NHS
Sussex Partnership
NHS Foundation Trust

CAMHS Referral Guidance

What we do, what we don't do and what you can do if you are worried about a child.

Contents

WHO WE ARE AND WHAT WE DO

Sussex Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are an NHS service that aims to help young people up to the age of 18 who are finding it hard to manage their emotional and psychological health, and who are suffering with acute, chronic and severe mental health problems.

CAMHS have community teams of staff across the Sussex area that have expertise in working with children/young people with complex mental health difficulties and their families/carers. Our staff also have expertise in working with children and young people from vulnerable groups and their networks. This includes children in care, children with learning disabilities and those with eating disorders. There is likely to be a clinic near you. A list of the CAMHS clinics can be found at the end of this manual.

If you are worried about a young person please refer to the specific guidance in this manual in relation to the different mental health difficulties that they may be experiencing. This will give tips, help and guidance on whether a referral to CAMHS may be helpful. The section on making a referral to CAMHS will also be useful.

The THRIVE model

Sussex CAMHS use the THRIVE model to determine which stage a child or young person is at in terms of their support needs. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The Thrive model provides a shared language for CAMHS and other emotional well-being services in working together to identify the best offer of support in response to a child or young person's needs. The needs-led groupings are separated into five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

There are more details on this at **implementingthrive.org/about-us/the-thrive-framework** and in the diagram to the right.

Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. implementingthrive.org/about-us/the-thrive-framework/

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

BLUE

GETTING HELP

These are challenges that some young people experience and may need some support with or choose to receive an evidence-based intervention for.

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

ORANGE

GETTING RISK SUPPORT

These are concerns that need very specialist and or intensive support.

A guide to mental health difficulties

	GETTING ADVICE	GETTING HELP
NATURE (TYPE) OF DIFFICULTIES	• Common worries or difficulties that many young people experience • Difficulties are often situation specific (e.g. happened after a specific event) or last only for a short time • Limited impact on daily functioning (e.g. ability to go to or cope at school, play with friends, engage in hobbies or interests) • Limited impact on physical or emotional wellbeing • Difficulties in line with typical childhood or adolescence	• Common worries or difficulties which may be causing more distress than would be expected • Level of distress is out of context to the situation/event/ incident • Episodes of worry, sadness, anger or distress may be more frequent or last longer than anticipated or expected • Some impact on functioning which has lasted at least a few weeks (e.g. ability to go to, or cope, at school)
WHAT TO DO	Self-help resources/guided self-help (things a young person can look at themselves or together with the support of a parent/carer or professional). Such as: ▸ Sussex CAMHS website **sussexcamhs.nhs.uk** ▸ Talking to family or friends ▸ Support from school/GP ▸ Support from youth organisations A referral to the Child and Adolescent Mental Health Service should not be considered as a first response. Consider referring to other agencies in the first instance.	Follow the green stage steps AND consider accessing help, advice and support from: ▸ School nursing team/Mental Health School Teams/ pastoral support ▸ Counselling services/1:1/group support ▸ Youth organisations ▸ Emotional health/ mental health specific resources e.g **sussexcamhs.nhs.uk** Helplines such as: ▸ Young Minds Parents Helpline: **08088025544** ▸ Family Lives Helpline: **08088002222**

This is a general guide to help you decide what may be helpful for your child. There are more specific guides with specific actions and resources for ADHD, anxiety, behaviour of concern, depression, eating disorders and difficulties and trauma. These are presented below and can also be found on the parent/ carer and professional help sections on our website.

GETTING MORE HELP

- Difficulties are severe and enduring (difficulties have lasted longer than several weeks)
- Significant distress to the young person and or the family/network
- Significant disruption to daily life and functioning (e.g. ability to go to or cope at school, play with friends, engage in hobbies or interests)
- Presenting as a risk to themselves or others
- Despite accessing and trying the support in the green and blue stages, difficulties persist
- Signs of physical compromise (becoming physically unwell)

Follow the green (Getting Advice) and blue (Getting Help) stages AND:

- See your child's GP
- Seek advice from helplines
- Access the Sussex CAMHS website crisis support: **sussexcamhs.nhs.uk/help-im-crisis**
- Consider a referral to CAMHS

GETTING RISK SUPPORT

This is a smaller cohort of young people who present with complex risks, experiences or circumstances requiring multi-agency management. They may not be able to access CAMHS directly or achieve best outcomes via services offered in the traditional ways ie. CAMHS might be consulting to or supporting other professionals in keeping young people safe, or vice versa.

Risk support can be short term responsiveness to sudden or unexpected difficult situations for which they need immediate help to keep themselves or others safe.

It is also can be long term risk support for young people whose mental health needs require them to have active support from skilled organisations working together, as they remain a significant concern and risk to themselves and others, and the purpose is to keep the young person and others safe.

These young people should already be supported by CAMHS and/or other appropriate services, but if they are not, please make a referral via your local CAMHS referral route - details of which can be found here: **sussexcamhs.nhs.uk/referrals**

Other key resources: Websites: thecalmzone.org.uk • papyrus-uk.org • sussexcamhs.nhs.uk **Apps:** ThinkNinja • What's Up? • WellMind

ADHD

Many young people struggle with concentrating. Many young people are impulsive and have high levels of activity. All of these factors can be related to age and developmental stage as well as being traits unique to the individual. Sometimes when a young person is displaying a lot of behaviours associated with these traits, in many aspects of their life and it is causing them significant difficulties, we might consider a diagnosis of Attention Deficit Hyperactivity Disorder.

ADHD is a neurodevelopmental condition that effects behaviour and includes symptoms of inattentiveness, impulsivity and hyperactivity. An ADHD diagnosis can include a combined presentation of inattention, impulsivity and hyperactivity; a predominantly inattentive presentation or a predominantly hyperactive-impulsive presentation. This guide will help you to know how to best support your young person if they are experiencing some of these difficulties and also when to consider when you might need to make a referral to CAMHS. This is not an exhaustive list; young people may experience symptoms which may not be included in this guide.

THE THRIVE MODEL

Sussex CAMHS use the THRIVE model (p5) to determine which stage a child or young person is at in terms of their support needs. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

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GETTING ADVICE

These are experiences that most young people will have from time to time.

GETTING HELP

These are challenges that some young people experience and may need some support with. These are challenges that some young people experience and may need some support with or choose to receive an evidence-based intervention for.

GETTING MORE HELP

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ADHD

GREEN

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TYPE AND NATURE OF WORRY

Children and young people go through phases where they are restless and inattentive. These difficulties can be short term and have no long term impact on daily functioning at home and at school. These difficulties are often completely normal and do not necessarily mean the young person/child has ADHD. These difficulties can be managed with consistent parenting approaches, the love and support of parents/carers and good home school communication.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

(this list is not exhaustive)

- Struggling to get to sleep at night; having restless sleep or early morning waking
- Struggling to get ready for school on time
- Struggling to listen to and carry out instructions
- Struggling to be organised
- Struggling to develop friendships
- Struggling to manage social situations
- Displaying difficult behaviour when asked to do something they don't want to do (ignoring, shouting, running off, becoming verbally/physically aggressive)
- Not wanting to go to school
- Feeling restless and fidgeting
- Poor eye contact
- Difficulties paying attention (even to things such as films or TV programmes)
- Difficulties turn taking and can interrupt others
- Easily distracted, starting things but not completing them
- Appearing forgetful and disorganised
- Impulsive and reactive, not always appearing to understand risks (e.g. not looking both ways before crossing a road)
- Can be chatty, distracting and easily distracted by others
- May seem to be disinterested or daydreaming (glazed over)

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Give your child regular opportunities to talk about what they are struggling with and how they are feeling
- Are they getting enough sleep? Make sure that you have a consistent night time routine. Have a set bedtime. Make sure that all screens are off a minimum of one hour before bed time. Visit: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/sleep**
- Behavioural strategies (make sure all adults looking after the young person are consistent, stick to one plan).
- Stay calm (ask for help from someone in the family; take a break; pick your battles - the child will respond better)
- Use goals to work towards, charts and rewards can be helpful
- Use pictorial guides or lists to prompt routines and help with organisation
- Say your child's name and look at them to get their attention when talking to them
- Only give one instruction at a time (break things down into small steps)
- Get your child to pack their school bag the night before school
- Support your child's interests
- Support your child to problem solve areas of organisation that they find difficult
- Make sure your child has opportunities to let off steam (outside play, physical activity, social clubs)
- Seek support from the school teacher or home school link worker
- Consider talking to the SENCO (Special Educational Needs Co-ordinator) at school
- Consider parenting classes (your child's school should have knowledge of any available in the local area)
- Minimise distractions particularly when trying to work
- Repeat messages or important information regularly
- Present information verbally and in writing where possible
- Role play and practice skills such as turning taking, how to do activities safely (such as crossing the road), and reducing impulsivity/reactivity
- Change activities regularly to reduce boredom and restlessness
- Look at our useful resources on our website for a range of support that can be accessed.

ADHD

GETTING HELP

BLUE

These are challenges that some young people experience and may need some support or choose to receive an evidence-based intervention for.

TYPE AND NATURE OF WORRY

The degree to which a young person struggles with attention; hyperactivity and impulsivity are persisting and may be having a longer term impact on daily functioning at home and at school.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green stage, the following might also be present:

- Moderate difficulties (inattention, hyperactivity and impulsivity) affecting functioning so that the child may be falling behind at school
- Difficulties are present across different environments (e.g. home and school)
- Difficulties must have been present across time (i.e. not a short term response to a challenging circumstance and usually noticeable from early childhood or on starting school)
- Families might also find themselves struggling to do things as they normally would as they may make adjustments to accommodate how the young person is managing

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green stage, the following might be helpful:

- Share concerns with your child's school/college
- Access pastoral support from school/college
- Consider physical problems, bullying or change of family/social circumstances. Talk to your GP or school about school support or local counselling services
- Access and support your young person to access ADHD resources (podcasts, videos, downloads links) Visit: **youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd** or: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=15829#single-accordion-15829**
- Notice when your child is doing well, celebrate achievements or any small changes
- Reinforce behaviours you want to see

ADHD

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

TYPE AND NATURE OF WORRY

When a young person has a significant number of features usually associated with ADHD, which have been present since childhood and are problematic across all environments such as at home and at school, it might be worth considering an ADHD assessment. You would consider this when these difficulties with attention, activity and impulsivity are severe and enduring, are causing significant disruption to a young person and are significantly disrupting daily life such as school/college and socialising. Despite trying advice in the green and amber stages, the young person still experiences ongoing difficulties. The young person may be failing to meet expected academic levels due to poor concentration.

Some children with ADHD also have other mental health difficulties like any other young person might. If this is the case they may benefit from some therapeutic intervention for this. Some children with ADHD might have specific learning difficulties (assessed by school and/or Educational Psychology Services and/or Paediatricians) and social communication problems which may need further consideration as well as an ADHD assessment.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green and amber stages, the following might also be present (this list is not exhaustive):

- Moving from one activity to another without completing one
- May not play for long and not enjoy playing with toys and games. May prefer active games
- May struggle to sit still and watch television or a film for any length of time
- Will often appear not to hear when spoken to
- If you ask your child to do something they will often forget what you have asked them to do
- They may be constantly fidgety, make lots of noises, and talk all the time (even in situations where it is not appropriate)
- Often doing something that they should not be doing like talking, being disruptive in class
- Be easily distracted by things going on around them
- Be impulsive and accident prone
- Have problems settling for bed and getting to sleep
- Becoming agitated, oppositional or aggressive towards others when they are struggling with expectations placed on them
- Reactive and impulsive behaviour such as running away which may place them or others in danger
- Family and school functioning may be disrupted and families and/schools are required to make significant adjustments to accommodate how the young person is managing or responding. Examples of this include: failing at school or leading to problems in relationships at home to the detriment of development
- The symptoms above cause significant distress or impairment in social, academic or occupational functioning

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green and amber stages the following might be helpful:

- Once the above strategies have been tried and if after 10 weeks you are still concerned, consider a referral to CAMHS. You can do this by visiting your GP or school and asking them to make a referral or make a self-referral. To make a referral, please find information at **sussexcamhs.nhs.uk/referrals**
- Depending on the context and/or the extent of the difficulties, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations that can support families

Useful Resources:

Websites

- Watch our parent/carer workshop on managing ADHD: **bit.ly/38JP6cN**
- Problems with attention, concentration and activity (ADHD) webpage: **rb.gy/nids9x**
- Barnados: **bit.ly/3faNwBN**
- **adhdpartnershipsupportpack.ie** programme has been developed to cover the key steps needed to support children with ADHD both at home and in the school environment
- YoungMinds - essential information for parents: **https://bit.ly/3nwreO2**
- **www.wellatschool.org** advice on supporting pupils with ADHD at school; ADHD partnership support pack
- **familylives.org.uk** offers support for parents with a range of difficulties and access to parenting online programmes; self-referral and referral from professionals, parents and young people

Schools may like to signpost parents and carers to:

- AMAZE - NDP Family Training and Navigation Service
  Support at each stage along the neurodevelopmental pathway to help families manage the challenges that children and young people face. This service is for families in Brighton & Hove and East Sussex.
- Reaching Families – West Sussex
  To empower, inform and support parent-carers and families of children and young people with special educational needs and disabilities in West Sussex.

Books

- All dogs have ADHD – Kathy Hoopmann

Helplines

- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**

ANXIETY

All young people will feel anxious from time to time. Here's a guide to help you know how best to support your young person if they experience symptoms of worry or anxiety. This is not an exhaustive list; young people will experience other types of worry and symptoms which may not be included in this section of the guide.

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PURPLE

GETTING MORE HELP

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ANXIETY

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

TYPE AND NATURE OF WORRY

It is common for children and young people to experience worry as they develop through childhood and adolescence. The typical worries children and young people experience tend to be situation specific, short term and can be managed with the love and support of parents/carers. Examples might be:

- Being away from home/parent
- Going to school (but settling)
- Worrying about going to bed/the dark
- Worry about something bad happening to themselves or to a loved one
- Doing new things
- Going to unfamiliar places
- Doing things independently
- Public speaking/performing
- Tests and exams
- Change and uncertainty (e.g. family breakdown or conflict)
- In response to an upsetting event such as being bullied
- Being in social situations

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- Being clingy and not wanting to be separated from a parent/carer
- Not wanting to be left alone
- Seeking verbal reassurance and checking things are OK
- Not wanting to go to school
- Avoidance of what they are fearful of
- Having bad dreams/mild sleep disturbance
- Having some physical symptoms such as feeling sick, hot and clammy, tummy aches
- Feeling restless and fidgeting
- Appearing unsettled, distracted or irritable
- May appear more challenging or oppositional/argumentative
- Thinking or talking a lot about their worry
- Crying or becoming distressed

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Normalise that anxiety is a natural emotion, the physical sensations of anxiety can be unpleasant but it's OK, it will pass and won't cause any harm
- Encourage, reward and praise a young person not to avoid; the more a young person avoids, the harder it becomes and the more anxious a young person will become. Instead, encourage the young person to face their fear - the more they face it, the easier it will become
- Break things down into steps and do these as often as possible so a young person can habituate and tolerate their anxiety before going onto the next step
- Use distraction techniques, here are some strategies to try:
  - An A-Z of coping strategies: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/anxiety?back=276**
  - How and when to use a coping box: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/anxiety?back=276**
  - Role model and demonstrate that you can do things even when you're anxious
  - Supporting a young person to problem solve any obvious triggers
  - Watch our parent/carer workshop on building self-esteem and resilience here: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=16601#single-accordion-16601**

Useful Resources:

Books

- Helping Your Child With Fears and Worries, by Cathy Creswell and Lucy Willetts
- Helping Your Anxious Child, by Ronal Rapee
- Stuff That Sucks, by Ben Sedley
- What To Do When You Worry Too Much, by Dawn Huebner

ANXIETY

GETTING HELP

BLUE

These are challenges that some young people experience and may need some support or choose to receive an evidence-based intervention for.

TYPE AND NATURE OF WORRY

The degree to which a young person worries appears out of context or disproportionate to the reason why they might be worrying. Episodes of anxiety might be more frequent or prolonged and cause the young person distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. Examples might be:

- Fears that something bad might happen to themselves or someone else
- Worry about not coping
- Worry about performance in exams or the future
- Worries related to being habitually bullied or experiencing regular conflict or distress either at home or school
- Worries about what others might think, say or do
- Worries about negative judgements by others or social rejection/exclusion

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green stage, the following might also be present:

- Disrupted sleep (difficulties getting to or staying asleep, nightmares/night terrors)
- Persistent physical or verbal seeking of reassurance
- Resistance to doing things; requiring a lot of cajoling or persuading
- Becoming distressed or agitated when facing fear or even thinking about facing the fear
- Some repeated patterns of behaviour or routines which seem to help the young person but don't make sense to others (e.g. repeated checking or counting)
- Some episodes of panicking such as getting distressed, racing heart rate, quicker breathing, upset tummy, feeling sick, feeling dizzy or faint
- Demanding things be done in certain ways or requesting others to do things for them
- Families might also find themselves struggling to do things as they normally would as they may make adjustments to accommodate how the young person is feeling or responding

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green stage, the following might be helpful:

- Support your young person to access self-help resources (podcasts, videos, downloads, links) on the Sussex CAMHS website: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/anxiety?back=276**
- Watch our parent/carer workshop on how to support anxiety here: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003#single-accordion-12003**
- Share concerns with your child's school/college
- Access pastoral support from school/college
- Consider accessing help from a local counselling service
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Depending on the context and/or the origins of the anxiety being experienced, other services may be helpful e.g. family guidance if there is family breakdown or conflict. There is a lot of information on the Sussex CAMHS website at: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/family-breakdown?back=276**

Useful Resources:

Books

- Overcoming Your Child's Fears and Worries, by Cathy Creswell and Lucy Willetts
- Helping Your Anxious Child, by Ronal Rapee
- Stuff That Sucks, by Ben Sedley
- What To do When You Worry Too Much, by Dawn Huebner
- The Anxiety Workbook For Teens, by Lisa Schab

ANXIETY

PURPLE

GETTING MORE HELP

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TYPE AND NATURE OF WORRY

These anxieties are severe and enduring. These cause significant distress to a young person and significantly disrupt daily coping such as school/college, socialising and even self-care activities (e.g. sleep, bathing, eating). Despite trying advice in the green and amber stages, the young person still experiences anxiety symptoms.

- Strong unwavering beliefs that something bad might happen or that there is danger
- Repeated, intense and overwhelming "what if" thoughts that are catastrophic in nature

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green and amber stages, the following might also be present:

- Repeated routines or rituals that impact on a young person's day such as being on time for or coping at school, being able to socialise and engage in hobbies or interests, being able to get up or go to sleep
- Persistent refusal to leave the house or attend/take part in activities such as school, hobbies, interests, seeing friends
- Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise (ill health) as a result of this
- Withdrawn and uncommunicative or not wanting to be left alone at all - this may seem uncharacteristic or age inappropriate for some teenagers
- Regular episodes of panicking such as getting distressed, racing heart rate, quicker breathing, feeling dizzy or faint, vomiting, shaking
- Thoughts and beliefs are rigid and cannot be challenged or thought about from a different perspective (e.g. 100% belief that something bad will happen)
- Becoming agitated, distressed, oppositional or aggressive towards others when in a situation they are particularly fearful of
- Reactive and impulsive behaviour such as running away which may place them or others in danger
- Families will find themselves struggling to do things as they normally would, that family functioning is disrupted and they are required to make significant adjustments to accommodate how the young person is feeling or responding

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green and amber stages, the following might be helpful:

- Speak with your child's GP
- Speak with the school nursing team
- Depending on the context and/or the origins of the anxiety being experienced, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations that can support if there are clear triggers for anxiety e.g. abuse, domestic violence, bullying, being a young carer etc.
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Consider making a self-referral to a CAMHS Service

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- Stuff That Sucks, by Ben Sedley
- The Anxiety Workbook For Teens, by Lisa Schab
- What To Do When You Worry Too Much, by Dawn Huebner
- Breaking Free From OCD, by Jo Derisley

BEHAVIOUR OF CONCERN

All behaviour has meaning. Children and young people communicate through their behaviour, especially those who have not acquired language and vocabulary skills to tell the adult what the problem is. A young person's behaviour can be made stronger and more likely by how it is responded to. Here's a guide to help you know how best to support your young person if they are behaving in a way that is concerning. This is not an exhaustive list; there may be other behaviour and responses to this which have not been included.

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BEHAVIOUR OF CONCERN

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

TYPE AND NATURE OF SITUATION THAT MAY IMPACT ON A YOUNG PERSON'S BEHAVIOUR

It is common for children and young people to behave in ways that concern adults from time to time. The behaviour they display tends to be situation specific, short term and can be managed with the love and support of parents/carers. Behaviour of concern is often a result of young people experiencing emotions such as worry, sadness, frustration/anger, guilt or shame. Examples of situations which might provoke these feelings include:

- Not feeling heard or understood; difficulties expressing themselves
- Demands being made (and having to do things they don't feel able or want to do)
- Perceived or real pressure or expectations by others
- New/unfamiliar things and change/transition
- Inconsistency (such as; inconsistent rules or boundaries, disrupted or chaotic routines and living environment)
- Conflict (either witnessing this or being part of this)
- Perceived or real rejection or abandonment by others.
- Perceived or real being ostracised (being left out) and not having or feeling connected to others
- Low self-esteem and beliefs of being a failure/not being good enough

Factors such as tiredness, hunger, not feeling physically well or being in pain can impact on how young people cope, respond and behave.

Some young people with physical disabilities and conditions, learning disabilities or those with neurodevelopmental difficulties (such as Autistic Spectrum Condition or Attention Deficit Hyperactivity Disorder) may have additional difficulty in being able to identify, express and communicate their emotions, thoughts, needs or preferences. This struggle may result in strong emotional responses and behaviour of concern.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- Appearing unsettled, distracted or irritable
- May appear more challenging or oppositional/argumentative
- Shouting or verbally aggressive (e.g. name calling, swearing)
- Crying or becoming distressed
- Not telling the truth
- Avoidance of or refusal to doing things when asked or expected
- Withdrawal from spending time with friends or family or persistently seeking reassurance
- Having bad dreams/mild sleep disturbance
- Having some physical symptoms such as feeling sick, hot and clammy, tummy aches
- Appearing restless and fidgeting

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Normalise that having feelings such as worry, sadness, frustration, guilt or shame are natural emotions and responses to events and situations
- Try to identify the situation which has led to the young person experiencing a strong emotional response. It may be possible to problem solve the situation. If not, acknowledge and validate the young person's feelings
- Make sure basic needs have been addressed e.g. the young person is getting good quality and enough sleep, is not thirsty or hungry and is not feeling unwell or is in pain
- Ensure that messages, rules and boundaries, language and adult behaviour is consistent, reliable and predictable
- Prepare young people for change, transition, unfamiliarity or unpredictability (e.g. give warning, discuss worries and concerns, problem solve how to do things, offer support)
- Give children limited options (i.e. choose this or that) - as too much choice can be overwhelming
- Ensure routines in the morning and evening
- Stay calm and be clear in your own communication. Avoid getting into lengthy debates, explanations or arguments
- Role model and demonstrate that you can do things even when you are experiencing strong emotions and have urges to respond or behave in certain ways. Young people often learn and copy language and behaviour that they experience so try to respond in ways that role model to the young person

Useful Resources:

Books

- Wreck This Journal by Keri Smith
- Stuff That Sucks: Accepting What You Can't Change and Committing to What You Can by Ben Sedley
- Cards Against Anxiety: A Guidebook and Cards to Help You Stress Less by Dr Pooky Knightsmith
- Anger Management Skills Workbook for Kids: 40 Awesome Activities to Help Children Calm Down, Cope, and Regain Control by Amanda Robinson
- A Volcano in My Tummy: Helping Children to Handle Anger: A Resource Book for Parents, Caregivers and Teachers by Whitehouse and Pudney

Apps

- What's UP?
- Headspace

BEHAVIOUR OF CONCERN

GETTING HELP

BLUE

These are challenges that some young people experience and may need some support or choose to receive an evidence-based intervention for.

TYPE AND NATURE OF SITUATION THAT MAY IMPACT ON A YOUNG PERSON'S BEHAVIOUR

The behaviour of a young person appears out of context or disproportionate to the situation. Episodes of concerning behaviour might be more frequent or prolonged and cause the young person and family distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school and relationships with others.

Strong emotional responses and behaviour of concern may be in response to or indicative of the factors described in Green. More concerning behaviour may (or may not) be in response to events such as:

- An upsetting or traumatic life event or repeated upsetting or traumatic events (e.g. bullying)
- Feeling threatened through experiencing abusive behaviour (neglect, emotional, physical, sexual, financial)
- Unpredictable and distressing environments (witnessing aggression/violence)
- A result of misusing elicit substances (e.g. drugs or alcohol)

In some cases behaviour of concern may be in response to a mental health difficulty or crisis.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green stage, the following might also be present:

- Resistance to doing things; requiring a lot of cajoling or persuading
- "Fight or flight" responses such as becoming distressed or agitated, running away/hiding or becoming verbally or physically aggressive towards others including intimidating and threatening behaviour
- Shutting down and becoming uncommunicative; withdrawing and not engaging with others or in activities they previously would
- Telling others information which is concerning and not factually correct
- Disrupted sleep (difficulties getting to or staying asleep, nightmares/night terrors)
- Persistent physical or verbal seeking reassurance
- Some episodes of panicking such as getting distressed, racing heart rate, quicker breathing, upset tummy, feeling sick, feeling dizzy or faint
- Demanding things be done in certain ways or requesting others to do things for them
- Engaging in impulsive, reactive or risky or potentially harmful activities such as substance usage (drugs and alcohol), risky sex (including online sexual activity), petty crime
- Truancy/not attending or engaging at school/college
- Families might also find themselves struggling to do things as they normally would as they may make adjustments to accommodate how the young person is feeling or responding

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green stage, the following might be helpful:

- Support your young person to access self-help resources (podcasts, videos, downloads, links) on the Sussex CAMHS website: **sussexcamhs.nhs.uk**
- Watch our parent/carer workshop on how to support anxiety here: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003%2C16601#single-accordion-12003**
- Share concerns with your child's school/college. Work on a plan together so there is a consistent approach from all adult care givers.
- Access pastoral support from school/college. Discuss with your child's school accessing the Primary Behaviour Service
- Consider accessing help from a local counselling service
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Depending on the context and/or the triggers and contributing factors for the emotional responses and behaviour of concern, other services may be helpful e.g. family guidance if there is family breakdown or conflict. There is a lot of information on the Sussex CAMHS website: **sussexcamhs.nhs.uk**

Useful Resources:

Books

- My Intense Emotions Handbook by Sue Knowles and Bridie Gallagher
- The Anger Workbook for Teens: Activities to Help You Deal with Anger and Frustration by Raychelle Cassada Lohmann
- Mindfulness for Teen Anger: A Workbook to Overcome Anger and Aggression Using MBSR and DBT Skills by Jason Robert Murphy and Mark Purcell

BEHAVIOUR OF CONCERN

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

TYPE AND NATURE OF SITUATION THAT MAY IMPACT ON A YOUNG PERSON'S BEHAVIOUR

Behaviour is extreme, chronic and may cause harm to the young person directly or another (either purposefully or accidentally).

Behaviour may cause significant distress to the young person and be a significant concern to their family/network (such as school/college). Behaviour significantly disrupts daily life such as attending school/college and socialising.

Behaviour may be criminal in nature.

Despite trying advice in the green and amber stages, the young person still experiences behaviour of concern.

More extreme or concerning behaviour may (or may not) be in response to events such as:

- An upsetting or traumatic event or repeated upsetting, threatening or traumatic events (e.g. bullying)
- Abuse (emotional, physical, sexual, financial)
- A result of misusing elicit substances (e.g. drugs or alcohol)
- In some cases behaviour of concern may be indicative of a mental health difficulty or crisis

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

The features in the green and amber stage may be more frequent and intense plus, the following might also be present:

- Persistent refusal to leave the house or attend/take part in activities such as school, hobbies, interests, seeing friends
- Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise (ill health) as a result of this
- Withdrawn and uncommunicative or not wanting to be left alone at all - this may seem uncharacteristic or age inappropriate for some teenagers
- Becoming agitated, distressed, oppositional or aggressive towards others (including verbal and physical aggression/violence towards others)
- Age inappropriate sexual activity/behaviour (particularly for young people aged 16 years and under)
- Reactive and impulsive behaviour such as running away which may place them or others in danger
- Criminal behaviour
- Families will find themselves struggling to do things as they normally would, that family functioning is disrupted and they are required to make significant adjustments to accommodate how the young person is feeling or responding

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green and amber stages, the following might be helpful:

- If a young person or someone else is in immediate danger with potential for harm, you must consider contacting the emergency services (Police and or ambulance)
- Speak with your child's GP
- Speak with your child's school/college and the school nursing team and or the pastoral department
- Depending on the context and/or the origins of the emotions being experienced and the nature of the behaviour of concern, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations that can support if there are clear triggers for the behaviour of concern e.g. abuse, domestic violence etc.
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Consider making a self-referral to a CAMHS Service

Please note, that CAMHS may only provide an assessment and offer an intervention if the behaviour or concern is in relation to a mental health difficulty or crisis.

DEPRESSION

All young people will feel low in mood from time to time. Here's a guide to help you know how best to support your young person if they experience symptoms of low mood or depression. This is not an exhaustive list; young people will experience other types of mood issue and symptoms which may not be included in this guide.

THE THRIVE MODEL

Sussex CAMHS use the THRIVE model (p5) to determine which stage a child or young person is at in terms of their support needs. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The Thrive model provides a shared language for CAMHS and other emotional well-being services in working together to identify the best offer of support in response to a child or young person's needs. The needs-led groupings are separated into five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

BLUE

GETTING HELP

These are challenges that some young people experience and may need some support with. These are challenges that some young people experience and may need some support with or choose to receive an evidence-based intervention for.

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

DEPRESSION

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

TYPE AND NATURE OF MOOD ISSUE

It is common for children and young people to experience episodes of feeling sad, low or down as they develop through childhood and adolescence. The typical mood issues children and young people experience tend to be situation specific, short term and can be managed with the love and support of parents/carers. Examples of situations that may cause/contribute to a young person to feel down or low in mood might be:

- Adjusting to changes (such as a new school)
- Friendships or relationship issues
- Episodes of being teased or bullied (including being or feeling left out or excluded)
- Being physically poorly or in pain
- Family breakdown or conflict
- Grief or loss (of a pet, family member or friend)
- Struggling with academic work

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- Being clingy and not wanting to be separated from a parent/carer
- Not wanting to be left alone
- Seeking verbal reassurance and checking things are OK
- Not wanting to go to school
- Avoidance of seeing friends or doing activities they ordinarily enjoy
- Having mild sleep disturbance
- Feeling tired or appearing lethargic and unmotivated and disinterested
- Appearing withdrawn and less communicative
- May appear more challenging or oppositional/argumentative
- Crying

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Normalise that feeling sad or down is a natural emotion particularly in response to a sad, disappointing or difficult event
- Activity helps; encourage a young person to do a range of tasks and activities including one they need to do such as school work to fun things.
- Keep a routine and have nice things planned
- Break things down into small steps and do one at a time so tasks do not seem so overwhelming
- Use distraction techniques, here are some strategies to try:
  - A-Z of coping strategies: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/depression-low-mood?back=276**
  - How to make and use a coping box: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/depression-low-mood?back=276**
  - Role model and demonstrate that you can do things even when you're feeling sad or down
  - Be compassionate by validating how a young person is feeling
  - Support a young person to problem solve any obvious triggers
  - Watch our parent/carer workshop on building self-esteem and resilience here: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003%2C16601#single-accordion-16601**

Useful Resources:

Books

- Stuff That Sucks, by Ben Sedley

DEPRESSION

BLUE

GETTING HELP

These are challenges that some young people experience and may need some support or choose to receive an evidence-based intervention for.

TYPE AND NATURE OF WORRY

The degree to which a young person feels low or depressed appears out of context or disproportionate to the reason why they might be feeling sad. Episodes of low mood might be more frequent or prolonged and cause the young person distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. Examples of situations that may cause/contribute to a young person feeling low in mood or depressed:

- Being routinely teased or bullied (including being or feeling left out or excluded)
- Grief or loss (including romantic relationships ending)
- Witness or experience of conflict (at home or school)
- Change and uncertainty (such as family breakdown)
- Family and relationship stressors (parent/sibling ill-health, financial or social stressors)
- Academic pressures/demands including exam stress and worry about the future

Please note, there are occasions when there is no apparent trigger/cause/contributory factor as to why a young person may be experiencing episodes of low mood/depression. A young person can still be low in mood without clear reason.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green stage, the following might also be present:

- Disrupted sleep (difficulties getting to or staying asleep, waking very early in the morning and not being able to get back to sleep)
- Seeking physical or verbal reassurance or wanting to withdraw from social contact and communication
- Resistance to doing things; appearing unmotivated and disinterested
- Poor personal hygiene (not washing or changing clothes regularly)
- Emotionally labile; frequent changes of emotion, more sensitive (e.g. irritable, upset, confused)
- Thoughts or urges to harm self or some thoughts to end life; some infrequent or superficial (not requiring medical attention) self-harm may occur. Please note that not all young people who engage in self-harm behaviour are depressed or suicidal. There are many reasons why a young person may engage in self-harm behaviour.

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green stage, the following might be helpful:

- Support your young person to access self-help resources (podcasts, videos, downloads, links) on the Sussex CAMHS website: **sussexcamhs.nhs.uk**
- Watch our parent/carer workshop on how to support a young person with self-harm or in crisis here: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/crisis-self-harm-suicide?back=276&open=3055%2C7989#single-accordion-7989**
- Share concerns with your child's school/college
- See your child's GP
- Access pastoral support from school
- Consider accessing help from a local counselling service
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Depending on the context and/or the origins of the low mood being experienced, other services may be helpful e.g. family guidance if there is family breakdown or conflict

Useful Resources:

Books

- Stuff That Sucks, by Ben Sedley
- Am I Depressed? And What Can I Do About It? by Shirley Reynolds and Monika Parkinson
- Beyond The Blues; A Workbook To Help Teens Overcome Depression, by Lisa Schab
- Stopping The Pain; A Workbook For Young People Who Cut and Self-Injure, by Lawrence Shapiro

DEPRESSION

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

TYPE AND NATURE OF WORRY

Episodes of low mood/depression are severe and enduring. These cause significant distress to a young person and significantly disrupt daily coping such as school/college, socialising and even self-care activities (e.g. sleep, bathing, eating). Despite trying advice in the green and amber stages, the young person still experiences depression symptoms. Examples of situations that may cause/ contribute to a young person feeling low in mood or depressed:

- Chronic bullying or abuse (including neglect, emotional, physical, sexual)
- Social or family financial stressors (such as family breakdown, conflict or parental/ sibling ill-health)
- Grief or loss
- Witnessing or experiencing a traumatic event
- Overwhelmed by pressures and stressors including individual factors e.g. health, social factors e.g. relationships, occupational factors e.g. school/college and environment e.g. living circumstances

Please note, there are occasions when there is no apparent trigger/cause/contributory factor as to why a young person may be experiencing episodes of low mood/depression. A young person can still be acutely depressed without clear reason.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green and amber stages, the following might also be present:

- Isolating self from friends and family
- Withdrawn and uncommunicative or not wanting to be left alone at all - this may seem uncharacteristic or age inappropriate for some teenagers
- Refusal to leave the house or attend/take part in activities such as school, hobbies, interests, seeing friends
- Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise as a result
- Appearing uncaring or unbothered about people or activities they previously would have cared about - may not honour commitments or responsibilities which is uncharacteristic
- Lack of insight or awareness that others may be concerned - this may lead to arguments or conflict at home
- May on occasion becoming agitated, distressed, oppositional or aggressive towards others
- Reactive and impulsive behaviour such as running away which may place them or others in danger
- Feeling hopeless about the future - not being able to see a future and appearing to give up on dreams, goals and hopes

Thoughts, feelings, urges, plans or intent to harm self or end their life or harm others. Please note that not all young people who engage in self-harm behaviour are depressed or suicidal. There are many reasons why a young person may engage in self-harm behaviour.

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green and amber stages, the following might be helpful:

- Speak with your child's GP
- Speak with the School Nursing team and/or the Mental Health in Schools Team
- Depending on the context and/or the origins of the low mood/depression being experienced, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations that can support if there are clear triggers for anxiety e.g. abuse, domestic violence, bullying, being a young carer etc.
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Access the "Help I'm in Crisis" Button on our website during times of stress
- Consider making a self-referral to a CAMHS Service. If your young person is at risk of harm, please make this clear when making the referral

Useful Resources:

Books

- Stuff That Sucks, by Ben Sedley
- Am I Depressed? And What Can I Do About It? by Shirley Reynolds and Monika Parkinson
- Beyond The Blues; A Workbook To Help Teens Overcome Depression, by Lisa Schab
- Stopping The Pain; A Workbook For Young People Who Cut and Self-Injure, by Lawrence Shapiro

EATING DISORDERS & DIFFICULTIES

Many young people go through phases of dieting and not eating enough. Sometimes this can tip into developing an eating disorder. Here's a guide to help you know how best to support your young person if they are experiencing eating difficulties. This is not an exhaustive list; young people may experience symptoms which may not be included in this guide.

THE THRIVE MODEL

Sussex CAMHS use the THRIVE model (p5) to determine which stage a child or young person is at in terms of their support needs. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The Thrive model provides a shared language for CAMHS and other emotional well-being services in working together to identify the best offer of support in response to a child or young person's needs. The needs-led groupings are separated into five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

BLUE

GETTING HELP

These are challenges that some young people experience and may need some support with. These are challenges that some young people experience and may need some support with or choose to receive an evidence-based intervention for.

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

EATING DISORDERS & DIFFICULTIES

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

TYPE AND NATURE OF DISTRESS

It is common for children and young people to experience eating difficulties during childhood and adolescence. These tend to be short term, have no impact on physical health or daily functioning (e.g. going to school, seeing friends, taking part in hobbies or activities) and can be managed with clear boundaries combined with the love and support of parents/carers.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- Faddy or fussy eating; only eating a limited repertoire of foods (certain colours, textures, temperatures)
- Wanting to or trying to diet by 'eating healthily' or following food movements such as the 'clean eating', 'raw food', 'vegan'
- Taking a more active interest in food, meal preparation, e.g. checking food labels or packaging
- Taking a more active interest in fitness/health or wellbeing
- Increase in activity/exercise
- Talk about body dissatisfaction/worrying about appearance
- Comparing themselves to other people
- Feeling anxious about eating in public/in front of others
- Young people with Type 1 diabetes may become more inconsistent with insulin and diabetes less well managed (this should be checked with a medical team as a matter of priority)
- No longer eating foods they previously enjoyed

THINGS TO TRY, SUPPORT AND NEXT STEPS

- It is important that all young people eat regularly so insisting upon breakfast, lunch and dinner plus snacks
- Encourage a balanced life style; need all food groups (carbohydrates, protein, fats, vegetables and fruits, dairy/dairy alternatives) plus it's OK to have snacks and treats
- Ensure young people are well hydrated; aim for 6-8 glasses per day (water, milk) and avoid large quantities of sugary drinks
- Be active with your young person so that you can monitor and ensure they are exercising in a way that is appropriate
- If you are concerned about your child's eating:
  - See your GP (ask for physical health observations to be done - height, weight, blood pressure, pulse)
  - Inform your child's school to share concerns and ask if they have noticed any other concerns
  - Monitor and restrict use of apps/gadgets that track exercise and food e.g. My Fitness Pal and Fitbit watches
  - Encourage team sports and activities rather than solitary activities. Ensure food and fluids are had before and after exercise
  - Monitor use of social media and ensure only positive accounts are being followed/accessed
  - Discourage talking about body concerns, weight or food/eating habits with others

Useful resources:

Books

- For fussy/faddy eating: Food Refusal and Avoidant Eating in Children; A Practical Guide for Parents and Professionals
- The Self-Esteem Workbook by Lisa Schab
- Banish Your Self-Esteem Thief by Kate Collins-Donnelly
- Banish Your Body-Image Thief by Kate Collins-Donnelly

Websites

- Beat (eating disorder charity): **www.beateatingdisorders.org.uk**

EATING DISORDERS & DIFFICULTIES

BLUE

GETTING HELP

These are challenges that some young people experience and may need some support or choose to receive an evidence-based intervention for.

TYPE AND NATURE OF DISTRESS

The degree to which a young person experiences eating difficulties may cause the young person distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. The family may also be experiencing a degree of stress characterised by more arguments or disagreements around food/mealtimes, exercise levels/known or suspected vomiting. Other people may be commenting or noticing there is a difficulty or noticing change in weight. These difficulties may have been going on for a few weeks.

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- A committed and persistent effort to lose weight or control weight or shape through:
  - Dieting/restricting food intake
  - Exercising/increased activity
  - Purging (self-induced vomiting)
  - Taking laxatives or eating excessive amounts/ binging/constantly seeking food; gaining weight
- Experiencing upset or distress/feeling of guilt or shame after eating
- Dissatisfaction about body image
- More emotionally labile/more sensitive (upset, irritable, withdrawn) especially when boundaries are put in around food or exercise
- More argumentative (especially around food or mealtimes)
- More controlling or rigid around food/mealtimes and other areas of life
- Preoccupied/overly concerned/interested by food (e.g. counting calories)
- May show some signs of physical compromise e.g. gradual weight loss, tired/lethargic, difficulties concentrating, not seeming usual self, feeling cold
- Other areas of life might be a struggle e.g. academic work, friendships, engaging in family life

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Seek advice and consultation from our Specialist Eating Disorder Team: **sussexcamhs.nhs.uk/our-services/service-finder/sussex-family-eating-disorder-service**
- Important that all young people eat regularly so insisting upon breakfast, lunch and dinner plus snacks
- Encourage balanced life style; need all food groups (carbohydrates, protein, vegetables and fruits, dairy/dairy alternatives) plus it's OK to have snacks
- Ensure young people are well hydrated; aim for 6-8 glasses per day (water, milk, avoid sugary drinks)
- Support during mealtimes
- Watch our parent/carer workshop on: how to support a young person with an eating difficulty: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003%2C16837%2C11976#single-accordion-11976**
- How to support a young person with anxiety: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003%2C16837%2C11976#single-accordion-11976**
- How to support a young person with depression: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=16837%2C11976#single-accordion-16837**
- Share concerns with your child's school/college
- See your child's GP; ask for physical observations to be taken (including; height, weight, temperature, blood pressure, pulse and request a blood test)
- Inform and access pastoral support from school
- Monitor and restrict use of apps or gadgets that track exercise and food e.g. My Fitness Pal and Fitbit watches
- Monitor use of social media and ensure only positive accounts are being followed/accessed

Other Useful resources:

Books

- For fussy/faddy eating: Food Refusal and Avoidant Eating in Children; A Practical Guide for Parents and Professionals
- What's Eating you? A Workbook for Teens with Eating Disorders by Tammy Nelson
- The Self-Esteem Workbook by Lisa Schab
- Banish Your Self-Esteem Thief by Kate Collins-Donnelly
- Banish Your Body-Image Thief by Kate Collins-Donnelly

Websites

- Beat (eating disorder charity): **www.beateatingdisorders.org.uk**

EATING DISORDERS & DIFFICULTIES

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

TYPE AND NATURE OF WORRY

The degree to which a young person experiences eating difficulties may cause the young person distress or might have an impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. The family may also be experiencing a degree of stress characterised by; more arguments or disagreements around food/mealtimes or exercise levels/known or suspected vomiting. Other people may be commenting or noticing there is a difficulty or noticing change in weight.

- The difficulties may have had a sudden onset at a significant level of concern or may have been deteriorating gradually over a long period of time

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- Emergency symptoms - seek immediate medical advice:
  - Sudden or rapid weight loss
  - Fainting/collapse
  - Drowsiness
  - Refusing food or drink for more than 24 hours
  - Chest pains
  - Concerns about daily vomiting
- Significant restriction of food (and fluid) leading to rapid weight loss. This is a concern for both young people that lose weight and become underweight as well as young people who perhaps are overweight then lose weight and appear a healthy weight. It is the speed of weight loss not necessarily just their weight that is a concern
- Young person may avoid eating; excuses such as 'have already eaten', 'not hungry', 'don't feel well'
- Distress prior to, during or after meals. You might notice your young person may want to prepare their own food or eat alone
- Preoccupation with food/eating/weight or shape or having rituals around eating/preparing food such as weighing food, eating with certain crockery/cutlery
- Unusual eating behaviour such as unusual combinations of food or cutting up food into very small pieces/eating very slowly
- Hiding or throwing food away
- Weight control behaviour including; exercise/increased activity, laxative/diuretic misuse, self-induced vomiting
- Young people with Type 1 diabetes may become more inconsistent with insulin and diabetes less well managed
- Reluctance, avoidance or secrecy of the young person to talk about eating; lack of recognition of concern that others may have or minimising the extent of difficulties
- More withdrawn/lethargic or tired
- Feeling physical unwell; dizzy, light-headed, chest pains, fainting, stomach pains, constipation, coldness
- Symptoms of vomiting including bad breath and swollen or puffy face; poor dental health
- More emotionally labile/more sensitive (upset, irritable, withdrawn) especially when boundaries are put in around food or exercise
- More argumentative (especially around food or mealtimes), may become aggressive and violent
- May hide under baggy clothing
- Either becomes preoccupied by checking themselves in the mirror and weighing or avoids mirrors altogether
- Frequent trips to the bathroom especially after meals
- For girls: periods stop (they may stop asking for feminine hygiene products)

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Seek advice and consultation from our Specialist Eating Disorders Team: **sussexcamhs.nhs.uk/our-services/service-finder/sussex-family-eating-disorder-service**
- Share concerns with your child's school/college
- See your child's GP; ask for physical observations to be taken (including; height, weight, temperature, blood pressure, pulse and request a blood test)
- Important that all young people eat regularly so insisting upon breakfast, lunch and dinner plus snacks. Support and supervise meals and snacks. If a young person has severely restricted their food and fluid, you must seek advice from a medical professional about restarting eating and drinking as this needs to be done with careful monitoring of physical health
- Encourage balanced life style; need all food groups (carbohydrates, protein, vegetables and fruits, dairy/dairy alternatives) plus it's to have snacks
- Ensure young people are well hydrated; aim for 6-8 glasses per day (water, milk, avoid sugary drinks)
- Inform and access pastoral support from school
- Monitor and restrict use of apps/gadgets that track exercise and food e.g. My Fitness Pal or Fitbit watches
- Monitor use of social media and ensure only positive accounts are being followed/accessed

Other Useful resources:

Books

- For fussy/faddy eating: Food Refusal and Avoidant Eating in Children; A Practical Guide for Parents and Professionals
- Skills based Learning for caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane
- Anorexia and Other Eating Disorders; How to help Your Child Eat Well and Be Well by Eva Musby
- When your teen has an eating disorder by Lauren Muheim
- The Self-Esteem Workbook by Lisa Schab
- Banish Your Self-Esteem Thief by Kate Collins-Donnelly
- Banish Your Body-Image Thief by Kate Collins-Donnelly

Websites

- Beat (eating disorder charity): **www.beateatingdisorders.org.uk**

TRAUMA

Difficult, upsetting or traumatic events and experiences happen to young people. Here's a guide to help you know how best to support a young person if they experience a traumatic event. This is not an exhaustive list; young people may experience other types of distress and symptoms which may not be included in this guide.

THE THRIVE MODEL

Sussex CAMHS use the THRIVE model (p5) to determine which stage a child or young person is at in terms of their support needs. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The Thrive model provides a shared language for CAMHS and other emotional well-being services in working together to identify the best offer of support in response to a child or young person's needs. The needs-led groupings are separated into five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

GETTING ADVICE

These are experiences that most young people will have from time to time.

GETTING HELP

These are challenges that some young people experience and may need some support with. These are challenges that some young people experience and may need some support with or choose to receive an evidence-based intervention for.

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

TRAUMA

GREEN

GETTING ADVICE

These are experiences that most young people will have from time to time.

TYPE AND NATURE OF DISTRESS

It is common for children and young people to experience situations which are distressing, confusing or frightening as they develop through childhood and adolescence. The typical events of this nature that children and young people experience tend to be situation specific, short term and can be managed with the love and support of parents/carers. Examples of situations that may cause/contribute to a young person feeling distressed might be:

- Adjusting to changes (such as a new school)
- Friendships or relationship issues
- Episodes of being teased or bullied (including being or feeling left out or excluded)
- Being physically poorly or in pain
- Family breakdown or conflict
- Grief or loss (of a pet, family member or friend)
- Accidents (e.g. breaking an arm)
- Unexpected events (e.g pandemic or distressing incident in local community)
- Watching age/developmentally inappropriate material (e.g. films, games)

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

- Needing more physical comfort and not wanting to be separated from a parent/ carer
- Not wanting to be left alone
- Seeking verbal reassurance and repeatedly checking things are OK
- Not wanting to go to school
- Avoidance of seeing friends or doing activities they ordinarily enjoy
- Having mild sleep disturbance (e.g. bad dreams or difficulties getting to sleep)
- Feeling tired or appearing lethargic and unmotivated and disinterested
- Appearing withdrawn and less communicative
- May appear more challenging or oppositional/argumentative (e.g refusing to do requests or argumentative)
- Crying
- In young children you may see a slight regression in behaviour such as wetting/ soiling

THINGS TO TRY, SUPPORT AND NEXT STEPS

- Normalise that feeling upset, confused, angry, down are natural and understandable responses to a difficult or distressing events and that these feelings may last a while
- Activity helps; encourage a young person to do a range of tasks and activities including one they need to do such as school work, to fun things
- Keep a routine and have enjoyable and pleasurable things planned; familiarity and predictability are important
- Use distraction techniques, here are some strategies to try:
  - A-Z of coping strategies: **youtu.be/5EXpkVw3fh0?si=rbJxcBPq0y1o7NdF**
  - How to make and use a coping box: **youtu.be/xNxv8f-DPXk?si=PsjaPdJj_iRjLVNf**
  - Role model and demonstrate that you can do things even when you're feeling sad
  - Be compassionate by validating (sharing your understanding) how a young person is feeling
  - Be calm and consistent in your language and behaviour and responses
  - Support a young person to problem solve any obvious triggers
  - Allow a young person to express and communicate how they are feeling. Some young people struggle to do this verbally - they may prefer to use non-verbal methods such as drawing, painting, making music etc.
  - Watch our parent/carer workshop on building self-esteem and resilience here: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=16601#single-accordion-16601**

Other resources:

Books

- Stuff That Sucks, by Ben Sedley
- Everyday Parenting With Love And Security, by Kim Golding
- Conversations That Matter, by Margo Sunderland
- What Every Parent Needs To Know; Love, Nurture And Play With Your Child, by Margo Sunderland
- Why Can't My Child Behave? Empathic Parenting Strategies That Work For Adoptive And Foster Families, by Amber Elliot
- A-Z of Therapeutic Parenting Strategies, by Sarah Naish
- A Therapeutic Treasure Box For Working With Children And Adolescents With Developmental Trauma, by Dr Karen Triesman
- Helping Children Who Bottle Up Their Feelings, by Margo Sunderland
- The Thriving Adolescent: Using Acceptance and Commitment Therapy and Positive Psychology to Help Teens Manage Emotions, Achieve Goals and Build Connection, by Louise Hayes

TRAUMA

BLUE

GETTING HELP

These are challenges that some young people experience and may need some support or choose to receive an evidence-based intervention for.

TYPE AND NATURE OF DISTRESS

The degree to which a young person reacts to a difficult or distressing event lasts longer than a couple of days/weeks and causes the young person distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. Examples of situations or events that may cause/contribute to a young person feeling distressed might be:

- Being routinely teased or bullied (including being or feeling left out or excluded)
- Grief or loss (including romantic relationships ending)
- Witness or experience of conflict (at home or school)
- Witness or experiencing an accident or injury
- Family and relationship stressors (family breakdown parent/sibling ill-health, financial or social stressors)

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green stage, the following might also be present:

- Disrupted sleep (difficulties getting to or staying asleep, waking very early in the morning and not being able to get back to sleep)
- Seeking physical or verbal reassurance or wanting to withdraw from social contact and communication
- Resistance to doing things; appearing unmotivated and disinterested
- Emotionally labile; frequent changes of emotion, more sensitive (e.g. irritable, upset, confused)
- May seem more on-edge or jumpy at times at other times may seem to be 'in their own world/day dream type state'
- Overthinking and appearing preoccupied or concerned by the triggering event- more aware of anything related to the triggering event
- Thoughts or urges to harm self or some thoughts to end life; some infrequent self harm (not requiring medical attention) may occur. Please note that not all young people who engage in self-harm behaviour are depressed or suicidal. There are many reasons why a young person may engage in self-harm behaviour.

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green stage, the following might be helpful:

- Watch videos of our parent/carer workshops on:
- How to support a child with trauma: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops**
- How to support a young person with anxiety: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003#single-accordion-12003**
- How to support a young person with depression: **sussexcamhs.nhs.uk/resources/resources-for-families-carers-and-professionals/parent-and-carer-workshops?open=12003%2C16837#single-accordion-16837**

- Share concerns with your child's school/college
- See your child's GP
- Access pastoral support from school
- Consider accessing help from a local counselling service
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Depending on the context and/or the origins of the distress being experienced, other services may be helpful e.g. family guidance if there is family breakdown or conflict, bereavement services. See our life issues section of the Sussex CAMHS website for additional information and resources **sussexcamhs.nhs.uk**

Other Resources:

Books

- The Simple Guide to Child Trauma, by Betsy de Thierry
- Trauma Is Really Strange, by Steve Haines

TRAUMA

PURPLE

GETTING MORE HELP

These are difficulties that cause a significant impact and a young person may need evidence-based support delivered through a specialist working in a multidisciplinary mental health team.

TYPE AND NATURE OF WORRY

Young people are displaying signs of trauma/Post Traumatic Stress Disorder. These difficulties cause significant distress to a young person and significantly disrupt daily coping such as school/college, socialising and even self-care activities (e.g. sleep, bathing, eating). Despite trying advice in the green and amber stages, the young person still experiences trauma symptoms at least one month after the traumatic event. Examples of situations that may cause/contribute to a young person feeling distressed might be:

- Severe/chronic bullying or abuse (including neglect, emotional, physical, sexual)
- Social or family financial stressors (such as family breakdown, conflict or parental/sibling ill-health)
- Grief or loss
- Witnessing or experiencing a traumatic event
- Witness or experiencing an accident or injury
- Overwhelmed by pressures and stressors including individual factors e.g. health, social factors e.g. relationships, occupational factors e.g. school/college and environment e.g. living circumstances

WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT

As well as the features in the green and amber stages, the following might also be present:

- Flashbacks of the traumatic event (sudden/unexpected memories or recalling aspects of the traumatic event without warning or trying)
- Children may re-enact the traumatic event repeatedly in their play
- Disrupted sleep; nightmares/night terrors (that may or may not be linked to the traumatic event)
- Hypervigilance to threat and danger
- Isolating self from friends and family
- Episodes where the young person appears non-reactive/shut down/in a day-dream type state
- Poor memory or recall as well as periods of confusion or feeling spaced out- may report things not feeling real
- Withdrawn and uncommunicative or not wanting to be left alone at all- this may seem uncharacteristic or age inappropriate for some teenagers
- May feel unable to leave the house or attend/take part in activities such as school, hobbies, interests, seeing friends
- Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise as a result
- Appearing uncaring or unbothered about people or activities they previously would have cared about - may not honour commitments or responsibilities which is uncharacteristic
- May on occasion becoming agitated, distressed, oppositional or aggressive towards others
- Reactive and impulsive behaviour such as running away which may place them or others in danger
- Feeling hopeless about the future - not being able to see a future and appearing to give up on dreams, goals and hopes
- Thoughts, feelings, urges, plans or intent to harm self or end their life or harm others.
  Please note: Not all young people who engage in self-harm behaviour are depressed or suicidal. There are many reasons why a young person may engage in self-harm behaviour
- Children may avoid things that remind them of the traumatic event, this may include certain places, objects, people

THINGS TO TRY, SUPPORT AND NEXT STEPS

As well as the steps in the green and amber stages the following might be helpful:

- Speak with your child's GP
- Speak with the school nursing team or Mental health Schools Team
- Depending on the context and/or the origins of the distress being experienced, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations that can support if there are clear triggers for anxiety e.g. abuse, domestic violence, bullying, being a young carer etc.
- See the trauma section of the Sussex CAMHS website for additional information and resources: **sussexcamhs.nhs.uk/resources/common-problems-and-life-issues/trauma-ptsd?ccm_paging_p_b9970=2&ccm_order_by_b9970=cv.cvName&ccm_order_by_direction_b9970=asc&back=276**
- Seek advice, guidance and support from Young Minds Parent Helpline: **08088025544**
- Access the "Help I'm in Crisis" Button on the Sussex CAMHS website during times of stress or crisis
- Consider making a self-referral to a CAMHS Service: **sussexcamhs.nhs.uk/referrals**
- If your young person is at risk of harm, please make this clear when making the referral

Other Resources:

Books

- The Simple Guide To Child Trauma: What It Is And How To Help, by Betsy de Thierry, Emma Reeves et al

SHOULD I MAKE A REFERRAL?

Many people experience poor mental health at some stage in their life and this can cause difficulties for both the young person and their wider family. With the correct support most recover fully and are able to manage their mental health better.

LOCAL SERVICES AND SUPPORT

Did you know that there are many services that help young people with emotional and mental health needs? Most young people find these services help them to recover and better able to manage their emotions/mental health. For a few young people, further specialist support from CAMHS is needed.

There are many local services offering a range of support. Below are a few that cover the different localities in Sussex and that we recommend regularly:

- East Sussex: **czone.eastsussex.gov.uk/health-safety-wellbeing/mental-health-emotional**
- West Sussex: **e-wellbeing.co.uk**
- Brighton & Hove: **brightonandhovewellbeing.org**

As a specialist service, we expect people have accessed other services in the community before making a referral to CAMHS. If you have accessed the above agencies, or something similar in your local area and you think more specialist support is needed then please complete a CAMHS referral. In order to support us in processing your referral, we need information about:

IMPACT

How is the young person's emotional wellbeing impacting on their day to day life?
Specialist CAMHS is a service for children or young people where emotional difficulties are having a significant impact on a number of areas of the young person's day to day life.

DURATION

How long has the young person had these difficulties? What local services have been tried to support during this time?
Specialist CAMHS is a service for children or young people where emotional difficulties have been impacting on their life for a significant period of time (if less than 3 months, other services should be tried first and time given for these interventions to make a difference). However, if there has been a sudden change in behaviour or if the young person is posing a significant risk to themselves or others then please do contact us or make a referral.

CONTEXT

What has been going on for the young person during this time? Have there been any major events (bereavement, family breakdown, physical illness…etc) Have there been any major events in the past? Is there a history of mental health difficulties within the family? What support is currently around the young person? (e.g. school, social care, youth services, wider family) What local service support has been accessed?

If there have been changes to the young person's behaviour and mood recently in response to some difficult circumstances and you are unsure if this is likely to be a normal or disproportionate response, please access the help pages on our website, **sussexcamhs.nhs.uk** and see if your question can be answered there, or speak with your local referral route (find details here: sussexcamhs.nhs.uk/referrals) to discuss your concerns.

Please ensure you have read the above information before making a referral. If after reading the above, you have decided that a CAMHS referral is appropriate, please continue reading below.

- The referral route is slightly different in each local area of Sussex. Please find the details for your area by looking here: **sussexcamhs.nhs.uk/referrals**. The referral form may take up to an hour to complete. Please ensure that you have all the information to hand prior to starting, i.e. personal details, education details, physical health details. The best information is detailed with examples.

Our referral routes are a team of mental health professionals who monitor and process all new referrals coming into CAMHS. We discuss referrals together to make an informed decision as to whether we accept a referral and offer an initial assessment appointment, or signpost to other services and/or self-help. Decisions are based on the 3 key areas covered above:

- The **impact** of the symptoms/difficulties
- The **duration** of the symptoms/difficulties
- The **context** of the symptoms/difficulties

WHAT HAPPENS NEXT?

If we think we can help you, we will see you as quickly as we can. We may also call you if we need further information.

If we think we can help you, you will then either be invited to an initial assessment appointment or if we think another service is better able to help, we will write you a letter giving you details of this service and/or recommendations of what else may help.

Please note, we might not be able to get back to you on the same day.

SELF-HARM AND CRISIS MANAGEMENT

CRISIS

Experiencing a mental health/emotional crisis means feeling unable to cope with overwhelming or upsetting thoughts and feelings.

Crisis is different for everyone. There may be different triggers and different ways in which people experience crisis- there is no right or wrong way to think or feel when in crisis.

Not everyone who engages in self-harm behaviour is in crisis and not everyone who engages in self-harm is suicidal.

Not everyone who experiences suicidal thoughts or urges engages in self-harm and they may not appear to be in crisis.

SITUATIONS THAT MIGHT TRIGGER OR CONTRIBUTE TOWARDS EXPERIENCING A MENTAL HEALTH OR EMOTIONAL CRISIS FOR CHILDREN AND YOUNG PEOPLE

- Relationship difficulties or conflict and arguments with friends, family or partners
- Bulling/teasing/harassment (verbal, physical, emotional, financial, sexual); direct or indirect
- Abuse (verbal, physical, emotional, financial, sexual, neglect); direct or indirect
- Being in or worrying about being in trouble
- Having multiple demands/having too many things to process, manage or do
- Stressful or traumatic life events which can be sudden, unexpected or expected such as accidents, injury or illness, bereavement, family breakdown or change in living circumstances
- Physical health illness or pain (to self or other)
- Change or transition (e.g. school)
- Perceived or real failure/ not meeting expectations or hopes
- Build up of difficulties or long term
- Extreme fatigue
- Drug and alcohol misuse

SELF-HARM

Self-harm involves the act of doing something to cause harm or omitting to do something which in turn may cause harm (such as not taking prescribed medications).

There are many forms of self-harm.

There are many reasons why a young person may engage in self-harm and each individual episode of self-harm may have a different trigger or reason. The most important thing to know about self-harm is that it is purposeful and meaningful; it serves a need or function.

Self-harm can be a very secretive behaviour as it is often associated with feelings such as guilt and shame which can make it hard for someone to share how they are feeling and what they are doing. Here are some signs to look out for;

- Unexplained cuts, bruises or burns on the body. These marks could be anywhere on someone's body.
- Unexplained blood stains on tissues, sheets or clothing
- Keeping themselves fully covered at all times, even in hot weather
- Self-loathing and low self-esteem; blaming themselves, thinking they're not good enough or expressing a wish to punish themselves ; making statements of worthlessness or hopelessness
- Becoming very withdrawn and not speaking to others
- Unusual weight loss or weight gain, or changes in eating habits. A young person may try to hide this by wearing loose clothing or being secretive about eating
- Evidence of vomiting in toilets, wash basins, showers or baths (drains may become blocked)

Are you in crisis, or is someone you know?
Call NHS **111** and **select the mental health option**

Need to talk?
Text the word **SUSSEX** to **85258**

SELF-HARM AND CRISIS MANAGEMENT

SUICIDE

Suicide is the act of intentionally and purposefully ending one's life.

A lot of young people may experience thoughts about wanting to harm themselves or end their life, particularly when in crisis or they experience a distressing life event.

It can be difficult to notice if a young person is experiencing thoughts and urges or even making plans to end their life, particularly as suicidal thoughts and urges can occur suddenly, unexpectedly and impulsively, especially among adolescents.

Some signs include but are not limited to:

- Withdrawing from friends, family, responsibilities, commitments and previously enjoyed activities
- Low mood and or irritability which is uncharacteristic
- Uncharacteristically reckless behaviour
- Disinterest in maintaining personal hygiene or appearance
- Poor diet changes, rapid weight changes
- Appearing distracted or agitated
- Poor sleep
- Alcohol or drug misuse
- Expressing or appearing hopeless; failing to see a future or appearing to give up or be disinterested in their hopes, dreams, goals or ambitions
- Believing they are a burden to others
- Saying they feel worthless or alone
- Talking about death or wanting to die

STEPS TO TAKE IF A YOUNG PERSON IS IN CRISIS OR MAKES A DISCLOSURE OF SELF-HARM OR SUICIDAL INTENT

- Protect time and space to listen to them without interruption; think about the setting you are in
- Listen calmly, without judgement or rushing to solutions (unless it is an emergency and requires immediate intervention)
- Validate the emotion, not necessarily the behaviour
- Provide information about where or how to access appropriate support
- Encourage young people to make safe, informed decisions
- Don't make promises you can't keep!

MAKING A CRISIS AND COPING PLAN WITH A YOUNG PERSON

Every young person could benefit from having their own personal crisis and coping plan, whether they are known to experience episodes of crisis or not.

A crisis and coping plan can be completed by anyone but should always be done with a young person.

A crisis and coping plan should consider the following;

1. What it looks like when the young person is well, coping and functioning at their usual level
2. What early warning signs begin to show when a young person is struggling
3. What signs indicate when a young person is in crisis
4. What some of the triggers or contributing factors might be for a crisis
5. An action plan of what to do when the early warning signs are showing
6. An action plan of what to do when in crisis

Are you in crisis, or is someone you know?
Call NHS **111** and **select the mental health option**

Need to talk?
Text the word **SUSSEX** to **85258**

MY PERSONAL COPING PLAN

PART 1

WHEN I AM COPING, THIS IS WHAT LIFE LOOKS LIKE FOR ME
"GREEN ZONE":

THE FOLLOWING ARE USUALLY MY EARLY WARNING SIGNS OF NOT COPING (WHEN I AM STARTING TO STRUGGLE) "BLUE ZONE":

THE FOLLOWING ARE USUALLY SIGNS THAT I'M REALLY STRUGGLING/IN CRISIS "PURPLE ZONE":

Are you in crisis, or is someone you know?
Call NHS **111** and **select the mental health option**

Need to talk?
Text the word **SUSSEX** to **85258**

MY PERSONAL COPING PLAN

PART 2

THE FOLLOWING ARE MY USUAL TRIGGERS FOR STRUGGLING/ NOT COPING:

THIS IS MY PLAN OF ACTION IF EARLY WARNING SIGNS OF NOT COPING BEGIN TO SHOW:

THIS IS MY PLAN OF ACTION WHEN I'M IN CRISIS:

Are you in crisis, or is someone you know?
Call NHS **111** and **select the mental health option**

Need to talk?
Text the word **SUSSEX** to **85258**

HOW OTHER PEOPLE CAN SUPPORT AND HELP ME WHEN I AM NOT COPING OR IN CRISIS:

MY SHORT TERM GOALS:

MY PERSONAL COPING PLAN

PART 3

MY LONG TERM GOALS:

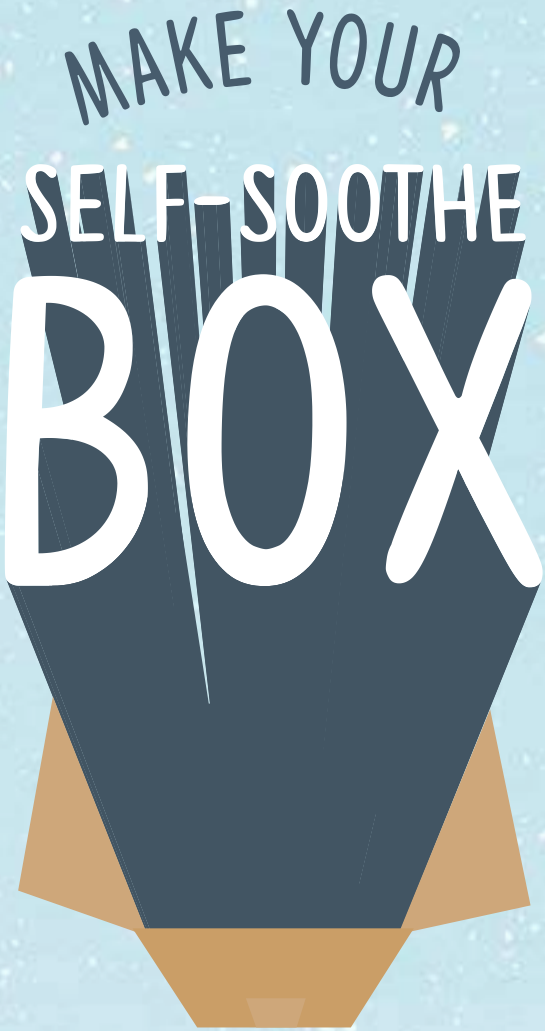
POSITIVE STATEMENTS TO HELP ME KEEP GOING:

OTHER THINGS I NEED TO DO TO KEEP ME WELL EVERY DAY:

Are you in crisis, or is someone you know?
Call NHS **111** and **select the mental health option**

Need to talk?
Text the word **SUSSEX** to **85258**

MAKE YOUR SELF-SOOTHE BOX



When we are feeling anxious, low or distressed we can get caught up in negative thoughts and how bad we are feeling. It can be helpful to have your very own self-soothe box, which you can fill with different things to distract you and help you to feel better in those moments. The idea with this box is to include things which soothe all five of our senses, helping us to feel better in all sorts of ways and take us out of our head and how we are feeling.

1. Get an empty box from around the house (an old shoe box works well) or you can buy one from a craft shop

   Top tip: Ideally the box will fit under your bed or in a cupboard as a personal thing just for you

2. Decorate the box inside and out with anything you like - it could be coloured, painted, decorated with wrapping paper, fabric or decoupage. Make something that appeals to you!

   Top tip: You can also put some tissue paper on the bottom which can give it a nice comforting feel

3. Collect items together that are meaningful to you, or you know will help you feel better. Remember these should be soothing for all five senses. Here are some ideas:

SEE: photos of people you love and care about or of fun memories, snow globe, glitter jar, DVD of your favourite films or TV shows, book or magazine, a picture of a beautiful place or cute animals, a drawing you love, a reminder for funny or inspiring YouTube videos or games on your phone, letters or cards from your friends and/or family. You could make yourself a card with positive coping statements – which you can read or say to yourself to help you get through the distress.

HEAR: your favourite music, songs that you know lift your mood, relaxing music, recordings of a friend's voice, a reminder of people that you can call and talk to, audio book, reminders for podcasts. You can write a list of these things to put in your box as a reminder.

TOUCH: bubble wrap, a teddy bear, a pillow, soft woolly socks or blanket, nail varnish, hair brush, a reminder to have a bubble bath or a shower (you could even put in nice smelling shower gel or a bath bomb), a reminder to cuddle your pet. You could have distraction fiddle toys or objects like that you like to touch (e.g. stones/pebbles, pine cones, feathers).

SMELL: Favourite perfume or body spray, candles, a fruity bubble bath or a nice smelling soap.

TASTE: dried fruit or nuts, hot chocolate, sweets, your favourite chocolate. Crunchy, chewy, salty, sweet- what's your preference?

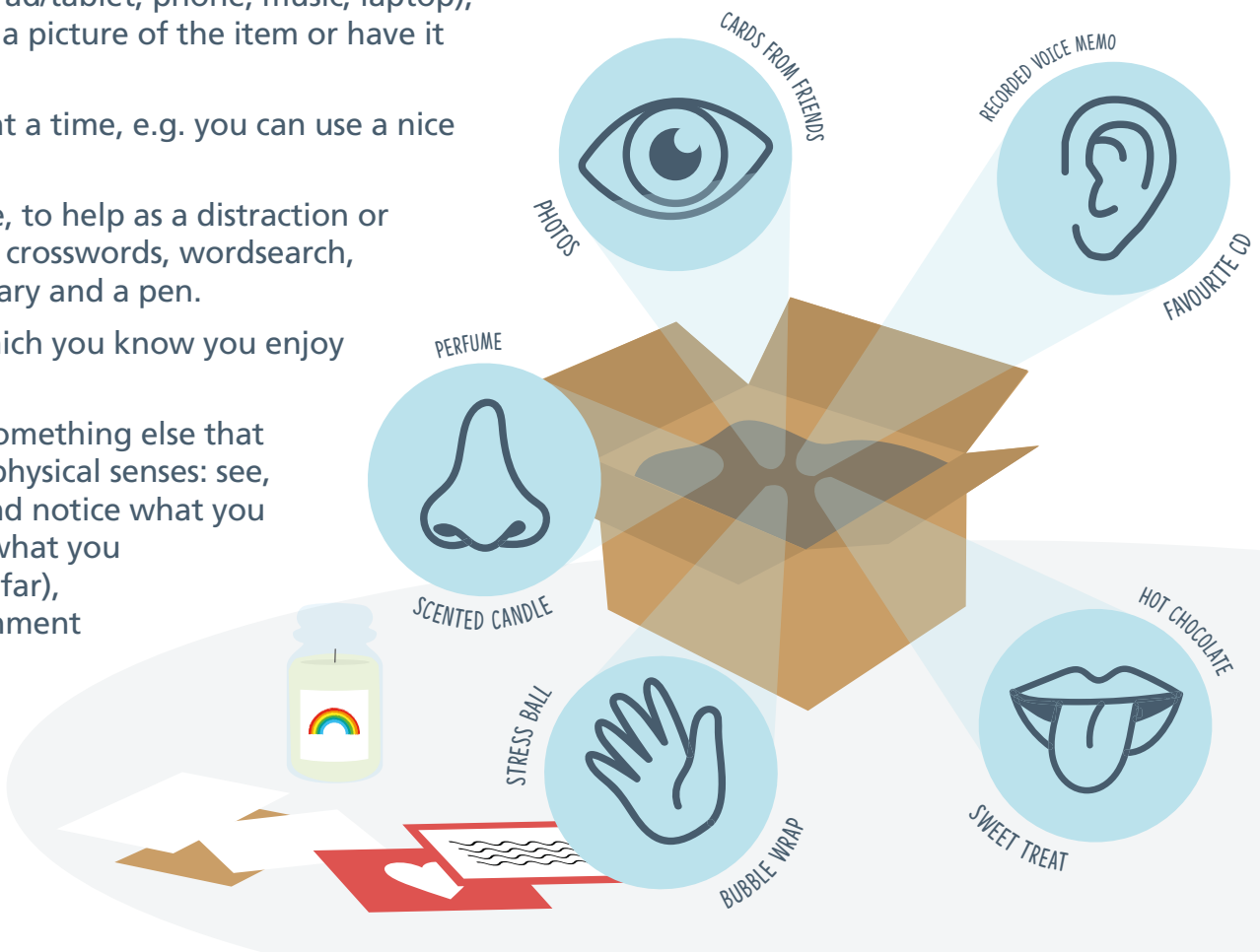
Top tips:

If you can't fit or keep something in the box (e.g. iPad/tablet, phone, music, laptop), then perhaps use a reminder of the item, e.g. have a picture of the item or have it written down on a piece of card.

Some of these things can do more than one sense at a time, e.g. you can use a nice smelling hand lotion for smell and touch.

4. Here are some other things that you can include, to help as a distraction or to keep you occupied: activity books (colouring, crosswords, wordsearch, sudoku), art and craft materials, notebook or diary and a pen.
5. Try to think of anything else you can include which you know you enjoy or would help when you are struggling.

When you use these items, or if you choose to do something else that works, try to make sure you pay attention to your physical senses: see, hear, smell or taste, and touch. Look around you and notice what you see (colours, shapes, light or shadow, movement), what you hear (nature sounds, sounds in the room, near and far), what you smell or taste (including from the environment around you), and what you can touch – right now, wherever you are as well as items from your self-soothe box.



SAFEGUARDING

As a service we take our safeguarding children responsibilities seriously. When children are accepted into the service it is important that parents/carers work alongside us to support the child's health needs. If we have concerns that a child has not been brought to their health appointment, a child's health needs are not being met, or a child may be, or is at risk of significant harm, abuse or neglect we will take action to address the concerns. This may include communication with multi-agency colleagues and/or referrals to children's social care where indicated.

LIST OF TEAM BASES:

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Worthing Hospital
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01903 205111

BRIGHTON & HOVE:
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OUSE VALLEY:
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Are you in crisis, or is someone you know?
Call NHS **111** and **select the mental health option**

Need to talk?
Text the word **SUSSEX** to **85258**

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