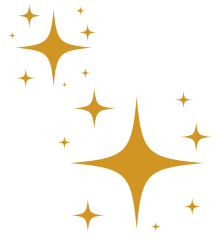


THRESHOLD DOCUMENT

Compass
GO 

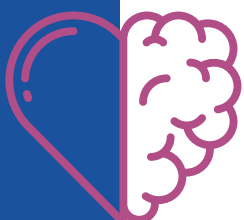


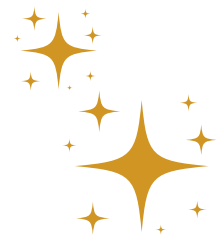
Compass GO... will ensure CYP access the right early help, in the right setting removing duplication and preventing CYP/families being 'bounced' in-between services. The service will provide extra capacity for early intervention support within school and college settings via three core functions:



- **Networking and Navigation**
- **Whole school approach**
- **Evidence based interventions**

These cornerstones are the pillars of our service delivery model and the basis for the structure of our work within the integrated education and mental health systems which exist in North East Lincolnshire; building partnerships and working together is at the heart of our activity and runs consistently through the delivery model.



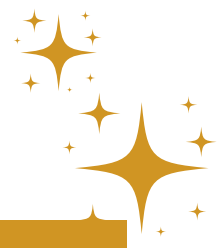


THRESHOLDS AND EVIDENCE BASED INTERVENTIONS

The thresholds matrix below for individual MHEW difficulties/behaviours (low mood/ anxiety/self-harm/etc) has been developed to ensure CYP receive the right care, first time by ensuring partners know what Compass GO...’s thresholds are, the interventions we can deliver.

COMMON CHALLENGING BEHAVIOUS	
COMPASS GO.../YOUNG MINDS MATTER	
MILD	MODERATE
<ul style="list-style-type: none"> •The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform •Frustration and distress •Defiance (i.e. ignoring or refusing to follow requests, pushing boundaries, angry outbursts, pushing boundaries) •Fussiness (i.e refusal to eat certain foods to wear certain clothes) •Refusal to go to school 	<ul style="list-style-type: none"> •Behaviour is a symptom of poor mental health (minimal environmental factors i.e held at early help level) •Hurting other people (i.e. biting, kicking) •Impacting on their education, at risk of permanent exclusion •Adverse childhood experiences previously or recently
Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work	Parent led sessions, Low intense CBT YMM Group work – managing strong emotions, consider a referral to the access pathway





SELF HARM

COMPASS GO...

MILD

- The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform
- Thoughts of self-harm, plans, but an unwillingness to undertake actual self-harm behaviour
- Superficial self-harm (i.e. wounds that do not require medical attention) with a clear understanding about the function (i.e. unhelpful coping strategy)
- Wanting to stop self-harm, and a clear risk management plan in place, harm reduction strategies planned
- Good support network in place (i.e. friends, family, trusted adults)
- Suicidal thoughts but no active plans or intent
- The 'self-harm' behaviour is not routine and the impact on daily life is minimal
- Evidence of moderate (but non-life threatening) self-harming behaviour, i.e. cutting, burning with no intent to end life
- Suicidal thoughts with self-harming behaviours but no planned intent to end life ('what's the point' or 'just give up')
- Previous suicide attempt
- The self-harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self-harming, for example linked to alcohol or substance misuse
- The self-harming is routine and has been taking place over a period of time
- The behaviour is being used regularly as a coping mechanism.
- The impact on daily life is moderate

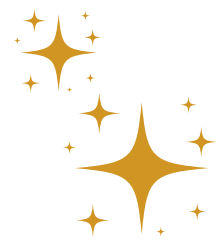
MODERATE

- Evidence of moderate (but non-life threatening) self-harming behaviour, i.e. cutting, burning with no intent to end life
- Suicidal thoughts with self-harming behaviours but no planned intent to end life ('what's the point' or 'just give up')
- Previous suicide attempt
- The self-harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self-harming, for example linked to alcohol or substance misuse
- The self-harming is routine and has been taking place over a period of time
- The behaviour is being used regularly as a coping mechanism.
- The impact on daily life is moderate

Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work/ 1:1

Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work/ 1:1 Low intense CBT



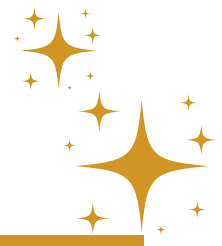


LOW MOOD	
COMPASS GO...	
MILD	MODERATE
<ul style="list-style-type: none"> •The difficulties/behaviour is related to current/recent personal and social circumstances. •Low Mood (i.e. sadness, low motivation, sleep disturbance, diet changes, isolation) 	<ul style="list-style-type: none"> •If the difficulties are not related to age appropriate mood variation (i.e age and stage of development, puberty) and are a substantial change from previous behaviour •Where there is a significant impact on daily living (i.e. sleeping, appetite, decrease in energy, and decreased interest or pleasure in daily activities) <p>If comorbid with a pervasive developmental disorder (i.e. ASD, ADD, ADHD), this must be an acute change from their usual presentation</p>
Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work	Psychoeducation, low intensity CBT group work or 1-1




CHANGE AND TRANSITIONS	
COMPASS GO...	
MILD	MODERATE
<ul style="list-style-type: none"> • The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform • Additional school transitions causing difficulties settling and building new friendships 	<ul style="list-style-type: none"> • Looked after Child, in foster care, maybe have had a number of placements • Experienced loss and/or bereavement <p>Managed school move through the BACS system, child at risk or permanent exclusion</p>
Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work	Low intensity CBT



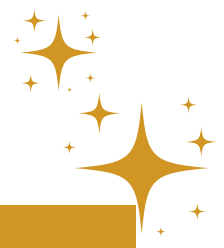


ANXIETY	
COMPASS GO...	
MILD	MODERATE
<ul style="list-style-type: none"> •The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform •Worry/panic management •Irrational fears and concerns •Mild social anxiety issues– specific issues relating to a condition in early onset •Simple phobias •Separation anxiety •Panic that is not significantly affecting normal functioning. •Low self-esteem 	<ul style="list-style-type: none"> •Symptoms are present for at least 4 weeks and result in distress and will usually result in avoidance that interferes significantly with the child's everyday life •Physical symptoms include, dizziness, sweating, trembling and shaking, palpitations and/or elevated heart rate, dry mouth, difficulty breathing, nausea •Psychological symptoms include, unrealistic and persistent fears in relation to self or loved ones, excessive concerns about performance (i.e. school), health (if healthy, or if sick that goes beyond a 'normal' comprehension) •If comorbid with a pervasive developmental disorder (i.e ASD, ADD, ADHD), this must be an acute change from their usual presentation
Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work	low intensity CBT



MANAGING EMOTIONS	
COMPASS GO...	
MILD 	MODERATE
<ul style="list-style-type: none"> •The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform •Struggling to identify and understand their emotions, may have lack of empathy and understanding towards others •Lack of ability to regulate emotions with limited coping skills 	<ul style="list-style-type: none"> •Inability to regulate emotions which may result in the use of inappropriate coping strategies i.e self-harming behaviours, angry outbursts
Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work	Low intensity CBT





COMMON CHALLENGING EMOTIONS

COMPASS GO...

MILD

- The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform
- Frustration and distress
- Defiance (i.e. ignoring or refusing to follow requests, pushing boundaries, angry outbursts, pushing boundaries)
- Fussiness (i.e refusal to eat certain foods to wear certain clothes)
- Refusal to go to school

Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work

MODERATE

- Behaviour is a symptom of poor mental health (minimal environmental factors i.e held at early help level)
- Hurting other people (i.e. biting, kicking)
- Impacting on their education, at risk of permanent exclusion
- Adverse childhood experiences previously or recently

Parent led sessions, Low intense CBT

FAMILY AND PEER RELATIONSHIP DIFFICULTIES

COMPASS GO...

MILD

- The difficulties/behaviour is related to current/recent personal and social circumstances which might include peer pressure to conform
- Low self-esteem and confidence issues that are not significantly affecting normal daily functioning
- Lack of awareness around positive friendships/relationships
- Recent experiences of bullying/friendship difficulties

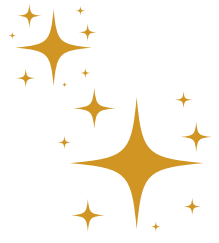
Information, advice, consultation, parent workshops, guided self-help, school link sessions, Psychoeducation, low intensity CBT group work

MODERATE

- Low self-esteem and confidence that is significantly impacting on daily functioning i.e isolating, withdrawn, school avoidance.
- Experiences of significant long-term bullying i.e physical, verbal, online
- Adverse childhood experiences (recent/previous)

Low Intense CBT around self-esteem and confidence, safety online





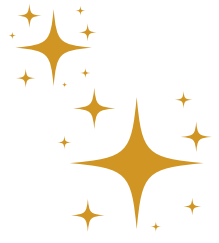
STEP UP/DOWN ARRANGEMENTS WITH OTHER AGENCIES

Keyworkers have responsibility to achieve a seamless transition between services to ensure the CYPF gets the intervention they need without having to repeat their story multiple times. Integral to this is:

KEY PRINCIPLES:

- Shared commitment to ensuring the right help, in the right setting removing duplication and preventing CYP/families being 'bounced' in-between services
- Routine communication between system partners is key to ensuring we 'get it right' for children, young people and families
- Shared decision making is the solution to 'grey areas'
- Referral allocation is based on need and will be directed by child/young person's wishes/preferences
- Shared understanding of eligibility and thresholds taking into account the impact of mental health on schooling/education
- Capitalise on the benefits of an intervention to change the 'here and now' (i.e. placement stability/school attendance).
- Sharing timely need to know information (risk/assessment and outcomes measures, goal plans, safety/transition and discharge planning)
- Accepting professional judgement and rationale (mutual respect)
- Understanding the holistic needs of the CYP/family





STEP UP/DOWN PROCESS:

Compass GO... key worker will:

1. Review intervention/need – Compass review effectiveness (reducing, sustaining, escalating).

2. Discuss (anonymously) potential step up/down cases with other agency prior to discussion with CYPF to avoid confusion/disappointment (using duty line).

3. Once informally agreed with partner discussion with CYPF and seek consent to refer and share information.

4. Make referral to partner agency

5. Once referral is accepted consider sharing need to know information (paperwork incl. risk/assessment) inline with Compass policies.

To ensure a smooth transition the key worker will also:

1. Co-develop with partner agency a discharge and transition plan

2. Facilitate 3-way review/handover meetings until CYP is settled

3. Liaise with referrer/lead professional pre discharge

4. Provide a summary letter for (CYPF, School and GP)

If the CYP is stepping down from Compass GO... to universal services, the key worker will:

1. Support the parent/carer and schools to implement staying well plan

2. Check in with school regarding CYP via LINK sessions

3. Provide a follow up call (6 weeks after discharge)





HELPING YOU FIND YOUR WAY TO WELLBEING



NEL Mental Health Support Teams



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