Mental Health Support Teams in Schools for Children and Young People (MHST)

**CAMHS MHST Enquiry & Referral Information and Guidance for Schools**

**Our MHST service employs Education Mental Health Practitioners (EMHP’s) and Specialist Supervisors**

Our EMHPs and supervisors work with children and young people in Primary and Secondary schools in Devon. Work is ongoing to develop the service with a view to accessibility and widening the offer to other schools but we are currently only based in identified schools (See appendix 1).

**Who do we work with?**

EMHPs work with children and young people with low-level/mild to moderate common mental health difficulties (anxiety, low mood and behavioural difficulties).

This is an early intervention service that provides clear and tailored Low-Intensity Cognitive Behavioural Therapy (LI-CBT) interventions focused on guided self-help.

**What we do:**

We work collaboratively with schools to establish a ‘Whole School Approach’ to mental health & wellbeing, enabling mental health to be valued and become an intrinsic part of school culture.

We work collaboratively with young people (and their families, where appropriate) using goal-focused approaches that require commitment and participation to be effective. We offer 1:1 and group work in which our staff will support young people to identify a current problem and set clear goals to help them overcome this.

**What are Whole School Approaches?**

We work in partnership with our schools to develop universal approaches promoting well-being and the prevention of mental health problems across the whole school community.

Each school has a Designated Mental Health Lead which is the key link between MHST and School. Through partnership with this lead we hope to support our school colleagues to develop a mentally healthy school culture and ethos, and a supportive classroom environment.

**How do we do it:**

We meet regularly with Designated Mental Health Leads to discuss mental health issues related to the whole school community and for consideration of needs of individual pupils or groups of pupils.

We offer workshops & training events to increase emotional health awareness, tackle stigma and prejudice around diversity and mental health and to develop pupil participation. This include:

* Anxiety/ Low Mood
* Exam Stress
* Bullying
* Transition and resilience
* Staff well-being and mental health awareness
* Mental Health Advocate training for pupils as part of the participation and engagement aim.
* Parent mental health awareness workshops and engagement events

We offer 1:1 Li CBT interventions for anxiety, low mood and primary-age behavioural difficulties.

We also offer targeted groups, for example, Decider, Parent-Led CBT, Parenting Intervention, Mind and Mood and Cognitive Restructuring.

**What interventions do we provide?**

A typical 1:1 or targeted and evidence-based group intervention, will involve a comprehensive assessment, psycho-education and then six to eight sessions of a specific guided self-help intervention.

Sessions will include psycho-education, and structured sessions using CBT-informed approaches. The EMHP will seek to involve parental/carer support to create SMART goals for therapy and work towards sustainable change.

All interventions focus on supporting children/young people and their parents in building their motivation, working towards clearly identified goals and encouraging them to develop solutions to overcome their difficulty.

*A list of the LI-CBT Interventions can be found at appendix 2*

**How to access 1:1 or Group Support**

**If you are a member of school staff** and think a child/young person or group of pupils in your school would benefit from our service, please talk to your Designated Mental Health Lead (DMHL) or request a Time to Reflect consultation with one of our EMHPs/Supervisors.

**If you are a Child/Young Person/Parent/Carer** we would encourage you to talk to a trusted staff member or the Designated/Senior Mental Health Lead in your school, who can explore how the MHST may be able to support you. If you would prefer to contact us direct then you can request a service request form by calling our business support team on 01392 386825 or emailing us on [cfhd.mhstadmin@nhs.net](mailto:cfhd.mhstadmin@nhs.net).

**If you are a member of the wider Children & Young People’s workforce** we welcome you contacting us to discuss children and young people that may benefit from accessing our service, by calling our business support team on 01392 386825.

On the following pages you will find our criteria which we hope are both helpful and clear.

**Referral Criteria Traffic Light System (Who do we see/What can we support with)**

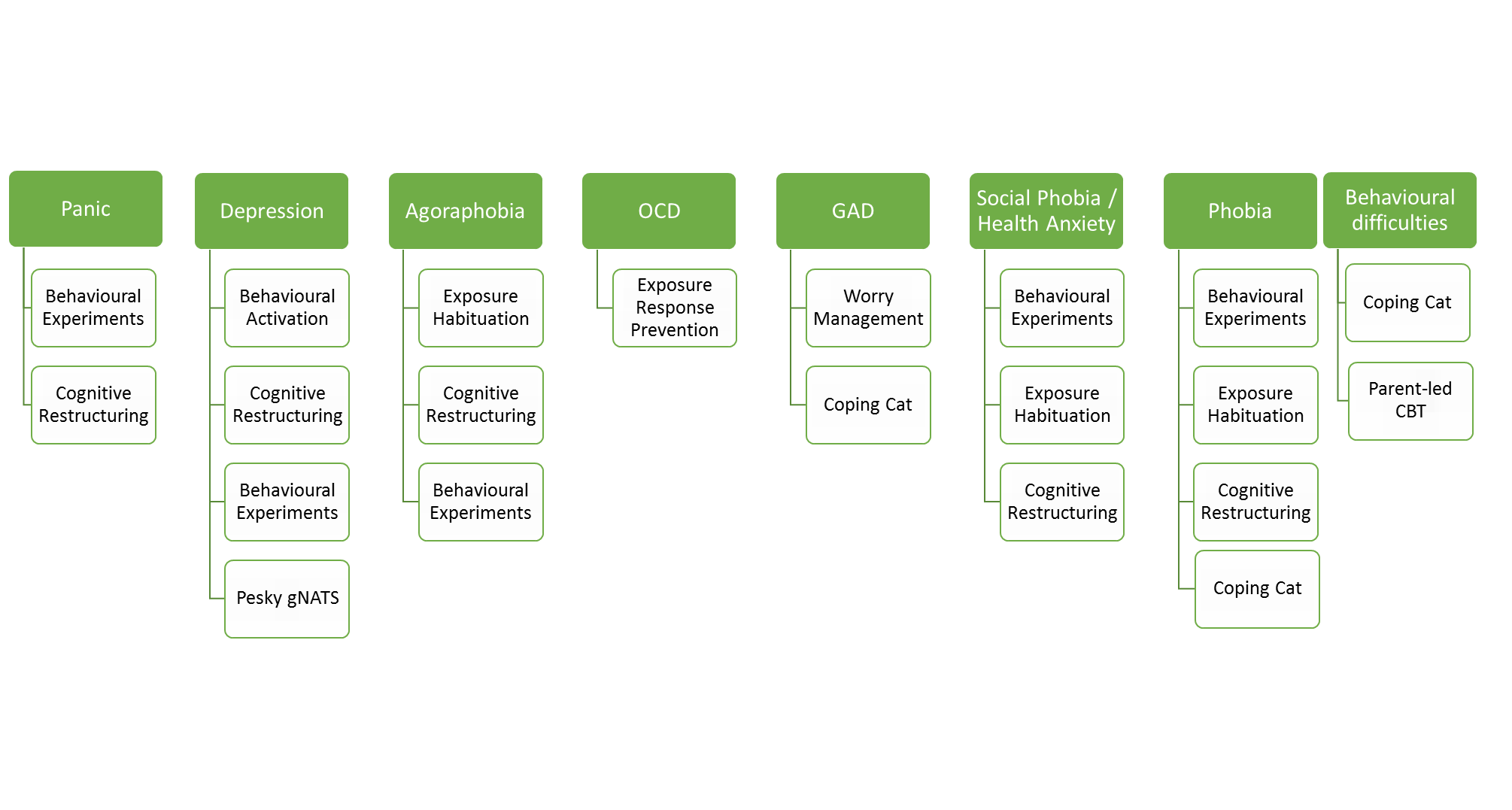
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| **EMHPs can work with individuals/groups to provide interventions in cases of….** | **EMHPs may work with individuals/groups to provide interventions in cases of….**  **Discretion and close supervision required** | **EMHPs cannot work with individuals/groups to provide interventions in cases of….**  **Significant levels of need. Complex conditions requiring ongoing referral** |
| **Behavioural difficulties – identification and support with CYP or brief parenting support. These include supporting regulation and understanding of irritability , anger, frustration.** | **Behavioural difficulties, identification and support with CYP or brief parenting support, which may include Parent-Led interventions supporting moderate disruptive, confrontational, or controlling actions.** | **Conduct disorder, severe anger presentations where there is complexity, risk to others and significant risk management.**  **Significant attachment difficulties or developmental trauma/PTSD.** |
| **Training parents and teachers to support interventions with children** | **Training parents and teachers to support interventions with mild/moderate mental health needs.**  **Support staff to help co-facilitate a full parenting programme.** | **Training parents and teachers to support interventions with significant levels of co-morbidity, complexity or risk. Treatment of parental mental health/wellbeing.** |
| **Low mood.** | **Irritability/ anger as a symptom of depression Promoting self-esteem, increasing motivation and engagement for children/young people.** | **Chronic depression, severe depressive episodes.**  **Moderate to severe anger management.**  **Bereavement.** |
| **Anxiety, worry management and avoidance, mild social anxiety or health anxiety.** | **Anxiety disorder symptoms resulting in moderate impact on functioning or mild/moderate levels of risk.** | **Chronic anxiety and severe anxious episodes resulting in severe impact on functioning or high levels of risk.** |
| **Emerging phobias and phobic responses displaying typical fight, flight, freeze adrenaline responses.** | **Complex/specific phobias such as, agoraphobia, vomit or needle phobias.** | **Phobias resulting in severe impact on engagement or participation.**  **Hemophobia** |
| **Obsessive, intrusive or ritualistic thinking patterns that could be considered an emerging obsessive compulsive disorder** | **Mild/moderate obsessive and compulsive symptoms, not exceeding 1 hour/day.**  **Young people displaying obsessive and ritualistic symptoms that may be in the context of neurodiversity.** | **Obsessive-compulsive disorder exceeding 1 hour/day or presenting with severe impact on functioning.** |
| **Panic-like symptoms or panic attacks.** | **Young people displaying panic symptoms that may be in the context of neurodiversity or other mental health need.** | **Chronic panic and anxiety episodes or high levels of risk.** |
| **Thoughts of self-injury, risk assessment. Support with alternative coping strategies. Young people with history of self-injury but not active** | **Self-injury not requiring significant medical attention, e.g. first aid, safety planning and support with healthy coping alternatives.**  **Suicidal ideation without clear intentions or plans to harm self.** | **Severe and active self-injury, requiring hospital assessment or significant medical treatment. High risk of serious harm to self, others or serious intent or planning to end life.** |
| **Lifestyle management e.g. sleep hygiene, healthy eating etc.** | **Sleeping difficulties e.g. in the context of anxiety or other mental health difficulty.** | **Longstanding, debilitating sleep patterns or physical sleep abnormalities.**  **Chronic fatigue syndrome, pain management or medically-unexplained symptoms.** |
| **Individual problem solving, improving self-esteem and motivation.** | **Supporting mild to moderate emotional dysregulation, impacting on interpersonal relationships e.g. friendships.** | **Systemic or relationship problems – counselling is best practice for interpersonal dynamics** |

**The EMHP Role**

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| What EMHPs do... | We would not expect EMHPs to... |
| Assess and support people with mild to moderate mental health problems (anxiety, low mood and behavioural difficulties). | Routinely assess and triage children and  young people with severe, complex or  enduring mental health problems, or those presenting with complex issues. |
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| Offer low intensity, focused, evidence-based 1:1 interventions.  • Behavioural activation  • Behavioural experiments  • Cognitive restructuring  • Exposure and habituation/Exposure and  response prevention  • Worry management strategies  • Social Learning theory-based parent  support and parent-led CBT  • Behavioural and emotional regulation  strategies (sleeping, toileting, feeding  etc.)  • Support Digital Interventions  • Lifestyle management  • Relaxation  • Problem solving  Intervention Diagram see appendix 2 | Be involved in complex, or moderate to high need situations or presentations.  If a young person’s presentation moves outside of the Low Intensity remit of the service, MHST does not hold cases that are awaiting more specialist intervention. These cases will be closed and held in the Locality Duty system. |
| Group Interventions. For example,   * Decider skills * Mind and Mood group * Parenting group * Parent-Led CBT group * Cognitive Restructuring group | EMHPs do not case co-ordinate.  If the young person requires an additional intervention a further referral will be required and a full assessment of needs will be completed separately. |
| Signpost people and facilitate access to other services when appropriate. | Support children and young people with high levels of risk or needing a specialist level of care or intervention. |
| Work through a variety of media such as  telephone, internet and face-to-face and in School. | EMHPs are not able to offer home visits but may offer visits at an alternative centre |
| Review children and young peoples’ progress and record outcomes achieved |  |
| Be able to access specialist input quickly where complexity, risk or safeguarding factors emerge. | MHST cannot expediate waits for other CAMHS pathways.  Services are encouraged to use Time to Reflect Consultation spaces/conversation with DMHL’s to ensure the correct referral pathway is followed. |
| Receive weekly EMHP case management supervision and fortnightly clinical skills supervision. | Operate without appropriate supervision/  access to specialist support when needed.  EMHP’s are not qualified to offer supervision or counselling to school staff. |

**Appendix 2:**

**The Interventions and the Symptoms they hope to improve:**

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