

## **Action Plan Notes of Think Family Workshop 20<sup>th</sup> May 2013**

The following is a note of the workshop held on 20<sup>th</sup> May relating to potential actions for the group that could form an action plan.

- Addictions Services in Southern Trust are currently consulting on their regional commissioning plan. This is something that the group may consider having some input on.

### **Common Themes from Family/Staff Experience Survey**

- Communication and information sharing
- Assessment, comprehensive planning and treatment that involves the 'whole family' approach by professionals
- Early intervention, timely responses tailored to meeting family needs

### **Queries/Feedback**

- Organisational change/ change in personnel presents a challenge
- Need named individuals with responsibility
- Risk of families feeling stigmatised and fear losing children
- Opportunity with community/voluntary sector involvement and to strengthen links through CYPSP. For example, link between One Stop Shops and Family Support Hubs in Southern Area
- Lack of awareness between staff and consequently families, especially on the adult side
- Use of family support hubs (delivery) and outcomes groups (planning)
- Mental health or mental wellbeing?
- TYC and early intervention-investment aimed here
- But increasing complexities at this early stage

## O'Neill Recommendations

- Majority recommendations completed
- Minor elements outstanding
- Main themes of recommendations within Think Family
- Reporting to DHSSPS

### Group discussion:

- Pilot between Action for Mental Health and SE Trust. New referral sheets used which include questions about children and:
  - Focuses staff to consider needs of whole family
  - Able to alert Trust in case of an event
  - Promote Think Family Approach

Does this or an alternative happen in other areas? Action would be sharing best practice regarding referral and assessment

- **Regarding Recommendation 4 on 'Mental Health Children's Services: Recommendations for future work': *Trusts/Organisations need to consider how staff communicate relevant information about mental health issues to service users and their families, including children. Explore ways of improving how we talk with and inform children, either directly or through their parents/carers about mental health issues of family members. How, in an age appropriate manner, children are provided with sufficient explanations/information about mental illness.***

Action could be to determine what extent this has been done, and if not then the development of materials or training, available regionally. This group could recommend that funding be set aside for an organisation to implement this

- **Regarding Recommendation 2 on ‘Mental Health Children’s Services: Recommendations for future work’: *‘Technical solutions to link up children’s services databases with mental health databases to assist in the identification and assessment of need for families and children.***

Action is a scoping exercise to map out what opportunities exist to link databases eg. Out of Hours service, electronic version of UNOCINI and best practice generally

Discussion ensued on the target population of this group.

<p>Differentiate between adult mental health and early intervention mental health- the think family response for each group would be different</p>	<p>Regardless of differentiation, the supports for family should be the same as we are concerned with the impact on children only</p>
<p>Group would need to consider to which it is referring as it progresses actions</p>	<p>The CYPSP cannot do actions for adult mental health but rather the think family impact on children</p>

**IMPACT ON CHILD → ADULT MENTAL HEALTH → FORMAL SERVICES**  
**→ EARLY INTERVENTION → E I RESPONSE**

**FROM MAURICE**

1. Increased access to Early Intervention Services (Family Support Hubs)
2. Improve Knowledge of what is working well
3. Ensure that different interventions/approaches are linked and acknowledged with ‘Think Family’ approach

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4. Adoption of whole family model in adult services

## **FROM REST OF GROUP**

- Link with infant mental health work led by PHA. Examples of good practice is the Solihull