

Town Hall, Market Hill St Ives PE27 5AL

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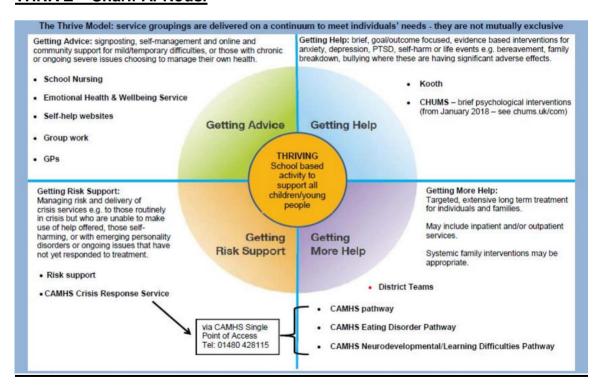
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<u>Cambridge City Network Meeting November 2017 – Social and Emotional Mental Health (SEMH)</u>

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 Cambridge City meeting held on Wednesday 8th November 2017. A full report from all three meetings can be found https://www.pinpoint-cambs.org.uk/improvingservices/pinpoint-reports/

THRIVE - Sharif Al-Rousi











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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 on the whole 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(www.keep-your-head.com). 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









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specialist services for those most in need. This quadrant also includes higher care such as in-patient treatment and services like the Croft.

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 - 2 (Out of 30)

Keep-Your-Head.com – 2 (Out of 30)

The Thrive Model – 3 (Out of 30)

CAMHS - Everyone

Recorded notes from the meeting and discussion around the gaps in service

- THRIVE Does it work? Can parents access it?
- Parents want and need training. Skill up parents. Not parenting courses!
- Recognition of the issues.
- Schools need to share with parents.









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- Massive gap when referrals from GPs are sent back and then told to refer through school. What about the child and family in the meantime??
- Lack of early intervention and recognition.
- System problems and the process for families is complicated.
- Need Mental health therapy workshops for parents. Skills/programmes made available.
- Diagnosis packs, Mental health information.
- Proper diagnosis. If a child has a mental health issues that has resulted out of no diagnosis for example Autistic Spectrum Disorder problems become worse for all.
- Independent specialist school is not accessing this mental health info and not sharing with parents.
- Parents wellbeing needs to be considered and need support from school.
- Working together.
- Providing skills to families and friends empowering them.
- Inclusive environment from the community.
- Befriending engaging parents.
- Lack of early intervention.
- Limited access and clinical effectiveness of CPFT in Cambridgeshire.
- Specialist services lacking neurodiversity understanding.
- Assessment simplify this?
- What training do Special Educational Needs Co-ordinators (SENCOs) have?
 Standards of training what is mandatory?
- It's not good enough to hope for the best with regard support for families.
- Help for non-verbal children who have a lack of self-awareness.
- Home education.
- When are kids not thriving? Who decides this?
- There needs to be a belief in parent expertise.
- Where do families go to? Seems like a secret professionals 'seem' to have cards close to their chest.
- Schools are gatekeepers for referrals -it's their decision and if the relationship is not working well, families are stuck.
- Co-production Are you going to pay parents to be involved? It is always assumed parents can and want to volunteer. Our time is valuable.
- Advocates for families.
- Support for families.
- Hidden autism in girls.
- THRIVE Risk is the most needed and has the least provision.
- THRIVE Not systemic. Ltd parent/user involvement, need to feed in and develop this.
- THRIVE It's a start point but there is too little parental involvement.









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- This a neurotypical model. Where is the SEND model especially if there are communication difficulties?
- Early intervention. Don't wait for the crisis. Don't leave people for months without anything.
- SENCO gap Health don't talk to education.
- Looks like a 'CRISIS' model not thrive the title misdirects.
- School and parent breakdown. What do you do?
- Compulsory parent courses inappropriately blames parent for their parenting when this is a different issue. This is a delaying tactic.
- Never heard of the SPA.
- Co-production Schools and education don't do it.
- Education/social care/health and parents should work together in this.
- Holistic to much is 'done' to people there are gaps in common language.
- Designated caseworker responsible for liaising and joining up all services in the interest of the parent and the child.
- Representative voices.
- Need the family to be the centre with services working with them. At present it is still services being put on the child and the parents are not in the discussion.
- Holistic communication.
- Empower parents We are your most cost effective, sustainable and long term source'
- Parents want to be trained.
- Mental health recovery is a long journey and the most consistent person in a child's life is their parent.
- Need an 'Aunt' an independent person to help the family.
- Schools should presume that parents know best.
- Funding is a big gap.
- Access to most is through an Education Health Care Plan so lots miss out.
- Parent support group at school.
- Properly trained SENCO.
- What if a child is non-verbal?
- Parents need to be shown around the middle thrive circle being empowered and supported for a child to thrive long term.
- Don't send us on parenting courses.
- 'Voice' of the young person is missing.

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





