



MENTAL HEALTH SUPPORT TEAM

In partnership with Young Somerset & Somerset NHS Foundation Trust

MENTAL HEALTH SUPPORT TEAM (MHST)

SCHOOLS INFORMATION PACK

WHO IS YOUR MHST?

MHST SOMERSET TEAM
Clinical Leads
Young Somerset's Head of Mental Health and Wellbeing
Service Managers
Operations Managers
Senior Mental Health Practitioners (SMHPs)
Education Mental Health Practitioners (EMHPs)
Whole School Approach Coordinator & Practitioners
Assistant Practitioners

WHY DO WE HAVE AN MHST?

Mental Health Support Teams (MHST) were established from the 'Transforming children and young people's mental health provision: a Green Paper, 2017', which recognised that providing support in school would improve children & young people's access to early mental health and wellbeing support.

FUNCTIONS OF THE MHST

1

To provide evidence-based Cognitive Behavioural Therapy (CBT) interventions for mild to moderate mental health and wellbeing needs through:

1:1 Support
(face to face
or virtual)

**Group
Work**

**Support
for Parents**

2

Supporting the designated Senior Mental Health Lead in each MHST school to introduce or develop a whole school approach to mental health and wellbeing.

3

Give timely advice to schools, provide signposting and liaising with external agencies to get the right support.

WHAT IS CBT?

Cognitive Behavioural Therapy (CBT) is a form of guided self-help that supports young people for 6-8 weeks who have the motivation to make changes to improve their difficulty. Young people will be encouraged to set their own goals to work towards, carry out home tasks to practice new skills they have learnt and continue progress once the sessions with their EMHP have come to an end. Sessions usually last 45 minutes and will take place during a lesson time.

MHST CRITERIA

	LIKELY TO BE SUITABLE	MAY BE SUITABLE	NOT SUITABLE
SUMMARY	Common mental health difficulties with no/few co-morbidities, that are likely to respond to early intervention/low intensity approaches	Common mental health difficulties that may respond to early intervention/low intensity approaches. (However, consideration is required concerning the severity and impact of the presenting difficulties)	Complex and/or significant levels of need, which are not suitable for early intervention/low intensity approaches.
SEVERITY	Symptoms are mild and not present everyday	Symptoms are moderate and occur most days/ every day	Symptoms are severe and occur most days/ every day
NUMBER OF DIFFICULTIES (CO-MORBIDITY)	Single difficulty	Main difficulty along with one difficulty in other area (mental health and/or physical difficulty)	Multiple current difficulties having current impact
ADDITIONAL LEARNING NEEDS	CYP/parent have no additional learning needs impacting on engagement with materials	Mild additional learning needs in young person and/or parent	Moderate additional learning needs
PRIMARY PRESENTATION	• Low Mood/Mild to Moderate • Symptoms of Panic • Excessive Worry • Negative Thinking • Fear of social situations • Specific phobias • Behavioural routines and self-care • Mild behavioural difficulties in primary age children (supported only through work with parents)	• Mild disordered sleep and eating • Non persistent school avoidance When not higher risk: • Non-suicidal self-injury e.g. scratching/cutting When not primary issue: • Low self-esteem • Nightmares, night terrors • Voice hearing, visual hallucinations When carried out for an hour or less a day: • Some compulsive behaviours/OCD	• Severe mental illnesses • Chronic depression/anxiety • Significant anger or emotional difficulties • Complex interpersonal challenges • Bereavement and significant loss • Pain management • Blood and needles Phobia • Current bullying • Historical or current experiences of abuse or violence

MHST CRITERIA

SITUATIONAL CIRCUMSTANCES LIKELY TO PREVENT SUITABILITY FOR LI CBT	
Family Situation	Significant instability in family indicated by: regular conflictual family relationships and/or significant emotional and mental health issues in family.
Opportunity	Young person has no self-agency and lack of appropriate support.
Motivation	Young person and/or parent is not motivated to change.
Other Professional Support	Young person and/or family has additional agencies actively providing therapeutic support.
Suicidal Behaviour	Current or recent history of suicidal behaviour. Specific planning and/or suicide attempt within previous three months.
Suicide Ideation	Current or intensive thoughts of suicide that distress and occur every day.
Serious/current self-injury	Current self-injury is regular and significant requiring treatment more than once in the last 3 months or is escalating, significant and unpredictable.
Risk to others	Current or reoccurring threatening and aggressive behaviours. Infliction of physical, sexual or emotional harm to others.
Risk and harm from others	Physical, emotional, and/or sexual harm, neglect and/or risk and harm from others.
Self-Neglect	Significant difficulties with routine self-care if independent or from caregivers if not. Shows signs of neglect, including exhaustion, poor hygiene, hunger/malnourishment etc.
Alcohol and Substance Abuse	Uses alcohol and/or substances with any regularity or family is dependent on substances.
Severe Mental Illness	Significant phobia and other higher level mental illnesses that may be diagnosed including PTSD, Bipolar Disorder, Psychosis, Personality Disorders, eating Disorders, Attachment Disorder, established Health Anxiety.

1-1 INTERVENTIONS

Brief Behaviour Activation (BA)

Behaviour Activation is a talking therapy for low mood/depression. It is based on the idea that by doing more valued activities people can feel better, support is offered over 6-8 sessions. This intervention would suit children and young people who feel low, who have stopped doing things they enjoyed, who are displaying avoidance and isolation behaviours.

Brief Coping Cat

Coping Cat is a CBT treatment method for children aged 8-13 with anxiety. It is most effective in the treatment of Generalised Anxiety Disorder (GAD), Social Phobia and Social Anxiety. The intervention is workbook-based and is delivered over 6-8 sessions. It aims to help children recognise and understand emotional and physical reactions to anxiety and helps them establish effective coping strategies to help in times of high anxiety. It is most suited to younger children who struggle to verbalise their thoughts and feelings. It also is effective for children who work best with structured sessions.

Behaviour Experiments (BE)

Behaviour Experiments are used in the treatment of Depression, Panic, Agoraphobia, Social Phobias and Health Anxiety. The support is delivered over 6-8 sessions targeting the feared thoughts that are unlikely to happen. It works with a number of experiments highlighting alternative ways of thinking and doing, thus generating new beliefs. This intervention is most appropriate for young people who have developed safety and avoidant behaviours to cope with fear. Introducing behaviour changes helps to manage fear in a more helpful way.

Cognitive Restructuring (CR)

Cognitive Restructuring is an intervention used in the treatment of Depression, Panic, Agoraphobia, Social Phobia and Health Anxiety. The intervention is delivered over 6-8 sessions exploring and challenging unhelpful thoughts and thinking styles. It aims to address the negative automatic thought patterns and helps validate fears and rebalance thoughts. This intervention is most appropriate for children struggling with negativity, low self-esteem (where this is not the primary issue), ruminations, isolation, and withdrawal.

Exposure and Response Prevention (ERP)

Exposure and Response Prevention is an evidenced-based, treatment for people experiencing symptoms of Obsessive Compulsive Disorder (OCD). The Exposure in ERP refers to exposing the individual the thoughts, images, objects, and situations that may make them anxious and/or start their obsessions. The Response Prevention part refers to making a choice not to do a compulsive behaviour once the anxiety or obsessions have been "triggered". Support is offered over 6-8 sessions and it most suitable for children and young people who have repetitive fears and anxieties that lead to rituals around certain objects, routines, thoughts, and compulsive behaviours.

1-1 INTERVENTIONS

Exposure and Habituation

Exposure and Habituation is an evidence-based intervention used in the treatment of Agoraphobia, Social Phobia, Health Anxiety, and other specific phobias. The intervention is delivered over 6-8 sessions and used to support those who are avoiding something that causes fear. It works by putting the child/young person in charge, creating a plan to help them face the things that they are avoiding as a result of their anxiety. This intervention is most suited for children and young people who have developed fears, have trouble rationalising thoughts, and regularly misinterpret and catastrophise experiences.

Parent Intervention – Parenting for Behavioural Difference

Parenting for Behavioural Difference is a 6 week intervention for parents and carers that aims to support positive emotional co-regulation with children up to 11, who are experiencing behavioural difficulties. The intervention helps parents/carers understand behaviour as a form of communication and encourages them to find different ways of meeting the child's needs. Based on Social Learning Theory, the intervention uses diaries, play and techniques that focus on modelling positive behaviours and supports the development of emotional language.

Parent-Led CBT

Parent-led CBT is aimed at young children between the ages of 5-13 whose primary presenting problem is anxiety, although other difficulties such as behaviour problems and low mood could also be present. Parents play a central role in the implementation of Parent-Led CBT, as they can support their child in between sessions and well beyond the end of treatment. The program helps parents to recognise triggers and factors that maintain anxiety and develop strategies to break these fears down into more achievable goals that can be overcome. Working collaboratively with the LI CBT practitioner, parents are able to reflect on what is working for the family, adjust strategies in order to make them more useful to individual circumstances and provides opportunities to practice them.

Pesky gNats

Pesky gNats is a computer assisted CBT intervention for young people aged 9-16 who are experiencing low mood or anxiety. It is delivered through a computer game that teaches the CBT concepts over 6-8 sessions. The concepts are applied by the child/young person in each level of the game and then applied in real life supported by the free Pesky gNats App. This Intervention is best suited for those young people who enjoy gaming but struggle to verbalise their thoughts or feelings. It is also beneficial for children and young people who struggle to build new relationships.

Worry Management

Worry Management aims to treat Generalised Anxiety and would be most suited to children and young people who experience constant worry and anxiety. They may particularly struggle with unpredictability and catastrophise about themselves, family, friends, and the wider community.

GROUP INTERVENTIONS

Please note the 1-1 interventions, found on pages 5-6, can be adapted for group work support. Group interventions are evidenced-based and research shows that they can be just as effective as 1:1 interventions. Please speak to an SMHP or EMHP around any requests for group work support.

Parent-Led CBT for Young People with Anxiety

Cognitive Restructuring Group for Anxiety

Behavioural Experiments for Anxiety

Behavioural Activation for Low Mood

Mind & Mood Group (Low Mood and Anxiety)



WHOLE SCHOOL APPROACH

Pupil Workshops (1 hour)

These can be delivered to whole year groups, classes, or smaller groups.

- Mental Health Awareness Years 5-11
- Emotion Coaching All Years
- Understanding Emotions Years 5-9
- Managing Stress (Exam stress) Year 6-11
- Self-esteem & Resilience All Years
- Managing Change and Transitions All Years

Assemblies (20-30 minutes)

Mental Health Awareness - All Years

In this assembly we aim for children & young people to understand what mental health is and that is something that we all have. We will explore things we can do to look after our own mental health and wellbeing, and who we can reach out to if we need more support.

Parent Workshops (1-1.5 hours)

Supporting your child's Mental Health & Wellbeing

This workshop will support parents to understand what mental health is and the importance of good mental health to children and young people. We will explore early warning signs of poor mental health and a range of strategies to support their child's emotional and mental wellbeing.

Building Emotional Resilience

This workshop will support parents to understand more about their child's emotions and normalise the emotional ups and downs in childhood or the teenage years. We will explore a range of coping strategies and how we can support our children to build their emotional intelligence and become more emotionally resilient.

Tuning into Kids/Teens parenting groups (6x 2hr)

This programme supports parents to:

- be better at talking with their child
- be better at understanding their child
- help their child learn to manage their emotions
- help to prevent behaviour problems in their child
- teach their child to deal with conflict

Staff Workshops (1-2 hours)

Mental Health Awareness

This workshop aims to support staff to understand what mental health is and how it impacts children and young people. Staff will explore the early warning signs of poor mental health and strategies they can use in their roles to support children and young people's mental health and wellbeing.

Emotion Coaching

Emotion Coaching is a communication tool that uses moments of emotion and resulting behaviour to guide and teach the child and young person about more effective responses. In the session we will explore the Hand Model of the brain, the steps of Emotion Coaching & other communication styles and applying Emotion Coaching in your role.

Professional Consultation

Professional 1-1 support provided with a non-hierarchical, non-prescriptive helping role to provide third party support to help work through a particular problem or situation with a young person or parent.

Support provided by Educational Psychologist

Running of PATHs (Planning Alternative Tomorrow Hope) with schools to support them in planning Whole School Approach to mental health and wellbeing provision. Supervision for Mental Health Leads which run half termly in small locality groupings. Follow-up meetings with schools regarding Whole School Approach (e.g. change of SMHL, refresher of offer, problem-solving).

HOW TO MAKE A REFERRAL

Need for Support Identified

Staff member in school becomes aware of a young person in need of support (via self-report, parent or school observation) and discusses with Designated Mental Health Lead.



Consultation Meeting

Designated Mental Health Lead meets with Senior Mental Health Practitioner to discuss any requests they feel unsure about in addition to using the MHST criteria guidance on pages 3 & 4. Requests can be put in without consultation if suitability is clear.



Request for Help Form

The Designated Mental Health Lead sends the request form to MHST inbox: spn-tr.mhstsomerset@nhs.net



Assessment

MHST admin sends request to the allocations team to be added to the area waiting list. An EMHP will receive the allocation and carry out an assessment.

REQUESTING SUPPORT

Group Work

Please contact the Senior Mental Health Practitioner for your school to discuss the type of group and estimated number of young people. This will be triaged and carried out by an EMHP at an agreed time.

Whole School Approach

Please take your request for Whole School Approach work to the consultation meeting to discuss. If you require something not found on page 8, please speak to your EMHP about a tailored offer.





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WWW.YOUNGSOMERSET.ORG.UK/MHST

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