

Workshop Day 2 - 27th November 2009

Evidence Based Choices for children and families with more complex mental health needs

Chair: Dr Kevin Healy, Lead Clinician, Cassel Hospital, WLMHT

Speaker 1: Stephen Sandford, Consultant Music Therapist, South West London and St George's Mental Health NHS Trust

See PowerPoint presentation in conference pack www.healthcare-events.co.uk

Notes:

- The UK is developing its approaches music based interventions based on models from overseas – eg El Stistima
- Colin Trevarthen's work on infant musicality is of direct relevance to the evidence base
- Music and the arts are key ways to promote access to comprehensive CAMHS however more joined up thinking is needed

Speaker 2: Duncan Law, Consultant Lead and Clinical Psychologist, HPFT

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Notes:

- Spoke of evidence based practice, practice based evidence, and **evidence based formulation.**
- All NICE supported psychological therapies for depression have **decreased efficacy in those with complex needs**
- This creates **the gap in evidence** and creates a need for delivering individually tailored interventions based on sound theoretical formulations
- **Clinical judgement** retains a crucial place in delivering services to those with complex needs

Speaker 3: Bernadette Wren, Consultant Clinical Psychologist, Tavistock Clinic

Notes:

- Kazdin (2006) suggests that those with the **greatest morbidity show the greatest improvement**, and that those with the **greatest stress levels make the greatest progress.**
- Children who **responded least well had parents who perceived the greatest barriers to receiving treatment.**
- **Social domain knowledge** helps simplify social life and provides “rules for operating”
- Domains of **safety, attachment and discipline** involve transactions between parents and their children involving strong emotions.
- Other domains can be **emotionally neutral and can arouse curiosity**
- It is problematic if domains are **mismatched, unclear, or if one domain is dominant** between family members and between families and professionals

The workshop went on to explore **families who ‘don’t do talking’**:

- Using knowledge of **social domains, which are rich in theory and simple in application**, is a useful way of working with such families.
- Families who don’t do talking are **not necessarily helped** by arts or music therapies
- **Multisystemic Therapy** is a useful experience orientated therapy.

We also explored **how to convince commissioners to invest in therapy**:

- **Ask young people** what they want and use this with commissioners.
- It is of course important also to have a good **well recognised evidence base**.
- **Integration of different approaches and creativity in approach** is welcomed but sometimes hard to deliver within a “SILO Mentality” service.
- We recognised the importance of **integrating things in our own minds** which at times can function in the “Silo Mentality” mode.

Kevin Healy
Chair of the Workshop
27th November 2009