1.0 Introduction

A ‘care pathway’, also sometimes referred to as a ‘clinical pathway’, ‘integrated care pathway’ or ‘care map’ can be defined as a tool which is used to manage the quality in healthcare concerned with the standardisation of care processes. Care pathways seek to promote organised and efficient client care which is built upon evidence based practice. Evidence shows that the implementation of care pathways significantly reduces the variability in clinical practice and improves outcomes (Panella, 2003).

This document presents how services within Tameside & Glossop set out to meet the needs of children, young people (CYP) and their families presenting with mental health difficulties. Additional detail will be presented about the current service offer from the specialist Child and Adolescent Mental Health Service, Healthy Young Minds. In line with the recent and ongoing service transformation, the care pathways detailed have been conceptualised in a manner consistent with ‘Thrive’, a model of service delivery for CAMH services developed by The Tavistock and The Anna Freud Centre (Wolpert et al., 2014).

The THRIVE model (see fig 1 below) of CAMHS sets out a service delivery model whereby service users’ needs are conceptualised within four key domains. These include:

1. Getting Advice
2. Getting Help
3. Getting More Help
4. Getting Risk Support

The Mood & Emotional Disorders Care Pathway is a treatment pathway for depressive disorder and anxiety disorders. It also includes Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD) although the recent revision of some classification systems (DSM V, 2013) has moved these out of the Anxiety Disorders. This document sets out how HYM and the wider workforce aims to meet the needs of children and young people (CYP) presenting with such difficulties, based on ‘Thrive’, a model of service delivery for CAMHS developed by the Tavistock and The Anna Freud Centre (Wolpert et al., 2014).
Fig 1: Tameside & Glossop Provision for Children and Young People with Mood & Emotional Disorders (MEDs)

- Getting Advice
  - assessment of need, monitoring
  - consultation and liaison including advice about referral into specialist services
  - support to access self-help resources e.g. bibliotherapy, websites, apps
  - signposting
  - Open Access / drop-in sessions
  - supervision & training (detection and monitoring of low mood risk)
  - ‘low intensity’ early interventions e.g school based groups

- Getting Help
  -- targetted input from specialist services including HYM, Healthy Minds, Off the Record, 42nd Street
  - outcome monitored, goal driven, evidence based psychological therapies e.g CBT, IPT, FT, EMDR (groups and 1:1)
  - active case and risk management, other formulation driven interventions

- Getting Risk Support
  - all key agencies input to multi-agency work and support to safeguarding led by Children’s Social Care
  - signposting
  HYM: Consultation & liaison, advice on risk management and support to Accident and Emergency and paediatrics around assessment and admission

- Getting More Help
  - Specialist services (HYM, Adult MH Services post 16) offering intensive psychological therapy which is outcome monitored, goal focussed, evidence-based, ongoing and guided by formulation
  - pharmacotherapy
  - active case and risk management
  - inpatient admission, inreach/outreach support
2.0 Definitions and Diagnostic Criteria: Indicating Appropriateness for Pathway

The diagnostic criteria laid out in the ICD-10 (WHO, 2010) are used within the service, and young people who meet the criteria for depressive and anxiety disorders would be treated on this pathway.

2.1 Depressive Disorders

This includes children and young people (CYP) who are presenting with a low mood and/or depression, where there has been a change in functioning compared to pre-morbid levels. Self-harm and suicidality may be present.

2.2 Anxiety Disorders

This includes CYP who are presenting with anxiety disorders including separation anxiety disorder, social anxiety disorder, specific phobia, generalised anxiety disorder, health anxiety, panic disorder, agoraphobia, anxiety disorder due to another medical condition.

2.3 Obsessive-Compulsive and Related Disorders

This includes CYP presenting with obsessive-compulsive disorder (OCD), body dysmorphic disorder, hoarding disorder, trichotillomania (hair pulling), and excoriation disorder (skin picking).

2.4 Trauma

This category includes CYP presenting with significant emotional and behavioural difficulties as a consequence of trauma, including Posttraumatic stress disorder (PTSD).

3.0 Thriving: Prevention and Promotion

There are numerous initiatives in Tameside and Glossop currently inputting to the prevention of mental health difficulties and the promotion of emotional health and wellbeing. These are just some of the projects currently available:

- **TOG MIND**: Emotional wellbeing and mental health resilience: whole school training approach for staff and children/young people in schools (assemblies and workshops). Bespoke consultancy service by arrangement (MIND Resilience Consultancy programme) [0161 330 9223](tel:01613309223) [www.togmind.org](http://www.togmind.org)
• **MindEd**: free online educational training resource about children and young people’s mental health for all professionals and carers [www.minded.org.uk](http://www.minded.org.uk)

• **MENTAL HEALTH FIRST AID**: A training program which teaches people to recognise the signs and symptoms of common mental health issues, to understand and offer initial support on a first aid basis until the crisis has passed or until appropriate support services are involved (planned 2017)

• **HEALTHY YOUNG MINDS (HYM)**: A CAMH service. Offering training to raise awareness of common mood and emotional disorders, and guidance around strategies to promote emotional health and wellbeing. Also, consultation weekdays 9-5 Mon-Fri for advice around mental health support for children and young people. Specialist advice for young people with learning disabilities and in looked after children services [0161 716 3600](tel:0161%20716%203600) [www.healthyyoungmindspennine.nhs.uk](http://www.healthyyoungmindspennine.nhs.uk)

### 4.0 Getting Advice

For low mood presentations and mild difficulties following exposure to a trauma, NICE (2005a, 2005b) recommends a period of ‘watchful waiting’ of up to 4 weeks before offering an intervention, to allow time for spontaneous recovery, unless there is risk in terms of suicidal ideation/self-harm.

CYP described as ‘Getting Advice’ are supported to manage their mild or temporary low mood or anxiety difficulties in the community, outside of specialist services such as Healthy Young Minds (HYM) a CAMHS service. ‘Mild’ refers to a presentation with some low level symptoms with minimal impact on daily functioning. There may also be CYP with chronic, fluctuating or ongoing severe mood and emotional disorders who are choosing to manage their own mental health and/or are on the road to recovery.

Within the ‘Getting Advice’ quadrant, there are numerous sources of support for children and young people, and for the most part, this will be offered in an educational context by pastoral and support staff, health mentors and school nurses as examples. Some schools will have commissioned independent providers to support their students at this level, offering counselling and other early intervention packages such as group work.

For CYP presenting for the first time with a mild MED, professionals are encouraged to ‘watch and wait’ (providing there is no assessed risk) and actively follow-up within a 2 week period. CYP presenting with this level of need should be offered an assessment involving a chance to talk through their difficulties in a supportive setting. Where appropriate, staff should assist the CYP in getting further sources of support from friends and family. In addition, staff may share psychoeducational information about low mood and anxiety (offering advice around exercise, sleep and diet for example, as well as to normalise the physical responses of anxiety in terms of the fight/flight response). There are also many self-help resources available in book form or as websites and apps which CYP can be supported to access. CYP
may also be signposted to other services (see document by HYM ‘MED Care Pathway Self-Help Resources’ and ‘MED Care Pathway Table of Services’). CYP with such mild difficulties or choosing to self-manage their more significant difficulties should be regularly monitored.

For CYP with difficulties at this level may also be referred to the Early Help Team (Tameside) and the Multi-Agency Team (Glossop) where work is undertaken with families before problems become more serious. Such services are particularly helpful where family circumstances and relationships are key factors in the presenting issues.

A range of voluntary organisations offer support to CYP ‘Getting Advice’. These include:

- **OFF THE RECORD (OTR):** Offering online advice and guidance via a message board and self-serve’ tools called ‘Affirmations’
  www.wtfaffirmation.co.uk.

- **THE ANTHONY SEDDON FUND:** Offering a range of support groups and activities for people with mental health issues: ‘Open Access drop-in’ for 11-19 year olds, Thurs 4-7 p.m. with representatives from HYM, OTR and TOG MIND: **0161 637 9256** www.theanthonyseddonfund.org

- **42nd STREET:** Offering counselling, individual support, group work and volunteering for CYP aged 13-18 years (direct refs, 11-18 if accessed via HYM), group work to vulnerable groups of CYP (LGBT, LAC, Young Carers, Young Offenders) **0161 228 7321** www.42ndstreet.org.uk

- **TOG MIND:** Mentoring Service - post Healthy Young Minds Service for 6 months ongoing support. School based psychoeducational groups and 1:1 e.g. anger management, low mood, anxiety, self-esteem, social skills, guided self-help, counselling, solution-focussed approaches by arrangement. Counselling for 16 +, **0161 330 9223** www.togmind.org

**Healthy Young Minds** (a CAMH service) can support other professionals within an educational or community setting in working with these CYP as follows:

- Consultation and liaison, including advice on when a referral might be necessary
- Advice around education-based support/therapeutic groups and parent skills groups (e.g. parenting anxious children groups)
- Guidance around accessing psycho-education including self-help resources, bibliotherapy, online materials
- Signposting
- Supervision
- Advice and training around detection, assessment and active monitoring of symptoms of mood and emotional disorders, including risk around self-harm and suicidality
RISK: Risk must always be assessed carefully when a low mood is present, regardless of the duration of symptoms. Where there are concerns about deteriorating mood, self-harm and/or suicidality, professionals are advised to contact clients who do not attend follow-up appointments, or are otherwise failing to attend services/provisions, e.g. school. A duty service is available Mon-Fri office hours at HYM, TEL: 0161 716 3600.

Where safeguarding concerns are present, the following Children’s Social Care Services are available:

- **TAMESIDE**: Public Service Hub, Mon-Fri : 9-5pm [0161 342 4101](tel:01613424101)
  Mon-Fri outside office hours, weekends and public holidays [0161 342 2222](tel:01613422222)

- **GLOSSOP**: Call Derbyshire, Mon-Fri: 8-8 pm [01629 533190](tel:01629533190)
  Sat: 9-4.30p.m. Out of hours Rapid Response Team [01629 532600](tel:01629532600)
  Advice/consultation (Mon-Fri 8-6pm) [01629 535353](tel:01629535353)

### 5.0 Getting Help

Professionals with concerns about a CYP considered to have a moderate presentation of a mood and/or emotional disorder, or those with chronic and/or fluctuating difficulties where there are concerns about a deterioration in mood are able to make a referral to the services listed below. Such presentations typically involve some symptoms with moderate impact on functioning, or maybe when previous early intervention strategies have proved ineffective, or when a CYP has previously been treated for an episode of an MED.

- Independently commissioned school-based services where appropriate


- **42nd STREET**: Counselling, individual support, group work and volunteering opportunities to CYP aged 13-18 years, group work for vulnerable groups of CYP (LGBT, LAC, Young carers, Young Offenders) [0161 228 7321](tel:01612287321)
  [www.42ndstreet.org.uk](http://www.42ndstreet.org.uk)

- **HEALTHY MINDS**: A mental health service for people over the age of 16 years in Tameside & Glossop offering a wide range of psychological therapies. GP, professional and self-referrals accepted [0161 716 4242](tel:01617164242)
  [www.penninecare.nhs.uk](http://www.penninecare.nhs.uk)

- **HEALTHY YOUNG MINDS (HYM)**: When a CYP aged 5-16 years presents with **moderate level symptoms** and also **significant risk and/or complexity** (recurrent or high-risk self-harm and/or suicidal thinking or plans and/or
additional co-morbid mental health difficulties e.g. anxiety or are from a vulnerable group including looked after children, children with learning disabilities or physical ill health or a child at risk of sexual exploitation), or have been previously treated for moderate-severe depression in a CAMH service, a referral to HYM is appropriate. Professionals may consult with HYM should they be unsure about suitability in this regard.

OCD and PTSD: Moderate presentations of these difficulties with or without significant risk and/or complexity can be referred to Healthy Young Minds.

All severe and/or enduring presentations of any of the mood and emotional disorders, involving significant symptoms and marked impairment of functioning (occasionally with psychotic features such as hearing voices) should be referred into Healthy Young Minds.

NB: For CYP aged 16 plus, HYM will consider referrals for those presenting with emotional and behavioural dysregulation (EBD) difficulties. Such CYP present with high risk, impulsive behaviours and are likely to be in a state of emotional/psychological turmoil, desperately seeking emotional containment and regulation. See EBD care pathway for further details.

CYP aged 16 plus with moderate-severe presentations of mood and emotional disorders who are not considered suitable for Healthy Minds within adult mental health services are advised to consult with their General Practitioner regarding the availability and accessibility of other adult services.

CYP in crisis are advised to consult with HYM, G.P. or the Accident and Emergency Department at Tameside General Hospital (all examples of self-poisoning or significant self-harm must be referred for immediate medical evaluation).

HEALTHY YOUNG MINDS: A CAMHS SERVICE

This section will describe in more detail the Healthy Young Minds Service offer.

4.1 Referral

There are several routes in to HYM for assessment of a mood and/or emotional disorder.

- Emergency Referral: Following an emergency assessment in the context of a crisis involving self-harm and/or suicidality by a CORE CAMHS duty professional with support from a senior member of staff where appropriate, often after admission via Accident & Emergency.
• **Urgent/Routine Referral**: A routine referral is considered in our multi-professional, single point of entry referrals meeting. More urgent referrals will sometimes follow an emergency consultation from the previous working day. Additional information is sometimes sought from the referrer or family to aid decision-making and to determine the level of urgency. If the referral meets the criteria for a service and the concerns include issues about a mood and/or emotional disorder, the CYP is allocated for an initial assessment, including risk assessment, by a HYM professional. All CYP referred in relation to moderate (with risk and/or complexity) and severe low mood will be seen in person due to the potential risk of self-harm/suicidality associated with such presentations.

• **Inter-pathway Transfer**: Some CYP will transition to the mood and emotional disorders care pathway from other pathways, for example, due to changes in presentation and/or formulation, stabilisation of mood etc. Presentations of low mood might be in the context of emotional and behavioural dysregulation (EBD), particularly where it is chronic with early onset and difficulties of attachment are likely. As such, consideration will be made as to whether CYP with such presentations might be more appropriately entered onto the EBD pathway, or both pathways should there be co-morbid presentations.

### 4.2 Assessment

For CYP referred in relation to anxiety, possible OCD or PTSD, or low mood, there will be 2 possible courses of action, items 4.2.1 and/or 4.2.2.

#### 4.2.1 Consultation Intervention

A consultation intervention may be offered to professionals and/or carers around the CYP. This will be offered by an experienced HYM professional and will involve up to 3 sessions of advice to members of the system around the CYP to help move things forward and often without the need to see the CYP in person. For example, consultation intervention might be considered for referrals of primary aged children referred with anxiety difficulties, including the full range of anxiety disorders, where an evidence-based intervention involving up to 3 sessions of a parent-led anxiety intervention based on the principles of cognitive-behaviour therapy (CBT) will be offered (Thirlwall et al., 2013).

Whether this is pursued will depend on several factors including the carer’s capacity to take an active part in addressing the difficulties, the complexity and severity of the presentation.

#### 4.2.2 Initial Assessment

Where a consultation intervention is deemed insufficient due to the severity and/or complexity, or has already been tried, a full initial assessment will be
undertaken directly with the CYP, by a HYM professional. This will usually involve carer(s) except in exceptional circumstances.

The assessment will involve an exploration of recent and past psychosocial risk factors, including age, gender, family context and relationships, history of bullying and/or abuse, educational context, social functioning, drug and alcohol use, family mental health history, significant life events, ethnic and cultural factors, and factors known to be associated with an increased risk of a mood and/or emotional disorder (for example, significant losses, adjustment to major life changes, family discord). Assessment will always aim to be sensitive and respectful of cultural, ethnic and religious backgrounds. An assessment of risk in terms of suicidality and/or harm to self, harm to others, exploitation and neglect will also be undertaken at this stage.

The outcome of assessment will include a consideration of the diagnosis and severity of the presentation, development of a formulation and care plan with goals and completion of routine outcome measures, routine documentation and correspondence. At this stage referrals to other allied agencies for concurrent support might be made, for example, Branching Out and Children’s Social Care.

**RISK:** Risk must always be assessed carefully when a mood disorder is present, regardless of the duration of symptoms, including exploration of themes of hopelessness for the future and personal helplessness.

CYP will enter onto the MED care pathway after referral screening and offer of a consultation intervention, or post-initial assessment. CYP identified as having a mild-moderate MED without risk, complexity and/or other mental health difficulties will move into ‘Getting Advice’ and/or signposted to other more appropriate services in ‘Getting Help’ where appropriate, with identified support in the community and advice around risk monitoring and management. Following a consultation intervention, CYP will either move back to ‘Getting Advice’, or will receive a thorough initial assessment and remain in ‘Getting Help’ with HYM.

### 4.3 Documentation and Correspondence Points

Client records are to be kept in accordance with Trust policy and to include case notes, completion of the PAD and Trust approved risk assessment documentation, the TARA. Written client notes should include a formulation summary in the form of a diagram and/or narrative on completion of the initial assessment. Where relevant, Care Programme Approach (CPA) documentation should be completed and managed by the case manager. Referring agents, the General Practitioner, CYP and their carer(s) are to receive a post-initial assessment letter within 10 days. If the assessment is incomplete, a brief letter to note that the CYP is being assessed should be sent within 10 days, followed by a detailed letter as soon as possible post-assessment. Letters will include details of presenting problems and formulation, assessed risk, care plans with goals and plans for review.
Follow-up correspondence with a progress summary will be sent after a further 3 months, and 6 monthly thereafter, or when significant changes are made to the care plan. At discharge, a letter will be sent and should summarise the original presenting difficulties, interventions offered, progress made (including reference to goals at outset), outcomes and relapse prevention plans and be sent within 10 days after the final contact.

4.4 Reviewing Service Effectiveness

Mandatory ‘Routine Outcome Measures’ (ROMs) will be administered at initial assessment, mid-way and at the end point of any therapeutic intervention. Currently, these typically include:

- The Revised Children’s Anxiety and Depression Scale (RCADS, Chorpita, Yim, Moffitt, Umemoto & Francis, 2000)
- The Strengths and Difficulties Questionnaire (SDQ, Goodman, 2001)
- The Outcome rating scale (ORS; Miller & Duncan, 2000)
- The session rating scale (SRS, Miller, Duncan & Johnson, 2002)
- The CHI Experience of Service Questionnaire (CHI ESQ, Astride-Stirling, 2002)

CYP will set their own goals (‘Goal Based Outcomes’) and progress towards these will be reviewed ideally at every session, but as a minimum every 3-4 sessions. Clients should be given an opportunity to complete session rating scales, and the CHI Experience of Service questionnaire should be routinely given out post-treatment. Supplementary measures may sometimes be useful clinically.

4.5 Interventions

The care co-ordinator (also termed case manager) will develop an individual care plan with the young person and their family and liaise with other professionals involved. Thereafter, the following evidence-based psychological therapies may be offered as recommended by NICE guidance:

**Psychological Therapies**

*Depressive Disorders*

- Cognitive-Behaviour Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Short-term Family Therapy (FT)

Each therapy to be offered for a minimum of 3 months.

*Anxiety Disorders*
NICE make recommendations for the treatment of social anxiety, OCD and PTSD for children and young people. However, there are no specific guidelines in relation to the treatment of CYP with generalised anxiety disorder, panic disorder or specific phobia, therefore guidance is taken from the adult literature and clinical experience.

- Cognitive-Behaviour Therapy (CBT) offered in group or individual format, typically of 8-12 sessions duration for single disorder presentations, involving carer(s) where appropriate.
- Family therapy considered where there are significant relationship factors in the formulation which are hypothesised to be involved in the maintenance of difficulties

**Obsessive-Compulsive and Related Disorders**

- Cognitive-Behaviour Therapy (CBT) with Exposure and Response Prevention (ERP), involving carer(s) where appropriate, and adapted to suit the developmental age of the CYP. This may be offered individually or in group formats.

**Posttraumatic Stress Disorder**

Older CYP presenting with severe posttraumatic symptoms or severe PTSD within the first month following the traumatic event should be offered the following:

- Trauma focussed Cognitive-Behaviour Therapy (CBT)

For all CYP presenting with PTSD, including those who have been sexually abused, consideration should be given to:

- Trauma focussed Cognitive-Behaviour Therapy (CBT) adapted to suit their age, circumstances and level of development

EMDR is a developing therapy which is recommended by NICE for the treatment of adults with PTSD. Where available, this might be considered as a second line approach for CYP who are unwilling and/or unable to access CBT. Likewise, play therapy is another alternative approach which might be considered for younger children when CBT is ineffective or inappropriate, and if available.

For many CYP presenting with difficulties following exposure to traumatic events (including recent, historical, acute or chronic), often the priority for treatment is to support carers to understand their difficulties and to create as stable and secure home environment as possible, which over time will offer the stability and containment needed by the CYP. It is only at this point that a CYP might be able to successfully access a more formal psychological therapy.
Other Interventions for all Mood and Emotional Disorders

Active case management and care coordination is typically the first line intervention offered to CYP who are accepted into the service. Following assessment, a formal psychological therapy should be considered. However, some CYP may not be in a position to access one of the therapies presented above for a variety of reasons, including age, complexity with co-morbidity and fluctuating risk, unwillingness to engage, lack of support at home etc. It might also be that there is a wait for a given therapy. As such a variety of other approaches might be considered either as stand alone interventions or before commencing a NICE recommended psychological therapy:

- Ongoing and active case management and care coordination, including crisis and risk management
- Motivational Enhancement Therapy / Motivational Interviewing to increase motivation to engage and address difficulties
- Psycho-education and advice around managing symptoms such as sleep difficulties, enhancing emotional literacy, behavioural activation, goal setting, problem-solving and worry management
- Parenting support, including referrals to adult mental health services where appropriate
- Consultant child and adolescent psychiatry overview
- Play therapy
- Creative approaches

Some therapies may also be offered in a group format, or as a computerised programme, for example, ‘Stressbusters’ where appropriate.

4.6 Review

Progress, including goal based outcomes will be reviewed every 4-6 sessions, with administration of ROM’s at the mid-point of therapy.

Across all disorders on the pathway, based on the outcome of the review, 3 actions will be possible;

- CYP who have made progress and are on the road to recovery will be discharged for support at ‘Coping’
- Continuation of therapy at ‘Getting Help’, followed by a review after 6 further sessions where lack of a response or difficulties are explored in clinical supervision and at case review meetings. For depression, if unresponsive after 3 months, or the CYP is unwilling and/or unable to engage in a given psychological therapy, then a concurrent therapy will be considered for family members and/or an alternative therapy for the CYP, and/or movement into ‘Getting More Help’ where pharmacotherapy might be considered
- Severe and/or complex presentations where there are co-morbidities may require extensive interventions and/or pharmacotherapy and/or access to alternative pathways at ‘Getting More Help’. In these
circumstances progress should be reviewed every 6-8 sessions.

Where risk is significant and ongoing, it is often appropriate to have a separate case manager alongside the psychological therapist.

As such the case manager manages risk management plans and reviews in line with the CYP formulation, for example, multi-agency crisis management plans may need to be in place.

6.0 Getting More Help

Some CYP will require longer-term provision as follows:

6.1 Interventions

Extensive Outpatient Provision

Some CYP will need longer-term involvement with the outpatient HYM service, which could involve:

- Ongoing pharmacotherapy management and review
- Ongoing psychological therapy for complex presentations and/or co-morbidity
- Transfer to alternative therapy and risk management
- Ongoing case and risk management (including Inreach/Outreach provision where necessary)
- CYP moving onto the mood and emotional disorders pathway from an alternative pathway following re-formulation/readiness for focus on a specific problem

Pharmacotherapy

Depressive Disorders

There is evidence for the addition of an SSRI to ongoing therapy for CYP aged 8-11 years, and the offer of an SSRI to CYP aged 12-18 years, with careful monitoring.

- Fluoxetine, with caution for 5-11 year olds
- Citalopram or Sertraline as a second line medication.

Anxiety Disorders

- SSRI is the treatment of choice with Sertraline most effective in CYP with anxiety difficulties.
Obsessive-Compulsive and Related Disorders

- SSRI – increase dose until therapeutic response achieved with careful monitoring. Continue 6 months after remission (symptoms are not clinically significant and CYP fully functioning for at least 12 weeks).
- Clomipramine as a second line with ECG to exclude cardiac abnormalities. Cautious consideration of gradual increase with continuation of treatment for at least 6 months.

Posttraumatic Stress Disorder

- Not routinely prescribed for PTSD.

Inpatient Provision

If it becomes unsafe to manage the CYP within the community due to the severity of their presentation and/or risk, an inpatient intervention might be required at the Hope Inpatient Psychiatric Unit, Fairfield General Hospital.

6.2 Review

For CYP in ‘Getting More Help’, a joint review with all professionals involved will be helpful on a 3 monthly basis. For clients coming up to their 12th session, progress will be discussed in supervision and at the monthly case review meetings. At these meetings it can be considered what, if any, further work is required, whether a change in therapy is advisable, and whether there is a need for ongoing case and/or risk management on the same or another care pathway, for example.

7.0 Getting Risk Support

Risk management is a consideration in every level of the MED care pathway, both physical and psychological risk. An increase in deliberate self-harm, suicidal thoughts and intentions are particularly relevant.

The THRIVE model emphasises several important points with regards to CYP whose care needs are best met by ‘Getting Risk Support’ (Thrive, Wolpert et al., 2014):

- Supporting these young people should involve close inter-agency working, often with Children’s Social Care taking a leading role.
- There should be clarity over which service is leading the support package offered.
- The language used should communicate clearly that a health treatment is NOT being offered.

Some CYP will fail to benefit from interventions offered at the ‘Getting Help’ and ‘Getting More Help’ stages due to a wide range of factors, for example, difficult family
circumstances and interpersonal factors. The degree of engagement, alongside other contextual factors, such as the CYP’s age and the availability of other support mechanisms, will determine the exact procedure for working with CYP at the ‘Getting Risk Support’ level.

Indeed, for some CYP “there is no current health treatment available, but they remain a risk to themselves or others” (Wolpert et al., 2014, pg 2). For some CYP there will be ongoing case management within the service due to the level of risk and complexity of presentation necessitating the level of mental health expertise offered by CAMHS. The following extract outlines the main responsibilities of the case manager working with this group of CYP:

For the ‘getting risk support’ group, the main remit of this role will be risk management and liaison between services. In line with the THIVE principle, care at this level should not be considered a ‘health’ intervention/treatment, so case managers working with CYP with this level of need should be working towards involving more appropriate support services, and increasing the likelihood of a relatively safe discharge away from specialist mental health services.

Other CYP not engaged in an active health service treatment at this stage, or requiring ongoing case management by HYM due to the level of risk and complexity, but where there are ongoing significant concerns around risk can be supported by HYM as follows:

- Support for multi-agency risk management strategies
- Consultation and liaison to other professionals
- Input to inter-agency work
- Signposting
- Supporting local safeguarding work alongside Children’s Social Care
- Ongoing risk support with another partner agency leading
- Support to Accident & Emergency around assessment and admission

### 7.1 Review

CYP accessing ‘risk support’ should be reviewed on a 3 monthly basis. Outcomes may be as follows:

- CYP who have made progress and are on the road to recovery and self-management will be moved into support at ‘Getting Advice’
- CYP demonstrating readiness to make use of therapy can be moved back into one of the ‘Getting Help’ stages
- Ongoing risk support

### 8.0 Audit

Regular audit will be undertaken to monitor the quality of the service on the Mood and Emotional Disorders Pathway.
Priorities for audit around accessibility and quality, to include:

- Are CYP being adequately supported to access appropriate self-help resources at ‘Getting Advice’
- Are treatment options are appropriately offered and provided as set out in the pathway.
- Are treatments on offer evidence-based, goal focused and outcome measured?

### 9.0 Staffing in Healthy Young Minds

#### 9.1 Training

All staff to have the core skills necessary to accurately identify, assess, case manage and offer basic interventions to CYP with mood and emotional disorders. In terms of formal psychological therapy, most CYP on this pathway will be offered CBT, IPT or ST-FT by a suitably qualified therapist. CBT staff are trained to either a certificate or diploma level. Interventions for the most complex and/or PTSD presentations will be seen by clinicians qualified to diploma level and eligible for BABCP accreditation. IPT and FT practitioners all have specialist post-graduate level training in their field.

#### 9.2 Supervision

All staff offering interventions on this pathway will receive monthly clinical supervision in line with the Trust supervision policy. Therapy-specific supervision will be provided for staff qualified in a particular psychological therapy, and will meet criteria to maintain accreditation where necessary. A hierarchy model of supervision will ensure that all staff practicing a particular therapy are supervised by a clinician of higher level of qualification and/or experience. For senior clinicians this may take the form of peer supervision. Supervision paperwork will be maintained as per policy with particular attention to safeguarding and risk.

### 10.0 Discharge/Transition

CYP making progress with a psychological therapy as evidenced by movement towards goals and/or routine outcome measures where appropriate will be moved out of the CAMHS service into ‘Getting Advice’. Some CYP may be moved in to ‘Getting Advice’ where it is agreed to manage their own ongoing chronic needs, or ‘Getting Risk Support’ where there is significant ongoing risk, with advice from HYM to the support system around them.

For any CYP who fail to engage with the service, the standard Trust DNA policy will be followed, and any medication discontinued. A discharge letter will be sent to the G.P. and the referring agent, and other involved professionals as appropriate and without exception, when there remain issues of significant risk.
11.0 Provision for 16+

For CYP already in the HYM service and accessing therapy, this will continue until treatment is complete followed by discharge. CYP turning 16 who are on the pathway but have yet to start a formal therapy, or will require ongoing support, will be signposted or referred on to an appropriate provision in adult services. For those CYP referred post-16, again they will be appropriately signposted. Medication management for the post-16 population is currently under review.

The following services and support are available post 16:


- **42nd Street**: Counselling, individual support, group work and volunteering opportunities to CYP aged 13-18 years, group work for vulnerable groups of CYP (LGBT, LAC, Young carers, Young Offenders) [0161 228 7321](http://www.42ndstreet.org.uk)

- **The Anthony Seddon Fund**: Offering a range of support groups and activities for people with mental health issues: ‘Open Access drop-in’ for 11-19 year olds, Thurs 4-7 p.m. with representatives from HYM, OTR and TOG [MIND: 0161 637 9256 www.theanthonyesseddonfund.org](http://www.theanthonyesseddonfund.org)

- **TOG MIND**: Mentoring Service - post Healthy Young Minds Service for 6 months ongoing support. School based psychoeducational groups and 1:1 e.g. anger management, low mood, anxiety, self-esteem, social skills, guided self-help, counselling, solution-focussed approaches by arrangement. Counselling for 16 +, [0161 330 9223](http://www.togmind.org)

- **Healthy Minds**: A mental health service for people over the age of 16 years in Tameside & Glossop offering a wide range of psychological therapies including CBT, CAT, EMDR. GP, professional and self-referrals accepted [0161 716 4242](http://www.penninecare.nhs.uk)

- **Access Team**: CYP are advised to consult with their G.P. to discuss their difficulties and to consider available services

NB; HEALTHY YOUNG MINDS: CAMHS service with provision for CYP aged 16-18 with emotional and behavioural regulation difficulties only (NOT mood and emotional disorders).

References


