Compass

MENTAL HEALTH SUPPORT TEAMS

THRESHOLDS GUIDE

Compass Thrive Approach and Threshold Documentation

Compass

COMPASS WITHIN THE THRIVE MODEL

The matrix below indicates where Compass MHST sits within the Thrive Approach and gives examples of interventions at each area. As the MHST model is to offer support unique to each educational setting based on need, this is not an exhaustive list, but more an indication of the type of support available.

Compass Thrive Approach and Threshold Documentation

Compass

Thriving prevention and health promotion

•Whole School Approach (WSA)

Compass Supervising Practitioners offer regular Link Sessions with the Schools Designated Mental Health Lead (DMHL). The purpose of these sessions is to complete, review and manage the schools "Whole School Approach" to mental health and wellbeing. The initial focus on this is the evaluation of the school need through the WSA Audit. From the information gathered in these, action plans will be developed to meet the identified needs. The support offered by Compass will be bespoke to meet these needs but could include:

- Workforce training
- Awareness Events
- Psychoeducational assemblies and workshop delivery
- Pupil/Staff/family surveys
- Support with development of school policies and guidance

Resource Development

- Sharing of psychoeducational resources through schools, networks and digital platforms

Peer Networks

- Implementation of CYP and parent networks

Getting Advice - Those who need advice & signposting

Link Session Consultations

- Within the schools regular link session there is dedicated time for specific case consultation, which allows for formulation and advice for cases where direct intervention is not indicated

Signposting

- Advising professional/families of alternative services which would be more appropriate to meet need

Service Navigation

- Supporting onward referrals through joint working, direct liaison and facilitated step-up

Targeted Workshops/Assemblies

- Delivery of psychoeducational workshops to pupils identified with specific mental health and wellbeing needs

Compass Thrive Approach and Threshold Documentation

Compass

Getting Help - Those who need focused goal-based input

Early Intervention Low Intensity CBT

- Mild to Moderate emotional health needs; Low mood, anxiety, common challenging behaviours, difficulty managing emotions, difficulty with transitions, Family and peer relationship issues, self-harm
- 6-8 Sessions
- 6-8 group or individual sessions

Getting More Help - Those who need more extensive & specialised goal-based help

- Compass will ensure all CYP gain access to the right support with the right service at the right time for specialised support.

Getting Risk Support - Those in or approaching crisis

- Compass will ensure all CYP gain access to the right support with the right service at the right time for crisis support.

Compass Thrive Approach and Threshold Documentation

COMPASS MENTAL HEALTH SUPPORT TEAM (MHST)

Compass MHST will ensure Children and Young People (CYP) access the right early help, in the right setting removing duplication and preventing CYP/families (CYPF) being 'bounced' in-between services. The service will provide extra capacity for early intervention support within school and college settings via three core functions:

- **Networking and Navigation**
- **Whole school approach**
- **Evidence based interventions**

These cornerstones are the pillars of our service delivery model and the basis for the structure of our work within the integrated education and mental health systems which exist in our localities and communities, building partnerships and working together is at the heart of our activity and runs consistently through the delivery model.

The aim of this document is to outline where Compass MHST sits within the Thrive Approach and how we will work alongside our partner agencies to ensure the right support is in place for CYP, in line with the Thrive Conceptual Framework and NICE Guidance.

Thresholds and evidence based interventions

THRESHOLDS AND EVIDENCE BASED INTERVENTIONS

The thresholds matrix below for individual Mental Health and Emotional Wellbeing (MHEW) difficulties/behaviours has been developed to help CYP receive the right care first time by letting partners and referrers know what Compass' thresholds are and the interventions we can deliver.
These interventions relate to direct support and so would be offered under "Getting Advice" and "Getting Help" in line with the Thrive Conceptual Framework.

LOW MOOD

MILD

- **Typical presentation:**
  - Sadness
  - Lack of motivation
  - Affected sleep pattern
  - Changes to appetite and diet
  - Loss of enjoyment in activities and hobbies
- **Impact**
  - Minimal
  - Likely to be some avoidance behaviours or self isolation however young person is able to continue with day-to-day life most of the time with minimal disruption
- The needs are often transient and relation to social context and triggers
- **Interventions indicated:**
  - Consultation, advice and signposting
  - Assemblies
  - Workshops
  - Guided self-help
  - School link sessions
  - Psychoeducation
  - Low intensity CBT group work
  - Low intensity CBT 1:1

MODERATE

- **Typical presentation:**

As in Mild presentation with also possibility of:

  - Feelings of worthlessness or hopelessness
  - Fleeting suicidal ideation/urges without planning or intention to act
  - Short term low/medium risk that remain within the remit of our service around suicidal ideation, deliberate self harm that doesn't require medical attention.
- **Impact**
  - Increased impact on functioning and symptoms arising
  - Likely to be avoidance behaviours or self isolation
  - Day to day life is impacted (i.e. may affect school attendance, ability to engage in hobbies)
  - Relationships may start to be affected
- Needs may be in relation to social context or trigger however unlikely to be transient and are not related to age appropriate mood variation (i.e. age and stage of development, puberty)
- Needs are a change from previous behaviour
- If comorbid with a pervasive developmental disorder (i.e. ASD, ADD, ADHD), this must be an acute change from their usual presentation
- **Interventions indicated:**
  - Psychoeducation
  - Low intensity CBT group work
  - Low intensity CBT 1-1

Compass

Changing Lives Compass

Thresholds and evidence based interventions

ANXIETY

MILD

- Typical Presentation
- Cognitions around a specific subject (i.e. exams) – Worry, preoccupation
- Behaviour – reassurance seeking, avoidance, difficulty separating from "safe" adult such as a parent
- Physical – sweating, blushing
- Affected sleep pattern
- Changes to appetite and diet
- Loss of enjoyment in activities and hobbies
- Lacking confidence

·Impact

- Minimal
- Likely to be some avoidance behaviours or self-isolation however young person is able to continue with day-to-day life most of the time with minimal disruption

·The needs are often transient and relation to social context and triggers

Interventions indicated

- Consultation, advice and signposting
- Assemblies
- Workshops
- Guided self-help
- School link sessions
- Psychoeducation
- Low intensity CBT group work
- Low intensity CBT 1:1

MODERATE

·Typical presentation

As in Mild presentation with also possibility of:

- More generalised worry – flitting between different subjects
- A worry about being worried
- Panic attack symptoms – hyperventilation, palpitations, sweating, nausea, dry mouth, dizziness
- Difficulty concentrating on tasks
- Unrealistic and persistent fears in relation to self or loved ones
- Low self esteem
- Short term low/medium risk that remain within the remit of our service around suicidal ideation, deliberate self harm that doesn't require medical attention.

·Impact

- Increased impact on functioning and symptoms arising
- Likely to be avoidance behaviours or self-isolation
- Day to day life is impacted (i.e. may affect school attendance, ability to engage in hobbies)
- Relationships may start to be affected

·Needs may be in relation to social context or trigger however unlikely to be transient and are not related to age-appropriate mood variation (i.e. age and stage of development, puberty)

·Needs are a change from previous behaviour

·If comorbid with a pervasive developmental disorder (i.e. ASD, ADD, ADHD), this must be an acute change from their usual presentation

Interventions indicated

- Low intensity CBT group work
- Low intensity CBT 1-1

Compass

Changing Lives Compass

Thresholds and evidence based interventions

DELIBERATE SELF HARM (DSH)

MILD

Typical Presentation

- Voicing curiosity around DSH
- Singular or periodic episodes of very superficial DSH (i.e. scratching skin without breaking or causing marks, pinching skin) because of immediate trigger or stressor
- May display behaviours for which DSH is the desired consequence but may not be typical of DSH behaviour (i.e. getting into physical fights they know they will lose, tattoos, substance misuse)

Impact

- Minimal
- DSH will not require any aftercare
- The need is likely related to current/recent personal and social circumstances which might include peer pressure to conform
- Good support network in place (i.e. friends, family, trusted adults)

Interventions indicated

- Advice and consultation
- Parent workshops
- Guided self-help
- School link sessions
- Psychoeducation
- Low intensity CBT 1:1

MODERATE

Typical Presentation

- Acts of DSH (i.e. cutting or scratching skin to a point where marks are made)
- DSH may require first aid to treat
- Rumination on DSH
- DSH is more regularly used a unhelpful coping technique
- Short term low/medium risk that remain within the remit of our service.

Impact

- Increased impact on functioning and symptoms arising.
- DSH may require first aid level of treatment but should not require specific or ongoing medical intervention (i.e. sutures, antibiotics)
- Day-to-day life may be impacted due to a wish to avoid triggering situations
- DSH may begin to affect school/hobbies

·The self-harming behaviour may be linked to other risk factors or behaviours which could affect the severity of the self-harming, for example linked to alcohol or substance misuse

Interventions indicated

- Psychoeducation
- Low intensity CBT 1:1

Compass

Changing Lives Compass

Thresholds and evidence based interventions

FAMILY AND PEER RELATIONSHIP DIFFICULTIES

MILD

Typical Presentation

- Reassurance seeking
- Lacking confidence
- Easily influenced
- Sudden behavioural changes
- Frustration
- Argumentative
- Lack of awareness around positive relationships and boundaries

- **Impact**
- Minimal
- Relationships may start to deteriorate

·The needs are often transient and relation to social context and triggers
·Recent experiences of bullying/friendship difficulties (if current then support needs to be put in place before referral to our service around these issues)

Interventions indicated

- Consultation, advice and signposting
- Service Navigation
- Parental support
- Assemblies
- Workshops
- Guided self-help
- School link sessions
- Psychoeducation
- Low intensity CBT group work
- Low intensity CBT 1:1

MODERATE

Typical presentation

As in Mild presentation with also possibility of:

- Difficulty in relationships
- Tearfulness
- Avoidance behaviours
- Low self esteem
- Short term low/medium risk that remain within the remit of our service.

Impact

- Day-to-day life and relationships may be affected due to avoidance and isolation
- May be vulnerable to exploitation from others

·Needs may be in relation to social context or trigger however unlikely to be transient and are not related to age-appropriate mood variation (i.e. age and stage of development, puberty)
·Needs are a change from previous behaviour
·If comorbid with a pervasive developmental disorder (i.e. ASD, ADD, ADHD), this must be an acute change from their usual presentation
·Experiences of significant long-term bullying i.e. physical, verbal, online
·Adverse childhood experiences (recent/previous)

Interventions indicated

- Signposting/Service navigation
- Parental support
- Psychoeducation

Compass

Changing Lives Compass

Thresholds and evidence based interventions

CHANGE AND TRANSITIONS

MILD

Typical Presentation

- Reassurance seeking
- Lacking confidence
- Avoidance
- Sudden behavioural changes
- Frustration

Impact

- Minimal
- Avoidance may lead to some impact to education/hobbies

·The needs are often transient and relation to social context and triggers

·Additional school transitions causing difficulties settling and building new friendships

·May present with or be diagnosed with social communication needs which will impact on ability to manage change and transition

Interventions indicated

- Consultation, advice and signposting
- Service Navigation
- Parental support
- Assemblies
- Workshops
- Guided self-help
- School link sessions
- Psychoeducation
- Low intensity CBT group work
- Low intensity CBT 1:1

MODERATE

Typical presentation

As in Mild presentation with also possibility of:

- Tearfulness
- Worry, preoccupation
- Difficulty separating from "safe" adult such as a parent
- Panic attack symptoms – hyperventilation, palpitations, sweating, nausea, dry mouth, dizziness
- Difficulty concentrating on tasks
- Low self esteem
- Short term low/medium risk that remain within the remit of our service.

Impact

- Day-to-day life and relationships may be affected due to avoidance and isolation
- May be vulnerable to exploitation from others

·Child in Care, in foster care, maybe have had several placements

·Experienced loss and/or bereavement which is being managed or not a current issue.

Interventions indicated

- Psychoeducation
- Low intensity CBT group work
- Low intensity CBT 1-1

Thresholds and evidence based interventions

Compass

COMMON CHALLENGING BEHAVIOURS

MILD

Typical Presentation

- Frustration
- Low level defiance (i.e. pushing boundaries, regularly challenging rules, refusing requests)
- Argumentative
- Struggling to regulate emotions

Impact

- Minimal
- Relationships may start to deteriorate
- Sanctions/consequences may be used occasionally at school

·The needs are often transient and relation to social context and triggers

Interventions indicated

- Consultation, advice and signposting
- Service Navigation
- Parental support
- Assemblies
- Workshops
- Guided self-help
- School link sessions
- Psychoeducation
- Low intensity CBT group work
- Low intensity CBT 1:1
- PBS intervention
- Beyond Behaviours Group

MODERATE

Typical presentation

- Aggression (i.e. shouting, swearing, getting into fights, throwing/breaking objects, punching walls)
- Refusal and defiance (i.e. ignoring rules and consequences, persistently refusing requests)
- Causing disruptions
- Avoidance behaviours
- Struggling to regulate emotions
- Short term low/medium risk that remain within the remit of our service.

Impact

- Relationships are likely to be affected and positive communication may have broken down
- Education is likely to be impacted as it is likely that behavioural sanctions/consequences are often used, meaning time is spent away from learning
- May be at risk of exclusion

- Needs may be in relation to social context or trigger however unlikely to be transient and are not related to age-appropriate mood variation (i.e. age and stage of development, puberty)
- Needs are a change from previous behaviour
- If comorbid with a pervasive developmental disorder (i.e. ASD, ADD, ADHD), this must be an acute change from their usual presentation
- Adverse childhood experiences may be present previously or recently

Interventions indicated

- Signposting/Service navigation
- Parental support
- Psychoeducation
- Low intensity CBT 1:1
- PBS intervention
- Beyond Behaviours Group

Compass

Changing Lives Compass

Thresholds and evidence based interventions

MANAGING EMOTIONAL RESILIENCE

MILD

Typical Presentation

- Reassurance seeking
- Lacking confidence
- Avoidance
- Frustration
- Tearfulness

Impact

- Minimal
- Avoidance may lead to some impact to education/hobbies
- Overwhelmed by sensory activities
- Can lead to outbursts in school or at home

•The needs are often transient and are in relation to social context and triggers

•May present with or be diagnosed with social communication needs which will impact on ability to recognise and understand emotions

Interventions indicated

- Consultation, advice and signposting
- Service Navigation
- Parental support
- Workshops
- School link sessions
- Low intensity CBT 1:1

MODERATE

Typical presentation

As in Mild presentation with also the possibility of;

- Tearfulness
- Worry, preoccupation
- Panic attack symptoms – hyperventilation, palpitations, sweating, nausea, dry mouth, dizziness
- Using unhealthy coping techniques
- Low self esteem
- Short term low/medium risk that remain within the remit of our service.

Impact

- Relationships may be affected
- May be vulnerable to exploitation from others
- Education may be impacted by lack of ability to recognise and manage emotions leading to outbursts in lessons
- Overwhelmed by sensory activities
- Can lead to outbursts in school or at home

Interventions indicated

- Low intense CBT 1:1
- Service navigation
- Consultation, advice and signposting
- School link sessions
- Parental support

Compass

Step up/down arrangements with other agencies

Keyworkers have responsibility to achieve a seamless transition between services to ensure the CYPF gets the intervention they need without having to repeat their story multiple times. Integral to this is:

Key Principles:

- Shared commitment to ensuring the right help, in the right setting removing duplication and preventing CYP/families being 'bounced' in-between services

- Routine communication between system partners is key to ensuring we 'get it right' for children, young people and families

- Shared decision making is the solution to 'grey areas'

- Referral allocation is based on need and will be directed by child/young person's wishes/preferences

- Shared understanding of eligibility and thresholds taking into account the impact of mental health on schooling/education

- Capitalise on the benefits of an intervention to change the 'here and now' (i.e. placement stability/school attendance).

- Sharing timely need to know information (risk/assessment and outcomes measures, goal plans, safety/transition and discharge planning)

- Accepting professional judgement and rationale (mutual respect)

- Understanding the holistic needs of the CYP/family

Step up/down arrangements with other agencies

Compass

Changing Lives Compass

Step up/down process

Step up/down arrangements with other agencies

Compass MHST key worker will:

1. Review intervention/need – Compass review effectiveness (reducing, sustaining, escalating).

2. Discuss (anonymously) potential step up/down cases with other agency prior to discussion with CYPF to avoid confusion/disappointment (using duty line).

3. Once informally agreed with partner discussion with CYPF and seek consent to refer and share information.

4. Make referral to partner agency

5. Once referral is accepted consider sharing need to know information (paperwork incl. risk/assessment) inline with Compass policies.

To ensure a smooth transition the key worker will also:

1. Co-develop with partner agency a discharge and transition plan

2. Facilitate 3-way review/handover meetings until CYP is settled

3. Liaise with referrer/lead professional pre discharge

4. Provide a summary letter for (CYPF, School and GP)

If the CYP is stepping down from Compass to universal services, the key worker will:

1. Support the parent/carer and schools to implement staying well plan

2. Check in with school regarding CYP via LINK sessions

Compass

Mental Health Support Service for children and young people in Derby and Derbyshire

01332 315569

changinglives@compass-uk.org

@compassclmhst