



Camden Safeguarding Children Partnership

Multi-agency protocol on children and young
people's mental health
2023

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1 Why this protocol is important

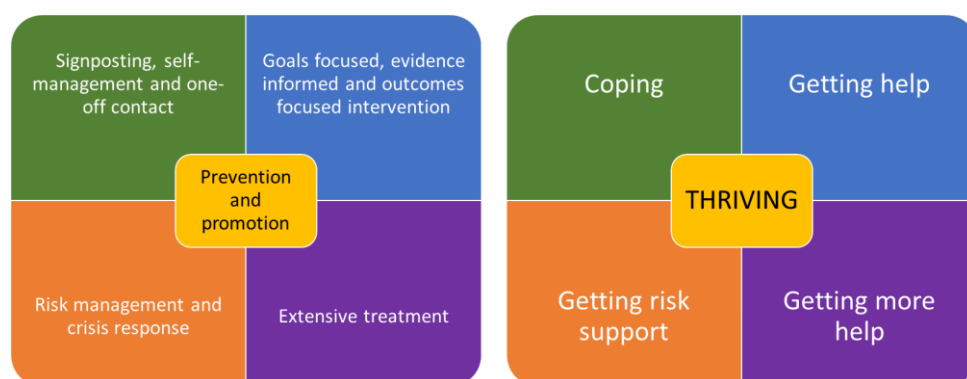
Where children experience problems with their mental health and emotional wellbeing this can have a negative effect on their social and emotional development and learning, leading to poorer outcomes in later life.

Research shows that the majority of lifelong mental health issues start in childhood and adolescence and that maltreatment and traumatic experiences during childhood are strongly linked to poor mental health outcomes. Adversity in childhood can negatively impact on emotional development and mental health, and the effects of this can extend into adulthood.

For some children, difficulties with mental health and emotional wellbeing may be indicative of underlying social issues requiring a joint response from mental health and children's social care services in order to meet all the child's needs.

2 Camden's approach

Camden recognises that children may experience a range of mental health and emotional difficulties varying in degree from mild anxiety and low mood to diagnosed mental health conditions. Camden's approach to children's mental health is based on the THRIVE model illustrated below, which focusses on providing a range of interventions to support mental health and emotional wellbeing based on the child's level of need, and that is not dependent on the child reaching a diagnostic threshold in order to access services.



The model starts with the premise that all children should thrive mentally and emotionally and that support should be provided to help them to build resilience and coping mechanisms through prevention and promotion so that they can maintain good mental and emotional wellbeing. As their needs increase, the nature of the help they receive will change to ensure these needs are met. This ensures that the level of services and intervention is matched to the child's needs and interventions are not overly intrusive into family life.

Thrive model of intervention

Level of need	Description of need/children’s characteristics	Description/purpose of intervention
Getting advice/coping	Children who are generally managing their mental health and emotional wellbeing but are perhaps facing some difficulties, for example life changes and transitions. This group may also include children who have had more serious mental health difficulties and who are now recovering or whose mental health and emotional wellbeing may fluctuate.	To provide general information and advice available from universal services and open to all children. The information is designed to help them to personally manage change and maintain good mental and emotional health, encouraging them to take responsibility for their mental and emotional health and build resilience to ensure their future mental health. Information is also available for parents and carers to help them support their child.
Getting help	Children who are facing particular issues and need a specific and individual early intervention from a professional.	To provide individual interventions within the community to address the child’s mental health and emotional difficulties through a time-limited, goal orientated intervention led by a professional.
Getting more help	Children who are facing more complex difficulties and who are unable to function in everyday life. For example: <ul style="list-style-type: none"> • Children and young people who are unable to take part in education or other peer activities; • Children and young people who are unable to function on a day to day basis; • Children and young people who need a high level of supervision in order to manage self-care or to manage distress. This group may include children with overlapping needs such as SEND, requiring a wider response.	To provide intensive, ongoing intervention and treatment in community and in-patient settings in order to help the child function on a day to day basis. A multi-agency response may be necessary to meet all the child’s needs.
Getting risk support	Children who are experiencing mental or emotional difficulties and who are facing a crisis in their life. These children are eligible to receive help but may be unable to access or engage with services and treatment, or treatment has not led to an improvement, resulting in a high level of risk to their safety and the safety of others. This includes children who have emerging personality disorders or on-going issues that have not yet responded to intervention.	To provide a multi-agency risk management to help manage a crisis and longer-term risks such as family breakdown or problems with education, behaviour, exploitation or where families are not ready to engage with getting help or are unable to use help effectively.

3 Aim of the protocol

Camden aims to ensure agencies work together to identify and support children experiencing mental and emotional difficulties as early as possible in order to prevent difficulties escalating. This includes helping them to access suitable services and support from mental health and social care services.

The protocol provides a multi-agency framework that:

- promotes robust joint working and integrated service delivery
- clarifies agency roles and responsibilities
- sets out agreed thresholds of intervention for social care and mental health services
- sets out referral pathways between services.

4 Principles

In implementing this protocol, agencies will:

- put the safety and welfare of children first;
- work to promote children's resilience and focus on prevention so that they can enjoy good mental and emotional health throughout their lives;
- promote early intervention in order to deal with problems as they emerge;
- provide services and interventions only at the level required by the child's needs;
- ensure children can access the right kind of support in a timely manner;
- uphold the rights of children and aim to work in partnership with them and their parents and carers within a framework of shared decision making.

5 Roles and responsibilities

5.1 Camden Child and Adolescent Mental Health Services (CAMHS)

Camden's CAMHS service "Open minded" provides services for children and young people (and their families) up to the age of 18 who are experiencing a wide range of mental and emotional difficulties. Services are delivered in partnership with the local authority, voluntary groups and inpatient services based in Camden hospitals. The service is multi-disciplinary and includes two community-based teams with links to Camden schools as well as a range of specialist teams (some of which are embedded within local authority service provision to ensure joined up and multi-agency working).

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CAMHS provides advice and consultation to other professionals, liaison with school staff and other health professionals, assessment, and a range of evidence-based treatments and therapies. This includes the whole family team with perinatal specialism co-located in children's centres to support families from pregnancy to age 5.

For cases where families are not ready to accept mental health intervention, or are unable to engage in or make effective use of mental health intervention, specialist CAMHS can use an outreach model to facilitate engagement. Additionally, specialist CAMHS practitioners can remain part of the professional network and support the network to consider the psychological needs of the child and family.

Camden CAMHS will:

- respond to all referrals for children's mental health services via the Clinical Intake team;
- carry out assessments to identify children's mental health needs and decide on the most appropriate intervention including a referral to a more appropriate and evidence-based service where necessary;
- provide treatment and therapy for individual children and families;
- work with parents to help them support their child's mental health;
- provide support to Camden schools around the mental health of pupils, including help for individual pupils and support for teachers working with pupils with mental health problems;
- provide clinical consultation and reflective practice to local authority service provision to develop psychological thinking and trauma informed practice across the system;
- act as lead professional to the network where appropriate;
- share information with partner agencies as appropriate.

5.2 Health services

- Primary health services such as GPs will focus on early intervention and prevention, providing advice and treatment as well as making referrals on to CAMHS for more targeted, intensive interventions.
- A range of voluntary and community mental health and wellbeing services have been commissioned - see appendix 3 for details or <https://www.camdenrise.co.uk/emotional-wellbeing>
- Secondary health services such as those based in hospitals will provide specialist, intensive treatments including in-patient care.

5.3 Early Help Services

Early Help services in Camden provide an early intervention service for families where children have low levels of need or are vulnerable to poor outcomes in order to help them overcome difficulties and improve outcomes. Services are delivered by the following services:

Integrated Early Years service	Works with families of preschool children from pregnancy to age 5 years via children's centres
First Stop Early Help	Works with families with children up to the age of 19 on a short-term basis to identify appropriate support or will refer families on to more appropriate Early Help services for longer interventions
Family service	Works with all families with children aged 4 to 16 years for 6 to 18 months
Youth Early Help service	Works with children and young people aged 11-19 who need individual support, normally around offending and pre-offending behaviour
Transformation team	Works with families of children aged 0-19 where there are complex and enduring needs requiring an integrated, multi-disciplinary response

Early Help Services will:

- receive referrals for Early Help Services via the Children and Families Contact Service (see section 6.2) and will make a decision regarding the trajectory of a case whilst ensuring appropriate support is in place, referring on to the most appropriate Early Help service where further exploration or support is necessary;
- carry out an Early Help family assessment to identify the family's needs and draw up an action plan in partnership with the family and network that is regularly reviewed by the Team around the Family;
- provide suitable services and support for children and families to help them address issues driving mental health difficulties, strengthen family relationships and promote resilience;
- escalate cases to CSSW where concerns have increased and there are identified safeguarding issues;
- act as lead professional to the network where appropriate;
- share information with partner agencies as appropriate.

The Early Years Service will support families in the early years through children's centres by providing a range of integrated services in collaboration with partners to meet a range of needs they may have. This includes help for parents to develop relationships with their child and to address stresses which may impact on their ability to perform their parenting role.

5.4 Children's Safeguarding and Social Care (CSSW)

CSSW will offer a statutory social work service to any child who meets the threshold for a service because:

- they are a child in need requiring services and support to ensure they reach a reasonable level of health and development or:
- they are at risk of significant harm requiring an intervention under child protection procedures or:
- they are in need of accommodation (looked after).

Services are delivered by the following social work teams:

Brief Intervention team	Works with children up to 18 and their family for a short period (normally 6 months) to deliver short term interventions
Family Intervention teams	Work with children up to 18 and their family on a longer-term basis to deliver child in need and child protection interventions
Looked After Children and Care Leavers team	Works with children who are looked after and care leavers up to the age of 25

CSSW will:

- deal with referrals for a social work service via the Children and Families Contact Service and the MASH (see section 6.2);
- allocate a social worker to carry out a child and family assessment to identify the child's needs and make decisions on the most appropriate level of intervention;
- draw up a child in need/child protection/care plan for the child that is regularly reviewed by the professional network;
- provide suitable services and support for the child and their family to address issues driving mental health difficulties, ensure the child's needs are met and to improve parenting capacity;
- step down closed cases to the Early Help service where children and families will need continued support;
- act as lead professional to the network where appropriate;
- share information with partner agencies as appropriate.

5.5 Schools

Schools have a duty under *Keeping children safe in education* to support the mental health and emotional wellbeing of pupils and to be aware of the link between mental health problems and trauma, harm and exploitation.

Schools will:

- ensure staff receive relevant training so they are able to identify pupils who may have mental health problems;
- use tools such as the strengths and difficulties questionnaire to identify pupils who need support around their mental health;
- appoint a member of staff as the Mental Health lead who is the main point of contact for mental health services, promotes a whole school approach to positive mental health and provides advice and support to staff;
- where it is available under the Camden local offer of mental health services for schools, provide support such as counselling to pupils around their mental and emotional wellbeing;
- have clear procedures for referring pupils on to specialist support where the school is unable to provide help;
- provide preventative activities including teaching about mental health within the curriculum, opportunities across the whole school to promote positive mental health, reduce stigma, and make pupils aware of what impacts negatively and positively on their mental health and where to get support;
- create a safe school environment with a culture of support for pupil's mental health;
- liaise with co-located CAMHS workers around providing mental health support for individual pupils;
- liaise with Camden Learning on behalf of pupils whose mental health and emotional difficulties is affecting their attendance;
- work in partnership with mental health and social care services to deliver integrated services;
- share information with partner agencies where appropriate.

Schools will also follow the Department of Education guidance *Mental health and behaviour in schools* and teach mental wellbeing as part of statutory Health Education:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

5.6 Camden Learning

Camden Learning will provide advice, support and training to schools on promoting a whole school approach to positive mental health.

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Camden Learning will provide:

- advice, support and training to Mental Health Leads;
- opportunities for children and young people to take an active role in promoting positive mental health in their schools;
- training for staff to increase their confidence to identify and support pupils with mental health needs and strengthen pupils' resilience;
- workshops for parents to increase their knowledge and skills to support their child's mental health and wellbeing.

5.7 Special Educational Needs and Inclusive Education Service (SEIIS)

The Educational Psychology Service will provide support to schools and to individual pupils to help pupils who are experiencing mental health and emotional wellbeing difficulties to continue with their education. The service is partially traded and support needs to be commissioned directly by schools.

The Educational Psychology Service will:

- ensure that schools can access training around children's and staff mental health and emotional wellbeing, including Mental Health First Aid (MHFA) training;
- deliver the Trauma Informed Practice in Camden (TIPC) programme;
- provide consultation, advice and assessment where needed to inform school programmes of support strategies and interventions;
- deliver interventions to children and young people including group and class level interventions, CBT informed programmes and video interaction guidance;
- ensure children whose mental health and emotional difficulties are affecting their attendance are supported to overcome barriers to attendance (see section 9);
- ensure that education settings are supported to manage step-down arrangements for children returning to Camden settings following a placement in Tier 4 provision.

The Special Educational Needs team will:

- co-ordinate statutory EHC needs assessments for children who may require provision over and above that which is ordinarily available in Camden or in the local authority where they attend a school or setting;
- co-commission placements where needs cannot be made locally.

5.8 Police

The Police will:

- ensure officers receive adequate training to enable them to identify and effectively deal with children who are exhibiting mental health difficulties;
- where appropriate, use Police powers under the Mental Health Act 1983 and the Children Act 1989 to keep children safe;
- where possible, provide a youth worker in the custody suite to ensure that children who have been detained and who are experiencing mental health difficulties are able to access immediate support;
- where appropriate, send a MERLIN referral to the MASH on behalf of the child.

5.9 Youth Justice Service (YJS)

The YJS is a statutory service for young people aged 10-18 who receive out of court disposals (youth cautions and youth conditional cautions) and court sentences. All children known to the YJS will:

- be allocated a YJS case manager who will undertake an initial assessment of strengths and needs;
- participate in the plan around the child to support them to stop offending;
- attend regular appointments to focus on areas linked to their plan;
- have access to a range of specialist interventions, including CAMHS.

All YS staff working with children will:

- share appropriate information with other professionals in the network around the child/family;
- be able to access case consultations with CAMHS professionals to explore the needs of the case and case formulation;
- seek consultation and advice on how to support a child who is not ready to access CAMHS provision directly.

6 Referral pathways

6.1 Referral for mental health services

Professionals who wish to refer a child or young person for a CAMHS service should complete the online referral form and send this to the Intake team via the Electronic Referral Service available to:

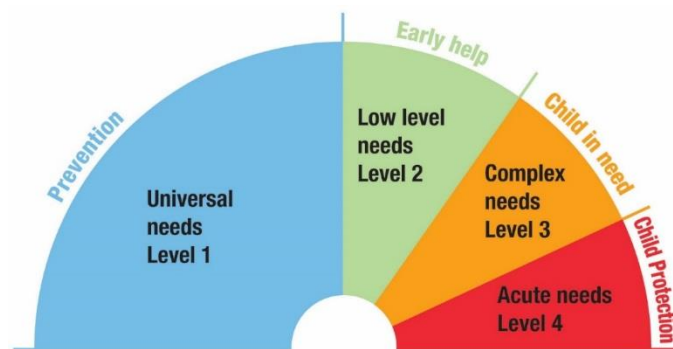
tqn-tr.CYAF-Intake@nhs.net

Professionals who wish to make a referral should obtain the consent of the family before-hand but families may also refer themselves (see section 7). Information regarding referrals can be found on the Tavistock Centre website: <https://tavistockandportman.nhs.uk/care-and-treatment/our-clinical-services/camden-camhs-open-minded/>

Social workers can make a referral to the service for consultation to discuss a specific case but this does not require consent.

6.2 Referral for social care services

Social care services work with children and young people resident in the borough aged 0-18 or up to the age of 25 for care leavers and those with SEND. For most children, their needs will be met through universal services but those with extra needs or more complex needs may require a social care service (see illustration below).



The Children and Families Contact Service is the single point of contact for children's social care services in Camden (levels 2 to 4) and all referrals should be sent to the service via a CAF referral that should include information on the child's mental and emotional difficulties and how these are impacting on their welfare and development.

Urgent child protection referrals can be made by telephone but must be followed up in writing by a CAF referral within 48 hours.

The Contact Service social workers will screen all referrals in order to assess the level of the child's needs and to decide the most appropriate service based on the level of these needs.

- Where the child has low-level needs at level 2, the referral will be passed to the First Stop Early Help team to access a suitable Early Help service.

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- Where there are safeguarding concerns, the referral will be passed to the Multi-agency Safeguarding Hub (MASH) team to be dealt with under MASH procedures and a final decision will be made on the most appropriate service.
- Where the child has complex or acute needs at level 3 or 4 the referral will be passed to CSSW for a social work service.

6.3 Threshold for Early Help Services

Early Help Services will accept referrals for an Early Help service for children and their families who need extra support to improve outcomes and avoid escalation to statutory social care services. Services can include:

- individual support for the child to help them manage mental and emotional difficulties and build resilience as a preventative measure;
- support for parents to help them cope with their child's difficulties, or the parent-infant relationship, and lessen pressures on the family by strengthening family relationships and resilience;
- help for children to access education where attendance has suffered.

6.4 Threshold for statutory intervention by CSSW

Usually CSSW will intervene in a child's life at level 3 and 4 because there are safeguarding concerns and concerns around parental capacity. Where mental health issues are the only presenting problem and there are no other safeguarding issues or concerns about parenting, CSSW will accept the following cases:

- Cases where the child is assessed as being in crisis and where there is a lack of engagement by the child and lack of co-operation or denial by parents.
- Cases where there is a high level of risk of harm to the child due to self-harming and/or suicide attempts.
- Complex cases where there are historical and unresolved allegations of harm and abuse, families with previous involvement with CSSW and/or children who have experienced trauma.
- Young people whose mental health difficulties are contributing to increased risk from extra-familial harm.
- Cases where the young person's behaviour stemming from their mental health difficulties is placing siblings at risk of harm.

Where a child will be detained in hospital for more than 12 weeks, CSSW has a duty to carry out an assessment under section 85 of the Children Act 1989 in order to ensure that their safety and welfare are promoted whilst they are in hospital.

7 Confidentiality and information sharing

7.1 For social care cases

Agencies have a legal basis for sharing information about a child without consent for the purpose of safeguarding children under the Children Act 2004 but families should be informed of any referral in advance unless to do so would:

- put the child at further risk of harm
- interfere with a criminal investigation
- cause undue delay.

Agencies should ensure that parents and children are aware of what information will be shared, with whom, why and in what circumstances so that they understand the importance of information sharing in respect of providing services. All information sharing must be proportional and only relevant information shared on a “need to know” basis.

7.2 For mental health services

CAMHS adheres to the Caldicott Review ‘To share or not to share’ and the 8 Caldicott principles which ensure people’s information is kept confidential and used appropriately. In particular principle 7 states, “The duty to share information can be as important as the duty to protect patient confidentiality”. Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles.

- Parental consent to make a referral to CAMHS on the child’s behalf and for administration of treatment will be sought for children under the age of 16. However where the child is subject to a child protection plan CSSW may make a referral to CAMHS without parental consent although consent would be sought initially.
- Young people aged 16 and 17 can consent on their own behalf for a referral to be made and give consent to treatment where they have capacity under the Mental Capacity Act 2005. If they are assessed as not having capacity, parental consent will be sought.

- Children aged 13 and over may give their own consent to information about them being shared with third parties if they are considered to be Gillick competent (as above); parental consent should be sought to share information about a child who is under 13. Young people aged 16 and 17 years old may give their own consent to information sharing if they have capacity.

8 Joint working procedures

It is important that CAMHS and social care services work together to ensure that the best outcomes are achieved for children who are receiving a joint service. Parents and children should be informed at the outset of the joint working arrangement and the need to share information between the services.

8.1 Joint assessment, planning and review

- Each service will carry out their agency assessment but will contribute to partner agency's assessments to ensure a holistic view of the child's needs. However, where possible, assessments should be planned and co-ordinated to support integrated working and service delivery.
- All assessments will consider the following information in order to explore the relationship between social issues and adverse experiences and the impact of these on mental health and emotional wellbeing:
 - information about the child's mental and emotional wellbeing, state of mind and any diagnosis;
 - relevant information about the child's experiences within their family, any traumatic life experiences or adversity they face;
 - details of any harm or abuse the child may have experienced, including extra-familial harm.
- All services recognise the importance of sharing assessment information and will respect the analysis of information and conclusions on each service's assessments.
- Services will share relevant assessment information on a routine basis and carry out a joint risk assessment where decisions are being made regarding the child for example being admitted or discharged from hospital.
- Each service should be actively involved in planning for the child to ensure social care and mental health plans are fully integrated and jointly reviewed to support joint service delivery.

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- Early Help workers should ensure that the allocated mental health professional is invited to any Team Around the Family meeting to review the child's Early Help plan.
- CSSW social workers should ensure that the allocated mental health professional is invited to any of the following professionals meetings:
 - Child protection strategy meetings
 - Initial and review child protection case conferences
 - Core group meetings to implement a child protection plan
 - Child in need plan reviews
 - Looked after children reviews (professionals will normally be asked to contribute a report rather than attend the review).
- Mental health professionals should ensure that Early Help workers and social workers are invited to any CPA review meetings and discharge planning meetings where this is agreed by the child and their family but should otherwise share any information arising from the meeting.
- Where workers are not able to attend meetings, they should either make arrangements for a colleague with relevant experience and knowledge to attend or provide a written report for the meeting.

8.2 Case management

- Services should maintain regular contact, particularly where there are concerns about the child or the situation is changeable, and the level of contact should be proportional to the level of risk to the child.
- Services will consult one another prior to making any major decisions, for example admission to hospital, ending support services or convening child protection procedures. This includes any decision to step up or step-down cases between Early Help Services and CSSW.
- Where there is disagreement concerning case closure or any other key case decisions, the Camden Safeguarding Children Partnership escalation policy will apply (see section 14).
- Services should where possible share their expertise and provide consultation where needed.
- If any service plans to close a case, the other services must be informed in writing as soon as the decision has been made, outlining the reasons and the alternative support systems in place.

- Although social care and mental health services will always consult with each other around service provision and intervention, each service will ultimately make their own decisions with regards to their service user based on service requirements.

8.3 Lead professional

The professional network should ensure that a lead professional is identified at the first professional network meeting who will be responsible for co-ordinating the multi-agency response and interventions and acting as the main point of contact for children, parents and the professional network.

Normally where Early Help Services or CSSW are involved, the allocated Family worker or social worker will be the lead professional. However, in some cases, another professional may be identified if for example the family have a particular preference or the network believes it is more appropriate for another professional to take on this role.

8.4 Sharing information

Information sharing is a key aspect of joint working and allows agencies to make informed decisions based on accurate and up to date information. As part of the assessment process, services need to share all relevant information about the child/young person's needs in order to reach a common understanding on what is driving their poor mental and emotional health.

CAMHS will need to provide information on open cases to Early Help workers and social workers on:

- details of any diagnosis and treatment programmes or community support;
- any hospital admissions or discharges;
- any concerns about escalating mental health problems;
- any plans to close cases or end or change services or treatment;
- any difficulties in engaging children.

Early Help workers and social workers will need to provide CAMHS with information on:

- details of the child/young person's assessed needs;
- what support and services the child/young person and their family will receive;
- details of any actions to be taken by CSSW for statutory intervention to safeguard the child, for example child protection procedures;
- any plans to step up an Early Help case to CSSW or to step down a CSSW

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- case to Early Help Services or to close cases;
- any difficulties in engaging children or their family.

All services should provide copies of any agency assessments, plans or reviews and minutes of meetings.

9 Continuing education

Mental health and emotional wellbeing difficulties are likely to disrupt children's education, and schools will make all efforts to minimise this disruption and work with Camden Learning and the SEISS to help pupils in difficulties to continue accessing suitable educational provision based on their needs.

Camden Learning can provide support to schools and individual pupils and will work with:

- pupils who are not attending school because of emotional difficulties where there is no diagnosis (emotionally based school refusal);
- pupils who have a diagnosed mental health difficulty and are in receipt of CAMHS treatment that means they are unable to attend school, including those in hospital.

Schools should refer pupils needing support to the Medical Needs Panel, a multi-agency forum consisting of representatives from health, education and social care services; the Panel will consider their individual needs and options for their continued education explored. The Panel will then agree a suitable support plan.

The purpose of interventions will be to help the child to engage with their on-going educational programme and work towards reintegration back into mainstream education. Support may include home visits to work with the child on a one to one basis with teachers in order to continue learning and prepare for a return to school.

On return to school, the school will continue to balance the pupil's mental health and education needs to ensure they can remain at school and make good academic progress.

The Panel will also focus on the needs of young people aged 16 and over, particularly those who are in tier 4 provision who have more complex needs and may require supported accommodation.

10 Young people who may be at risk of homelessness

For some young people, returning or remaining at home may have a continuing negative impact on their mental health due to complex family circumstances, poor family relationships and conflict.

CSSW may provide accommodation to young people aged 16 and 17 who are at risk of homelessness if they are assessed as being in need and meet the criteria to be accommodated under section 20 of the Children Act 1989. Where young people are referred, CSSW will work with the young person and their family in the first instance to ensure support and services that allow the young person to remain at home.

Details can be found in the *Homeless young people's protocol* available at:

[Homeless Young Persons - Camden Safeguarding Children Partnership CSCP](#)

11 Discharge from inpatient care

Young people who are being discharged from inpatient care following detention under section 3 of the Mental Health Act 1983 are entitled to support under section 117 of the Act. To improve the transition from Tier 4 settings to the community and on to adult services, Camden has developed a clear pathway setting out multi-agency support. [Link](#)

The Section 117 guidance sets out the multi-agency framework for joint working to ensure appropriate care for these children and young people in order to ensure that their complex mental health and social care needs are met and that further detention is avoided. [link](#)

12 Transition to adult mental health services

Young people who receive a CAMHS service may need continuing mental health services into adulthood and where this is the case, CAMHS will ensure that the young person experiences a smooth transition to adult mental health services.

At 17 CAMHS will assess whether the young person is likely to need continuing mental health services and will refer to adult mental health services. For very complex cases, where their transition may be problematic (e.g. difficulty to identify an appropriate service) or reluctant to engage in any services but are high risk, CAMHS will, together with the social worker, refer the young person with their consent to the Minding the Gap Panel.

This panel has representatives from adult mental health services and its remit is to assist in the development of the best management plan for the young person from the age of 18 onwards that can help them engage with services and move on successfully to adult services.

13 Working in partnership with children and their families

Children:

- value trusting relationships with mental health staff and remaining working with the same people throughout;
- are concerned about the stigma attached to seeking help for mental health difficulties;
- don't always know how to access help or navigate the system;
- want to be involved in decisions made about their support and treatment;
- don't always want their parents to know everything.

Parents and carers:

- worry that they are being judged as parents;
- get frustrated when their concerns about their child are not taken seriously;
- want to be given information so they can support their child's recovery;
- may be in conflict with their child about the state of their mental health or treatment.

Services should:

- engage and involve children, parents and carers through a shared decision making model;
- encourage children, parents and carers to attend meetings and reviews;
- ensure that appropriate consent for information sharing is sought from children and parents;
- work jointly to deal with difficulties in engagement.

14 Staff training and support

Managers and supervisors should encourage staff to attend relevant training so that they are able to identify and respond to children who need help with their mental health and emotional wellbeing. Training is available from the CSCP and from Camden's Learning and Development Service. Training for teaching staff is also available from Camden Learning and the Educational Psychology Service.

Staff should also have access to good quality supervision and be able to seek consultation with relevant professionals in CAMHS or children's social care as appropriate to the case.

15 Resolving professional differences

During the course of working with children who have difficulties with their mental health and emotional wellbeing, individuals and agencies may differ in their assessment of the child's needs and the most appropriate interventions, and it will not be uncommon for professional differences to emerge during the course of joint working. It is therefore important that there is an opportunity to discuss these differences and challenge assessments and decisions within a clear framework.

In the event that professionals or agencies have any disagreements in connection with this protocol, this will be resolved under the CSCP escalation policy available at: [CSCP-Escalation-Policy-Resolving-Professional-Differences-Jan-2022.pdf](#)

16 Monitoring and review of protocol

This protocol will be reviewed in 12 by members of the Camden Safeguarding Children Partnership Staying Safe sub-group in order to monitor implementation of the protocol and measure its success in achieving the standards and outcomes set out in sections 3 and 4.

The review will consider ongoing quality and improvement oversight of children's mental health services in the borough and the identification of any proposed redesign of services and service delivery models. Currently, consideration is being given to the development of the new integrated front door for joint CAMHS and Early Help service referrals enabling a co-ordinated response to referrals from both services.

Appendix 1: Recognising emerging mental and emotional health issues

School staff, social workers, key workers, foster carers and family and youth workers who work with children and young people may become aware of signs and behaviours that a child or young person is experiencing problems with their mental health or emotional wellbeing.

Mental health defined as *“a state of wellbeing in which individuals recognise their own potential and can cope with normal stresses of life and work productively and fruitfully and make a contribution to their community”*.

Good mental health is characterised by the ability to carry out key functions such as learning, managing emotions, forming and maintaining relationships and coping with change and uncertainty.

Children’s circumstances and experiences can lead to difficulties in carrying out these functions which may lead to mental and emotional difficulties such as:

- insecure attachment in the early years
- emotional and mood disorders such as stress, anxiety or depression;
- conduct disorders involving aggressive or defiant behaviour;
- hyperkinetic disorders in attention and activity;
- developmental disorders linked to SEND;
- psychotic disorders that may be triggered by pre-disposition or drugs.

These may manifest in a number of ways including:

- changes in mood and behaviour
- difficulties regulating emotions, tearfulness and distress
- poor relationships with peers and adults and general distrust and lack of engagement
- poor self-image and lack of self-esteem
- lack of engagement with school and lack of interest in hobbies and activities
- harmful behaviours such as eating disorders and self-harming
- suicidal thoughts.

Some children and young people are more likely to exhibit challenging behaviour and social, emotional and mental health issues due to their circumstances or situation, for example children and young people with special education needs and looked after children. Although children and young people may exhibit a range of signs indicative of mental distress, few will have a diagnosable mental health condition.

Adolescence is also a period of changes during which changes in the brain structure coincides with a time of increasing independence and life choices can lead to a heightened risk of mental health problems.

Appendix 2: Early Years and mental health

The early years play a large role in determining mental health through childhood and beyond. A child's wellbeing is the result of healthy development within a nurturing environment. Children's brains develop most rapidly antenatally and in the early years of life. During these years many millions of neural connections are made and then pruned, and the architecture of the brain is developed. The brain is more 'plastic' or adaptable at this time, which is why early experiences make such a big difference – they literally shape the development of children's brains.

The parent-infant relationship is one of the most significant environmental factors influencing early brain development. If an emotional environment causes a child to feel unsafe or fearful, this will be reflected in how the brain develops to deal with stress in later life. In contrast, children who experience strong and secure relationships will be better able to experience, regulate and express emotions in a way that enables them to learn and participate in society in a more productive way. Learning to manage emotions and behaviour is a key developmental task in early infancy.

Babies are born ready to relate and are socially interactive from birth. They are born with immature brains, the development of which is significantly influenced during pregnancy and the postnatal period by the parent-infant relationship. Connections between neurons as a result of social interaction become permanent if they are used often. Parents play a key role in helping infants to regulate their physiological, emotional and behavioural states during early infancy.

Adapting to caring for a new baby can be challenging for both parents, and feelings of inadequacy and their changing roles in the relationship can add more stress. Key aspects of the parent-infant relationship include attunement, reciprocity containment, marked mirroring and reflective function.

Children who experience strong and secure relationships will be better able to experience, regulate and express emotions in a way that enables them to learn and participate in society in a more productive way.

Perinatal mental health difficulties, substance misuse, domestic violence and abuse and difficulty adjusting to new roles can have a deleterious impact on the parent-infant relationship and later development.

In the early years, infants make emotional attachments and form relationships that lay the foundation for future mental health. Attachment relationships are particularly important and have far-reaching effects on developing emotional, social and cognitive skills. From the child's perspective, there is evidence that exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children whose parents face such stresses and those being brought up in less stressful households. These gaps continue through life.

Appendix 3: Assessment and the impact of Adverse Childhood Experiences (ACEs)

Trauma informed practice is a key element of Camden's approach to working with children and families. The approach is based on research which shows that certain adverse experiences in childhood can lead to an increased risk in poor outcomes including poor mental health in adulthood.

The approach involves recognising and responding to these adversities via a programme of preventative services in order to reduce the impact on the child's development and family functioning. An awareness of the child's experiences can lead to a better understanding of the complexity of their needs and how they impact on mental health and emotional wellbeing.

This is a particularly important when assessing whether a child who is referred for a mental health service will also need to be referred for a social care service in order to enhance the response and ensure all their needs are met.

Assessment often only recognises presenting issues and may not identify wider social, environmental and emotional needs which may mean the child fails to meet the threshold for services.

ACEs stem from a wide range of social factors that can make children more vulnerable to significant psychological trauma and emotional distress;

- maltreatment such as neglect, exploitation and abuse;
- loss and bereavement such as the death of a parent, carer or sibling with the risk rising with each loss experienced;
- dis-relocation, negative moves associated with adverse factors, for example due to complex family breakdown, becoming looked after or being adopted, entering custody or the impact of being a refugee;
- having adult responsibilities such as being young carer, or exploited through child labour;
- experiencing bullying, victimisation, discrimination, harassment or hate crime due to racism, sexism, homophobia (LGBT young people are particularly vulnerable);
- experiences of violence, either being involved in or exposed to for example, domestic and sexual violence, gangs, or being a victim of torture.

ACEs have various common features:

- They involve social factors that create adversity and complexity which interact to effect the child's life leading to significant social, emotional and health needs.

CYP mental health protocol

- Many of the children experiencing ACEs will already be known to services but the full level of their needs may not be known or may not be addressed.
- Additional complexity arises where the child or family refuse or are not able to engage with services or access support.
- ACEs increase the risk of mental health difficulties and emotional distress and can increase the risk of physical ill health and challenging behaviour that can lead to exclusion, criminalisation and exploitation.

Children may experience one or more traumatic life events that can lead to psychological trauma. This can have an adverse impact on neurological processes and emotional development and is particularly damaging and disruptive during key stages of development in childhood and adolescence.

Trauma can affect the child's ability to manage emotions and regulate behaviours and mood, and social isolation and prejudice can further exacerbate this if access to support or services is denied due to discrimination. This can lead to low self-esteem and can negatively affect relationships with peers and adults.

Trauma informed practice allows professionals to recognise the impact of adverse events on the child and how it influences behaviours and causes distress, for example when recalling events, as well as explaining the child's need to use avoidance behaviours rather than confronting difficult memories.

Children may adopt risky and challenging behaviour in order to cope with trauma, for example substance misuse, anti-social behaviour and criminal activity and gang membership. It is important that this behaviour and its causes is understood rather than labelling the behaviour as problematic and met with behaviour control.

Appendix 4: Contact details and service directory

Please note that not all the services listed are open access.

CAMHS

<https://tavistockandportman.nhs.uk/care-and-treatment/our-clinical-services/camden-camhs-open-minded/>

Children and Families Contact Service

020 7974 3317

LBCMASHAdmin@camden.gov.uk

Early Help Services.

<https://www.camden.gov.uk/early-help-for-families>

Camden Learning

020 7974 1122

customersupport@camdenlearning.org.uk

Camden SEND services

020 7974 6264

<https://www.camden.gov.uk/send-local-offer>

Brandon Centre

020 7267 4792

<https://brandon-centre.org.uk/>

Royal Free Hospital ADHD service

020 3758 2000

<https://www.royalfree.nhs.uk/services/services-a-z/child-and-adolescent-mental-health-services/adhd-service/>

Royal Free Hospital Eating Disorders unit

020 3758 2000

<https://www.royalfree.nhs.uk/services/services-a-z/child-and-adolescent-mental-health-services/eating-disorder-service/>

Camden Mosaic for children with developmental difficulties

020 3317 2200

<https://www.cnwl.nhs.uk/services/community-services/camden-mosaic>

Minding the Gap

020 3317 3500

<https://www.candi.nhs.uk/our-services/camden-minding-gap-meeting>

The Hive/Catch 22

020 3198 0520

<https://www.catch-22.org.uk/services/the-hive/>

Camden Parents Wellbeing Service

020 3317 6670

<https://www.candi.nhs.uk/our-services/camden-parents%E2%80%99-wellbeing-service>

Anna Freud Centre

020 7794 2313

<https://www.annafreud.org/>

Kooth

<https://www.kooth.com/>

Strength and learning through horses

<https://strengthandlearningthroughhorses.org/>

Coram Family

020 7520 0300

<https://www.coram.org.uk/>

Manor Gardens

020 7272 4231

<https://manorgardenscentre.org/>

Fitzrovia Youth Action

020 7388 7399

<http://www.fya.org.uk/>