

MENU OF INTERVENTIONS FOR THE MENTAL HEALTH SUPPORT TEAMS



CONTENTS

Section 1:

INTRODUCTION	4
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Section 2:

QUICK GUIDE TO SUITABLE MHST REFERRALS	6
• MHST TEAM COMPOSITION	9

Section 3:

CONVERSATIONS WITH PARENTS	10
• BACK TO BASICS.....	11
• PARENTAL MENTAL HEALTH	13

Section 4:

DEFINING THE PROBLEM AND WHERE TO GO - IS IT LOW/MEDIUM OR HIGH NEED?.....	14
• ANXIETY	15
• DEPRESSION.....	18
• BEHAVIOUR PROBLEMS/BEHAVIOURS OF CONCERN	21

Section 5:

MHST INTERVENTIONS OFFERED.....	24
• LOW INTENSITY INDIVIDUAL INTERVENTIONS	26
• HIGH INTENSITY INDIVIDUAL INTERVENTIONS.....	30

Section 6:

THIRD SECTOR PROVIDERS.....	31
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Section 7:

SUPPORTING THE WHOLE SCHOOL APPROACH.....	32
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Section 8:

MHST REFERRAL FORM - TOP TIPS FOR COMPLETION	34
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Section 9:

SUPPORT FOR TEACHERS	40
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Section 1: INTRODUCTION

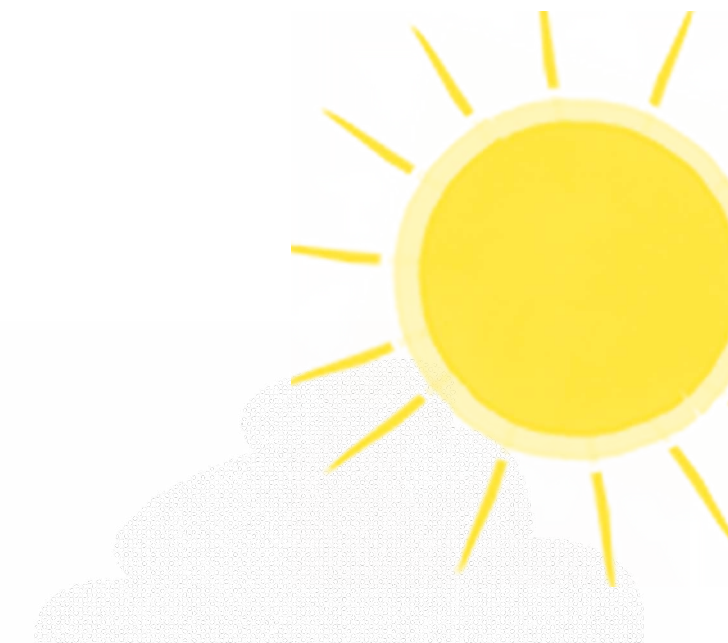


MENU OF INTERVENTIONS FOR YOUR SCHOOL'S MENTAL HEALTH SUPPORT TEAM (MHST)

This document aims to recognise the breadth of services which support young people's mental health and wellbeing within Hampshire. The document also encourages us as professionals to formulate an understanding of each child based on their presenting difficulties and the context in which these difficulties have formed. This enables us to provide a young person with a targeted approach to meet their needs.

We recognise that teachers are often the first line of support for young people experiencing distress or deterioration in student mental health. During the implementation of our MHST we have heard about the tremendous pressure of managing the distress of young people you work with and the limited training opportunities which restrict the capabilities to successfully address these difficulties. We were impressed by the lengths that many of the teachers we spoke to go to, often going above and beyond to support the wellbeing of their students.

During these conversations, we identified that more support is needed for educating staff to identify which service is most appropriate to meet the needs of each individual young person. We drew upon the experiences of teachers, students and their families to consider how to respond to the ongoing challenges we all face in supporting the mental health and wellbeing of the students in our local communities. It was also clear that for us to meet the mental health needs of the students in our local community, we must work together and support one another as dynamic and innovative services.



Section 2:

QUICK GUIDE TO SUITABLE MHST REFERRALS



It is important that young people and families receive support from the right service; the service that is able to offer meaningful intervention. There are a number of services in the area which provide behavioural, emotional and mental health support to young people and families, therefore it can be difficult to know which service may be most appropriate. Below is a quick guide to suitable MHST referrals. Please see Section 3 for a more detailed breakdown.

QUICK GUIDE TO PRESENTATIONS THAT WOULD BE SUITABLE FOR MHST INTERVENTION

THE PRESENTING CONCERN	WHAT THIS MAY LOOK LIKE
LOW MOOD OR DEPRESSION	Withdrawal from friends and family, spending time alone, lack of concentration, poor motivation, quiet, change in appetite, tearfulness, lack of interest in things.
ANXIETY (this could include Separation Anxiety, Generalised Anxiety, Social Anxiety, Panic Disorder, PTSD)	Avoiding things (such as talking in class, going into class, going out with friends or family), requests to leave class, difficulties attending school, worry about exams, struggling to leave parents, asking lots of questions, wanting to know plans/what is happening in the day, complaints about physical sensations (headache, tummy aches), visible anxiety response (struggling to breathe, shaking, dizziness). Nightmares or intrusive flashbacks of a single event trauma.
OBSESSIVE COMPULSIVE DISORDER (OCD)	Noticeable cleanliness (handwashing, use of hand gel out of the norm), avoidance of touching things, doing things a number of times, redoing work, reassurance seeking, thinking something bad is going to happen if they don't do the behaviour.
SPECIFIC PHOBIA	Avoiding something specific. Might present with an extreme emotional response when faced with or has a discussion about the fear.

WHAT IS NOT SUITABLE TO CONSIDER FOR MHST REFERRAL

Below is a table highlighting presentations that are highly unlikely to be suitable for a referral to the MHST; with a referral to CAMHS, social care, early help or counselling possibly being more appropriate. However please note that we will consider carefully every referral that comes to the MHST and we encourage discussions with your EMHP if you are unsure whether the service would be appropriate for your young person.

THE PRESENTING CONCERN	WHAT THIS MAY LOOK LIKE	WHEN THIS MAY BE SUITABLE FOR MHST
ACTIVE AND/OR ENDURING SELF-HARM	Current self-harm by means of cutting that needs medical attention or that is regular in occurrence, parents not being aware, harm by other means and/or a history of self-harm.	New episode of self-harm by cutting or scratching where no medical attention is needed, and parents are aware.
SUICIDAL IDEATION	Expressing thoughts of suicide with identified means of how this could be acted upon.	Where there are current or previous thoughts but there are no or low intentions to carry out.
EATING DISORDERS	Weight loss, eating less, being sick after food, negative body image, feelings of guilt after eating, increased exercise.	When there are issues with eating as well as anxiety and/or low mood
COMPLEX EMOTIONAL DYSREGULATION	Extreme reactions to the triggering situation. Sudden variations in emotional responses.	
HISTORICAL OR CURRENT EXPERIENCES OF DOMESTIC ABUSE	Difficult or complex family dynamics, current or historical. Long history of social care input.	Living within a settled and supportive environment where the presenting anxiety/low mood is not linked to historical experiences.
EARLY CHILDHOOD TRAUMA	Complex family history. Parental mental health impacting of parent/child relationship. Extreme emotional upset and behavioural responses.	Where a period of settled circumstances have occurred following the trauma/parents receiving appropriate support.
SEEKING A NEURODEVELOPMENTAL ASSESSMENT	For assessments linked to autism these can be requested directly by the school to Psicon. For assessments relating to ADHD these can be made directly to CAMHS.	When a young person has a diagnosis, however is presenting with anxiety and/or low mood.

MHST TEAM COMPOSITION



Section 3: CONVERSATIONS WITH PARENTS



BACK TO BASICS

In June 2020 Hampshire CAMHS published the Mental Health Resilience and Recovery Plan predicting a significant increase in the wellbeing and mental health needs of children in Hampshire.

In response to this a consortium of services came together to look at ways to support the community to build resilience around children's wellbeing.

What resulted was an initiative known as 'BACK TO BASICS'.

WHAT IS IT?

'When a flower doesn't bloom, you fix the environment in which it grows, not the flower.' Alexander Den Heijer

The Back to Basics message is about empowering and engaging parents through conversation to look at the environment for their child as well as the networks already available in the community and their strengths as parents/carers.

It is about conversations with parents to encourage reflection and insight into the child's holistic environment based on the five areas of wellbeing:

- Connect
- Be active
- Keep learning
- Give
- Take Notice

These areas are often equally applicable for parents/carers as they are for the young people.

This is not a new service, but an approach that we are hoping to spread through all services and community organisations. It is about supporting community colleagues with tools and resources that enable consistent and at times challenging conversations that mean better outcomes for children. It is hoped that by encouraging reflections on the home environment first, gives families the opportunity to try strategies and activities that are known to improve wellbeing before then approaching services and organisations for support.

Back to Basics

"Empowering Parents/Carers to support their children's wellbeing"



For more information please speak to:

"When a flower doesn't bloom, you fix the environment in which it grows, not the flower"
- Alexander Den Heijer



THE AIMS

The above image provides the framework to open conversations with the family to explore how each of the petals are being addressed within the young person's life.

The link below will take you to short videos for each 'petal' that can be watched with parents/carers, the young person themselves or put on school online platforms or sent home to parents as appropriate.

Visit: vimeo.com/user168331864

The conversations with families should be non-judgemental and a recognition of the busy lives we all lead and the difficulties we face when trying to prioritise and make time for these valued activities. But they are also important strategies that families can employ while their young person is on the waiting list for a service or in between appointments if already involved in support.

The MHST is available to provide training on the back to basics approach which can be delivered to all school staff including receptionists and lunchtime attendants. Please speak to your EMHP if you are interested.

Materials like the poster above are available to print off and display in schools and can be found here:

leadership.hias.hants.gov.uk/mod/folder/view.php?id=2877

KEEPING SAFE

- www.safe4me.co.uk/parents
- www.safetynetkids.org.uk/personal-safety/staying-safe-online/ Wellbeing techniques
- www.hants.gov.uk/socialcareandhealth/domesticabuse
- www.hants.gov.uk/socialcareandhealth/publichealth/hampshirehealthineducation/keystages/earlyyears/emotionalwellbeing
- www.otr-south.org.uk
- stopdomesticabuse.uk

HEALTH/WEELLING

- www.hampshirecamhs.nhs.uk
- www.hampshirehealthyfamilies.org.uk
- what0-18.nhs.uk/parentscarers/parenting-tips
- www.thedadpad.co.uk/app
- www.nhs.uk/conditions
- www.italk.org.uk
- www.eric.org.uk
- www.hants.gov.uk/socialcareandhealth/domesticabuse
- www.hants.gov.uk/socialcareandhealth/publichealth/hampshirehealthineducation/keystages/earlyyears/emotionalwellbeing
- www.henry.org.uk
- www.easthantsmind.org
- www.otr-south.org.uk
- yservices.co.uk

It is hoped that by examining these topics, parents are able to identify areas they can support their young person to develop. Or it may be that they are able to recognise areas that they themselves can build on in order to improve their own wellbeing and directly impact on their parenting abilities and confidence.

It may be that further support is needed and families may need signposting to alternative community supports, some suggestions are provided below:

SEN

- www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare/developmentconcerns/portageservice
- www.hants.gov.uk/educational-psychology and times for consultation line
- demo.what0-18.nhs.uk/solent/therapies
- www.hants.gov.uk/socialcareandhealth/adultsocialcare/learningdisabilities/transitiontoadult

BEHAVIOUR / PARENTING SUPPORT

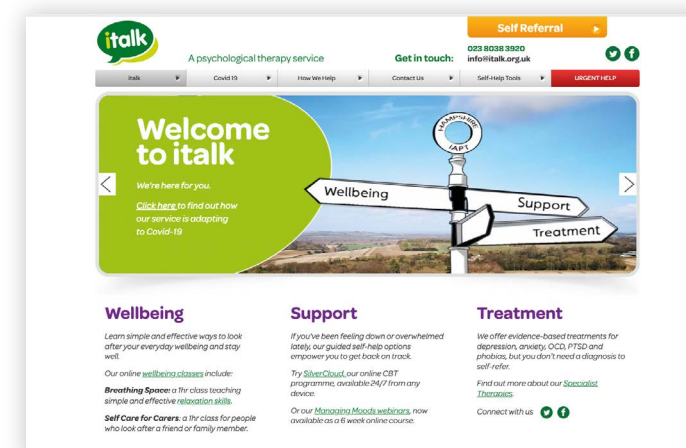
- www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare/developmentconcerns
- fish.hants.gov.uk/kb5/hampshire/directory/family.page?familychannel=2-2
- www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice/familysupport
- www.nhs.uk/apps-library/chathealth/ Dealing with child behaviour problems
- familylinks.org.uk/the-nurturing-programme
- home-starthampshire.org.uk
- www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice/familysupport
- motiv8.org.uk
- fish.hants.gov.uk/kb5/hampshire/directory/advice.page?id=c8uXFpFFJOE
- www.hants.gov.uk/socialcareandhealth/publichealth/hampshirehealthineducation/keystages/earlyyears/emotionalwellbeing
- yservices.co.uk

PARENTAL MENTAL HEALTH

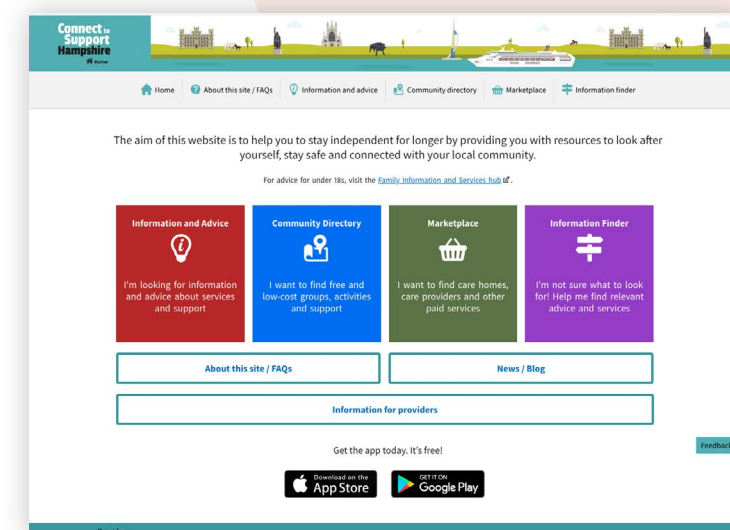
Many of the issues on the following pages relate to adults just as much as young people and many of the tips for wellbeing above are also just as relevant. While it is possible for adults with mental health difficulties to provide safe and loving homes for their children where they are not adversely affected, sometimes more support is required. We understand that there are many resources and it can be daunting to try and keep up with what is available in each area. We advise recommending Hampshire's Connect to Support Website to parents.

Visit: www.connecttosupporthampshire.org.uk

From the home page, click on the community directory, select your local area and then 'mental health'. This should provide the most up to date list of services.

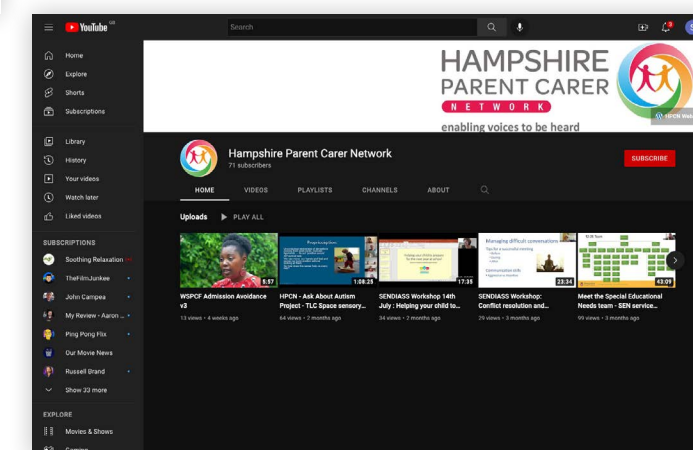


CAMHS also work closely with the Hampshire Parent Carer Network (HPCN). Hampshire Parent Carer Network offers parent carers of children and young people aged 0-25 with an additional need (diagnosed or not) or disability the opportunity to tell the Local Authority, Health and other services, what life is really like. They also offer get togethers where parents can Share experiences, discuss local issues and enjoy a face to face or a virtual cup of tea with other local parents!



Self-referrals can also be made to italk, Hampshire's NHS talking therapies service. There are three ways to get started with italk, either book onto their free wellbeing class or managing mood course, sign up for silver cloud (an interactive space for thinking and feeling better) or arrange for an assessment. You do not need to have seen your GP first.

Visit: www.italk.org.uk



Email participation@hpcn.org.uk or visit YouTube page at www.youtube.com/channel/UCr2f2I2IWWpBCgFMXcuN_iQ

Section 4: DEFINING THE PROBLEM AND WHERE TO GO

The following pages outline a guide to the three general presentations that the MHST team tend to work with. These are anxiety (which include conditions like OCD, and phobias), low mood/ depression and behavioural challenges. The guide has been RAG rated to reflect the differing levels of intervention based on the severity of the presentation. The green section indicates mild symptoms, orange indicates moderate symptoms and red indicates severe symptoms.

This is not a diagnostic tool but should be used as a basic guide to support you to better understand the nature of the difficulties your young person may be experiencing.

The MHST service is growing and developing and as such our offer for support is continuing to diversify. If you have a young person who's symptoms or behaviours you do not recognise from the list below please do get in touch to discuss as there may be a clinician with the appropriate skills able to support them.

ANXIETY - MILD

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
It is common for children and young people to experience worry as they develop through childhood and adolescence. The typical worries that children and young people experience tend to be situation specific, short term and can be managed with the love and support of parents/carers. Examples might be: - Being away from home/parent - Going to school (but settling) - Worrying about going to bed/the dark - Worry about something bad happening to themselves or to a loved one - Doing new things - Going to unfamiliar places - Doing things independently - Public speaking/performing - Tests and exams - Change and uncertainty (e.g. family breakdown or conflict) - In response to an upsetting event such as being bullied - Being in social situations	- Being clingy and not wanting to be separated from a parent/carer - Not wanting to be left alone - Seeking verbal reassurance and checking things are OK - Not wanting to go to school - Avoidance of what they are fearful of - Having bad dreams/mild sleep disturbance - Having some physical symptoms such as feeling sick, hot and clammy, tummy aches - Feeling restless and fidgeting - Appearing unsettled, distracted or irritable - May appear more challenging or oppositional/argumentative - Thinking or talking a lot about their worry - Crying or becoming distressed	- Normalise that anxiety is a natural emotion, the physical sensations of anxiety can be unpleasant but it's OK, it will pass and won't cause any harm - Encourage, reward and praise a young person not to avoid; the more a young person avoids, the harder it becomes and the more anxious a young person will become. Instead, encourage the young person to face their fear - the more they face it, the easier it will become - Break things down into steps and do these as often as possible so a young person can habituate and tolerate their anxiety before going onto the next step - Use distraction techniques, here are some strategies to try: - An A-Z of coping strategies: bit.ly/3lBwUp7 - How and when to use a coping box: bit.ly/2H6uDU1 - Role model and demonstrate that you can do things even when you're anxious - Supporting a young person to problem solve any obvious triggers - Watch our parent/carer workshop on coping and resilience skills here: bit.ly/2NylRjG - Consider a referral or discussion with the MHST - Take a look at the 5 ways to wellbeing video and identify areas for improvement: www.youtube.com/watch?v=yF7Ou43Vj6c

Useful Resources:

Books

- Helping Your Child with Fears and Worries, by Cathy Creswell and Lucy Willetts
- Helping Your Anxious Child, by Ronal Rapee
- Stuff That Sucks, by Ben Sedley
- What to Do When You Worry Too Much, by Dawn Huebner

Apps

- What's UP?
- Headspace
- Stop, Breathe, Think

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
The degree to which a young person worries appears out of context or disproportionate to the reason why they might be worrying. Episodes of anxiety might be more frequent or prolonged and cause the young person distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. Examples might be: • Fears that something bad might happen to themselves or someone else • Worry about not coping • Worry about performance in exams or the future • Worries related to being habitually bullied or experiencing regular conflict or distress either at home or school • Worries about what others might think, say or do • Worries about negative judgements by others or social rejection/exclusion	As well as the features in the green stage, the following might also be present: • Disrupted sleep (difficulties getting to or staying asleep, nightmares/night terrors) • Persistent physical or verbal seeking reassurance • Resistance to doing things; requiring a lot of cajoling or persuading • Becoming distressed or agitated when facing fear or even thinking about facing the fear • Some repeated patterns of behaviour or routines which seem to help the young person but don't make sense to others (e.g. repeated checking or counting) • Some episodes of panicking such as getting distressed, racing heart rate, quicker breathing, upset tummy, feeling sick, feeling dizzy or faint • Demanding things be done in certain ways or requesting others to do things for them • Families might also find themselves struggling to do things as they normally would as they may make adjustments to accommodate how the young person is feeling or responding	As well as the steps in the green stage, the following might be helpful: • Support your young person to access self-help resources (podcasts, videos, downloads, links) on the Hampshire CAMHS website: www.hampshirecamhs.nhs.uk • Consider a referral to the MHST • Advise families to watch our parent/carer workshop on how to support anxiety here: bit.ly/3kCfd7Q • Explore pastoral support options within school/college • Consider accessing help from local counselling services: Hampshire Youth Access has a breakdown of these (Hampshire wide) • Advise families that they can seek advice, guidance and support from Young Mind Parent Helpline: 08088025544 • Depending on the context and/or the origins of the anxiety being experienced, other services may be helpful e.g. family guidance if there is family breakdown or conflict. There is a lot of information on the Hampshire CAMHS website: www.hampshirecamhs.nhs.uk • Visit www.kooth.com for free online counselling Useful Resources: Books • Overcoming Your Child's Fears and Worries, by Cathy Creswell and Lucy Willetts • Helping Your Anxious Child, by Ronal Rapee • Stuff That Sucks, by Ben Sedley • What To do When You Worry Too Much, by Dawn Huebner • The Anxiety Workbook For Teens, by Lisa Schab

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
These anxieties are severe and enduring. These cause significant distress to a young person and significantly disrupt daily coping such as school/college, socialising and even self-care activities (e.g. sleep, bathing, eating). Despite trying advice in the green and amber stages, the young person still experiences anxiety symptoms. • Strong unwavering beliefs that something bad might happen or that there is danger • Repeated, intense and overwhelming "what if" thoughts that are catastrophic in nature	As well as the features in the green and amber stages, the following might also be present: • Repeated routines or rituals that impact on a young person's day such as being on time for or coping at school, being able to socialise and engage in hobbies or interests, being able to get up or go to sleep • Persistent refusal to leave the house or attend/take part in activities such as school, hobbies, interests, seeing friends • Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise (ill health) as a result of this • Withdrawn and uncommunicative or not wanting to be left alone at all - this may seem uncharacteristic or age inappropriate for some teenagers • Regular episodes of panicking such as getting distressed, racing heart rate, quicker breathing, feeling dizzy or faint, vomiting, shaking • Thoughts and beliefs are rigid and cannot be challenged or thought about from a different perspective (e.g. 100% belief that something bad will happen) • Becoming agitated, distressed, oppositional or aggressive towards others when in a situation they are particularly fearful of • Reactive and impulsive behaviour such as running away which may place them or others in danger • Families will find themselves struggling to do things as they normally would, that family functioning is disrupted and they are required to make significant adjustments to accommodate to how the young person is feeling or responding	As well as the steps in the green and amber stages, the following might be helpful: • Advise families to speak with their child's GP • Speak with the School Nursing Team and explore internal school support options • Arrange a consultation with the MHST to determine appropriate referral pathway to either MHST or CAMHS. If your young person is at risk of harm please make this clear when discussing • Depending on the context and/or the origins of the anxiety being experienced, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations which deal with e.g. abuse, domestic violence, bullying, being a young carer etc. • Advise families that they can seek advice, guidance and support from Young Mind Parent Helpline: 08088025544 • Consider 'Shout' text service on 85258 • Consider making a referral to the Family Support Service If a young person is in immediate danger with potential for harm, you must consider contacting the emergency services (Police and/or ambulance) Useful Resources: Books • Overcoming Your Child's Fears and Worries, by Cathy Creswell and Lucy Willetts • Helping Your Anxious Child, by Ronal Rapee • Stuff That Sucks, by Ben Sedley • The Anxiety Workbook For Teens, by Lisa Schab • What To Do When You Worry Too Much, by Dawn Huebner • Breaking Free From OCD, by Jo Derisley

DEPRESSION - MILD

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
It is common for children and young people to experience episodes of feeling sad, low or down as they develop through childhood and adolescence. The typical mood issues children and young people experience tend to be situation specific, short term and can be managed with the love and support of parents/carers. Examples of situations that may cause/contribute to a young person to feel down or low in mood might be: • Adjusting to changes (such as a new school) • Friendships or relationship issues • Episodes of being teased or bullied (including being or feeling left out or excluded) • Being physically poorly or in pain • Family breakdown or conflict • Grief or loss (of a pet, family member or friend) • Struggling with academic work	• Being clingy and not wanting to be separated from a parent/carer • Not wanting to be left alone • Seeking verbal reassurance and checking things are OK • Not wanting to go to school • Avoidance of seeing friends or doing activities they ordinarily enjoy • Having mild sleep disturbance • Feeling tired or appearing lethargic and unmotivated and disinterested • Appearing withdrawn and less communicative • Appearing more challenging or oppositional/argumentative • Crying • Changes in appetite	• Normalise that feeling sad or down is a natural emotion particularly in response to a sad, disappointing or difficult event and be compassionate by validating how a young person is feeling • Activity helps; encourage a young person to do a range of tasks and activities including ones they need to do such as school work as well as fun things • Try to maintain a routine for the young person • Break things down into small steps and do one at a time so tasks do not seem so overwhelming • Role model and demonstrate that you can do things even when you're feeling sad or down • Support a young person to problem solve any obvious triggers • Speak to a school colleague about what you are observing and consider a referral to the MHST • Use distraction techniques, here are some strategies to try: - A-Z of coping strategies: bit.ly/3lBwUp7 - How to make and use a coping box: bit.ly/2H6uDU1 - Watch our parent/carer workshop on coping and resilience skills here: bit.ly/2NyIRjG • Take a look at the 5 ways to wellbeing video and identify areas for improvement: www.youtube.com/watch?v=yF7Ou43Vj6c
Useful Resources: Books • Stuff That Sucks, by Ben Sedley Apps • What's UP? • Headspace • Stop, Breathe, Think		

DEPRESSION - MODERATE

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
The degree to which a young person feels low or depressed appears out of context or disproportionate to the reason why they might be feeling sad. Episodes of low mood might be more frequent or prolonged and cause the young person distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school, seeing friends or taking part in leisure activities. Examples of situations that may cause/contribute to a young person feeling low in mood or depressed might be: • Being routinely teased or bullied (including being or feeling left out or excluded) • Grief or loss (including romantic relationships ending) • Witnessing or experience of conflict (at home or school) • Change and uncertainty (such as family breakdown) • Family and relationship stressors (parent/sibling ill-health, financial or social stressors) • Academic pressures/demands including exam stress and worry about the future. Please note, there are occasions when there is no apparent trigger/cause/contributory factor as to why a young person may be experiencing episodes of low mood/depression. A young person can still be low in mood without clear reason.	As well as the features in the green stage, the following might also be present: • Disrupted sleep (difficulties getting to or staying asleep, waking very early in the morning and not being able to get back to sleep) • Seeking physical or verbal reassurance or wanting to withdraw from social contact and communication • Resistance to doing things; appearing unmotivated and disinterested • Poor personal hygiene (not washing or changing clothes regularly) • Emotionally labile; frequent changes of emotion, more sensitive (e.g. irritable, upset, confused) • Thoughts or urges to harm self or some thoughts to end life; some infrequent or superficial (not requiring medical attention) self-harm may occur. Please note that not all young people who engage in self-harm behaviour are depressed or suicidal. There are many reasons why a young person may engage in self-harm behaviour.	As well as the steps in the green stage, the following might be helpful: • Consider a referral to the MHST for support with managing low mood • Support your young person to access self-help resources (podcasts, videos, downloads, links) on the Hampshire CAMHS website: www.hampshirecamhs.nhs.uk • Advise parents to watch our parent/carer workshop on how to support a young person with self-harm or in crisis here: bit.ly/32NTQdp • Share concerns with appropriate colleagues and explore internal school support systems • Advise families that they can seek advice, guidance and support from Young Mind Parent Helpline: 08088025544 • Depending on the context and/or the origins of the low mood being experienced, other services may be helpful e.g. - SimonSays Bereavement service - Counselling services through Hampshire Youth Access - Kooth.com online counselling service
Useful Resources: Books • Am I Depressed? And What Can I Do About It? by Shirley Reynolds and Monika Parkinson • Beyond The Blues; A Workbook To Help Teens Overcome Depression, by Lisa Schab • Stopping The Pain; A Workbook For Young People Who Cut and Self-Injure, by Lawrence Shapiro		

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
Episodes of low mood/depression are severe and enduring. These cause significant distress to a young person and significantly disrupt daily coping such as school/college, socialising and even self-care activities (e.g. sleep, bathing, eating). Despite trying advice in the green and amber stages, the young person still experiences depression symptoms. Examples of situations that may cause/contribute to a young person feeling low in mood or depressed might be: - Chronic bullying or abuse (including neglect, emotional, physical, sexual) - Social or family financial stressors (such as family breakdown, conflict or parental/ sibling ill-health) - Grief or loss - Witnessing or experiencing a traumatic event - Overwhelmed by pressures and stressors including individual factors e.g. health, social factors e.g. relationships, occupational factors e.g. school/college and environment e.g. living circumstances Please note, there are occasions when there is no apparent trigger/cause/contributory factor as to why a young person may be experiencing episodes of low mood/depression. A young person can still be acutely depressed without clear reason.	As well as the features in the green and amber stages, the following might also be present: - Isolating self from friends and family - Withdrawn and uncommunicative or not wanting to be left alone at all – this may seem uncharacteristic or age inappropriate for some teenagers - Refusal to leave the house or attend/take part in activities such as school, hobbies, interests, seeing friends - Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise as a result - Appearing uncaring or unbothered about people or activities they previously would have cared about - may not honour commitments or responsibilities which is uncharacteristic - Lack of insight or awareness that others may be concerned - this may lead to arguments or conflict at home - May on occasion become agitated, distressed, oppositional or aggressive towards others - Reactive and impulsive behaviour such as running away which may place them or others in danger - Feeling hopeless about the future - not being able to see a future and appearing to give up on dreams, goals and hopes - Thoughts, feelings, urges, plans or intent to harm self or end their life or harm others Please note that not all young people who engage in self-harm behaviour are depressed or suicidal. There are many reasons why a young person may engage in self-harm behaviour.	As well as the steps in the green and amber stages, the following might be helpful: - Advise families to speak with their child's GP - Arrange a consultation with MHST to determine appropriate referral pathway either to MHST or CAMHS. If your young person is at risk of harm please make this clear when discussing - Speak with the School Nursing Team and explore internal school supports - Depending on the context and/or the origins of the low mood/depression being experienced, other services may be helpful. These may include Children's Services or other statutory or voluntary organisations that can support if there are clear triggers for anxiety e.g. abuse, domestic violence, bullying, being a young carer etc. - Families can also seek advice, guidance and support from Young Minds Parent Helpline: 08088025544 - Consider 'Shout' text service on 85258 - Access the "Help I'm in Crisis" Button on our website (hampshirecamhs.nhs.uk) during times of stress - If a young person is in immediate danger with potential for harm, you must consider contacting the emergency services (Police and/or ambulance) Useful Resources: Books - Stuff That Sucks, by Ben Sedley - Am I Depressed? And What Can I Do About It? by Shirley Reynolds and Monika Parkinson - Beyond the Blues; A Workbook to Help Teens Overcome Depression, by Lisa Schab - Stopping the Pain; A Workbook for Young People Who Cut and Self-Injure, by Lawrence Shapiro

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
It is common for children and young people to behave in ways that concern adults from time to time. The behaviour they display tends to be situation specific, short term and can be managed with the love and support of parents/carers. Behaviour of concern is often a result of young people experiencing emotions such as worry, sadness, frustration/ anger, guilt or shame. Examples of situations which might provoke these feelings include: - Not feeling heard or understood; difficulties expressing themselves - Demands being made (and having to do things they don't feel able or want to do) - Perceived or real pressure or expectations by others - New/unfamiliar things and change/transition - Inconsistency (such as; inconsistent rules or boundaries, disrupted or chaotic routines and living environment) - Conflict (either witnessing this or being part of this) - Perceived or real rejection or abandonment by others - Perceived or real being ostracised (being left out) and not having or feeling connected to others - Low self-esteem and beliefs of being a failure/not being good enough Factors such as tiredness, hunger, not feeling physically well or being in pain can impact on how young people cope, respond and behave. Some young people with physical disabilities and conditions, learning disabilities or those with neurodevelopmental difficulties (such as Autistic Spectrum Condition or Attention Deficit Hyperactivity Disorder) may have additional difficulty in being able to identify, express and communicate their emotions, thoughts, needs or preferences. This struggle may result in strong emotional responses and behaviour of concern.	- Appearing unsettled, distracted or irritable - May appear more challenging or oppositional/argumentative - Shouting or verbally aggressive (e.g. name calling, swearing) - Crying or becoming distressed - Not telling the truth - Avoidance of or refusal to do things when asked or expected - Withdrawal from spending time with friends or family or persistently seeking reassurance - Having bad dreams/mild sleep disturbance - Having some physical symptoms such as feeling sick, hot and clammy, tummy aches - Appearing restless and fidgeting	- Normalise that having feelings such as worry, sadness, frustration, guilt or shame are natural emotions and responses to events and situations - Try to identify the situation which has led to the young person experiencing a strong emotional response. It may be possible to problem solve the situation. If not, acknowledge and validate the young person's feelings - Make sure basic needs have been addressed e.g. the young person is getting good quality and enough sleep, is not thirsty or hungry and is not feeling unwell or is in pain - Ensure that messages, rules and boundaries, language and adult behaviour is consistent, reliable and predictable - Prepare young people for change, transition, unfamiliarity or unpredictability (e.g. give warning, discuss worries and concerns, problem solve how to do things, offer support) - Give children limited options (i.e. choose this or that) - as too much choice can be overwhelming - Stay calm and be clear in your own communication. Avoid getting into lengthy debates, explanations or arguments - Take a look at the Incredible Years website and resources - Role model and demonstrate that you can do things even when you are experiencing strong emotions and have urges to respond or behave in certain ways. Young people often learn and copy language and behaviour that they experience so try to respond in ways that role model to the young person - Consider a consultation appointment with the MHST to explore strategies - Use techniques to help young people manage their emotional responses in more helpful ways. Here are some strategies to try: - An A-Z of coping strategies: bit.ly/3lBwUp7 - How and when to use a coping box: bit.ly/2H6uDU1 Watch our parent/carer workshop on coping and resilience skills here: bit.ly/2NylRjG - Watch our parent/carer workshop on challenging behaviour: bit.ly/38JP6cN - Download our top tips sheet for parents on how to manage challenging behaviour: bit.ly/2NsCFKl Useful Resources: Books - Wreck This Journal by Keri Smith - Stuff That Sucks: Accepting what you can't change and committing to what you can by Ben Sedley - Cards Against Anxiety: A Guidebook and Cards to Help You Stress Less by Dr Pooky Knightsmith - Anger Management Skills Workbook for Kids: 40 Awesome Activities to Help Children Calm Down, Cope, and Regain Control by Amanda Robinson - A Volcano in My Tummy: Helping Children to Handle Anger: A Resource Book for Parents, Caregivers and Teachers by Whitehouse and Pudney - The Incredible Years by Carolyn Webster-Stratton Apps - What's UP? - Headspace - Stop, Breathe, Think

BEHAVIOUR - MODERATE

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
The behaviour of a young person appears out of context or disproportionate to the situation. Episodes of concerning behaviour might be more frequent or prolonged and cause the young person and family distress or might have some mild impact on their ability to cope with everyday life such as going to or coping at school and relationships with others. Strong emotional responses and behaviour of concern may be in response to or indicative of the factors described in Green. More concerning behaviour may (or may not) be in response to events such as: • An upsetting or traumatic life event or repeated upsetting or traumatic events (e.g. bullying) • Feeling threatened through experiencing abusive behaviour (neglect, emotional, physical, sexual, financial) • Unpredictable and distressing environments (witnessing aggression/violence) • A result of misusing elicit substances (e.g. drugs or alcohol) In some cases, behaviour of concern may be in response to a mental health difficulty or crisis.	As well as the features in the green stage, the following might also be present: • Resistance to doing things; requiring a lot of cajoling or persuading • “fight or flight” responses such as becoming distressed or agitated, running away/ hiding or becoming verbally or physically aggressive towards others including intimidating and threatening behaviour • Shutting down and becoming uncommunicative; withdrawing and not engaging with others or in activities they previously would • Telling others information which is concerning and not factually correct • Disrupted sleep (difficulties getting to or staying asleep, nightmares/ night terrors) • Persistent physical or verbal seeking reassurance • Some episodes of panicking such as getting distressed, racing heart rate, quicker breathing, upset tummy, feeling sick, feeling dizzy or faint • Demanding things be done in certain ways or requesting others to do things for them • Engaging in impulsive, reactive or risky or potentially harmful activities such as substance usage (drugs and alcohol), risky sex (including online sexual activity), petty crime • Truancy/not attending or engaging at school/college • Families might also find themselves struggling to do things as they normally would as they may make adjustments to accommodate to how the young person is feeling or responding	As well as the steps in the green stage, the following might be helpful: • Support your young person to access self-help resources (podcasts, videos, downloads, links) on the Hampshire CAMHS website: www.hampshirecamhs.nhs.uk • Watch our parent/carer workshop on how to support anxiety here: bit.ly/2Uy7Flw • Work with families on a plan together so there is a consistent approach both through school and at home • Consider pastoral support services within school/college including accessing the Primary Behavioural Service • Consider accessing help from a local counselling service • Consider a referral to the MHST for support with managing challenging behaviours • Advise families that they can seek advice, guidance and support from Young Mind Parent Helpline: 08088025544 • Depending on the context and/or the triggers and contributing factors for the emotional responses and behaviour of concern, other services may be helpful e.g. family guidance if there is family breakdown or conflict. Useful Resources: Books • My Intense Emotions Handbook by Sue Knowles and Bridie Gallagher • The Anger Workbook for Teens: Activities to Help You Deal with Anger and Frustration by Raychelle Cassada Lohmann • Mindfulness for Teen Anger: A Workbook to Overcome Anger and Aggression Using MBSR and DBT Skills by Jason Robert Murphy and Mark Purcell

BEHAVIOUR - SEVERE

TYPE AND NATURE OF WORRY	WHAT YOU MIGHT SEE OR A YOUNG PERSON MIGHT REPORT	THINGS TO TRY, SUPPORT AND NEXT STEPS
Behaviour is extreme, chronic and may cause harm to the young person directly or another (either purposefully or accidentally). Behaviour may cause significant distress to the young person and be a significant concern to their family/ network (such as school/college). Behaviour significantly disrupts daily life such as attending school/college and socialising. Behaviour may be criminal in nature. Despite trying advice in the green and amber stages, the young person still experiences behaviour of concern. More extreme or concerning behaviour may (or may not) be in response to events such as: • An upsetting or traumatic event or repeated upsetting, threatening or traumatic events (e.g. bullying) • Abuse (emotional, physical, sexual, financial) • A result of misusing elicit substances (e.g. drugs or alcohol) • In some cases, behaviour of concern may be indicative of a mental health difficulty or crisis	The features in the green and amber stage may be more frequent and intense plus, the following might also be present: • Persistent refusal to leave the house or attend/take part in activities such as school, hobbies, interests or seeing friends • Significant impact on health and wellbeing such as not sleeping or eating for a sustained period of time. May show signs of physical compromise (ill health) as a result of this • Withdrawn and uncommunicative or not wanting to be left alone at all - this may seem uncharacteristic or age inappropriate for some teenagers • Becoming agitated, distressed, oppositional or aggressive towards others (including verbal and physical aggression/violence towards others) • Age inappropriate sexual activity/ behaviour (particularly for young people aged 16 years and under) • Reactive and impulsive behaviour such as running away which may place them or others in danger • Criminal behaviour • Families will find themselves struggling to do things as they normally would, that family functioning is disrupted and they are required to make significant adjustments to accommodate how the young person is feeling or responding	As well as the steps in the green and amber stages, the following might be helpful: • If a young person or someone else is in immediate danger with potential for harm, you must consider contacting the emergency services (Police and or ambulance) • Advise families to speak with their child's GP • Speak with the school nursing team and explore internal school support networks • Depending on the context and/ or the origins of the emotions being experienced and the nature of the behaviour of concern, other services may be helpful. There may be a role for other services such as Children's Services or other statutory or voluntary organisations that can support if there are clear triggers for the behaviour of concern e.g. abuse, domestic violence etc. To contact Children's Services with concerns about the safety or wellbeing of a young person Monday - Friday 9am - 5pm: 0300 555 1384 or email: childrens.services@hants.gov.uk. Out of Hours: 0300 555 1373 • Advise families that they can seek advice, guidance and support from Young Mind Parent Helpline: 08088025544 • Consider making a self-referral to a CAMHS Service • Please note, that CAMHS may only provide an assessment and offer an intervention if the behaviour or concern is in relation to a mental health difficulty or crisis • Consider a referral to Family Support Service

Section 5:

MHST INTERVENTIONS OFFERED

WHAT CAN THE MHST OFFER?

The MHST can offer a range of evidence-based low and high intensity interventions to support children, young people, parents and teachers. Below we provide a brief summary of the groups and individual interventions offered by both Education Mental Health Professional (EMHPs) and Specialist Psychological Practitioners in the MHST. Where teams contain trainees, there may be certain restrictions in place as to the level of risk and complexity they may be able to work with. Please note that these interventions are always under review and adaptation in response to the most recent research and evidence base. The MHST is passionate about responding to the needs of its schools and young people, as a result this is not an exhaustive list but something that will continue to grow so please discuss any ideas or requests with your EMHPs.

GROUP INTERVENTIONS

MIND AND MOOD (FOR SECONDARY SCHOOL YOUNG PEOPLE) - The Mind and Mood programme runs for 6 weeks and explores topics such as problem solving, challenging thoughts and how to engage in mindfulness. In this group young people learn cognitive behavioural techniques to help manage mental health and wellbeing. The learning is based on guided self-help, which requires motivation and implementation of the skills practiced in between sessions at home.

HELPING YOUR CHILD WITH FEARS AND WORRIES (FOR PRIMARY AGED CHILDREN) - This is a guided parent-delivered group programme is to teach parents cognitive behavioural strategies that they can use with their child to overcome anxiety by supporting them to work through the accompanying book (Overcoming your child's fears and worries – a self-help guide using Cognitive Behavioural Techniques, Creswell and Willetts, 2007). The programme consists of 5 group sessions with parents over a 5-week period. Work is conducted solely via parents using strategies that research has shown to be an effective way of treating child anxiety disorders.

COPING CAT (AGE 7-12) - The Coping Cat programme is a cognitive-behavioural therapy intervention that helps primary school aged children recognise and analyse anxious feelings and develop strategies to cope with anxiety-provoking situations. The group follows principles outlined in the Coping Cat Workbook, written by Philip Kendall and Kristina Hedtke and runs for 12 sessions.

DNAV (FOR SECONDARY SCHOOL YOUNG PEOPLE) - The acronym stands for: Discoverer, Noticer, Advisor, Values. It is based on the work by Louise Hayes and Joseph Ciarrochi using the principles of acceptance and commitment therapy to support young people to work out who and how they want to be. It teaches young people to build value into their lives and move between the three states of D,N and A when they find themselves getting stuck. This group is known as a 'trans-diagnostic' group meaning that it is appropriate for young people with a number of presentations.

CARE PROGRAMME (AGE 9-11) - The acronym stands for: Coping and Resilience in Education Programme. It is an interactive and engaging emotional wellbeing programme delivered in primary schools for all young people in years 5 and 6. It consists of 3, 1 hour sessions and an optional parent session. The aim is to develop the young person's understanding of their emotions and increase effective communication of emotions. As well as enhancing emotional resilience through teaching some coping strategies and improving confidence in seeking support from adults if they are struggling.

THE MENTAL HEALTH AMBASSADOR SCHEME (SECONDARY SCHOOLS) - This involves secondary schools identifying a number of year 9, 10 or 11 students to become Mental Health Ambassadors. Their role is to raise awareness of mental health issues, reduce stigma, support or organise school MH events, provide drop ins or peer support, signpost to relevant support networks and bridge the gap between the students and trusted adults.

CAMHS will provide training to the MHAs which includes, listening skills, key resources and information, early signs of mental health difficulties, basic self help techniques and an overview on key mental health issues. CAMHS will then provide ongoing termly forums to provide further support etc.

LOW INTENSITY INDIVIDUAL INTERVENTIONS

BEHAVIOURAL ACTIVATION (EMHPs and CBT Therapists)

Behavioural Activation - commonly abbreviated and referred to as BA - is an evidence-based therapeutic intervention used to treat low mood and depression. Behavioural Activation utilises the behavioural model of depression, and assumes that low mood and depression is a consequence of a lack of enjoyment and achievement.

Behavioural Activation is very much a personal treatment plan and can be tailored to fit the young person's goals, aiming to empower young people to get back to a life they once enjoyed. Whereas Cognitive Behavioural Therapy (CBT) focuses on the link between cognitions (thoughts) and behaviour, Behavioural Activation focuses solely on engaging behaviours to promote better mood and wellbeing.

Behavioural activation helps young people to identify short-term, medium-term and long-term goals. An example of Behavioural Activation would be a young person experiencing low mood, who, prior to this, enjoyed competing in running races. A short-term goal could be for the young person to go out and buy a new pair of running shoes, the medium-term goals could be to walk their running route and then begin training again, with their long-term goal being their return to competing. Although this is an oversimplification, the process works and can be applied to any young person experiencing low mood and depression.

Your Education Mental Health Professional (EMHP) very much acts as the coach for the young person, promoting their successes, troubleshooting and supporting setback, and overcoming barriers with them.

GRADED EXPOSURE (EMHPs and CBT Therapists)

Often young people avoid situations that make them anxious, or engage in safety behaviours to help them manage an anxiety-provoking situation. An example of a young person who avoids a situation could be seen in someone avoiding school due to their unrealistic fears of constantly being judged by others. An example of young people who engage in safety behaviours could be seen in an individual feeling the need to constantly look around the room, feeling they must distract themselves from their anxious feelings, as they worry others will notice them looking anxious or seeking reassurance.

Graded exposure relies on the young person and therapist designing an Exposure Fear Hierarchy, and working slowly through this collaboratively. The young person starts by facing their least frightening fear at the bottom of the hierarchy, and then slowly works through to the top of the fear hierarchy to tackle their biggest worries.

Graded exposure works through the young person becoming used to the source of fear, in a process known as 'habituation'. This habituation reduces physical sensations of anxiety once associated with their fear, and in turn, the way they view the source of their anxiety. Put simply, graded exposure changes behaviour, which in turn changes feelings and thoughts.

COGNITIVE RESTRUCTURING (EMHP and CBT Therapists)

The word 'cognitive' is a psychological word for 'thinking'. Cognitive Restructuring looks to restructure the way young people negatively think about themselves and the world around them.

Cognitive restructuring involves four steps:

1. Identifying unhelpful, immediate thoughts known as 'automatic thoughts'.
2. Identifying the unrealistic nature of automatic thoughts.
3. Rationally challenging automatic thoughts with the help of the young person's own EMHP.
4. Proving and testing out that automatic thoughts are not realistic and are unhelpful.

MANAGING PANIC (EMHP and CBT Therapists)

Although many people occasionally experience intense fear and panic in their lives, experiencing recurrent panic can be debilitating.

Many people describe panic attacks as an intense period of fear, which usually subsides after five to ten minutes. However, everyone's experience of panic is different. Some young people report fearing that they cannot breathe or misinterpret a racing heart as a heart attack; whereas others may report feeling they are losing their mind.

Thankfully, panic is treatable by working with our therapists who can help by challenging unrealistic beliefs through educating the young person about panic attacks (psychoeducation) and supportively exposing the young person to their unrealistic fears.



LOW INTENSITY INDIVIDUAL INTERVENTIONS

WORRY MANAGEMENT (EMHP and CBT Therapists)

Everyone worries from time to time; there is no avoiding worry and, at times, a little worry can help us in the short-term. However, when our worries lead to further worries and then more worries, it can feel overwhelming to even the most emotionally strong among us. Generalised Anxiety Disorder - commonly referred to as GAD - is an anxiety disorder where people feel anxious almost all of the time.

There are certain lifestyle choices young people can be encouraged to adopt to manage Generalised Anxiety Disorder, such as increasing exercising, engaging in enjoyable activities, improving their diet and getting enough sleep. However, CAMHS recognises that these recommendations are not always enough for some young people. Our EMHPs and CBT Therapists can tailor an individual plan with a young person, using a low-intensity Cognitive Behavioural Therapy intervention, to help them better manage and overcome Generalised Anxiety Disorder.

THE OVERCOMING PROGRAMME (EMHPs)

Our EMHPs provide an intervention directly to parents, to teach them cognitive behavioural strategies they can use to manage their own child's anxiety. The Overcoming Programme consists of six weekly sessions with parents only. Parents are given the tools to use strategies that have shown to be an effective way of treating young people with anxiety disorders.

One of the most important aims of the programme is to increase the parent's confidence in their own ability to help their child overcome their anxiety. The programme adheres to an ethos of non-blaming, and highlights positive skills and responses of the parent, in order to build their confidence and empower them to support their child.

THE INCREDIBLE YEARS (EMHPs)

This program is designed to promote emotional and social abilities, and to prevent, reduce, and treat aggression and emotional problems in young people by working directly with parents.

Incredible Years is proven to work with 3 to 8-year-old young people with conduct problems (i.e. having high rates of aggression, defiance, oppositional, and impulsive behaviours) and attention deficit disorder. It has also been evaluated as a prevention program with children two to seven-year-old, who are at high risk because of family or demographic factors such as poverty, parental mental health problems, or where parenting skills need supporting.

SLEEP MANAGEMENT (EMHPs)

Sleep is an important aspect of maintaining good mental health. We all know how a bad night's sleep can have a knock-on effect on our mood and wellbeing the next day, and that continuously experiencing bad sleep can impact on our mental health.

At CAMHS, our EMPHs can help young people improve their sleep hygiene, so that they feel less stressed and are able to achieve a better night's sleep. Sleeping well will not only improve their overall wellbeing but will also contribute in helping them reach their potential.



HIGH INTENSITY INDIVIDUAL INTERVENTIONS

COGNITIVE BEHAVIOURAL THERAPY

(CBT Therapists only, which form part of the specialist psychological practitioner workforce)

COGNITIVE BEHAVIOURAL THERAPY - commonly referred to as CBT - is a highly evidenced-based form of psychotherapy in which negative patterns of thinking are challenged in order to change unwanted behaviours and treat mood disorders such as depression and anxiety. Our trainee and qualified CBT therapists will work directly with young people on a one-to-one basis to undertake these therapeutic sessions.

CBT is a time-limited therapy, which means it does not last forever like some talking therapies; typically, CBT lasts anywhere between eight and twenty sessions, with each session lasting up to one hour.

During therapy sessions, young people are provided with skills that equip them to better manage their moods. CBT also places a strong emphasis on relapse prevention, so when the young person's therapy ends, they can use the skills learnt during therapy to overcome any future low mood or anxiety.

CBT very much relies on the active participation of young people within sessions. New skills are learnt within the sessions, and these new skills are put into practice outside of the session in what we commonly refer to as home tasks.

CBT is used to treat the following mental health conditions: Major Depressive Disorder (MDD); Generalised Anxiety Disorder (GAD); Social Anxiety Disorder (SAD); Separation Anxiety; Obsessive-Compulsive Disorder; Panic Disorder; Specific Phobias; and Post-traumatic Stress Disorder (PTSD).

GENERALISED ANXIETY DISORDER (GAD): High Intensity (HI) CBT therapy for GAD guides the young person through a series of sessions which focus on four underlying 'themes' of anxiety, all of which have a part to play in maintaining worry. We help young people to deal with intolerance of uncertainty, positive beliefs about worry, negative problem orientation and cognitive avoidance. With each of these themes, the aim of therapy is to challenge that aspect of anxiety and to allow more positive ways of thinking about situations to flourish.

SEPARATION ANXIETY: When there is a strong element of separation anxiety indicated, we might use one of the following programmes:

1) Coping Cat: a cognitive-behavioural treatment for children (eight to 13-year-old) with anxiety. The programme incorporates four components: Recognising and understanding emotional and physical reactions to anxiety. Clarifying thoughts and feelings in anxious situations, developing plans for effective coping and evaluating performance & using effective self-reinforcement.

2) Cat Project: this programme works at on the same principles as Coping Cat, but is designed for adolescents (14-17y) rather than children.

OBSESSIVE COMPULSIVE DISORDER (OCD): HI CBT work for OCD focuses on understanding the problem, cognitive training and graded exposure to the obsession without the compulsion being triggered as its key elements.

PANIC: In HI CBT we follow a programme of helping the young person to chart and monitor the pattern of their panic and to break an attack down into what they feel, what they think and what they do. We help them to see how these aspects interact with each other to trigger a vicious cycle. We teach them to recognise that the physical sensations experienced, although highly unpleasant, are not actually threatening. We encourage them to monitor their tendency to overestimate thoughts of danger and underestimate their own ability to cope. We then spend several sessions trying to encourage them to 'ride the wave' of anxiety and to learn to be proud of facing challenges.

Young people with Panic Disorder live in fear of having another panic attack, and come to misinterpret their thoughts or physical sensations as gravely threatening, leading to further panic attacks. Experiencing Panic Disorder can sometimes lead to young people feeling that they are unable to leave their home, due to the fear of not being able to reach a place of safety if they were to experience another panic attack - this is referred to as agoraphobia.

PHOBIA: In CBT we guide the young person through a gradual, stepped process of facing the phobic object until it becomes tolerable.

SINGLE-EVENT TRAUMA: People who have suffered an extremely distressing, traumatic event can develop associations among objectively 'safe' reminders of the event which make the world seem like a very dangerous place. When this is the case, HI intensity CBT may be needed to encourage young people to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns in thinking, such as persistent negative thinking that outweighs positive thinking, and always expecting the worst to happen. Once these patterns have been identified, the young person can often be helped to gently challenge the negative thoughts to allow more balanced thoughts to occur.

SOCIAL ANXIETY: This anxiety presentation has fear and worry about being judged by others at its heart and so when we work with a young person we focus on gently challenging their beliefs about the 'facts' that e.g. everyone else is looking at them, that they are blushing, that they never know what to say. In CBT we work on allowing the young person to be less focused on themselves (as a social object) and more on what's going on around them, whilst learning not to avoid social situations.

DEPRESSION: The approach to treatment that we take in CBT works on monitoring daily activity levels and encouraging the young person to schedule in more activities whilst keeping a close eye on how this makes them feel. We support the young person in recognising and evaluating their own feelings, and as the therapy progresses we help the young person to recognise and evaluate their emotions and to monitor how emotions change in response to activity. We also work on trying to identify any unhelpful negative automatic thoughts that the young person is experiencing and guide them towards testing out those thoughts and re-evaluating them in the light of more positive evidence. The aim of both the behavioural and the cognitive work is to improve the young person's experience by allowing them to become better problem solvers.

Section 6: THIRD SECTOR PROVIDERS

Some community providers have developed training programmes and packages relating to specific areas of need. Many are able to come to schools or provide online training opportunities. Some examples are given below

SimonSays (Bereavement):
www.simonsays.org.uk

Zero suicide Alliance:
www.zerosuicidealliance.com/training

Samaritans:
www.samaritans.org

Papyrus:
www.papyrus-uk.org

NSPCC:
www.nspcc.org.uk

Section 7: SUPPORTING THE WHOLE SCHOOL APPROACH



GETTING ADVICE: THE WHOLE SCHOOL APPROACH

There are many ways in which the MHST's can support schools with the Whole School Approach to mental wellbeing. If you would like to request any of the below please talk to your allocated EMHP.

OPERATIONAL MEETINGS: Operational Meetings are designed as not only a means of sharing information between our settings and services, but also a way of continuing to build and co-produce the service through a close working relationship. It is also a chance to identify any themes that schools may be seeing which may inform future resource planning. If you have any concerns or questions, this meeting can be used as a platform to discuss these with the MHST.

MONTHLY NEWSLETTERS: These are shared monthly with school staff, parents and students highlighting relevant topics and areas of need around mental health and wellbeing including top tips, ideas for support and mindful activities. If there is anything specific that you would find helpful for us to discuss or include in these please let us know.

MENTAL HEALTH FORUMS: These are a half-termly open forum for schools to bring questions, queries or themes they may like to discuss with other education staff and the MHST. It is a chance to share best practice examples and learn from other schools through their approach to shared challenges.

ASSEMBLIES AND PSHE/CURRICULUM INPUT: We are happy to explore and support through these avenues if you feel this would be helpful. Please talk to us about themes or emerging issues you would like to see us address and we can discuss the logistics and content of any lessons/assemblies as appropriate.

WORKSHOPS: These can be for year groups, specific cohorts or classes, they are often supported with resources that can go home to parents to continue the conversation topic.

- Exam Stress Management for Secondary School
- 6 Ways to Wellbeing Overview for Secondary School
- Anxiety Management for Secondary School
- Transitioning to Secondary school for Year 6 students
- Worry Management for Primary School
- Parents of Teenagers for Parents
- Anxiety Management for Parents
- Staff Wellbeing for Education Staff
- LGBTQ+ and Mental Health for Education Staff

PPEPCARE CORE MODULES: These are modules that any PPEP-Care trained staff member can deliver to schools.

- Adolescent Anxiety
- Behavioural Difficulties (conduct disorder)
- Childhood Anxiety
- Depression and Low Mood
- NOW (communicating with distressed young people)
- Overview - Recognising Common MH Difficulties
- Self-Harm

PPEPCARE SPECIALIST MODULES: These are modules that certain trained staff members are able to offer but may require additional time to arrange due to being specialist topics.

- ADHD
- Autism
- Autism & Mental Health?

WHOLE SCHOOL WELLBEING REFLECTION EXERCISE: This is a substantive piece of collaborative work which reviews the structures, processes and resources in place to support mental wellbeing within MHST schools. Staff, students and parents are asked to rate these elements and provide feedback in order to create meaningful action plans based on identified need. The MHST team area available to come in to the school to facilitate focus groups amongst, pupils, parents and staff as requested. The data is fed back to the school and informs the action plan. This plan is then reviewed regularly by the school with the support of the MHST.

Section 8:

MHST REFERRAL FORM

TOP TIPS FOR COMPLETION

When completing our referral form please consider how you are going to get the most meaningful information. It is important to hear the voice of the young person within the information but you may also want to include parents/carers views as well.

THIS SECTION SHOWS
YOU WHAT TO EXPECT WITH
THE REFERRAL FORM AND OUR
TOP TIPS FOR FILLING THE
FORM IN.



Mental Health Support in Schools Team (MHST) Referral Form

If you have any doubt about this referral or need help to complete it please contact a member of the Team and we would be happy to help you.

Confidentiality
If you are a professional, please discuss this referral with the child/young person and their parent(s) or carer(s). It may be necessary to share information with other professionals so that we can offer the best service to the family.

During the course of their care, some details may be recorded digitally.
For your protection, the use of this data is controlled in accordance with the Data Protection Act, 1998.

SECTION ONE - CHILD / YOUNG PERSON DETAILS			
Full Legal Name:			
Preferred name/pronoun:		Date of Birth:	
Gender:		Gender Identity:	
Current address of child / young person:			
School / College:		School Attendance: AS A PERCENTAGE	
Name of GP:		GP Surgery:	
GP Surgery Address:		Surgery Telephone and Email Address:	
Details of the child / young person: (Tick all that apply)			
☐ Living with parents	☐ Living with relatives	☐ Adopted	☐ Looked after child
☐ Subject to a Child Protection Plan	☐ Subject to a Child in Need Plan	☐ Subject to an Education, Health and Care Plan	☐ Other, please state:
Is the child / young person a young carer? ☐ Yes ☐ No		Does the CYP consider themselves to be transgender? ☐ Yes ☐ No	
Sexual Orientation: ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say/Not known			
Ethnicity: ☐ White British ☐ Irish ☐ Gypsy or Irish Traveller ☐ White and Black Caribbean ☐ Indian ☐ White and Black African ☐ White and Asian ☐ Chinese ☐ Pakistani ☐ Bangladeshi ☐ Caribbean ☐ Other Asian background ☐ African ☐ Other Black/Caribbean/African Background ☐ Other mixed / multiple ethnic background – please state:			
First Language:		Is an interpreter required? ☐ Yes ☐ No If yes, which language:	
Does the child / young person have a disability or impairment? ☐ Yes ☐ No If yes, please specify:			
Does the young person need any extra support when attending appointments? ☐ Yes ☐ No If yes, please provide details:			

SECTION TWO - REFERRER DETAILS

Name:	Job Title / Profession:
Date of Referral:	Telephone:
Email Address: THIS IS IMPORTANT SO WE CAN COMMUNICATE WITH YOU REGARDING THE REFERRAL IF NECESSARY	

SECTION THREE - PARENT / CARER DETAILS

Priority 1 Contact

Full Name:	Parental Responsibility: ☐ Yes ☐ No
Relationship to child / young person:	Mobile telephone number:
Address:	Email address: PLEASE MAKE SURE THIS WHOLE SECTION IS COMPLETED AND ACCURATE AS THIS IS HOW WE CONTACT THE FAMILY TO ARRANGE APPOINTMENTS

Priority 2 Contact

Full Name:	Parental Responsibility: ☐ Yes ☐ No
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Relationship to child / young person:	Mobile telephone number:
Address:	Email address:
Is there any history of parental mental health difficulties and/or substance misuse? ☐ Yes ☐ No If yes, please specify:	
Are any adult services currently involved? ☐ Yes ☐ No If yes, please specify (including length of involvement):	

SECTION FOUR - CHILDREN'S SERVICES (If not applicable please leave blank)

Name of Allocated Social Worker or Family Support Worker:	
Children's Services Team:	
Contact telephone number:	
Contact email address:	
Details and duration of involvement:	

SECTION FIVE - REFERRAL CONSENT

			If no, please give a reason why:
Does the parent / carer consent to the referral?	Yes	No	AT LEAST CHILD OR PARENT MUST CONSENT TO THE REFERRAL FOR IT TO BE MADE
Does the child / young person consent to the referral?	Yes	No	
Does the parent / carer and child / young person give consent to forward the referral to appropriate external agencies, e.g. Children's Services, Education, Voluntary sector, where necessary?	Yes	No	

SECTION SIX - MENTAL HEALTH CONCERNS

Primary reason for referral (please tick one):

☐ Anxiety	☐ Depression	☐ Phobias	☐ OCD	☐ Panic
☐ PTSD (Single Event Trauma)	☐ Self-harm			

THIS CAN JUST BE A BEST GUESS IF YOU ARE UNSURE

Reason for Referral / Presenting Concerns:

Please describe the current nature of mental health difficulties, such as presentation, onset, frequency and duration.

WHAT IS THE MAIN DIFFICULTY THE CHILD IS HAVING? (FROM THEIR PERSPECTIVE, SCHOOL PERSPECTIVE AND PARENT PERSPECTIVE)
DO YOU KNOW HOW LONG IT HAS BEEN GOING ON OR WHAT TRIGGERS IT TO HAPPEN?
HOW OFTEN IS THIS HAPPENING AND IS IT AT SCHOOL ONLY OR ANYWHERE ELSE?

What impact is this having on the child / young person and those around them?

Consider impact on education / relationships / health / sleep / motivation / engagement / enjoyment of activities.

IS THIS AFFECTING THEIR RELATIONSHIPS? SLEEP? EATING? ACTIVITIES?
IN THE YOUNG PERSON'S OPINION WHY IS THIS DIFFICULTY A PROBLEM FOR THEM?

What services or interventions have been accessed by the child / young person, or their parent / carer in relation to the current concerns?

When were they accessed? For how long? Were they successful? Examples include: social care, early help, school nurse, etc.

THIS IS THINKING ABOUT IF ANYTHING HAS ALREADY BEEN TRIED IN THE HOME OR AT SCHOOL OR WITH OTHER AGENCIES AND WAS IT HELPFUL?
IT IS PARTICULARLY IMPORTANT TO KNOW IF PARENTS HAVE COMPLETED ANY PREVIOUS PARENTING COURSES AND WHAT/WHEN.

Presenting Risk:

Please give details regarding the child / young person's risk to themselves, risk to others, risk from others.

ANY INFORMATION REGARDING SELF-HARMING BEHAVIOURS- THE EXTENT/DURATION OF THIS PARTICULARLY.
HAS THE YOUNG PERSON EXPRESSED ANY SUICIDAL IDEATION?
CAN THEY KEEP THEMSELVES SAFE AND LOOK AFTER THEMSELVES?
DO SCHOOL OR PARENTS HAVE ANY OTHER CONCERNS REGARDING THE YOUNG PERSON'S SAFETY?

What does the child / young person hope that the MHST can do for them?

Which concerns are impacting them the most? What would they like to be different? How would this look like to them?

WHY WOULD THEY LIKE SUPPORT NOW? WHAT ARE THEY HOPING TO GET OUT OF SUPPORT?
THIS COULD BE TO FEEL BETTER, LEARN SKILLS, SOMEONE TO TALK TO, BE ABLE TO DO SOMETHING THEY CANNOT CURRENTLY IN RELATION TO THEIR MENTAL HEALTH AND WELLBEING.

Which form(s) of treatment are you requesting/would be appropriate? (please tick all that apply):		
☐ CBT therapy	<i>Individualised and targeted CBT treatment, working 1:1 with a clinician across a period of time</i>	
☐ Mental health course	<i>Attendance at a short course to work on general areas such as managing worries or mood</i>	
☐ Wellbeing session	<i>A one-off session to discuss general wellbeing and get advice from a clinician. Not appropriate for significant mental health needs.</i>	
Any relevant medical history:		
Are there any concerns relating to substance misuse?	☐ Yes	☐ No
If yes, please provide details:		

Are there any concerns relating to food / weight / disordered eating?	☐ Yes	☐ No
If yes, please provide details:		
WEIGHT LOSS/GAIN AND IF ANYONE IS AWARE OF SEEKING GP/SCHOOL NURSE SUPPORT AROUND THIS		
Does the child / young person have a neurodevelopmental diagnosis?	☐ Yes	☐ No
If yes, please provide details:		
IF YOU ARE LOOKING FOR A NEURODEVELOPMENTAL ASSESSMENT TO BE UNDERTAKEN, PLEASE ENSURE THIS IS STATED AND A REFERRAL TO CAMHS IS REQUIRED		
Is the child / young person currently taking medication?	☐ Yes	☐ No
If yes, please provide details:		

Section 9:

SUPPORT FOR TEACHERS



We recognise that supporting children and young people with their mental health can be emotionally challenging. The nature of teaching is demanding on time and trying to maintain a work life balance can be very difficult. However, we know that teachers cannot support their young people if they are not OK themselves and having access to resources to support teacher wellbeing is essential. As part of our role, the MHST also want to recognise and support teacher's wellbeing.

TOP 10 TIPS FOR TEACHERS' MENTAL HEALTH

1. TALK ABOUT YOUR FEELINGS

Talking about your feelings can help you stay in good mental health and deal with times when you feel troubled.

2. KEEP ACTIVE

Regular exercise can boost your self-esteem and can help you concentrate, sleep, and feel better. Exercise keeps the brain and your other vital organs healthy, and is also a significant benefit towards improving your mental health.

3. EAT WELL AND STAY HYDRATED

Your brain needs a mix of nutrients in order to stay healthy and function well, just like the other organs in your body. A diet that's good for your physical health is also good for your mental health.

4. DRINK SENSIBLY

We often drink alcohol to change our mood. Some people drink to deal with fear or loneliness, but the effect is only temporary. When the drink wears off, you feel worse because of the way the alcohol has affected your brain and the rest of your body. Drinking is not a good way to manage difficult feelings.

5. KEEP IN TOUCH

There's nothing better than catching up with someone face to face, but that's not always possible. You can also give them a call, drop them a note, or chat to them online instead. Keep the lines of communication open: it's good for you!

6. ASK FOR HELP

None of us are superhuman. We all sometimes get tired or overwhelmed by how we feel or when things don't go to plan. If things are getting too much for you and you feel you can't cope, ask for help. Your family or friends may be able to offer practical help or a listening ear. Local services are there to help you.

7. TAKE A BREAK

It could be a five-minute pause from cleaning your kitchen, a half-hour lunch break at work, or a weekend exploring somewhere new. A few minutes can be enough to de-stress you. Give yourself some 'me time'.

8. DO SOMETHING YOU'RE GOOD AT

Enjoying yourself can help beat stress. Doing an activity you enjoy probably means you're good at it, and achieving something boosts your self-esteem.

9. ACCEPT WHO YOU ARE

We're all different. It's much healthier to accept that you're unique than to wish you were more like someone else. Feeling good about yourself boosts your confidence to learn new skills, visit new places and make new friends. Good self-esteem helps you cope when life takes a difficult turn.

10. CARE FOR OTHERS

We recognise a significant part of teacher's role involve caring for others. Caring for others is often an important part of keeping up relationships with people close to you and it can even bring you closer together. Make sure you have time in your day to recognise and notice the many ways you care for others.



BEST MENTAL HEALTH APPS FOR TEACHERS

CALM - Guided meditations, breathing programs and relaxing music. Calm is the perfect mindfulness app for beginners, but also includes hundreds of programs for intermediate and advanced users.

HEADSPACE - Similar to Calm, Headspace boasts a large library of guided mindfulness meditations. The meditations range in length so you can use short meditations between teaching lessons, and longer meditations when you have more time on your hands.

SLEEP CYCLE – An alarm clock app which tracks your sleep patterns and wakes you up during light sleep.

MINDSHIFT - If teaching is currently causing anxiety, stress and panic, MindShift is an excellent app that Mental Health practitioners support.

COLORFLY – You don't have to teach art to reap the benefits of this app. Colorfly is a colouring therapy app for adults. Relax whilst having fun with this painting experience. The app helps to focus your attention in the moment.

7 MINUTE WORKOUT – If you want to start exercising but don't feel you have the time to commit to a gym or exercise class, this app compresses a full body workout into just 7 minutes. You will get fit with these fast, simple and effective daily workouts. The link between exercise and positive mental health is undeniable.

INSIGHT TIMER – A free app for sleep, anxiety and stress which also provides access to workshops, lectures and playlists.

INTERACTIVE RESOURCES

This Ted Talk highlights the paramount importance of teachers maintaining good mental health and taking time out for themselves. We are certain there will be many elements of this talk that are relatable to either your current experience or experiences you have had in the past.

youtu.be/5O5QlqIDxjg

The below video link highlights the impact experiencing challenges in mental health has in the teaching profession, and the importance of looking after yourself.

youtu.be/3MINYYGjTxQ

The below video blog details a male teacher speaking about his personal experience of living with long-standing anxiety and depression. This is an excellent video highlighting the challenges teachers' face, when living with enduring anxiety and depression.

youtu.be/ixeNCewPKw4

Do you need to make a change?

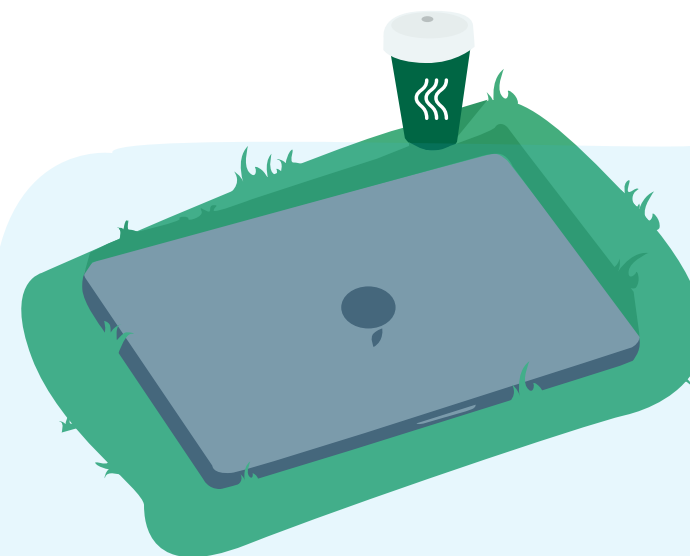
Take the NHS 18 question mood assessment to see if you need to make changes to focus more on your personal wellbeing.

www.nhs.uk/conditions/stress-anxiety-depression/mood-self-assessment/

Mental Wellbeing Audio Guides

Here you will find audio guides covering the following areas: low mood and depression; anxiety; sleep problems; low confidence and assertiveness; and unhelpful thinking.

www.nhs.uk/conditions/stress-anxiety-depression/moodzone-mental-wellbeing-audio-guides/



NEED EMOTIONAL SUPPORT OUTSIDE OF WORK?

Education Support is the only UK charity dedicated to improving the mental health and wellbeing of the entire education workforce.

Education Support have a Helpline for emotional support, offering counselling 08000 562 561. You can also get in touch by email at support@edsupport.org.uk

Not only do they offer support for mental health, they also offer support in managing personal issues, financial matters and achieving work-life balance.

ADVICE FOR SENIOR LEADERS

SUPPORTING YOUR STAFFS' MENTAL HEALTH

- Provide staff mindfulness, relaxation and managing stress sessions.
- Offer resilience-based workshops for staff to help normalise the process of speaking about wellbeing.
- Promote strength-focused teacher appraisals that concentrate on the positives. Targets should be realistic and focus on raising standards for children.

- Encouraging staff to buddy up with colleagues to support each other in providing opportunities for reflective practice and problem-solving school-based challenges.
- Create a sense of belonging to the school e.g. through team development opportunities.
- Make staff recognition and praise a part of school culture, and set aside time within meetings to celebrate staff achievement.

PROMOTING A POSITIVE SCHOOL CULTURE AND ENVIRONMENT

- Provide a positive environment for staff.
- Create a dedicated space for staff, where they can take time out.
- Invest in cost-effective ways to promote wellbeing and make staff feel valued e.g. acknowledging good work.
- Ensure senior leaders model good working practices and self-care to encourage an appropriate work-life balance.
- Encourage staff to take breaks; for example, finishing on time, having regular debriefs or supervision from colleagues or line managers when dealing with difficult situations.
- Endorse a culture of clear communication about workplace wellbeing.
- Promote an ethos where staff feel able to talk about concerns.
- Create an open-door policy for staff to access senior staff members, where they feel comfortable sharing any concerns.
- Consult staff about change and involve them in developing problem-solving strategies. A regular staff wellbeing survey, for example, could help to generate feedback and ideas.
- Create a staff wellbeing champion.
- Encourage staff confidence in noticing and offer support early when a colleague is struggling.
- Provide clear information for staff about how they can get help inside and outside the school. Provide a confidential employee assistance programme and ensure staff know how to access it.
- Make advice and guidance for senior staff available for supporting a member of staff with mental health difficulties.
- Provide good training and development opportunities for staff at every level. Studies show that continuing professional development increases job satisfaction and contributes to good health and wellbeing.

