

MHST can work with:	MHST MAY be able to work with (please consult MHST):	MHST and are unable to work with:
Low mood- behavioural activation	Phobia work	Conduct disorder
Worry management	Early inset of OCD symptoms	Treatment of parental mental health difficulties
Problem solving	When active self-harm is present	Chronic depression
Sleep hygiene	When suicidal thoughts are present	Extensive, long-standing phobias
Graded exposure for anxiety (generalised anxiety, separation anxiety, health anxiety, social anxiety)	Eating problems /using eating as a way of regulating emotions	Severe, active, high risk self-harm
Supporting with self-harm when associated with and the focus of work is on low mood/anxiety	Controlling behaviours relating to anxiety/emotional dysregulation presentations as NVR may be appropriate	Symptoms of psychosis; significant confusion, hallucinations of an auditory or visual nature ongoing, concerning thought pattern
Simple phobias		Active suicide ideation
Thought challenging		Relationship issues, MHST do not offer counselling
		OCD severe in nature
		Attachment disorders
		Eating disorders
		Assessment of developmental disorders
		Assessment of learning difficulties
		Pain management
		Historical or current experiences of abuse or violence
		PTSD