

Kent Specialist Bereavement Service Referral Criteria

The death of someone significant is difficult and distressing for children and young people regardless of their age. With good support, most will be able to make sense of their loss and adjust to live with their grief, in their own individual way. A few however will require specialist support to help them manage their emotional response following a death.

- It is important to note that it is not the event that determines whether a child is traumatised but rather the child's response to the event. Typically, the distress experienced by children and young people will begin to lessen after 3-6 months however, in traumatic responses the distress will worsen affecting the ability to carry on with normal life. Whether the death is recent or in the past -the important factor is the response to the death and not how long ago it occurred

The CHUMS Kent Specialist Bereavement Service is for children, young people and young adults who are:

- Registered with a Kent and Medway GP practice.
- A resident in Kent and Medway, with a recognised Kent and Medway postcode.
- Aged 3 and a half, up until their 26th birthday including those with special educational needs and disabilities.
- In need of specialist bereavement support to cope with their complex grief or traumatic bereavement.
- Where the death has caused trauma responses that interfere with their ability to grieve,
- Experiencing a significant & prolonged disturbance to their everyday functioning following the death.
- Experiencing behaviours and emotions from previous bereavements that are triggered by a more recent death.
- Have been bereaved by any cause of death including expected and unexpected/sudden deaths

Children, young people, and young adults being referred are likely to be experiencing 2 or more of the following:

Trauma Responses	Intrusive thoughts, nightmares, flashbacks, difficult memories, distressing images, or body sensations
	Excessive avoidance in thinking or talking about the death or anything that reminds them of the death
	<ul style="list-style-type: none"> - Hyperarousal e.g., irritable, on edge, hypervigilant, heightened emotions Hypo arousal e.g., Numbness, low mood since the event
Marked changes in emotional state	<ul style="list-style-type: none"> Heightened anxiety Low mood Episodes of anger or frustration Intense periods of distress
Functional impairment	<ul style="list-style-type: none"> Difficulties with relationships Poor school attendance or reduced engagement in school Sleep disturbance Changes in eating habits
Risk of	<ul style="list-style-type: none"> Self-harm thoughts or actions Suicidal thinking Alcohol or substance misuse Risky behaviours leading to exclusion or offending pathways
Complications in adjusting to their grief due to	<ul style="list-style-type: none"> Complex family circumstances Previous mental health needs Community challenges Special educational needs or disabilities
Difficulties experienced are likely to be:	
Severe, frequent, persistent, enduring and have a significant impact on the child or young person's ability to function becoming more difficult with time e.g., worsening 3-6 months following the death.	