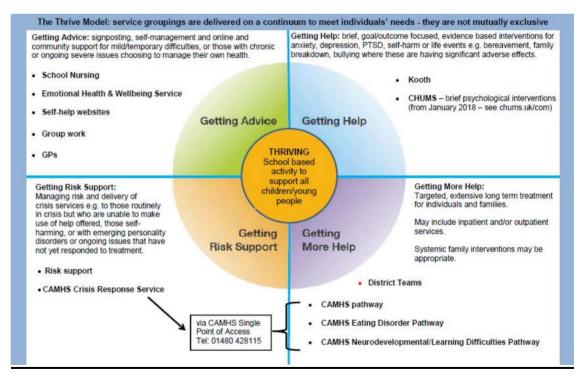


Hunts Network Meeting November 2017 - Social and Emotional Mental Health (SEMH)

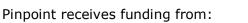
Three meetings were held across Cambridgeshire with parents, local authority commissioners, local authority managers, mental health services, schools and partner organisations. The topic for these meetings was Social and Emotional Mental Health. The aim was to give information about the new transformation in mental health services, gather feedback on this and look at where there were perceived gaps in services. Sharif Al-Rousi, Children's Commissioner, presented about the new THRIVE model (See diagram below) CAMHS (Child and Adolescent Mental Health Services) talked about what training is available to those working with children and a representative from SEND (Special Educational Needs And Disability Team) specialist services explained more about what they do in schools. In groups, we then discussed who had heard of any of the new initiatives brought about from the THRIVE model such as www.keep-your-head.com and KOOTH and what we thought the gaps in service would be. Parents were also able to raise individual concerns with service providers. The following notes were taken from the Huntingdon meeting held on Wednesday 15th November 2017. A full report from all three meetings can be found https://www.pinpoint-cambs.org.uk/improving-services/pinpointreports/

THRIVE – Sharif Al-Rousi



1

200











On a national level, there is not one language that adequately works for parents, service providers and children/ young people around explaining social and emotional, mental health. Work needs to be done in this area. There is a huge spectrum of social and emotional mental health from one end of the spectrum being "a bad day" to the other end of the spectrum where you may need in patient care for a serious mental health condition. The THRIVE model is a different way of doing things, moving from tiers and thresholds to making sure everyone fits into the model at all times.

Most children and young people can be seen to be 'Thriving': every person has anxieties and bad days but overall, these do not impact on your ability to function, e.g. get to school, keep relationships etc. If these feelings do start to impact, then to start with you may just need some specialist advice or a short, one-off intervention.

The 'Getting Advice' quadrant encompasses those needs. A young person or family may need a discussion with the GP or may need some information. The Keep Your Head website has been set up to try and pull together as much information and details of helpful organisations as possible(<u>www.keep-your-head.com</u>). There is also KOOTH.com which has been designed specifically with young people in mind: it provides information and is an online forum. Minded and Young Minds also provide advice and information for young people and families. If this is not enough for a young person, then they may need an evidence-based treatment.

The 'Getting Help' quadrant is for young people who need more treatment and involves evidence based treatments: CBT (Cognitive behavioural therapy), for example, is available here. KOOTH.com offers counselling (through online chat and skype) for young people. A new service called CHUMS provides mental health support in the community using counselling, CBT and family support, as do more established organisations such as the YMCA and Centre 33. The website, MindEd, provides parent training and CAMHS have free training around mental health issues for anyone working with children and young people. The Early Help Assessment (EHA) is a tool that can start the process of help for a family and would be introduced here. If these interventions are not enough, a young person may need a more intensive treatment.

'Getting More Help' is for young people who may need more than what is offered in 'getting help' and includes the CAMHS pathways. The core CAMHS pathway covers anxiety, depression and self-harm, which is for up to age 18 and involves a thorough transition between 17-18 years. There is an eating disorder pathway that covers young people up to the age of 19. There is a Psychosis pathway and the final one is for neurodevelopmental disorders such as Autism and ADHD 0-18 years. These are specialist services for those most in need. This quadrant also includes higher care such as in-patient treatment and services like the Croft.



2







The last quadrant is 'Getting Risk Support' can be for young people who are not able or ready to engage in any of the other quadrants. The new mental health helpline (111, option 2) was created for this as well as more staff being available for mental health help for longer in A and E departments.

New Emotional health and wellbeing practitioner post have been created. These roles will operate in the different districts of the county and be able to help navigate, signpost and support around social and emotional mental health. Details about how to contact and refer people to these workers will follow.

Rachel Ewan, from the Cambridgeshire and Peterborough Foundation Trust outlined what training was available for those working with children and young people from CAMHS. This included the camhs foundation model and other funded training opportunities. A representative from the SEND specialist services informed parents about the roles that make up the service e.g. Educational Psychologists, specialist teachers and specialist practitioners. The criteria and thresholds for intervention were also shared.

Responses as to how many parents and organisations had heard of the following services:

Kooth.com - None

Keep-Your-Head.com - None

The Thrive Model – None

Recorded notes from meeting and discussion around the gaps in service

- Lack of information about groups available for help.
- Parent involvement in schools. Have support groups, parent led but where to take management ideas for implementation?
- Management strategies for Foetal Alcohol Spectrum Disorder children.
- Therapeutic setting for children.
- Training for families and support for schools.
- When moving from one area to another e.g. no internal communication between Beds and Cambridgeshire camhs.
- Need training beyond the universal parenting programme (1,2,3 magic etc) these no longer work.
- Need challenging behaviour training.
- Transitions from primary to secondary.
- Parent drop-in support whilst waiting for CAMHS.



3







- Parent groups, as its easier to engage with another parent than with a professional.
- Parent information distribution and sharing.
- Workshop days for parents.
- Parent group or voice in schools re: what 'thriving' looks like.
- Parents need to be heard. Work together over little things to build trust with young people so problems do not escalate into a huge problem of anxiety.
- Define school inclusive policy together (parents and school). Whole school adjustments.
- Parent support groups to share experiences and build confidence in parenting.
- Signposting parents to advice and help.
- Parents on CAMHS waiting list having coffee mornings and sharing info (possibly with professionals)
- Getting both parents up to speed and working together.
- Family therapy/support.
- Refer to as the big 'M' (Mental health), as cancer is known as the big 'C'.
- Family approach, support families and parents to cope.
- An accurate assessment of needs must be carried out no matter what criteria you are. You cannot treat effectively if you have not assessed.
- Parents want training.
- Bad behaviour is a result of a bad experience for the child. Behaviour is communication please recognise this.
- Diagnosis. This is essential for families to accept and help their child and to access appropriate help from elsewhere. It is not a label, we do not want to label our kids we need to understand them and so do others dealing with them.
- Clinicians.
- Parents shouldn't be disempowered or dismissed by experts during a discussion or situation. We know our child best. Include us.
- Parents are experts on their child.
- Professionals need to understand the label.
- Any intervention for the young person should have parallel support for the family.
- Info from other parents can be less 'painful' for some parents dealing with it.
- People do not always believe the young person.
- Well behaved children are ignored. Behaving does not mean there is no mental health issue. These children internalise.
- CBT may not work. Please explore alternatives through the Psychological Wellbeing Service, which is part of the Improving Access to Psychological Therapies (IAPT) services.

A joint report from all three meetings that highlights the main points can be found here <u>https://www.pinpoint-cambs.org.uk/improving-services/pinpoint-reports/</u> The main report will be fed back to managers and commissioners of local authority and health services.







LOTTERY FUNDED