

The Waltham Forest Child and Adolescent Mental Health Service (CAMHS) threshold document [DRAFT 0.4, 20 September 2018]

The Child and Family Consultation Services (CFCS) – who are we?

The Child and Family Consultation Service (CFCS) are Waltham Forest's area-based specialist mental health team providing support to children, young people and their families. Our service is available to families with children and young people from 2.5 years to their 18th birthday. Our service offers help to children and young people who are experiencing emotional, behavioural or mental health difficulties.

What do CFCS offer?

We offer specialist assessments for children and young people experiencing emotional, behavioural and mental health difficulties as well as various specialist assessments in parent and child mental health and neurodevelopmental disorders such as ADHD and Autism.

The support we offer usually takes the form of face to face talking therapies with CAMHS professionals. We also offer Group work. We work in partnership and consultation with other agencies such as education, social services and primary care (GP services and School Nurses, etc.)

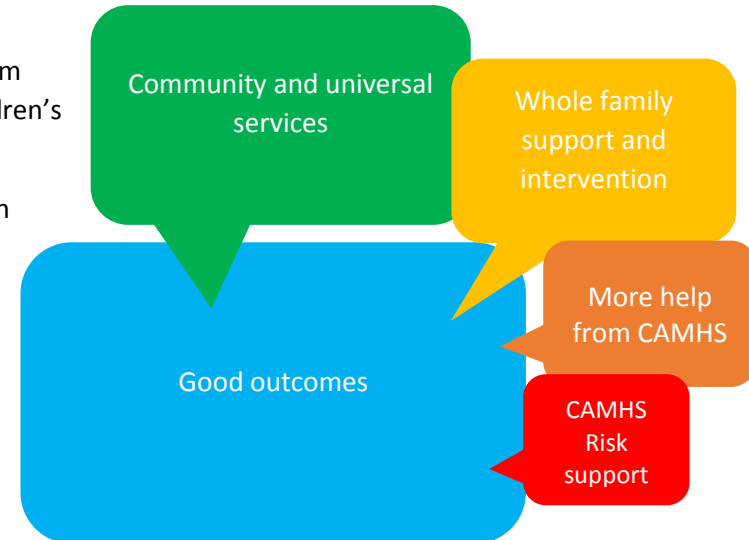
During a child's development, there may be periods when they or their family's ability to cope with difficult emotions or behaviour can put extreme pressures on relationships. We want to work with children and young people as early on as possible during these difficulties to turn the situation around.

What is the Waltham Forest CAMHS threshold document?

This threshold document describes the referral criteria for the CAMHS services in Waltham Forest that are provided by CFCS. The document is intended to help professionals in children's services to know who, why, how, and when to refer to the CAMHS team at CFCS.

The document has been designed to improve access to CAMHS services for those children and young people who need them.

The guidance in this document also aims to make sure that other sources of help from the community, universal services and whole family support services have already been tried if these services are appropriate. The document describes the different responses to children's early emotional and mental health needs when they have not met the threshold for CAMHS services.



How does this CAMHS threshold document link to the Waltham Forest Safeguarding Threshold document and to the London Child Protection procedures?

The criteria in this Waltham Forest CAMHS threshold document are written so that there is a clear care pathway to CAMHS services when children and young people have emotional, behavioural and mental health needs.

This document is complementary to the Waltham Forest Safeguarding Children Board (WFSCB) thresholds document: [Right Conversation, Right Action, Right Time](#) and has also been written in line with the London Safeguarding Children Board [threshold document](#).

Professionals will find it helpful to read the Waltham Forest CAMHS threshold document in parallel with the WFSCB and London threshold documents.

How do the WFSCB and CAMHS threshold documents link to the iThrive approach?

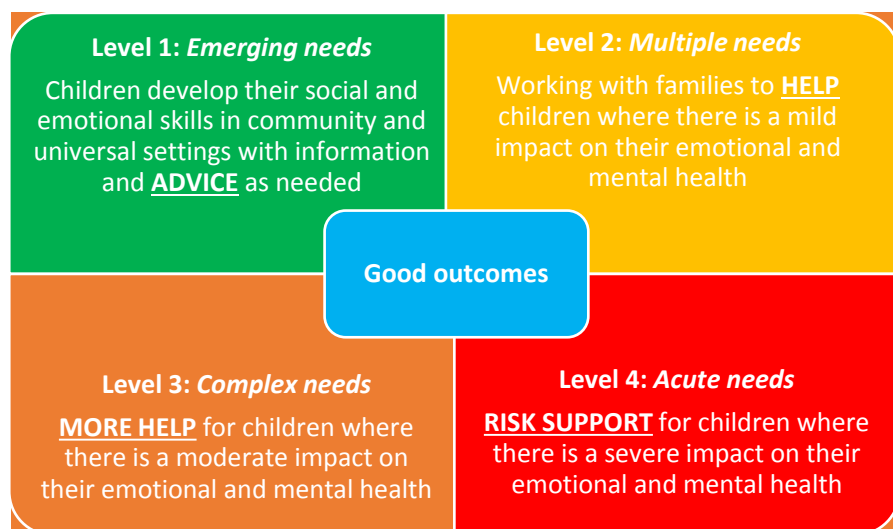


Fig 1. Applying the iThrive model to Waltham Forest threshold document

London SCB	Waltham Forest SCB threshold document	iThrive	Response to emotional, behavioural and mental health needs
Tier 1	Good outcomes	Thriving	Community and Universal
	Level 1: Emerging needs	Advice	Community and Universal Plus
Tier 2	Level 2: Multiple needs	Help	Whole family support
Tier 3	Level 3: Complex needs	More help	CAMHS response to complex and acute emotional, behavioural and mental health needs
Tier 4	Level 4: Acute needs	Risk support	Risk support and management where needed

Fig 2. How the different thresholds documents relate to each other

What are the available services for emotional, behavioural and mental health needs at Levels 1 and 2?

Throughout the community and in universal services, there are health promotion activities for children and young people that can contribute to prevention of emotional, behavioural, and mental health difficulties. These resilience-building activities include physical exercise, group leisure activities, volunteering, or other participation in local community and social action.

Universal services such as children and family centres, schools, and GPs are also well placed to identify early signs that children and young people are experiencing emotional, behavioural, and mental health difficulties in children.

In Waltham Forest, we have a range of services that offer support to children, young people and families

[More info to be inserted under these headings:]

Children and Family Centres

Health Visitors

HENRY

School Nurses

Support in schools and education settings

Early Help Engagement Advisors

Early Help Coordinators

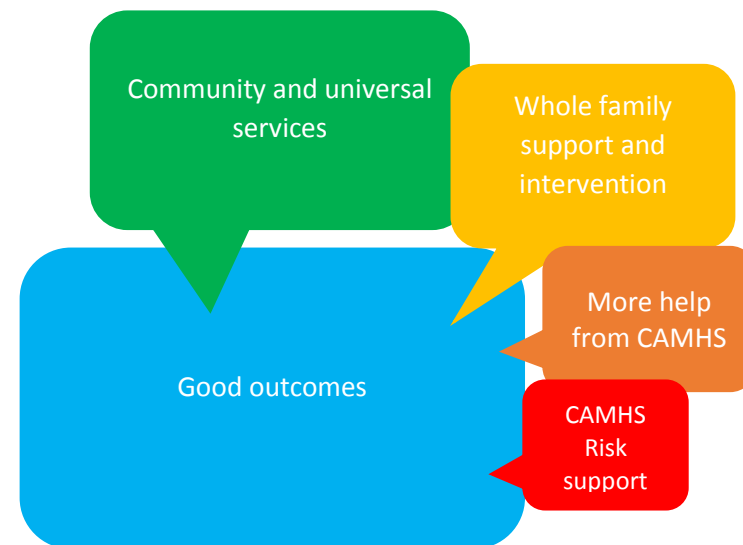
Early Help Family Practitioners

Behaviour Attendance and Children Missing Education (BACME) service

Parenting offer

Youth Offending Service

Voluntary and Community Sector organisations



What are the emotional, behavioural and mental health needs at Levels 3 and 4 that CFCS can help with?

Specialist CAMHS provides care for children who are experiencing moderate to severe mental health and emotional difficulties, and there is significant impact on the child's daily psychological, social and/or educational functioning.

Typically CAMHS will provide care for children and young people with the following range of emotional, behavioural and mental health needs:

- ADHD and ADD
- Anxiety Disorders including panic/phobias
- Attachment Difficulties and Disorders
- Autism Spectrum Disorder (ASD)
- Behavioural difficulties (Conduct Disorder and Oppositional Defiance Disorder)
- Bereavement (complex)
- Deliberate Self Harm and/or Suicidal
- Depression (Moderate to Severe)
- Obsessive Compulsive Disorders
- Eating Disorders
- Early onset psychosis
- Enuresis and encopresis
- Emotional regulation difficulties (including anger & emotional instability)
- Feeding difficulties and eating disorders
- Maltreatment (historical)
- Post-Traumatic Stress Disorders
- School refusal where associated with mental health concerns
- Self-harm and suicidal ideation
- Substance misuse problems
- Tic disorder and Tourette's Syndrome

What are the criteria for specialist CAMHS services from CFCS when children have these emotional, behavioural or mental health needs?

- Children with symptoms at the point of referral which suggest major mental illness and other disorders listed above.
- Children with complex neurodevelopment and neuropsychiatric disorders,
- Children with developmental disorders that require neuropharmacological intervention and/or require multi-disciplinary assessment or treatment.
- Children with severe emotional difficulties and severe functional impairment arising from child abuse and/or neglect. They are likely to also have severe attachment disorders and have complex care/parenting needs and are likely to be Looked-After Children.
- Children with complex conduct disorder/oppositional defiant disorder with an additional mental health disorder that will require treatment as part of a co-ordinated multi-agency intervention.

What are the factors to consider when making a referral for a Level 3 or Level 4 CAMHS service from CFCS?

Severity of Symptoms

CFCS will accept referrals for a Level 3 or Level 4 CAMHS service for those children and young people whose symptoms or distress and degree of social and/or functional impairment is having a significant impact in their day to day functioning.

Severe Mental Health Disorders

CFCS will accept referrals where there is a likelihood that the child or young person has a diagnosable mental health disorder.

Emergency and Urgent Referrals to CFCS for children's emotional, behavioural and mental health needs

Emergency: Any CYP who is presenting with a mental health emergency should phone CAMHS Duty for advice on Mondays-Fridays 9am-5pm.

Out of hours CYP should be directed to A&E for an immediate assessment of their risk and needs.

Urgent: this is a referral that requires a risk support response within a maximum of five working days due to presenting complexities and/or associated risks, and if left unaddressed may result in a mental health emergency referral.

Duration of Difficulties

The duration of these difficulties should be not less than three months. Exceptions to this will be made for Urgent referrals where a CYP presentation may have deteriorated rapidly.

Case Complexity

Specialist CAMHS will accept referrals where there is a high Level of case complexity. This might include, for example, multiple risk factors, complex family problems, child protection concerns.

This will include people with:

- Psychotic presentation
- Significant depression
- Serious self-harm
- Suicidal ideation
- Severe Obsessive Compulsive Disorder
- Assessment following deliberate self-harm and presentation at accident and emergency services

What is the CAMHS risk support response to emergency and urgent referrals

If a child or young person requires a risk support response, because there are serious concerns about the level of suicidality, self-harm, acting out behaviours or aggression towards others, they will be offered targeted sessions in CAMHS.

If indicated, this may include intensive outreach support from INTERACT or Young People's Home Treatment Team (YPHTT) or in-patient admission (BROOKSIDE) Youth Offending Services (YOS) or specialist substance misuse services (NELFT 722).

CAMHS offer a 'Thrive' clinic (risk review and management) and a 'Crossroads' clinic (long-term or recurring mental health conditions) to support the multi-agency system where the child has level 4 need and a high level of risk but is not wanting/able to engage in therapeutic work.

What is INTERACT?

Interact is a mental health community support service that works with young people up to 18 years, following a crisis situation by providing a series of home visits in addition to any support already being received. We work collaboratively with local child and family consultation services in Waltham Forest.

INTERACT also provide the Accident and Emergency/paediatric wards liaison service Monday to Friday 9am to 5pm for Whipps Cross Hospital.

We also provide assessment and follow up support and or facilitating admission to Brookside adolescent unit if required.

Out of hours adolescent Accident and Emergency liaison is provided by the on-call doctor via switch board at Goodmayes Hospital.

What is Young People's Home Treatment Team (YPHTT)?

Home treatment, which implies, 'hospital in the home' is an alternative Level 4 provision that allows collaborative working between inpatient services and community services. It provides less restrictive options and can prevent a hospital admission or facilitate more swift discharge back to the community whilst reintegrating young people into mainstream activities.

The Young Person's Home Treatment Team (YPHTT) was created allowing Brookside to offer Level 4 CAMHS provision in young people's own homes. This service is staffed by a multidisciplinary team of professionals including doctors, nurses, occupational therapists and psychologists. It is a 24-hours, 365 days a year service. The YPHTT act as gatekeepers for the inpatient ward throughout the 24-hour period and will facilitate early discharge from the ward.

The purpose of the YPHTT is to provide treatment for those young people that are experiencing an acute mental health crisis with intensive treatment under NICE guidance. It supports local CAMHS teams by offering intensity into existing care plans without duplicating services.

What are the other safeguarding risk factors that may be linked to emotional, behavioural and mental health needs?

If you feel that a child or young person is at immediate risk of harm please call the police on 999 for an immediate response.

If you don't believe the risk requires immediate action, contact the Waltham Forest Multi Agency Safeguarding Hub (MASH) team to discuss your concerns, and to make a Request for Protection: 020 8496 2310 (Monday to Thursday 9am-5.15pm, Friday 9am-5pm), 020 8496 3000 (out of hours)

A social worker from the MASH team will speak to you. He/she will need to get as much information as possible about the child and the family.

When in doubt, always hold a conversation with your line manager or agency safeguarding lead. Always consider the need for consent.

Indicators of immediate risk include any child:

- who has been physically sexually and/or emotionally abused
- with two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- whose life is endangered; they are suffering from significant injury or illness; they are experiencing exploitation or abuse
- whose life is threatened or impaired by their offending behaviours resulting in likelihood of significant harm
- whose behaviour presents a risk to themselves and/or others, including risk of sexual exploitation
- who is being traumatised, injured or neglected because of domestic violence
- whose parents suffer from severe mental health problems
- who has been abandoned or who are missing from home regularly or for long periods
- with a substantial learning or physical disability whose needs cannot be met by the family
- whose parents are unable to meet their physical, emotional, intellectual, social or behavioural needs
- who is an unaccompanied refugee or who is seeking asylum
- who is unlikely to achieve or maintain a reasonable standard of health and development without the provision of services
- with significant concerns about hygiene, clothing and diet
- who is pregnant under the age of 13
- who is at risk of sexual exploitation or trafficking, FGM, honour-based violence or forced marriage.

Indicators of immediate risk to children also include:

- medical referral of non-organic failure to thrive in under-fives
- an individual (adult or child) posing a risk to children
- a delay in seeking medical attention by the primary care giver
- direct allegation of sexual abuse made by child or abuser's confession to such abuse
- any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child
- an allegation or suspicion about a serious injury or sexual abuse
- any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser
- allegation or suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness
- repeated allegation or reasonable suspicions of non-accidental injury
- repeated allegation involving serious verbal threats and/or emotional abuse
- allegation or reasonable suspicion of serious neglect
- inconsistent explanations or an admission about a clear non-accidental injury
- substance dependency and/or domestic violence to a degree which may lead to significant harm for the child
- no available parent and child vulnerable to significant harm (e.g. an abandoned baby).

1.ATTENTION DEFICIT and HYPERACTIVITY DISORDER (ADHD) and ADD

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 Coping with a diagnosis of ADHD or relevant sub-diagnostic symptoms</p> <p>a) CYP has a diagnosis of ADHD and is currently coping well and does not need additional support; and/or</p> <p>b) CYP presents age-appropriate levels of short attention and high levels of energy.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal offer</p>
<p>LEVEL 2 Mild impact on thriving</p> <p>CYP symptomatology does occasionally prevent them from fully engaging in family life, education and/or social activities.</p> <p>a) CYP diagnosed with ADHD and there is currently some mild impact on functioning; and/or</p> <p>b) Mild attentional difficulties and high energy levels have impact on CYP functioning to a mild degree.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support offer</p>
<p>Threshold for CAMHS Response</p>	
<p>LEVEL 3 Moderate impact on thriving with symptoms consistent with ADD & ADHD</p> <p>CYP presents with inattention difficulties and/or signs or hyper-activity & impulsivity which are no longer age-appropriate and significantly prevent them from fully engaging in family life, education or social activities. These difficulties are putting significant strain on family relationships and school placements.</p>	<p>LEVEL 3 Getting More Help</p> <p>Discuss a referral to CAMHS with parents.</p> <p>Following CAMHS assessment the CYP may be directed to the neurodevelopmental pathway:</p> <p>a) for a full assessment; or</p> <p>b) therapeutic input if assessment has already taken place.</p> <p>Parent Training is the NICE (CG72) recommended treatment for CYP with diagnosis of ADHD to help and work on associated behavioural difficulties. For co-morbid problems such as depression, anxiety, behavioural problems emotional regulation, see relevant sections below.</p> <p>At this Level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>CYP presents with attention difficulties and hyper-activity which are no longer age-appropriate and severely prevent them from fully engaging in family life, education or social activities.</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need may include input from CAMHS risk pathway, assessment with Child & Adolescent Psychiatrist, input from Interact or YPHTT (please copy this into each Level 4 field.)</p>

2. ANXIETY AND PHOBIAS

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 Coping with low level need arising from anxiety or phobia</p> <p>CYP is thriving with low level difficulty in a single area without significant impact on wellbeing.</p> <p>Some emotional distress, such as sadness, worry, anger or fear in response to upsetting experiences is normal and does not necessarily mean that the child has mental health difficulties.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus offer</p>
<p>LEVEL 2 Mild impact on thriving with worries and fears</p> <p>CYP presents with anxiety in a single area that is starting to prevent full engagement in family life, education and/or social activities. CYP is not showing significant daily avoidance of activities.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support offer</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 Moderate impact on mental health due to levels of anxiety</p> <p>The CYP presents with anxieties in one or more areas that are significantly limiting engagement in family life, education and/or social activities.</p> <p>Concerns may present relating to:</p> <ul style="list-style-type: none"> • Panic attacks (intense rush of anxiety & physical symptoms such as irregular or racing heart, sweating, trembling etc) • Obsessive Compulsive symptoms (troubled by unwanted or distressing thoughts that lead to a feeling of anxiety which is briefly relieved by a compulsive act) • Generalised Anxiety (anxiety relating to a wide range of situations and issues) • Social Anxiety (Fear & worry relating to social settings, feeling judged & scrutinised, social interactions provoke distress) 	<p>LEVEL 3 Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the CYP and/or family may be recommended an evidence-based intervention. NICE guidance recommends Cognitive Behavioural Treatment (CBT) as treatment of choice for: Obsessional Compulsive Disorder (OCD) NICE CG31; Social Anxiety CG159; Generalised Anxiety Disorder and Panic Disorder - CG123.</p> <p>Evidence of assessment of emotional needs & input to support</p> <p>At this Level the CYP and family may be offered a multi-disciplinary & multi-agency approach. If the need in the family requires input from more than 1 agency consider contacting MASH put in description of needs from page 13-14.</p>
<p>LEVEL 4 Severe impact on thriving</p> <p>The CYP presents with high levels of anxiety that result in their engagement in family life, education and social activities being severely limited.</p>	<p>LEVEL 4 Treatment of acute need</p> <p>Risk support and management as needed</p>

3. ATTACHMENT DIFFICULTIES

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 Coping with typical strains on the parent child relationship</p> <p>There are some stresses in the parent-child relationship, but these are in the normal range and overall the relationship continues to thrive.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus offer</p>
<p>LEVEL 2 Mild impact on thriving in a typically developing parent-child relationship</p> <p>The parent-child relationship is generally developing well but the parent is experiencing some difficulties which are at risk of having an impact on the parent’s mood, behaviour and capacity for sensitive parenting.</p> <p>The child is displaying some signs of emotional and or behavioural disturbance predominantly in the context of the relationship. Parents may experience their child as not listening or cooperating and some aggressive behaviours toward the parent may be evident.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support offer and:</p> <ul style="list-style-type: none"> • The Flourish Group (refer via Children’s Centre) for support with low Level maternal depression and anxiety or mild concerns about the relationship with the baby (0-2 years only). • LBWF Early Help for parenting groups (families can self-refer) • IAPT for mild-moderate mental health support for parents (adults can self-refer)
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 Moderate impact on thriving in a parent-child relationship that is demonstrating significant strain</p> <p>There are significant emotional or behavioural difficulties emerging in the child associated with compromised parenting capacity due to, for example, parental trauma, stress, mental health problems.</p> <p>Behaviour may manifest as significant difficulties with listening, aggression, emotional regulation, sleep, eating, managing separations, accepting affection etc. It is likely that the parent/carer is finding it increasingly difficult to manage the child in the home environment & placement. School placements may be compromised.</p>	<p>LEVEL 3 Getting More Help</p> <p>For moderate-severe concerns the parent-child relationship (ante-natal to 2 yrs) or maternal mental health discuss with parents a referral to NELFT Perinatal Parent Infant Mental Health Service (PPIMHS) 0300 555 1119.</p> <p>Discuss with parents a referral to CAMHS (2.5 years and above) Following an assessment the child and/or family may be offered an evidence-based therapeutic intervention. Please see threshold guidance for behavioural difficulties, emotional regulation difficulties, safeguarding and maltreatment.</p> <p>Refer to IAPT for parental mental health.</p> <p>NICE Guidance (NG26) recommends Video Feedback Programmes for Attachment difficulties in Pre-School Children.</p>
<p>LEVEL 4 Severe impact on parent-child relationship preventing thriving</p> <p>See factors above in LEVEL 3 above, but here the difficulties have a a severe effect on the child’s emotional development, and parents express that they are unable to cope.</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

4. AUTISM SPECTRUM DISORDER (ASD)

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 Coping with a diagnosis of ASD or sub-diagnostic symptoms</p> <p>a) CYP has a diagnosis of ASD and is currently coping well and does not require additional support</p> <p>b) CYP presents with some low-level traits such as relational difficulties or rigid behaviours.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus</p>
<p>LEVEL 2 Mild impact on thriving due to symptoms of ASD</p> <p>CYP symptomatology does occasionally prevent them from fully engaging in family life, education and/or social activities.</p> <p>a) CYP diagnosed with ASD & there is currently some mild impact on functioning.</p> <p>b) Traits of the ASD triad are present and are impacting on CYP functioning to a mild degree and preventing them fully engaging in family life, education or social activities.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 Moderate impact on thriving with significant traits that may indicate presence of ASD</p> <p>CYP's traits reflect the triad of impairments in ASD:</p> <ol style="list-style-type: none"> 1. Difficulties in interpreting verbal and non-verbal communication; 2. Social interaction difficulties such as difficulties reading the feelings and intentions of others; 3. Restricted and repetitive patterns of behaviours, activities or interests). <p>These traits are significantly preventing the child from accessing family life, education and social activities</p>	<p>LEVEL 3 Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the CYP may be directed to the neurodevelopmental pathway for a full MDT assessment (Wood street Social & Communications Clinic (SACC) for under-5's and CAMHS for over-5's).</p> <p>For co-morbid problems such as depression and anxiety, see relevant sections of this document.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 Severe impact on thriving</p> <p>CYP presents with marked traits in all areas of the ASD triad (see above) that are having a severe impact on engagement in family life, education and social activities.</p> <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

5. BEHAVIOURAL DIFFICULTIES, CONDUCT DISORDER (CD) and OPPOSITIONAL DEFIANCE DISORDER (ODD)

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 Coping with typical and age appropriate behavioural outbursts or Coping with a diagnosis of CD/ODD</p> <p>a) CYP has a diagnosis of CD/ODD, is coping well and does not require additional support</p> <p>b) Overall the CYP is thriving with only a mild behavioural difficulty in a single area that is not significantly impacting on general well-being.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus offer</p>
<p>LEVEL 2 Mild impact on thriving</p> <p>a) CYP diagnosed with CD/ODD & there is currently some mild impact on functioning.</p> <p>b) CYP presents with some challenging behaviour in a single area that is starting to prevent them from fully engaging in family life, education and/or social activities.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support offer</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 Moderate impact on thriving with significant behavioural difficulties across domains</p> <p>CYP presents with challenging behaviour in one or more areas that is significantly limiting engagement in family life, education and/or social activities.</p> <p>Concerns may include: angry or irritable mood, argumentative or defiant behaviour, vindictiveness, aggression to people and animals, Destruction of property, deceitfulness or theft, violation of rules</p>	<p>LEVEL 3 Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the CYP and/or family may be recommended for an evidence-based intervention within CAMHS.</p> <p>NICE – CG158 guidance recommends Parenting intervention as the treatment of choice for behavioural problems in children such as Conduct Disorder and Oppositional Defiance Disorder. Please also see threshold sections on maltreatment, safeguarding, ADHD, ASD, Emotional regulation, self-harm & attachment difficulties.</p> <p>At this level the child and family may be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 Severe impact on thriving</p> <p>CYP presents with behaviours that are severely challenging to parents/carers, teachers etc. and that have caused breakdowns in family relationships and/or school placements.</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

6. BEREAVEMENT

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping with sadness and anxiety as a result of bereavement through utilising social supports</p> <p>Mood changes and disturbances in sleep and appetite are normal following a bereavement.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus</p>
<p>LEVEL 2 - Mild impact on thriving as a result of emotional distress following loss</p> <p>The CYP presents with some emotional distress that is occasionally preventing them from fully engaging in family life, education and/or social activities.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support</p> <p>Zig zag</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving, demonstrating significant and complex bereavement response.</p> <p>The CYP presents with emotional distress that is significantly limiting engagement in family life, education and/or social activities.</p> <p>Distress, anxiety or depressive symptoms are becoming significantly more concerning for parents/carers, teachers etc.</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS for all cases of complex or traumatic bereavement. Following CAMHS assessment the CYP and/or family may be recommended for an evidence-based intervention within CAMHS to address the possible symptoms of <i>anxiety, depression or PTSD</i> (see relevant sections of this document)</p> <p>At this level the child and family may be offered a multi-disciplinary & multi-agency approach</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>The CYP presents with high levels of distress, anxiety and /or depression that has become severely concerning to parents/carers, teachers etc.</p> <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

7. DEPRESSION

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping with occasional sad feelings or low mood</p> <p>Some emotional distress (sadness, worry, anger & fear) in CYP in response to upsetting experiences is normal and does not necessarily mean the child has mental health difficulties.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus</p>
<p>LEVEL 2 - Mild impact on thriving, with some sadness or low mood</p> <p>The CYP presents with low mood in a single area that is occasionally preventing them from fully engaging in family life, education and/or social activities.</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving, demonstrating significant low mood &/or depression</p> <p>The CYP presents with significantly low mood that is limiting engagement in family life, education or social activities.</p> <p>Concerns may include: depressed or irritable mood, marked diminished interest or pleasure in activities, significant weight loss or gain, fatigue or loss of energy, feelings of worthlessness.</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the CYP and/or family may be recommended an evidence-based intervention within one of the CAMHS specialist pathways (NICE guidance – CG28 recommends Cognitive Behaviour Therapy, Interpersonal Therapy, Family Therapy or psychodynamic psychotherapy. For moderate/severe low mood NICE recommends medication plus therapy)</p> <p>At this level the CYP and family may be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>The CYP presents with extremely low mood that result in their engagement in family life, education and social activities being <i>severely</i> limited.</p> <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

8. EMOTIONAL REGULATION DIFFICULTIES (including Anger & Emotional Instability)

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping with age appropriate mood swings</p> <p>The CYP experiences some emotional dysregulation (mood swings) but this is within normal limits and is age appropriate.</p>	<p>LEVEL 1 Advice</p> <p>Community and Universal Plus</p>
<p>LEVEL 2 - Mild impact on thriving when mood swings occur</p> <p>The CYP's experiences of emotional dysregulation (mood swings) are beginning to interfere with relationships at home, in school and with peers</p>	<p>LEVEL 2 Getting Help</p> <p>Universal Plus and Whole Family Support</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving, significant intense emotions interfere with relationships.</p> <p>The CYP's experiences of emotional dysregulation (e.g. intense negative emotions such as rage, sorrow, shame, panic, terror) are significantly interfering with relationships at home, in school and with peers</p> <p>When dysregulated the CYP may experience impulsive thoughts of self-harm, harm to others, &/or suicidal thoughts.</p>	<p>LEVEL 3 - Getting More Help</p> <p>If there is evidence of risk or, following community-based intervention distress persists or symptoms worsen, discuss with parents a referral to CAMHS. Following CAMHS assessment the child and/or family may be recommend a therapeutic intervention within one of the CAMHS specialist pathways and/or risk support. See relevant sections in the document for associated problems with Anxiety, Depression, Behavioural Difficulties, Self-harm, safeguarding & maltreatment. At this level the child and family may be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>The CYP's experiences of emotional dysregulation (eg intense negative emotions such as rage, sorrow, shame, panic, terror) are severely interfering with relationships at home, in school and with peers</p> <p>It is highly likely that when dysregulated the CYP acts on impulsive thoughts of self-harm, harm to others &/or makes suicide attempts.</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

9. ENURESIS/ENCOPRESIS

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 Coping with typical toilet training difficulties</p> <p>Overall the CYP is thriving despite occasional and age-appropriate enuresis and encopresis.</p>	<p>LEVEL 1 - Support</p> <p>If the family are supporting the CYP but still request professional input they can be guided to getting advice from existing resources in the community such as health visitors, nursery nurses or school nurse.</p>
<p>LEVEL 2- Mild impact on thriving that fits with a typical</p> <p>The CYP presents with enuresis and encopresis which occasionally prevents them from fully engaging in family life, education and/or social activities.</p>	<p>LEVEL 2- Getting Help</p> <p>If following community-based intervention (health visiting service, school nurse), symptoms worsen, refer to community paediatrics to rule out physical health difficulties</p>
<p>Threshold for CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>The CYP presents with enuresis and encopresis that is <i>significantly</i> limiting engagement in family life, education and social activities and is no longer age-appropriate.</p> <p>CYP is likely to experience significant distress, anxiety and /or low mood related to their symptoms</p>	<p>LEVEL 3 - Getting More Help</p> <p>Referral to paediatrics is the first response. Discuss with parents a referral to CAMHS if there is thought to be a psycho-social or emotional component underlying the symptoms. CAMHS referral will not be accepted until physical causes have been fully assessed by paediatrics. CAMHS input may be directed at associated symptoms of Anxiety, Depression or Emotional Regulation (see relevant sections in this document)</p> <p>Enuresis and encopresis can be symptoms associated with child sexual abuse. If family or professionals are concerned that the CYP has or may be at risk of abuse a referral must be made to LBWF MASH team</p>
<p>LEVEL 4- Severe impact on thriving</p> <p>The CYP presents with enuresis and encopresis that <i>severely</i> impacts on their mental health, physical health and engagement in family life, education and social activities.</p> <p>CYP is likely to experience significant distress, anxiety and /or low mood related to their symptoms</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p> <p>CAMHS input may be directed at associated symptoms of Anxiety, Depression or Emotional Regulation</p> <p>Enuresis and encopresis can be symptoms associated with child sexual abuse. If family or professionals are concerned that the CYP has or may be at risk of abuse a referral must be made to LBWF MASH team</p>

10. FEEDING DIFFICULTIES/ EATING DISORDERS

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 - Coping</p> <p>Feeding and eating difficulties (e.g fussy eating) are common in young children and do not necessarily impact negatively on general well-being.</p>	<p>LEVEL 1 - Support</p> <p>If the family are supporting the CYP with their feeding/eating difficulties but still request professional input they can be guided to getting advice from existing resources in the community such as LBWF Early Help advisors.</p>
<p>LEVEL 2 - Mild impact on thriving</p> <p>A pattern of feeding/eating difficulties is beginning to emerge but is not yet impacting negatively on the CYP's physical and emotional health.</p>	<p>LEVEL 2 - Getting Help</p> <p>Direct the CYP and family to existing resources in the community such as LBWF Early Help advisors. Also consider school counselling; school nurture groups; LBWF Early Help parenting groups; health visitor listening visits; input from HENRY.</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>A pattern of significant feeding/eating difficulties has emerged which is limiting engagement in family life, education and/or social activities and is having a significant impact on physical and emotional health.</p>	<p>LEVEL 3 - Getting More Help</p> <p>For Under 3's consider discussing a referral to PPIMHS for specialist support.</p> <p>Discuss with parents a referral to CAMHS or to the specialist NELFT Eating Disorders service (EDS). Following CAMHS assessment the child and/or family may be recommended an evidence-based intervention either within CAMHS or the EDS.</p> <p>Refer children over 8 years to EDS for the following: - Anorexia Nervosa, Bulimia Nervosa, Binge-eating Disorder and Avoidant/Restrictive food intake disorder. EDS would not refuse treatment based on weight.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>A pattern of severe feeding/eating difficulties has been established which has limited engagement in family life, education and social activities and is having a dangerous impact on physical and emotional health.</p> <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p> <p>The coordination of Risk support for Eating disorders would be held within the EDT</p>

11. MALTREATMENT (Historical) e.g. LAC, Adopted, SGO

Level of emotional, behavioural or mental health need	Response
<p>Level 1 Coping</p> <p>The CYP is receiving sensitive care-giving and is forming trusting relational bonds.</p>	<p>Level 1 Support</p> <p>If the carers are supporting the CYP but still request professional input they can be guided to getting advice from existing resources in the community such as school staff (learning mentors, SENCOS and educational psychologists), LBWF Early Help advisors, allocated social workers or post-order/adoption support teams.</p>
<p>Level 2 Mild impact on thriving</p> <p>The CYP presents with some emotional & behavioural disturbance that is somewhat interfering with relationships to caregivers, school or peers.</p>	<p>Level 2 Getting Help</p> <p>Direct the CYP and family to existing resources in the community such as school staff (learning mentors and educational psychologists), LBWF Early Help advisors, allocated social workers or post-order/adoption support teams. Also consider school counselling; school nurture groups; LBWF Early Help parenting groups; health visitor listening visits; peer support groups run by local charities.</p> <p>Social workers may receive support from the senior CAMHS clinicians in the PSG.</p>
<p>Threshold for a CAMHS response</p>	
<p>Level 3 Moderate impact on thriving</p> <p>The CYP presents with emotional & behavioural disturbance that is significantly interfering with relationships to caregivers, school or peers. Caregiving & school placements are likely to be at risk of breakdown.</p>	<p>Level 3 Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the CYP and/or family may be recommended for an evidence-based intervention to address the possible existence of underlying emotional (see Anxiety, depression, emotional regulation, behavioural & attachment threshold sections), neurodevelopmental or parenting concerns. Interventions may be focused on promoting the carer-child relationship & understanding the impact of past maltreatment on current symptoms.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach. Close liaison with allocated social workers, post-order or adoption support teams will be important. Social workers may receive support from the senior CAMHS clinicians in the PSG.</p> <p>It would be important to establish that the CYP is in a currently stable & safe environment before therapeutic work would be offered.</p>
<p>Level 4 Severe impact on thriving</p> <p>The child presents with emotional & behavioural disturbance that is severely interfering with relationships to caregivers, school or peers. Caregiving & school placements may have broken down.</p> <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

12. PSYCHOSIS

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 2 – Mild impact on thriving</p> <p>CYP can have visual or auditory experiences that are not necessarily symptomatic of psychosis and do not cause them distress.</p>	<p>LEVEL 2 - Getting Help</p> <p>Discuss a referral to CAMHS for an assessment of need.</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 – Moderate impact on thriving</p> <p>CYP is having visual or auditory experiences that are causing them distress</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment a therapeutic intervention in CAMHS may be offered or a referral to EIP (Early Intervention in Psychosis).</p> <p>For co-morbid problems such as Depression, Anxiety, Behavioural problems Emotional Regulation please see relevant sections in this document.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>CYP is experiencing the following:</p> <ul style="list-style-type: none"> • Hallucinations (the child sees, hears, feels, tastes or smells something that does not exist outside their minds) • Delusions (unshakeable belief in something untrue) • Confused thoughts • Lack of insight into the above <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

13. POST TRAUMATIC STRESS

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping</p> <p><i>CYP has experienced a traumatic incident and has been supported to process and work through their experiences. CYP is thriving.</i></p>	<p>Level 1 Support</p> <p>If the carers are supporting the CYP but still request professional input they can be guided to getting advice from existing resources in the community such as school staff (learning mentors, SENCOS and educational psychologists) and LBWF Early Help advisors.</p>
<p>LEVEL 2 - Mild impact on thriving</p> <p>CYP has experienced a potentially traumatic single episode and is experiencing some emotional disturbance as a result. Stress is a normal response and symptoms tend to subside within six months after the episode.</p>	<p>LEVEL 2 - Getting Help</p> <p>Direct the CYP and family to existing resources in the community such as school staff (learning mentors, SENCOS and educational psychologists) and LBWF Early Help advisors. Also consider school counselling; school nurture groups; LBWF Early Help parenting groups; health visitor listening visits; peer support groups run by local charities.</p> <p>'Incident de-briefing' is contra- indicated as a routine response to trauma (NICE CG26)</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>CYP has experienced a single or multiple traumatic event and is experiencing significant emotional disturbance as a result. Symptoms are likely to include:</p> <ul style="list-style-type: none"> • hyper-vigilance, • hyper-arousal (feeling on-edge); • re-experiencing (flashbacks, nightmares, distressing images); • avoidance of reminders and emotional numbing. <p>Symptoms have been present for three months or more and are significantly impacting on engagement in family life, school-life and social activities. In CYP under 8 years the response to trauma may manifest in sleeping disturbances, withdrawn behaviours or emotional dysregulation.</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the child may be directed to an evidence-based intervention. NICE (CG26) recommends trauma-focussed Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation and Reprocessing (EMDR).</p> <p>For co-morbid problems such as Depression, Anxiety, Behavioural problems, Emotional Regulation, Self-Harm, see relevant sections in this document.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 Severe impact on thriving</p> <p>CYP has experienced a single or multiple traumatic event/s and is experiencing significant emotional disturbance as a result. Symptoms are likely to include hyper-vigilance, hyper-arousal (feeling on- edge); re-experiencing (flashbacks, nightmares, distressing images); avoidance of reminders and emotional numbing. Symptoms have been present for three months or more and are severely impacting on engagement in family life, school-life and social activities. Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

14. RISK SUPPORT

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping</p> <p>CYP has required risk support that has been met by the family.</p>	<p>Level 1 Support</p> <p>If the carers are supporting the CYP but still request professional input they can be guided to getting advice from existing resources in the community such as school staff (learning mentors, SENCOS and educational psychologists) and LBWF Early Help advisors.</p>
<p>LEVEL 2 - Mild impact on thriving</p> <p>CYP has required risk support in the past but is now able to put in place coping strategies to manage periods of emotional dysregulation. Fleeting suicidal thoughts may be present but no plans or desire to act. OR</p> <p>CYP has some mood or behavioural disturbance and alongside this has started to have some thoughts of self harm &/or fleeting suicidal thoughts.</p>	<p>LEVEL 2 - Getting Help</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>CYP is experiencing significant emotional disturbance that manifests in self harming behaviours such as:</p> <ul style="list-style-type: none"> • cutting or burning their skin • punching or hitting themselves • poisoning themselves with tablets or toxic chemicals • misusing alcohol or drugs • deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa) • excessively exercising • and/or frequent suicidal thoughts that may accompany periods of emotional disturbance (low mood, anger, anxiety) 	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the child may be offered 6 sessions of risk support within CAMHS. They may be offered an assessment with a CAMHS psychiatrist.</p> <p>If the level of concern is high CAMHS may request additional support from Interact. Interact is a mental health community support service that works with young people aged between 12 and 18, following a crisis situation.</p> <p>For co-morbid problems such as Depression, Anxiety, Behavioural problems, Emotional Regulation, see relevant sections in this document. CYP likely to be offered risk support for stabilisation before therapeutic input is offered.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 Severe impact on thriving</p> <p>The CYP is likely to present with the categories in Level 3 but in addition are likely to have acted by making an attempt to take their life on at least one occasion. They are likely to continue to present with serious episodes of self-harming behaviours that may well require first aid assistance.</p> <p>The CYP is likely to present with on-going significant suicidal thought with continued thoughts and plans to act on these suicidal thoughts</p> <p>Engagement with CYP is likely to be compromised.</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p> <p>To support the CYP in this acute phase of need, the CYP will need a referral to CAMHS. They are likely to require support from Interact in addition to CAMHS. If this level of support is not sufficient a referral to either YPHTT or consideration of an inpatient psychiatric admission may be discussed with the family and CYP.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>

15. SCHOOL REFUSAL ASSOCIATED WITH MENTAL HEALTH CONCERNS

Level of emotional, behavioural or mental health need	Response
<p>Level 1 Coping</p> <p>The CYP displays an occasional reluctance to attend school that is not significantly impacting on his or her emotional or educational wellbeing.</p>	<p>LEVEL 1 - Support</p> <p>If the family are supporting the CYP with their occasional reluctance but still request professional input they can be guided to getting advice from existing resources in the community such as school staff (earning mentors, SENCOS and educational psychologists) and LBWF Early Help advisors.</p>
<p>LEVEL 2 - Mild impact on thriving</p> <p>The CYP's anxiety and reluctance to attend school results in occasional non-attendance which is beginning to prevent full engagement in education or social activities.</p>	<p>LEVEL 2 - Getting Help</p> <p>Direct the CYP and family to existing resources in the community such as such as school staff (Learning mentors, SENCOS and educational psychologists) and LBWF Early Help advisors. Also consider school counselling; school nurture groups; LBWF Early Help parenting groups; peer support groups run by local charities.</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>The CYP's high levels of anxiety and reluctance to attend school results in a significant non-attendance which is limiting access to education or social activities.</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the child and/or family may be recommended an evidence-based intervention to address underlying neurodevelopmental, parenting or emotional factors (see relevant sections in this document on Anxiety, Depression, Emotional Regulation, Behavioural Problems, Self-Harm). Interventions may be focused on promoting the carer-child relationship.</p> <p>At this level the child and family may be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>The CYP is not attending school.</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

16. SELF-HARM AND SUICIDALITY

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 2 - Mild impact on thriving</p> <p>The CYP has fleeting thoughts of self-harm but has no history of harming him or herself and no plans to do so. They have also experienced fleeting suicidal thoughts but have no articulated plans and may express feeling frightened by them.</p>	<p>LEVEL 2 - Getting Help</p> <p>Direct the CYP and family to existing resources in the community such as school staff (learning mentors and educational psychologists) and LBWF Early Help advisors. Also consider school counselling; school nurture groups; LBWF Early Help parenting groups; health visitor listening visits; peer support groups run by local charities.</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>The CYP has engaged in self-harming behaviour (cutting, burning, punching themselves, deliberately starving or binge eating, excessively exercising.</p> <p>CYP has experienced suicidal thoughts that may persist.</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the child and/or family may be recommended an evidence-based intervention to address possible underlying neurodevelopmental, parenting or emotional factors (see relevant sections in this document on Anxiety, Depression, Emotional Regulation, Behavioural Problems, Self-Harm). Interventions may be focused on promoting the carer-child relationship.</p> <p>Risk management will be discussed.</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>The CYP has engaged in severe self-harming behaviour and has acted on suicidal thoughts (overdose).</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>

17. SUBSTANCE MISUSE

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping</p> <p>CYP has had thoughts of using substances or has experienced seeing others (peers/ family) using substances & has questions about this</p>	<p>LEVEL 1 - Support</p> <p>PHSE to address this within curriculum as a whole school.</p> <p>School/ college/ other professionals to contact YPSERT for advice/ resources to use within own professional setting</p> <p>If open to YOS, work can be delivered by YOS caseworker to address substance use questions</p>
<p>LEVEL 2 - Mild impact on thriving</p> <p>CYP has/ is using substances which impacts on school/ college/ work/ leisure sporadically</p>	<p>LEVEL 2 - Getting Help</p> <p>CYP/ school/ college/ CSC/ work/ family/ to contact YPSERT to discuss & to gain advice re referral requirement</p> <p>If open to YOS, work can be delivered by YOS caseworker to address substance use questions</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>CYP is not attending education or work or any other activity due to substance use</p> <p>CYP may present as CSE/ gang affiliation risk via substance use</p>	<p>LEVEL 3 - Getting More Help</p> <p>CYP to be referred to YPSERT by professionals/ family/ self for assessment</p> <p>YPSERT to work with all family members if appropriate & to outline confidentiality protocol within the service to CYP.</p> <p>YPSERT also to work closely with education/ CSC/ other healthcare providers & YOS practitioners in order to ensure a full package is provided for CYP</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>CYP is not engaging in any activity outside of home & may becoming increasingly dependent on substance of choice</p> <p>CYP may be exhibiting behaviours of anxiety/ paranoia/ withdrawal</p>	<p>LEVEL 4 - Risk Support</p> <p>CYP to be referred to YPSERT for assessment.</p> <p>Following assessment, regular support offered immediately</p> <p>If mental health (Dual Diagnosis) behaviours exhibited, consultation to be held with CAMHS consultant if appropriate</p> <p>If required, substitute prescribing arranged via CAMHS psychiatrist & CGL (adult substance use service) with YPSERT</p>

18. TIC DISORDER AND TOURETTES SYNDROME

Level of emotional, behavioural or mental health need	Response
<p>LEVEL 1 – Coping</p> <p>Tics (fast repetitive muscle movements) are fairly common in childhood and may be present but are not impairing the CYP’s functioning.</p>	<p>LEVEL 1 - Support</p> <p>If the family are supporting the CYP but still request professional input they can be guided to getting advice from existing resources in the community such as school staff (learning mentors, SENCOS and educational psychologists) and LBWF Early Help advisors.</p>
<p>LEVEL 2 - Mild impact on thriving</p> <p>The CYP presents with tics that are occasionally preventing them from fully engaging in family life, education and/or social activities.</p>	<p>LEVEL 2 - Getting Help</p> <p>Direct the family to existing resources in the community such as such as school staff (learning mentors, SENCOS and educational psychologists); LBWF Early Help advisors. Also consider school counselling; school nurture groups; LBWF Early Help parenting groups; health visitor listening visits; peer support groups run by local charities.</p>
<p>Threshold for a CAMHS response</p>	
<p>LEVEL 3 - Moderate impact on thriving</p> <p>The CYP presents with tics and/or possible symptoms of Tourette’s syndrome (a combination of physical and vocal tics) that significantly limit engagement in family life, education and social activities.</p>	<p>LEVEL 3 - Getting More Help</p> <p>Discuss with parents a referral to CAMHS. Following CAMHS assessment the child may be directed to the neurodevelopmental pathway for a full assessment.</p> <p>Therapeutic intervention may involve response prevention and habit reversal.</p> <p>For co-morbid problems such as Depression, Anxiety, Behavioural problems, Emotional Regulation please see relevant sections in this document</p> <p>At this level the child and family will be offered a multi-disciplinary & multi-agency approach.</p>
<p>LEVEL 4 - Severe impact on thriving</p> <p>The CYP presents with tics and/or possible symptoms of Tourette’s syndrome (a combination of physical and vocal tics) that result in their engagement in family life, education and social activities being <i>severely</i> limited.</p> <p>Thoughts or acts of self-harm or some suicidality may be present</p>	<p>LEVEL 4 Risk support and management as needed</p> <p>Treatment of acute need</p>