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Cambridgeshire Highlights

June 2015 Parent Network Meetings - Mental Health and Well-being

Background

Five meetings were held across the five Cambridgeshire districts with parents, service providers and commissioners. The topic for these meetings was Mental Health and Well-being with an aim to gather parents' views around what types of early intervention mental health services would help families. Jo Rooney, Commissioning Manager from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) gave an update at each meeting on what is happening nationally and locally around mental health services. This was followed by group work to answer four questions on service provision. After the group work, each group fed back their key points which had been captured on flip chart paper and are recorded below.

52 parents attended in total with a good mix of professionals from the CCG, Cambridgeshire County Council (Disability Team, SEND Services, Enhanced & Preventative Services) and the voluntary sector. We had limited representation from Cambridgeshire Community Services and the CPFT which attended only two meetings.

Feedback

A summary of the themes emerging from the group work is listed below by the questions asked.

1. What services do you value and think work well? Why?
 - CAMHS is good, once you get seen
 - Services from voluntary sector very valued
 - Services from a few schools can be very good, specifically counselling, school nurse, behavioural support e.g. St Bedes, Meadowgate, Millfield Primary, Comberton, Burrowmoor
 - Early years services and some local authority services were also mentioned e.g. children's centres, Parent Partnership, Short Breaks, family workers – locality services enabling access to information and services via CAF
 - Some health services also mentioned e.g. GP dependent on individual, OT / Sensory Services, Early Bird, Paediatrics at Addenbrooke's

2. Where are the most suitable places to receive services?
 - School - often mentioned
 - Community - often mentioned
 - Home – frequently mentioned
 - Right environment is key, not medical
 - Discussed weekend availability at one meeting
 - Flexibility, based on individual, also important

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3. How can we improve access to services?

- Long wait and getting access is key issue “Can’t get access”
- Better integration of services often mentioned
- Better information on what services are available
- Support and regular contact from a professional

4. How can we do things differently?

- Training for schools and children’s workforce most mentioned
- Training / information for parents also highly mentioned – webinars, tools to use, low level CBT, etc.
- Better integration and co-ordination of services, not having to repeat your story over and over
- Plans and pathways for each child – planning ahead, what happens next?, stay in system?
- Support for parents – parent to parent, while on waiting list
- Knowledgeable professionals who can support and signpost e.g. school nurse, family worker, key worker

Other Comments:

- Diagnosis – needed or not? Mixed views
 - “A diagnosis opens doors”
 - Not, if needs are met. (Though need to link this to schools.)
 - If help available without a label, recognition of problems without defaulting to “It must be your parenting.”
- Specific CAMHS issues
 - Too many CAMHS teams with different ways of working – don’t know where to go
 - When finally get to see someone, critical information lacking re: case, internal failure, shouldn’t make a diagnosis
 - Issues with referrals from CAMHS to adult services (mentioned twice)
 - Ida Darwin - not child friendly / no suitable facilities
- Suggestions not mentioned above
 - CAMH worker in community to support GP
 - Peri-natal is a key stage
 - GP paid to diagnose / pick up anxiety and depression
 - Local offer to include guidelines on seeking private treatment / diagnosis
 - School doctor to see children with known issues e.g. SEND yearly at secondary school, like primary school