

CAMHS Event 10th July 2013, Identified themes, What we Could do Better

SCHOOLS

Learning mentors in all school/pastoral care differences
School nurse limited – too much time spent on safeguarding
Intolerance at school leads to exclusion; school unsure what to do
It's all our business – not just education not just health investment
Road shows hubs in special schools where capacity is built – provision
Free schools /academics
No consistent approach from schools
Schools understanding of ADHD / mental health and ability to respond
Young people want mentor/support in schools/pastoral support
Has gone backwards due to national agenda around education and all services feeling pinched
SEN/others lost in the middle Participation in training by schools understanding what is an appropriate referral to Tier 2 – Tier 3
Support in schools varies tremendously
Schools crucial to, and the best opportunity to support and build positive mental health
School support varies from good to poor.
Does the Local authority have a role in ensuring schools understand their role in positive health and pastoral care.

PARENTAL SUPPORT / MENTAL HEALTH

GAP – parental mental health service
Changing and managing complex family environments
CAMHS to address and change family environment takes whole system change
There is a gap in attachment services, Parent child 'game' has gone
Support for parent's as well as CYP when going through difficult times (loss etc)
Family support very important
Young people live in a very different world and supporting average parents
Early age – family interventions around communication / therapy – stigma attached
Communication between services between service and families
0 to 5 pre-school not sure this is good enough – children led health programme early intervention is crucial
Support for parents and cares as well as CYP

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TRANSITION

Transition to 18 – transition in children’s lives

COMMENTS

Preventative work

Resilience

Closer partnership planning

Retention and recruitment of staff – people leave, but results in gaps specialisms lost relationships also unsettling for SUC/ families

Short term contracts can have an impact on service

Still commission for CYP to fit into organisations rather than pathways

Don’t celebrate success stories – concentrate on negatives

CAFS >capacity = appropriate use

IT / facebook/ etc could we embrace Web based approved sites, for those who don’t want face to face

Consistency

Not passing a child around

Be clear about who provides, who stakeholders are and increase awareness early intervention.

Need to focus on Early intervention

Can’t fix the child we need to fix the system

Different understanding of language – tiers/CAMHS etc

Lack of integrated services despite changes and efforts

Clear commination need to understand structures, systems and connections

Need clear vision and strategy

Where is role for community volunteer charity sector in Halton?

Families as the champions of good mental health in their lives

Retention issues – better longer term commissioning – skill matching – right people = tight job

Data use number not outcomes. Evidencing stories

PMFS should be stats – case studies

CAF MDT approach

LAC

Experiences of children in care

Children in care provision is not responsive enough

CIC service pitched a right level

Tracking CYP brought in to Halton ‘from out of area’ (financial impact, capacity etc)

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TIER 2 & 3 CAHMS

Package around the child not the parent are health risk adverse and admit unplanned costly

Confidence to access services

Thresholds and criteria to move between levels of service

Capacity (Clara's example)

More workers, or more consultations or both?

Do our models work?

Responsiveness of waiting list – Tier 2

CAMHS is no magic wand

Tier 2 – Tier 3 clarity on what is appropriate for each = Big gaps

Lack of intensive support for ADHD /ASD

Not enough Tier 2 counselling or family support

Barnardos and CAMHS more consultations

Waiting for something to happen / referrals

Nothing happens in between asking for help and being seen

ASD waiting times /AHAD

Schools understanding of ADHD / mental health and ability to respond

Limited input results in revolving door clients

Thresholds criteria – how to know what to do between thresholds tier's

Delivering preventative promoting social inclusion open ended support (longer time)

Need more understanding of CAMHS /mental health what are the services available

Fragmented services – strained relationships between Tier 2 and 3

Lot of inappropriate referrals

Issue about CAMHS Tier 3 formal diagnosis Tier 3 no longer making a diagnosis

Appropriate environments to assess child's needs not just in a clinical setting

Conversations re CYP who fall between the Tiers services