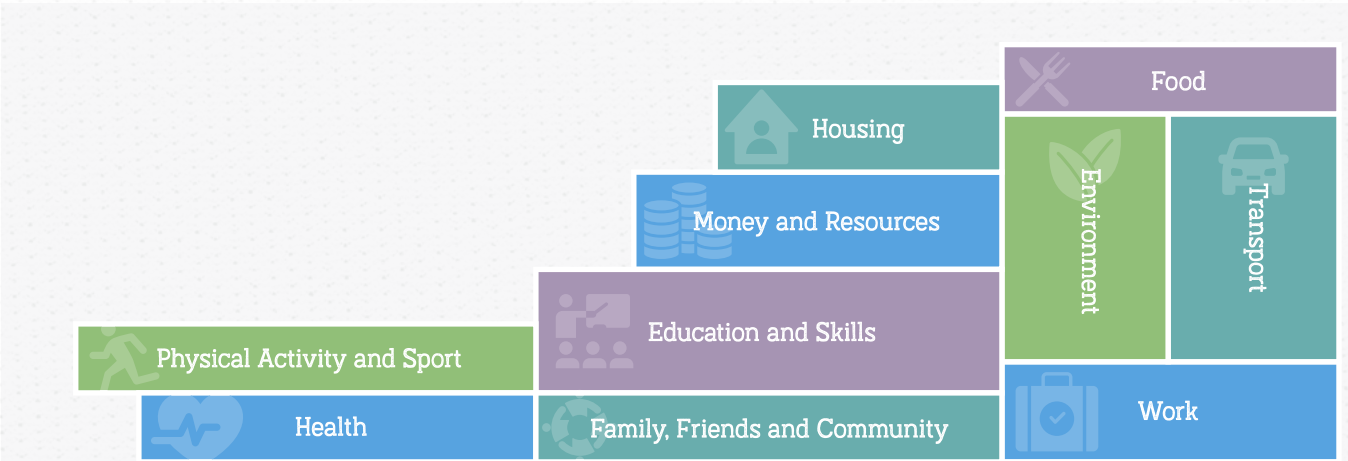


Figure 5: Building blocks of mental health and wellbeing

³⁶ Public Health Services, 2019

³⁷ Norris & Norris, 2021

³⁸ Public Health Wales, 2019

Low mental wellbeing and mental ill health can occur in anyone within our population; however, data from the Guernsey and Alderney Wellbeing Survey³⁶ suggests that there are some people who are at higher risk of low mental wellbeing and mental health conditions. For example, there are associations between regular adult participation in sports and lower rates of current mental illness. Anecdotal evidence also suggests that for children and young people, sporting activities positively influence individual well-being alongside a sense of purpose and belonging centred around sporting clubs and activities.^{37, 38}

	Lower life satisfaction scores	Low mental wellbeing	Loneliness	Feeling lonely, isolated, lacking companionship	Feeling excluded from activities / events
Occupants of affordable housing	✓	✓	✓	✓	✓
Young people (16-24)		✓	✓	✓	✓
Those with high-risk drinking scores		✓	✓	✓	

Figure 6: Notable correlations between wellbeing factors and subgroups, Wellbeing Survey 2018

Example

When people have insecure or irregular work it means it is harder to afford decent housing. Worrying about having enough money to pay the rent can also lead to chronic stress, anxiety and depression. The poor mental health suffered by this individual could be fixed by seeking therapy to cope with their depression and anxiety but could also be improved with greater job security and affordable housing.

Many factors can also be linked with increased risk of suicide such as deprivation, debt and inequality.³⁹ Therefore, improving the building blocks for good health, alongside targeted interventions to high risk groups can reduce the numbers of suicides within a community. Monitoring of the building blocks for health alongside implementation of targeted interventions, laid out within Appendix 1 of the Strategy, will work towards reducing the number of suicides within Guernsey and Alderney as far as possible.

Continuing efforts to reduce stigma, raise awareness and proactively improve access and quality of services are key to lowering the number of suicides locally. This Strategy will follow the 'Comprehensive approach to suicide prevention'⁴⁰ to reduce these numbers, incorporating the voices of those with lived experience. It will also focus on developing, with community partners, explicit support for those bereaved by suicide, including stigma reduction, as bereavement by suicide is a risk factor for suicide attempt regardless of whether the deceased was related.⁴¹

³⁹ Samaritans, 2023

⁴⁰ Suicide Prevention Resource Centre, n.d.

⁴¹ BMJ, 2016

⁴² Suicide Prevention Resource Center, n.d.



Figure 7: Comprehensive approach to suicide prevention⁴²

6 Model of Mental Health and Wellbeing

⁴³ Doan et al., 2022

⁴⁴ Thornicroft et al., 2022

Our mental health influences our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions. There are established links of the effect of poor mental health on physical health, with less research to date looking at pathways in which poor physical health can lead to poor mental health, although it is clear the two are closely related.⁴³

Mental illness is closely associated with many forms of inequalities. Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic and other factors. These differences can be in relation to prevalence, access to, experience and quality of care and support, as well as opportunities and outcomes. Health inequalities can cause reduced quality of life, poorer health outcomes and early death for many people. Mental health conditions can also be a cause of stigma and discrimination, with many people describing the effects of mental health related stigma as being worse than the condition itself.⁴⁴

Figure 8 shows how mental health and illness can be distributed across a population, with the majority of a population either flourishing or having good mental health and a smaller proportion having poor mental health or mental illness and disorder. No strategy will remove the need for specialist mental health or hospital based services, however shifting the curve in Figure 8 to the right would result in higher proportions of the population in good or flourishing mental health and fewer in poor mental health or living with mental health illness or disorder. Measurement of how much the Strategy achieves in terms of 'shifting the curve' can be relied on through many measures of population wellbeing, outlined in Pillar 1 of Appendix 1.



Figure 8: Model of psychological resource by proportion of the population

People with a mental health need should have access to flexible, quality services that are responsive to their needs at that point in time. People’s mental health is not static and there will be movement between better and poorer mental health during a person’s life, regardless of their condition. This Strategy aims for people to be resilient and to feel confident in managing their mental health, with support from their community networks and more formal services where required. Individuals should have access to the appropriate mix of support and interventions according to their needs, which will change throughout their lives. Alongside services which work well, relationships between services also need to function to best serve service users. This includes clarifying and communicating service thresholds and successfully managing periods of transition between services.

Statutory mental health services are a vital part of the mental health infrastructure within the Bailiwick and will continue to be improved upon in line with evidence of best clinical practice. Particular focus will be given to access to and movement between services, particularly focusing on pathways at times of transition which many can find challenging to navigate.

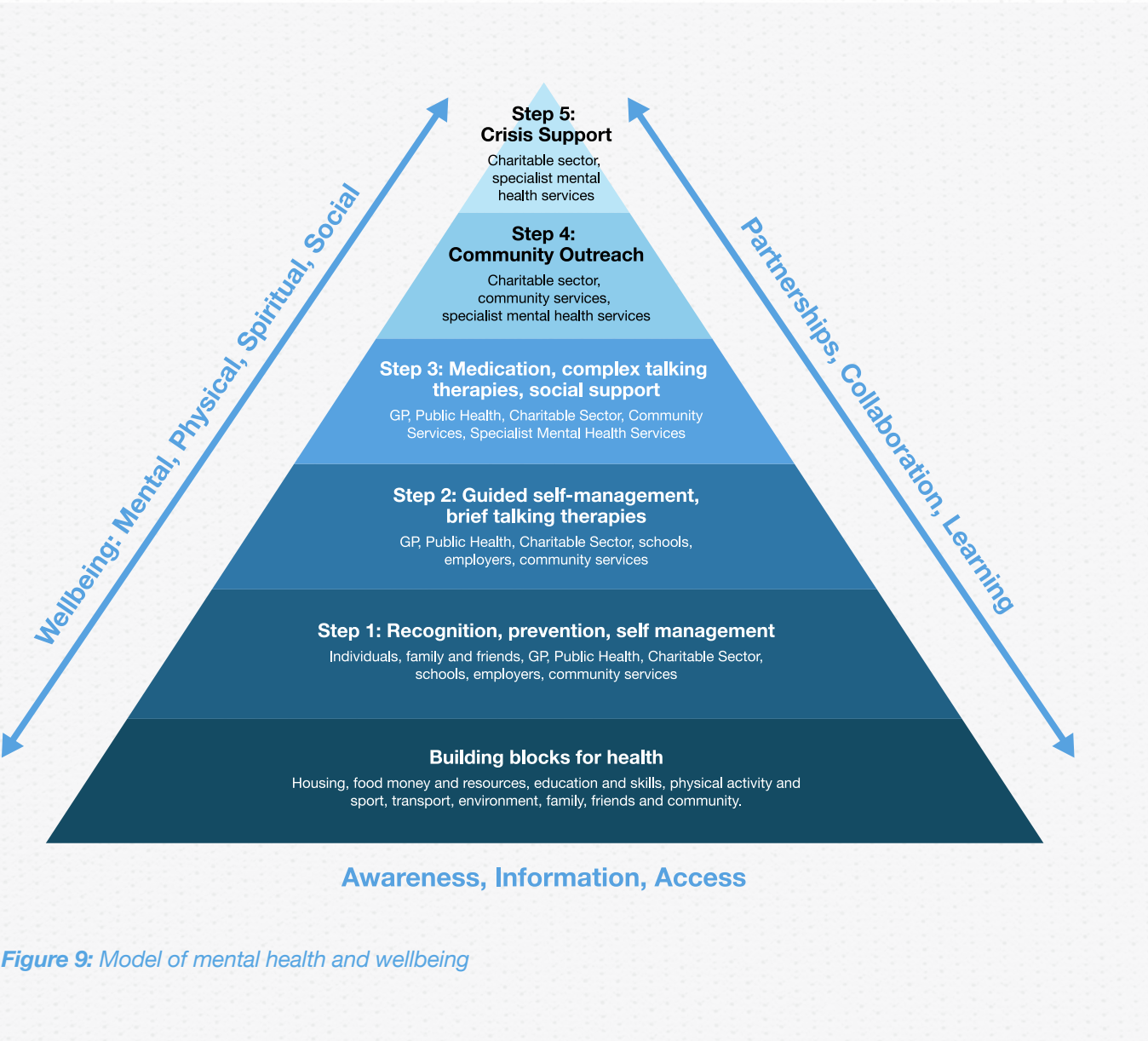


Figure 9: Model of mental health and wellbeing

A five-tiered model (Figure 9) was adopted in the 2017 Mental Health & Wellbeing Plan. The model illustrates five tiers of need, from recognition, prevention, and self-management through to crisis support. Lower tiers (steps 1 and 2) will be applicable to larger proportions of the population and higher tiers (steps 4 and 5) of more intensive support to far fewer people. Higher tier work is more expensive than those in the lower tiers on a cost per person basis, as more intensive support is offered. Therefore, it is important to not solely focus resource on more intensive support in the higher tiers but to provide resource throughout the tiers in order to provide preventative policies, interventions, and initiatives as well as early intervention services which limit the number of people who progress into requiring more intensive support.

The model described in Figure 9 describes levels of service currently available to islanders. Appendix 3 (map of services) illustrates a high-level understanding of what services are available at each level at the time of writing.

This model of mental health and wellbeing incorporates several types of preventative approaches which can be applied together to enable communities to protect everyone as well as provide targeted support to those who are known to be at-risk of mental health problems. These three approaches are:

- **Primary Prevention: stopping mental health problems before they start and promoting good mental wellbeing.** Stopping mental health problems before they occur and promoting good mental health for all. Often primary prevention work is ‘universal’ in that it targets and benefits everyone in a community.
- **Secondary Prevention: supporting those at higher risk of experiencing mental health problems.** Supporting those at higher risk of mental health problems by providing targeted help and support. This type of prevention is often called “selective” or “targeted” prevention. Examples include the development of the Early Help Programme by Family and Children’s Services and development of the Perinatal mental health pathway.
- **Tertiary prevention: helping people living with mental health problems to stay well.** Supporting those with high levels of distress or existing mental health problems to stay well and have a good quality of life. These types of service often focus on those already affected by mental health problems and can aim to reduce symptoms that can be disabling, limit complications, and empower people experiencing problems to manage their own symptoms as much as possible and help to prevent relapse. Examples include the Recovery and Rehabilitation team as part of Specialist Mental Health Services.

The Strategy has been organised into four pillars of delivery as outlined below.

Mental Health & Wellbeing Strategy



Figure 2: The four pillars of the Mental Health & Wellbeing Strategy 2023-2029

7 Governance

Within the Bailiwick of Guernsey there are three separate jurisdictions: Guernsey (which includes the islands of Herm and Jethou); Alderney; and Sark (which includes the island of Brecqhou). For the purpose of this Strategy, the jurisdictions of Guernsey and Alderney are covered. Individuals from Sark are included as observers to the Strategy Steering Group, so that work which relates to raising awareness and preventative programmes can be shared with the relevant bodies within this jurisdiction in case they wish to mirror programmes occurring in the other islands. Herm has also been specifically highlighted as some key partners (including Guernsey Mind) have been working with this population on specific programmes related to mental wellbeing.

As mental health and wellbeing is a collaborative responsibility, there is joint accountability for the progress of this Strategy. Responsibility for the Strategy will sit within the Committee for Health & Social Care (CfHSC), which will subsequently report to the Policy & Resources Committee. Day to day, management of the Strategy will be through the Mental Health and Wellbeing Steering Group and coordinated through Public Health Services. The terms of reference for the Steering Group are detailed in Appendix 2. All those involved in the Strategy are ultimately accountable to the populations of Guernsey and Alderney and have a duty to work collaboratively to improve services that best serve the population.

Annual reports will be submitted to the CfHSC and will provide updates not only on Health & Social Care services but also on the direction of the Strategy as a whole, including all partners within the Bailiwick and signpost to updates provided in other strategies. These will also be made publicly available.

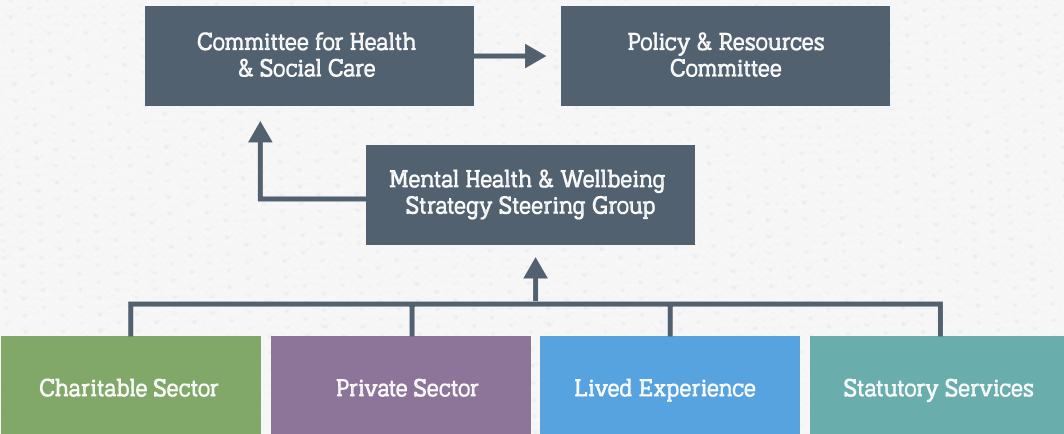


Figure 10: Governance of the Mental Health and Wellbeing Strategy



8 Glossary of Key Terms⁴⁵

Mental health

A state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.⁴⁶

⁴⁵ Based on Mental Health Foundation Strategy 2020-2025

⁴⁶ WHO, 2022

Wellbeing

Wellbeing, put simply, is about ‘how we are doing’ as individuals, communities and as a nation and how sustainable this is for the future. Locally, this is measured through the five-yearly Wellbeing Survey conducted by Public Health Services.

Mental illness and disorder

Mental disorder is characterized by a clinically significant disturbance in an individual’s cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm.

Public mental health

The art and science of improving mental health and wellbeing and preventing mental health problems through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.

Health inequalities

Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic and other factors. These differences can be in relation to prevalence, access to, experience and quality of care and support, as well as opportunities and outcomes. Health inequalities can cause reduced quality of life, poorer health outcomes and early death for many people.

⁴⁷ Public Health England, n.d.

Prevention

Action which aims to increase the protective factors for good mental health and wellbeing or reduce the risk of experiencing poor mental health, including supporting people with and without mental health problems to stay well.

Wider determinants of health⁴⁷

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people’s health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.



Appendix 1

Mental Health and Wellbeing Strategy:
Indicators and actions

PILLAR 1: UNDERSTANDING AND COLLATING BAILIWICK DATASETS			
ID		SOURCE	REPORTING FREQUENCY
1.1	Self-reported mental / emotional health condition	Wellbeing Survey	Five yearly
1.2	Self-reported low mental wellbeing	Wellbeing Survey	Five yearly
1.3	Self-reported emotional and social loneliness (De Jong Gierveld loneliness scale)	Wellbeing Survey	Five yearly
1.4	Change in expected life satisfaction	Wellbeing Survey	Five yearly
1.5	Mental wellbeing scores (SWEMWBS)	Wellbeing Survey	Five yearly
1.6	Self-reported large amount of stress in the last 12 months	Wellbeing Survey	Fice yearly
1.7	% who said that cost had stopped them visiting the GP in the last 12 months	Wellbeing Survey	Five yearly
1.8	Pupil self-esteem (School years 6, 8 and 10)	Young People’s Survey	Three yearly
1.9	Reported experiences of bullying (School years 8 and 10)	Young People’s Survey	Three yearly
1.10	Self-reported pupil happiness (School years 8 and 10)	Young People’s Survey	Three yearly
1.11	Internet safety (School years 6, 8 and 10)	Young People’s Survey	Three yearly
1.12	Number of referrals and individuals engaged with link workers at Bailiwick Social Prescribing	Bailiwick Social Prescribing	Annually
1.13	Numbers of people accessing support from Guernsey Mind	Guernsey Mind	Annually
1.14	Numbers of people accessing support from Guernsey Bereavement Service	Guernsey Bereavement Service	Annually
1.15	Numbers of people accessing support from Citizens Advice Guernsey regarding mental health and wellbeing	Citizens Advice Guernsey	Annually
1.16	Update from Talking Benches	Talking Benches Guernsey	Annually
1.17	Number of 1:1 sessions delivered by the Youth Commission supporting young people with their emotional health and wellbeing	Wellbeing Team, Youth Commission	Annually
1.18	Number of 1:1 sessions delivered by the Guernsey Sports Commission supporting young people to be physically active and achieve positive mental health outcomes.	Sports Commission	Annually
1.19	Number of children in receipt of sports vouchers enabling them to join accredited community sports clubs holding Sports Mark accreditation	Sports Commission	Annually
1.20	Data from MESCH (targeted early years family support)	Maternal Early Childhood Sustained Home Visiting (MECSH) Programme	Annually
1.21	Mental health and emotional wellbeing of school aged children interacting with School Nurse Services	Mental Health School Nurse Services	Annually

1.22	Numbers of qualified Emotional Literacy Support Assistants (ELSAs) working in that role in States Education settings (for at least 1.5 days per week)	Education Services	Annually
1.23	Numbers of Mental Health First Aid Champions (MHFA England Youth course) in States Education settings	Education Services	Annually
1.24	Data from Primary Care	Primary Care	To be confirmed
1.25	Annual number of prescriptions for Sertraline, Citalopram, Fluoxetine, Venlafaxine, Mirtazapine	Prescribing Support Unit	To be confirmed
1.26	Numbers of people accessing Healthy Minds	Healthy Minds	Annually
1.27	Emergency Department attendances due to self-harm (all ages and under 18)	Emergency Department / Business Intelligence	Annually
1.28	Emergency Department admissions as a result of attempted suicide (overall and as a result of intentional overdose)	Emergency Department / Business Intelligence	Annually
1.29	Number of mental health related Emergency Department admissions	Emergency Department / Business Intelligence	Annually
1.30	Number of section 92 admissions to the Emergency Department	Emergency Department / Business Intelligence	Annually
1.31	Number of mental health incidents attended by Bailiwick Law Enforcement, as defined by Mental Health Monitoring Form	Bailiwick Law Enforcement	Annually
1.32	Specialist Mental Health Services – accepted referrals	Specialist Mental Health Services	Annually
1.33	Specialist Mental Health Services – bed occupancy	Specialist Mental Health Services	Annually
1.34	Specialist Mental Health Services - admissions due to cannabis induced psychosis	Specialist Mental Health Services	Annually
1.35	Specialist Mental Health Services – patients detained under sections 21 and 24 of The Mental Health (Bailiwick of Guernsey) Law, 2010.	Specialist Mental Health Services	Annually
1.36	Number of bed days related to child and adolescent mental health admission	Child and Adolescent Mental Health Services	Annually
1.37	CAMHS referrals	Child and Adolescent Mental Health Services	Annually
1.38	Therapy commencing within three months of acceptance into the service (Psychological therapies department)	Specialist Mental Health Services	Annually
1.39	Numbers of referrals, numbers accepted for assessment and entering treatment with breakdown of primary substance issue	Community Drug and Alcohol Team (CDAT)	Annually
1.40	Reported mental health condition prevalence in Guernsey prison	Prison Healthcare	Annually
1.41	Deaths from suicide or injury of undetermined intent	Health intelligence unit, Public Health	Annually
1.42	% who couldn’t afford an unexpected but necessary expense of £100 and £1000	Wellbeing Survey	Five yearly
1.43	People accessing support from Guernsey Community Savings	Guernsey Community Savings	Annually
1.44	Household income per capita	Better Life Index - Data & Analysis	Annually

1.45	Employment rate (ages 25 to 64)	Better Life Index - Data & Analysis	Annually
1.46	Household Expenditure as percentage of disposable income	Better Life Index - Data & Analysis	Annually
1.47	Income deprivation indicators and index	Guernsey Indicators of Poverty Report - Data & Analysis	Annually
1.48	Employment deprivation indicators and index	Guernsey Indicators of Poverty Report - Data & Analysis	Annually
1.49	Education deprivation indicators and index	Guernsey Indicators of Poverty Report - Data & Analysis	Annually
1.50	Housing deprivation indicators and index	Guernsey Indicators of Poverty Report - Data & Analysis	Annually
1.51	Environmental deprivation indicators and index	Guernsey Indicators of Poverty Report - Data & Analysis	Annually
1.52	Relative income equality: Gini coefficient	Guernsey Household Income Report - Data & Analysis	Annually
1.53	Supporting Occupational Health & Wellbeing (SOHWELL) data	SOHWELL teams	Annually
1.54	Collation of Alderney specific data		Annually

PILLAR 2: AWARENESS, ACCESS AND EARLY INTERVENTION

ID	ACTION	ACTION LEAD	CONTEXT
2.1	Create a complete directory of mental health and wellbeing services across the community and make available through a range of media.	Mental Health and Wellbeing Steering Group	To provide an easily accessible guide to available mental health and wellbeing services available in Guernsey and Alderney.
2.2	Agree and map an Island wide network of care pathways and referral criteria for service delivery throughout the model.	Mental Health and Wellbeing Steering Group	To provide clarity to those working within mental health and wellbeing of care pathways and referral criteria, as well as a publicly available version. Potential for regular training on these pathways and thresholds for joint understanding.
2.3	Social and traditional media strategies developed for mental health awareness week and across the year, including variety of posts from general mental wellbeing to services available, with impressions and engagement measured where possible to understand impact of posts for future improvements.	Mental Health and Wellbeing Steering Group, States of Guernsey Communications Team	To raise awareness of specific services that are available, outside of official Mental Health awareness weeks which services can also utilise to advertise their offering.
2.4	Promote the development and adoption of policies (by Employers) regarding mental health in the workplace.	Mental Health and Wellbeing Steering Group	In recognition of the role of the workplace in wellbeing and encouraging development of wellbeing policies within workplaces.
2.5	Public Health campaign to raise awareness of personality disorders, particularly EUPD as these are not well understood by the public and employers.	Mental Health and Wellbeing Steering Group	Gap identified as part of 2022 Gedze review.
2.6	Rolling awareness programmes for children and young people such as Mental Health Awareness Week, Children's Mental Health Week and World Mental Health Day.	Youth Commission	To track programmes which are already in place and being delivered and enable joint working.
2.7	Social and traditional media strategies developed for mental health awareness and stigma reduction in local minority communities.	Mental Health and Wellbeing Steering Group	To track programmes which are already in place and being delivered and enable joint working.
2.8	Ongoing training, awareness and stigma reduction in the community.	Mental Health and Wellbeing Steering Group	To track programmes which are already in place and being delivered and enable joint working.
2.9	Ongoing training in the workplace: e.g. Blue Lights Programme, Mental Health First Aid.	Mental Health and Wellbeing Steering Group	To track programmes which are already in place and being delivered and enable joint working.
2.10	Develop information and guidance for people looking to safely access formally accredited private therapy on-island.	Mental Health and Wellbeing Steering Group	As there is no formal regulation of care, this guidance will provide members of the public with information to safely access therapists who are formally accredited
2.11	Implementation of Education's Code of Practice of Special Educational Needs.	Education Services	As part of existing work within Education Services.
2.12	Continue to develop and incorporate voices of those with lived experience into service developments.	Mental Health and Wellbeing Steering Group	In order to understand and respond to voices of islanders and service users regarding their services and care.



PILLAR 3: SERVICE IMPROVEMENTS			
ID	ACTION	ACTION LEAD	CONTEXT
3.1	Introduce a programme of mental health in all policies (mHIAP) where mental health impacts of all policies are considered	Mental Health and Wellbeing Steering Group	As part of existing work within Public Health
3.2	Development of the perinatal mental health pathway.	Maternity Services, Specialist Mental Health Services	Committed to in Children & Young People's Plan.
3.3	Joint work with Health & Social Care and Employment & Social Security to investigate integrated services for children and families.	Education Services, Health & Social Care	Committed to in an Education Strategy workstream.
3.4	Joint work with Health & Social Care to focus on positive outcomes for children in care	Education Services, Health & Social Care	Committed to in an Education Strategy workstream.
3.5	Implement Education's Positive MHWB Policy to ensure the MHWB needs of all stakeholders are addressed.	Education Services	Committed to in an Education Strategy workstream.
3.6	Development of the Early Help scheme.	Children and Family Community Services	As part of existing work within Children and Family Community Services.
3.7	Evaluate pilot for 'Emotional support and signposting for young adults' and plan next steps for ongoing service provision if required in addition to existing provision.	Mental Health and Wellbeing Steering Group	Recommendation from 2022 Gedze Review.
3.8	Define and map support services for children and young people with developmental trauma, including those affected by domestic abuse.	Mental Health and Wellbeing Steering Group	Recommendation from 2022 Gedze Review.
3.9	CAMHS and the ASD pathway to develop closer links to improve service user experience.	Mental Health & Wellbeing Steering Group	Existing initiative within Child and Adolescent Mental Health Services to forge better links and pilot joint working. This may include consideration of a Neurodiversity Strategy for the Bailiwick instead of solely an Autism Strategy.
3.10	An increase in numbers of 'Active Health members' and those attending specialist classes.	Active-8 Inclusion Officer	Committed to in Activ-8: A Plan for Sport Strategy.
3.11	Develop and implement 'Supported Self-help' for adults in Guernsey and Alderney.	Guernsey Mind	Existing project within Guernsey Mind.
3.12	Develop a Primary Care Liaison Service, to support General Practitioners in managing those who present with mental health problems. This would be primarily a consultation-based service, with some ability to carry out diagnostic assessments to give advice in management.	Primary Care, Specialist Mental Health Services	Raised by Primary Care representative, to improve service user and GP experience when referring to Specialist Mental Health Services.
3.13	Expand the Healthy Minds service to include longer term therapies for developmental trauma.	Healthy Minds	Recommendation from 2022 Gedze Review.
3.14	Assessment of staffing resource and capacity within Healthy Minds.	Healthy Minds	As part of existing work within Public Health Services

3.15	Develop psychologist services for those with long-term conditions and medically unexplained symptoms.	Specialist Mental Health Services	Recommendation from 2022 Gedze Review.
3.16	Continue to explore ways of increasing capacity for specialist psychological assessment and intervention for autistic adults through the Community Learning Disability and Autism Team, as current availability of this service does not meet demand.	Community Learning Disability & Autism Team	Recommendation from 2022 Gedze Review.
3.17	Investigate provision of on-island electroconvulsive therapy (ECT).	Specialist Mental Health Services	Recommendation from 2022 Gedze Review.
3.18	Continue developing and improving working relationships between the Emergency Department, Specialist Mental Health Services and Bailiwick Law Enforcement.	Mental Health and Wellbeing Steering Group	Identified gap in 2022 Gedze Review, part of ongoing work within Emergency Department, Specialist Mental Health Services and Bailiwick Law Enforcement.
3.19	Develop a working group to establish plan for self-access route to mental health support out of hours, as identified by the public and emergency services.	Mental Health and Wellbeing Steering Group	Recommendation from 2022 Gedze Review.
3.20	Develop a working group to include the Police, Emergency Department and Specialist Mental Health Services to better understanding pathways around crisis provision for people that require support out of hours.	Mental Health and Wellbeing Steering Group	Recommendation from 2022 Gedze Review.
3.21	Upskill police to build confidence in responding to mental health calls.	Bailiwick Law Enforcement	As part of existing work within Bailiwick Law Enforcement.
3.22	Continue prison specific mental health training for staff.	Prison Service	As part of existing work within Guernsey Prison.
3.23	Investigate in-reach and integration of Healthy Minds Service into Prison mental health service provision.	Prison Service and Healthy Minds	As part of existing work within Guernsey Prison.
3.24	Supporting Occupational Health & Wellbeing Projects.	SOHWELL Programme Team	As part of existing work within SOHWELL Programme.
3.25	Specific training for those identified as having contact with those bereaved by suicide, alongside development of a package of support available for access.	Talking Benches Guernsey	As part of existing work within Talking Benches.
3.26	Establish a working group to clarify pathway of data submission and feedback from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) to develop further required actions to target suicide prevention.	Mental Health and Wellbeing Steering Group	In response to 2023 Mortality report and rising rates of death by suicide and injuries of undetermined intent.

PILLAR 4: RESPONDING TO RECOMMENDATIONS OF EXTERNAL REVIEWS			
ID	ACTION	ACTION LEAD	CONTEXT
4.1	The [Specialist Mental Health] service considers how to make the Oberlands feel more welcoming and to offer support and signposting to family members as appropriate.	Specialist Mental Health Services	Recommendation from 2022 Gedze Review
4.2	Recruitment and retention incentives [for Specialist Mental Health Services] to be reviewed and exit interviews to be offered.	Specialist Mental Health Services	Recommendation from 2022 Gedze Review
4.3	A system for regulating therapists practising on the island is considered.	Committee for Health & Social Care	Committed to in an Education Strategy workstream.
4.4	The service develops clear criteria in line with the strategy for mental health and wellbeing and maintains boundaries. Public health and other partners should reinforce this approach and help people to access support appropriately and reduce dependence on statutory services.	Mental Health and Wellbeing Steering Group	Recommendation from 2018 Gedze Review
4.5	Clarify the diagnostic pathways for autism (for children and young people) and ensure the retention of an on-island Clinical Lead so that the ASD diagnostic service is able to become sustainable within Guernsey and Alderney.	Autism Diagnostic Service	Guernsey and Alderney SEND review recommendation 2
4.6	Ensure that existing anti-bullying initiatives have a sufficient focus on SEND and inclusion.	Education Services	Guernsey and Alderney SEND review recommendation 5 Committed to in an Education Strategy Workstream
4.7	Ensure that each school has a full-time SENCO (i.e. non-teaching) who is part of the senior leadership team. Where appropriate, an Assistant SENCO or administrative support should also be put in place. The SENCO should play a key role in the development of universal provision and in ensuring the accurate and timely identification of SEND.	Education Services	Guernsey and Alderney SEND review recommendation 10 Committed to in an Education Strategy Workstream
4.8	There should be greater strategic and operational alignment between Education Services and Health and Social Care Services. Where appropriate, teams should be co-located, and budgets should be pooled to improve efficiency and to improve the experience of families.	Education Services	Guernsey and Alderney SEND review recommendation 15 Committed to in an Education Strategy Workstream

Appendix 2

Mental Health and Wellbeing Steering Group Terms of Reference

Purpose

The steering group exists to:

- Oversee the reinvigoration of the Mental Health and Wellbeing Strategy (MHWBS), previously known as the Mental Health and Wellbeing Plan, which was placed on hold during the pandemic.
- Once the strategy refresh has been completed, to oversee its implementation. This will include recommendations from both the 2022 and 2018 Gedze reviews.
- Contribute knowledge and perspective on the evidence base relating to priority areas identified within the Strategy.
- Maintain the MHWB service map and ongoing gap analysis.

Membership

The Chair of the group is likely to change after the MHWBS refresh in order to better service strategic implementation of KPIs.

	TITLE/AREA	GROUP ROLE	RESPONSIBILITIES
Dr Nicola Brink	Director of Public Health	Interim Chair	Chairs the meetings, provides leadership and oversees implementation of the Strategy.
Dr Dominic Bishop	Clinical Director, Specialist Mental Health Services	Members	Providing specialist advice and leading on operational change in respective area.
Alex Hawkins-Drew	Associate Director of Public Health, with responsibility for Health Visitors, School Nurses and Community Paediatric Nursing	Member	Providing specialist advice and leading on operational change in respective area.
Sian Ogier	Associate Director Specialist Mental Health Services	Member	Providing specialist advice and leading on operational change in respective area.
Liam Johnson	Bailiwick Law Enforcement, Lead for Mental Health	Member	Link between mental health and Bailiwick Law Enforcement.
Andrew Ingrouille	Business Representative	Member	Advice as expert in the business community.
Sarah Mead Ben Newell	Child and Adolescent Mental Health Services (CAMHS)	Member	Providing specialist advice and leading on operational change in respective area.

Jo Ogier	Children & Family Community Services	Member	Providing specialist advice and leading on operational change in respective area.
Dr Neil Wright Jeff Evans	Community Drug and Alcohol Team (CDAT)	Member	Providing specialist advice and leading on operational change in respective area.
Jim Roberts	Community Foundation	Member	Link between mental health and wellbeing and the community.
Nicky Thomas	Community Mental Health Services	Member	Providing specialist advice and leading on operational change in respective area.
Jo Cottell	Guernsey Mind	Member	Providing specialist third sector advice.
Anita Gaudion	Head of HR and Organisational Development	Member	Link between mental health and States of Guernsey HR.
Rachel Sykes	Health, Personal Development and Partnership Officer for Education	Member	Link between mental health and education.
Dr Beverly Tachon	Healthy Minds	Member	Providing specialist advice and leading on operational change in respective area.
Anna Bowditch	Lay person with lived experience	Member	Advice as expert in their own lived experience.
Philippa Le Vasseur	Lead Nurse, Emergency Care and Outpatients (inc. Prison Service)	Member	Providing specialist advice and leading on operational change in respective area.
Deputy Marc Leadbeater	Member of the Committe <i>for</i> Health & Social Care	Member	Political link and oversight.
Dr Mike McCarthy	Primary Care Lead	Member	Providing Primary Care input and link to primary care services.
Heather Ewert	Public Health Programme Manager	Member	Day to day management of the Mental Health & Wellbeing Strategy Steering Group and progress implementation.
Amy Sharpe	Public Health Project Manager	Member	Assist with day to day management of the Mental Health & Wellbeing Strategy Steering Group and progress implementation.
Emma Walton	Senior Communications Officer	Member	Link to internal States of Guernsey and external public communications.
Representative Ian Carter	States of Alderney Representative	Member	Link to States of Alderney and link to Alderney community.
Deputy Lester Queripel	People’s Deputy, Vice-Preseident of the States Assembly and Constitution Committee	Member	Link to States Assembly and population of Guernsey.
Community Representation		Co-opted as required	
Other Statutory Representation		Co-opted as required	

Sharon Boerenbecker	Sark Island Safeguarding Officer	Observer
Dr Simone Borchardt	Sark Medical Officer of Health	Observer
Colum Durkan	Jersey Consultant in Public Health, Strategic Policy, Planning and Performance	Observer

Stakeholder Reference Groups

The group will also regularly engage with existing stakeholder groups and invite representatives from other organisations and professionals from across community, Health & Social Care and other States of Guernsey Departments to participate. Invitees will be determined on a case-by-case basis, but may include:

- Private sector providers
- Statutory service providers such as specific school representatives
- Lead officers from responsible Committees that work alongside or provide related services
- Voluntary sector organisations

Service User Engagement

The team will regularly receive feedback from service users via the lived experience member of the group and from Guernsey Mind and the Community Foundation as the community link.

Governance

The MHWBS Action Group will report to the Committee for Health & Social Care, as the lead political Committee through regular reporting as set out in the MHWBS. This will initially be once a quarter, moving to annual reporting in the medium term. Public communications will be informed via the States of Guernsey Communications link. A member of the Committee for Health & Social Care will also be invited to all meetings to provide political representation and oversight.

For meetings to be quorate, eight members of the group need to be in attendance.

Frequency

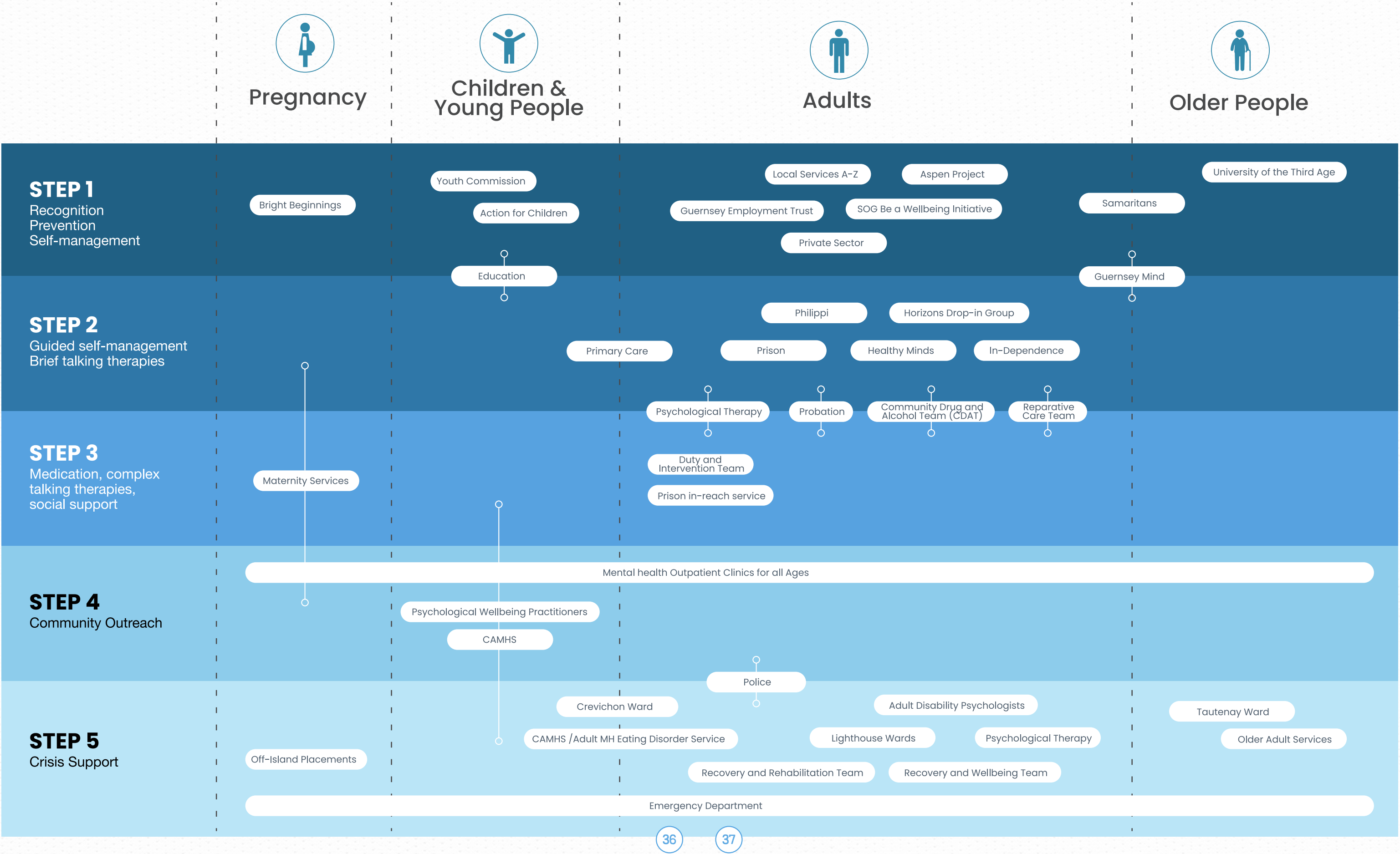
It is proposed that meetings are held monthly for the first three months, and then the frequency will be as agreed by the group. The first meeting will be held in Q4 of 2022.

Appendix 3

Mental Health & Wellbeing Service Mapping (2022)

N.B A full refresh of service mapping has not occurred since September 2022. As part of the Strategy this mapping exercise will be updated and built upon, as in action 2.2 of Appendix 1.

Details for each of the services are listed overleaf.



Action for Children

Adult disability psychologist

Sits within LD service

Aspen Project

Monthly support drop-in run by and for survivors of childhood sexual abuse

Bright Beginnings

CAMHS

Provision of comprehensive specialist assessment and treatment of significant mental health problems in children and young people. Flexible and accessible care with varying intensity adapted to need; responsive and timely in order to address both acute/ urgent and more enduring presenta-tions of significant mental health need.

Treatment approaches offered include: Evidence based individual, group and family based psychological therapies. Working as part of the overall team, CAMHS psychiatrists provide specialist medical/psychiatric input for specific mental health illnesses. Specific therapies available include: CBT, Family Therapy, Interpersonal Psychotherapy (IPT), EMDR, Dialectical Behaviour Thera-pies (DBT & RODBT).

Psychological Wellbeing Practitioners: provide time limited psychological therapies for mild to moderate mental health problems in conjunction with a named clinician, joint working in complex cases.

CAMHS / Adult MH Eating Disorder Service

Supported by Central and North West London (CNWL) MH Services

Community Drug and Alcohol Team (CDAT)

Work with people aged 18+ who have problematic and harmful alcohol and/ or opiate dependence.

MDT working, also do relapse prevention work and provide practical support.

Crevichon Ward

17 bed general adult ward and ability to look after older adolescents or people with learning difficulties in the short term.

Duty and Intervention Team

- Gateway into secondary adult mental health receiving referrals from GP, ED, Prison, Police and Wards at PEH
- Assess and provide short term intervention or allocate to appropriate team e.g. RAWs, Psychological Services, HSC Support Groups and voluntary community services
- Assess within 24 hours for emergency referrals and within the working week for urgent referrals

Education

- Positive Mental Health & Wellbeing in Education Policy
- SEND Code of Practice
- Workstreams within the Education Strategy

Emergency Department

Although ED has no dedicated place of safety, this is usually the default for patients presenting with distress / self harm. Initial assessment and management of self harm / intoxicated patient. Onward referral as appropriate.

Guernsey Employment Trust

Assists those with anxiety and depression to find work

Guernsey Mind

- Independent charity with the goal to promote mental health for the community by campaigning locally to improve services, raise awareness and encourage understanding
- Campaigns include Stop Male Suicide, Team Talk, Express Yourself
- Launching campaigns: Mums and Dads Matter and Blue Lights Porgamme
- Developing a mental wellbeing club including Hope Singer Choir, signposting and advocacy
- Workplace training

Healthy Minds

GP referral and self-referral for skills based intervention for all people aged 17 and over. Guided self-help, workshops and computerised CBT.

High intensity therapies including CBT, counselling EDMR for short periods of intervention

Horizons Drop-In Group

For all mental health service users promoting support, security and social isolation in a venue that is accessible for the wider community. Held six days a week for 2 hours. Facilitated by the Recovery and Wellbeing Service

In-Dependence

Support those affected by drugs, alcohol, or gambling and to minimise related harms through education, prevention, and counselling

Lighthouse Wards

Three 20 bed wards for adults with complex physical and / or mental health problems. Usually for long-stay patients

Local Services

- Alcoholics Anonymous
- Alzheimer’s Society Guernsey
- Breaking Free Group
- Caring for Ex-Offenders
- Citizens Advice Bureau
- Esperance
- Gamblers’ Support Group
- GSF Mental Health Fellowship
- Guernsey Bereavement Service
- Guernsey Welfare Service
- Guernsey Women’s Refuge
- Headway Guernsey
- Health Connections
- Home-start Guernsey
- Liberate
- LifeFit
- L’Vair
- Makerspace
- Man Club Guernsey
- Mental Health Service User Group
- Men’s Shed Guernsey
- Overeaters Anonymous
- PND Support Group
- Relate
- Safer
- Samaritans for Guernsey
- Styx Centre
- GAAS
- Trinity Cafe & Community Centre
- Victim Support and Witness Service
- Walk and Talk
- Wellbeing Animals Guernsey

.....

Maternity Services

- Women can indicate a MH history at presentation with midwife / obstetriciann. WHOOLEY and GAD scoring. If reach a certain level trigger support
- Maternal Early Childhood Sustained Home Visiting (MECSHI), not a universal service (domestic abuse, looked after parent, young parent, drug and alcohol misuse)
- Beyind Blue: perinatal mental health support service
- Evidence based ‘Mellow’ programmes (Parenting, Dads, Families)

Community Mental Health Nurse specialising in perinatal problems

.....

Mental Health Outpatient for all ages

.....

Off-Island Placements

Small number supported off-island for intensive treatment, secure rehabilitation and in some cases containment. Women with post-partum psychosis sent to UK for appropriate

.....

Older adult services

Including Memory clinic and Dementia MDT

.....

Philippi

Accessible counselling service for wide variety of needs with open referral system. Cost on an ability to pay

.....

Police

- Policing in line with the Mental Health Law around incidents in the public domain
- Supporting professional agencies when dealing with Mental Health Law detentions and assessments
- Supporting partner agencies and the public when dealing with immediate threats to life

.....

Primary Care

- Prevention, good knowledge of patient and their circumstance
- Normal variation of mood, signpost to appropriate resources and assist with self-management
- Refer to Healthy Minds, Philippi, bereavement counselling, MIND for short term intervention depending on circumstances
- Can refer for private counselling (currently unregulated)
- Prescription of medication and follow up
- Refer to secondary care

.....

Prison

Wide variety of programmes including ‘self-management and recovery training’ run by drug concern, an in house psychotherapist and referrals to family and couple therapist

.....

Prison in-reach service supported

Supported by a psychologist and psychiatrist

.....

Private Sector

- Larger employers will have policies of their own. Local or smaller firms may not have such practical policies in place.
- CIPD & Mind ran a survey on MH and Wellbeing in the workplace which may be repeated in future to view trends over time. Compares to UK figures.

.....

Probation

Work with offenders in prison and after release on emotion regulation, anger management etc. through individualised programmes. Also run domestic abuse programmes for convicted and non-convicted people

.....

Psychological Therapy

For those who meet criteria for secondary care adult mental health service

- CBT
- Family & Systemic Psychotherapy
- Cognitive analytic Therapy
- Humanistic and Integrative Psychotherapies
- Existential Psychotherapy
- Mindfulness based therapies
- EMDR
- Art Therapy
- Adult disability psychologist as part of the Learning Disability Team Learning Disability Team

.....

Recovery and Rehabilitation Team

Delivers flexible assertive community treatment to patients suffering with severe mental illness, who require intensive treatment and interventions. Often long term engagement with the service. Available 7 days a week, 12 hours a day. Step-down program for those coming back from off-island treatment

Recovery and Wellbeing Service

The service believes in the benefit of working collaboratively with people to encompass a holistic approach to wellbeing. The team consists of occupational therapists, mental health nurses, Support Time & Recovery workers and health trainers, offering a range of groups and individual sessions.

Reparative Care Team

- Work with children in care, fostered and adopted children and families
- Therapeutic parenting, trauma therapy with children
- Have a specific pathway for all sexually abused children

Samaritans

Free, confidential support for people in distress

SoG Be a Wellbeing Initiative

Phased return to work policy. Can refer employees for short term therapies.

Employee Assistance Programme for all staff and their families provides 24hr telephone assistance

Tautenay Ward

Eight bed older adult (75+) mental health assessmentward. Majority of inpatients have some degree of dementia

University of the Third Age

Youth Commission

Support for those aged 10-18. Self-referral but also referral from agencies

Children’s bereavement services, supervised by CAMHS

Staff are trained in variety of therapies including CBT, solution-focussed therapy



States of
Guernsey