

**A Guide to Choosing Needs-Based Groupings in
Child and Adolescent Mental Health Services to
Inform Payment Systems**

Version 1, June 2015

About this guide

This guide is designed to support practitioners working in the area of mental health and wellbeing in deciding on needs-based groupings in collaboration with children, young people and families. It is a work in progress, subject to testing and refinement.

No contracting arrangements or payment system related to these groupings are yet in place. The next step is to test the feasibility of choosing between the needs-based groupings in practice.

Further information can be found in the final report of the CAMHS Payment System Project, available from the Anna Freud Centre Evidence Based Practice Unit (EBPU) and NHS England.

Guide produced by the Child and Adolescent Mental Health Services (CAMHS) Payment System Project Group:

Miranda Wolpert

Panos Vostanis

Simon Young

Bruce Clark

Roger Davies

Isobel Fleming

Lynne Howey

Pat Howley

Amy Macdougall

Peter Martin

Tony Martin

Charlotte Payne

Benjamin Ritchie

Rob Senior

Ann York

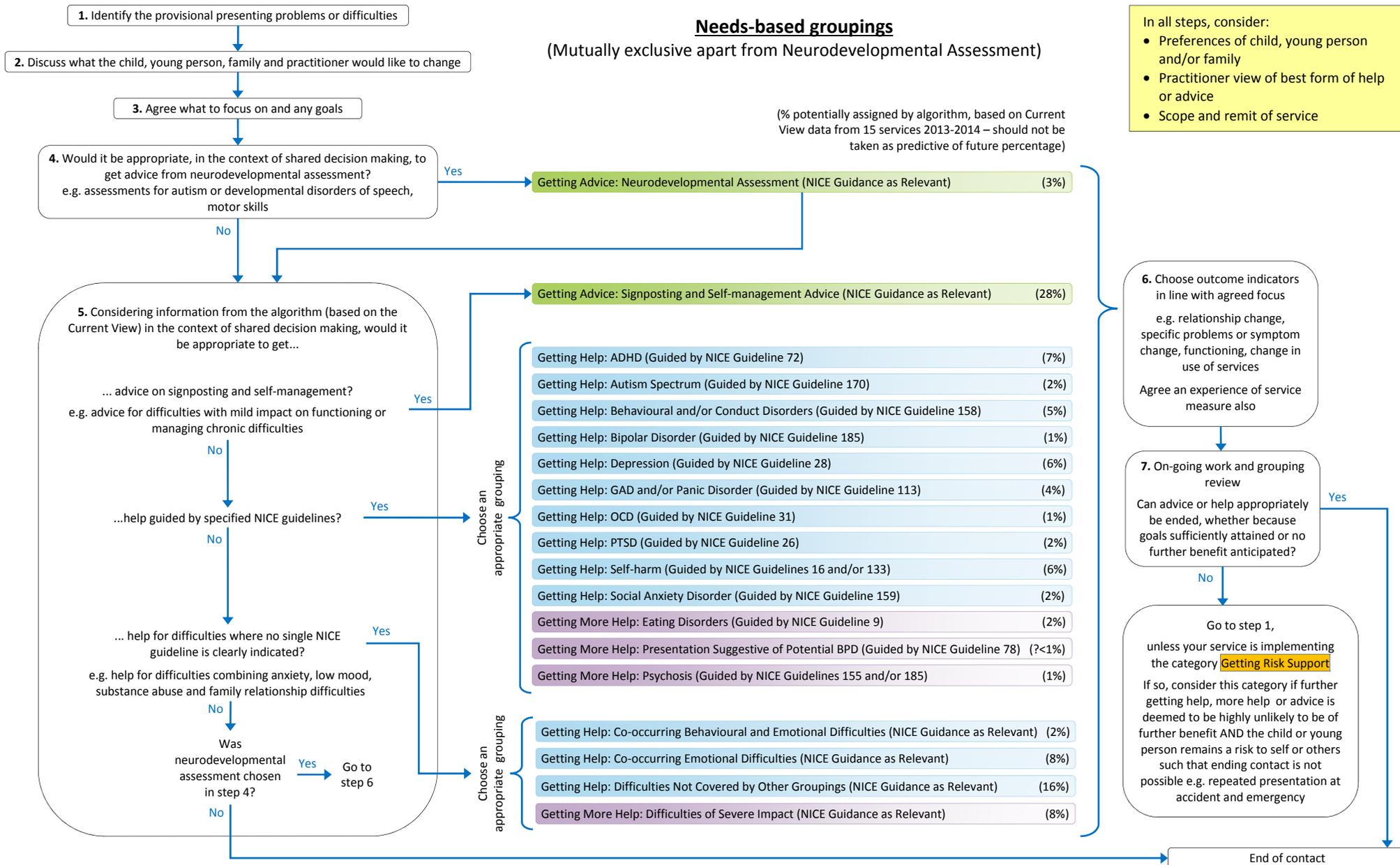
Andy Whale

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Choosing a needs-based grouping in CAMHS: a collaboration between practitioners, children and families (v1)



Explanatory notes to accompany flowchart

Choosing Getting Advice: Neurodevelopmental Assessment

This is the only grouping that can be chosen **alongside** other groupings.

(% potentially
assigned
by algorithm)

Getting Advice: Neurodevelopmental Assessment (NICE Guidance as Relevant)	There may be concerns that the child or young person is exhibiting difficulties in behavioural, cognitive and/or social functioning indicative of possible underlying neurodevelopmental difficulties. These may include problems with communication, social interaction, feeding, sleeping, movement or language.	3 %
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Good practice would include the use of a validated screening instrument prior to allocation for a specialist neurodevelopmental assessment. Such an assessment should be in the context of shared decision making.

Choosing Getting Advice: Signposting and Self-management Advice

This grouping represents the needs of those who may benefit most from self-management advice and signposting to other services or resources.

Getting Advice: Signposting and Self-management Advice (NICE Guidance as Relevant)	Within this grouping are likely to be children, young people or families seeking advice or guidance on a possible range of difficulties such as: in response to life events such as divorce or bereavement; dealing with simple phobia of e.g. spiders, dealing with physical health issues, management of child behaviour, sleeping, toileting and feeding difficulties in young children, dealing with stress. Includes those with problems such as anxiety, low mood or eating difficulties where either guided self-management or watchful waiting is determined the best course of action. Also includes those with ongoing difficulties such as management of long term psychosis, ADHD or OCD, who are choosing to primarily self-manage.	28 %
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Choosing Getting Help Guided by a Specific NICE Guideline

These groupings include those who may benefit most from one of the focussed, evidence-based and outcomes informed treatments suggested by specific NICE guidelines. This does not mean that the child or young person has to have a diagnosis but only that it is decided they may benefit most from help guided by a specific guideline (see worked examples, page 16).

Getting Help: ADHD (Guided by NICE Guideline 72)	Primary difficulty is likely to be that the child or young person has difficulties with attention and/or hyperactivity; impulsive behaviour is also common. May move around a lot, fidget, be easily distracted or have trouble waiting their turn.	7 %
Getting Help: Autism Spectrum (Guided by NICE Guideline 170)	Primary difficulty is likely to be that the child or young person has difficulties with cognitive and social functioning; in particular difficulties with social interaction, communication and flexibility of thought associated with Autistic Spectrum Disorder difficulties.	2 %
Getting Help: Behavioural and/or Conduct Disorders (Guided by NICE Guideline 158)	Primary difficulty is likely to be that the child or young person has repeated and persistent challenging or out of control behaviour; may include behaviour that is violent, aggressive and harmful to others. Typical behaviours may include excessive fighting, bullying, cruelty to people or animals, stealing, truancy, tantrums, disobedience and fire-setting. Parents may be unable to manage/cope with aspects of the child or young person's behaviour (e.g. sleep (in infants), toilet training (in toddlers), tantrums (in middle childhood), challenging behaviour (in adolescence)).	5 %
Getting Help: Bipolar Disorder (Guided by NICE Guideline 185)	Primary difficulty is likely to be that the child or young person has (either reported or observed) difficulties affecting feelings and behaviour characterised by major mood changes.	1 %

Getting Help: Depression (Guided by NICE Guideline 28)	Primary difficulty is likely to be that the child or young person has (either reported or observed) low or sad mood. May report being less active, and having less energy. May also find it hard to concentrate and not enjoy the things they used to do. Changes to appetite and sleeping pattern are common.	6 %
Getting Help: GAD and/or Panic Disorder (Guided by NICE Guideline 113)	Primary difficulty is likely to be that the child or young person has recurring fears and worries on a wide variety of topics (e.g. school work, family, natural disasters). These worries are difficult to control or dismiss and signs may include restlessness, irritability, tiredness, disrupted sleep and concentration problems and/or frequent episodes of extreme fear and discomfort which occur unexpectedly and when no known feared stimulus is present. These are often accompanied by shortness of breath and fast heartbeat.	4 %
Getting Help: OCD (Guided by NICE Guideline 31)	Primary difficulty is likely to be that the child or young person has recurrent involuntary or uncontrollable thoughts or images (obsessions) and/or uncontrollable urges to perform certain behaviours (e.g. checking, counting, hand-washing).	1 %
Getting Help: PTSD (Guided by NICE Guideline 26)	Primary difficulty is likely to be that the child or young person has extreme and prolonged distress following witnessing or experiencing a traumatic event (e.g. rape, assault, death, serious accident, natural disaster). This may be expressed through disrupted sleep, nightmares, repetitive play in which the event is re-enacted (fully or in part), avoidance of stimuli associated with or refusal to talk about the event.	2 %
Getting Help: Self-harm (Guided by NICE Guidelines 16 and/or 133)	Primary difficulty is likely to be that the child or young person deliberately attempts to (or reports wanting to) hurt themselves (e.g. by cutting, biting, hitting and burning). Also includes attempted or threatened suicide and/or suicidal ideation.	6 %
Getting Help: Social Anxiety Disorder (Guided by NICE Guideline 159)	Primary difficulty is likely to be that the child or young person has strong fear of social and performance related situations e.g. starting conversations, joining in with games, completing homework, taking tests or answering question in class. Anxiety may be present in situations with same-age peers and/or adults and is likely to be expressed by avoidance of such situations.	2 %
Getting More Help: Eating Disorders (Guided by NICE Guideline 9)	Primary difficulty is likely to be that the child or young person has preoccupation with body image and weight accompanied by disturbed eating behaviours (e.g. food restriction, purging, bingeing, over-exercising).	2 %
Getting More Help: Presentation Suggestive of Potential BPD (Guided by NICE Guideline 78)	Primary difficulty is likely to be that the young person has longstanding and on-going difficulties of severe impact* relating to others, usually linked with aggression, self-harm or difficulties with expressing and/or regulating emotion. NOTE: the Project Group are mindful of the sensitivities around the relevance of the construct of 'emerging borderline personality disorder' to children and young people. Clinicians recognise a pattern of high risk behaviours, accompanied by volatile emotional states in the context of strained close relationships, leading to repeated crisis service use. Many draw upon approaches known to be effective with adults presenting with borderline personality, but are reluctant to reach such a diagnosis with adolescents, especially younger ones, for whom this may be a transient problem. The pros and cons of including a grouping related to the NICE guideline for this presentation continue to be debated. We have included this grouping here because of the existence of NICE guidance but practitioners might also like to consider the possible appropriate use of a potential category of 'Getting Risk Support' (see page 8).	?<1%
Getting More Help: Psychosis (Guided by NICE Guidelines 155 and/or 185)	Primary difficulty is likely to be that the child or young person has (either reported or observed) paranoid thoughts, delusions and/or confused thinking. This may include extremes of mood of severe impact* .	1 %

***Severe impact:**

- Child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers) and may even be unable to function in all domains (e.g. stays at home or in bed all day without taking part in social activities, needing constant supervision due to level of difficulties, no longer managing self-care) and/or
- Distress is extreme and constant on a daily basis

Choosing Getting Help with Co-occurring Difficulties

Both Getting Help with Co-occurring Behavioural and Emotional Difficulties and Getting Help with Co-occurring Emotional Difficulties represent needs that may best be met by providing help guided by a combination of care recommendations from two or more NICE guidelines, but may also include difficulties not specified in NICE guidance. It may be that it is decided that a focus on one of the difficulties is the best way forward, in which case one of the specific NICE guidance-guided groupings may be selected (see above). However, if it is thought that help guided by a single NICE guideline would not be sufficient on its own, then one of these is the appropriate grouping.

Getting Help: Co-occurring Behavioural and Emotional Difficulties (NICE Guidance as Relevant)	Child or young person may have repeated and persistent challenging or out of control behaviour together with emotional difficulties such as depression or anxiety with no clear primary difficulty and/or with need for several difficulties to be considered together.	2 %
Getting Help: Co-occurring Emotional Difficulties (NICE Guidance as Relevant)	Child or young person may have more than one emotional difficulty at the same time such as depression, social anxiety, OCD and panics with no clear primary difficulty and/or with need for several difficulties to be considered together.	8 %

Choosing Getting Help with Difficulties Not Covered by Other Groupings and Getting More Help with Difficulties of Severe Impact

These groupings represent needs for help that are not covered by any of the above. This might include the need for help of young people with a combination of difficulties covered by NICE guidance but may also include difficulties not specified in NICE guidance. For example, a young person who is experiencing family relationship difficulties, gender dysphoria or peer relationship difficulties or any combination of these with, for instance, low mood, anxiety and substance abuse. The difference between the two groupings relates to the likely resource need predicted by impact. Assignment to the latter grouping represents the need for exceptionally resource intensive treatment.

Getting Help: Difficulties Not Covered by Other Groupings (NICE Guidance as Relevant)	<p>Child or young person and/or family may have multiple problems and/or primary problems which may require forms of help not guided by other groupings such as:</p> <p><i>Attachment problems:</i> Difficulty forming or maintaining relationships with primary care giver(s) which has implications for relationships with key people in their life going forward.</p> <p><i>Elimination problems:</i> Unable to reach the toilet in time or goes to the toilet in inappropriate places (either on purpose or accidentally). Includes defecation over age 4 (encopresis), urination over age 5 (enuresis) and smearing.</p> <p><i>Family relationship difficulties:</i> Problems within the family (e.g. arguments, high conflict between family members, high expressed emotion, inappropriate levels of involvement, adjustment difficulties).</p> <p><i>Gender dysphoria:</i> Extreme discomfort associated with anatomical gender. Repeated insistence that they are (or want to be) the opposite gender.</p> <p><i>Peer relationship difficulties:</i> Problems relating to peers (e.g. difficulties integrating into available peer groups, difficulties forming or maintaining friendships, conflicts in relationships). May also include problematic or inappropriate romantic or sexual relationships.</p> <p><i>Selective mutism:</i> Is able to speak and understand language but chooses not to do so in one or more contexts (e.g. school, at the homes of certain relatives).</p> <p><i>Self-care issues (includes medical care management, obesity):</i> Difficulties in managing diet (e.g. over-eating), medical care regime (e.g. insulin regime) or personal care (e.g. hygiene issues).</p> <p><i>Unexplained physical symptoms:</i> Regular reporting of physical symptoms that have no known biological cause and are suspected to be psychological in nature (e.g. unexplained pain, stomach and headaches, hypochondriasis).</p>	16 %
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Getting More Help: Difficulties of Severe Impact (NICE Guidance as Relevant)	The child or young person may have a combination of several difficulties of severe impact* with a need to consider them together.	8 %
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***Severe impact:**

- Child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers) and may even be unable to function in all domains (e.g. stays at home or in bed all day without taking part in social activities, needing constant supervision due to level of difficulties, no longer managing self-care) and/or
- Distress is extreme and constant on a daily basis

Considering a potential grouping: Getting Risk Support

This is a conceptual category that has been proposed by some members of the group, who are working on the THRIVE model.¹ It has not been formally adopted as part of the current proposed needs-based groupings. It attempts to capture the need for ongoing risk support in those highly unlikely to benefit from any therapeutic intervention or advice ('help', 'more help' or 'advice'). If this is a category your service is exploring, for example if seeking to implement the THRIVE service framework, it should only be considered in situations where there is strong evidence of other forms of help or advice not being beneficial or these are unacceptable to service users but ongoing risk means that ending contact is not an option. This might include the need for coordinated interagency support for young people who routinely go into crisis. Great care should be taken in choosing this category with regular and careful organisational review of such decisions.

Getting Risk Support (Guided by Safeguarding Policies as Relevant)	Child or young person has some of the difficulties above BUT despite extensive input, is currently not able to make use of help, more help or advice AND remains a risk to self or others. Children and young people and families in this grouping are likely to have contact with multiple-agency input such as from social services and youth justice.	% not known
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¹ Wolpert M, Harris R, Jones M, Hodges S, Fuggle P, James R, Wiener A, McKenna C, Law D, Fonagy P (2015) *THRIVE - The AFC-Tavistock Model for CAMHS*. London: CAMHS Press. https://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE (accessed 7 April 2015).

Introducing needs-based groupings to young people and families

You will need to find a clear way of talking about these groupings with young people and families you work with. The aim of assigning a grouping is not to 'box' a young person or offer an inflexible prescribed pathway. Instead it is to have a collaborative discussion together about the difficulties, reach a shared formulation and agree goals and outcomes sought, and then choose together a way forward. This can be done even when the young person and their parents/carers prefer not to use a diagnostic label. Here are some initial thoughts that may help develop written or oral information:

“All of us here are committed to working together with you to agree what help or advice is best for you. In telling us about your problems you may speak about difficult thoughts, feelings and behaviours, problems you may have with relationships and problems at home, in education, or elsewhere. There are a range of options of different forms of advice, assessment and help available.

Those working with you will help you understand the benefits and possible negatives of each option, and help you decide which to try. Options might include

- discussing things for you to try out for yourself (which we call “advice”),
- meeting with someone to talk things through on a regular basis, such as once a week, meeting as part of a group of young people, being offered medication, going into hospital (all of which we call “help”), or
- working with other services to agree plans and support for you at times of crisis (which we call “risk support”).

Whatever form of advice or help you agree to try in the first instance, we will also agree with you how best to monitor change to ensure that everyone is working towards the goals most important to you. This may involve asking you or family members to fill in brief questionnaires so we can know if things are changing in the way that is hoped, and consider different forms of advice or help if necessary.”

Key questions answered

What is a needs-based grouping?

A needs-based grouping categorises the need for advice or help of a child, young person and/or family coming to your service. Within any given grouping, specific strategies and approaches will be chosen as relevant for the individual or family. Defining need includes **both** judgement of the appropriateness of interventions offered **and** the informed choices of children, young people and their carers regarding the approach to advice or help that is best for them, **within** the parameters and scope of the commissioned service.

Are groupings based on diagnostic categories?

Groupings are not diagnostically determined. The names of some groupings refer to presenting problems or specific National Institute for Health and Care Excellence (NICE) clinical guidelines (which themselves draw on diagnostic categories) and hence there is danger the groupings will themselves be seen as diagnostic. This is not the intention. Assignment to groupings should be the result of a process of shared decision making whereby the grouping that might best meet the needs of those seeking help, advice or requiring risk support is decided.

When can a needs-based grouping be chosen?

- At the beginning of a period of contact, once the service has started to engage with the young person and/or family directly or indirectly.
- At review.

How should a needs-based grouping be chosen?

Groupings should be decided via a process of shared decision making between service provider and service users, as outlined in the flowchart on page 4. This may mean that groupings are chosen that are not simply aligned with any assumed presenting problem or diagnosis. For example, a young person may choose to tackle behaviours suggestive of obsessive-compulsive disorder (OCD), e.g. excessive hand washing, on their own, and so may collaboratively agree with their clinician to receive self-management advice. In this case, the grouping 'Getting Advice: Signposting and Self-management Advice' would be chosen, and not 'Getting Help: OCD (Guided by NICE Guideline 31)'. Further worked examples can be found on page 16.

How can an algorithm help?

An algorithm was created as part of the work to develop the groupings. The algorithm uses ratings from a completed 'Current View' form – a practitioner completed form intended to provide a snapshot of key client problems and characteristics. The algorithm suggests an assignment to a needs-based grouping for advice or help based on these presenting problems and other characteristics. However, as noted above this is to aid thinking but not prescribe choices. The ambition is for the algorithm to be available in computerised form to inform, but not determine, the choice of grouping in the context of shared decision making.

Which groupings are not covered by the algorithm?

It should be noted that two potential groupings are not covered by the algorithm, namely 'Getting More Help: Presentation Suggestive of Potential BPD (Guided by NICE Guideline 78)' and 'Getting Risk Support.' These groupings should only be chosen when clinical judgement is combined with agreement with those accessing the service that this is the right approach.

What percentage of service users are likely to be in each grouping?

We don't know the whole picture yet! As part of the development of the groupings, we collected data from 15 services and applied the algorithm based on ratings of the Current View Tool. The flowchart on page 4 shows the percentage for each grouping where this was possible to assess using this approach. Please note this is for information only. Not only may relative percentages assigned to groupings be different for different services and change over time, but we have yet to learn what percentage of those accessing services choose each grouping when the approach of shared decision making we are recommending is followed. Further trialling of the approach will help us to get a better picture.

How may the groupings inform discussions about service user populations and provision and potential payment at the provider level?

The attempt was to create groupings that are as resource homogeneous as possible as well as clinically meaningful. Analysis of Current View and activity data from 11 services during 2013-14 suggested that Getting Advice is likely to be the least resource intensive, then Getting Help then Getting More Help. However, there is arguably more variation within the groupings than between them i.e. groupings are not internally homogeneous with respect to resource use. Full details of this work can be found in the full report. The likely relative resource use of the potential category 'Getting Risk Support' is not known as it was not possible to explore this using Current View data or current practice.

Data on the proportion of people assigned to each group could provide a high-level profile of the needs for advice/help of the children, young people and families in contact with a particular organisation. In conjunction with good quality cost data, the groupings have the potential to increase transparency of service provision, which may inform contracting at the provider level and ultimately payment. They may make comparisons of resource use over time and between services less unfair, by accounting for some of the differences in service user characteristics outside of their control.

My service uses the Choice and Partnership Approach (CAPA) – how do the groupings align?

The groupings fit well if you are using CAPA. CAPA uses the groupings (segmentations or workstreams) of Choice, Core and Specific Partnership, which are determined primarily by resource need, with skills deployed appropriately.

Choice is equivalent with Advice; Getting Help with Core Partnership and Getting More Help and Getting Risk Support with Specific Partnership.

What factors determine the algorithm's suggestions?

The algorithm's criteria for suggesting a needs-based grouping are based on:

- Ratings of 30 provisional problem descriptions from a completed Current View form (see below)
- Rating of the complexity factor "Pervasive Developmental Disorders" from a completed Current View form (see below)
- The age of the child or young person

The Current View Tool

CYP Name Practitioner's Name Please indicate your reason for completing this form:

DOB: Practitioner's ID First Contact

NHS ID: Service Allocated Case Id Changed Situation

Date: / / 20 Time: h ' Changed Understanding

Provisional Problem Description <small>Rating need not imply a diagnosis</small>	None	Mild	Moderate	Severe	Not known
1 Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>				
2 Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>				
3 Anxious generally (Generalized anxiety)	<input type="checkbox"/>				
4 Compelled to do or think things (OCD)	<input type="checkbox"/>				
5 Panics (Panic disorder)	<input type="checkbox"/>				
6 Avoids going out (Agoraphobia)	<input type="checkbox"/>				
7 Avoids specific things (Specific phobia)	<input type="checkbox"/>				
8 Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>				
9 Depression/low mood (Depression)	<input type="checkbox"/>				
10 Self-Harm (Self injury or self-harm)	<input type="checkbox"/>				
11 Extremes of mood (Bipolar disorder)	<input type="checkbox"/>				
12 Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>				
13 Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>				
14 Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>				
15 Behavioural difficulties (CD or ODD)	<input type="checkbox"/>				
16 Poses risk to others	<input type="checkbox"/>				
17 Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>				
18 Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>				
19 Disturbed by traumatic event (PTSD)	<input type="checkbox"/>				
20 Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>				
21 Family relationship difficulties	<input type="checkbox"/>				
22 Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>				
23 Peer relationship difficulties	<input type="checkbox"/>				
24 Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>				
25 Does not speak (Selective mutism)	<input type="checkbox"/>				
26 Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>				
27 Unexplained physical symptoms	<input type="checkbox"/>				
28 Unexplained developmental difficulties	<input type="checkbox"/>				
29 Self-care issues (includes medical care management, obesity)	<input type="checkbox"/>				
30 Adjustment to health issues	<input type="checkbox"/>				

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>				
SCHOOL, WORK or TRAINING	<input type="checkbox"/>				
COMMUNITY	<input type="checkbox"/>				
SERVICE ENGAGEMENT	<input type="checkbox"/>				
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>				
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>				

The next two tables detail how the ratings and the child's age are used by the algorithm to suggest a needs-based grouping. For further information please see the final report.

Algorithm criteria for suggesting groupings guided by specific NICE guidelines (v1)

CURRENT VIEW PROVISIONAL PROBLEM	NEEDS-BASED GROUPING												
	Getting Help: ADHD	Getting Help: Autism Spectrum	Getting Help: Behavioural and/or Conduct Disorders	Getting Help: Bipolar Disorder	Getting Help: Depression	Getting Help: GAD and/or Panic Disorder*	Getting Help: OCD	Getting Help: PTSD	Getting Help: Self-harm	Getting Help: Social Anxiety Disorder	Getting More Help: Eating Disorders	Getting More Help: Psychosis	
Anxious away from caregivers	≤ mild	≤ mild	≤ mild	Any	≤ mild	< Panics	≤ Anx gen	< Comp do think	< Disturbed trauma	≤ Self-harm	< Anx soc	≤ mild	Any
Anxious in social situations	≤ mild	≤ mild	≤ mild	Any	≤ mild	< Panics	≤ Anx gen	< Comp do think	< Disturbed trauma	≤ Self-harm	≥ moderate	≤ mild	Any
Anxious generally	≤ mild	≤ mild	≤ mild	Any	≤ mild	Any	≥ moderate	< Comp do think	< Disturbed trauma	≤ Self-harm	< Anx soc	≤ mild	Any
Compelled to do or think things	≤ mild	≤ mild	≤ mild	Any	≤ mild	< Panics	≤ Anx gen	≥ moderate	< Disturbed trauma	≤ Self-harm	< Anx soc	< Eat issues	Any
Panics	≤ mild	≤ mild	≤ mild	Any	≤ mild	≥ moderate	Any	< Comp do think	≤ Disturbed trauma	≤ Self-harm	< Anx soc	≤ mild	Any
Avoids going out	≤ mild	≤ mild	≤ mild	Any	≤ mild	< Panics	≤ Anx gen	< Comp do think	≤ Disturbed trauma	≤ Self-harm	< Anx soc	≤ mild	Any
Avoids specific things	≤ mild	≤ mild	≤ mild	Any	≤ mild	< Panics	≤ Anx gen	≤ Comp do think	< Disturbed trauma	≤ Self-harm	< Anx soc	< Eat issues	Any
Repetitive problematic behaviours	≤ mild	≤ mild	≤ mild	Any	≤ mild	< Panics	≤ Anx gen	< Comp do think	< Disturbed trauma	≤ Self-harm	< Anx soc	≤ mild	Any
Low mood	≤ mild	≤ mild	≤ mild	Any	≥ moderate	≤ mild	≤ mild	≤ mild	< Disturbed trauma	≤ Self-harm	≤ mild	≤ Eat issues	Any
Self-harm	≤ mild	≤ mild	≤ mild	< Extremes mood	< Low mood	< Panics	< Anx gen	Any	≤ mild	≥ moderate	≤ mild	Any	Any
Extremes of mood	≤ mild	≤ mild	≤ mild	= moderate	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	< Self-harm	≤ mild	≤ mild	= severe OR
Delusional beliefs and hallucinations	≤ mild	≤ mild	≤ mild	< Extremes mood	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	≥ moderate
Drug and alcohol difficulties	Any	≤ mild	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any
Difficulties sitting still or concentrating	≥ moderate	≤ mild	≤ mild	Any	< Low mood	≤ mild	≤ mild	< Comp do think	< Disturbed trauma	≤ mild	≤ mild	≤ mild	Any
Behavioural difficulties	Any	Any	≥ moderate	Any	< Low mood	≤ mild	≤ mild	< Comp do think	< Disturbed trauma	≤ mild	≤ mild	≤ mild	Any
Poses risk to others	Any	Any	Any	Any	≤ mild	≤ mild	≤ mild	< Comp do think	≤ mild	≤ mild	≤ mild	≤ mild	Any
Carer management of CYP behaviour	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any
Doesn't get to toilet in time	≤ mild	≤ mild	≤ mild	Any	≤ mild	≤ mild	≤ mild	< Comp do think	≤ mild	≤ mild	≤ mild	≤ mild	Any
Disturbed by traumatic event	≤ mild	≤ mild	≤ mild	Any	≤ mild	≤ mild	≤ mild	< Comp do think	≥ moderate	≤ mild	≤ mild	≤ mild	Any
Eating issues	≤ mild	≤ mild	≤ mild	Any	< Low mood	≤ mild	≤ mild	< Comp do think	≤ mild	≤ mild	≤ mild	≥ moderate	Any
Family relationship difficulties	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any
Problems in attachment to parent/carer	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any
Peer relationship difficulties	Any	Any	Any	Any	≤ Low mood	< Panics	≤ mild	≤ mild	Any	Any	Any	Any	Any
Persistent difficulties managing relationships with others	Any	Any	Any	Any	< Low mood	< Panics	≤ mild	≤ mild	Any	≤ Self-Harm	Any	Any	Any
Does not speak	≤ mild	Any	≤ mild	Any	< Low mood	< Panics	≤ Anx gen	< Comp do think	Any	≤ mild	Any	Any	Any
Gender discomfort issues	Any	Any	< Behav diffs	Any	Any	Any	< Anx gen	< Comp do think	Any	< Self-Harm	Any	Any	Any
Unexplained physical symptoms	≤ mild	Any	≤ mild	Any	≤ Low mood	< Panics	≤ Anx gen	< Comp do think	Any	≤ mild	Any	≤ mild	Any
Unexplained developmental difficulties	Any	≤ mild	≤ mild	Any	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	≤ mild	Any	Any
Self-care issues	Any	Any	≤ mild	Any	≤ Low mood	< Panics	< Anx gen	< Comp do think	Any	< Self-Harm	Any	Any	Any
Adjustment to health issues	Any	Any	≤ mild	≤ mild	Any	Any	Any	Any	Any	≤ mild	Any	Any	≤ mild
CURRENT VIEW COMPLEXITY FACTOR: Pervasive Developmental Disorders	Any	= yes	= no	Any	Any	Any	Any	Any	Any	Any	Any	Any	Any
AGE	Any	Any	Any	≥ 10 years	Any	Any	Any	Any	Any	Any	Any	≥ 10 years	≥ 10 years

* For grouping 'Getting Help: GAD and/or Panic Disorder (Guided by NICE Guideline 113)', the criteria in either or both of the columns must be met.

Key to symbols:

- < Less severe than e.g. "< Self-harm" means "provisional problem must be rated less severe than the rating for self-harm"
- ≤ Less severe than or equal severity to e.g. "≤ mild" means "provisional problem must be rated 'none' or 'mild'"
- = Equal severity to e.g. "= moderate" means "provisional problem must be rated 'moderate'"
- ≥ More severe than or equal severity to e.g. "≥ moderate" means "provisional problem must be rated 'moderate' or 'severe'"

Algorithm criteria for suggesting groupings not guided by specific NICE guidelines (v1)

CRITERIA \ NEEDS-BASED GROUPING	Getting Advice: Neurodevelopmental Assessment (NICE Guidance as Relevant)	Getting Advice: Signposting and Self-management Advice (NICE Guidance as Relevant)	Getting Help: Co-occurring Behavioural and Emotional Difficulties (NICE Guidance as Relevant)	Getting Help: Co-occurring Emotional Difficulties (NICE Guidance as Relevant)	Getting Help: Difficulty or Co-occurring Difficulties Not Covered by Other Groupings (NICE Guidance as Relevant)	Getting More Help: Co-occurring Difficulties of Severe Impact (NICE Guidance as Relevant)
Does not fit the criteria of any of the groupings guided by specific NICE guidelines	May or may not apply	Must apply	Must apply	Must apply	Must apply	Must apply
Number of provisional problems rated moderate or higher ≤ 1	May or may not apply	Must apply	Must not apply	Must not apply	May or may not apply	Must not apply
Number of provisional problems rated moderate or higher ≥ 2 OR Number of provisional problems rated severe = 1 AND number of provisional problems rated moderate = 0	May or may not apply	Must not apply	May or may not apply	May or may not apply	Must apply	May or may not apply
Number of provisional problems rated severe ≥ 2 OR [Number of provisional problems rated moderate or higher ≥ 2 if one of these is from list A AND the child is aged ≥ 10]	May or may not apply	Must not apply	May or may not apply	May or may not apply	Must not apply	Must apply
Number of "emotional" problems rated moderate or higher ≥ 2	May or may not apply	Must not apply	May or may not apply	Must apply	May or may not apply	May or may not apply
Any "emotional" problem rated moderate or higher AND Behavioural Difficulties rated moderate or higher	May or may not apply	Must not apply	Must apply	Must not apply	May or may not apply	May or may not apply
Number of problems from list B rated moderate or higher = 0	May or may not apply	Must apply	Must apply	Must apply	May or may not apply	May or may not apply
Unexplained developmental difficulties rated moderate or higher	Must apply	May or may not apply	May or may not apply	May or may not apply	May or may not apply	May or may not apply

Notes:

For the purpose of this table, the complexity factor "Pervasive Developmental Disorder" is counted as a "moderate provisional problem" if present.

List A: Delusional Beliefs/Hallucinations; Eating Issues; Extremes of Mood (severe rating only)

List B: Extremes of mood (Bipolar disorder); Pervasive Developmental Disorders (Autism/Asperger's); Delusional beliefs and hallucinations (Psychosis); Eating issues (Anorexia/Bulimia); Disturbed by traumatic event (PTSD); Self-Harm (Self injury or self-harm); Difficulties sitting still or concentrating (ADHD/Hyperactivity)

"Emotional" provisional problems: Depression/low mood (Depression); Panics (Panic Disorder); Anxious generally (Generalized anxiety); Compelled to do or think things (OCD); Anxious in social situations (Social anxiety/phobia); Anxious away from caregivers (Separation anxiety); Avoids going out (Agoraphobia); Avoids specific things (Specific phobia).

Initial thoughts on choosing outcome indicators

The indicator should relate to what is agreed to focus on. No one-to-one mapping is suggested between outcome indicators and particular groupings.

Some domains of measurement to be considered are as follows:

- Bespoke goals – What I/we would like to achieve
- General wellbeing – How things are generally
- Symptoms – How things are specifically
- Impact on life – How school, work, home life, friendships or relationships are affected
- Experience of service – Would I recommend to a friend?

Below are examples of indicators relating to the sort of goals agreed by children, young people and families accessing services. Any appropriate indicator can be used that is consistent with your service's policy. To note Goals Based Outcomes (GBO) may be useful in relation to the themes above and/or other bespoke goals agreed.

Goal themes mapped to corresponding suggested outcome indicators¹

Overarching theme	Agreed goal	Some possible outcome indicators that can be used
Relationship /interpersonal:	Make more friends	Strengths and Difficulties Questionnaire (SDQ); Child Outcome Rating Scale (CORS)
	Have better family relationships	SCORE Index of Family Function and Change-15 (SCORE-15)
	Have less fights	Me and My School (M&MS)
	Better management of child's behaviour by parent	Brief Parental Self-Efficacy Scale (BPSES)
Coping with specific problems and symptoms	Less symptoms PTSD	Impact of Events Scale (IES)
	Less low mood	Strengths and Difficulties Questionnaire (SDQ); Revised Child Anxiety and Depression Scale (RCADS); How are things: Depression/low mood (PHQ-9)
	Manage intrusive thoughts and compulsive behaviours	OCD subscale of Revised Child Anxiety and Depression Scale (RCADS)
Personal functioning:	Doing better at school	Number of days attending school; academic achievement
	Feeling happier	Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

¹ Aspects of table derived from Jacob & Wolpert [in draft]. Goal frameworks taken from Jacob, J., Edbrooke-Childs, J., Holley, S., Law, D. & Wolpert, M. (2015) Horses for courses? A qualitative exploration of goals formulated in mental health settings by young people, parents, and clinicians. *Clinical Child Psychology and Psychiatry*, 1-6. DOI: 10.1177/1359104515577487

Needs-based grouping and outcome indicator choices: some brief worked examples

Basic info	Key problems identified in Current View Tool	Needs-based grouping suggested by the algorithm	Collaborative consideration of choices in terms of needs-based groupings and specific approaches within these	Outcome indicators chosen	Needs-based grouping assigned following shared decision making	Agreement with algorithm's suggestion?
Boy 15 years old Seen without parents though with parental knowledge	Anxious in social situations: 'moderate'	Getting Help: Social Anxiety Disorder (Guided by NICE Guideline 159)	Practitioner and young person discuss the effect of the anxious feelings on social activities. A goal of spending more time with friends is agreed. The options of either individual or group CBT are considered and the pros and cons of involving parents, and the decision is made to try 8 sessions of individual CBT, without involving parents.	Goals Based Outcome: spend more time with friends Social Anxiety subscale of Revised Child Anxiety and Depression Scale (RCADS)	Getting Help: Social Anxiety Disorder (Guided by NICE Guideline 159)	Yes
Girl 5 years old Two biological parents seen	Carer management of CYP behaviour: 'moderate' Difficulties sitting still or concentrating: 'mild' Peer relationship difficulties: 'mild'	Getting Advice: Signposting and Self-management Advice (NICE Guidance as Relevant)	Parents are finding it hard to manage their child's frequent tantrums, and would like to cope better with these. Potential participation in a parenting group is discussed, and the parents think attendance would be difficult given their work and home commitments. They are happy to get advice and signposting towards relevant factsheets and websites. Advice for the child's teacher is also offered.	Experience of Service Questionnaire (ESQ) – satisfaction with advice received	Getting Advice: Signposting and Self-management Advice (NICE Guidance as Relevant)	Yes
Boy 11 years old Foster parents	Behavioural difficulties: 'moderate' Anxious generally: 'moderate'	Getting Help: Co-occurring Behavioural and Emotional Difficulties (NICE Guidance as Relevant)	Clinician and foster parents consider that the primary intervention should target the externalising behaviours, as the child does not wish to engage with individual sessions on anxiety. The foster parents see merit in attending a Webster-Stratton parenting group and working with the clinician and school to manage their child's frequent exclusion from class, the reduction of which was a goal agreed by both child and parents.	Goals Based Outcome: increase number of days per week when no exclusions from class Brief Parental Self-Efficacy Scale (BPSES) No of days when excluded from class	Getting Help: Behavioural and/or Conduct Disorders (Guided by NICE Guideline 158)	No
Girl 14 years old Mother and step father	Self-Harm: 'moderate'	Getting Help: Self-harm (Guided by NICE Guidelines 16 and/or 133)	Young person unwilling to engage in treatment and together with carers agrees a plan to safely manage self-harm. Follow-up appointment and advice to mother and step father is offered. The young person agrees to a meeting with an identified member of school staff and the clinician to discuss how the safety plan might be implemented at school, where peer conflict seems to be a common trigger for the young person's distress.	Experience of Service Questionnaire (ESQ) – satisfaction with advice received	Getting Advice: Signposting and Self-management Advice (NICE Guidance as Relevant)	No

Basic info	Key problems identified in Current View Tool	Needs-based grouping suggested by the algorithm	Collaborative consideration of choices in terms of needs-based groupings and specific approaches within these	Outcome indicators chosen	Needs-based grouping assigned following shared decision making	Agreement with algorithm's suggestion?
<p>Boy</p> <p>16 years old</p> <p>Single mother</p>	<p>Eating issues: 'moderate'</p> <p>Anxious in social situations: 'mild'</p> <p>Unexplained developmental difficulties: 'moderate'</p>	<p>Getting More Help: Eating Disorders (Guided by NICE Guideline 9)</p>	<p>Young person is currently stable in terms of their eating issues and is maintaining their weight. From past experience of the young person the care team feel that there are many different facets of social difficulties that are currently hampering access to education and training. On that basis a collaborative decision is reached to choose 'Getting Help: Social Anxiety Disorder (Guided by NICE Guideline 159)', with the goal to maintain and improve past treatment gains for eating issues. Social communication questionnaires for screening for Autism Spectrum Disorder, completed by parents and the young person, were above threshold and it was agreed, after discussion of the pros and cons of a diagnosis, that alongside the work on social anxiety, a formal assessment for Autism Spectrum Disorder would be completed.</p>	<p>Social Anxiety subscale of RCADS</p> <p>Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)</p>	<p>Getting Help: Social Anxiety Disorder (Guided by NICE Guideline 159)</p> <p><i>Alongside Getting Advice: Neurodevelopmental Assessment (NICE Guidance as Relevant)</i></p>	No
<p>Girl</p> <p>16 years old</p> <p>Looked After Child in Children's Home</p>	<p>Depression/low mood: 'severe'</p> <p>Self-Harm: 'moderate' (with regard to self-harm ideation)</p> <p>Poses risk to others: 'mild'</p>	<p>Getting Help: Depression (Guided by NICE Guideline 28)</p>	<p>This is the fourth referral of young person to the service in over a year, usually following acts of self-harm and assessment by the emergency service, only for further decline after follow-up or intervention. There are recurrent behavioural concerns at the children's home where the young person lives, with both verbal and physical threats to other residents, and concerns about drug use and sexual exploitation. On the basis of history in conjunction with the current presentation, it is decided to provide care guided by the NICE guideline for borderline personality disorder (BPD), with priority at this stage given to crisis intervention (mainly through the children's home staff), and ongoing attempts to engage the young person in dialectical-behavioural psychotherapy.</p>	<p>Child Outcome Rating Scale (CORS)</p> <p>CORE-10</p>	<p>Getting More Help: Presentation Suggestive of Potential BPD (Guided by NICE Guideline 78)</p>	No