



## Professionals Guidance for The Mental Health Support Teams

Working in collaboration for the benefit of children, young people and their families, the following guidance will help you assess if a request for help through the school Designated Mental Health Lead (low intensity CBT) is appropriate.

Low intensity Cognitive Behavioural Therapy (CBT) works best for children, young people and parents/carers when they have the cognitive abilities to be aware of their thoughts and behaviours, and the motivation to effect change. It can be helpful for mild to moderate mental health needs concerning low mood and anxiety including social anxiety, panic, general anxiety, OCD and separation anxiety. It is not a recommended intervention for children and young people (CYP) with multiple/complex needs or where there is high risk. The table below provides **guidance** on the types and severity of difficulties we may support. (Please note that if some aspects of the ‘not suitable’ column apply this will likely mean we won’t be able to support the CYP, even if the primary problem may be something we could support – i.e. low mood but misuses substances.)

		Likely Suitability		
		Likely to be suitable	May be suitable	Not suitable
		Common mental health difficulties that may respond to early intervention / low intensity approaches with no/few co-morbidities	Common mental health difficulties that may respond to early intervention / low intensity approaches. <b>However, consideration is required concerning the severity and impact of the presenting difficulties to determine suitability.</b>	Significant levels of need /complex conditions which are not suitable for brief early intervention / low intensity approaches.
Primary presentation		<ul style="list-style-type: none"> <li>Low Mood / Mild to Moderately Severe Depression               <ul style="list-style-type: none"> <li>Panic</li> </ul> </li> <li>Panic &amp; Agoraphobia               <ul style="list-style-type: none"> <li>Generalised Anxiety/Worry</li> </ul> </li> <li>Mild social anxiety</li> <li>Simple Phobias (but not related to blood, needle, vomit)               <ul style="list-style-type: none"> <li>Sleep problems</li> <li>Stress management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Low self-esteem</li> <li>Some compulsive behaviours/OCD (when carried out for an hour or less a day)               <ul style="list-style-type: none"> <li>Mild health anxiety</li> </ul> </li> <li>Mild anger difficulties (with no physical risk to others)</li> <li>Assertiveness/interpersonal challenges (e.g., with peers)</li> <li>Mild behavioural Difficulties in primary age children (supported only through work with parents)</li> <li>Self-harm is disclosed but is assessed as linked to low mood but is not assessed as enduring and high risk in nature</li> </ul>	<ul style="list-style-type: none"> <li>Pain management               <ul style="list-style-type: none"> <li>PTSD</li> </ul> </li> <li>Significant anger difficulties, violence/ODD               <ul style="list-style-type: none"> <li>Bipolar Disorder</li> <li>Psychosis</li> </ul> </li> <li>Personality Disorders               <ul style="list-style-type: none"> <li>Eating Disorders</li> </ul> </li> <li>Chronic depression/anxiety</li> <li>Established health anxiety               <ul style="list-style-type: none"> <li>Historical or current experiences of abuse or violence where this is the primary issue</li> </ul> </li> <li>Complex interpersonal challenges               <ul style="list-style-type: none"> <li>Bereavement</li> </ul> </li> <li>Active, enduring and significant self-harm</li> <li>Relationship problems</li> </ul>

	Likely Suitability		
	Likely to be suitable	May be suitable	Not suitable
Severity	Symptoms are mild and not present everyday	Symptoms are moderate and occur most days/every day	Symptoms are severe and occur every day
Number of difficulties (co-morbid)	Single difficulty	Main difficulty along with one difficulty in other area (mental health and/or physical difficulty)	Multiple current difficulties having current impact
Capacity	CYP/parent have no additional learning needs impacting on engagement with materials	Mild additional learning needs in CYP and/or parent	Moderate additional learning needs
Family situation	Significant instability in family indicated by very conflicted parents, regular conflictual family relationships and/or significant mental health issues in parents		
Opportunity	CYP has no self-agency and lack of parental support		
Motivation	CYP/Parent has no motivation to change		
Additional Involvement	CYP/Parent has additional agencies actively providing therapeutic support		
Previous history of suicide	Significant/recurrent previous history of suicide with plans and/or suicide attempt within previous three months		
Previous/Current self-harm	Current self-harm is regular and significant requiring treatment more than once in the last 3 months OR self-harm is significant and unpredictable		
Current suicidal ideation	Current thoughts of suicide that distress and occur every day (with plans)		
Current suicidal plan	Current plans that are thought through		
Risk to others	Inflicts current physical harm to others		
Risk from others	Current physical harm from peers and/or current physical harm from conflictual family relationships		
Neglect	Significant difficulties with routine self-care if independent or from caregivers if not. Shows signs of neglect (exhaustion, poor hygiene, hungry/malnourished etc.)		
Substance use/abuse	Uses substances with any regularity OR parent is dependent on substance and using to intoxication		

We use specific CBT therapeutic interventions designed to address specific needs and to work towards goals chosen by the CYP. Interventions require the CYP to engage in materials and complete work outside of sessions, hence the need for CYP to be motivated to change. We either work directly with a child or young person in 1:1 sessions (8 years and over) and their parent/carer where possible, or may offer parent led CBT where a child is under 12. We do not work with behavioural issues where children are 11 years +

When a request for help is accepted through the triage process, this **does not** guarantee we will be able to provide support. An Education Mental Health Practitioner will carry out an assessment to check suitability for a low intensity CBT intervention. If assessed as appropriate, the CYP/parent/caregiver will be offered an intervention which is usually a maximum of **eight sessions**. If our service is not suitable or not suitable at this time we will signpost or refer clients on to more appropriate services.

CYP with high ACE scores (Adverse Childhood Experiences), toxic stress and childhood trauma are unlikely to benefit from low intensity CBT, without prior, effective support. This is due to difficulty in being able to focus, retain information and learn.

For more information on ACE's and toxic stress; <https://www.stresshealth.org/>

