Emotional Health & Well-Being of Children & Young People
A Guide for Bexley Practitioners
Emotional health plays a central role in children’s mental, psychological and cognitive development as well as their general health. Good emotional and mental health is important in helping to strengthen the child’s capacity for relationships, improve educational attainment, promote social inclusion, expand opportunities and improve general health and wellbeing. Conversely, emotional and mental ill health is a serious problem among children and adolescents and if left untreated during these years there is evidence that it can become an enduring life-long condition with associated life limiting effects and high costs to society.

It is known that children need healthy, supportive and stimulating environments with a clear focus on, and commitment to helping them develop high self-esteem and good relationships. With such support, they are more likely to become confident, happy and ambitious people.

It is also known that 1 in 10 children and young people aged 0-15 years and 1 in 4 or 5 adolescents aged 16 & 17 in England experience mental health problems that have an impact on their thoughts, feelings, behaviour, learning and relationships on a day-to-day basis.

This resource provides an introduction to the different levels of emotional need professionals may identify when working with children and young people. It aims to provide a common language and is designed to help you to identify the child or young person’s level of need in relation to emotional health.

The resource includes the four levels of need to be used as a tool to help clarify the different degrees of emotional health and well-being difficulties, which children and young people might experience. These four levels have been mapped against the range of possible interventions and services, which are available to support children and young people in Bexley. Using the tool will assist you in facilitating an appropriate intervention for the child, based on evidence and recommendations of the National Institute for Health and Clinical Excellence (NICE) guidance.
Promoting emotional health and well-being: Everyone’s responsibility

All professionals who work with children and young people have a role to play in addressing their emotional health and mental well-being needs. Schools in particular, have a significant role. A ‘Healthy School’ will promote positive emotional health and well-being through a supportive and inclusive school culture and environment and social and emotional learning programmes to help pupils to problem-solve, develop social awareness, understand and express their feelings, build confidence and emotional resilience and, thereby optimise their capacity to learn.

However it is recognised that the complex and confusing range of services and their eligibility criteria can make it difficult for practitioners in universal services to identify the level of need and the appropriate response to this need.
A common language

One of the challenges of working with multi-agency or multi-disciplinary services is understanding the terminology used to describe conditions, symptoms, characteristics or behaviour associated with the emotional health and well-being of children and young people. For example, it is common for health professionals to refer to ‘mental health problems’ and ‘mental illness or disorder’. Education staff may talk about ‘challenging behaviour’, having ‘emotional, social or behavioural problems’ or ‘special educational needs’. Social care staff often talk about ‘children ‘at risk’, ‘suffering significant harm’ or ‘in need’. Psychologists and paediatricians may refer to ‘developmental problems’. This can cause confusion and at worse, lead to professionals working at cross purposes. In the past, professional terminology or jargon has complicated and confused the process of identifying and differentiating between the various emotional health and well-being needs of children and young people. Sometimes this has led to children and young people being referred to services that are not always appropriate to their level of need or has delayed the provision of an effective intervention.

It can be helpful to think of emotional health as a continuum. We all have mental health needs and constantly move along the continuum depending on what is happening for us in our lives, what support we have and our own coping mechanisms. This can fluctuate on a daily basis, particularly for young people, who will also be experiencing the added but normal pressure of growing up into adulthood.

Therefore, children, young people and their families have differing levels of need, ranging from general or universal through to severe, acute or chronic. A child or young person’s level of need will change at different times in their lives, and for those who require support, they need flexible and responsive services that become increasingly targeted and specialist according to need. The diagram above shows the spectrum of different levels of need that children and young people have and which they may move through.

It may not always be necessary to intervene with children whose difficulties are at the ‘universal’ level as some of these will resolve spontaneously. For some however, additional support is required. Based on assessment of need at universal service level, the need may be identified for more targeted intervention, further assessment or referral to another agency. This tool will help you identify which difficulties (observed behaviour or symptoms) may require additional support and what type of intervention is most likely to help, based on the available evidence.
The Common Assessment Framework

The essential element of this process is to know when to initiate the Common Assessment Framework (CAF). The CAF will be used across agencies in Bexley and is a country-wide framework used to help develop a shared understanding of individual children’s needs, so they can be met more effectively. The CAF is particularly useful when children have multiple needs. It enables a holistic and comprehensive assessment of the child, young person and family’s needs so that a coordinated plan of support and intervention can be put in place.

It is designed to speed up service delivery and prevent inappropriate referrals that often delay progress being made. Essentially, it will help you or the professional who completes the form with the young person and/or family to decide if a further assessment or referral is necessary. The CAF is used for all concerns (except where there is a risk of significant harm to the child), but the assessment tool includes relevant questions on emotional health and well-being.

Spectrum of needs

Universal
- Making good overall progress in all areas of development. Has appropriate emotional responses, adapts to change, has positive self-image, good relationship with peers, family etc.

Universal Plus
- As previous level but may have some relatively small extra needs e.g. sleep problems, appropriate response to stressful situations e.g. bereavement

Additional
- Starting to have periods of longer lasting emotional or behavioural difficulties or problems in relationships

Complex
- Having prolonged or acute periods of significant emotional, behavioural or relationship difficulties

Initiate CAF

Level 1 Children & young people with universal needs

There are a number of services that children receive in the course of their day-to-day lives which are designed to promote healthy development and resilience. For pre-school children the Healthy Child Programme delivered through the health visiting service and Children’s Centres is the main source of support and advice for parents. This programme continues for school-age children, with schools taking the lead by providing the Personal, Social and Health Education curriculum. There are a range of programmes such as the Social and Emotional Aspects of Learning (SEAL) programme, which provide a whole school approach to supporting the development of emotional health and well-being of its pupils.
Professionals may become concerned about a child based on what they observe or what is described to them by a parent or carer. For many children and young people these concerns pass, as issues resolve spontaneously, or they may be alleviated by a range of interventions undertaken by parents, carers, teachers and allied professionals. Many interventions are available through schools which can be effective and prevent the need for referral to specialist services.

Teachers have a wide and varied range of interpersonal and classroom skills and interventions, which they use to encourage appropriate responses, manage difficult behaviour, support and encourage relationship skills and develop self-esteem, confidence and emotional resilience. These are successfully used to address immediate and often, longer-term difficulties of the children and young people in their care.

When school age children come to the attention of GPs, liaison with the school should always be undertaken to ensure that the child is enabled to access all possible help available from school in the first instance. If at all possible, parents should be encouraged to link with the school to seek this help. When this is not possible, GPs should make contact with the school directly.
These are children and young people who may be at risk of not reaching their potential in terms of the Every Child Matters 5 Outcomes i.e. stay safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing. They are likely to be showing periods of longer lasting emotional or behaviour difficulties or problems in relationships. They are children who would benefit from additional interventions from within school or external agencies. An estimated 20-30% of children have additional needs at some point in their childhood requiring extra support from school, health, social care or voluntary services. These interventions may be time limited following which the child and family should be supported to access on-going support within universal services, or this may be the first indication of more enduring need requiring long term intervention. It is important to recognise that most emotional difficulties do not require an intervention from specialist CAMHS (Child and Adolescent Mental Health Services). It is therefore important that children are not referred to specialist services before early interventions have been provided, unless the child's difficulties are of a complex or acute nature. For example, for some children who present with emotional or behavioral difficulties at this level, the primary problem may relate to factors within their environment, such as parenting difficulties. In such circumstances, an intervention aimed at strengthening parenting is known to be most effective. It is important to remember that an effective intervention is one which is targeted at the primary problem.
These are children and young people whose needs are complex and enduring who require specialist interventions because they are at high risk of not meeting one or more of the Every Child Matters outcomes. Children with complex emotional, behavioural or mental health needs are likely to experience difficulties in other areas of their lives such as school exclusion, poor caring environment, parental mental illness, domestic violence, substance misuse, being looked after or poor education attainment.

CAMHS is the specialist mental health service which provides mental health assessment and treatment for children, young people and families where there are clear indicators of mental illness or neurodevelopmental difficulties. However, whilst CAMHS will offer treatment to address the young person’s mental health needs, these young people are also likely to require appropriate interventions from other services simultaneously to address the full range of their difficulties.
These are children and young people who are seriously mentally ill and those who experience episodes of being acutely unwell such that they require a mental health inpatient admission. They may also be young people who are temporarily or permanently looked after, in youth custody or prison. Most young people with chronic or acute needs can be treated in the community through intensive intervention and monitoring. Over half of all adults with a significant and enduring mental illness are diagnosed during their childhood or adolescence. It is therefore important that these young people receive the treatment they need, to prevent when possible, mental health problems continuing into adulthood.

Assessment and treatment of chronic and acute mental health needs are provided by specialist mental health professionals e.g. psychiatrists, mental health nurses, clinical psychologists, child & adolescent psychotherapists etc. Young people with chronic or acute needs may present at hospital, Urgent Care Centres or A&E departments in an emergency. However referrals to inpatient services can only be made by specialist Child and Adolescent Mental Health Services.
How to use the following tables

Nationally there are four levels of emotional health and well being need: universal, targeted, complex and acute/chronic. These can be used to identify, prioritise and develop a range of support or interventions matched to a child or young person’s needs and strengths.

In the following tables, except in Level 1 Universal, each indicative level of need has been described. You can use the information in each of the tables below to identify where on the spectrum of need the child or young person lies.

In the left hand column the behaviours and symptoms a child or young person may be displaying are listed. Please note that these are relative, and other factors such as the child/young person’s age and developmental stage need to be taken into account as well as other factors, which may reduce or augment the relative concern, such as the family’s strengths and difficulties or other interventions.

The middle column suggests a range of evidence based interventions and possible actions that professionals could access and implement individually or with a group of children and young people.

The right hand column identifies some local services which may be able to provide an appropriate intervention that staff can refer to directly or through the use of the Common Assessment Framework (CAF).
## Level 1 Universal

### Preventative Provision

<table>
<thead>
<tr>
<th>Health</th>
<th>Education (Interventions at this level will be classroom based)</th>
<th>Voluntary sector &amp; other services</th>
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</thead>
<tbody>
<tr>
<td>Healthy Child Programme (HCP) 0-5 years led by health visitors, drawing on a range of practitioners and delivered through General Practice (GP) and Sure Start Children’s Centres</td>
<td>Department for Education ‘Early Years Foundation Stage’ (currently under review) emphasises under Personal, Social and Educational Development that children must be given activities to enable them to develop a ‘positive sense of themselves’ and that early years providers must ‘ensure emotional support for children’s emotional well-being to help them know themselves and what they can do’</td>
<td>Sport/leisure services  Libraries  Youth Services</td>
</tr>
<tr>
<td>The HCP begins during pregnancy and includes:  • promotion of sensitive parenting and child development  • Involvement of fathers  • Parental mental health needs assessment and for those identified in need:  • support for emotional and psychological problems  • Parenting support, including assessment and promotion of parent-baby interaction</td>
<td>5-7 Key stage 1 (Infant) and 2 (junior): Whole school, multi-component programmes focusing on wellbeing, social &amp; emotional skills and positive behaviour. All pupils should have support for their social and emotional development through programmes such as SEAL which cover social problem-solving, social awareness &amp; emotional literacy</td>
<td>Family Matters – Self Esteem groups based in and accessed through school</td>
</tr>
<tr>
<td>Healthy Child Programme 5-19 years – delivered by School Health Advisors, Community Paediatricians, sexual health services, primary mental health workers, safeguarding professionals, youth workers and health promotion specialists</td>
<td>Effective classroom management techniques  Buddy systems  Peer mentoring  Circle time  School based peer support groups as a preventive measure to improve body esteem and self esteem</td>
<td></td>
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<tr>
<td>All children whose parents consent, are weighed and measured in years R and 6 at primary school under the National Child Measurement Programme. Feedback and advise to parents is provided where children are significantly overweight in order to encourage action to manage weight and an opportunity to prevent low self-esteem due to obesity developing</td>
<td>Re substance misuse: Skills oriented resilience enhancement programmes as a preventive measure</td>
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<td></td>
<td>Re sexual health: All schools must have a Sex and Relationships Policy in place and some involve School Health Advisors in delivering aspects of the SPE curriculum</td>
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<td></td>
<td>Re healthy eating: School based peer support groups as a preventive measure to improve body esteem and self esteem</td>
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<tr>
<td></td>
<td>Skills oriented resilience enhancement programmes as a preventive measure</td>
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</tbody>
</table>
Emotional health & wellbeing advice/behaviour strategies/interventions

Enrichment activities to build confidence, self esteem & resilience

This is the stage at which a child is offered school based interventions in accordance with "School Action".

Whole school, multi-component programmes focusing on wellbeing, social & emotional skills and positive behaviour.

SEAL – (social & emotional aspects of learning) – covering social problem-solving, social awareness & emotional literacy

Individual or classroom based discussions

Effective classroom management techniques

PSHE

Circle of Friends
Nurture Group

Emotional health & wellbeing interventions from support staff e.g.

Draw & talk
Sand tray work
School counseling
Peer mentoring
Anti-bullying strategies
Behaviour strategies

Confidential drop in sessions

1-1 support & mentoring

1-1 or family support for young carers

1-1 befriending & group programmes

Bullying, self esteem, social skills & confidence workshops (8-13)

Activity based youth inclusion project

Parenting advice & support: Parent Support Advice

6 & 10 week parenting courses:
‘Time Out For Parents’
‘Time Out For Teens’
‘Time Out For Special Needs’

Health visitors (under 5’s)
Positive Steps (under 8’s)
GPs & practice nurses

Sport/leisure services
Youth Services

Schools provide emotional health & wellbeing interventions.
Some additional services provided in schools by independent/voluntary organizations. E.g. Family Matters provide school based self esteem groups

School staff

Health Advisors provide sessions within secondary schools

SOVA

Carers Support

Bexley Moorings

Youth Action Diversity Trust

Thamesmead Youth Awareness

School Home Support – based in & accessed via schools

Family Learning – Adult Education

### Level 1 Universal Plus

<table>
<thead>
<tr>
<th>Possible indicators</th>
<th>Early intervention</th>
<th>Services</th>
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<tbody>
<tr>
<td>Appropriate emotional or behavioural response to stressful situations or events which are usually temporary and appropriate to the circumstances e.g. bereavement, parental separation</td>
<td>Emotional health &amp; wellbeing advice/behaviour strategies/interventions</td>
<td>Health visitors (under 5’s)</td>
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<tr>
<td>General adjustment difficulties coping with transitional phases or growing up</td>
<td>Enrichment activities to build confidence, self esteem &amp; resilience</td>
<td>Positive Steps (under 8’s)</td>
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<td></td>
<td>This is the stage at which a child is offered school based interventions in accordance with &quot;School Action&quot;.</td>
<td>GPs &amp; practice nurses</td>
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<td></td>
<td>Whole school, multi-component programmes focusing on wellbeing, social &amp; emotional skills and positive behaviour.</td>
<td>Sport/leisure services</td>
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<td></td>
<td>SEAL – (social &amp; emotional aspects of learning) – covering social problem-solving, social awareness &amp; emotional literacy</td>
<td>Youth Services</td>
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<td></td>
<td>Individual or classroom based discussions</td>
<td>Schools provide emotional health &amp; wellbeing interventions.</td>
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<td>Effective classroom management techniques</td>
<td>Some additional services provided in schools by independent/voluntary organizations. E.g. Family Matters provide school based self esteem groups</td>
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<td></td>
<td>PSHE</td>
<td>School staff</td>
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<td></td>
<td>Circle of Friends</td>
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<td></td>
<td>Nurture Group</td>
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<td></td>
<td>Emotional health &amp; wellbeing interventions from support staff e.g.</td>
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<td></td>
<td>Draw &amp; talk</td>
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<td></td>
<td>Sand tray work</td>
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<td></td>
<td>School counseling</td>
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<td></td>
<td>Peer mentoring</td>
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<td></td>
<td>Anti-bullying strategies</td>
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<td>Behaviour strategies</td>
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<td>Confidential drop in sessions</td>
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<td>1-1 support &amp; mentoring</td>
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<td>1-1 or family support for young carers</td>
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<td>1-1 befriending &amp; group programmes</td>
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<td>Bullying, self esteem, social skills &amp; confidence workshops (8-13)</td>
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<td></td>
<td>Activity based youth inclusion project</td>
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<td></td>
<td>Parenting advice &amp; support: Parent Support Advice</td>
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<td>6 &amp; 10 week parenting courses:</td>
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<td></td>
<td>‘Time Out For Parents’</td>
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<td>‘Time Out For Teens’</td>
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<td>‘Time Out For Special Needs’</td>
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### Level 1 Universal Plus continued

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<tr>
<th>Possible indicators continued</th>
<th>Early intervention continued</th>
<th>Services continued</th>
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</table>
| 13 week preventative programme: ‘Strengthening Families, Strengthening Communities’  
Dads group (for dads having supervised contact with their children)  
Grandparents/Carers Support group (open ended monthly meeting)  
Parents/carers – fortnightly group  
Support parents of adolescents – advice, help line, drop in, 1-1 support, parenting skills courses. | Access via Parenting  
Co-ordinator, Bexley Council  
Belvedere Family Centre  
Run at Oakwood School  
Parent Support Network run by SOVA  
Parent Support Group (charity) | PSHE in schools  
Pastoral care within schools as above  
Bexley Moorings  
SOVA  
Web-based  
GPs & practice nurses |
| Early signs of anxiety | Regular targeted CBT-based work in small groups to develop problem-solving and other skills  
Psycho-education for parents  
1-1 befriending and group programmes  
1-1- support & mentoring  
Information & advice | Pastoral care within school as above  
GPs & practice nurses  
Bexley Moorings  
SOVA |  
SOVA  
Web-based  
GPs & practice nurses |
| Low mood | Regular small group work focusing on cognition & behaviour (e.g. changing thinking patterns, developing problem-solving skills)  
Advice  
1-1 befriending and group programmes  
1-1 support & mentoring | Pastoral care within school as above  
GPs & practice nurses  
Bexley Moorings  
SOVA |  
PSHE in schools  
Pastoral care within schools as above  
Bexley Moorings  
SOVA |
| Bereavement | Information & education to understand death  
Encouragement to talk openly within the family & opportunities to express grief & remember the dead person | Web-based  
GPs & practice nurses  
Individual pastoral care within school as above & classroom approaches e.g. PSHE, nurture groups CRUSE |  
SOVA  
Web-based  
GPs & practice nurses  
Individual pastoral care within school as above & classroom approaches e.g. PSHE, nurture groups CRUSE |
It is important that children and their families receive interventions which are targeted to address their primary difficulties/cause of their problems and those based on evidence of efficacy. For children with multiple needs, interventions should not be provided in isolation & practitioners should work together with the family to a common set of goals which are regularly reviewed. This is in line with good practice in using the Common Assessment Framework (CAF).

This stage relates to ‘School Action Plus’

School based multi-component programmes: teaching of social & emotional skills, small group sessions on developing cognitive skills & pro-social behaviours, classroom & behaviour management techniques

Therapeutic play, play based parent-child interventions

Assessment & behaviour interventions

Cognitive & psychological assessment & interventions

1-1 counselling

Parent Support Advice

1-1 befriending and group programmes

Activity based youth inclusion projects

Parent training – structured parenting interventions

‘Mellow Parenting’ 14 wk programme (0-5yrs)

‘Parenting Matters’ 7 wk programme (children 2-10yrs)

Family Intervention Project

Parenting group (under 8’s)

13 wk preventative programme, ‘Strengthening Families, Strengthening Communities’

10 week programme ‘Parent Empowerment’

Dads group (for dad’s having supervised contact with their children)

It is important that children and their families receive interventions which are targeted to address their primary difficulties/cause of their problems and those based on evidence of efficacy. For children with multiple needs, interventions should not be provided in isolation & practitioners should work together with the family to a common set of goals which are regularly reviewed. This is in line with good practice in using the Common Assessment Framework (CAF).

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Therapeutic play, play based parent-child interventions

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Parent Support Advice

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Parenting group (under 8’s)

13 wk preventative programme, ‘Strengthening Families, Strengthening Communities’

10 week programme ‘Parent Empowerment’

Dads group (for dad’s having supervised contact with their children)
### Level 2 Children and young people with additional needs continued

<table>
<thead>
<tr>
<th>Possible indicators continued</th>
<th>Appropriate intervention continued</th>
<th>Services continued</th>
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</thead>
</table>
| Grandparents/Carers Support group | Groups for women of children 0-16 yrs who are in or have left an abusive relationship:  
Parenting group (6 wks)  
Assertiveness & Confidence Training (12 wks)  
Freedom Programme (12 wks)  
Parents/carers fortnightly group  
Parenting group 10 wk course and drop-in for parents/carers who have a child with a disability. This group may be appropriate to assist with a wide range of emotional/behaviour problems presented by children with a disability. | Run at Oakwood School (open ended monthly meeting)  
Women's Aid  
Parent Support Network run by SOVA  
SNAP |
| Depression/low mood | Watchful waiting – waiting & checking to see if things improve spontaneously  
Cognitive Behaviour Therapy  
Counselling  
Interpersonal therapy lasting up to 3 months  
1-1 befriending and group programmes | GPs & Practice Nurses, school support staff e.g. Health Advisors, Learning Mentors  
Education Psychologists  
School Counsellor  
Youth Engagement Service  
Bexley Moorings |
| Reaction to trauma | Advice to parents  
Family Work  
Group Work  
Individual counselling – addressing cognition & behaviour  
1-1 befriending and group programmes | Family Centres  
Youth Engagement Service, School Counsellor  
Bexley Moorings |
| Victim or perpetrator of bullying | Anti-bullying strategies within school  
Classroom/whole school approaches  
1-1 befriending and group programmes | Behaviour Support Service (accessed via Early Intervention Teams)  
Support services in schools  
Bexley Moorings |
| Attachment problems | Interventions with mothers with a focus on enhancing maternal sensitivity/play-based approaches to develop more positive parent-child relationship | Positive Steps (0-8)  
Health Visitors (0-5)  
Children's Centres, Family Centres  
Think Family Team  
School based interventions |
| Abnormal eating patterns | Psycho-education  
Behavioural advice | Health visitor, Practice Nurse, GP  
School health advisor |

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### Level 2: Children and young people with additional needs

<table>
<thead>
<tr>
<th>Possible indicators continued</th>
<th>Appropriate intervention continued</th>
<th>Services continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship difficulties between under 5’s &amp; caregivers</td>
<td>‘Beyond Blue’ Parenting programmes</td>
<td>Accessed via Health Visitors Positive Steps (0-8) Children’s Centres Homestart Mentors</td>
</tr>
<tr>
<td>School non attendance</td>
<td>Advice, support &amp; monitoring 1-1 befriending and group programmes 1-1 mentoring Information &amp; education to understand death Encouragement to talk openly within the family Opportunities to express grief &amp; remember the dead person Bereavement counselling 1-1 befriending and group programmes</td>
<td>Education Welfare Service Bexley Moorings SOVA Schools PSHE programme Web-based information GPs &amp; Practice Nurses School based interventions, School counselor CRUSE Bexley Moorings</td>
</tr>
<tr>
<td>Prolonged/complicated grief (only a minority of bereaved children will show lasting grief complications)</td>
<td>Support and advice 1-1 befriending and group programmes</td>
<td>Diabetic nurses, School Health Advisors Bexley Moorings</td>
</tr>
<tr>
<td>Difficulties in adjusting to medical problems</td>
<td>School based multi-component programmes: teaching of social &amp; emotional skills, small group sessions on developing cognitive skills &amp; pro-social behaviours, nurture groups, classroom &amp; behaviour management techniques Play based parent-child interventions 1-1 befriending and group programmes Parent training – structured parenting interventions Individual / group counselling</td>
<td>Accessed via school or Early Intervention Teams (EITs – Bexley Council) School based interventions, Positive Steps, Children’s &amp; Family Centres Bexley Moorings See above under Behaviour/conduct problems Youth Engagement Service (10yrs+)</td>
</tr>
<tr>
<td>Regular or sustained episodes of emotional distress, anger or aggression</td>
<td>Diagnostic assessment &amp; review Medication Behaviour therapy Parent training 1-1 befriending and group programmes Parental support (where there are children with disabilities)</td>
<td>Community Paediatrics Community Paediatrics School based interventions, Behaviour Support Service See above under Behaviour/conduct problems Bexley Moorings SNAP</td>
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### Level 2 Children and young people with additional needs

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<tr>
<th>Possible indicators continued</th>
<th>Appropriate intervention continued</th>
<th>Services continued</th>
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| Social & communication difficulties possibly indicative of Autistic Spectrum Disorder (ASD) | Diagnostic assessment & review  
Medication (will not help the underlying problems with autism but may help with difficulties associated with ASD)  
Support, behaviour training & management  
Parenting groups – monthly support group for parents/carers of children with ASD  
Behaviour Interventions relating to communication  
1-1 befriending and group programmes | Community Paediatrics  
Education support staff  
Autism Advisory Service (Education resource)  
Run at Schools & Bexley Council's Hillview offices  
Joint Communication team  
Bexley Moorings |
| Levels of anxiety or phobias that effect day-to-day functioning | Regular targeted CBT-based work in small groups to develop problem-solving and other skills  
Individual emotional health & wellbeing interventions in schools e.g. draw & talk, sand tray work, individual counseling, family liaison  
Psycho-education for parents  
1-1 befriending and group programmes | School support staff – Learning Mentors (accessed via child’s school)  
School support staff, Family Centres  
Bexley Moorings |
| Problems arising from parental separation and divorce | Psycho-education group work programmes – provide opportunities to express feelings & beliefs, get information, problem solving skills and stress management  
1-1 befriending service and group programmes | Schools or other community settings (see parenting groups above)  
Bexley Moorings |
| Adjustment to sexuality / sexual development | Individual counseling  
Group work, sexual health Clinics | The Metro Centre: counseling for LGBTQ young people  
Bexley Youth Advice |
| Selective mutism | Behaviour intervention | Joint Communication Team (includes Speech & Language Therapy Service) |
| Substance misuse | Individual counseling  
Group work – therapeutic work involving family approaches to build communication, problem-solving and prevent relapse | Services provided by:  
Youth Engagement Service (YES)  
Specialist Nurse – YOT/CAMHS  
Referrals for the above should be made via YES (single point of access)  
The Metro Centre |
**Level 3 Children and young people with complex needs**

<table>
<thead>
<tr>
<th>Significant emotional, behavioural or mental health difficulties which are complex and/or enduring</th>
<th>Possible symptoms</th>
<th>Interventions</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant anxiety</td>
<td>Significant anxiety</td>
<td>Cognitive-behaviour therapy (CBT) based interventions for children under 11 years where parental anxiety is high, parents should also take part in treatment, Play-based interventions aimed at developing more positive parent-child relationship, Psychoanalytic child psychotherapy, Medication</td>
<td>Specialist CAMHS</td>
</tr>
<tr>
<td>Significant conduct/behavioural problems in an otherwise stable caring environment</td>
<td>Significant conduct/behavioural problems in an otherwise stable caring environment</td>
<td>Parent training, Tailored multi-component interventions e.g. MST, Mentoring schemes, 1-1 befriending and group programmes*</td>
<td>Specialist CAMHS, Bexley Moorings</td>
</tr>
<tr>
<td>Significant attachment problems</td>
<td>Significant attachment problems</td>
<td>Pre-school children: Behaviour interventions with mothers with a focus on enhancing maternal sensitivity, Parent-infant/child psychoanalytic psychotherapy, Play-based approaches to develop more positive parent-child relationship</td>
<td>Positive Steps (0-8), Specialist CAMHS</td>
</tr>
<tr>
<td>Significant Post Traumatic Stress Disorder</td>
<td>Significant Post Traumatic Stress Disorder</td>
<td>Cognitive Behaviour Therapy (may help), Eye Movement Desensitisation &amp; Reprocessing (EMDR) (might help), 1-1 befriending and group programmes*</td>
<td>Specialist CAMHS, Bexley Moorings</td>
</tr>
<tr>
<td>Significant behaviour/conduct problems</td>
<td>Significant behaviour/conduct problems</td>
<td>Parent training – Non Violent Resistance (NVR) programme, Problem-solving training, Systemic Family Therapy, Multi-systemic therapy, Medication (only used in particular circumstances)</td>
<td>Specialist CAMHS, Specialist CAMHS</td>
</tr>
<tr>
<td>Significant somatic symptoms which have a psychological basis</td>
<td>Significant somatic symptoms which have a psychological basis</td>
<td>Individual psychological interventions</td>
<td>Specialist CAMHS, Specialist nurses/psychologists in paediatric settings</td>
</tr>
<tr>
<td>Moderate to severe depression and/or low mood</td>
<td>Moderate to severe depression and/or low mood</td>
<td>Therapeutic intervention – Approaches focusing on cognition &amp; behaviour, family therapy, Interpersonal therapy lasting up to 3 months, Psychoanalytic psychotherapy, Clinical follow-up and booster sessions to prevent relapse, Medication, 1-1 befriending service and group programmes*</td>
<td>Specialist CAMHS, Bexley Moorings</td>
</tr>
<tr>
<td>Deliberate self harm</td>
<td>Deliberate self harm</td>
<td>Specialist risk assessment &amp; management, Treatment related to underlying difficulties/disorder</td>
<td>Specialist CAMHS</td>
</tr>
</tbody>
</table>

* Referrals to Moorings for children with complex needs who are in treatment with CAMHS can be made through CAMHS only.
## Level 3 Children and young people with complex needs

<table>
<thead>
<tr>
<th>Possible symptoms continued</th>
<th>Intervention continued</th>
<th>Services continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorders</td>
<td>Family intervention, taking a systemic, behavioural or structural approach</td>
<td>Specialist CAMHS</td>
</tr>
<tr>
<td>Anorexia Nervosa</td>
<td>Psychoanalytic psychotherapy CBT</td>
<td>Bexley CAMHS &amp; South London &amp; Maudsley (SLaM) NHS FT (accessed via Bexley CAMHS)</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>Individual therapeutic work focusing on cognition and behaviour</td>
<td></td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder (OCD)</td>
<td>Behaviour Therapy</td>
<td></td>
</tr>
<tr>
<td>ADHD (plus significant unresolved challenging behaviour and/or mental health problems which have not been alleviated through universal or targeted interventions)</td>
<td>Behaviour interventions</td>
<td>Specialist CAMHS plus additional interventions through school</td>
</tr>
<tr>
<td>Medication</td>
<td>Parent psycho-education programmes</td>
<td></td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>Intensive behaviour training</td>
<td>Specialist CAMHS plus additional interventions through school</td>
</tr>
<tr>
<td>Autism &amp; Asperger's (plus significant unresolved challenging behaviour and/or mental health problems which have not been alleviated through universal or targeted interventions)</td>
<td>Medication (will not help the underlying problems with autism but may help with difficulties associated with ASD)</td>
<td>Specialist CAMHS</td>
</tr>
<tr>
<td>Selective mutism</td>
<td>Behavioural intervention</td>
<td>Joint Communication Team</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>Therapeutic interventions involving Individual &amp; family approaches</td>
<td>Provided by CAMHS specialist Mental Health Nurses (accessed via the Youth Engagement Service)</td>
</tr>
<tr>
<td></td>
<td>Systemic Family Therapy</td>
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<tr>
<td></td>
<td>Multi-Systemic therapy</td>
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<tr>
<td></td>
<td>Motivational Interviewing</td>
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</tr>
</tbody>
</table>
### Level 4 Children and young people with chronic or acute needs

| Young people who experience episodes of being seriously mentally unwell | Intensive, outreach interventions and inpatient care | Specialist Child & Adolescent Mental Health Services
Specialist CAMHS in Bexley, inpatient units – South London & Maudsley NHS FT & private providers. Referrals to specialist CAMHS can be made by ANY professional. Inpatient care is accessed via specialist CAMHS assessment. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Possible symptoms/disorders</td>
<td>Interventions</td>
<td>Services</td>
</tr>
<tr>
<td>Major psychiatric disorder</td>
<td>Medication</td>
<td>Specialist community or inpatient CAMHS</td>
</tr>
<tr>
<td>Depression</td>
<td>Psychological interventions</td>
<td></td>
</tr>
<tr>
<td>Early onset psychosis</td>
<td>Watchful waiting</td>
<td></td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Individual/family intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Medication</td>
<td>Specialist community or inpatient CAMHS</td>
</tr>
<tr>
<td>Cognitive Behaviour Therapy or Systemic Family Therapy (may help)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emerging borderline personality disorder</td>
<td>Assessment &amp; management of risk</td>
<td>Specialist community or inpatient CAMHS</td>
</tr>
<tr>
<td>Dialectical Behaviour Therapy. Psychoanalytic psychotherapy, CBT may all be helpful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidality and significant self harm</td>
<td>Specialist risk assessment &amp; management</td>
<td>Specialist community or inpatient CAMHS</td>
</tr>
<tr>
<td>Treatment (individual/group/family) related to underlying difficulties/disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant eating disorders</td>
<td>Risk assessment &amp; management</td>
<td>Specialist community or inpatient CAMHS</td>
</tr>
<tr>
<td>Family intervention, taking a systemic, behavioural or structural approach</td>
<td></td>
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<tr>
<td>Psychoanalytic psychotherapy CBT</td>
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<tr>
<td>For bulimia nervosa, individual therapeutic work focusing on cognition and behaviour</td>
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</tbody>
</table>
Anxiety
Anxiety is a feeling of fear and worries, which is a natural and common response to experiences, which are new, frightening or uncertain. All children, like adults, will feel anxious at times although some children and young people worry more than others and have greater difficulty coping with the inevitable challenges and uncertainty of growing up. Recent research shows that many young people suffer from levels of anxiety, which impacts on their day to day life.

Obsessions
Obsessions are intrusive thoughts or ideas that come into people’s minds and are indications of deep seated anxiety. Sometimes it is just too difficult for a child or young person to face their feelings and they become preoccupied with a thought or idea rather than dealing with the underlying feeling. People who have obsessive thoughts may also have compulsions, which are behaviours that they feel compelled to do such as repetitive hand washing or having to touch certain items before going to sleep. This is very distressing for both the child, young person and their family and professional help should be sought.

Depression
We all have to deal with different kinds of emotions; sometimes we are happy and sometimes we are sad. Depression is a mental disorder, which occurs when sad emotions become overwhelming. A young person who is depressed may have low spirits, feel inadequate, be downcast and stressed, feel guilty or responsible and worried or lonely. Depression can also show itself in other ways, for example, self harm, substance misuse, eating disorders and even bullying. In its extreme form it can lead to suicide attempts and so it is very important to get help.

Eating Problems and Disorders
Eating problems are particularly common among teenage girls, but boys can suffer from them as well. Many of us will be unhappy with our body size or shape at some point in our lives and will try to change it. This is not necessarily going to be a problem unless eating patterns become unhealthy, or worries about body size and eating become a constant preoccupation. Eating problems can be caused by things such as worry or stress. People who feel under pressure may lose their appetite or may turn to food for comfort and eat even when they are not at all hungry. In some cases there may be more serious underlying disorders.

Psychosis
Psychosis is a form of mental illness, which can seriously affect the way you think and feel. Someone experiencing psychosis loses touch with what is usually accepted as reality. They may hear voices or have other hallucinations such as seeing or smelling things, which are not there. They may also have delusions, which are beliefs which are not true, such as believing that famous people know them or thinking that people on the TV are talking about them. Psychotic experiences can be very frightening but they can be successfully treated with medication. The two most common psychotic illnesses are schizophrenia and bi-polar affective disorder.

Self-Harm
Self-harm or self injury describes a wide range of things people deliberately do to themselves that appear to be harmful but usually do not kill them. (Self harm is not usually a failed attempt at suicide). Cutting the arms or the back of the legs with a razor or knife is the most common form of self-harm but self harm can take many forms, including burning or taking overdoses.

Descriptions of some problems continued over
It includes a range of behaviours that a person may take part in to help them cope, feel more in control or to punish themselves or for many other reasons, which need to be understood and accepted. It can be a way of coping and of reliving overwhelming feelings that build up inside. It can happen when young people feel isolated, angry, guilty or desperate. Seeing someone injured through self-arm can be very hard. Self-harm is not attention seeking. Indeed self-harmers often take care to hide their injuries.

Attention Deficit Hyperactivity Disorder (ADHD)
Some children and young people suffer from an inability to focus their attention and control their impulsive behaviour. In the majority of cases, both biological and environmental factors play a part in bringing about the disorder. In Bexley it is important that parents, teachers and specialist mental health practitioners work in collaboration in assessing and developing ways of managing the behaviour. Medication, most commonly used methylphenidate (more commonly known as Ritalin), can have a positive effect in improving the concentration and behaviour of such children. Such medication alone is not a “cure” for the condition, and is generally not recommended as the first or only treatment.

Autistic Spectrum Disorder (ASD)
Young people with autism are affected by what is known as the ‘triad of impairments’ - communication, social interaction and imagination. A young person with autism may have language difficulties which range from no speech at all to fluent speech, often repetitive and mainly focused on their own area of interest, rather than a reciprocal conversation. They have difficulties in understanding spoken and body language which can lead to problems with understanding meaning in communication. In social situations, young people with autism may not understand social rules and other people’s behaviour and feelings. Autistic young people can have difficulties in their imaginative and conceptual skills which can lead to a rigid way of thinking and behaving, narrow interests and repetitive activity.

Asperger Syndrome is often referred to as high functioning autism. It includes people of average to high intelligence who, also experience the ‘triad of impairments’.

Whilst ASD is considered to be a developmental disorder and young people with ASD require particular support from their families, carers and teachers, they may also require additional support in order to assist them and their families with emotional or behavioural difficulties which are associated with ASD such as significant anxiety, which affect their day to day lives.

Tourette’s Syndrome
Children & young people with Tourette’s shout out or have multiple repetitive behaviours (tics) that they cannot control.

Substance Misuse
Many young people, like adults, will use harmful substances such as tobacco, cannabis, alcohol, cocaine without having any serious or long term difficulties as a result. However some young people’s use of harmful drugs does become excessive and may be a symptom of an underlying mental health problem. Research suggests that young people who regularly use a significant amount of cannabis are more likely to have a mental disorder and may be at risk of developing a serious mental health illness in adulthood.
## Services

**Bexley CRUSE Bereavement Care**  
C/o 134 Old Road, Crayford, Kent, DA1 4DY  
T 020 8304 5245

**Bexley Moorings Project**  
Royal Park Primary School, Sidcup, Kent, DA14 4PX  
T 020 8300 9742  
E anne@bexleymoorings.co.uk  
W www.bexleymoorings.co.uk

**Bexley SNAP**  
1st Floor, St. Augustine Primary School, Belvedere, Kent, DA17 5HP  
Service for disabled children & their siblings. Drop in service or contact office or website to refer (anyone can refer).  
T 020 8311 6777  
W www.bexleysnap.org.uk

**Bexley Youth Advice (BYA)**  
233 The Broadway, Bexleyheath, Kent, DA6 7EJ  
T 020 8301 3900

**Carers Support**  
The Manor House, Grassington Road, Sidcup, Kent, DA14 6BY  
T 020 8302 8011

**Community Paediatric Team**  
3rd Floor, Block B, Queen Mary's Hospital, Sidcup, Kent, DA14 6LT  
T 020 8302 2678 (Ext 4895)

**Early Intervention Team**  
Hill View, Hill View Drive, Welling, Kent, DA16 3RY  
Multi-disciplinary service which includes Education Psychology Service & Education Welfare Service & Social Care.  
T 020 8836 8445 / F 020 8836 8309

**Family Matters**  
13 Wrotham Road, Gravesend, Kent, DA11 0PA  
Services delivered locally in schools.  
T 01474 536661

**Friendship Society**  
Youth & Family Centre, 105 West St, Erith, Kent, DA8 1AW  
Young people can self refer.  
T 01322 33090

**Joint Communication Team**  
Woodside Clinic, Woodside Road, Barnhurst, Kent, DA7 6LA  
Includes Speech & Language Therapy Service. Any professional can refer or self referral. Professional only referrals for complex cases.  
T 01322 521330

**Metro Centre**  
Norman House, 110-114 Norman Road, Greenwich, London, SE10 9QJ  
Services delivered locally in schools, colleges, BYA or at Metro Centre. To refer, contact the Outreach Worker or office.  
T 020 8305 5000  
E info@metrocentreonline.org

**Positive Steps**  
Danson Children’s Centre, Brampton Road, Bexleyheath, Kent, DA7 4EZ  
T 020 8294 6014

**SOVA**  
Young People’s Support Project  
Howbury Centre, Slade Green Road, Erith, Kent, DA8 2HX  
Anyone can refer, including self referral.  
T 01322 356 463

**Woodlands Farm Trust**  
331 Shooters Hill, Welling, Kent, DA16 3RP  
T 020 8319 8900

**Women’s Aid**  
PO Box 25, Bexleyheath, Kent, DA7 4BS  
T 020 8301 6376

**Youth Action Diversity Trust**  
North Cray Neighbourhood Centre, 1 Davis Way, Bedens Road, North Cary, Kent, DA14 5LS  
Referrals from professionals only.  
T 020 8302 8475

**Youth Engagement Service (YES)**  
Howbury Centre, Slade Green Road, Erith, Kent, DA8 2HX  
T 01322 356354 / F 01322 356402
This information resource was inspired by and adapted from
Be Happy & Healthy – Emotional Health & Well-being: Information for professionals working with children and young people, produced by the Emotional Health & Well-being Reference Group in Ealing.

Beverley Mack, Joint Service Manager, Bexley CAMHS
Alison Rogers, Joint Commissioner Children & Young People Service

March 2011