



MENTAL HEALTH SUPPORT TEAM

In partnership with Young Somerset & Somerset NHS Foundation Trust



Mental Health Support Team

Schools Information Pack

YOUR MHST

SOMERSET TEAM

Operational Managers, Service Managers, Clinical Leads
and Team Leaders

Senior Mental Health Practitioners (SMHPs)

Education Mental Health Practitioners (EMHPs),
Children's Wellbeing Practitioners (CWPs) and Advanced
Wellbeing Practitioners (AWPs)

Whole School Approach Coordinator and Whole School
Approach Practitioners (WSAPs)

Admin Support Team

The MHST is supported by the Education Psychology
and Public Health England teams at Somerset Council

Why Do We Have an MHST?

Mental Health Support Teams (MHST) were established to improve children & young people's access to early mental health and wellbeing services, by providing support in schools.



Functions of the MHST

1

Providing evidence-based Low Intensity Cognitive Behavioural Therapy (LICBT) interventions for mild to moderate mental health and wellbeing needs through:

1:1 support
(face-to-face
or virtual)

Group work

Parents/ carers
and guardians
support

2

Supporting the Mental Health
Lead in school to implement a whole school
approach to mental health and wellbeing

3

Collaborating with schools to advise, signpost and
liaise with external agencies to ensure the right
support is in place

What is LICBT?

- Low Intensity Cognitive Behavioural Therapy (LICBT) is an evidence-based therapeutic model that uses guided self-help interventions of up to 8 weeks
- It supports children and young people who are able and motivated to make changes likely to improve mood or reduce anxiety
- Sessions are 45 minutes and goal-focused, with activities between meetings to build coping skills and maintain wellbeing

MHST Criteria

	LIKELY TO BE APPROPRIATE	MAY BE APPROPRIATE	NOT APPROPRIATE
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 difficulties)	Complex and/or significant levels of need
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	Single Difficulties	Main difficulty along with one difficulty in other area (mental health and/or physical difficulty)	Multiple difficulties occurring daily
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	- Mild to moderate low mood - Symptoms of panic - Excessive worry - Negative thinking - Fear of social situations - Mild health anxiety - Behavioural routines and self-care in primary age children - Mild school avoidance (< 1 month) - Mild OCD (<1 hour a day) - Mild self-harm	- Suicidal ideation (no specific plans/ actions) - Mental health difficulties alongside neurodiversity - Mild disordered sleep and/or eating - Young person who is occasionally using drugs/ alcohol - Tics - Low self-esteem - Nightmares, night terrors - Hearing voices, visual hallucinations - Child in Need	- Purely Autism/ADHD/ ND traits or sensory processing disorders - Eating disorders - Significant self-harm or recent suicide attempt - Significant anger difficulties - Complex interpersonal challenges - Bereavement - Blood, needles and vomit phobias - Current bullying - Experiences of abuse or violence - Children under Child Protection orders - PTSD/ ongoing trauma

MHST Criteria

When LICBT May Not Be Appropriate

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 a 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.
Suicidal Ideation	Current or intensive thoughts of suicide that distress and occur everyday.
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 Behavioural Activation (BA)

Behavioural Activation helps young people experiencing low mood by encouraging them to do more valued activities that can improve wellbeing. It aims to help them to identify what matters to them (their values) and spend more time on mood-boosting activities. The intervention is suitable for young people who feel low, who have stopped doing things they enjoy, and who are displaying avoidance or isolation behaviours.

Brief Coping Cat

Coping Cat supports children (age 8-13) struggling with symptoms of anxiety. It is an effective intervention for separation anxiety, social phobia and social anxiety. It aims to help children recognise and understand emotional and physical reactions to anxiety and helps them establish effective coping strategies. The intervention is suitable for younger children who struggle to understand their thoughts and feelings.

Behavioural Experiments (BE)

Behavioural Experiments support children and young people to help challenge negative thought patterns which prevent them from doing something they want to do or make them worry that something bad may happen. It works by putting thoughts to the test, reflecting on the outcomes and how they coped. This intervention is most suitable for young people who experience anxiety in a variety of individual situations.

Cognitive Restructuring (CR)

Cognitive Restructuring explores and challenges unhelpful thoughts by addressing negative automatic thought patterns and unhelpful thinking styles. We consider alternative, 'more balanced' ways to view thoughts, and observe how this improves mood or confidence. This intervention is most appropriate for children struggling with negativity, low self-esteem (where this is not the primary issue), rumination, isolation, and withdrawal.

Exposure and Response Prevention (ERP)

ERP supports young people experiencing symptoms of Obsessive Compulsive Disorder (OCD). Exposure in ERP refers to exposing the thoughts, images, objects and situations that cause anxiety or cue obsessions. Response Prevention in ERP refers to making a choice not to do a compulsive behaviour once the anxiety or obsessions have been 'triggered'. This intervention is 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.

Exposure and Habituation

Exposure and Habituation supports agoraphobia, social phobia, health anxiety, and other specific phobias. The intervention targets the feared consequences by putting the child/young person in charge, creating a plan to help them face the things that they are avoiding. This intervention is most suited for children and young people who have developed fears, have trouble rationalising thoughts and regularly misinterpret and catastrophise experiences.

1-1 Interventions

Helping my Child with Fears - Parent-led CBT

Parent-led CBT involves collaboratively working with parents, carers and guardians. It is designed to support children between the ages of 5-13 who experience anxiety and helps families recognise triggers and factors that maintain anxiety and develop strategies to tackle their child's fears. This intervention is most suitable for parents, carers or guardians who want to support their child to overcome their fears in a structured and gradual way.

Behaviour as Communication - Parent Intervention

Behaviour as Communication supports parents and carers to develop positive emotional co-regulation skills for younger children. The intervention helps parents and carers understand behaviour as a form of communication and encourage them to find different ways of meeting their child's needs. This intervention is most suitable for younger children who are experiencing emerging behavioural difficulties.

Worry Management

Worry Management aims to support children and young people with generalised anxiety through developing a range of coping strategies to recognise, categorise and problem solve their worries. This intervention is suitable for children and young people who catastrophise and may particularly struggle with unpredictability.

The below interventions are also available as a group. Group interventions are shown to be just as effective as 1:1 interventions, and are suitable for children and young people who would benefit from a more open and peer-supported setting. They are delivered in school and the dynamics of students in a group setting should be considered. If you would like to request a group at your setting, please discuss this during a consultation meeting.

Helping your Child with Fears and Worries (parent intervention)

Behaviour as Communication (parent intervention)

Coping Cat

Mind and Mood (13-16 year olds)

Timid to Tiger

Whole School Approach

Core offer

The core offer is the beginning of your journey and helps you identify need within your school.

	What is included?	Who?	How long?
Intro to MHST	An introduction to mental health and wellbeing, how to recognise when support is needed, and the help MHST can offer and how to access it.	Everyone (children/young people, parents/carers and staff)	20 minutes
Audit Support	Support with completing the Somerset Wellbeing Framework to track WSA progress and develop action plans for improvement.	MHL & EMHPs/WSAP	1 hour completion meeting 2x30 minute reviews
Planning Alternative Tomorrows with Hope (PATH)	A creative planning tool that uses both process and graphic facilitation to create a shared vision of a positive future for schools.	Educational Psychologists	2 hours
Consultations	Meeting to discuss specific CYP requiring support or signposting, review school needs, and book WSA activities.	MHL/SMHP/TL	Half termly/ termly

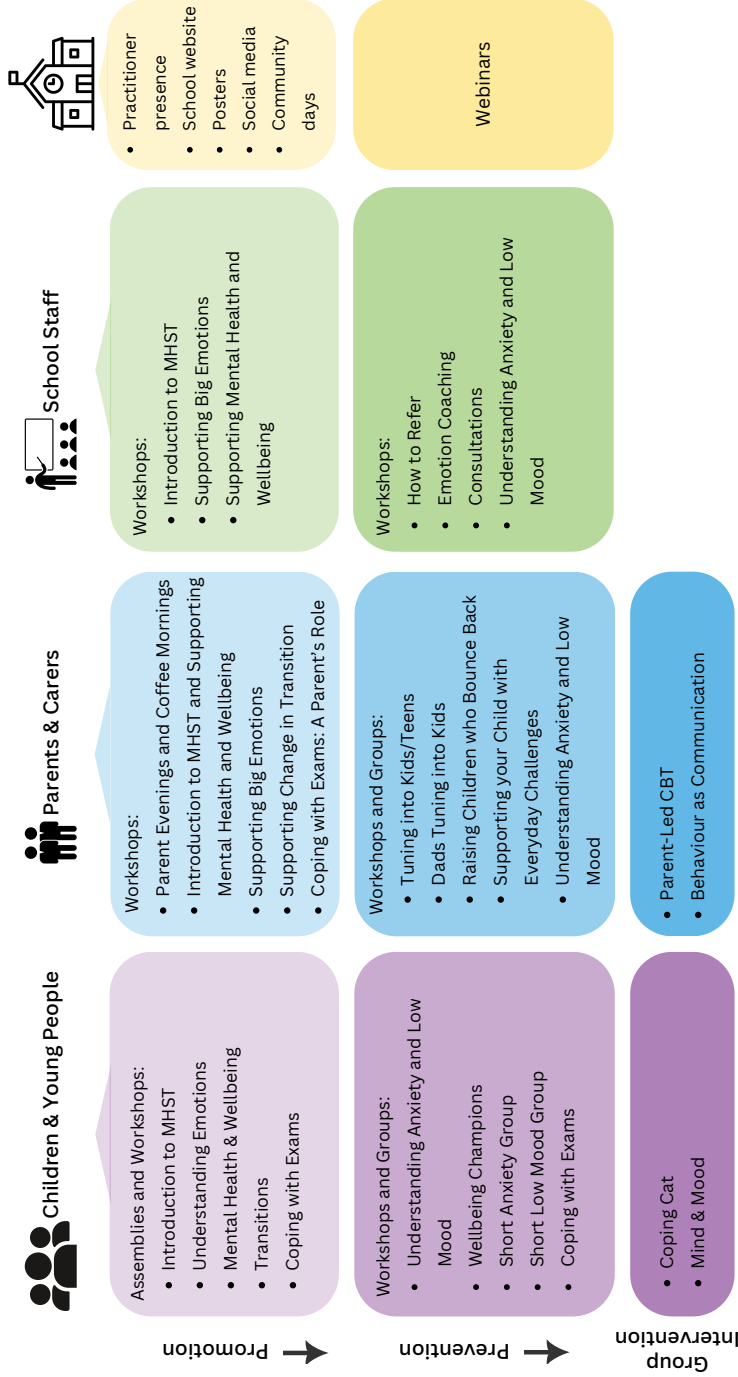
Graduated Offer

The graduated offer is here to support children and young people, their parents/carers and school staff. You can see the full offer on the next page. When a need is identified in school, the support is offered in three stages.

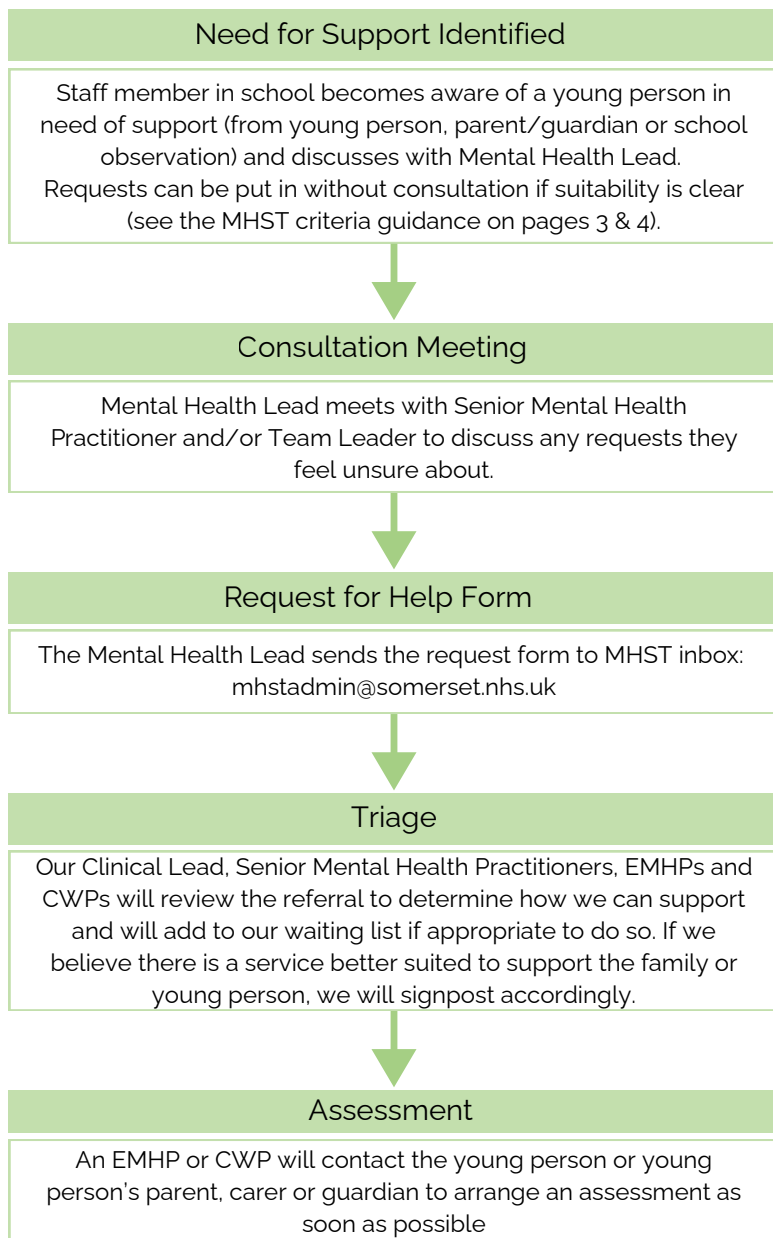
Promotion	Activities that build awareness, knowledge, and skills to promote positive mental health and wellbeing for all children and young people.
Prevention	Early support that reduces the risk of mental health difficulties developing or worsening.
Group Intervention	Support for children and young people experiencing difficulties, sometimes delivered through parents/carers.

Whole School Approach

The graduated offer provides a framework to match the level of support to the needs of the audience, making sure help is accessible when it's most needed and ensuring resources are used efficiently



How to Make a 1:1 Referral



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 or CWP 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 11, please speak to your Senior Mental Health Practitioner and this can be added to our development list for review.





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<https://www.youngsomerset.org.uk/mental-health-and-wellbeing-support/mental-health-support-teams-mhst/>

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