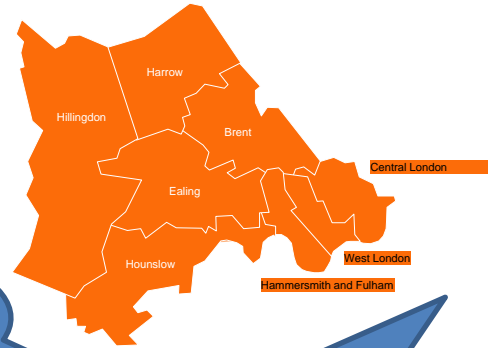




# Children and Young People Workshop 3 16.7.15 Ealing Town Hall

## Write up

We were pleased to host a round 35 local practitioners and young people invited from Hammersmith & Fulham, Hounslow and Ealing. Jointly with commissioners from the 3 CCGs we explored how we develop the local plans to respond to the new national strategy for Children and young Peoples' mental health– Future in Mind. The groups got on their feet and moved around the room at each station discussing a different chapter or aspect of local delivery. It was interesting that there was considerable consensus as to the key areas where change is needed – and equally many changes which don't require lots of money and can build on existing approaches. It's always heartening when people mention services or experiences which are positive and which we can learn from and build on .



Don't forget there is already so much going on provided for in schools. They do have experience of dealing with MH issues

What is needed 24 hour?

There's now much less stigma about Mental health – but still a lack of knowledge – Ealing Young person

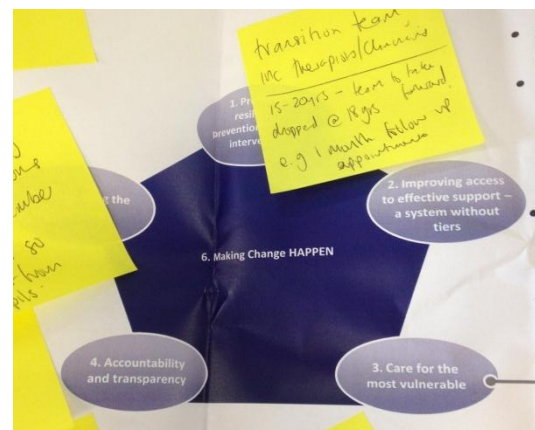
WLMHT – passionate workforce going the extra mile for young people. Always concerned

Lots of resource – they need advertising – Ealing YP

Hounslow – some great experiences. Helpful clinicians, balance between formal and informal, trusting relationships

Ealing CAMHS Youth Committee – YP have experience – website development, film material, campaigning

**CULTURE** – need to embed different culture on an ongoing basis



We heard some of the specific experience relating to individual needs – and helpfully many people shared examples of great services or support they know of locally – that we can learn from

## Total Respect Training

For all professionals who work with children and young people in care and care leavers in any capacity, including but not exclusively: social workers, after care personal advisors, team managers, elected members, service managers, school governors, teachers, foster carers, IRO's, health professionals, youth offending professionals and residential workers.

Ealing CAMHS Youth Committee



### Being seen and heard

The Cassel Expert by Experience Network (CEEN) provides support for ex-service users of the Cassel's inpatient and outreach treatment programmes, and is a major source of service user experience to help the Cassel staff and current service users.

Adolescent Forum in Hounslow

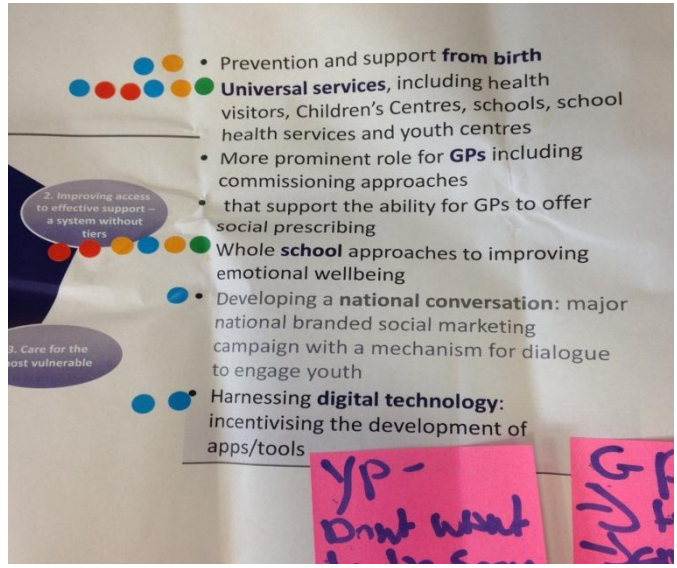
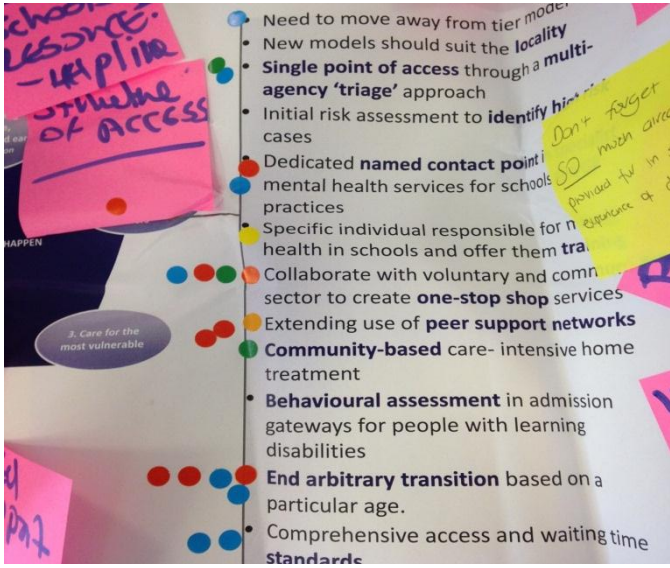


Hammersmith and Fulham – Co-production training

Good access in Hounslow for training via CAMHS – teacher attendance is good when delivered in schools.

**Challenges - What areas have we not done enough to support:**

	Support for those who don't meet thresholds eg 'extremely bullied'		Sometimes there's a challenging interface with social care	
H&F find hard to manage inappropriate referrals		Transitions into adult services Didn't meet criteria- need continuity. Therapists can help with this		MASH teams don't always involve Mental Health?
	Knowing what's out there can be hard		LAC/LD and gangs - need evidence of what works	
All challenged to find time to do more		Non-judgemental culture		Particular challenge for autism and LD
	Training budgets need to be protected - clear on purpose of training		Support to understand challenging behaviours	



## **How we structure our services - Get rid of tiers**

SPA –Clear structure of access

GP – is this the right environment

Crisis support and Home Treatment Teams

Strong focus on self-help and self-referral

Support individual responsibility

What does lead professional mean in practice?

Whilst on Tier 2 waiting lists- people escalate to tier 3

But in Ealing - currently no waiting list for tier 3 Clinical Psychology!

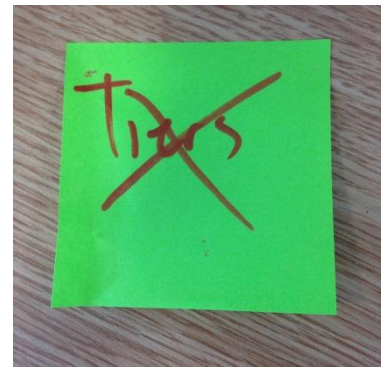
Risks that YP with specific needs cluster

Support prevention – how are we planning for mid-long term?

Sometimes admissions are too far from home – although if managed and supported and connected this can not be a problem.

Huge value in peer support – shared values and more likely to talk. But peers need training

Need to consider demographics of our staff – and retirement ages, as well as the need for maintain workforce audits and the work involved.



## **The wider system/specific improvements**

Eating Disorder Services

Neurodevelopmental

Current gap in challenging behaviour – esp Hounslow

15-20 year IAPT service – needed

Transition team – including therapists and clinicians. 15-20 dedicated team, currently dropped at 18 years. Needs eg 1 month follow-ups.

Strengthening relationships across system

Hounslow joint commissioning teams – JCB meetings. Requires pooled budgets and shift to outcomes.

Holistic approach – multi-agency teams not pathways

Drop in counselling services and school. Member of school so can be difficult to Trust

Schools and commissioning independent counselling – concerns about quality and whether it's the right people. Assessment s of all schools on what they deliver – in terms of therapies.

Need to consider the impact on staff and services of CYIAPT – as a very onerous training programme, Do we have the resources to increase CYPIAPT numbers as proposed?

## **Schools - changes needed to support delivery of Future in Mind**

Young People don't always want to be seen in schools

School planner could be useful to provide info

Interne t can be a resource in schools

Schools – capacity, investment= challenge

Schools going through one portal – Tier 2 professionals co-located – Ealing

Whole School Approach

Schools Counselling – is it the right people doing the right things? But DNA rates are better

Early intervention, with parents – young people more likely to engage and better outcomes

Teacher training –really important - focus on new teachers – but existing teachers too.

Can be challenging for teachers to switch hats

Must embed MH in the curriculum as well as have specific weeks/PHSE

### **Youth friendly access**

Where good web info exists – need advertising in schools – and use existing websites. Use social media to spread info

Online and virtual access – has the advantage of being where young people are

YP love idea of Easy Access – eg to youth counselling

Look at Youth Services – what already exists

Video a good medium for communicating

For those online - need professional access

Welfare office – books appointments for YP for counselling via email, letter or face-to-face

Youth 2 Youth – phone

### **Integration**

Lead professional should coordinate services in schools

Remove barriers between inpatient and community teams – need to link to support effective transfer between settings – and pre-planning

Ealing CAMHS and LAC – could be integrated within wider CAMHS better – and link with social care. Link with other services is better

Co-located teams are invaluable

### **Transition and access post 16**

Need to know what happens next – esp re tier 4. And joint plans. CAMHS can be more involved in planned admissions..

Transition- 18 + 6 months – support workers

### **Supporting our teams**

Current training programmes – can we impact on those already being trained?

### **Operational challenges**

MH assessment should be completed correctly.

Debriefing for counselling useful.

Waiting lists – balance of criteria and open access.

No data sharing system – so duplication of paper documents

Towards the end we took the opportunity to drill into the consensus and see what differences there might be across different boroughs. The table below reflects the different needs – and probably shows a different in emphasis rather than fundamentally different needs.

<b>Ealing</b>	<b>Hounslow</b>	<b>H&amp;F and elsewhere</b>
<p>A whole school approach to supporting emotional health and well being. Including:</p> <ul style="list-style-type: none"> <li>- Having a CAMH lead or champion in every school</li> <li>- Developing PHSE so that it has more of a CAMH focus</li> <li>- Improving the emotional literacy of school staff (enabling identification of needs and appropriate response) by training sessions . For newly qualified teachers as well as existing teachers</li> <li>- Developing standards for schools to encourage greater consistency in commissioning mental health services</li> </ul>	<p>Early intervention - upskill school staff</p> <p>Transition to be at 25 instead of 18.</p> <p>Outreach team for Crisis and to support YP coming back from inpatient units to the community.</p> <p>Eating disorders - more investment</p> <p>Learning disabilities and Neurodevelopmental services.</p>	<p>Response to massive rise in diagnosis of under 12s – high risk and dangerous self harm.</p> <p>Consider how we provide the right in-reach – to specific communities, traveller, gangs</p> <p>Parents with Mental Health needs – considering the needs of children</p> <p>Role of peer support</p> <p>Importance of keeping normal life going alongside managing illness</p> <p>CAMHS and LD – cross borough</p>
<p>Supporting transition from children’s to adult services</p> <ul style="list-style-type: none"> <li>- A 15 to 25 year old service was seen as a good model, helping move between services (note that Brighton may have similar model)</li> <li>- This could help with young people requiring both tier two and tier three type of interventions</li> </ul>		
<p>Supporting young people</p> <ul style="list-style-type: none"> <li>- Young people supported the development of a</li> </ul>		