

MENTAL HEALTH SUPPORT TEAMS

WHO ARE WE?

- O This is a new service, developed as part of a national programme to increase access and availability of mental health and wellbeing support for children and young people in schools.
- MHSTs are small teams delivering into between 12 and 20 partner schools/education settings. The team is made up of EMHPs (Education Mental Health Practitioners), supervising clinicians and administrative support and is available 9am-5pm through-out the year.
- Our Educational Mental Health Practitioners (EMHPs) spend their first year training in a Postgraduate Diploma from UCL and Anna Freud Centre to deliver early interventions for mental health concerns, working in schools to develop their skills. Once qualified the EMHPs work in 4-5 partner schools to deliver early mental health and emotional wellbeing support for children and young people, parents and school staff.

WHO IS IT FOR?

The MHST provides a school-based early intervention and prevention service which works with children/young people aged 4-19yrs with mild to moderate mental health difficulties / emerging low level mental health needs who attend a partnered school.

WHAT DO WE OFFER?

The MHST aims to embed good mental health into daily school practice in a variety of ways, helping it become part of the whole school culture. We wish to work collaboratively with schools and parents to enable children/young people to succeed by promoting their emotional health and emotional well-being, as well as resilience. We also aim to increase staff and parental awareness of these issues. We offer a range of evidence based group and individual interventions for up to 8 weeks based on the principles of Cognitive Behavioural Therapy (CBT) as well as whole school work and one-off workshops for staff and parents.

Your local MHST will address the needs of children/young people by:

- O Supporting school/college staff to make effective onward referrals to appropriate mental health services. As part of the 'no wrong door' approach, this will help to ensure that children/young people are given access to the right support.
- O Building upon and increasing existing well-being provision and support, rather than replacing it.
- Supporting the Designated Mental Health Lead in introducing or developing whole school approaches and building resilience.
- O Delivering evidence-based interventions in schools and colleges for individuals experiencing mild to moderate mental health difficulties.

The support offered may vary between each educational setting. A range of interventions will be available and will be prioritised with the partner educational setting. These interventions include:

Introductory assemblies / staff briefings







- O Group work / workshops for Primary pupils around emotions and confidence
- Group work / workshops for Secondary pupils/parents/carers
- One-to-one sessions for Primary parents around helping their child's anxiety
- One-to-one sessions for Secondary pupils around guided self-help for mild to moderate mental health issues
- Drop-in sessions for Secondary pupils to discuss worries/issues affecting their mental health
- Supporting 'peer mentoring' programmes
- Signposting children with higher needs to access the right support
- Offering educational workshops to parents
- Offering training and consultation to school staff

WHAT IS THE REFERRAL CRITERIA?

Referrals for children/young people attending a partner educational setting must be made by a professional who has met the child/young person and should be made in agreement with the School/College Mental Health Lead. Referrals must have evidence of emerging emotional and/or behavioural difficulties which would benefit from early intervention. For example, the child/young person may present with difficulties in one or more areas, but is generally functioning well. Referrals will be assessed by the MHST before being accepted or declined and possibly referred to a more appropriate service. Referrals

In a school environment, some presenting examples may look like this, (but are not limited to):

- Specific Anxieties (around transition between year groups, developing and maintaining relationships, fear of failure, low self-esteem or aspirations, trust issues, social anxiety, etc.)
- Phobias (animals/insects, specific food stuffs, specific objects, modes of transport, etc.)
- O Low mood (age 11yrs+).
- Emotional regulation difficulties (which is not due to difficult social circumstances, social communication difficulties like ASD/ADHD/or speech & language processing needs such as dyslexia), (ages 8-11yrs).
- Mild obsessive compulsive difficulties.
- Behavioural difficulties (ages 5-9yrs).

WHEN IS THE MHST NOT APPROPRIATE?

- If the complexity of the case is judged to exceed 'mild to moderate' need.
- If the presenting difficulty is judged to be unsuitable for the interventions offered.
- If there are long-term complexities involved (e.g. a history of significant domestic violence and/or Children's Services support, trans-generational family safeguarding concerns, or if significant developmental trauma is suspected).
- If the referral meets the eligibility criteria for another service and there is evidence that a better outcome
 will be achieved by this service. In this situation signposting or onward referral will be offered.







If a child/young person has needs which are assessed to be greater than our service can meet, we will work together with schools to find an appropriate alternative. For example, we may have a role in supporting school professionals with referrals to GPs or the Single Point of Access (SPA), or another appropriate provision. Examples of unsuitable or high risk cases may include:

- Behavioural difficulties (ages 9+)
- Self-Harm as the primary presenting issue
- Post-Traumatic Stress Disorder
- Suicidal ideation
- O Biological symptoms of depression in combination with any of the above.

Referrals to the MHST cannot be made by a professional who has not met the child/young person. The MHST is not an emergency service and is unable to provide urgent care that is directly linked to risk or concerns around a child's mental health presentation. Please contact NHS 111 or the HPFT SPA in these circumstances.



