Parents of children with emotional or mental health needs:

A consultation to explore the views of parents and practitioners in Kingston upon Thames

Final Report V.02

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- All of the parents who took part in the consultation via questionnaires, and informal interviews;
- The volunteer who helped us in this work: Anjum Shaukat
- The mental health service providers who took part in the consultation via questionnaires, discussions and informal interviews and also their support in networking and supporting the work;
- Kingston Borough Council Public Health department for commissioning the project and providing local contact details for organisations and groups.
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‘Which way?’ View in Kingston town
1 INTRODUCTION

Kingston Council Public Health Department commissioned Together for Mental Wellbeing to carry out a consultation about services for parents of children with emotional or mental health needs in March 2014. Kingston Council is developing a new service for parents of children with mental health needs. The aim of this piece of work was to consult with service providers and with parents of children experiencing a range of emotional or mental health difficulties, in order to understand what support they do, or would, find helpful for themselves, their children and their families. The consultation will inform and shape the design of future services.

It should be noted that, since the commencement of this consultation, some changes to CAMHS have already begun to take place. It had been recognised that Tiers 2 and 3 of the service (FASS and FACT respectively) were not operating as they should. A single point of access is being established to ensure that children are assessed and directed to the right source of help according to need.

The consultants working on this project

Debbie Roberts and Alison Faulkner, consultants with lived experience of mental health issues working for Together for Mental Wellbeing. Both Debbie and Alison are experienced trainers and researchers who have worked with Together over a number of years.

Together for Mental Wellbeing

Together for Mental Wellbeing was founded in 1897 with the purpose of supporting people with mental health problems, complex or multiple needs. Our approach is person-centred, recovery-focused and practice-based through service-user leadership.

We currently work with more than 4,000 service users in over 70 services each month across England. We provide 20 residential services to those with complex or multiple need, 15 supported accommodation, 11 floating support to those in their own homes, 14 community support services as well as advocacy, forensic advocacy and court liaison and diversion services.

Service user leadership is embedded at all levels of our governance and delivery, including at board and director level through our Service User Involvement Directorate and 3 Service User trustees.

The work of the Service User Involvement Directorate

The Service User Involvement Directorate (SUID) was formed in 2004 to develop innovative practice around service user involvement, leadership and peer led support. The work of the Directorate is service user led and the majority of staff and volunteers have accessed mental health services or experienced mental distress themselves.

SUID works across Together projects and in partnership with external organisations, including Primary Care Trusts (now Clinical Commissioning Groups), Councils, Foundation Trusts, private sector organisations and other third sector organisations. It provides a collective service user perspective on a range of issues relating to mental health and mental health services. This is in addition to undertaking consultations with service users and other stakeholders, developing and
delivering training sessions and programmes, and providing specialist advice and consultancy services.

**Aims of the consultation**
The aims of this project were to consult with parents and local service providers and practitioners to find out:

**Parents:**
- How easy it is for parents to meet other parents of children with mental health problems and if they would value this;
- Experiences of using Child and Adolescent Mental Health Services (CAMHS) including access and the treatment;
- Experiences of using Kingston Carers' Network;
- What information and support would help parents to look after their children and support them with their difficulties;

**CAMHS providers and other local service providers:**
- Their views on the support and information needs of parents who have children with emotional/mental health needs;
- Any current/previous initiatives they have run to assist parents of children with mental health problems, what has worked and what has not worked;
- What they feel they could do to better support this group and what assistance they would like to achieve this, e.g. any training they would like in this area.

**Background**
According to the UK charity Young Minds (www.youngminds.org.uk), investing in services and support for young people not only reduces misery and loneliness, but saves millions in future costs to the criminal justice system, NHS, education and social care costs. The following statistics have been taken from the Young Minds website:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.

- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.

- More than half of all adults with mental health problems were diagnosed in childhood. Fewer than half of them were treated appropriately at the time;

- 45% of children in care have a mental health disorder - these are some of the most vulnerable people in our society;

- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder.
The approach to this consultation followed a similar approach undertaken by Together for the Parenting and Mental Health project in relation to involving volunteers. As the two projects ran closely together, it was agreed that the service user consultants would work with the volunteers who worked on the previous project. This approach saved time at the start of the work, and enabled the volunteers to continue to develop their skills and provide consistency. This established way of working aims to enable local volunteers/service users to develop their skills, knowledge, experience and confidence, and ensures the work is grounded and shaped by local user perspectives and knowledge. Three volunteers were engaged at the start of the project, although only one worked with us throughout: Anjum Shaukat supported the work in a host of ways and with enthusiasm and integrity.

Preparation work
The first stage of the project entailed building on the contacts collected from the previous project: these were added to with the help of Kingston Public Health Department, and through desk and telephone based research.

We designed flyers for the project both to promote it and to invite participants to come forward. The flyers were re-drafted a number of times during the early stages of the project, in response to feedback from volunteers and parents. An early visit indicated that when we used the language of ‘mental health’ many people avoided us and our information completely. However, when we used the term ‘mental distress’ and added ‘what causes and what supports this’, more people appeared comfortable to approach and begin the conversations.

It was also important to ensure that the wording was as inclusive as possible of children with a range of emotional difficulties without deterring parents from taking part by using the language of mental health or mental illness. The issue of language persisted throughout the project and gave rise to some interesting discussions about stigma and accessibility, both of the project and of
services more widely. In the reflections section we look at some of the feedback from parents about the language surrounding mental health and wellbeing.

Contacts and communications

Health services
The original focus of the consultation was to work with and through the statutory services provided primarily by the Child and Adolescent Mental Health Services (CAMHS) as part of the South West London and St Georges NHS Mental Health Trust (SWLSTG). It was envisaged that engagement and involvement with parents through the CAMHS service would be relatively straightforward. The reality was that, whilst engagement did happen through this route, it happened over a much longer timescale. Different methods proved more or less successful, but overall the they yielded less engagement with parents than was anticipated. For example, we coordinated two one-hour drop-in slots at CAMHS but no parents attended. Following the drop-in sessions we left flyers, questionnaires, stamped addressed envelopes and a poster in the CAMHS waiting area; however these had disappeared a week later.

A further three focus groups were set up towards the end of the consultation but only one person booked to attend. The CAMHS and the Family Advice and Support Service (FASS) also agreed to send out individual packs to a sample of parents in contact with their services. This resulted in the FASS team sending out packs to the parents on their books, but not CAMHS. The reflections section discusses in more detail the success and failure of the different methods used in this area of engagement.

Local authority
The FASS team is part of the Royal Borough of Kingston Local Authority (RBK) and this project had a great deal of contact with other parts of RBK teams including the Family Information Service (FIS), the Community Engagement Team and the Breaking the Cycle Project, all of which supported the work by passing on and highlighting the information about the project to people they were in contact with.

Wider community
In addition to the focus on the statutory services the consultation also included a range of methods intended to engage other areas of the community with the aim of increasing the diversity of people who could have their views and experiences heard. These methods included:

- Regular networking emails to a wide range of stakeholders (media, community, voluntary services and statutory services) with links to the online surveys; this was both to reach professionals to complete the survey and to rally support for individuals and organisations to spread the information to other parents and groups known to them;
- Phone calls and liaison with other key stakeholders or those who showed a keenness to support the work. During the lifespan of the project notable support came from:
  - Express CIC who ran a news story in their newsletter
  - The Mental Health Network Meeting hosted by the Fircroft Trust
- Action on Disability
- Healthwatch Kingston
- Kingston Voluntary Association (KVA)

- Community Engagement: including two days held at The Malden Centre in New Malden and The Kingfisher Community Centre in Kingston Upon Thames, where we set up information and consultation tables. We held conversations with many people on these days and gave out many flyers and questionnaires.

- Engagement with Schools: We sent requests to local schools to circulate the information through their parent emails systems. Hollyfield School did contact us to say that they had done this. Other schools may also have taken this action but we did not receive confirmation to this effect.

- Media: Contact was made with local media and there appeared to be a reasonably strong response to this with a range of local media circulating the information and/or writing a specific piece about the work.

- Social Media – A Twitter account was specifically set up during the project. Tweets were sent about the project. The twitter account also followed many specific Kingston parenting focused groups or organisations and direct tweets were sent to these accounts. We joined 9 Facebook pages relating to Kingston (e.g. 'We Love Kingston' 'Kingston Mums') where we raised awareness about the consultation.

The picture below was taken from the consultation event held in The Kingfisher Centre, and the following diagram summarises the various activities undertaken by the team in order to engage with parents and professionals throughout Kingston-upon-Thames in this consultation.
Summary of consultation activities undertaken

Network emails sent regularly throughout the lifetime of the consultation to 242 contacts including: individuals with lived experience, professionals and organisations from voluntary and statutory sectors, community organisations and local media.

South West London and St George’s (SWL&G) NHS Mental Health Trust

Working with key people in SWL&G Trust and within both the Child and Adolescent Mental Health Team (CABHT) and the Family Advice and Support Service (PASS) to try to reach parents who use the CABHT and/or PASS services. A range of potential were explored including:
- Sending information and questionnaires to parents
  - Two 1 hour sessions for parents on 16th May - Child and Adolescent Mental Health Unit, Bethnal Hospital. No one attended. Left questionnaires and Freepost envelopes with hand drawn poster.
  - Three focus groups planned and arranged 24th and 35th September in Chiswick and Kingston.

Royal Borough of Kingston

Weekly meetings with a range of named locals within RBK supporting the work including:
- Kingston Family Information Service (KIS) - tweeted and added a link on their Facebook page
- Kingston Community Engagement Team - included article in their K.F.O.T.
- Community Development Worker (mental health promotion for BME & marginalised Groups)
- Circulating information in particular to the Children’s Centre Hub Manager at the Maternity and Cobham locality
- Contacting the cycle project coordinator - contacted with an individual to be interviewed.

Voluntary Sector

Monday 14th July - Better Care Fund open meeting - Healthwatch

Monday 7th July - Attended the Mental Health Network Meeting at the Ricorft Trust

Young Minds, Damian Hart - email correspondence

Action on Disability - Direct email communication

Express CIC ran a newsletter in their newsletter and through social media

Community Engagement

Thursday 29th May - Maidstone Centre - 8 questionnaires completed. Approx 12 handed to individuals with freepost envelope. Direct contact with approx 100.

Friday 30th May - Visit to the Kingsfisher Centre. 12 questionnaires completed. Approx 15 further handed to individuals. Direct contact with approx 120 people.

Sue Ward - Holyfield School included in article in ‘Parent Mail’ sent to all parents of children attending the school

Schools - Parent Mail

All other High Schools and Junior Schools on contact list contacted directly

Media

Radio Jackie - communication and request for article

16th July - GoCumb Monthly - http://ow.ly/DXvD7 - They have posted an article online in their e-paper.

21st July NSUN (National Mental Health User Network) Bulletin

Kingston Guardian - communication and request for article

Kingston Courier - communication and request for article

23rd July Surrey Comet - online article published http://ow.ly/DXJ6N

Home Truths - Kingston Federation of Residents - communication and request for article

Social Media

Twitter - ConsultingKing - Following 227, Followers 56, Tweets 67

Facebook - 9 Kingston specific groups - posting and interacting about the consultation
How parents found out about the consultation (information from 40 parents):

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter via FASS</td>
<td>8</td>
</tr>
<tr>
<td>Leisure centre</td>
<td>11</td>
</tr>
<tr>
<td>Children's centre</td>
<td>2</td>
</tr>
<tr>
<td>Twitter / Facebook</td>
<td>3</td>
</tr>
<tr>
<td>Local newspapers</td>
<td>4</td>
</tr>
<tr>
<td>Email</td>
<td>2</td>
</tr>
<tr>
<td>School</td>
<td>3</td>
</tr>
<tr>
<td>Kingston Carers Network</td>
<td>5</td>
</tr>
<tr>
<td>Tolworth Hospital</td>
<td>1</td>
</tr>
<tr>
<td>via NSUN (National Survivor User Network) email newsletter</td>
<td>1</td>
</tr>
</tbody>
</table>

Reflections on the methods used

In our proposal, we anticipated reaching 90 parents and 20 professionals. Our final sample was 63 parents and 20 professionals. In the process of trying to reach more parents, we needed to be flexible and change our approach as we continued to encounter difficulties. In looking back over the work we can reflect upon some of the strengths and weaknesses as well as some of the obstacles we faced. One advantage of needing to adapt to a wider range of methods meant we gained responses from a range of different people from across the borough, which helps to strengthen the validity of the findings, even though the sample was smaller than we had hoped.

1. The limitations of using a survey based consultation are that the response rate can be low, and the responses given on questionnaires are inevitably variable. Some parents gave very full responses and some gave very few words. Ideally, this information would be supplemented by interviews or focus groups which would lead to a more in-depth understanding of the issues being explored. However, we were largely unsuccessful in engaging parents with other methods which we will expand upon shortly.

2. Finding parents is not as easy as a task as it initially sounds. The parents of the younger children are a little easier to locate as they can be at crèche’s, children’s centres, or picking up children from school etc. However, as we found through both consultations, many of the parents we were looking for are isolated at home. Locating parents of older children becomes that bit more difficult again, as there are few obvious meeting points or groups. Some of the parenting online groups like Mumsnet did however prove helpful.

3. The parents that we did speak to talked about the reasons for their reluctance to come forward, mainly the stigma associated with mental ill health. They had a fear of having their child labelled with a mental illness as well as a fear of being perceived as a 'bad' parent, issues that
highlighted the importance of the language we used in our information literature. It is interesting to note that several parents responded ‘no’ to the question about their own mental health problems, yet described often complex mental health issues in the narrative sections. This issue of stigma became one of the most profound issues of the work, affecting both the willingness of parents to come forward in the consultation and their engagement with support and services.

4. It may be that following close behind the previous survey aimed at parents with mental health problems, meant that many of our organisational contacts overlooked or resisted the second one. The term ‘consultation fatigue’ was mentioned on a number of occasions. The advantage, however, was that we were now known and had built communication routes in the area. Not being local to the area has the advantage of objectivity and clarity of view, but disadvantages around ease of access and lack of deeper knowledge of an area.

5. Competing priorities for local agencies, alongside capacity issues, were also noted. When engaging with the Mental Health Trust, for example, it became evident that they were about to receive their Care Quality Commission (CQC) inspection and were under pressure to prepare for this. There were attempts to try and combine the efforts to address both needs but this was largely unsuccessful.

6. On a couple of occasions the issue of authority appeared to be a barrier when approaching local services. One issue raised at one of our meetings was that our flyers did not have the RBK logo on them, with the implication that this would ensure that people would distribute it, as it would be seen to come from the council. We did alter this in subsequent emails/flyers, but were concerned that this may have prevented some people from responding to or circulating the information.

7. Some near misses were also noted; for example we had requested to attend an open public meeting between Healthwatch and Kingston Voluntary Action being held on the 14th July and after various email exchange we had no clear mandate from the organisers to attend. Similarly, we just missed the opportunity to potentially meet parents attending welcome evenings for new pupils in local schools.

8. Finally, we did not find a significant independent mental health user or peer network or group in the borough. There is the beginning of a mental health parliament running through Mind but is not strictly user-led and independent. This might have helped our work, certainly in the early stages, but we are also aware that parents may not be willing to join such a group for many of the aforementioned reasons.
3 THE PARTICIPANTS

This section of the report gives an overview of the parents and the professionals or practitioners who took part in the consultation.

3.1 The Parents

We received a total of 63 responses, about half taking part online and half returning paper questionnaires (most of which came via FASS contacts). 19 of the paper questionnaires were completed in face to face consultations at community centres. One person was interviewed over the telephone. An additional seven questionnaires were omitted as they were from parents who did not have children with mental health problems and hence contained no relevant information.

Demographics:
- The demographic questions were answered by between 47 and 51 of the respondents; approximately 20% did not respond.
- Geographical location: of the 48 participants who responded to this question, most were from either Surbiton or Kingston Town. Overall, there was a good spread across the borough.

- Gender and sexual orientation: The majority of the respondents were female (96%) and nearly all (96%) were heterosexual.
- Age: Most of the participants (53%) fell into the 45 to 54 age group; 27% were between 35 and 44.
• **Ethnicity:** Of the 51 people who answered this question, 78% were White British and the remaining 22% (11) were: Asian, White European, mixed White/Caribbean, mixed white/Asian, Arab, other. Two people chose not to reveal their ethnicity. As a reference point, the proportion of Kingston’s population that came from Black, Asian and Minority Ethnic (BAME) groups rose from 15.5% to 25.5% between 2001 and 2011. The Greater London Authority (GLA) expects this proportion to rise to 28% by 2023.

• **Mental health and disability:** Few of our respondents (5) declared that they had a disability. In answer to the question ‘Do you have personal experience of mental health problems?’, 43% (21) said ‘yes’. Interestingly, this is a higher proportion than for the Parenting and Mental Health Project consultation (35%). We feel that this is one of the indications that there is an overlap in the parenting populations targeted by these two consultations.

### 3.2 The Professionals
We received 20 responses from local professionals. The 20 responses cover a range of professionals from health services (two health visitors, a CPN, clinical psychologist, community paediatrician), local authority children's services, children's centres, the voluntary sector and two schools. Two respondents were from the YMCA and one from the local Food bank. No one named CAMHS as the organisation they worked for, although some may have been indirectly linked to that service.

Their involvement with parents and families varied accordingly. Several mentioned dual roles; for example, a Chaplain working at the YMCA reaching parents through his/her church as well as as a carer for his/her young relative.
4 FINDINGS ONE: The Parents

4.1 Who are the parents & children and what are the problems?
Families ranged in size from one to three children, but most (59%) had two. None were unusually large families. The ages of the children in these families broadly fell into the following categories (some combinations cross these age categories so this should be regarded as a guide).

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5 years</td>
<td>7</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>18</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>14</td>
</tr>
<tr>
<td>16+</td>
<td>16 (several over 18)</td>
</tr>
<tr>
<td>No age given</td>
<td>3</td>
</tr>
</tbody>
</table>

One of the things that this tells us is that many parents and families are still experiencing difficulties and reflecting on their experiences with children who are on the verge of becoming young adults, if not already so. As we shall see, several parents reported getting help or a diagnosis quite late when a child had been experiencing difficulties from an early age. Equally, we did not reach many parents of children under five years of age.

The difficulties
From the responses to question 3 'Please describe the type of difficulty experienced by your child/children', we can begin to form a picture of the difficulties being faced by the parents and families represented in this consultation. This was an open question for parents to respond to as they wished. What follows is based on an analysis of the free text responses and is therefore dependent on the language used by the parents describing the difficulties. Some used formal diagnoses and some did not. In addition, nearly all of the parents used more than one term to describe their children's problems (e.g. 'emotional, depression, anger' or 'sad, anxious, Obsessive Compulsive Disorder (OCD)'), so the numbers used here should be regarded as indicative rather than representative of the overall picture.

Anxiety
Anxiety was the most common issue mentioned by parents (19 - 32%), very often in combination with depression, self-harm, Autistic Spectrum Disorder (ASD) or OCD.

"My son feels sad and anxious. He has trouble sleeping and worries a lot. He has been diagnosed with moderate OCD over his concern with germs."

"Very anxious and nervous when is about [sic] sleeping time or separation from the mother."

Aggression
The second most common theme to emerge includes variations on aggressive behaviour, anger management issues or violence (12 or 20%). The severity of the aggression varied from what
appeared to be temper tantrums and aggressive language, through to physical violence towards their parent or siblings. Some of these parents made a link between aggressive behaviour and another diagnosis, such as ASD or ADHD.

"The five year old started violently head-banging at the age of one, resulting in nosebleeds and black eyes... he has violent outbursts when things don't go as he was expecting."

"Very angry, physically violent, no concentration on anything. Energetic and fidgety. Emotionally and verbally aggressive."

"My son showed signs of anger and aggression before, during and after our divorce. The worst incident resulted in my nose being broken when he head-butted me. He constantly over-eats especially when upset."

**Depression and emotional difficulties**

Ten parents (12%) described their children as depressed, or as having emotional difficulties linked to depression. Some parents linked these issues to bullying or the break-up of the parents' relationship.

"My daughter has been severely bullied, this caused her to be fearful of school, lose her appetite, try to make herself physically sick to avoid going to school."

"Emotional difficulties following bullying at school."

"Difficulties, emotional stress of parents going through the separation process."

**Eating problems**

Several parents mentioned variations on eating disorders, both compulsive or over-eating and under-eating or loss of appetite. This was rarely mentioned as an issue on its own and usually mentioned in association with other issues, such as anxiety, severe depression or aggressive behaviour.

"Long term eating disorder and severe depression."

"Depression, compulsive/comfort eating."

"He is not great with eating; he would rather drink only purple juice."

**Complex problems**

A few parents took the time to describe a detailed history of complex issues, often indicating that their child had had problems from an early age and felt that they had struggled to have these recognised by a professional as a route to getting help. A couple of these were children finally diagnosed with ASD or ADHD.
"Long history of difficulties, at 12 got statement of SEN for mild dyslexia and emotional/behavioural difficulties. At 14 had in-patient stays and out-patient appointments at [hospital]. Diagnosis differed, versions of autistic spectrum, prodromal BPD, depression."

"Aggressive behaviour towards children and some adults, poor concentration, unsociable with other children, difficulty making friends. Was diagnosed with ADHD then 6 months later CAMHS withdrew the statement and said it was due to a family bereavement. To this day I am still unsure as to what causes some of my son’s behaviour."

"Our boy suffered a series of small emotional difficulties one after the other as he went into year 3, which coincided with him being medicated for bed-wetting. The combination of both his depression and the meds resulted in extreme angry outbursts. However he was quickly 'written off' by the school as a naughty child rather than one who needed support."

4.2 Sources of help

The table below shows that the majority of parents had sought help from their GP, and from school, friends and family. All of these are the most easily accessible and immediate sources of support but were not necessarily found to be the most helpful. Mental health services and online support were the next most common sources of help. The 'other' category included books, telephone helplines, private counsellors, church and adoption/fostering support. The tables below show these figures and the views about how helpful the support had been.
Overall, around two-thirds of these parents had found the support, information or advice that they had accessed to be helpful or very helpful. Only a minority (about 10%) reported finding only unhelpful sources of support. However, this does not tell the whole story, as it represents an amalgamation of all sources of help.
4.3 What has been most helpful to parents?
This was an open question. It has been analysed by counting the mentions made of different strategies, services and individuals; many parents mentioned more than one item. Many different sources of help were mentioned as having been helpful, including strategies or approaches the parents had learnt for themselves along the way. The following table gives a summary of those mentioned:

<table>
<thead>
<tr>
<th>Source of help</th>
<th>Number of mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learnt strategies and approaches for dealing with children</td>
<td>13</td>
</tr>
<tr>
<td>Friends/family/colleagues</td>
<td>10</td>
</tr>
<tr>
<td>Health services (psychologist, counselling, doctor, health visitors)</td>
<td>10</td>
</tr>
<tr>
<td>School</td>
<td>9</td>
</tr>
<tr>
<td>Family Advice and Support Service</td>
<td>6</td>
</tr>
<tr>
<td>Nothing</td>
<td>5</td>
</tr>
<tr>
<td>Online support</td>
<td>4</td>
</tr>
<tr>
<td>Children’s centre</td>
<td>2</td>
</tr>
<tr>
<td>Private therapy/other professionals</td>
<td>2</td>
</tr>
<tr>
<td>Voluntary sector:</td>
<td>2</td>
</tr>
<tr>
<td>• Kingston Carers network</td>
<td></td>
</tr>
<tr>
<td>• Enhanceable</td>
<td></td>
</tr>
<tr>
<td>Social workers</td>
<td>1</td>
</tr>
<tr>
<td>Foster care training</td>
<td>1</td>
</tr>
</tbody>
</table>

**Learnt strategies**
Parents mentioned learning or valuing a range of different approaches such as patience, learning to calm down and breathe or sometimes learning to ignore difficult behaviour. Some talked of greater awareness they had gained from particular sources, such as professionals or the internet, that helped in both dealing with their child and in feeling better about themselves. We give several examples of these here, in order to give a flavour of the range and variety of strategies found helpful by these parents.

*Making sure I calm down before I speak to them and do some breathing exercise to calm down.*
Cheer them up to divert from the problem. Take them up to chill or shopping or park. Devote more time. Cook their favourite meal. Lots of attention.

Giving her space to think for herself

Ability to try and discuss things openly in a grown-up fashion.

Awareness is probably the key And using the three golden rules: 1 the best way to love your child is to love your spouse, 2 give your child attention 3 never ask a child to keep a secret.

**Friends, family and colleagues**

Many parents listed their friends, family members or colleagues at work as a source of help and support to them.

*Positive role models in my family and in the community.*

*My local parent partnership who put me in contact with support groups for parents and helped me address issues with school.*

The value of talking to other parents was valued by one parent for making *'us feel our child was not unusual'.*

**Health service professionals**

Parents mentioned a range of different health care supports that had helped: psychologist, GP, counselling, CBT, medication and health visitors. Although no one mentioned CAMHS, it is possible that some of the professionals mentioned were associated with that service. One of the ways in which parents had found a referral to health services helpful was that it recognised or acknowledged that there was a problem. Another was getting a diagnosis that could be a gateway to further help, particularly at school.

**School**

Parents who gave school as one of the most helpful sources of support often mentioned something specific, such as a school counsellor or a group on exam anxiety run by an educational psychologist. One parent was grateful for the intervention of a police officer who attended the school. Others simply listed school as one of their sources of support without further comment.

**Kingston Family Advice and Support Service (FASS)**

The six parents who mentioned FASS seemed very appreciative of this service and of the individual professionals they had met there. Amongst the parents in this study, FASS was the single most popular service.

*Knowing that he has another person to help him. The person he sees at FASS has been very helpful to my son and makes him feel better.*

*Dr [X] at FASS who was really supportive and helpful and practical - I can’t speak highly enough of her.*
Voluntary sector services
Enhanceable was one service mentioned in answer to this question; another was SOS!SEN, which is an independent and confidential telephone helpline for parents and others looking for information and advice on Special Educational Needs (SEN). Voluntary sector services were valued by parents for their practical and person-centred help. One parent said that Enhanceable was ‘always there to listen and give advice’.

Nothing
Several people said that they had found no local service helpful, or that they had felt the need to resort to paying privately for therapy or psychology services, often due to long waits for assessment.

Nothing, it has been a lonely journey.

Nothing - too little too late. Other than CAMHS there are no support services for children under 12.

4.4 What has been least helpful to parents?
As for 4.3 above, this was an open question analysed by counting the mentions made of the different services, strategies and individuals found least helpful to parents. The services mentioned most frequently were schools and CAMHS, but parents also detailed the struggle to find help, as well as a range of personal and interpersonal issues between themselves and their children as having been unhelpful.

<table>
<thead>
<tr>
<th>What was least helpful</th>
<th>Number of mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>13</td>
</tr>
<tr>
<td>The search for help</td>
<td>12</td>
</tr>
<tr>
<td>CAMHS</td>
<td>9</td>
</tr>
<tr>
<td>Personal / interpersonal issues</td>
<td>6</td>
</tr>
<tr>
<td>Social services</td>
<td>4</td>
</tr>
<tr>
<td>Health services</td>
<td>3</td>
</tr>
<tr>
<td>Nothing</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>
School
Thirteen parents mentioned named their child's school as having been unhelpful, citing such things as a lack of support or understanding.

Stigma from teachers and head teacher at school.

My son's school, he was seen as a burden and as having a defect rather than a person who needed support.

The search for help
This heading includes a number of different issues encountered by parents seeking help for their child. Many parents had gone to considerable lengths to find support for themselves and their children. One said 'you have to be proactive to find the right support'. The impression given is that there was little referral between services (particularly from statutory to voluntary sector services) to enable people to find support when they encountered a dead end.

Several parents were frustrated by the length of time taken to get an assessment from a professional, plus the fact that there seemed to be no support offered whilst they were waiting.

The length of time to get her assessed even with a referral from doctors.

Long waiting list for access to NHS diagnosis, no support services at all while awaiting diagnostic NHS appointments.

I did not receive any useful or helpful advice that improved my son's behaviour or his ability to cope with disappointment (not getting his own way). When he refused to meet a professional, no one helped me to make it happen. He learnt that if he dug his heels in then he would not have to meet or talk to anyone.

Professionals say my son is stuck, pass from team to team. No one knowing who can help.

One person reported having an assessment withdrawn and replaced with the explanation that the child was affected by a family bereavement. Another child was assessed as having no diagnosable problem early in their school life only to go on to experience difficulties and obtain a diagnosis of ASD in their early teens. The mother was convinced that her son would have benefited from an earlier diagnosis and intervention.

Other parents talked of their frustrations in being passed from team to team, of a lack of consistent appointments and cancellations, and of bureaucratic red tape.

CAMHS
Nine parents named CAMHS as having been 'least helpful' to them in supporting their child/ren. One of the difficulties (as described above) was the long wait for an appointment once a referral had been made, and the lack of support during this time. However, the service itself was sometimes a disappointment to parents.
Feeling let down by CAMHS when they retracted statement it was very confusing. After seeing too many different professionals all with differing opinions, you're left not sure who to believe.

CAMHS. Staff awful. Very anti-parent, secretive, excluded from meetings and decision making. Won't explain why they do what they do once you get in the system ... Staff either blatantly or covertly blame families for mental health issues arising, many openly hostile.

**Personal and interpersonal issues**
A range of personal and interpersonal issues were described as unhelpful, some of which were behaviours of the child and some were strategies undertaken by the parents. Some parents acknowledged their own behaviour as having been unhelpful; for example, shouting or threatening, or pushing the child to do things.

*Not having definite boundaries in place and set sanctions, not nipping unacceptable behaviour in the bud.*

*Seeing them not want to communicate or go 'inward' on themselves.*

**Social services and Health services**
Similar numbers had generally found health or social services to be the least helpful agency in their search for support. Many of these had simply listed 'social services' or 'GP' without further comment. Only one or two described their frustrations:

*The punitive attitude of some GP receptionists, hospital staff (when acute admission sought at A and E) and even mental health nurses.*

**4.5 Have you ever wanted support but been unable to find what you needed?**

Two-thirds of parents answered 'Yes' to this question. Many of the comments here reflected concerns mentioned earlier: the frustration of waiting times for referral appointments, the difficulties of finding help at all and the need for some acknowledgement of the problems they were facing. Several also mentioned the need for a single port of call to help signpost parents to the most appropriate source of help. Several parents expressed the need for someone to talk to.

*It would have been helpful to know what support was out there available to us sooner and for the school to have accepted that something was needed. There has been many more distressing incidents that other parents from the same school going through the same thing and asking for my advice or where to go since.*

*One port of call for support that sorts everything out instead of having to start the same conversations over and over again with each advisory body. I shouldn't need to understand the differences between the paediatrician, psychiatrist, child psychologist, GP, speech and language therapy unit in order to know who might be able to help in which way. There is a lot of bouncing parents between supporting bodies each one of which is protective of its...*
resources and approaching cases of children with a view to seeing just how little can be provided to them and how much can be kept in reserve. A parent advisory body that can offer practical help would be useful.

4.6 Support from other parents
Several of our questions addressed the issue of whether parents might value support from each other in the form of a support group. More than half of the parents had found other parents to be supportive or very supportive. Perhaps surprisingly, a substantial number (17 or 31%) did not know or had not met other parents facing similar problems.

![Chart showing support from other parents](image)

However, when asked if they would like to meet other parents, approximately equal numbers said yes (23) as said no (22). This was partly due to timing. Some parents felt it was too late; they did not feel the need for this support now, but thought it might have been helpful at the time when they were going through the worst of their difficulties. Equally, there were some parents who felt it might be helpful in the future, but not now.

Not now, but knowing there was one would help other parents I’m sure

I think this would be very helpful. Mutual support and positive ideas about things that may help would be much appreciated.

Some were uncertain about how helpful it would be to meet other parents, on the basis that it might be quite hard if others were facing unresolved issues.

It might be extremely helpful, but could also be terrible if they too have heavy unresolved issues. It is hard to know.
4.7 Experiences of CAMHS (Child and Adolescent Mental Health Services)
A total of 36 parents (62%) had had contact with CAMHS and a few were uncertain whether they had or not. (One or two were unclear about the difference between CAMHS and FACT.) The table below shows how helpful these 36 parents had found the support they received from CAMHS.

The responses to this question were mixed as the table shows, being fairly equally spread across the lower end of the table. Overall, about half of these parents had found CAMHS to be 'not helpful' or 'very unhelpful'. Approximately 30% found CAMHS to be helpful or very helpful, with the rest being uncertain.

Comments made here reflect the concerns mentioned earlier about the difficulties encountered in getting a referral or appointment. The long waits with no alternative support offered in the interim were clearly very frustrating.

*Long wait list for appointments, impression that service is underfunded, as clinic times and dates now further cut back and more restricted, key professionals have left the CAMHS service.*

*Got CAMHS appt through doctor's. Very helpful but too long a wait! More funding needed!!*

4.8 Experiences of Kingston Carers' Network (KCN)
In contrast to CAMHS, relatively few parents had any experience of KCN: 13 (22%). Most had found KCN to be helpful. One caveat on these findings is that for some parents, their experience of KCN was in relation to another member of their family, not the child or children they were concerned about for the purposes of this study.
The best! Especially activities for the children

Have not used for several years; must re-start as usually had very good stress management, relaxation, massage, etc.

Time for parent to relax.

4.9 What might a new service look like?
Two of the survey questions contribute to this section. The first asked parents what support, information or advice would help them to support their child, and the second asked about the kind of new or improved service they thought was needed in Kingston.

What support, information, advice would help you support your child? In answer to the first of these questions, many parents talked of their need for practical advice, ideas or strategies for dealing with their children. Suggestions included anger management sessions for children, parenting courses, ideas for encouraging their child to talk about their problems, and ways of dealing with difficult behaviour.

I would like to learn how to behave when he has his temper tantrums and gets aggressive.

Information about positive ways I could support my daughter around emotional wellbeing and ways to support her wellbeing and resilience. Support and advice earlier on before a difficulty escalated.

Practical help and understanding for my child. Some sort of advice of what to do-anything, rather than the endless appointments where nothing useful is said.
Many parents identified the need for **better information and signposting** in response to this question. Several of these parents suggested a telephone help line or online resource that would signpost them more quickly and easily to what they needed.

*Knowing what help is available and appropriate for your child/young adult. Particularly when you are a single parent and already alone.*

Some parents talked of the need for **someone to talk to**, therapy or counselling for themselves or a support group with parents.

*Free Therapy for me (not CBT and not from a student) with some choice of who the therapist is! As a parent in these circumstances, what I feel is grief and loss so behavioural techniques are of little use.*

Others talked of **improvements they would like to see to existing services**: more resources, better coordination, less time between referrals and just generally more support.

*Supportive school able to share ideas to build self esteem etc. also more support from CAMHS as they were over stretched and had little time to infer help/advice.*

**Thinking about a new service... what kind of service or support do you think is needed?**
The most common theme by far to emerge here was the need for **information/advice to enable easier access to support**. Many parents suggested a telephone helpline, someone to phone to find out where to go in the first instance, a central resource to help connect all of the different services. Some suggested an online resource with the same purpose in mind. Others suggested a central place to meet, with a similar aim: a resource offering immediate help in a crisis but with information about other services available in the area.

*Much more information made to advertise services. All dentists GPs and schools should have posters advertising your services.*

*Support to find out information and advice - possibly on-line sources so that I am more informed and have some more understanding and tools with which I could support my daughter. An out of hours phone or on-line resource to seek help and advice.*

Several parents talked of the need for better **coordination or communication** between existing services, as implied in the above quotation. A few mentioned the need for more funding, as their experiences made them think that services like CAMHS and FACT are lacking resources. A few suggested the need for more therapies to be available both for parents and children.

*Better communication between school teachers, parents and healthcare professionals.*

Echoing the responses to the previous question, several parents made a plea for **training, talks or courses** that would better enable them to support their children in practical ways (e.g. mental wellbeing, listening and communication skills, education for parents of children with ASD).
A couple of people suggested that schools need to show more care, awareness and patience with children who are struggling. And a couple of parents made a plea for less stigma in general.

4.10 Is there anything else you would like to say?
There were 29 responses to this question, some of which were heartfelt. Overall, around half of these comments were negative in relation to their own experiences, some were neutral or made further suggestions for future developments and one was positive about the help they had received. The negative responses included further comments about the frustrations of seeking help and complaints about existing services (CAMHS, schools/teachers and social services).

I can't express how alone I felt in trying to know what to do to help my son and hold myself together. When I was absolutely desperate one day I was advised by the police to ring Kingston social services. This was a weekday and the number the police and directory enquiries gave me put me through to an answerphone. I left a message and although clearly my 16 year old son and I were in real trouble, they never rang back!

I have waited 4 months for an urgent appointment with [CAMHS] about my son. There seems to be no prioritising on need, the service has become a one size fits all service.

Parents need help! We are creating society! It's shocking how little support mothers get. We have no idea how to raise our kids in the best way. Books like control crying and super nanny teach many unhealthy styles of parenting.

Suggestions for future developments included the need for parents to be included and listened to by all professionals, the need for better information and for services to be flexible in working with each other to benefit their service users. One person suggested that the future should involve talking and working with existing organisations such as Kingston Carers Network. One parent said:

I think it is great that parents' views are really being sought - so often consultation is just a paper exercise when decisions have already been taken!!
5 FINDINGS TWO: The Professionals

A total of 20 professionals responded to the survey, as described in Chapter 3. However, there was a large proportion of missing data; it is notable that most of the following questions received between 13 and 15 responses. It may be that the questions themselves were found wanting by the respondents, or that some questions were found to be irrelevant/not applicable.

5.1 What support, information or advice do you think parents would benefit from?
Of the 20 professionals who responded to the survey, 14 responded to this question. Several of these professionals recognised the main issue that the parents also said they were struggling with: finding out what services are available and where to go for help. One also mentioned the need for services to explain in writing the reasons for rejecting a child should they fall outside the service criteria.

*Easy to access information on the web and in leaflet form. Some leaflets on postnatal depression, anxiety and other common mental health issues which were from Kingston borough would be really help, they could include a list of voluntary, NHS and private places where they could seek advice and support.*

A few professionals were also aware of the need for more practical advice to parents: advice about how best to deal with or respond to their children. A couple went into some detail about the needs of parents in relation to services.

*Support - Individual emotional/listening support/Parent Support Groups/breaks from caring role/family activities/more direct support for the children. Parents comment often that CAMHS diagnose but don’t offer any follow-up support (appreciate I tend to hear the negative rather than the positive) Information - local and national services/helplines/websites/resources/how to maintain good emotional/mental health Advice - specialist advice either 1:1 or group information sessions on particular topics such as dealing with anxiety If ASD/ADHD is included definitely a specialist service for the parents and children - many of these children fall through the gaps in services leaving parents extremely stressed and at high risk of poor mental health.*

5.2 Referral and existing local services
Professionals were asked about the local services currently available to support parents of children with emotional or mental health issues. Their responses tended to fall into two groups: either very brief or very lengthy. Brief responses appeared to list those services most well known to them in their immediate role: 'FACT,CAMHS' or 'FASS team or FACT, CAMHS' as examples. The more lengthy responses went into some detail about a wider range of services; for example:
FASS - provided by RBK based at Moor Lane. FACT - provided by South West London & St. George's Mental Health Trust. School Nursing service - drop-ins at Schools (listening ear service) KU19 - drop in clinics run by School Nurses - mainly viewed as sexual health clinics - but a lot of young people do discuss other issues as well. Asperger’s Service. Multi Systemic Therapy service. Support from various professionals that come into contact with children & young people - nursery workers, teachers, health visitors, school nurses, social workers, family support workers, play workers, youth service, young people’s substance misuse team, GP,

When asked where they would refer parents for support, most of the professionals mentioned the GP as the first port of call (see table below). This was followed by mental health services and social services, giving a completely different picture of referral to the choices made by the parents. Parents are more likely to turn to the school and to friends and family and less likely to seek help from mental health or social services.

What is also significant from the responses above and the table is that a small number of the professionals knew about a far wider range of services than the parents. This is not surprising; we might expect professionals to know about the services relevant to their field of expertise. However, it does highlight the need for better communication about those services to the parents who need them, and who are clearly struggling to find that information.

If I was worried about the parent's own health I would suggest they talk to their GP otherwise I would suggest parenting support through Children's Social Care, Kingston Carers’
Network or another voluntary agency. I would also suggest parent support groups and maybe accessing a counselling service. Would also signpost to Young Minds website/helpline and Family Lives website/helpline and National Autistic Society if ASD an issue.

5.3 What, if anything, would make it easier for you to support parents?

Once again, several of the professionals mentioned the need for better information about local services, to help them to better signpost parents. Several talked of the need for better access, links or liaison between themselves and, for example, FACT/CAMHS, or more generally between local agencies. A couple of professionals working predominantly with adults expressed the need for training to better equip them to deal with the needs of children.

I am desperately in need of an up to date website aimed at professionals locally and nationally that lists all the existing groups, services across CAMHS tiers, with contacts involved in offering services. What they do. If I am well informed then it makes it easier to direct parents in the right direction.

Specialist staff from CAMHS available to work in partnership maybe and/or to hold monthly information sessions for other professionals on particular topics and also for parents. Better partnership working by all agencies to fill gaps in services and specific issues...

5.4 What would a new or improved service look like?

Twelve (60%) of the professionals answered this question. In relation to improving existing services, these professionals wanted to see an easier or more direct referral route to FACT/CAMHS, better access to existing services, more psychological support in schools and training for teachers, and quicker referral to counselling for children and young people.

Five professionals gave very detailed responses to this question, covering a range of issues in relation to parents, children and young people. Four of these described variations on an easily accessible service offering a 'one-stop shop' resource of advice, support and information for parents and professionals about the range of services available locally.

A relaxed service where parents could feel secure and safe and access a range of different support services without the focus just being on their mental health, for example a centre where they could take the children to play and socialise whilst they were able to access a range of things such as courses (e.g. stress management, anger management) or more therapeutic things such as yoga, mindfulness, cooking courses without them feeling judged.

Create a well trained and supportive drop-in centre for friendship and support - outside but alongside the professional support.
A couple of people mentioned the value of peer support or befriending, particularly for isolated parents unable to leave the home very easily, where parents can ‘meet others in a similar situation to realise it’s not their fault and that they are not on their own’. Other suggestions included: more support in schools, a service for older children similar to the ‘social communications’ clinic, and the need to follow up young people who drop out of school, training or education to ensure that they do not fall through the gaps.

Another issue raised by a couple of people was the need for the public health department to raise awareness about mental health issues across the borough, and work to address the stigma associated with mental ill health. This would help to make it easier for parents and young people to seek help.
CONCLUSIONS AND RECOMMENDATIONS

With grateful thanks to all of the people who took part, this survey has provided us with a powerful insight into the experiences of parents seeking help when they are concerned about their children. It shows a difficult search for many, with a number of dead-ends and frustrations along the way. Whilst there may be many different services of different kinds out there, it is hard for anyone to navigate their way through to the appropriate source of help. Our strongest recommendation has to be for some means of enabling this search for help to be far easier than it is at present.

We heard quite a lot of negative feedback about CAMHS through this consultation and have since learnt that CAMHS in Kingston currently suffers from a perverse design that results in larger numbers of children being referred to Tier 3 (FACT) of the service than to Tier 2 (FASS). This inevitably causes more pressure at Tier 3. Realistically, a specialist service cannot offer support to everyone; it can only serve a minority of children and young people who are in the greatest need. An integrated approach to supporting children and young people would involve good access to support at an early and/or preventative stage, thus taking pressure off the specialist services. The plan is to establish a single point of access that would assess and direct children to the right source of support according to their needs.

The services that emerged well from the consultation were: FASS, Kingston Carers Network and Enhanceable. Fewer parents had used these services so it would be useful to find out more from the services themselves as to whether they have carried out any evaluations or satisfaction surveys.

There is considerable evidence from the consultation to suggest that some schools are not coping well with children who are having mental or emotional difficulties, whilst others are dealing with them very well. It may be valuable to do a piece of work with schools to track what best helps them to provide a good service and/or to strengthen their links with outside support services.

Recommendations

The search for help

1. We strongly recommend some form of 'one-stop' shop offering comprehensive information and advice about where to go for help. This could involve building on an existing service, developing a website and leaflets and/or a telephone helpline. The information needs to include all of the services, statutory and voluntary sector, across the borough.

An organisation that brings all elements of advice and support together for a parent and helps them move through them rather than the current set up which bounces parents from one organisation to another without clearly explaining what each one might be able to do and how it fits in with the next. A service that helps each family plot its way through the services available. [Parent]
2. In conjunction with the above, a reliable telephone helpline available within specific hours would enable parents to talk to someone in a crisis and help direct them to the best source of immediate help.

3. One possible model would be for an organisation to have 'link workers' or buddies/mentors to help parents to navigate their way to the help or support they need for themselves or their children.

4. Comprehensive information about sources of help needs to be made available in schools and GP surgeries, as a priority. This small consultation indicates that parents generally seek help first from their GP and school, alongside friends and family.

5. Better liaison and communications between all of the different services involved would make the experience better for both parents and professionals seeking help and support. At present, there appears to be a culture of working in silos which does not support the wellbeing of parents and children. One potential solution might be to establish cross-agency forum for all services supporting the mental health and wellbeing of children and young people, to meet perhaps twice a year and review how the services are working.

**CAMHS:**

6. In relation to CAMHS, we know that there is a 'single point of access' in development to help direct parents to the right source of help. We feel that this is a positive and timely development and that it needs to be comprehensively communicated to services and relevant agencies across Kingston, particularly GPs.

7. Parents need to know what to expect and where to go for the right kind of support when their child is experiencing mental health difficulties. We recommend that there be a clear means of communicating to parents what to expect and why when their child is being referred for help through CAMHS.

8. Crucially, parents need information and signposting about where to get support whilst they are waiting for an appointment. Statutory services and GPs need to consider the role of the voluntary sector in offering that support.

**Parenting support:**

9. Parents expressed the need to learn and to understand more about how to parent well: parenting courses, courses on specific behavioural issues, learning about child development. They valued the strategies that they had learnt for dealing with their children, sometimes from professionals and sometimes from friends and family. There are parenting courses in Kingston, but these may not quite meet the needs of parents dealing with children who are in emotional or mental distress. Courses or workshops in schools (worded carefully to avoid stigmatising both parents and children), would be a very positive development.

**Schools:**

10. Given that nearly all children and young people attend school, school would seem to be an obvious potential location for preventative and early support to be offered to them. Some of the comments made by parents suggest that some schools are achieving this now through offering additional support or liaison to children in emotional or mental distress, but others do
not seem to be doing so. It would be valuable to learn from those schools who are
demonstrating good practice and to encourage sharing this across other schools in Kingston.
Appendix A: Questionnaire for parents
Consultation - Parents

Supporting parents who have children with emotional or mental health issues.

On behalf of Together for Mental Wellbeing, we are working with Kingston Council Public Health Department to undertake a consultation with parents of children with emotional or mental health issues. This could be issues that have been diagnosed and are being treated in child and adolescent mental health services (CAMHS), or other services, or issues that concern you but have not been treated to date. The consultation will inform the development of a pilot service for parents of children with emotional or mental health issues.

Why it’s important to let us know your views and experience

The way we work is to keep the voices of those who experience mental health at the heart of all the decisions and leading the ways we work. This questionnaire has been co-designed by parents of children with mental health issues as well as local service commissioners and providers.

Your views are taken very seriously. The information we collect during this consultation will be turned into a report to be presented to Kingston Council.

How you can tell us your views and experience

Please complete this questionnaire either online or on paper. If you are completing the questionnaire on paper, please feel free to use additional paper as necessary. The questionnaire will take around 10 minutes to complete. The information that you give us will remain confidential and the information used in our report will be made anonymous. We really value and appreciate your support.

Please answer any/all of the questions that are relevant to you.
1. Are you a;  
a. Parent  
b. Grandparent  
c. Foster Carer/Parent  
Other .... Please describe...........................................

2. Please tell us how many children you have and their ages:  
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3. Please describe the type of difficulty experienced by your child/children:  
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4. What has helped you MOST when supporting your child/children?  
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5. What has helped you LEAST when supporting your child/children?  
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6. Where have you gone for support, information or advice for yourself?  
(Please tick all that apply)
7. How helpful was the support, information or advice you received (if applicable)?
(Please tick)
- Very helpful
- Helpful
- Uncertain
- Not helpful
- Very unhelpful

Can you say a bit more about the help you received...

8. Have you ever wanted support but not been able to find what you needed?
   - Yes / No (please circle one)
If Yes, what do you feel would have been helpful...
9. Have you found other parents of children with emotional or mental health issues to be supportive? (Please tick)
   - Very supportive □
   - Supportive □
   - Not supportive □
   - Didn’t know/meet anyone □
   - Didn’t want to meet other parents □

Do you have any comments?
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10. Would you like to meet other parents of children with similar issues?
    ▪ Yes / No (please circle one)

Do you have any comments?
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11. Have you had any experience of using Child And Adolescent Mental Health Services (CAMHS)? - Yes / No (please circle one)

If Yes, please go to number 12. If No, please go to number 13.

12. How helpful did you find CAMHS?
    - Very helpful □
    - Helpful □
    - Uncertain □
    - Not helpful □
    - Very unhelpful □

Please give any further comments below:
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13. Have you used Kingston carers’ network?
• Yes / No (please circle one)
  If Yes, please go to number 14. If No, please go to number 15.

14. How helpful did you find Kingston Carers’ Network?
  ▪ Very helpful □
  ▪ Helpful □
  ▪ Uncertain □
  ▪ Not helpful □
  ▪ Very unhelpful □

Please give any further comments below: …………………………………………………………………………………………………………………………………………………
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15. What support, information or advice would help you as a parent to support your children?
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16. Thinking now about a new or improved service to support parents who have children with emotional or mental health issues, what kind of service or support do you think is needed?
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17. Where do you think the new service should be?
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18. What day(s) or time of day do you think it would need to be available?

19. Is there anything else you would like to say either about your own experiences or about a new or improved service to meet parents needs?

Some questions about you – We ask these questions to help us know the range of people who have given their views.

**Ethnicity**
- [ ] White British
- [ ] White Irish
- [ ] White European
- [ ] White other
- [ ] Black British
- [ ] Black African
- [ ] Black Caribbean
- [ ] Black Other
- [ ] Asian/Asian British
- [ ] Bangladeshi
- [ ] Indian
- [ ] Pakistani
- [ ] Asian other
- [ ] Chinese
- [ ] Chinese British
- [ ] Other Chinese
- [ ] Gypsy/Traveller
- [ ] Mixed White/Black Caribbean
- [ ] Mixed White / Black African
- [ ] Mixed White / Asian
- [ ] Arab
- [ ] Korean
- [ ] Tamil
- [ ] I do not wish to disclose
- [ ] Other
  - please specify:

**Gender**
- [ ] Male
- [ ] Female
- [ ] Transgender

**Age**
- [ ] 18-24
- [ ] 25-34
- [ ] 35-44
- [ ] 45-54
☐ 55-64
☐ Over 65

Sexual Orientation
☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Other

Do you have personal experience of mental health problems?
Yes ☐
No ☐

Do you have a disability

Which part of Kingston upon Thames do you live in?
☐ Kingston Town
☐ Maldens and Coombe
☐ South of the Borough
☐ Surbiton
☐ Other - please specify:

...........................................................................................................................................................................
Your contact details

Thank you for taking the time to complete this questionnaire. If you would like to stay in touch with us and receive a copy of the report when it is completed, please give your contact details below.

I would like to be informed of the findings of this consultation.

Yes ☐
No ☐

I would like to take part in the other consultation about Parents who have a Mental Health issue?
(You can also find this online at: https://www.surveymonkey.com/s/M5V6RZV)

Yes ☐
No ☐

Your name:..................................................................................................................................................

Address:..........................................................................................................................................................

Telephone number: .........................................................................................................................................

Email address:..................................................................................................................................................

And finally 😊How did you find out about this questionnaire?
...................................................................................................................................................................

Please return your questionnaire to:
Alison Faulkner / Brett Sharpe
Together for Mental Wellbeing
12 Old Street
London EC1V 9BE

Thank You 😊
Appendix B: Questionnaire for professionals
Consultation – For Professionals

Supporting parents who have children with emotional or mental health issues.

On behalf of Together for Mental Wellbeing, we are working with Kingston Council Public Health Department to undertake a consultation with parents who have children with mental health issues. This could be issues that have been diagnosed and are being treated in child and adolescent mental health services (CAMHS) or other services, or issues that concern parents but have not been treated to date. The consultation will inform the development of a pilot service for parents of children and young people with mental health difficulties.

This questionnaire has been co-designed by parents of children with mental health problems as well as service providers. Your views will help inform this consultation, the results of which will be turned into a report to be presented to Kingston Council.

We are consulting with parents and with the range of professionals with whom parents might come into contact: this is where you come in. We would be very grateful if you could participate in this consultation, and give us the benefit of your experience in helping to shape this service.

How you can tell us your views and experience

Please complete this questionnaire either online or on paper. If you are completing the questionnaire on paper, please feel free to use additional paper as necessary. The questionnaire will take around 10 minutes to complete. The information that you give us will remain confidential and the information used in our report will be made anonymous. We really value and appreciate your support.
Please answer any/all of the questions that are relevant to you.

1. Please tell us your job title/role? .................................................................

2. Which organisation do you work for? ............................................................

3. What involvement do you have in relation to parents who have children with emotional or mental health issues?
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4. What support, information or advice do you think parents who have children with emotional or mental health issues benefit from?
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5. What local services do you know of that support parents who have children with emotional or mental health issues?
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6. What, if anything, would make it easier for you to support parents of children with emotional or mental health issues?
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   ...................................................................................................................................
   ...................................................................................................................................
   ...................................................................................................................................

7. Do you think there is anything that might prevent parents from seeking help? Yes / No (Please circle one)
   If yes, please describe:
   ...................................................................................................................................
   ...................................................................................................................................
   ...................................................................................................................................

8. If you were concerned about a parent supporting a child with emotional or mental health issues now, where would you refer them?

- GP
- Friends
- Other parents
- School
- Social services
- Mental Health services
- Voluntary sector organisation
- Online support
- Other

Please say where you would refer them to and why?

9. If you could improve an existing service or develop a new service for parents who have children with emotional or mental health issues what would it look like?

10. Is there anything else you would like to say either about your own experiences or about a proposed new service for parents who have children with emotional or mental health issues?
Your contact details

Thank you for taking the time to complete this questionnaire. If you would like to stay in touch with us and get a copy of the report when it is finished, please give us your details below.

I would like to be informed of the findings of this consultation
Yes ☐
No ☐

I would like to take part in a questionnaire about parents with mental health issues. (you can also access this online at: http://ow.ly/xYRbX)
Yes ☐
No ☐

Your name

Role

Address
Address1
Address2
City/Town
Postcode
Email address

And finally 😊How did you find out about this questionnaire?
...........................................................................................................................................................................

Please return your questionnaire to:
Alison Faulkner / Brett Sharpe
Together for Mental Wellbeing
12 Old Street
London EC1V 9BE

Thank You 😊