London Mental Health Response to Major Incidents

Pathway for Victims (Children and Young People)

July 2017

Children and Young Adults (CYP) Pathway: Victims

1. Introduction

We are indebted to our mental health colleagues across Greater Manchester whose work in developing a systematic response to the attack in their city has provided the main structure to these pathways. They have been extremely generous in sharing their time, expertise and outputs and we would like to express our heartfelt appreciation to them. We are united in our desire to work together to support those affected by attacks on our cities.

This document outlines the multi-agency care pathway for children and young people (CYP) aged up to 18 years and their families who were victims of the recent major incidents in London. The pathway has been developed using the Thrive framework (Anna Freud Centre and Tavistock and Portman NHS, 2014).

The recent incidents at Westminster, London Bridge, Grenfell Tower and Finsbury Park have directly affected a number of people as witnesses, some of whom may be children and young people. In addition parents, carers and friends may have had direct or indirect involvement. It also caused a widespread public reaction.

This document aims to help services and communities across London respond to the needs of those people who are experiencing distress following the incidents. It describes the range of difficulties that may be experienced and the responses from that are most likely to be helpful.

Impact of Major Incidents on Children and Young People

Children and young people who are exposed to distressing events – and especially those in which people are seriously injured or killed – may respond with *a wide range of difficulties* including:

- **Emotional responses: sorrow, grief, sadness, fear, distress, anger, numbness, aggression, irritability, guilt;**
- **Social responses: withdrawal or avoidance, conflict with others;**
- **Cognitive responses: confusion, disorientation, worry, intrusive thoughts and images, self-blame, impaired concentration, memory disturbance;**
- **Physical responses: Fatigue, headaches, muscle tension, stomach aches, difficulties sleeping and eating.**

It is important to note that some children and young people may have a delayed distress response. Concerns arise when problems become prolonged, if they are associated with impaired day-to-day living or when children and young people have insufficient emotional and social support.

Bereavement

When children and young people are bereaved, common responses include:

- **Feelings of numbness, disbelief and confusion;**
- **Feeling angry with the person who died or for those considered responsible for the death;**
- **Feeling guilty for being alive;**
- **Fear of dying or losing a parent;**
- **Strong physical reactions and extreme emotional reactions;**
- **Separation anxiety.**

A parent or carer of a bereaved child is highly likely to share the bereavement and therefore it is important that while they are supporting their child or young person they are being supported as well. The death of someone close is extremely painful and adults should be enabled to look after their own emotional, mental and physical well-being in order to support their bereaved child. Sometimes CYP may look for support from other extended family members or trusted adults in their lives, including education staff. Information on how to support CYP through bereavement **can be found in Appendix 1.**

Children and young people (CYP) respond to major incidents in different ways over time depending on their level of involvement in the events; their age and level of development; certain personal factors; the availability or otherwise of social support and the degree of disruption to the world in which they live.

In most instances, children and young people's distress gradually subsides over time, particularly with additional emotional and social support from family, friends and social networks such as other trusted adults and faith communities. It is important that parents and carers can access appropriate support themselves, especially if they have been directly involved in the events (please also see major incident pathway for adults).

Terrible events can also lead to people showing altruism, determination, courage, optimism, a desire for connectedness, and some of them may be supported by their beliefs and faith. The majority of people who experience these effects of major events and/or bereavement do not require access to mental healthcare. However, when their experiences persist over time and do not begin to subside despite support, specialist assessment and intervention may be necessary.

Monitoring in communities can be helpful to recognise CYP whose needs are persistent, severe and impacting on their functioning to identify those who require additional psychosocial support or access to mental healthcare consultation and assessment.

Values and Principles

Unprecedented large-scale, untoward events have both direct and indirect impacts across families, professionals and our diverse communities.

It is important to ensure that we can provide coordinated accessible information and support to everyone who may be affected. Most localities and services have already started to respond to the acute impact of the incidents across London. We are keen to ensure that there is a coordinated response across London that has visible leadership and accessible, evidence-based support across the region to ensure CYP and families access the right help at the right time.

Key approaches

- **Acknowledge the importance of anticipated reactions (stress response) to a major incident;**
- **Support CYP to develop and sustain their ability to cope - consider the important role of parents and carers, other trusted adults and community resources including schools;**
- **Utilise a multi-agency stepped model of care that provides a continuum of care that is holistic;**
- **Ensure approaches are evidence-based and proportional, flexible and timely to respond to the needs of CYP;**
- **Provide clear and consistent messages and communication;**
- **Ensure professional practitioners and staff providing support have access to training, consultation and supervision.**

Phased Intervention Strategy

A strategy of sequenced responses that prioritises prevention throughout will not only maximise the inherent resilience of London's communities, but will also minimise the potential adverse effects of more intensive interventions, and make the best use of specialist resources within the system.

Phase 1 Guidance: Victim Support is currently operating its 24/7 support line, offering emotional and practical support for anyone affected. The number is 0808 168 9111 and is free to call.

Phase 2 Guidance: Provision of Psychosocial Support and Mental Healthcare (targeted offer). This multi-agency care pathway will support implementation of the Phase 2 Guidance including targeted support for CYP at risk of mental health needs.

Phase 3 Guidance: Provision of Mental Healthcare (specialist offer). More detailed guidance is available for specialist clinical teams to support the delivery of specialist mental health assessments and evidence based interventions.

Treatment Pathways

The following pathways set out the framework for treating those affected by recent incidents in a 4 step approach:

Phase 1 Preventative/Thriving

Who is this for? Children and young people impacted in any way by the events

Who can deliver it? Any first point of contact eg. NHS 111, primary care provider or responsible adult such as teachers and

What is involved? Skilling up members of the public and people who support them

Phase 2 Early intervention/ Getting Advice

Who is this for? All CYP in our communities who may be affected by this incident.

Who can deliver it? Advice can be accessed through a range of community based resources and settings. Families (CYP and adults) are already able to access advice and information directly through the NHS Choices websites and the Gov.uk webpage.

What is involved? Normalising their response to the incident and Reassuring them they are currently safe;

Phase 3 Targeted support / Getting help

Who is this for? CYP who continue to experience distress or ongoing symptoms and are not responding to a universal offer of initial advice and support from parents/carers and other trusted adults.

Who can deliver it? Education staff and professionals working in community services should identify those CYP who they think require monitoring and services can be delivered by a range of trained professionals (e.g. school nurses, pastoral support staff, Educational Psychologists, school counsellors, GPs, social workers, third sector and voluntary sector staff)

What is involved? Identification and monitoring of CYP at risk and provision of enhanced psychosocial support through community services to promote a sense of safety, calming and self-efficacy. As well as support for parents are carers

Phase 4 Specialist support/Getting more help

Who is this for? CYP experiencing moderate-severe needs will be identified following specialist consultation with either the referrer (professional) or family.

Who can deliver it? A specialist mental health assessment can be accessed through the local CAMHS service. Following the assessment, CYP will be directed to the appropriate intervention based on their needs and risk. The intervention will be delivered as close to home as possible.

What is involved? Interventions are guided by a specialist mental health assessment and formulation.

Incident Support Targeted Pathways- Thrive model description of offers to Children and Young People (CYP) who are Victims of major incidents

1. PREVENTATIVE/THRIVING	2. EARLY INTERVENTION/GETTING ADVICE	3. TARGETED SUPPORT/GETTING HELP	4. SPECIALIST SUPPORT/GETTING MORE HELP
Skilling up staff, parents, carers and young people	Monitoring/Signposting/self-management/one off contact or ongoing support	Goal focussed/evidence-based and outcome focussed interventions	Extensive treatment/risk management

Staying Safe

If there is a high risk of self-harm, then concentrate on the management of this risk first and allow established guidance on managing self-harm

Introduction:

This support pathway is specific to the needs of children and young people (CYP) who are **victims** and complements the pathways that have been developed for adults (for more information please click here). The description below (and subsequent diagram) contextualises the CYP pathway into the specific needs of a target population.

General Comments:

Large scale incidents will have an impact both directly and indirectly, on children and young people, and their families. It is important to ensure coordinated, accessible information and support is offered to all of those who may be affected. In these circumstances there is a need for a coordinated response, visible leadership and accessible and evidence based support to ensure everyone has access to the right help at the right time. Individuals may seek to access support at various points in time and via a range of different sources and routes hence the agencies and approaches described in this document are not exhaustive. This standard model has been developed with an understanding that it is fluid and takes into consideration the specific circumstances of individuals. It is important to remember that an individual may not access support in a chronological manner and that this will not preclude them from accessing support as care will be proportional to their presenting level of need. Support services will need to operate proactively to identify individuals who may require support. This approach is important due to the low rate of treatment-seeking of affected individuals after a major incident.

For children and young people in full-time education (including pre-school), schools or other educational settings can play a key role, and can be supported by an external organisation. In the case of a localised incident, a universal support offer will be available to local schools, as pupils may be affected as either bereaved, witnesses, victims, or may be affected by the impact on their friends, classmates or relatives. In the case of a more targeted or central incident, a universal support offer will be made available to schools where children or young people have been identified as having been affected.

Victims (Children & Young People)	Key Approaches	Key Approaches	Key Approaches	Key Approaches
	A – Identification and monitoring of people at risk Promotion of sense of safety (providing reassurance and challenging false negative and anxious ruminations) Promotion of calming (psychoeducation regarding stress responses; strategies to support emotional regulation including breathing exercises, progressive muscle relaxation and mindfulness strategies; sleep strategies) Promotion of self-efficacy (encouraging and empowering re-engagement in routines and activities) Promotion of connectedness (supporting connection with social networks including family and friends) Instilling hope (encouraging expectation that a positive future or outcome is possible) Initial support can be provided by Trauma Centres and Acute Trust staff. They are supported by the Mental Health Liaison Teams. The roles and support process are outlined within each Trusts Major Incident Policy.	**A – Gateway into CYP MH Services** To direct to enhanced psychosocial support through community services including; provision of emotional, physical and social support as necessary. To direct where needed to appropriate NHS Services Those affected and the general public can use a single point of access into NHS services via NHS 111. NHS 111 will take information from the caller to identify what are their immediate needs in order to triage the patient to the appropriate service. NHS 111 will operate a dedicated major incident line and use clinically appropriate methodologies in how patients are triaged into appropriate services. These service offers could include; - Outreach and Screen - Access to Primary Care - Access to CAMHS - Access to Secondary Mental Health Services / Highly Specialist Trauma Services - Crisis Services The service offers from NHS 111 will	**A – NICE Recommended Interventions** Access to support could be in different settings and includes the following; - Primary Care - CAMHS - Voluntary Sector Support **B – Primary Care** Access to Primary Care could be used for 'watchful waiting' in terms of any initial presenting symptoms experienced by the patient and for any pharmacological interventions. If a patient's symptoms do not dissipate within a 4 week period then a referral to CAMHS is recommended. Whilst if a patient is **presents with a mixture of symptoms that include those described in the next column** a referral to Highly Specialist Trauma services and or secondary mental health services would be recommended. **C – NHS CAMHS (Including Trauma Focussed CBT)** A specialist mental health assessment can be accessed through the local CAMHS service. Following the assessment, CYP will	**A – Specialised Care** Some individuals may be at higher risk of developing PTSD than the general population. Risk factors may include: - A significant personal history of trauma including developmental trauma, and possibly a previous diagnosis of PTSD - A psychiatric history or a significant family psychiatric history - An absence of a social or supportive network or evidence for significant social isolation - Significant life adversity / stressors post-trauma - Trauma severity and / or dissociative response during event These risk factors may precipitate a direct referral to a specialist trauma service and bypass previous steps. **B – Secondary Mental Health Services** If patient presents with complex co-morbidity, extensive previous history of trauma and substance misuse the patient should be referred their local secondary mental health provider for

	An important early approach is gathering information about the impacted CYP and sharing it with relevant parties such as school or social services. There is an important safeguarding function within this. Whilst the CYP may then still follow a similar pathway to an adult, they may also receive or be referred in for additional support from local social care, school counselling, or educational psychologists. They should also check the child's 'competency'. This is to find out whether the CYP is able to understand or process what has happened. The data, safeguarding and competency checks should be co-ordinated by the local Director of Children's Services. **B/C – Community Action Centre, Third Sector and Police Support** Community Action Centres (CAC) or Victim Support (VS) provide victims with awareness of appropriate mental health services and interventions. They support to normalise reactions such as stress or guilt, and can also help to liaise with the police. If the CYP/ their family give consent, police will take their details for ongoing outreach, however the CYP/ their family may choose to decline this. CYP should be issued with a 'care passport' where the FLO records all	be based on the information provided by the caller speaking with a trained member of staff. * Any Mental Health professional trained in CAMHS Cognitive Behavioural Therapy (CBT) will have received 1 day's training in evidence-based trauma therapy - sufficient to adapt CBT for anxiety & depression for trauma. The Anna Freud Centre provides 2 day training for Trauma-Focussed CBT so can create additional capacity if needed. The SPOC can judge demand, as to whether this is necessary. **B – Outreach and Screen (TBC)** Outreach and Screen is an all-age service offer. Individuals affected by a major incident may gain access to it or learn about this intervention in a variety of ways; - Be notified of Outreach and Screen via accessing physical health interventions via an acute trust - Have a witness statement taken by emergency services like the Police. - Accessing NHS 111 - Victim Support - Humanitarian Assistance Centre	be directed to the appropriate intervention based on their needs and risk. The intervention will be delivered as close to home as possible. First line interventions for PTSD should be delivered by cognitive behavioural therapists (CBT) qualified to post-graduate diploma level. Staff offering Eye Movement Desensitisation and Reprocessing (EMDR) must have a recognisable qualification and family therapists should be trained at a post-graduate diploma level. Staff should receive clinical supervision and therapy-specific supervision. Mood and emotional difficulties can be addressed by any staff confident and skilled in the delivery of this with support from staff experienced in trauma. **D – Specialist Mental Health assessment and formulation.** *First line psychological therapy:* Trauma-focused cognitive-behaviour therapy (TF-CBT) adapted to suit the CYPs age, circumstances and level of development. These interventions should not be delivered in isolation and clinicians need to be aware of the importance of the system	them to be assessed for signs of enduring problems and transferred to specialist services as required. If a patient is referred to secondary mental health services, the receiving service will seek consent from the patient to notify the 'Outreach and Screen' programme of the outcome of the intervention provided to the patient, ensuring that there is a comprehensive understanding of the mental health offer provided post major incident. **C – Highly Specialist Trauma Services** Having accessed CAMHS services or presented with high chronicity a patient may be more suitable to access highly specialist trauma services. Highly specialist trauma services will be able to provide expertise and highly trained staff in the field of trauma and provide appropriate interventions in line with the presenting need of the patient. If a patient is referred to highly specialist trauma service the service will seek consent from the patient, parent or guardian to notify the 'Outreach and Screen' programme of the outcome of the intervention provided to the patient, ensuring that there is a comprehensive understanding of the mental health

	useful information, meaning that they do not have to keep repeating it. Someone from the CAC, VS or police should act as a named care navigator, available on-call 24/7 for support and advice.	If the patient, parent or guardian gives consent their contact details will be shared with the 'Outreach and Screen' programme. This service offer will be able to monitor patients over a period of time, undertake specialist assessments, and ensure access to the appropriate mental health service when clinically indicated. This offer will also seek a comprehensive understanding of the outcomes achieved by patients from the mental health treatment/ support provided post-incident. This all-age comprehensive service offer will assess the broader impact and holistic needs of individuals following a major incident. This will include how an individual is affected by the experience and those around them that may also be affected (which could include children).	around the young person. Interventions may also involve co-working with parents, schools and others or include direct support/signposting for parents. *Second line psychological therapy:* If additional complexity factors have been identified or if CYP cannot engage in trauma focused work, consider EMDR. Family therapy or family approaches should be considered where more than one family member has been affected by the incident. If a patient is referred to CAMHS the service will seek consent from the patient to notify the 'Outreach and Screen' programme of the outcome of the intervention provided to the patient, ensuring that there is a comprehensive understanding of the mental health offer provided post major incident.	offer provided post major incident. **D – Other option:** Child and Family Traumatic Stress Intervention (CFTSI) [NOT CURRENTLY NICE RECOMMENDED BUT HAS AN EVIDENCE BASE] - Anna Freud Centre has funding for up to 20 people to receive support this way.

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