MENTAL HEALTH SUPPORT TEAM

# School Staff Guide to the Mental Health Support Team (MHST)

MENTAL HEALTH SUPPORT TEAM

# Who are the MHST?

## Where it all began

The government produced the document - Transforming children and young people's mental health provision: a green paper (2017)
Transforming_children_and_young_peoples_mental_health_provision.pdf (publishing.service.gov.uk)

Mental Health Support Teams were commissioned as a brand-new workforce to support with the preventative, early intervention, and education side of mental health.

Your MHST is made up of a Team Lead a Clinical Lead, Senior Education Mental Health Practitioners (SEMHP), Education Mental Health Practitioners (EMHP)(both qualified and trainee), Children's Wellbeing Practitioners (CWP) a whole school approach co-ordinator, and support workers.

EMHP and CWP's complete a specialist training course to deliver low intensity cognitive behavioural interventions known as LICBT - LI CBT is a brief evidence-based therapy, focusing on the core principles of Cognitive Behavioural Therapy which helps identify and change unhelpful thoughts, feelings, and behaviours.

They are trained to work with mild to moderate mental health concerns focusing on early intervention and prevention.

EMHP's and CWP's are registered professionals under either the BABCP/BPS.
(BABCP – British association for behavioural and cognitive psychologists; BPS – British psychological society)

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# The Thrive Framework

Together we Thrive.

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# What do the MHST do?

MHST's 3 core functions sitting across the Thrive model of care.

## Whole school/college approach

- Support the Senior Mental Health Lead to develop the Whole School/College Approach to mental health & Wellbeing

## Advice & signposting

- Give timely advice and guidance to staff, liaise with external specialist services to help CYP get the right support and stay in education

## Evidence-based support

- To deliver evidence-based interventions for mild-moderate mental health issues

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# Whole School Approach

Taking a Whole School Approach involves looking through a new lens, considering the effect of every aspect of school or college life on mental health and wellbeing – from policies to curriculum to the physical environment.

A whole-school approach involves all parts of the school working together and being committed. It needs partnership working between senior leaders, teachers, and all school staff, as well as parents, carers, and the wider community.

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# Whole School Approach

MHSTs can support schools with completing self-assessments using the 8 WSCA principles as well as audits – these can be class based, year group, staff, parents/carers and more.
These focus groups support looking at ways to improve the mental health and wellbeing of the school and its community – this could include staff as well as parents/carers.

As part of the Whole School Approach the MHST team offer group workshops for students, parents/carers and school staff to support reducing the stigma of mental health and offer some basic understanding and knowledge. Topics covered include:

- Worry/anxiety management.
- Introduction to Sleep hygiene.
- Introduction to Mental health awareness.
- Managing difficult emotions.
- Healthy relationships.
- Understanding resilience.
- Body image.
- Introduction to suicide awareness.
- Brief introduction to what is self-harm?
- Exam stress – managing your mindset.

Ask you school mental health lead for the full MHST offer.

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# Evidenced based support.

## Who do we work with?

Our practitioners are trained to work individually with young people over 11 and their families (offering parent led support) for under 12's experiencing mild to moderate mental health needs using guided self-help principles and delivering manualised interventions or in short LICBT.

**So, what are Mild-Moderate needs?**

- These refer to emotional or behavioural challenges that a child might face, which can impact their daily life but DO NOT incapacitate them.
- Examples include anxiety, low mood, attention difficulties, and stress-related problems. A child might feel overwhelmed by schoolwork, have trouble making friends, or experience low confidence.

**What exactly is LICBT (Low-intensity cognitive behavioural therapy)?**

- LI CBT stands for Low Intensity Cognitive Behavioural Therapy. LI CBT is a brief evidence-based therapy, focusing on the core principles of Cognitive Behavioural Therapy which helps identify and change unhelpful thoughts, feelings, and behaviours.
- LICBT offers 6-8 sessions up to a maximum of 45 minutes per session.
- There is a strong emphasis on self-help.
- Practitioners act as guides and coaches empowering people to learn and apply techniques on their own.

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# What a fully qualified practitioner can/can't do.

| EMHP's can work with children as individuals or in a group to provide interventions in cases of... | EMHP's may work with children as individuals or in a group to provide interventions in cases of... Discretion and close supervision needed | EMHP's should not work with children as individuals or in a group to provide interventions in cases of... Significant levels of need /complex conditions |
|---|---|---|
| Behavioural difficulties – identification, brief parenting support | Support staff and help cofacilitate a full parenting programme such as Triple P | Conduct disorder, anger management, full parenting programmes (e.g. Triple P, Solihull Approach). |
| Training parents and teachers to support interventions with children | Irritability as a symptom of depression – (can present as anger) | Treatment of parents' depression and anxiety. |
| Low mood | Low confidence, Assertiveness or interpersonalchallenges – e.g. with peers | Anger management training, Chronic depression |
| Worry management | Some short-term phobia exposure work | Low self-esteem, social anxiety disorder |
| Anxiety/Avoidance: e.g. simple phobias, separation anxiety | Thoughts of self-harm, self-harm not requiring medical attention. Support to develop healthy coping strategies | Extensive phobias e.g. blood, needles, or vomit phobia |
| Panic Management | Insomnia (further training may be required) | Severe, active, high risk self- harm. |
| Assessing self harm, thoughts of self harm, and supporting with alternative coping strategies. Pupils with history of self-harm, but not active. | Assessment of complex interpersonal challenges | PTSD, trauma, nightmares |
| Sleep Hygiene | Mild/early onset Obsessive Compulsive Disorder (OCD)(further training may be required) | Relationship problems -counselling for issues such as relationship problems may be better suited to school counsellors. |
| Thought Challenging – negative automatic thoughts | Children that are displaying rigid, ritualistic behaviour that may or may not be within a diagnosis of ASD | Obsessive compulsive disorder moderate to severe in nature |
| Problem Solving | | Moderate to severe attachment disorders. Assessment and diagnosis of developmental disorders and learning difficulties. |
| | | Pain management |
| | | Historical or current experiences of abuse or violence |

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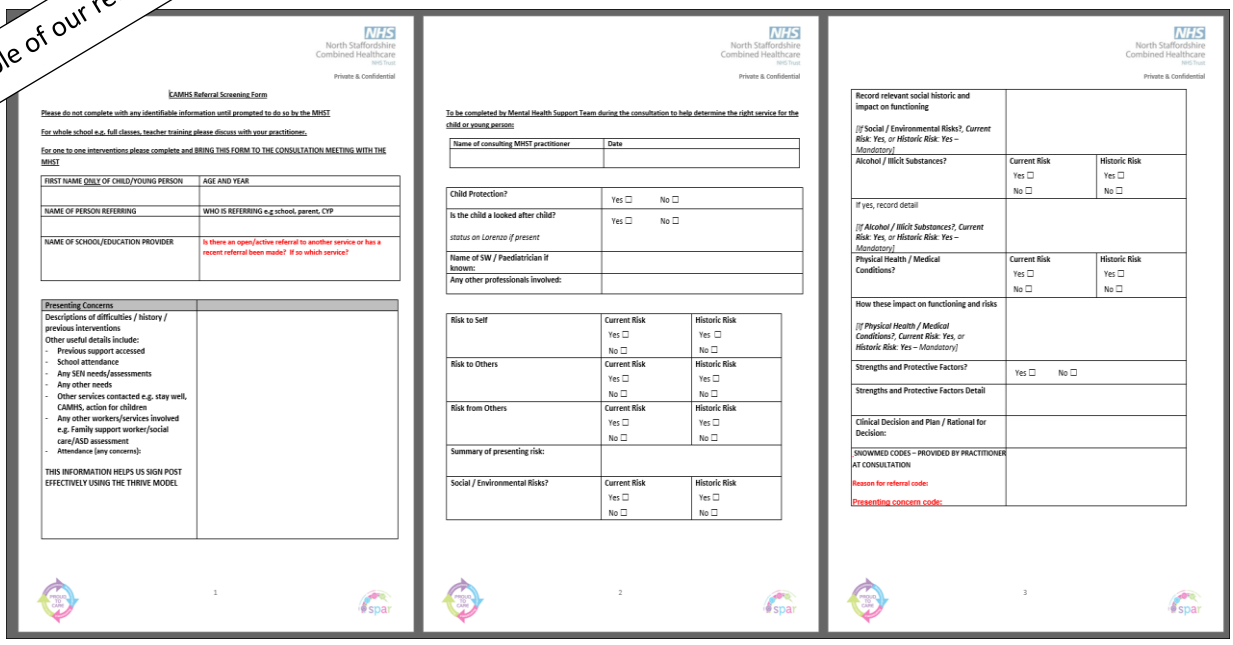
# Our referral processes.

- Referrals are received through a consultation process with schools with the MH lead (collaboration is paramount).
- Consent **must** have been obtained prior to personal details being shared.
- Young people can refer themselves via their school's allocated practitioner or emailing the MHST enquires email: MHSTenquiries@combined.nhs.uk
- Parent/carers – can refer through our MHST enquiries email: MHSTenquiries@combined.nhs.uk - A practitioner will then contact them and complete a referral.

Example of our referral



North Staffordshire Combined Healthcare NHS Trust

Private & Confidential

CAMHS Referral Screening Form

Please do not complete with any identifiable information until prompted to do so by the MHST

For whole school e.g. full classes, teacher training please discuss with your practitioner.

For one to one interventions please complete and BRING THIS FORM TO THE CONSULTATION MEETING WITH THE MHST

| FIRST NAME ONLY OF CHILD/YOUNG PERSON | AGE AND YEAR |
|---|---|
| | |
| NAME OF PERSON REFERRING | WHO IS REFERRING e.g school, parent, CYP |
| | |
| NAME OF SCHOOL/EDUCATION PROVIDER | Is there an open/active referral to another service or has a recent referral been made? If so which service? |

| Presenting Concerns | |
|---|---|
| Descriptions of difficulties / history / previous interventions<br>Other useful details include:<br>- Previous support accessed<br>- School attendance<br>- Any SEN needs/assessments<br>- Any other needs<br>- Other services contacted e.g. stay well, CAMHS, action for children<br>- Any other workers/services involved e.g. Family support worker/social care/ASD assessment<br>- Attendance [any concerns]:<br><br>THIS INFORMATION HELPS US SIGN POST EFFECTIVELY USING THE THRIVE MODEL | |

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To be completed by Mental Health Support Team during the consultation to help determine the right service for the child or young person:

| Name of consulting MHST practitioner | Date |
|---|---|
| | |

| | |
|---|---|
| Child Protection? | Yes ☐ No ☐ |
| Is the child a looked after child?<br>*status on Lorenzo if present* | Yes ☐ No ☐ |
| Name of SW / Paediatrician if known: | |
| Any other professionals involved: | |

| | | |
|---|---|---|
| Risk to Self | Current Risk<br>Yes ☐<br>No ☐ | Historic Risk<br>Yes ☐<br>No ☐ |
| Risk to Others | Current Risk<br>Yes ☐<br>No ☐ | Historic Risk<br>Yes ☐<br>No ☐ |
| Risk from Others | Current Risk<br>Yes ☐<br>No ☐ | Historic Risk<br>Yes ☐<br>No ☐ |
| Summary of presenting risk: | | |
| Social / Environmental Risks? | Current Risk<br>Yes ☐<br>No ☐ | Historic Risk<br>Yes ☐<br>No ☐ |

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| | | |
|---|---|---|
| Record relevant social historic and impact on functioning<br><br>*[If Social / Environmental Risks?, Current Risk: Yes, or Historic Risk: Yes – Mandatory]* | | |
| Alcohol / Illicit Substances? | Current Risk<br>Yes ☐<br>No ☐ | Historic Risk<br>Yes ☐<br>No ☐ |
| If yes, record detail<br><br>*[If Alcohol / Illicit Substances?, Current Risk: Yes, or Historic Risk: Yes – Mandatory]* | | |
| Physical Health / Medical Conditions? | Current Risk<br>Yes ☐<br>No ☐ | Historic Risk<br>Yes ☐<br>No ☐ |
| How these impact on functioning and risks<br><br>*[If Physical Health / Medical Conditions?, Current Risk: Yes, or Historic Risk: Yes – Mandatory]* | | |
| Strengths and Protective Factors? | Yes ☐ No ☐ | |
| Strengths and Protective Factors Detail | | |
| Clinical Decision and Plan / Rational for Decision: | | |
| SNOWMED CODES – PROVIDED BY PRACTITIONER AT CONSULTATION<br>Reason for referral code:<br>Presenting concern code: | | |

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