



Thought-Full: Mental Health Support Team referral guidance for schools



Thought-Full offers up to 10 sessions of Cognitive Behavioural Therapy (CBT) informed approaches for mild to moderate* anxiety, low mood, low self-esteem, sleep or emotional regulation.

- This may be offered via 1:1 sessions with the young person, via the parent through parent-led work, or group interventions
- For referrals for young people aged 4-7 (KS1), parent-led interventions will be considered as the first line offer
- For 7-11 (KS2), parent-led interventions may still be considered and/or we would expect a high level of parental involvement in sessions
- We are an early intervention service, aiming to address mental health difficulties prior to these having a significant impact on the young person's functioning
- We use a goal focussed, single strand approach, which means we work on one difficulty at a time, to bring about meaningful change

*Mild to moderate is defined by the difficulty impacting on their life but not preventing them from engaging in all areas (e.g. school, home, hobbies and friendships).

Before making a referral for a child or young person into Thought-Full, consider:

- Does the young person recognise they have a difficulty, which they would like support with/and are motivated to change? Young people of all ages must consent to a referral being made
- Is the young person presenting with a mild to moderate mental health difficulty? The needs of young people presenting with more severe mental health difficulties would be best met via a referral to Single Point Of Access (SPOA)
- Is the young person able to identify their emotions? We are unable to offer emotional literacy work as a specific intervention
- Is the young person currently presenting with current risk to themselves or from others? We are unable to work with young people where self-harm has become their only way of managing emotions, or where they are requiring medical intervention or risk management support. Intervention is also not appropriate where the home environment is unsafe or unstable. In these situations, please consider referrals to Integrated Front Door (IFD), Multi Agency Mental Health Education Triage (MAMHET) or SPOA
- Are the difficulties experienced in the context of/or a proportionate response to a current situation or life event (e.g. environmental factors, (e.g. family difficulties, the behaviour of others, bullying), a period of adjustment (e.g. a recent loss, health diagnosis or transition/period of change), developmental stage (e.g. age expected natural fears and worries), or unmet specific learning or neurodiversity needs)

When making a referral - please include the following points in each section of the online referral form:

1. Young persons view: the specific problem the young person is dealing with, how long it's been a problem for (onset), what impact the problem is having on their life and what they would like to change.

2. Referrers/parents view: perspective on what parent and you as referrer see as the specific problem the young person is experiencing. To include: how long it has been being going on for (onset), how does the difficulty present (what do you see in terms of their behaviours, what are they saying and doing), how does it impact on the young person's life, what makes the problem better or worse, what do you think would be helpful for the young person? Also any significant events that may have impacted the young person.

3 Current support: what support is being offered to the young person at present, either by the school or externally?

4. Previous support: what has been tried already? What was the impact? Be as specific as possible.

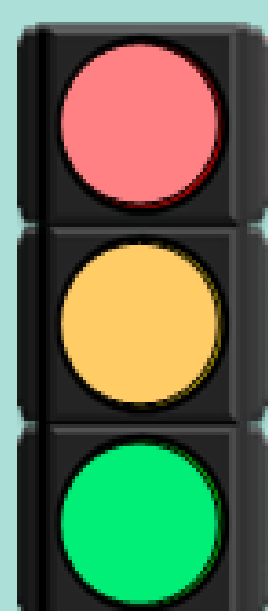
5. Other agencies: who else is the young person known to? E.g., Early Help, Child Adolescent Mental Health Services (CAMHS), Children's Developmental Centre (CDC), School Nursing Service.

Link to template: [Voice of the Young Person](#) 🔍

Risk: include within the risk section of the referral form, even if mentioned elsewhere too.

Are you aware of any of the following for the child or young person?		
Risk to SELF	Risk to OTHERS	Risk FROM OTHERS
Self-harm thoughts or behaviour	Thoughts or intent to harm others including animals	Bullying, physical, emotional or sexual abuse in real-world or online
Suicidal thoughts or behaviours	Online harm to others	
Substance misuse? (Alcohol, drugs, or smoking)	Aggressive/impulsive behaviours that results in inadvertent harm	
Concerns relating to food / weight/eating		
If yes, <u>please provide all details on the referral</u>, within the risk section.		

Thought-Full – Referral Traffic Light



- Thought-Full **CANNOT** support with this, referrals **will not** be accepted.
- Thought-Full **MAY** accept these cases.
- Thought-Full **CAN** accept such cases **if** they are **appropriate for intervention**

If you're still not sure about an individual who you think might benefit from our service, and you would like to discuss them in more detail prior to referring, please speak to one of your Thought-Full Practitioners or email thought-full@westsussex.gov.uk.

Referral outcome rationale: can be accepted			
	Overview	Common feelings/behaviours  (to look out for)	 Common thought(s) (to listen for)
Low mood	<p>Feeling sad is a normal, proportionate emotion.</p> <p>Everybody feels low or down at times.</p> <p>However, when it is affecting daily life, it can be considered low mood.</p> <p>Depression is a persistent low mood.</p>	<ul style="list-style-type: none"> • Withdrawal • Can't be bothered attitude • Behaviour change • Lacking motivation or enthusiasm • Poor appetite • Diet change • Tearful • Hopeless about the future • Loss of interest in usual activities • Poor sleep pattern 	<ul style="list-style-type: none"> • "What's the point?" • "I can't be bothered" • "There's no point, I won't enjoy it" • "People are a disappointment" • "People let me down anyway, so why bother?" • "People are so annoying" • "Nobody likes me" • "I'm no good at anything"
Low self-esteem	<p>We all experience doubts from time to time. But when this is persistent, and affecting daily life, it could be a sign of low self-esteem.</p> <p>Low self-esteem can result in feelings of low mood and anxiety.</p>	<ul style="list-style-type: none"> • Avoiding things that may be challenging due to fear of failure • Avoiding social situations • Sensitive to any kind of feedback • People pleasing – difficulty saying no or setting boundaries 	<ul style="list-style-type: none"> • Negative self-talk "I'm stupid"; "I'm a failure"; "I'm no good at anything" • Downplaying success and achievements "I was just lucky"; "It wasn't that good"; "I could have done better" • Comparison – believing others are better or more capable "Others are better than me" • "People will laugh at me" • "People won't want me there anyway" • "I'm not good enough"
Social anxiety	<p>A fear of being embarrassed in a social setting.</p>	<ul style="list-style-type: none"> • Not putting hand up in class • Friendship changes & behaviour in group • Avoiding reading out aloud • Waits for others to answer • Avoiding social situations • Holds back in group situations • Avoids eye contact • Monitors how they are coming across • May wish to be in quieter spaces • Mismatch between comments on self that do not fit others' views • Rehearsing/Practising how to perform in a social situation • Going over what they did in a social situation 	<ul style="list-style-type: none"> • "I will get told off" • "People will laugh at me" • "No one will like me" • "I won't have anyone to play with" • "I will mess my lines" • "People will think badly of me" • "People will think I'm stupid" • "I will say the wrong thing" • "Everyone is looking at me" • "I won't know what to say" • "It will be embarrassing"

<p>Separation anxiety</p>	<p>Re-occurring and excessive distress about separation, or anticipation of separation, from home or loved ones.</p> <p>NB. This is not always towards a person but can also be separation from a place.</p>	<ul style="list-style-type: none"> • Clings to parents at handovers • May try to text parents in the day • Frequently asks what the time is during school day • Resistance to go to bed or sleep alone • Makes excuses to see caregiver at night • May sleep with caregiver at night • Reluctant to attend sleepovers • Won't go to friend's parties without parent 	<ul style="list-style-type: none"> • "My mum, dad, care giver will have a car crash" • "Someone will break into the house while I'm asleep" • "I will get lost or taken by someone" • "My parents will get ill and die" • "I will miss Mum / Dad when I'm at school and I won't cope" • "A monster will come into my room when it is dark"
<p>Generalised anxiety (worries)</p>	<p>Excessive and repeated worrying.</p>	<ul style="list-style-type: none"> • Links anxious predictions together • Often thinks of the worst possible scenario to occur (Catastrophises) • Distracted by their thoughts • Finds it hard to fall to sleep • Excessive reassurance seeking • The anxiety/worry is mainly future focussed 	<ul style="list-style-type: none"> • Lots of "what if" thoughts • "I will do badly at my work" • "I fail my test / exam" • "My friends and I fall out" • "I won't be able to sleep, and I will be tired" • "Something bad will happen at school tomorrow" • "There might be a flood / catastrophe, and we'll all die"
<p>Specific phobias</p>	<p>An overwhelming and debilitating fear of a specific object, place, situation, a feeling, or animal.</p> <p>In some cases, we may be able to work with young people experiencing specific anxiety about health (where there is no indication of a health issue).</p>	<ul style="list-style-type: none"> • Avoids going near the feared object, place or situation • Seeks reassurance in relation to the specific feared object, place • Makes excuses to avoid 	<p>Thoughts based on an outcome of contact with a specific phobia:</p> <ul style="list-style-type: none"> • "The dog will jump up to bite me" • "Someone will be sick at school, and it will be disgusting" • "The spider will crawl all over me and it will be horrible" • "I will fall and die" • "But everybody will look at me" • "I can't breathe in there"

<p>Emotional regulation</p>	<p>Difficulties in managing responses to their emotional experiences.</p>	<ul style="list-style-type: none"> • Difficulties understanding emotions • Going from 0-100, whereby the emotional response appears disproportionate to the situation • Struggling to recognise the triggers which lead to the strong feelings • Irritable • Tearful • Argumentative • Disruptive outbursts • Self-harm behaviours • Struggling to problem solve • A lack of helpful calming strategies 	<ul style="list-style-type: none"> • "I can't cope" • "I am too much/it is too much" • "No one is helping me" • "I feel out of control"
<p>Sleep difficulties</p>	<p>Finding it difficult to fall asleep. Lying awake for long periods of time. Wake up several times in the night. Wake up early and unable to get back to sleep.</p>	<ul style="list-style-type: none"> • Feeling down or low in mood • Difficulty concentrating • More irritable • Not feeling refreshed when waking • Difficulty waking in the morning • Sleeping too much • Appearing overly tired in the day/falling asleep at school • Near nocturnal sleep cycle • Difficulty maintaining social life • Feeling hungrier & snacking more • Feelings of dread about the next day 	<ul style="list-style-type: none"> • Lots of thoughts when trying to sleep • "My mind is racing" • "I can't switch off" • "I feel like I haven't even slept" • Frustration at oneself increases due to lack of sleep
<p>Panic</p>	<p>Having regular or frequent panic attacks without clear cause or trigger. Experienced as intense but temporary sensations.</p>	<ul style="list-style-type: none"> • Racing heart • Short of breath • Dry mouth • Sweating • Shaking/trembling • Nausea • Feeling faint • Dizziness • Hot flushes/chills • Frequent need for toilet 	<ul style="list-style-type: none"> • "This will never end" • "I am going to die" • "I am having a heart attack" • "I'm going to go blind" • "I am going to pass out" • "Something bad will happen" • "People will judge me"
<p>Common behavioural problems (primary age)</p>	<p>Persistent behaviours which others find challenging to manage and are impacting on the young person and those around them. This would likely be a Parent-based Intervention.</p>	<ul style="list-style-type: none"> • Angry outbursts • Regular arguments with others • Shouting & swearing regularly • Physical aggression towards others (biting, hitting, kicking) • Self-injurious behaviour • Frequently in trouble at school and home • Boundaries experienced as a challenge 	<ul style="list-style-type: none"> • "This is not fair" • "You've not listened to me" • "I can't do this" • "You are rushing me" • "No one cares" • "I hate everyone" • "I don't understand this" • "I feel lonely"

Voice hearing (secondary age)	Hearing voices coming from within or outside of head.	<ul style="list-style-type: none">• Hearing sounds, whispers, conversations or commands.• Content/voice tone heard may be neutral, critical or comforting• Describing voices that argue• Report voices during time of high stress, anxiety or when falling asleep• Voices may be familiar (people known) or unfamiliar to young person• Appears distracted/lost in thought and reduced focus• Appearing confused• Answering back/conversing with voices, often when alone but can be in public• Social withdrawal• Emotional reactions including fear or anger• Acting upon commands (e.g. doing things voices ask of them)	<ul style="list-style-type: none">• "People will think I am 'crazy'"• "I am going mad"• Harsh self-critical thoughts• "Are these my thoughts or are these voices?"• "Why is this happening to me?"• "I can't cope"
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Referral outcome rationale: may be accepted

EBSA

Emotionally Based School Avoidance (EBSA) is when a child or young person is not attending school or having difficulties engaging in school due to emotional reasons. EBSA work involves understanding a young person's reason for not attending school, which CBT informed approaches may or may not be able to address. Referrals may be considered if the young person is able to identify what the difficulty is, are motivated to work on this and can engage in regular weekly sessions. It may be the young person's goal is not about increasing their attendance or returning to school.

Emetophobia
(fear of sick)

We can offer support for young people with a specific fear of sick, however we need to ensure this is not related to an OCD type presentation (e.g. fear of contamination), trauma, eating disorder, body dysmorphia or a sensory processing difficulty.

SEND/
additional
needs

Thought-Full can see children and young people with neurodevelopmental and/or learning differences. However, the young person must be able to identify a mental health (not learning) problem they want to work on. For CBT informed approaches to be effective, the young person needs to be able to identify the thoughts, feelings and behaviours associated with the difficulty.

Sensory

Where a mental health difficulty is related to environmental or sensory factors (e.g. noisy corridors, uncomfortable clothing or textures), a CBT informed approach would not be indicated.

	Referral outcome rationale: cannot be accepted
PTSD/ trauma	Trauma focused CBT is the first line, evidence-based treatment, for PTSD and trauma for children and young people. This requires specific training and is not currently available within Thought-Full.
OCD	The first line treatment for OCD is CBT using a technique called Exposure Response Prevention. However, this is not an intervention currently offered by Thought-Full practitioners.
Eating disorders	<p>Unlike poor eating patterns that may be a consequence of anxiety or low mood; an eating disorder is far more complex. The young person may have:</p> <ul style="list-style-type: none"> • Rapid weight loss • Low BMI • Dieting when they're underweight • Patterns of eating that concern their families/friends or themselves • Social withdrawal, changes in mood or other mental health problems • A disproportionate concern around body image • possible faltering growth <p>The young person needs to see their GP at the <u>earliest opportunity for physical monitoring and appropriate onward referral.</u></p>
Bereavement	Bereavement support is something that Thought-Full are not trained to support with. We would recommend an onward referral to CRUSE or Winston's Wish.

Referral decisions are:

- reviewed on a case-by-case basis, through a thorough triage process
- discussed to determine whether Thought-Full can offer appropriate and suitable support
- **IF a referral is not accepted**, a rationale for the decision will be provided, along with relevant signposting information. This is to ensure the young person gets the right support for them at the right time

The child/ young persons and their family's best interests are of paramount importance in all our decision making.