BeU SWINDON

www.beuswindon.co.uk

MENTAL HEALTH SUPPORT TEAM (MHST)

SCHOOL INFORMATION PACK

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NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

WHAT IS THE ROLE OF AN MHST?

- To deliver evidence-based Low Intensity Cognitive Behavioural Therapy (LICBT) interventions for mild to moderate mental health needs through 1:1 support, group sessions, and parental support.
- To assist the Senior Mental Health Lead in each school to implement or enhance a whole-school approach to mental health and wellbeing.
- To give timely advice to schools, provide signposting and liaise with external agencies to get the right support.

Mental Health Support Teams (MHSTs) were created to improve access to mental health and wellbeing services for children and young people by offering early intervention directly within schools.

WHAT IS LICBT?

Low Intensity Cognitive Behavioural Therapy (LICBT) is a form a guided self-help designed to support children and young people over a period of 6-8 weeks. The aim of LICBT is to help children understand the connection between their thoughts, feelings, physical symptoms, and behaviours, and how these influence each other. Through structured sessions, children are supported in making positive changes to improve their mood and reduce anxiety. Each week, children are given home tasks to practice the coping strategies and skills they've learned. Goals are collaboratively set during sessions and worked towards throughout the intervention. Each session lasts 45-60 minutes, depending on the intervention. Sessions can take place at school, online, or in one of our therapy rooms.

The evidence base suggests that LICBT is not an effective treatment when the young person's difficulties stem from unresolved systemic difficulties (e.g. bullying, difficulties at home). Please speak to a member of the Triage team if you have any specific questions about a young person.

THRIVE MODEL

Following the THRIVE model, Be U Swindon focuses on "getting advice" and "getting help" We work in partnership with other services when CYP are needing more extensive and specialised help or risk support.

MHST REFERRAL CRITERIA

Do	May do	Should not do
Common mental health difficulties that may respond to early intervention	**Conditions which may respond to early intervention but require discretion**	**Significant levels of need/complex conditions which are not suitable for early intervention**
Mild to moderate anxiety, including: • Generalised anxiety/worry • Panic attacks • Separation anxiety • Specific phobias (not blood, needles or vomit) • Agoraphobia	Mild social anxiety	Significant psychological risk, including • Self-harm • Suicidal ideation
Mild to moderate low mood or depression	Mild health anxiety	Chronic or severe depression or anxiety
Sleep problems	Mild or recently started exhibiting compulsive behaviours/rituals or symptoms of Obsessive Compulsive Disorder (OCD)	Mental health difficulties resulting from complex trauma such as Post-Traumatic Stress Disorder (PTSD), nightmares or flashbacks
Stress management	Anger difficulties	Bipolar Disorder
Mild to moderate behavioural difficulties (in children, not teenagers)	Low confidence/self-esteem	Psychosis
	Assertiveness/interpersonal challenges (e.g. with peers)	Personality Disorders
	Mild psychological risk, including • Self-harm is disclosed but linked to a mental health need and is not assessed as enduring and high risk in nature	Eating Disorders
		Pain management
		Established health anxiety
		Severe Obsessive Compulsive Disorder (OCD)
		Historical or current experiences of abuse/violence
		Complex interpersonal challenges including hostile or violent behaviour towards others
		Bereavement or grief as the main difficulty
		Relationship problems

Additional risk factors, if present, are taken into consideration when referrals are being triaged

FAQ'S

What does mild to moderate mean?

This is about the impact on the young person's life.

- Mild anxiety might affect a young person in one or more areas of their life (e.g. school, home or socially) once or twice a week, but not every day and not in every area of their life
- Moderate anxiety or low mood may affect a young person every day, but it wouldn't be debilitating, and they would still be able to get on with some of their usual activities.

What if I am not sure whether a young person should be referred to Be U Swindon?

Our Triage team are available to discuss potential referrals to help you understand whether Be U Swindon is the right service to refer to.

Our Triage team can be reached here:
Beu.swindon@NHS.net

1:1 INTERVENTIONS

BRIEF BEHAVIOUR ACTIVATION (BA)

Behavioural Activation is a talking therapy designed to address low mood. It is based on the concept that engaging in more meaningful activities can help improve overall well-being. This intervention is ideal for children and young people who are feeling low, have withdrawn from activities they once enjoyed, or are exhibiting avoidance and isolation behaviours.

BRIEF COPING CAT

Coping Cat is an intervention designed for children aged 8-13 who experience anxiety. It is particularly effective in treating Generalized Anxiety Disorder (GAD), separation anxiety, social phobia, and social anxiety. This workbook-based intervention helps children recognise and understand their emotional and physical reactions to anxiety. It also equips them with effective coping strategies to manage anxiety in different situations. Coping Cat is especially suited for younger children who have difficulty verbalising their thoughts and feelings.

BEHAVIOUR EXPERIMENTS (BE)

Behavioral Experiments are used in treating low mood, panic, agoraphobia, social phobias, and health anxiety. This intervention focuses on addressing feared thoughts that are unlikely to occur. Through a series of experiments, the child explores alternative ways of thinking and acting, helping to challenge and reframe fears while promoting more balanced thinking.

COGNITIVE RESTRUCTURING (CR)

Cognitive restructuring is an intervention used to treat panic, agoraphobia, social phobia, and health anxiety. This intervention involves exploring and challenging unhelpful thoughts and thinking patterns.
The goal is to address negative automatic thoughts, challenge fears, and promote more balanced and realistic thinking.

EXPOSURE AND RESPONSE PREVENTION (ERP)

Exposure and Response Prevention (ERP) is an evidence-based treatment for individuals with symptoms of Obsessive-Compulsive Disorder (OCD). In ERP, "exposure" involves gradually introducing individuals to the thoughts, images, objects, or situations that trigger their anxiety or obsessions. The "response prevention" aspect focuses on helping individuals resist the urge to engage in compulsive behaviors once their anxiety or obsessions are triggered.

EXPOSURE AND HABITUATION

Exposure and Habituation is an evidence-based intervention used to treat panic, agoraphobia, social phobia, and specific phobias. This intervention helps children and young people who are avoiding situations that trigger their fear. The intervention supports them to take control by developing a plan to gradually face the things they avoid due to anxiety.

PARENT-LED CBT

Parent-led CBT is designed for the parents/carers of children aged 5-13, primarily dealing with anxiety. In this approach, parents play a pivotal role, as they are the primary participants in the sessions and are responsible for supporting their child between sessions and after the treatment concludes. The intervention helps parents/carers identify triggers and factors that are maintaining the child's anxiety, enabling them to develop strategies to break these fears down into manageable goals that can be overcome.

PARENTING INTERVENTION

The Parenting Intervention is an evidence-based program designed to support parents/carers of children aged 5-9 who are experiencing behavioral challenges. This intervention involves collaborative sessions with parents or caregivers, rooted in social learning theory. The program helps parents and caregivers understand behavior as a form of communication, the attention principle, emphasises the importance of positive, specific praise, and encourages child-directed play to foster a healthier parent-child relationship.

WORRY MANAGEMENT

Worry management aims to treat Generalised Anxiety who have persistent worries and anxieties about a range of different things and situations. They may particularly struggle with uncertainty.

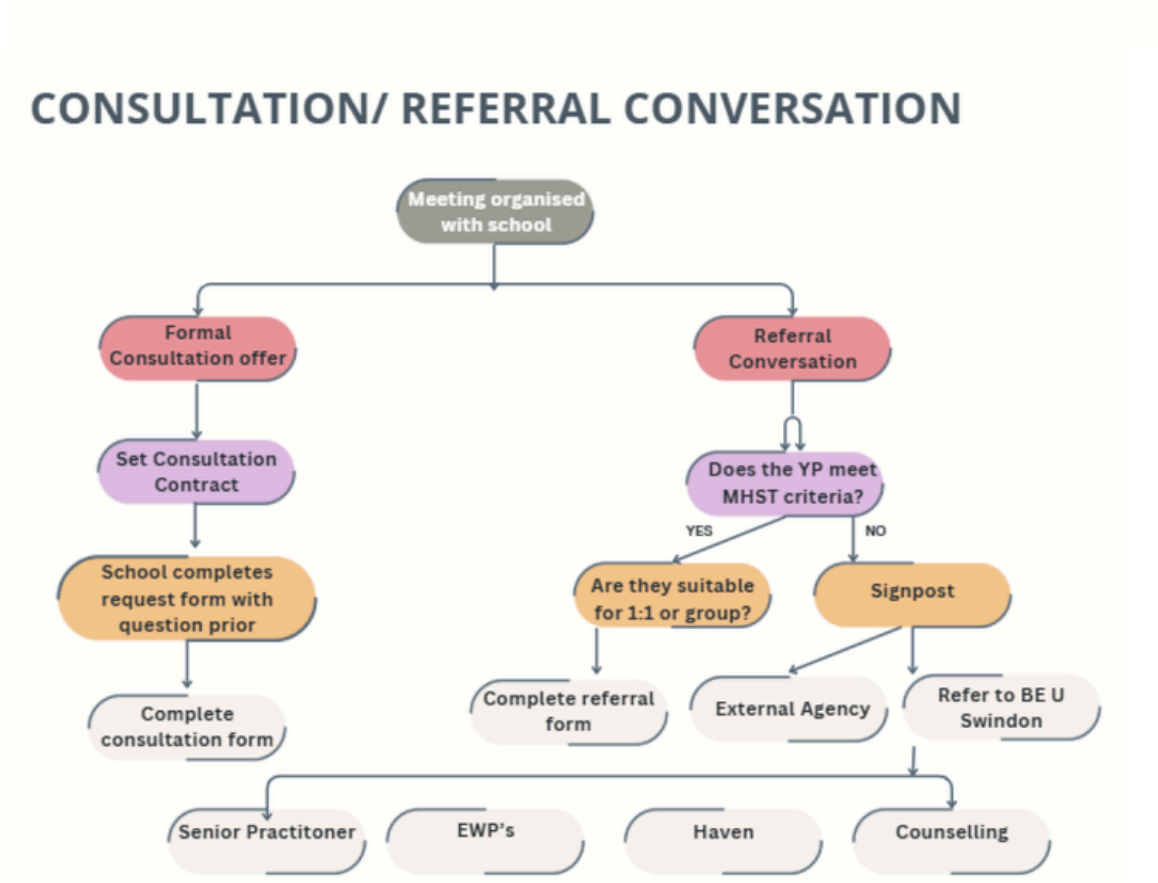
DECIDER SKILLS

There are 12 Decider Life Skills to help you manage mental health on a day to day basis. The Decider Life Skills are skills and strategies designed to improve, resilience, problem solving skills, reflection and emotional wellbeing. The Decider Life Skills are skills that help us to monitor and manage our own mental health.

CONSULTATION

Consultation within an MHST (Mental Health Support Team) involves working collaboratively with school staff, parents, and other professionals to provide advice, strategies, and support around a young person's mental health and emotional wellbeing.

Consultation supports schools to identify needs early, strengthen support systems, and promote positive mental health across the school community. As a part of this, we can also offer signposting to other agencies to offer the right help at the right time.



REFERRAL CONVERSATIONS

Referral conversations support identifying children and young people who would benefit from Low Intensity CBT 1:1/ group work and fit within the MHST remit. If children and young people needs would be best met through another service, we will provide signposting.

FORMAL CONSULTATION

Formal consultation provides a reflective space and opportunity to consider appropriate support, share professional advice and strategies, and agree next steps to help meet the young person's needs within the school environment.

WHOLE SCHOOL APPROACH (WSA)

A whole-school approach involves working with all members of the school community to increase awareness and reduce stigma around mental health. We offer workshops and training on a variety of topics within mental health.

Once an audit of the mental health provision in your school has been completed all topics below can be adapted to suit the schools' specific needs and tailored to the needs of your children, young people and families.

WSA FOR CHILDREN AND YOUNG PEOPLE

Personal Development Days

- Workshops/Assemblies for children and young people focused around the 5 steps to wellbeing.

Workshops

- Workshops to support children with a variety of topics such as transitions, anxiety management, exam stress, and more!

Enrichment sessions including emotion regulation skills

- Sessions to support engagement, developing positive connections and learning skills to manage emotions within a group environment.

Wellbeing clubs

- An informal, supportive space, where pupils can explore wellbeing, develop coping strategies, take part in creative activities, and connect with others in a relaxed environment.

Gender specific mental health groups

- A supportive environment for pupils w to explore topics relevant to their gender, build emotional resilience, develop coping skills, and connect with peers. Sessions are delivered in a respectful and inclusive space.

WSA FOR PARENTS AND CARERS

- Introduction to the MHST, mental health and wellbeing
- Understanding and supporting anxiety worry and low mood
- How to respond to risk

WSA FOR STAFF

Parent/carer navigation group

- Monthly drop-ins with themed discussions.

Parent/carer mental health workshops

- Raising awareness of mental health and wellbeing in children and young people.

REVIEW, RE-AUDIT, RECONTRACT

The Review, Re-audit, Recontract (RRR), is a 3 step process all schools will complete with ourselves to support your development and implementation of a Whole School Approach to mental health and encoraparating the 8 principles which form WSA.

The RRR process will develop a plan for the academic year that will be tailored to your school to support meeting the needs of the children, young people, families and staff in your school.

REVIEW

Prior to the 'Review' meeting taking place, you will be sent a Microsoft Form to complete to review the WSA that has been delivered before. It is also an opportunity to consider what has worked well and what are the areas for development.

Once this has been completed, we will organsie a review meeting to take place to plan out an action plan

RE-AUDIT

Each year, you will be asked to complete an audit of your mental health provision in school and how this relates to your Whole School Approach to mental health.

The audit you complete will be the Anna Freud, 5 Steps to Wellbeing. This audit will guide you through the process of completing the documents and form an action plan which will then meet to review together and how we can contribute towards this. We will leave this meeting with a plan set for the academic year.

RE-CONTRACT

After you have completed the review and re-audit, this is a useful time for us to get back together to think about how our working relationship is progressing. The re-contract meeting is a reflective and restorative space. This gives us opportunity to celebrate the areas of success and to form a plan around any challenges that may exist.

GROUP OFFER

Within our groups, at least one practitioner works with a group of young people who share similar feelings or experiences with the aim to manage anxiety or low mood. The groups we deliver are evidence-based and research has shown that they can be just as effective as 1:1 support.
Groups are delivered online or face to face.

MIND AND MOOD GROUP

The Mind and Mood Group is a 6-week course aimed at secondary school pupils that covers topics like problem-solving, mindfulness, and challenging negative thoughts. In this group, young people learn cognitive-behavioral techniques to better manage their mental health and well-being. As a guided self-help program, it requires young people to practice the strategies taught between sessions.

DECIDER SKILLS

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COPING CAT GROUP

Group Coping Cat is an intervention designed for children aged 8-13 who experience anxiety. It is particularly effective in treating Generalized Anxiety Disorder (GAD), Separation Anxiety, Social Phobia, and Social Anxiety. This workbook-based group intervention helps children recognise and understand their emotional and physical reactions to anxiety. It also equips them with effective coping strategies to manage anxiety in different situations.

FOR FURTHER INFORMATION, PLEASE SPEAK TO YOUR ALLOCATED EMHP OR DESIGNATED MENTAL HEALTH LEAD AT YOUR SCHOOL

PARENT LED CBT GROUP

This guided group program, delivered to parents/carers of children aged between 5-13, aims to teach cognitive behavioral strategies that can help children manage their anxiety. Parents/carers will learn to use techniques while working through the book "Overcoming Your Child's Fears and Worries: A Self-Help Guide Using Cognitive Behavioural Techniques" by Creswell and Willetts (2007). The program includes six group sessions over a six-week period. The sessions focus on equipping parents with strategies to help their children to overcome and manage their anxiety.

SELF ESTEEM GROUP

Self Esteem Group is aimed at older primary and secondary school children and is a 6 week intervention. It is designed to help children and young people to develop positive coping strategies and resilience to help manage their body image, promote self-esteem, boost confidence and celebrate what makes us unique.

EXAM STRESS GROUP

Exam Stress Group is aimed at 14-16 year olds and is a 6 week intervention. It is a brief, facilitator-led cognitive-behavioral intervention designed to help secondary school students manage exam anxiety. It equips students with the practical skills needed to cope with the mental and emotional pressures.

PARENTING GROUP

The Parenting Group is an evidence-based program designed to support parents/carers of children aged 5-9 who are experiencing behavioral challenges. This intervention involves collaborative sessions with parents or caregivers, rooted in social learning theory. The program helps parents and caregivers understand behavior as a form of communication, the attention principle, emphasises the importance of positive, specific praise, and encourages child-directed play to foster a healthier parent-child relationship.

HOW TO MAKE A REFERRAL

NEED FOR SUPPORT IDENTIFIED

A young person is identified as needing support according to the referral criteria. Discussed with the mental health lead within school.

REFERRAL FORM COMPLETED

Mental health lead completes a referral form online at www.beuswindon.co.uk. Online referrals are preferred but hard copies are also accepted.

TRIAGE

Be U receives referral form and the referral is triaged within 48 hours via SPA (single point of access). The referral will either be accepted by the MHST, community team or signposted with recommendations for support. Once accepted into the MHST the referral may go onto a waitlist and then is allocated to the EMHP working within that school.

ASSESSMENT

EMHP carries out an assessment to decide what support would be most helpful to the CYP.

1:1 WORK

If LICBT is deemed suitable then 1:1 work will commence after assessment.