

## **Parent Network Meeting – Mental Health and Well-being**

**South Cambs, 26 June 2015**

**Papworth Trust, Papworth Everard**

### **Attendees**

Parents: 10

Service Providers: Jo Rooney, Jo Fallon, Diane Jackson, Janet Dullaghan, Josh Hang Gong, Siobhan MacBean, Teresa Grady, Sharif Al-Rousi

pinpoint: Eve Redgrave, Lenja Bell, Judith Middleton

### **Overview**

The topic for these network meetings was Mental Health and Well-being with an aim to gather parents' views around what types of early intervention services would help families. Jo Rooney, Commissioning Manager from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) gave an update on what is happening locally and nationally around mental health services. A copy of the presentation can be found on the pinpoint website: <http://www.pinpoint-cambs.org.uk/pinpoint-reports>. This was followed by group work with parents, service providers and commissioners 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. Parents had a chance to talk individually with each other and service providers over lunch. After lunch, pinpoint ran a well-being session for parents. For more information about this session, see: <http://www.pinpoint-cambs.org.uk/news/blog/mental-health-well-being> .

### **Feedback from group work**

1. What services do you value and think work well? Why?

- Centre 33 – good when young people walk in the door
- Voluntary sector
- Pinpoint – support / information
- Internet – downloading
- Time to change
- Positive role models
- GP referral to CAMH
- Skilled GP – prompt to access specialist

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- IPSEA – recommend how parent talks to school
- PPS
- Family workers
- SENCo's helpful
- Paediatrics at Addenbrookes
- When you see the same professional for each appointment so don't have tell story again and they can see changes
- Listen to parents and valuing their opinions
- Peer support is invaluable
- Early years settings are useful as allows parents to interact with other parents and interact with other children the same age
- Occupational therapy has been useful as they give practical help and assistance with sensory issues
- Schools can be useful (if they are your side) as can have a lot of power and can co-ordinate

## 2. Where are the most suitable places to receive services?

- Familiar places
- Home
- Support group
- Doesn't feel medical
- Internet – mental health directory
- Stepping Stones
- Flow chart – clear, simple bullet points
- Groups / peer support
- To be seen in a familiar setting for child (house, school)
- Allowing for more than one visit to be seen by some parents
- Arrange for teams of professionals to see together for share observations
- Not at GP's
- Consultation with parents as may be useful to assess unfamiliar settings

## 3. How can we improve access to services?

- Next step – access (follow up after diagnosis)
- Can't get any access
- Anxiety part of same issue
- Inter-departmental service (i.e. not going back to GP)
- Co-operation from providers – with parents
- Missed opportunities – trigger questions

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- Consultation with parents on their own (phone?), positives in front of child
  - If CAMH could respond quickly, too long wait list, went private
  - Some parents will go private, info on this, what to expect, who is credible?
  - Information – I am worried about my child, where do I go next?
  - Other services need to be aware of mental health / emotional well-being e.g. schools / teachers / SENCo, able to refer / signpost
  - More training for GP's, SENCO's, children's workforce
  - CAF / TAC
  - Reducing waiting list
  - More open criteria
  - More one stop shops with different services, would be especially useful for people new to area / new parents
  - Knowing how long it will be until you are going to receive a service, regular contact from professional so you know you aren't forgotten and to update information, and same person
  - Allow parents to access / refer to services
4. How can we do things differently?
- Mental health targets for GP's
  - Training in education
  - Joined up services
  - Pathway an issue, one entrance level
  - Family worker not trained in disability (also school social worker)
  - CAMH up to 19, others up to 25
  - Be more aware of underlying issues
  - School's use of Pupil Premium
  - Some [schools] recognise mental health issue / others don't
  - Schools not recognising wider social needs and development
  - Support groups / programmes for children's needs are missed e.g. those who are quiet / not disruptive / shy / withdrawn
  - Family workers – facilitate groups of the above type
  - Support group – peer to peer, parent and young people
  - One point of contact – signpost, knowledgeable, local
  - More info to parents – even before diagnosis
  - What's coming in the future
  - Number of different professionals, professionals keep changing, having to start at the beginning again and again
  - Take away diagnosis from mental health
  - Listen to the parents and take on their opinions

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- Automatically refer any child with ASD / BEH difficulties / ADHD / anger issues for sensory processing disorder assessment
- School doctor to see children with known issues e.g. SEND yearly at secondary school, like primary school
- Plan needs to start earlier than when seeing a professional, trigger point to seek help

These comments were also fed back:

- Idea: GP paid to diagnose / pick up anxiety and depression
- Local offer to include guidelines on seeking private treatment / diagnosis

### **Next Steps**

The feedback from the group work will be collected and analysed across the five network meetings and shared with the County Council, CCG and Cambridgeshire and Peterborough Mental Health Trust (CPFT). It will feed into the CCG Transformation process and support work around improving how early intervention mental health services are offered by the County Council, health services, the voluntary sector and schools. Pinpoint will update parents on how this work is taken forward.