

Presentation & discussion notes

Being Seen and Heard

- Sue Balmer
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Presentation notes

- A video was shown which was developed, written and produced by Dr Alan Cooklin, Consultant Child and Adolescent Psychiatrist.
- The video is divided into two main sections. Part I shows children and parents relating their various experiences. Part II focuses on solutions and the ways that professionals can help. The stories are interspersed with comments from experts. The key points of each sub-section are summarised in text on the screen.
- Part I begins with an example of a referral which includes a discussion of what questions ought to be asked. Children and parents relate their experiences and opinions. The young people speak very frankly on what they believe is needed from professionals, both at home and when visiting parents in hospital.
- Part II first examines ways in which professionals can help, again with contributions from young people themselves. Tips are given for talking with children, both on their own and in the presence of parents or the whole family. Finally, details are shown about the Kidstime Workshops – a special project being carried out in the Camden area which uses play-writing and drama to encourage children to express themselves.
- The video can also be used in conjunction with the Department of Health's Crossing Bridges (1998) resource.
- The video Being Seen and Heard can be ordered for £35.25 from:
Book Sales, Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG, UK.
Tel: (0)20 7235 2351 ext 146 (9:30am–2pm only).
Order online: www.rcpsych.ac.uk/publications

Workshop discussion

- There is a lack of communication and understanding between Children and families services and Community and Mental Health Teams (CMHT). The children are caught in the middle. The situation will get worse as services change (mental health falling under health for example).
- People say “I work with the parent, I work with the child” but they forget to be generic social workers.
- We should use voluntary service agencies and not just children and families departments of social services.
- Money is often a problem. There is a reluctance to commit budget to something that is not that department's responsibility.

- Same perceptions and problems (“they don’t understand our job”) are cited by several professions / sides.
- Problems are gradual so children and families only seem to get involved when the situation has got extreme – or when it’s too late.
- The Parental Mental Health network is trying to reach the gaps in the system.
- The first failure is often at GP level. How can we bring GPs into the network?
- We often hear “the threshold is too high”. This is not the case. All are eligible.
- Section 47 assessments if used correctly can help deliver services. Who does this assessment? Not all CMHTs conduct these assessments.
- If a user is in primary care it’s harder to get picked up.
- There are questions over who pays for the assessment, who follows up and who takes responsibility.
- What is wanted by service users and needed by the system is generic casework.
- There will continue to be a major risk until someone actually talks to the child.
- It would be good if the voluntary sector could refer people to services, or help get an assessment.
- People need to see section 47 assessments at work and see they are beneficial.
- The practice is different all over the country.
- It does not matter if you’re in an integrated care team as all integrated teams still have social care staff.
- Training is an issue. Childcare do not understand mental health and vice versa.
- The divide is artificial – we should all be focussed on the client.
- Question for the panel: What are their thoughts on using section 47 assessment properly to ensure that people get the services and support they need?