

# HIOW Healthcare Trust MHST Criteria

## What MHSTs Offer

MHSTs provide timely advice, Whole School Approach (WSA) support, and early-intervention CBT for children and young people experiencing mild to moderate difficulties such as anxiety, low mood, and worries. Our focus is on brief, practical support that helps build coping skills and promotes meaningful day-to-day change.

## What is CBT?

CBT is an evidence based, structured, goal-focused approach that helps young people understand how thoughts, feelings, and behaviours are connected. It teaches practical skills to challenge unhelpful patterns and encourages using new strategies in and outside of sessions. It is active, collaborative, and works best when the young person feels ready to engage.

## When Is the Right Time for CBT?

CBT is most effective when a young person is ready and able to engage in a structured, goal-focused intervention. The points below can help schools and MHSTs decide if CBT is appropriate at this time:

A young person is more likely to benefit when they:

- Show some motivation or readiness for change, even small indicators.
- Can reflect on their thoughts and feelings and explore how these link to behaviour.
- Can attend sessions consistently and try small tasks between sessions.
- Have enough emotional and environmental stability to engage (i.e., not in crisis).
- Have a specific difficulty suited to CBT, such as anxiety, low mood, avoidance, or worry-based patterns.
- Can tolerate mild discomfort when practising new skills or facing avoided situations.
- Have supportive adults at school or home who can reinforce new strategies.



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## **CBT may not be suitable right now when:**

- The young person is not ready or motivated to make changes.
- They cannot manage the structure or expectations of the intervention.
- Safety planning, stabilisation, or emotional-regulation work is needed first.
- Instability in the wider system (home, school, or context) would prevent meaningful engagement.
- Their current needs are not suited to CBT, and another service would be more appropriate.

Suitability decisions are made in line with NICE guidelines. It is important that children and young people access CBT at the right time to ensure a positive therapeutic experience and meaningful, lasting improvement. Please note that MHSTs provide early-intervention CBT for mild to moderate, non-long-standing presentations. More enduring or complex difficulties may still benefit from CBT but often require a specialist service for the level of depth, frequency, or duration recommended by NICE.

## **What Comes Next in This Document**

On the following pages, we outline common presentations, signs, and symptoms that may be appropriate for an MHST intervention as well as the MHST exclusion criteria. These symptoms are considered alongside whether it is the right time for CBT to help determine whether MHST support is suitable or whether an alternative pathway may better meet the young person's needs.

If a child, young person, or family is accepted, they will then be offered an MHST assessment. This assessment allows us to explore their difficulties in more depth and to work collaboratively with the family to confirm whether an MHST intervention remains the most appropriate option.

Where CBT-informed sessions are offered, these may be delivered face to face, via a digital platform, or within a group setting.



# HIOW Healthcare Trust MHST Criteria

## Presenting Difficulty

## Symptoms/Behaviours

## MHST Evidence- Based Intervention

Mild to Moderate  
Low Mood

- Low Mood (or in children and young people this can be exhibited as sadness or irritability).
- Diminished interest or pleasure in all, or almost all, activities.
- Significant weight loss when not dieting or weight gain or decrease/increase in appetite.
  - Insomnia or hypersomnia nearly every day.
- Feelings of restlessness or being slowed down observable by others.
  - Fatigue or loss of energy.
- Feelings of worthlessness or excessive or inappropriate guilt.
- Diminished ability to think or concentrate, or indecisiveness.
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan or intent to act on thoughts.

Secondary age students only  
6-8 CBT informed sessions,  
of Behavioural Activation/  
Cognitive Restructuring  
  
Or CBT

Separation  
Anxiety

- Excessive worry about separation from home or major attachment figure.
  - Sleep disturbance and/or nightmares
  - Fear of being alone
- Clinging to caregiver or tracking of them.
  - Somatic complaints.

6 parent-led sessions on  
helping your child's fears and  
worries (under 12's).  
6-8 CBT informed sessions:  
Graded Exposure or Worry  
Management  
  
Or CBT

Social Anxiety

- Intense or persistent fear of social or public situations.
- Fear of being laughed at, doing something embarrassing, or being negatively judged by others.
  - Avoidance of multiple social situations.
- Withdrawn in anxiety provoking situations.
  - Excessive self-focused attention

6 parent-led sessions on  
helping your child's fears and  
worries (Under 12's).  
  
Mild: 6-8 CBT informed  
sessions intervention.  
  
moderate: Adapted CBT  
informed sessions or CBT



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## MHST Criteria

### Presenting Difficulty

### Symptoms/Behaviours

### MHST Evidence-Based Intervention

Panic Disorder

- Discrete, recurrent periods of intense fear/panic.
- Followed by worry about additional attacks.
- Cognitive and physiological symptoms (dizziness, tachycardia, fear of dying)
- Catastrophic misinterpretation of physical sensations of panic.

6 parent-led sessions on helping your child's fears and worries (Under 12's).  
or CBT

Generalised Anxiety Disorder

- Excessive worry about a variety of situations/ activities.
- Worry is hard to stop or comes back.
- Worry about school, own performance, interpersonal issues, own health or others, world affairs, family matters.
- Somatic complaints include sleep disturbance, poor concentration, restlessness.

6 parent-led sessions on helping your child's fears and worries (Under 12s).  
6-8 CBT Informed sessions on Worry Management  
Or CBT

Behavioural Difficulties

- Difficulties in managing responses to anger, in the context of a mental health need. for example: Hitting, kicking, swearing, refusing to follow instructions, disruptive play.

6-8 parent-led session underpinned by the Incredible Years principles (under 12's only).

Specific Phobia

- Excessive and persistent fear of specific situations, beings, or objects.
- Behavioural reaction may include running away, avoidance, clinging, crying, or freezing.

6 parent-led sessions on helping your child's fears and worries (Under 12s)  
6-8 CBT informed sessions of Graded Exposure  
CBT

OCD

- Obsessions. Recurrent intrusive thoughts, images, or impulses which cause significant distress.
- AND/OR
- Compulsions. Repetitive behavioural or mental acts aimed at reducing anxiety or distress. May be related to contamination, doubting, harm, symmetry.

CBT  
Adapted CBT Informed sessions



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## Presenting Difficulty

## Symptoms/Behaviours

## MHST Evidence- Based Intervention

Single Event PTSD  
(one isolated  
traumatic event)

Intrusion (re-experiencing): Unwanted memories, nightmares, flashbacks, or distress.  
Avoidance: Efforts to avoid trauma-related thoughts or feelings.  
Negative changes in thoughts and mood: Persistent negative beliefs, blame, low mood, isolation, reduced interest in activities, or difficulty feeling positive emotions.  
Arousal and reactivity: Irritability, hypervigilance, startle response, concentration problems, risky behaviour, or sleep disturbance.

Symptoms last more than one month and cause significant distress or functional impairment.

CBT

**Due to the complexities of these presentations, the MHST are unable to work with the following criteria:**

- High risk: to self, from others or to others
- Eating Disorders
- Severe OCD
- Adjustment or bereavement reactions
- Young people under a Child Protection Plan
- Child in Need (CIN) plan when the presenting concern is directly associated with the safeguarding issues identified in that plan, as these needs require statutory or specialist safeguarding intervention rather than MHST involvement.
- Significant ongoing social problems – e.g. legal, housing, domestic violence
- Significant Substance Misuse
- Young people who are experiencing emotional distress in the context of trauma or attachment difficulties
- Long-standing mental health difficulties (typically present for over two years), particularly where needs are chronic, complex, or require specialist intervention
- Disordered eating presentations understood in context of mental health where eating concerns are unstable, escalating, or associated with physical risk
- Open to CAMHS for an active mental health pathway, where this remains clinically appropriate at the time of referral. (Being open to the ADHD pathway alone is not an exclusion.)

