



West London
NHS Trust

Introduction to Ealing Specialist Child & Adolescent Mental Health Services (CAMHS)

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Promoting hope & wellbeing **together**

What are we?

We are a Child and Adolescent Mental Health Service, with our local remit currently being to provide:

- Assessment and interventions for:
 - Mild to moderate mental health concerns for young people aged 0 to 18 via our Early Intervention / Tier 2 services
 - Acute Psychiatric Disorders / moderate to severe mental health concerns for young people aged 0 to 18 via our Specialist / Tier 3 services
- Assessment for Neurodevelopmental Disorders / Conditions for young people aged 6 to 18
 - We are commissioned to provide Social Communication / ASD assessments and post-diagnostic psychoeducation, but not to provide interventions for the core features of ASD or behavioural concerns
 - We are commissioned to provide ADHD assessments and ADHD medication monitoring, with parenting, educational and behavioural support being provided by other agencies in the community

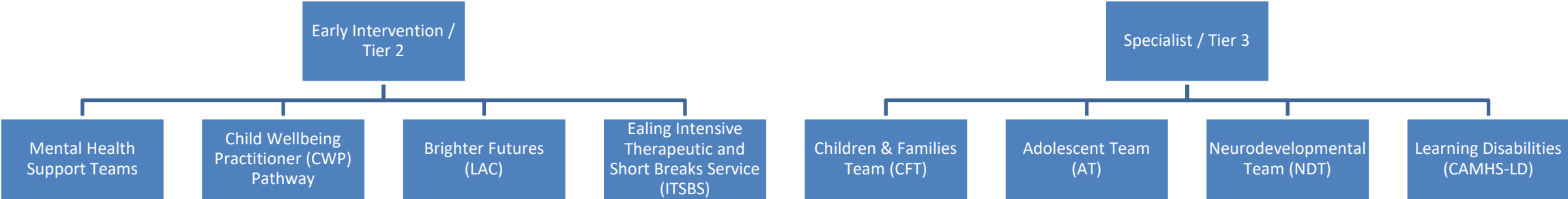


Who are we?

- **Consultant Psychiatrists, Clinical Psychologists, Systemic & Family Psychotherapists, Child & Adolescent Psychotherapists, Clinical Nurse Specialists, Social Workers, AHPs, CBT Practitioners, Child Wellbeing Practitioners, Educational Mental Health Practitioners, Junior Doctors, Trainee Therapists and more...**



Service Structure



What do we offer?

- **Psychiatric Assessments, Reviews & Medication**
- **Risk-to-self assessment, management and safety planning**
- **Psychological Therapies e.g.:**
 - Individual and parent / family psychological interventions
 - Cognitive Behavioural Therapies (CBT)
 - Psychotherapy assessments and interventions
 - Systemic and Family Therapy
- **Neurodevelopmental assessments for ASD and ADHD, as well as:**
 - ASD psychoeducation groups
 - ADHD psychoeducation and medication
 - ADHD medication monitoring / management



Suitability of Specialist CAMHS

- **We are most helpful for young people presenting with:**
 - Moderate to severe mental health concerns impacting upon a young person's ability to manage everyday life
 - Significant self-harming behaviour and / or suicidal ideation
 - ADHD concerns if first-line interventions have been attempted by the family or network
- **We are not the appropriate agency to support behavioural concerns:**
 - Without a mental health concern
 - Within the context of ASD or ADHD
- **We would try to signpost young people, families and referrers to the right type of support as early as possible via our Duty system if CAMHS input is not appropriate**

ADHD & NICE Guidelines

- National Institute for Health and Care Excellence (NICE) provide guidance for all NHS services around the assessment and management of physical and mental health, as well as Neurodevelopmental concerns
- ADHD guidance has last updated in September 2019, with the recommendations most relevant for this forum including:
 - When CYPs present with behavioural concerns and suspected ADHD, SENCOs are recommended to source / implement support about the behavioural concerns as well as signposting parents / carers to local parent-training / education programmes
 - If the behavioural and/or attention concerns are having an adverse impact on their development or family life, consider: a period of watchful waiting of up to 10 weeks, and offer parents / carers a referral to group-based parenting intervention
 - If the behavioural and/or attention concerns persist with at least moderate impairment following these interventions, the CYP should be referred for assessment
- For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:
 - Meet the diagnostic criteria in DSM-5 or ICD-10;
 - Cause at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings, and;
 - Be pervasive, occurring in two or more important settings including social, familial, educational and/or occupational settings

ASD & Diagnostic Criteria

<p>Persistent deficits in initiating and sustaining social communication and reciprocal social interactions that are outside the expected range of typical functioning given the individual's age and level of intellectual development. Specific manifestations of these deficits vary according to chronological age, verbal and intellectual ability, and disorder severity. Manifestations may include difficulties in the following:</p>
<p>Understanding of, interest in, or inappropriate responses to the verbal or non-verbal social communications of others</p>
<p>Integration of spoken language with typical complimentary non-verbal cues, such as eye contact, gestures, facial expressions and body language. These non-verbal behaviours may also be reduced in frequency or intensity</p>
<p>Understanding and use of language in social contexts and ability to initiate and sustain reciprocal social conversations</p>
<p>Social awareness, leading to behaviour that is not appropriately modulated according to the social context</p>
<p>Ability to imagine and respond to the feelings, emotional states, and attitudes of others</p>
<p>Mutual sharing of interests</p>
<p>Ability to make and sustain typical peer relationships</p>

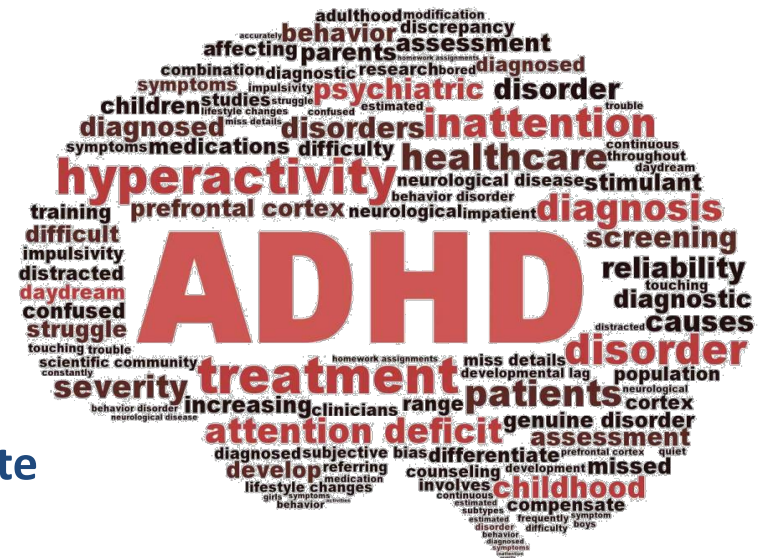
<p>The onset of the disorder occurs during the developmental period, typically in early childhood, but characteristic symptoms may not become fully manifest until later, when social demands exceed limited capacities.</p>
<p>Comments</p>

<p>Persistent restricted, repetitive, and inflexible patterns of behaviour, interests, or activities that are clearly atypical or excessive for the individual's age and sociocultural context. These may include:</p>
<p>Lack of adaptability to new experiences and circumstances, with associated distress, that can be evoked by trivial changes to a familiar environment or in response to unanticipated events</p>
<p>Inflexible adherence to particular routines; for example, these may be geographic such as following familiar routes, or may require precise timing such as mealtimes or transport</p>
<p>Excessive adherence to rules (e.g. when playing games)</p>
<p>Excessive and persistent ritualized patterns of behaviour (e.g., preoccupation with lining up or sorting objects in a particular way) that serve no apparent external purpose</p>
<p>Repetitive and stereotyped motor movements, such as whole body movements (e.g., rocking), atypical gait (e.g., walking on tiptoes), unusual hand or finger movements and posturing. These behaviours are particularly common during early childhood</p>
<p>Persistent preoccupation with one or more special interests, parts of objects, or specific types of stimuli (including media) or an unusually strong attachment to particular objects (excluding typical comforters)</p>
<p>Lifelong excessive and persistent hypersensitivity or hyposensitivity to sensory stimuli or unusual interest in a sensory stimulus, which may include actual or anticipated sounds, light, textures (especially clothing and food), odours and tastes, heat, cold, or pain</p>

<p>The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.</p>
<p>N.B. Some Autistic individuals are able to function adequately in many contexts through exceptional effort, such that their deficits may not be apparent to others. A diagnosis of Autism Spectrum Disorder is still appropriate in such cases.</p>
<p>Comments</p>

Neurodevelopmental concerns: Possible factors

- Difficulties associated with ADHD and ASD can be caused or maintained by multiple factors, including:
 - Specific and global learning difficulties / LD
 - Sensory processing difficulties / sensitivities
 - Attachment and developmental trauma
 - Post-traumatic stress responses
 - Domestic abuse / violence
 - Mental health concerns
 - Inconsistent rules and boundaries
 - Parenting, parent and family difficulties
 - Socioeconomic or environmental stressors
 - Physical health concerns, including sleep and eating / appetite
 - Genetics
 - Pre-natal and peri-natal factors



Neurodevelopmental concerns & CAMHS

- **Multiple factors that may impact on a CYPs development often require support outside of CAMHS e.g.**
 - Concerns around parenting / the family require an parenting group intervention, Early Help Assessment (EHA) or safeguarding referral
 - Concerns about learning needs require liaison / consultation with Educational Psychology Services
 - Existing Neurodevelopmental concerns often require adaptations recommended via Education-based services (e.g. Behavioural Support Team, Educational Psychology, Occupational Therapy, Speech and Language Therapy etc.)
- **In line with NICE guidance, if CAMHS ruled in mild to moderate ADHD or ASD we would make such recommendations to the family and school**
- **As a result, we often ask families and schools to explore these options first before seeking a Neurodevelopmental assessment. If we do not have information about what has been tried before in the referral, we have to assume no parenting or behavioural support has been implemented.**
- **If moderate to severe difficulties are present and having a significant impact on psychological, social and/or educational or occupational areas of the CYPs life following these interventions, we would then consider medication as an option with the family**
- **We would of course offer assessment and / or intervention for any co-existing moderate to severe mental health concerns**

Referrals for Neurodevelopmental Assessment

- **As with all CAMHS referrals, we are looking for the following in a referral:**
 - Fully completed referral form, including young person and/or parents' consent
 - Description of main concerns and symptoms, including onset, duration, frequency and severity
 - Any identified triggers or contextual factors impacting on the child's presentation
 - Description of how those concerns present across contexts, including home, school and the community
 - The impact of those symptoms on the young person and family
 - Any risks or safeguarding concerns
 - Medical history and current medication
 - What interventions have previously been tried
 - Details of any other professionals' involved (e.g. Educational Psychologist, Occupational Therapist, Speech and Language Therapist, Paediatricians - Child Development Team, Social Services or other agencies) and their reports to be attached to the referral
- **Given the level of information needed, we encourage families to seek a referral for Neurodevelopmental assessment via schools as they will often have more information available based on their intensive involvement with the young person**
- **When accepting or not accepting a referral, we try to provide clear recommendations for home and school based upon the information available and what next steps are needed**
- **Whilst waiting for a Neurodevelopmental assessment, families can access the 'Helping Hands' project for advice and support**
- **There continues to be high demand and reduced capacity for Neurodevelopmental assessments locally and nationally, so please bear with us. We are exploring ways of addressing this via the Integrated Care Systems and Provider Collaborative networks.**

Local SEND & Neurodevelopmental Resources

- The following agencies are able to offer advice and support around SEND and Neurodevelopmental conditions:
 - Ealing Impartial Support, Advice and Information on Disability and Special Educational Needs (Ealing I-SAID!; <https://www.family-action.org.uk/what-we-do/children-families/send/isaid/>) provide advocacy and advice around education issues
 - Centre for ADHD and Autism Support (www.adhdandautism.org) provide workshops, groups and drop-in sessions for parents and young people
 - Helping Hand (<https://contact.org.uk/>) are part of Contact, a national charity supporting families of children with any type of special educational need and / or disability with advice and support. They offer parent workshops, group sessions, Walk & Talks for parents and carers as well as individual advice around finances, children's needs, everyday life and everything SEND related to parents of children aged 0-25 years old.
 - Ealing's Local Offer (www.ealinglocaloffer.org.uk) is a single point of information and advice for children and young people from 0 to 25 with special educational needs and disabilities (SEND) and their families.
 - Best For You (<https://bestforyou.org.uk/>) includes information about mental health, digital tools for people across the UK, and innovative mental health services for young people in North West London.
 - Resources for Autism (<https://resourcesforautism.org.uk/>) provide practical support for parents, young people and families
 - Cerebra (www.cerebra.org.uk) is a national charity for families of children with neurodevelopmental conditions (Including Autism) which can offer general support and advice
 - National Autistic Society (NAS; www.autism.org.uk) provide information, advice and support to young people and adults with ASD, as well as their parents / carers, schools and other professionals

Local Emotional Wellbeing Resources

- In addition, the following agencies are able to offer emotional wellbeing advice and support:
 - Best for You (<https://bestforyou.org.uk/>) includes information about mental health, digital tools for people across the UK, and innovative mental health services for young people in North West London.
 - Kooth (www.kooth.com) is a safe and anonymous online counselling and emotional well-being platform for children and young people from 13 years and until their 19th birthday, accessible through mobile, tablet and desktop and free at the point of use. No referral is needed.
 - Young Minds (www.youngminds.org.uk) provide information, advice and support to young people experiencing mental health concerns and their parents including:
 - Information about mental health concerns and what support may be available (www.youngminds.org.uk/find-help/conditions/)
 - Crisis Messenger: This is free, 24/7 crisis support across the UK if you are experiencing a mental health crisis. If you need urgent help text YM to 85258. All texts are free and answered by trained volunteers, with support from experienced clinical supervisors.
 - Parents Helpline: 0808 802 5544 (Monday to Friday 9.30am – 4pm).
 - The Anna Freud Centre (www.annafreud.org/on-my-mind/self-care/) provides a list of strategies for young people to use to manage / maintain their emotional wellbeing.
 - NHS Apps Library (www.nhs.uk/apps-library/) provides apps and online tools to help you manage your health and wellbeing
 - Samaritans (www.samaritans.org) on 08457 90 90 90
 - ChildLine (www.childline.org.uk) on 0800 1111

You may also contact our CAMHS Helpline via 0800 328 4444 and choose Option 2 for CAMHS.

Any questions?



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