

Sheffield Health Action Zone Year-end report 2003-04

CAMHS tier 2 – mainstreaming Young Peoples Mental Health Project start date: April 2003

1. Looking at your original plan, how much progress has been made towards achieving the stated purpose?

The purpose of this, second phase, of the project was to establish the work developed between 2000 -03 as part of the new Tier 2 developments in the Child and Adolescent Mental Health Service, including negotiating a change of focus from North PCT to being members of teams in 3 PCTs. The major changes in terms of transfer of staff, new management arrangements, establishing new working relationships have been achieved. We now have one full time member working into the South West Child and Family Therapy Team, one into the North team, and one part time worker with the West team. These posts are becoming an established part of the CAMH service, with good links to other health, education, social services and voluntary sector workers.

2. What were your key successes for 2003-4?

Getting established:

- establishing working relationships with the local Child and Family Therapy Teams such that everyone has a common understanding of the work role and remit
- developing mental health promotion and problem prevention work alongside the other Tier 2 workers
- publicising the new developments and making links with other agencies within the area - e.g. school nursing, learning mentors, health visitors, SENCOs, voluntary agencies
- making/continuing contact with the relevant PCT children's and mental health groups

Identifying priorities

- making action plans in collaboration with the team, PCT, Tier 2 implementation group
- agreeing areas of highest need to focus main efforts, including schools with high need
- identifying 'at risk' populations/vulnerable groups to focus problem prevention work and key collaborators to take this work forward. The main groups we are currently focusing on are multiple heritage, asylum seeker, and children with siblings with a disability. Additional work is being done around bereaved children, and development work is underway in relation to other at risk groups.

Increasing awareness of mental health, risk and resilience

- through presentations, questionnaires, community stalls
- responding to requests for training, consultation and information from schools and other agencies
- developing groupwork packages and piloting them alongside other workers, then planning dissemination across the city

Getting work published

- publication of the Welcome to Our Nation asylum seekers secondary school groupwork pack, through the hard work of Pam Allen

3. What was not achieved and why?

Establishing office space has been very difficult in the North and West - plans have fallen through, contracts have taken months. This has had a knock on effect on administrative staff arrangements and has meant that staff have had difficulty functioning fully.

Data collection and activity monitoring systems are still in development, because they need to fit in with the other CAMHS systems, which are not designed for this kind of work.

4. What difference has your initiative made to

a) peoples health

groupwork with parents, children and young people has aimed to

- increase understanding of emotional states,
- develop resilience in the face of difficulties through raising self esteem and coping strategies, and
- promoting ways to manage stress.

The work with children and young people has included Healthy Minds workshops to whole class groups in secondary schools, group work addressing identity and affirmation for black and ethnic minority children, support groups for children with siblings with a disability, and for children in nursery/key stage 1 facing difficulties.

Work with parents has included a parenting group in nursery, parenting adolescents group, and information giving sessions. **[See attached activity report for more details]**

Feedback from children, young people and their parents who have filled in evaluation forms has been positive.

b) service impact

The project has had a service impact in two respects. Firstly, through introducing different concepts of mental health promotion and problem prevention into the mainstream CAMH service. Mainstreaming has certainly increased understanding of the range of work that is possible and desirable and we believe the project is valued by the other team members. Secondly, the project has an impact on other services through communicating information, skills and understanding to staff of a wide range of services. This has been through consultation, training and joint working **[see attached activity report for more details]**. Feedback from staff attending training workshops has been very positive [individual evaluation reports available]. Staff say they have a better perspective of mental health as a continuum of well being, and so feel less anxious about managing problems and more positive about the role that they can play. Increasing skills through the joint development and facilitation of groupwork, and through introducing concepts such as solution focused ways of working has also been highly valued.

5. What have you learned from your initiative, in relation to what worked well as well as what did not work?

Uncertainty is not helpful - the time taken to get the project staff fully established as part of CAMH teams, and the ongoing difficulty over office space, has made the year quite difficult for some people. In addition, some things that were agreed were not recorded in detail and so there is further discussion of things that should have been clear already.

Working with what works is the best approach - it capitalises on other peoples interest and enthusiasm and has knock on benefits to other areas of work or other agencies. It also provides more visible outcomes for project staff that are encouraging and motivating.

It is nice when people take learning from the project and use it to positive effect; being publicly acknowledged as a significant contributor to this is important.

Working in a way that is different from the rest of the mainstream service raises a number of issues that need time to work through - for instance, how to record activity, how to evaluate outcomes, how best to link across the tiers of work and across agencies. It will take time for the work to be fully established as part of CAMHS, and for the project workers to feel confident that their work is understood and valued.