Children and Young People Emotional Wellbeing and Mental Health Strategy

2021-2025

JERSEY PUTTING CHILDREN FIRST

Government of JERSEY

Contents

Ministerial Forward

Children and Young People Emotional Wellbeing and Mental Health Strategy 2021-2025

Mental ill health is a significant challenge in Jersey. Too many children and young people struggle with their wellbeing and mental health and they often report finding it difficult to get the help and support they need, when they need it. This last year has been particularly challenging and we can expect that this will contribute further to an increase in children and young people's mental health needs.

Putting children first is the top priority of the Government of Jersey, with emotional wellbeing and mental health of children and young people a focus This draft strategy intends to provide a direction of travel, to support and promote good mental health; provide early intervention to prevent serious mental illness, and to provide the right response when children and young people need help and support.

To drive the change needed, this draft strategy sets out 16 key, high-level actions under four overarching themes:

1. 'Everybody promotes good wellbeing and mental health, by thinking about mental health in the same way to physical health and making it as easy as possible to get help early without feeling embarrassed or awkward'. This is key to ensuring we put the right conditions in place to support our children and young people to stay mentally well throughout their lives.
2. 'It's easy for you to find out who can help and what support is available' will help destigmatise access to mental health services.
3. 'You get the right help and support, at the right time and in the right place' covers a range of service improvements that ensures better access to support when it is needed, putting the child, young person and family's needs right at the centre.
4. 'We listen to you about what helps, and this helps us to improve the quality of our services' ensures we listen to and engage with children, young people and their families with the aim of improving outcomes.

Although we started the development of this strategy before Covid-19 we must not underestimate the additional impact that the pandemic has had on the mental health and wellbeing of children, young people and families. It is therefore more important than ever that we consider what we want our children and young people's mental health services to look like in the future, based on evidence of best practice. We must take the opportunity to build high quality services, improving and transforming current arrangements.

I would like to thank all those who have been involved in developing this draft strategy. Your voice, your experience, your expertise and your input have been instrumental in getting us to this point, and this work would have been the poorer without you.

Deputy Trevor Pointon

Assistant Minister for Children and Education
Political Oversight of Child and Adolescent Mental Health Service (CAMHS)

Introduction

The mental health needs of children and young people in Jersey are met through several Government services such as the Child and Adolescent Mental Health Service (CAMHS). The wider emotional wellbeing and mental health support system includes voluntary and community partners and universal services including but not limited to Primary Care, Youth Service, Schools, Colleges and Early Years settings. Effective support requires strong joint working across all these partners to help children, young people and their families access the right advice and support when they need it.

The CAMHS service has been in its current form for many years, the service moved from the Health and Community Services (HCS) Department in 2019 and now sits within the newly formed Children, Young People, Education and Skills (CYPES) Department. The intention in creating CYPES was to integrate all children and family activity under one new department and work began in earnest in November 2019 to develop a new model of emotional wellbeing and mental health support for children, young people, and families in Jersey.

This draft Children and Young People Emotional Wellbeing and Mental Health Strategy and the new model of care was co-produced over a period of fifteen months, with extensive input and direction from a wide range of stakeholders. This included around 65 children and young people with lived experience through a survey and workshop, over 300 parents and carers and strong engagement with community and voluntary organisations, professionals, politicians, and governmental departments.

Broad consultation and engagement have been a key principle in developing this strategy. Unfortunately, social distancing constraints associated with the COVID-19 pandemic meant that the more usual methods of co-production, such as face to face meetings, focus groups and engagement events, were only partially possible and were substituted by online workshops during the pandemic restrictions.

Four parent and carer stakeholder engagement events took place between November 2019 and January 2020. A workshop was held with Youthful Minds (Mind Jersey) on the 24 February 2020. The message was clear- 'Please stop consulting, we are always asked to give our views, and we have told you time and time again what to do. Please just get on with it.'

Subsequently a wider stakeholder workshop took place on the 25 February involving over 100 people, with the Director General of Children, Young People, Education and Skills (CYPES) Mark Rogers, opening the event. This workshop provided attendees with the opportunity to contribute to the policy development process from the beginning. Input was sought on the important elements for inclusion in the draft vision, and key issues that should be addressed under 6 key, headline areas:

- Best Start- Perinatal and Early Years Mental Health
- Community Approaches to Prevention and Early Intervention
- Neurodevelopmental Pathway Redesign
- Trauma and Intensive Support
- Crisis, Out of Hours, and Inpatient Services
- Transitioning into Adult Services

The feedback and input received was of very high quality and plentiful and has informed the development of the vision and action plan included in this draft Strategy. One subject that was identified throughout the redesign was the increasing pressure on CAMHS to support those with lower

level mental health needs as well as those with more acute and enduring needs, with insufficient resource to do so effectively.

The global pandemic and the island's response in 2020 meant that work has been delayed on this strategy development. However, we have now been able to consider the impact of the pandemic on children and families and what that means for our service planning.

We were able to hold a second face to face event on the 23 to the 25 September, where there was an opportunity to present an early draft vision of the key themes and to further develop the model of care. The third and final workshops were held online between the 27 and 29 January 2021. The workshops were supplemented by a lead from different agencies taking forward meetings and discussions with a wide range of stakeholders on specific points during the strategy development process.

In addition, three surveys were developed, a children and young person's version, a parent and carer version and a professional survey. In total there were over 450 responses to these surveys. Feedback from these surveys have informed the future proposed model of care.

The new model puts in place transformed services based on assessment of local need, stakeholder feedback including children and young people, parents and carers and professional feedback from those working across the support system.

The new model takes a whole system approach; from promoting prevention and early intervention with the aim of reducing escalation of need and improving outcomes for children, young people and their families to the intensive support required for more complex cases being available over a seven day period.

The model is based around the Thrive model[1]- a whole system mental health framework which identifies the sort of support, groups of children and young people may need, and tries to draw a clearer distinction between treatment on the one hand and support on the other. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach to meet their needs. The new model of care reflects many of the themes identified through the engagement events and will ensure that the key priority headline areas identified above remain at the forefront.

The vision is that all Jersey's children and young people are **happy and thriving — able to enjoy the best mental health and wellbeing.**

Our vision is a society where all children and young people enjoy a happy, confident childhood, to thrive and to achieve their potential, to grow into adults who can cope with the demands of daily life and contribute to life in full.

We aspire to ensure:

- *everyone is supported to be resilient, so they have good mental health*
- *everyone knows where to get support*
- *everyone who asks, gets support quickly*
- *the support people get is based on treatments that work*

[1] For further information see: www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

- *everyone is listened to and involved in decisions that affect them*

Children, young people, and families in Jersey will be supported to be well and resilient by focusing on what good mental health and wellbeing is. If you need support, you won't feel embarrassed to ask for it and it will be available as soon as you need it. No one should be on long waiting lists, and services will work together so you only have to tell your story once. Services will be good quality, based on evidence of what works and help you to become well again. They will be offered in the right place and at the right time. We want to get people thinking of mental health the same way they do physical health. If you need help, you can freely ask for it without feeling worried or embarrassed.

The Strategy explains how we plan to achieve this vision over a four-year period from 2021 to 2025, by putting funding into a wider range of community and government services to keep children and young people mentally healthy, prevent mental health problems from starting, to provide support much earlier and ensure sufficient intensive resource is available for more complex cases. We will measure the impact that these changes make on being able to deliver the vision and the 16-point action plan around 4 key themes.

Theme One: Everybody promotes good wellbeing and mental health, by thinking about mental health in the same way to physical health and making it as simple as possible to get help early without feeling embarrassed or awkward

Theme Two: It's easy for you to find out who can help and what support is available

Theme Three: You get the right help and support, at the right time and in the right place

Theme Four: We listen to you about what helps, and this helps us to improve the quality of our services

Children and Young People's Mental Health in Jersey

Strategic context

In both Jersey and indeed across the globe mental health need has been increasing. Data from England shows that the number of children and young people aged 5-16 presenting with probable mental health disorders has risen from 1 in 9 in 2017 to 1 in 6 in 2020.[2]

Growing and increasingly complex mental health need has been a concern for Jersey's Government for several years. The Mental Health Strategy 2016-2020[3] and the subsequent Mental Health Improvement Plan detailed the areas for development, however little attention and investment has been given specifically to children and young people's mental health. The Assessment of Mental Health Services (Health & Social Security Panel, March 2019)[4] further scrutinised mental health in Jersey, proposing the following areas of focus:

- Co-produce services together
- Mental health is everybody's business
- Parity of esteem between physical and mental health
- Better support in a crisis
- Improved transition arrangements

The Children and Young People's Plan 2019-2023[5] identified five guiding principles that underpin everything we do, all the time, when we work with children and families. These five guiding principles will form the foundation of this children and young people's wellbeing and mental health strategy:

- Listen and involve
- Think family and community
- Work creatively and innovatively in close partnership
- Celebrate diversity
- Prevent problems beginning or escalating

This strategy will build on previous reviews, strategies and plans and the Government's commitment set out in the 'Putting Children's First' Pledge to Children[6].

Jersey's Government Plan[7] commits to the, 'implementation of new care pathways for Child and Adolescent Mental Health Services (CAMHS), improving service quality and timeliness, while also strengthening preventive approaches in schools and across parish communities to help build personal resilience.' Indicative investment of £6 million over three years 2022-2024, with £2.25 million recurring from 2025 onwards has been agreed as part of Government Plan (2021-2024). This investment is in addition to existing budgeted expenditure in children and young people's mental health. There is now a specific commitment and investment to develop children and young people's mental health services in Jersey. It is important to note that the agreed investment will not enable the complete transformation of children and young people's mental health services, but it will go a long

[2] NHS Digital Mental Health of Children and Young People in England Report October 2020
[3] Mental Health Strategy 2016-2020
[4] Assessment of Mental Health Services. Health and Social Security Panel. 6th March 2019
[5] Children and Young People's Plan 2019-2023
[6] Putting Children First, Pledge to Children
[7] Government Plan for Jersey

way to implementing the new model of care. Part of the consultation around this draft strategy will ask you for your views on which actions to prioritise.

The purpose of this strategy is to provide a strategic, island wide framework to improve children and young people's mental health. It will have a strong focus on good health which will support children, young people, and families to achieve a good quality of life. Good mental health is an essential component of this success, allowing children and young people to develop resilience will ensure a better ability to learn, improve educational attainment, and increase current and future prospects.

Happy and thriving children, young people and families with positive relationships are more likely to grow into healthy adults making positive contributions to society. It is known that 50% of those with a lifetime mental illness will experience symptoms by the age of 14,[8] therefore joined up services with promotion of good mental health into adulthood is beneficial not only to the individual, but also their family and wider society.

It is important to stress that most children and young people will not experience serious mental health problems but there may be times when they may have a mental health need, just like they may have a physical health need. Good mental health is linked to reduced risk-taking behaviours including smoking, alcohol and substance misuse, sexual activity, and reduced health inequalities which results in less pressure on public and voluntary and community sector services.

The Minister for Health and Social Services has statutory responsibilities for children's and young people's mental health. Legislation transformation for children and young people is underway to ensure a statutory duty to promote wellbeing and assess where a child may be experiencing an 'impairment' in health or development. This accepts that supporting children and young people to achieve positive outcomes results in confident, able citizens contributing to the economic and social fabric of our community.

This strategy will have a strong focus on prevention and early intervention to improve children and young people's mental health and offers opportunities to upskill professionals in settings such as early years, schools, and GP's. By enabling children, young people, and families to access the support they need earlier, and in familiar settings, it will in turn reduce the burden on specialist services such as CAMHS. This in turn will enable specialist services to be able to assess, treat, and support much quicker for those that need more intensive interventions.

Understanding the need

The findings from Jersey's emotional wellbeing and mental health needs assessment have informed the priorities within this strategy. This section summarises the findings from the consultations, research, and data analysis. Quotes are used from engagement work to highlight the personal experiences behind the statistics.

Jersey is a diverse and interesting place to grow up, there are an estimated 20,660 children and young people under the age of 18 and an additional 8,390 aged 18 to their 25th birthday[9] living on the Island. Children and young people make up 27% of the population. Population forecasts suggest that the child

[8] For further information see: Better Mental Health Toolkit

[9] Population projections are based upon historic trends rebased on the latest 2019 estimates, and a net migration model of +700 per annum between 2020 and 2024. This is lower than the net migration experienced over recent years which has averaged over +1,000 persons inward each year, but reflects the potential impacts of recent events (Brexit and COVID-19) and future policy decisions that may have an impact on reducing the number of persons coming to live in the Island.

and young person population (up to 25) will be over 30,000 by 2024. The greatest expected increase will be within those aged between 12 and 18 with an estimated increase of nearly 10%. This is expected to increase demand for service provision, including mental health services for this cohort of children and young people.

Around half of all lifetime mental health problems start by age 14 and three-quarters by the mid-20s, although treatment typically does not start until several years later[10]. The most recent survey by NHS Digital of children and young people's mental health in England, undertaken in October 2020 estimated that 1 in 6 children (16%) aged 5-16 years will have a probable mental disorder[11]. This has increased from 1 in 9 in 2017. Using this proportion (16%) and applying it to Jersey's estimated number of children aged 5 to 16 gives a total estimate of 2,250 children and young people with a probable mental health disorder.

The same report states that 1 in 5 (20%) of those aged 17 to 22 were identified as having a probable mental disorder. Applying Jersey's population estimate to this % gives a total of 1,400 young people in Jersey aged 17 to 22 with a probable mental health disorder. It is recognised that problems are more likely to be missed in children and young people than in any other age groups and delay in treatment can exacerbate the problem. It is estimated that only 25% of children and young people that need support get the required help.[12]

Although Jersey has a relatively high overall level of household income compared to other jurisdictions, income inequality is higher than in the UK and other OECD[13] countries and has also been increasing. Jersey's 2014/15 Household Income Distribution Survey[14] showed that 26% of households were living in relative low income, and this increased to 56% of single parent households and two-thirds of those living in social rental accommodation. Almost one in three children aged under 16 were living in households with relative low income. In the most recent Jersey Opinion and Lifestyle Survey in 2020, over a third of households claimed that their finances had got worse during the pandemic and over a quarter expected their financial situation to continue to get worse over the next year. Households most negatively impacted were from the lower income categories.[15]

Jersey Premium is additional funding offered to Government of Jersey fee-paying and non-fee-paying schools and colleges on a per pupil basis as follows:

- Pupils who are or have ever been Children Looked After
- Pupils from households which have recently claimed Income Support
- Pupils from households with 'Registered' status that would qualify to claim Income Support if they had lived in Jersey for five years

The overall percentage of pupils of compulsory school age in Government schools in Jersey that were in receipt of Jersey Premium funding in January 2020 was 24%, reflecting 2,476 pupils[16]. This has risen to 26% in 2021 (2747 children and young people).

[10] For further information see: Better Mental Health Toolkit
[11] NHS Digital Mental Health of Children and Young People in England Report October 2020
[12] Department of Health. (2014). Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence.
[13] Organisation for Economic Cooperation and Development (OECD)- An association of 37 different nations, established in 1961 to stimulate economic progress and world trade
[14] Household Income distribution Survey 2014/15
[15] Jersey Opinion and Lifestyle Survey 2020
[16] 2019/20 Schools, Pupils, and their Characteristics

Increase in need and complexity

Over recent years in Jersey we have seen an increase in demand for mental health services for children and young people aged under 18, with total referrals increasing by 26% over the last 4 years to 683 in 2020, see figure 2 below. Over the same period the acceptance rate (the % of those referred that are subsequently accepted onto the caseload) has also increased from 72% to 90%, leading to a 59% increase in referrals accepted onto the service caseload. The same upward trend in referrals has been experienced in the UK, although the acceptance rate has been lower at 79% in 2019/20.

Not only have referrals been increasing, but there has also been an upward trend in the proportion of referrals marked as urgent or emergency, with a quarter of all referrals in 2019 falling into this category. This is double the UK mean of 12% which has remained at a similar level over the past 4 years.

An increasing number of referrals marked as urgent will have a negative impact on the waiting times for routine referrals see Figure 2 below. Please note the 2020 benchmarking data is not yet available.

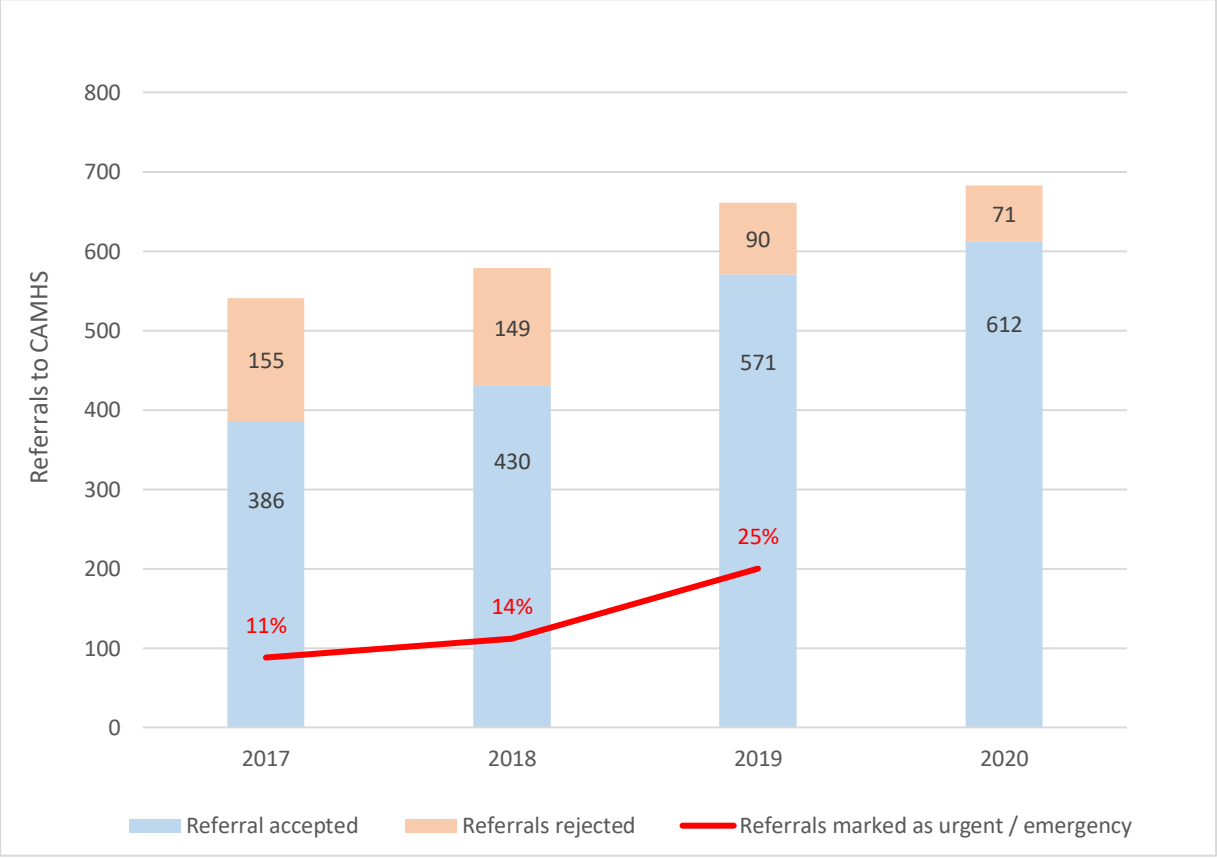

Figure 2: Jersey CAMHS Referrals 2017 to 2020[17]

Increased referrals and acceptance rates had consequently led to an increased CAMHS caseload. The caseload has increased from 609 in 2016 to 721 in 2019 and was 800 at year end 2020. The caseload

[17] Jersey CAMHS benchmarking indicators. Please note the proportion marked as urgent is not yet available for 2020

as of the 31st March 2021 was 872, this sustained year on year increase will have an impact on waiting times particularly for the more specialist interventions.

The full impact of COVID-19 has not yet been understood, nonetheless we know that it has placed additional burdens on children, young people, and families. In May 2020, during the height of lockdown in Jersey, one in three children expressed some sort of concern, such as anxiety, sadness, or safety concerns. Of these, anxiety was most common, affecting around 10% for primary children and 15-20% for older children.[18] The strategy will consider the likely additional burden of Covid-19 on the population's mental health[19].

When looking overall at mental health caseload for core mental health services in Jersey you can see a general shift to a higher prevalence of service usage for the 12- 18 age group in comparison to the adult age group which has reduced when comparing as at January 2019 with January 2021. Mid-late teens make up the bulk of CAMHS caseload. The number of clients drops at the 18+ transition point. See figure 3 below.

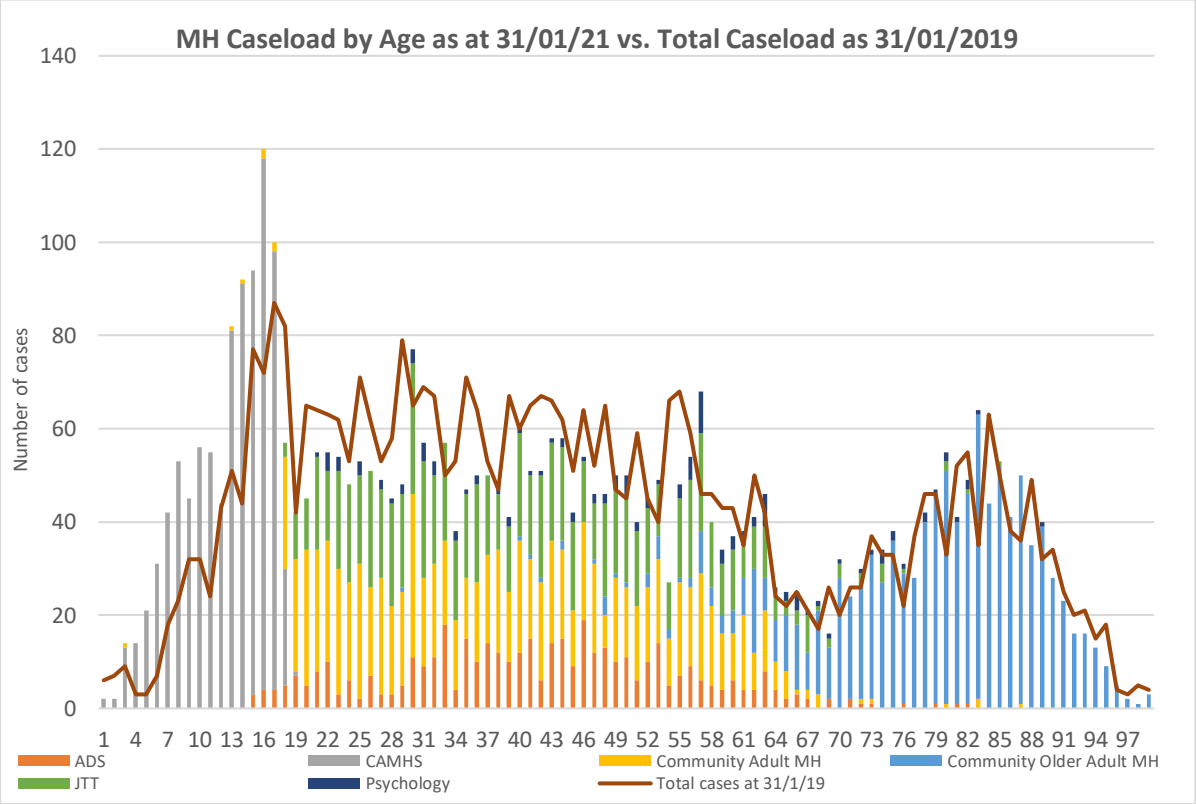

Figure 3: Mental health caseload by age comparing January 2019 (brown line) to January 2021

This data could possibly be due to:

- Limited investment in children's mental health compared to adult mental health services which have invested in for example the Listening Lounge.
- Limited early intervention offer for children and young people. Within adults they have Jersey Talking Therapies (JTT) but equivalent services are not available to under 18s so currently CAMHS has a lower threshold of need.

[18] Children and Young People Survey, May 2020

[19] Save the children have put together a global resource network on the impact of COVID-19 on children and young people. Further information can be found here: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series

- Reduced acuity after leaving school
- Increase in numbers of 18+ that leave to study abroad so may access services abroad
- Reduced visibility of young people's needs after the age of 18 as they leave school and college or move out of home
- No home treatment or intensive support service for under 18s
- The Attention Deficit Hyperactivity Disorder (ADHD) pathway sitting within the Jersey CAMHS model currently making up 44% of cases[20]
- Impact of COVID-19 on children and young people including an increase in need and complexity but also due to face to face services closing in 2020 such as schools and colleges which ordinarily may have been supporting some of these families.

"We need to understand the complexity of some mental illness and ensure that there are suitable services to meet the needs of those that are very unwell" (Professional)

"Services that can be accessed 'out of hours' is a key theme that comes up in the work I do with young people" (Professional)

2020 has seen the highest number of CAMHS inpatient admissions to the Jersey General Hospital. Many of these admissions relate to eating disorders, which whilst still a relatively low number, the number of patients classified as having an eating disorder has more than tripled over the past 4 years, currently standing at 44 as of April 2021. Bed nights for CAMHS services in the paediatric ward made up more than 55% overall bed occupancy in 2020, see Figure 4 below. 2021 estimates a similar trajectory.

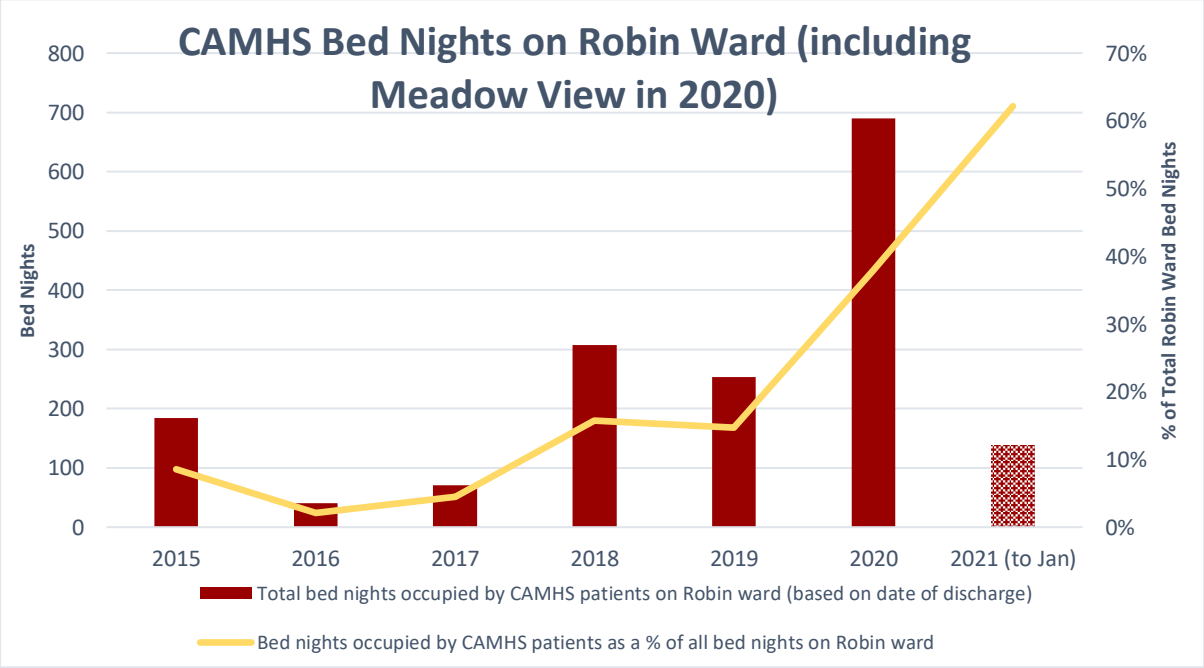

Figure 4: CAMHS inpatient bed nights 2015 to 2021 (end of Jan)

[20] In other jurisdictions ADHD diagnosis and treatment may sit within a neurodevelopmental service, with the less complex cases being managed longer term by GPs

Due to a lack of early intervention and intensive/crisis services, and the ADHD pathway sitting primarily within the CAMHS service; CAMHS in Jersey functions differently from elsewhere with pressure to support a much wider range of need. There is no specialist in-patient provision for children suffering acute mental health illness and Jersey has no home treatment or intensive support service. The current CAMHS service generally operates Monday to Friday 9.00am to 5.00pm with occasional group and assessment clinics held out of hours. Emergency and out of hours care are currently offered through the Hospital Emergency Department and via the Paediatric and Adult Mental Health Team.

"A crisis advice/helpline would be helpful as often things can escalate before an appointment is available which adds to anxiety issues within the family" (Parent)

"We need to develop an intensive support service for the most vulnerable, it needs to be available out of hours and if at all possible, in the community rather than hospital" (Professional)

The Jersey CAMHS team is small when compared to other islands at 21.35 Full Time Equivalent (FTE) (of which three are administrative staff), the Isle of Man, which is a quarter smaller has 23.5FTE, Guernsey (45% smaller) has 18 FTE. Although the annual benchmarking exercise with the UK suggests CAMHS workforce per 100,000 population is similar to the UK national average at 95, the UK has a much wider range of services which in Jersey are all delivered by the one CAMHS team. In the UK this would include robust early support services and intensive/outreach/home treatment services which would not be included in the UK benchmarking data.

Vulnerable Groups

Mental health problems can affect anyone, but some groups of children and young people are more at risk. Though there are a number of groups that are vulnerable to poor mental health outcomes, not all vulnerable children and young people will develop mental health problems. Figure 5 below summarises the risk and protective factors affecting the mental health of children and young people. Please note that bullying is only mentioned in this diagram as a risk factor within schools, however we know bullying can also be a factor within the wider community, an additional risk factor also not mentioned is grooming and exploitation.

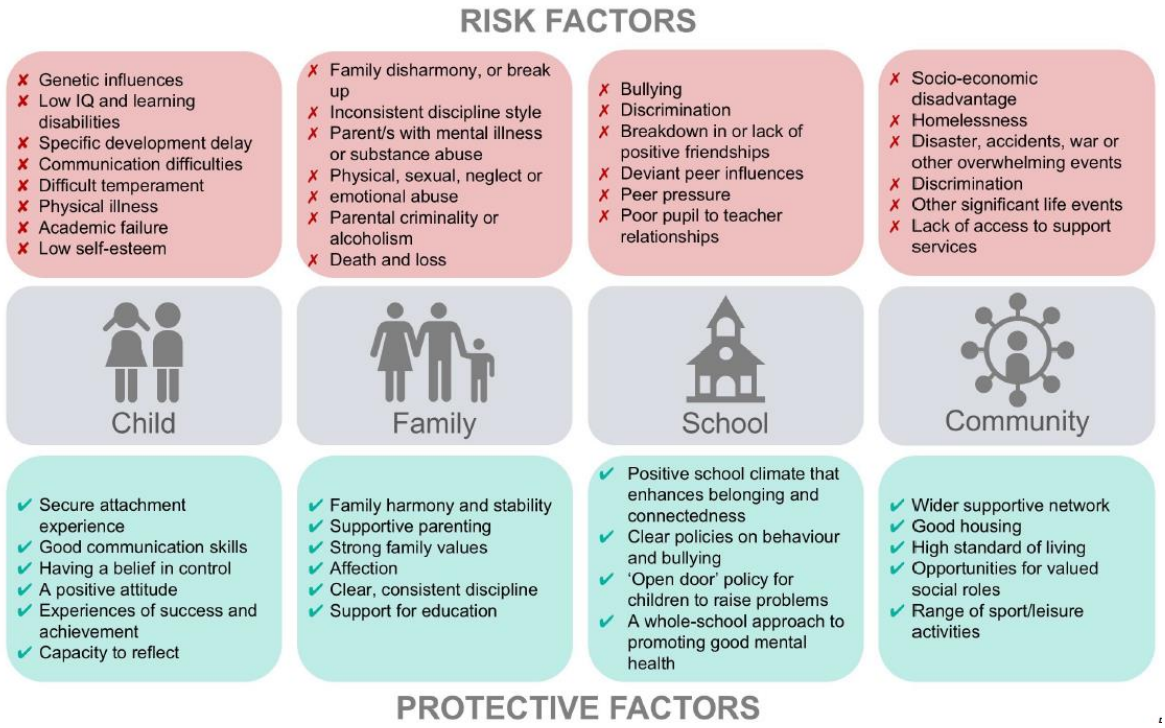

Figure 5: Summary of risk and protective factors affecting the mental health of children and young people[21]

It is well recognised that certain factors make some children and young people more vulnerable to mental ill health. These are referenced in the ACES model below:

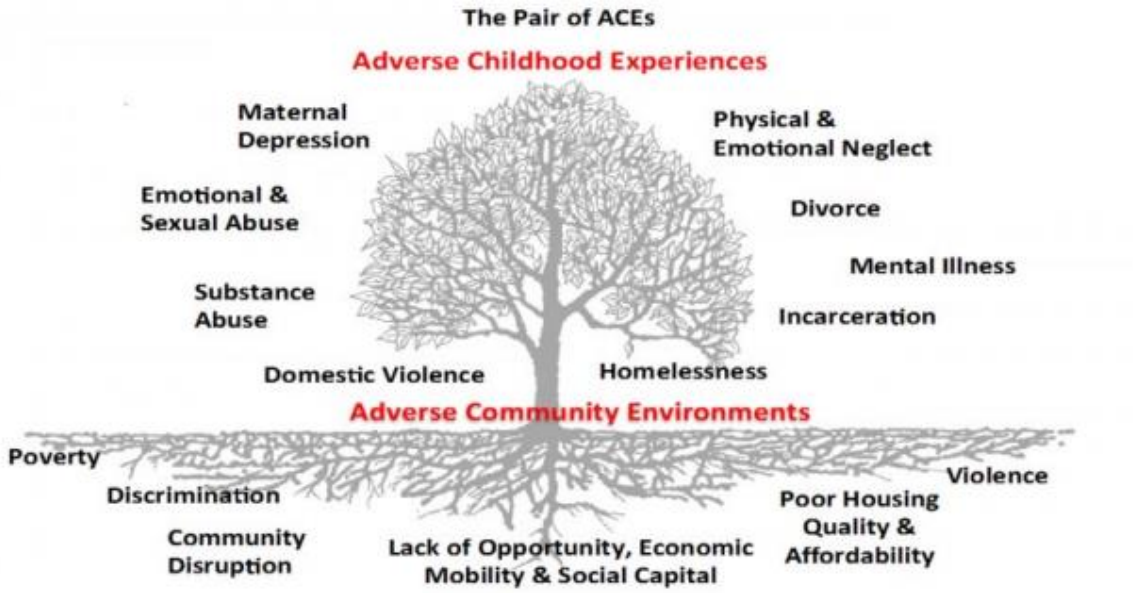

Figure 6: Adverse Childhood Experiences and Adverse Community Environments[22]

[21] Mental Health of Children and Young People in England, PHE (Dec 2016)

[22] Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community experiences: The Building Community Resilience (BCR) Model, Academic Paediatrics. 17 (2017) pp. 586-593. DOI information 10.1016/j.acap.2016.12.01

Adverse childhood experiences (ACES) have been linked to:

- Risky health behaviours
- Chronic health conditions
- Low life potential
- Early death

A child who experiences or witnesses domestic abuse or who has been exposed to maltreatment or neglect or time spent in foster care is at greater risk of developing mental health problems or conduct disorders that can result in life-long reliance on services. As the number of ACEs increases, so does the risk for poor outcomes.

The review and consultation identified several key groups of vulnerable children and young people.

- care experienced and looked after children and young people
- children with special educational needs and/or disabilities (SEND) or those with long term or complex health needs
- those identifying as lesbian, gay, bisexual, and transgender (LGBTQ)
- young carers
- young people involved in offending behaviour

The above list is not exhaustive. A regular review of information about vulnerable groups and vulnerability will be undertaken to ensure that work and resource is directed to those most in need.

Research indicates that children and young people that are looked after or care experienced are approximately four times more likely to have a mental disorder than children living in their birth families[23]. In Jersey we know that there are 528 cases open to Children's social care including care leavers, there are 826 open to CAMHS, with 112 children and young people open to both services suggesting that almost a third of children aged 5 to 16 who are open to Children's Social Care in Jersey, are receiving support from CAMHS[24]. Some professionals commented that this support should be tailored, specific and embedded in social care practice.

"Establish a virtual mental health lead like the virtual head for care experienced young people" (Professional)

Children with special education needs, disabilities or long term or complex health needs are much more likely to experience mental health issues. As many as 71% of children with autism have mental health problems such as anxiety disorders, depression, obsessive compulsive disorder (OCD), and 40% have two or more conditions[25]; this compares to a prevalence rate of around 16% in other children.

The numbers of children and young people that are diagnosed with Autism Spectrum Disorders (ASD) or are on the Attention Deficit Hyperactivity Disorder (ADHD) pathway are increasing in Jersey. In December 2017 there were 119 on the ADHD Pathway and at the end of 2020 there were 328 children and young people; this now makes up 44% of the CAMHS caseload.

[23] NSPCC 2015 Achieving Wellbeing for looked after children
[24] Data as of end of February 2021
[25] Green, H., McGinnety, A., Meltzer, H., et al. (2005). Mental health of children and young people in Great Britain 2004. London: Palgrave.

In January 2020, around one in seven (13%) pupils of compulsory school age in Jersey Government schools were classified as having special education needs and/or disabilities (SEN/D). This represents 1,378 pupils, of which 257 had a Record of Need. A third of all pupils with SEN/D were recorded as having social, emotional, and mental health needs. A fifth were recorded as having speech, language, and communication needs and a further fifth were recorded as having a specific learning difficulty.[26]

Feedback from parents, carers and professionals shows that the different referral routes and pathways dependent on condition and diagnosis are confusing and there is limited psychological and parental support for their child's condition. There are gaps around psychological support for those with long term health conditions such as diabetes and there is currently no foetal alcohol syndrome disorder (FASD) diagnosis and support pathway on Island, even though Jersey has comparatively high rates of hazardous drinking and the Jersey population consumes a greater quantity of alcohol per person aged 15 or over than the average for OECD countries.[27]

"There is a gap in psychological support for children with complex health conditions, in the end I managed to access support from Great Ormond Street Hospital" (Parent)

"My son was on the waiting list for over a year for an Autism assessment, three years later they thought he also had ADHD, so we waited another year for this assessment" (Parent)

"When he was diagnosed with Asperger's perhaps it would have been good to tell us what sort of support we might need and where to get it. We were just told the diagnosis and to come back if we needed to" (Parent)

In the 2019 Children and Young People's Survey[28] 20% of those responding from Years 10 and 12 claimed their sexuality as LGBTQ. Those describing themselves as LGBTQ were more likely to experience anxiety, suffer from a lower level of self-esteem and poorer health, and experience a higher level of bullying.

There is a growing body of evidence that young carers are at increased risk of poor mental health outcomes and reduced educational and employment opportunities[29]. The latest figure for England and Wales in 2011 showed that just over 2% of 5 to 17-year-olds could be classified as young carers but this figure is growing[30]. Without necessarily being classified as young carers, up to 1 in 7 school children in Jersey indicated that they looked after or supported a family member or friend to some extent. Results from the 2019 Children and Young People's Survey[31] show that those who did perceive themselves to provide a level of support to a relative or friend were more likely to suffer from a lower level of self-esteem and to experience bullying.

[26] 2019/20 Schools, Pupils, and their Characteristics
[27] In the 2018 Jersey Opinion and Lifestyle Survey 23% of respondents to JOLS 2018 had a FAST score which indicated drinking at a level hazardous.
[28] Jersey Children and Young People Survey 2019
[29] See for example Aldridge, 2008 and Becker, 2007.
[30] 2011 England and Wales Census
[31] Jersey Children and Young People Survey 2019

Figures provided by the States of Jersey Police show 282 youth detentions in 2020, which is double the total for 2019 and the highest annual figure seen over the past decade. The number of individual detainees in 2020 increased by just over 40% to 99, which therefore also indicates an increase in repeat detentions. While the number of individual offenders and crimes committed by those aged under 18 increased significantly between 2018 and 2019, the number of convictions fell back slightly last year. In 2020, there were 134 individual offenders aged under 18, 56 of whom were repeat offenders within the past 12 months. The number of crimes recorded by those aged under 18 was 248 in 2020. Children and young people who offend often have health, education, and social care needs which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour.

Best start

Professionals identified gaps in support for those preparing for pregnancy, during pregnancy and postnatally, this is of significance in this strategy as maternal depression is associated with a five-fold increased risk of mental health illness for the child.[32] Supporting parents with mental health difficulties or other personal complex difficulties such as substance or alcohol misuse, domestic violence and childhood experiences of abuse and neglect, reduces the risk of future mental health and behavioural problems in their children and supports their child in building secure attachments and successfully developing and sustaining relationships.

"Develop the children's centre model…across the island" (Professional)

There is also an economic case in investing in perinatal and early years attachment services. Recent modelling work undertaken in England suggest that universally applied screening followed by the provision of cognitive therapy sessions (CBT) to women with postnatal depression (PND) provided by trained practitioners is a cost-effective alternative to routine care alone, with a cost per quality adjusted life year (QALY) gained of £4,900 per QALY. There are approx. 900 births per year in Jersey with an expectation that 1 in 5 mothers suffer PND but only 50% of these receive support. So, by implementing an improved perinatal mental health pathway we could expect to see a net benefit of approximately £440,000 per annum. [33]

"I don't remember getting any information about how to look after my mental health during my pregnancy" (Parent)

"We need non-judgemental discussions about the impact of alcohol on a baby" (Professional)

[32] Meltzer H, Gatward R, Corbin T, et al (2003) Persistence, Onset, Risk Factors and Outcomes of Childhood Mental Disorders. Office for National Statistics & TSO (The Stationery Office).

[33] For further information please see: https://ec.europa.eu/health/sites/health/files/mental_health/docs/long_term_sustainability_en.pdf

Role of educational settings in promoting wellbeing

Educational settings including early years, schools and college play such an important role in shaping children and young people's development including building a foundation for sound mental health and school readiness, promoting emotional wellbeing, early identification of mental health issues and in supporting children and young people through difficult times including referral and treatment to a more specialist mental health service. The numbers of those being home educated is increasing from 41 in 2020 to 57 currently, there is a need to promote mental health to this population, ensuring they have access to the same opportunities as those in school.

"My home-educated children should have equal access to mental health and wellbeing support" (Parent)

"My counsellor was brilliant. Every school should have a counsellor" (Young Person)

Protective factors in educational settings include a sense of belonging, clear policies on behaviour and bullying; an 'open door' approach to children raising concerns, and a whole school/educational settings approach to mental health. The 2019 Jersey Children and Young People's Survey[34] showed that 1 in 3 children suffered from high anxiety. The top worries were study/schoolwork, school tests/exams, the way you look, emotional health and what people think of you. Females were more likely to worry more than males in each year group and the frequency of worry increased with age. Therefore, the education system is itself a risk factor as well as a protective factor and its imperative that the new model of care supports educational settings to become supportive, inclusive environments for the identification and management of mental health needs.

Bullying is linked to many negative outcomes including impact on mental health, substance use and suicide. It can affect both those who are bullied and those who bully. The 2019 Jersey Children and Young People's Survey asked whether those responding had ever been bullied at or near school in the last 12 months. Across all year groups 23% said that they had been bullied.

The level of bullying at or near school has increased to a small extent since the 2006 survey but reduced between 2018 and 2019. The main reason that children get bullied is due to their physical appearance (61%) followed by sexuality and gender identity, disability, race, being poor, being shy or introverted, being anxious or having low self-esteem. The survey also asks the proportion of young people who have been involved in online bullying of others in the last school term. The results showed that overall, 13% of children from Year 4 to Year 12 had bullied others online.

We asked children, young people what makes a good mental health professional, a number of key words came up consistently. The key point is they want people to be kind, caring and listen non-judgmentally school

"More people asking how I am and who are happy to take some time to have a conversation about how things are going in my life" (Young Person)

[34] Children and Young People Survey, May 2020

Figure 7: Children and young people open responses to the question, 'What makes a good mental health worker?'

A general theme that came up from all professionals but particularly those working in educational settings was more training and support around mental health prevention, identification, support and understanding risk factors such as trauma. There should be more raising awareness of mental health to reduce stigma and support children, young people, and families to identify the signs, when and where to seek help, to talk about feelings, coping mechanisms.

"Children should be taught how to look after their minds as soon as they are taught how to look after their bodies…. Teach coping mechanisms early on" (Young Person)

"Training around mental health and how best to support should become as important and mandatory as safeguarding" (Professional)

Talking about mental health should be a part of everyday conversations and throughout the curriculum, including as part of personal, social, health and economic (PSHE) education. This is the idea that we can all make a real difference to other's mental health by noticing, responding, and doing the little things well. 'Ordinary Magic' comes from Professor Ann Masten's (Institute of Child Development, University of Minnesota) work on resilience where she noted that:

"Resilience is possible in extraordinary circumstances and it typically arises from the operation of normal rather than extraordinary human capabilities, relationships, and resources. In other words, resilience emerges from ordinary magic."[35]

Therefore, we do not need to be an expert in mental health to make a difference to children and young people who are experiencing common mental health problems. We all have a part to play in supporting children and young people who are feeling distressed, anxious, or depressed.

"Everyone trained in understanding the impact of trauma and how to deliver trauma informed care and to have reflective supervision where our approaches to behaviour can be explored" (Professional)

Support from adult services- (Transition)

Issues with the current transition process, where young people need continued support from adult services such as Adult Mental Health (AMH) has been repeatedly documented. Through the consultation and workshops this area of need was further explored and opportunities of how to improve the pathway discussed.

"There needs to be more support for young people in their transition process to other services especially Adult Mental Health. We need to ask the young person their opinion and thoughts on transfer wants/needs" (Professional)

[35] Professor Ann Masten's, Ordinary Magic: Resilience in Development (2015).

"The current services need to be more flexible, why can't young people stay in CAMHS up to 19/20 or even 21. Likewise, why can't a 17-year-old be seen in adult services if they are likely to need help for a long time?" (Parent)

Young people fed back that they wanted to be involved, they should 'own' their care plan and they discussed a dedicated 'Navigator' lead person who would support them during and after the transition process.

Accessing help and support

More than 50% of parents and carers who responded to the 2020 Parents and Carers Survey did not feel confident knowing where to go to access support for their child.

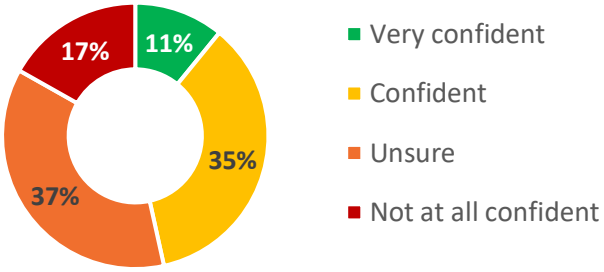

Figure 8: Parent/carer responses to confidence in knowing where to access support. Sample size 293

"So many tell us they're confused about what they can access, and get a vastly different experience depending on who they contact and what experience that professional has" (Professional)

Parents and carers described the best experience of support from schools, colleges and workplaces were the personal and individual relationships that were formed outside of the family which engendered trust and rapport. There were also many positive comments about teachers and school counsellors and their ability and willingness to help.

Just under half of the young people surveyed said they would tell a friend if they had a mental health concern, this was closely followed by 42% telling a parent or carer, 10% did not know who to tell. It is imperative that accessible and de-stigmatising information is available particularly for families so they can better support their children. The new model should include trusted individuals being available that children and young people can open up to.

Regarding CAMHS appointment times, there was a clear preference from parents, carers, and young people for times outside of school hours, with weekday evenings being the most preferred option, just ahead of Saturday mornings or afternoons.

The main positive comments about CAMHS were that the child was listened to and that staff were approachable, supportive, and well intentioned. There were, however, many negative comments. The

most prominent concerns were about the waiting time to get an appointment and continuity of staff. Some young people also felt uncomfortable having Social Care and CAMHS within the same building.

A recurrent theme to consider in the new model of care was a need for better coordination and collaboration between all agencies involved to better join up care.

"There was no handover, so I had to keep telling our story over and over again" (Parent)

"We need shared care, risk and safety plans, we are all working with the same families" (Professional)

Another theme that came out strongly was empowering children and families, this included more involvement in their care plan, co-production when producing services and ensuring that children's rights are at the forefront of the new model of care.

"The new model should be based on a Child Rights Approach" (Practitioner)

"I never once in 4 years saw my care plan, I want to feel more involved" (Young Person)

Better communication with and feedback to parents and carers and opportunities to upskill them was also identified as a recurrent them as was specific caregivers support for their own mental health and wellbeing.

"More support and training for us as parents, in order to identify and better handle difficult circumstances and emotional wellbeing issues" (Parent)

"Supporting my child through CAMHS has made me realise I have my own mental health needs but who is supporting me?" (Parent)

We asked young people if they have ever felt embarrassed or worried about asking for help or support with emotional wellbeing or mental health. 77% responded that they did, it is essential that in the new model of care we reduce the stigma associated with accessing help and support.

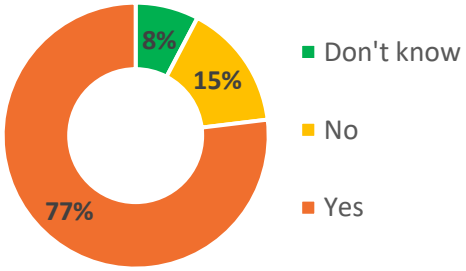

Figure 9: Young people's responses to whether they have felt embarrassed or worried asking for help. Sample size 58

We asked young people how they would like to access support, 77% said face to face, 53% said online and 21% said over the phone.

A final point about the consultation is that a workshop was held with Youthful Minds (Mind Jersey) on the 24th February 2020 had a clear message

"Please stop consulting, we are always asked to give our views, and we have told you time and time again what to do. Please just get on with it"

Vision and model for the future

We have listened to stakeholders through the process of co-producing this draft Strategy, and we recognise the key issues that matter to you: promoting good mental health and building resilience, consistency and equity of access to services, support across the lifespan, choice and rights, a focus on quality of life, and the need to put the person right at the centre of every decision. We recognise the added impact of Covid-19 and the likelihood that this impact will be felt for years. We have also heard how co-production and co-design must become the standard at every stage of policy and service design, and individual care planning.

We have translated the views shared with us into a vision and 4 key themes building on the Thrive Model of Care,[36] which set out what we want to achieve for children and young people's emotional wellbeing and mental health in Jersey over the next four years. The 4 themes are the foundations upon which each of the actions set out in this Strategy are based.

The Vision

HAPPY AND THRIVING
Jersey's children and young people enjoy the best mental health and wellbeing

Our vision is a society where all children and young people enjoy a happy, confident childhood, to thrive and to achieve their potential, to grow into adults who can cope with the demands of daily life and contribute to life in full.

We aspire to ensure:

- *everyone is supported to be resilient, so they have good mental health*
- *everyone knows where to get support*
- *everyone who asks, gets support quickly*
- *the support people get is based on treatments that work*
- *everyone is listened to and involved in decisions that affect them*

Children, young people, and families in Jersey will be supported to be well and resilient by focusing on what good mental health and wellbeing is. If you need support, you won't feel embarrassed to ask for it and it will be available as soon as you need it. No one should be on long waiting lists, and services will work together so you only have to tell your story once. Services will be good quality, based on evidence of what works and help you to become well again. They will be offered in the right place and at the right time. We want to get people thinking of mental health the same way they do physical health. If you need help, you can freely ask for it without feeling worried or embarrassed.

[36] For full description of model see http://www.chimat.org.uk/resource/item.aspx?RID=223998

To achieve this vision, we need to invigorate and energise our communities and organisations, to promote a culture change that will bring about real improvements for children, young people and families in Jersey. We need to recognise that the impact of the pandemic has provided a significant urgency to the transformation, mental health need and complexity is increasing. We need to focus on learning from our experiences and supporting each other. We need to stop children, young people and families falling through gaps in services by putting the foundations in place for true collaboration and integration, working together with and supporting our partners in the voluntary and community sector to provide high quality support and services on the ground. For this to happen, all services need to join up and work together, to understand the additional impact of Covid-19, so that children and young people get the support they need at the right time and in the right place.

The Strategy explains how we plan to do this over a four-year period from 2021 to 2025, by developing services to keep children and young people mentally healthy, prevent mental health problems from starting and provide support much earlier. We will measure the impact that these changes make on being able to deliver the vision and the 16-point action plan around 4 key themes.

Theme One: Everybody promotes good wellbeing and mental health, by thinking about mental health in the same way to physical health and making it as simple as possible to get help early without feeling embarrassed or awkward

Theme Two: It's easy for you to find out who can help and what support is available

Theme Three: You get the right help and support, at the right time and in the right place

Theme Four: We listen to you about what helps, and this helps us to improve the quality of our services

The work to implement this vision and the actions made in this draft Strategy will be based on the same core, founding principles of the Children and Young People Plan 2019-2023. These five guiding principles will underpin everything we do, all of the time, when we work with children and families:

Listen and involve: We will facilitate conversations to ensure that children and young people are placed at the core of decision making and that we truly listen, give feedback and, as appropriate, act on what they tell us. We are committed to working collectively as equal partners with children, young people, and families to identify priorities for change and to co-produce plans that deliver the change that they want to see. This approach is founded on proper respect for children's rights as enshrined in the United Nations Convention.

Think family and community: We will always consider the wider context of family and community in working with a child or young person. We do this because families have primary responsibility for and are the main influence on their children and young people. We will support families and communities to provide safe and secure places for children and young people whilst always ensuring that the best interests of children and young people are at the centre. We will help them build their capacity so that they can overcome obstacles which limit opportunity and we will work with them to build on their strengths so that all children and young people live in an environment where they can flourish and are able to live life to its fullest.

Work creatively and innovatively in close partnership: We will continue to challenge ourselves by looking to national and international best practice to identify imaginative and new ways to improve outcomes. At all times we will ensure that we spend public money wisely, always questioning the

impact and effectiveness of our work. As partners we will work collaboratively to meet the needs of children and young people and ensure seamless transitions through a focus on their outcomes, not our organisational boundaries. Our strong working relationships must always remain positive and creative. Where we need to, we will share information and infrastructure, pool budgets and jointly commission to meet local need. The contribution of the voluntary sector and the strength of local communities are vitally important in supporting provision and choice in services for children, young people, and their families.

Celebrate diversity: We know that our children and young people have a wide and diverse range of needs, which if unmet, can pose particular challenges and limit life chances. We will not only recognise these differences; we will embrace and celebrate them. We are inspired by the diversity of our children and young people and endeavour to always develop a better understanding of their needs. We will promote a culture of inclusion and tolerance, and in all that we do we seek to put our inclusive values into action. We will work relentlessly to ensure that no child, young person, family, or community experiences discrimination or is at relative disadvantage and is instead supported to overcome difficulties or barriers to their learning, participation and opportunities.

Prevent problems beginning or escalating: We advocate the benefits of providing help early so that problems experienced by families do not escalate to crisis. This not only helps to ensure that children are growing up in a secure and loving space, but also helps to prevent costly and more intrusive later interventions. We recognise the importance of children's experiences in the first few years of their lives; this lays the foundation for their future development and can be predictive of future outcomes. We are determined to work in an integrated and collaborative way to make sure that children have the best possible start on which to build their future lives.

Proposed new model of care

The new model of care in Jersey will be built upon the **Thrive model**[37] see figure 9 below.

[37] For full description of model see http://www.chimat.org.uk/resource/item.aspx?RID=223998

Figure 10: New model of Care

Thriving

This is the state we are all seeking to achieve! Services are and should be helping with prevention, building resilience, promotion, awareness raising work in the community to support this and may involve consultation and training that is not focussed on particular children or families. These are generally community-focussed and public health-focussed interventions.

Coping

Context: There is an increased interest in the promotion of resilience, to build the ability of a community (school/family) to prevent, support and intervene successfully in mental health issues. Initiatives such as the Friends Programme and others seek to help young people and families to help themselves. A proliferation of digitally based support (e.g. via email, phone, and web such as Kooth) is becoming increasingly available and being used to support young people in their communities.

There is increasing academic interest (e.g. community psychology) on how we can more effectively draw on strengths in families, schools, and wider communities. School-based interventions have been shown to support mental health, peer support can promote effective parenting and integration of mental health in paediatric primary care such as school nurse drop-in clinics can support community resilience.

Data: Analysis of CAMHS data suggests there is a moderate number of young people that only attend CAMHS once or regularly do not attend (DNA), with many being seen for less than three contacts. Data from other jurisdictions indicate that practitioners report at least a proportion of this group find relatively few contacts, even one single contact, enough to normalise their behaviour, reassure families that they are doing the right things to resolve the problem without the need for extra help and to signpost sources of support.

Need: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include those with chronic, fluctuating, or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Provision: The THRIVE model of provision would suggest that wherever possible, this provision should be provided within education or community settings, with education often (though not always) the lead provider and educational language (a language of wellness) as the key language used. It is our contention that health input in this group should involve some of our most experienced workforce, to provide experience and decision making about how best to help people in this group and to help determine whose needs can be met by this approach, this could be approached by the development of CAMHS-School Link workers.

Getting Help

Context: There is increasing evidence for what works with whom in what circumstances and increasing agreement on how service providers can implement such approaches alongside embedding shared decision making to support patient preference, and the use of rigorous monitoring of outcomes to guide treatment choices. The latest evidence suggests that only 33% of young people will be "recovered" at the end of even the best evidence-based treatments.[38]

Data: Over three-quarters of young people in Jersey indicated that they would prefer to access support face-to-face in the future, followed by just over half saying they would prefer online support to be available. Over recent years, Jersey's CAMHS has provided a relatively high average of close to 20 contacts per patient per year, but in 2019/20 before the impact of Covid-19, less than half of these contacts (44%) were face-to-face.

Need: This grouping comprises those children, young people and families who would benefit from focussed, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. They would include children and young people with difficulties that fall within the remit of National Institute for Health and Care Excellence (NICE) guidance and where there are interventions that might help.

[38] For further information see: www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

Provision: The THRIVE model of provision suggests evidenced based interventions with explicit agreement at the outset as to what a successful outcome would look like, how likely this is to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

Getting more help

Context: There is emerging consensus that some conditions are likely to require extensive or intensive treatment for young people to benefit. In particular, children and young people with psychosis, eating disorders and emerging personality disorders.

Data: Figures from CAMHS suggests the need in Jersey is increasing overall with referrals increasing by 26% over the last 4 years and the acceptance rate onto the service also increasing leading to an increase in caseload of over 50%. There has also been an upward trend in referrals classified as urgent and a higher number of more complex cases, particularly around Neurodevelopmental needs such as ADHD and eating disorders.

Need: This group of children, young people and families would benefit from extensive long-term treatment which may also include extensive outpatient (home treatment) provision with the aim of keeping children and young people out of hospital.

Provision: The THRIVE model of provision would suggest that wherever possible, provision for this group should be provided with CAMHS as the lead provider and using a health language (that is a language of treatment and health outcomes led by specialised practitioners trained in different specialist treatments.

Getting risk support

Context: There are a very small number of children and young people who do not significantly improve, even with best practice interventions and support. The THRIVE model suggests that there be an explicit recognition of the needs of children, young people, and families where there is limited current treatments available, and they remain at risk to themselves or others. For these children, young people, and families it is more essential than ever that they are supported by a multi-agency team to 'thrive in spite of' their challenges.

Data: Detailed data interrogation is currently happening to better understand this group.

Need: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment for a variety of reasons and remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

Provision: The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT[39] to allow common language and approaches between agencies) and clarity as to who is leading. Social care may often, but not always be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment

[39] The AMBIT Model

that is being offered. This aspect of care links well with the Trauma Pathway and the work around Adverse Childhood Experiences (ACE's).

What good looks like

A key proponent of the new model of care is that it is driven by outcomes. The development of outcome measures at all levels will be an intrinsic driver of the new model of care. Outcome measures will be developed and measured on an individual level and system level:

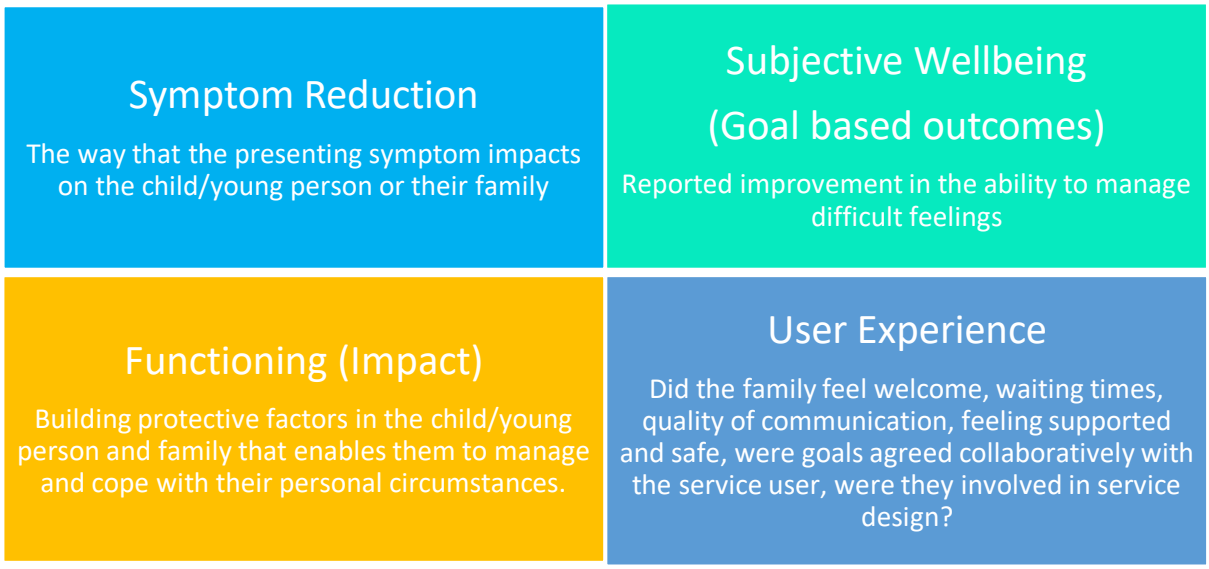

Figure 11: Systemic and Individual Outcome Measures

We really want to understand the 'so what?' and the difference that interventions and the new ways of working are making.

Examples of outcomes could include.

- Children and young people's mental health improves
- Families know where to get help and support
- Children and young people can access services at an earlier stage of concern
- There is more choice in the services offered
- Feedback about services is mainly positive
- Staff enjoy their work and feel supported

The themes in this strategy provide the overall proposed outcomes we are trying to achieve. Once the vision and themes have been agreed we can identify the outcomes measures that will be used. The table below provides some examples of potential outcome measures using the existing proposed themes. Please note these are examples only and do not require comment in the feedback form as they are likely to change and be added to.

Examples of outcomes measures using an OBA approach

Outcomes (linked to the 4 Themes)	How much did we do? (Linked to the proposed 16 Actions- only 8 listed)	How well did we do (%)	Is anyone better off? (Outcome measure examples)
Everybody promotes good wellbeing and mental health	Every school has Mental Health Ambassadors	% of schools that have a mental health ambassador	Reduction in numbers of CYP saying they feel embarrassed talking about, or accessing support for their mental health
	Numbers of multi-agency staff trained in recognising the signs of MH and preventative approaches (resilience)	% of staff trained as a proportion of expected numbers	Increase in number of those working with children and young people that feel able to better support their needs
	Numbers of people screened for postnatal/perinatal mental health issues	% increase in screening for postnatal/perinatal mental health issues mental health	Improved attachment and parent mental health support
It's easy for you to find out who can help and what support is available	CAMHS practitioner available within the Children and Families Hub	% of calls triaged by mental health practitioner within the hub	Increase in number of families that know where to go for advice, information, and support
	New drop in café set up	% of young people using the drop in from expected prevalence	Numbers of young people reporting that the drop-in service provided them with what they needed
You get the right help and support, at the right time and in the right place	Number of CYP receiving right support within agreed timescales	% reduction in overall waiting times- % increase in numbers using early intervention mental health services	Children having the right support at the right time evidenced by: • Routine outcome measures (ROMs) for individual services show improvement in CYP wellbeing • School survey measures of wellbeing and self-esteem show population improvement in wellbeing
We listen to you about what helps, and this helps us to improve the quality of our services	Mental health policies and the redesign of services have been co-produced.	% of the public engaged in the redesign of services	New model of care will better meet the needs of children, young people, and families in Jersey
	The quality of services improves	% of young people 'recovering' through quality treatment	Children, young people, and families report high levels of service satisfaction and symptom improvement

Action Plan Summary

Four key themes have been developed with detailed actions underneath each one. These themes and actions will ensure that the vision is achieved. The four themes are:

Theme One: Everybody promotes good wellbeing and mental health, by thinking about mental health in the same way to physical health and making it as simple as possible to get help early without feeling embarrassed or awkward
Theme Two: It's easy for you to find out who can help and what support is available
Theme Three: You get the right help and support, at the right time and in the right place
Theme Four: We listen to you about what helps, and this helps us to improve the quality of our services

Theme 1 – Everybody promotes good wellbeing and mental health by thinking about mental health in the same way to physical health and making it as simple as possible to get help early without feeling embarrassed or awkward

1. We will have training so some young people can become mental health ambassadors.
2. We will have support for people becoming parents and help them feel well and have strong bonds with their babies.
3. We will have training, so people understand good mental health and wellbeing and how to help you stay well and resilient.
4. We will help professionals be aware of risks to people's mental health like adverse childhood experiences (ACEs).

Theme 2: It's easy for you to find out who can help and what support is available

5. We will develop a young person's drop in café where they can learn about mental health and find support for mental health problems.
6. We will have information, advice and support on a Children and Families Hub.
7. We will create a helpline.
8. We will run drop-in sessions on different topics that promote wellbeing such as physical activity, eating and sleeping well

Theme 3: You get the right help and support, at the right time and in the right place

9. We will have more locations and increase the hours that some services are open, like running Saturday afternoon clinics and out of hours services.
10. We will have more support and therapies available including family support, talking therapies and online therapies.
11. We will have more support for issues like eating disorders, long-term health conditions, or for those that are care experienced.
12. We will improve services for young people who struggle as they become adults or who are caring for a parent.

Theme 4: We listen to you about what helps, and this helps us to improve the quality of our services

13. We will collect information and evidence, so we know how and where services have helped.
14. We will set up an advisory panel that includes young people, parents, professionals and people working in the community.
15. We will agree a new set of standards and reporting for services that are easy to understand and available for anyone to read.
16. We will promote children and young people's rights including advocacy and peer support

Theme 1 – Everybody promotes good wellbeing and mental health

Ambition	Links
Everybody promotes good wellbeing and mental health by thinking about mental health in the same way to physical health and making it as simple as possible to get help early without feeling embarrassed or awkward	**Early Years Strategy** **Children and Young People's Plan** **Education Reform Programme**

Why?

- 77% of young people told us they felt embarrassed or awkward talking about mental health (stigma)
- Just under half of young people asked told us they would tell a friend if they were worried
- There are gaps, and services are not joined up when preparing for pregnancy, during pregnancy and to support strong attachments in parenthood
- You told us that it is important to think about risk factors and this may mean services need to be delivered differently
- Caregivers told us that they need help with their own mental health to better support their child

Action	Detail
1. We will have training so some young people can become mental health ambassadors.	• Identify young people across primary and secondary schools and those that do not attend school to become mental health ambassadors. • This will be developed in partnership with a wide range of stakeholders including but not limited to; Youthful Minds, Youth Parliament and those that are home-schooled.
2. We will have support for people becoming parents and help them feel well and have strong bonds with their babies.	• Develop a public health campaign around preparing for pregnancy, pregnancy and early years. • Improve the information provided during these life stages • Create an integrated multi-agency perinatal mental health and early years pathway with sufficient capacity to meet the need
3. We will have training, so people understand good mental health and wellbeing and how to help you stay well and resilient.	• Create and deliver a multi-agency mental health skills and competency framework which will ensure access to a confident and competent workforce, at the right level of service and/or support, at the right time • Implement a whole educational setting approach to mental health that delivers a positive learning environment and sense of belonging, enabling children and young people to achieve full potential, including academic success. • Develop an integrated parent/carer training offer that is relevant to their child and families need.
4. We will help professionals be aware of risks to people's mental health like adverse childhood experiences (ACEs).	• Agree and confirm Jersey's Children First Practice model • Link with the Trauma Network to agree multi-agency training around the practice model • Roll out a public campaign to develop a trauma informed island • Caregivers support for their own mental health

Theme 2 – Easy to find help and support

Ambition	Links
It's easy for you to find out who can help and what support is available at every stage of a child's development, from pregnancy through to young adulthood"	**Children and Young People's Plan** **Jersey Children First Practice Model** **Disability Strategy** **Inclusion Review**

Why?
• More than 50% of parents and carers did not know where to go for help and support • Over 50% of young people said they would like to receive support online • You asked for a helpline • Evidence suggests that we should think about the wider determinants of health to promote wellbeing such as physical activity, eating and sleeping well • Services were often described as disjointed and not co-ordinated

Action	Detail
5. We will develop a young person's drop in café where they can learn about mental health and find support for mental health problems.	• Pilot a drop in wellbeing café on a Friday after school and a Saturday 10am until 8pm to better understand the longer-term requirements • The café will include access to a mental health professional and will provide a wide range of information in an accessible format.
6. We will have information, advice and support in a Children and Families Hub.	• A CAMHS Practitioner will sit within the Children and Families Hub to be able to provide advice, support and signposting and referrals to CAMHS services • A directory of services will be available within the hub • CAMHS service will include a duty and assessment function that is available 7 days a week • Ensure support is care co-ordinated with one lead practitioner to reduce handovers
7. We will create a helpline	• CAMHS helpline will be available 7 days a week until 8pm every evening • Easy to access, integrated support will be developed outside of these hours and overnight • Promote resilience amongst children and young people, families, and communities, increasing protective factors and reducing risk factors
8. We will run drop-in sessions on different topics that promote wellbeing such as physical activity, eating and sleeping well	• Work with wider stakeholders and the community to develop a range of drop in sessions face to face, group and online • Ensure schools have drop-in wellbeing support available to children, young people, and families

Theme 3 – Providing the right support at the right time, in the right place.

Ambition	Links
A wider range of joined up support will be provided when needed and delivered in a wider range of places.	**Happy and Thriving Model (Jersey)** **Jersey Children First Practice Model** **NICE/SIGN evidenced based practice** **Youth Justice Review**

Why?

- During a ranking question of where parents and carers would like support to be delivered 48% said they would like their child to see their CAMHS worker at home, 40% at School/College, 36% at the CAMHS clinic and 15% at William Knott Centre
- There is a limited early intervention offer service and gaps around intensive support, neurodevelopmental support, health psychology support and therapy support for those that are care experienced
- The numbers of children with eating disorders are increasing but we do not yet have a dedicated service for them
- Transition is identified as an issue

Action	Detail
9. We will have more locations and increase the hours that some services are open, like running Saturday afternoon clinics and out of hours services.	• Pilot therapy sessions on a Saturday and into the evenings • Develop an Intensive Support service that runs until 8pm 7 days per week • Kooth has recently been commissioned to provide online information and support- this will be evaluated to ensure it works for young people across the island
10. We will have more support and therapies available including family support, talking therapies and online therapies.	• Create a core early intervention mental health team • CAMHS service will be multi-agency with an increased range of evidenced based therapies available • Review of family support and parenting groups to provide consistency across the Island • Work more closely with the voluntary, community and private sector to increase the range of support available
11. We will have more support for issues like eating disorders, long-term health conditions, or for those that are care experienced.	• Develop an eating disorder pathway • Ensure that psychological support is available for those with a long-term health condition such as diabetes • Create a needs-led integrated neurodevelopmental offer with a single front door, assessment, lead working and family support pre and post diagnosis. • Create dedicated mental health capacity for children, young people and families that are care experienced
12. We will improve services for young people who struggle as they become adults or who are caring for a parent.	• Employ 'Navigators' to support young people in CAMHS and through to Adult Mental Health (AMH) • Create a dedicated team in AMHs to support 18-25 • Design a flexible need led offer where some young people will be supported in CAMHS over the age of 18 and some young people will be seen in AMH from 17

Theme 4 – Listening to you and improving our services

Ambition	Links
We listen to children, young people and families about what helps, and this helps us to improve the quality of our services.	**Standards such as: Quality Network for Community CAMHS** **CAMHS Outcome Research Consortium (CORC)** **United Nations Convention on the Rights of the Child (UNCRC)**

Why?

- Some parents and carers told us that they did not know if their child had a care plan
- Children, young people, parents, and carers said they wanted to be listened to
- There is evidence of improved outcomes and ownership of recovery if goals are set jointly with the child or young person

Action	Detail
13. We will collect information and evidence, so we know how and where services have helped.	• Implement the CORC measures in everyday practitioner practice • Ensure there is clear evidence of 'you said, we did' • Run regular feedback sessions/surveys with children, young people, and families
14. We will set up a Strategic Advisory Panel (SAP) that includes young people, parents, professionals, and people working in the community.	• Set up a multi-agency Strategic Advisory Panel (SAP) ensuring meaningful input for young people • Embed the panel as a part of Government's mental health governance process
15. We will agree a new set of standards and reporting for services that are easy to understand and available for anyone to read.	• Appoint a Mental Health and Wellbeing Quality, Assurance Manager • Co-produce a Quality Reporting Framework that illustrates services impact and outcomes on children and young people's mental health and wellbeing across the Island • Ensure that the report is published and is publicly available • Agree standards around joined up services, integrated pathways with lead professional arrangements
16. We will promote children and young people's rights including advocacy and peer support	• Promote advocacy support to ensure good uptake • Develop key performance indicators that will measure children, young people, and family's rights • Design increased peer support services