

## The Mental Health Support Team:

**Background:** “Children and young people’s mental health and psychological wellbeing is one of the most challenging issues facing families, schools and wider society.

Of teachers who had taught for more than five years, 94 per cent had seen an increase in pupils presenting with mental health problems

One in eight children and young people have a diagnosable mental health condition.

35 per cent of teachers do not feel confident knowing how to support young people with mental health issues.

The government has recognised the scale of this challenge and the need for better support in schools to tackle it. In December 2017, the *Transforming Children and Young People’s Mental Health Provision* green paper introduced a new policy to create Mental Health

**Aim:** For the MHST to provide preventative support and deliver evidence-based psychological early interventions in schools and create better links with wider services. The MHSTs must be seen as an addition to the support available for children and young people’s mental health. They should not be viewed as a replacement for existing provision.

### Prevention

This means working at a universal level to support children and young people to learn about mental health and embed a culture of self-help and of supporting each other. A focus on staff and parent wellbeing in addition to psychoeducation aims to build a stronger network of support to help children. This will reduce the number of children requiring early support in schools.



### Early support in school

This might involve evidence based therapeutic input individually or in groups. This targeted support will promote positive outcome for pupils, including helping them to remain in education.



### Referral to external services

Fewer children will require support from Tier 2 and 3 Child and Adolescent Mental Health services.



**What is the whole school approach?**



To find out more please visit:

<https://www.mentallyhealthyschools.org.uk/whole-school-approach/learnmore/>

***Mental health must be seen as everyone's responsibility.***  
***The Mental Health Support Team and Senior Mental Health Leads must engage with all school staff to truly co-produce and embed mental health support across the school community.***

## **Who is in the Mental Health Support Team?**

### ***Management:***

Management and oversees strategic vision of the MHST, develops and delivers training, supervises and manages team.

Sarah Head- Service Lead and Head of MHST in Kingston&Richmond  
Tabitha Colenso – Clinical Specialist

### ***Psychologists/Psychotherapist/Systemic Therapists: Band 7 Clinician(s):***

The psychologists/therapists in the team help to support the team and offer supervision. They deliver groups for children and young people and also for parents. They develop and deliver training and workshops for parents and staff. They can also offer consultation to the schools. They can hold a more moderate level of risk/complexity in the work they offer. Wave 1 have employed a Counselling Psychologist and Art Psychotherapist with a special interest in Neurodevelopmental conditions in this position

VACANT- POSITION TO BE FILLED

### ***CAMHS practitioners/Band 6 practitioners:***

As (creative) therapists these practitioners can offer both individual and group interventions directly to children and young people experiencing mild to moderate mental health difficulties. They can also deliver training and workshops for parents and staff. Wave 1 have employed an Art Therapist and Drama Therapist in these positions.

VACANT- 2 POSITIONS TO BE FILLED

### ***Education Wellbeing Practitioners:***

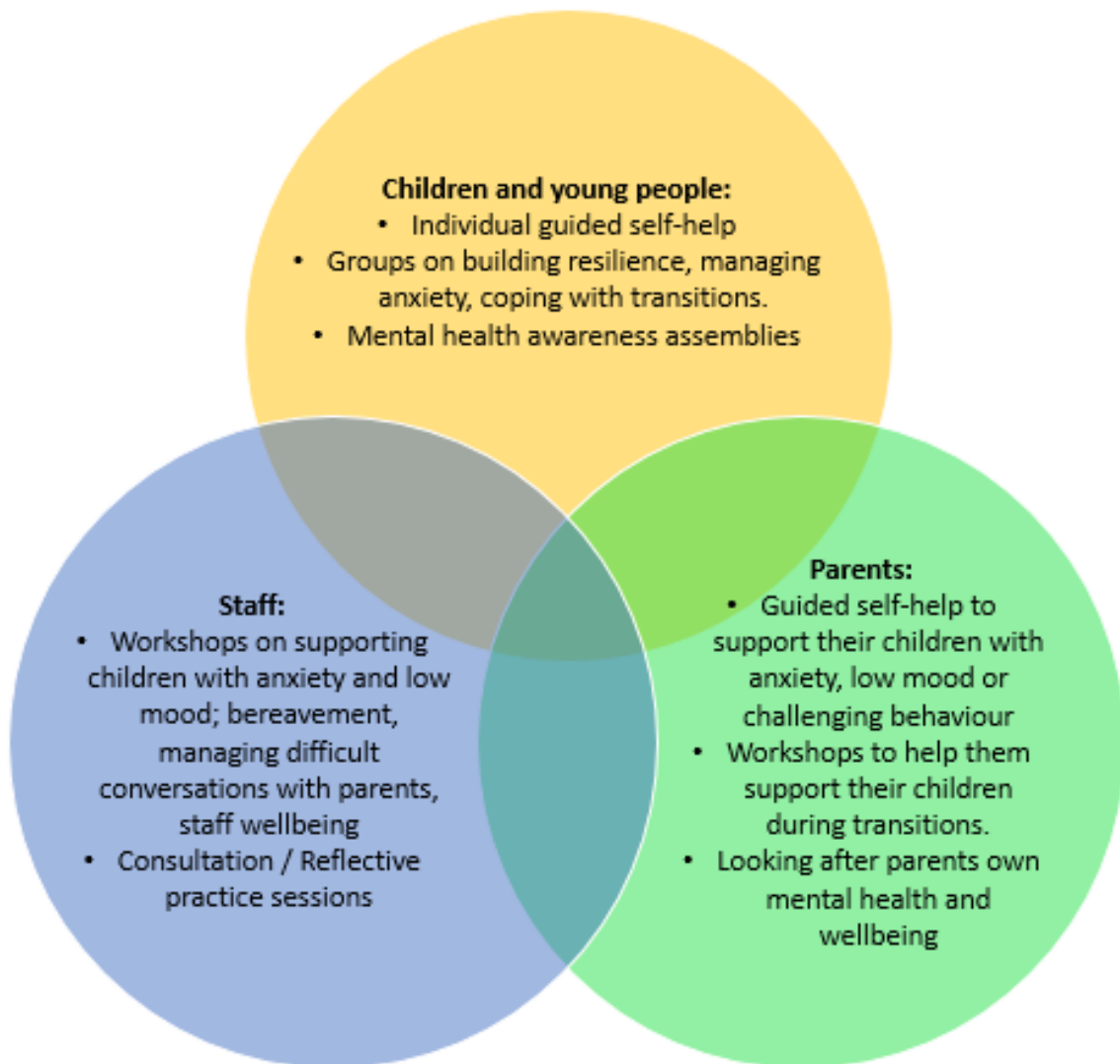
EWP's deliver manualized guided self-help for mild mental health difficulties related to anxiety and low mood. They also deliver a manualized guided self-help program for parents to support them to manage challenging behavior in children (primary age only).

#### **Trainee Education Wellbeing Practitioners (Qualified in Jan 2022)**

Serena Bargary  
Ellis Cross  
Gabriela Moreno Vera  
Shazia Yakoob-Ajmal

## What work do we do?

All of the work we do is developed in collaboration with the schools we work with. After hearing about their needs we consider how we can best meet these needs through considering appropriate evidence based therapeutic interventions, providing psychoeducation groups and developing training sessions and workshops based on current research and theory. Some examples include:



**In order to be able to support young people effectively we need to ensure that the referrals are appropriate.**

## Referral criteria:

MHST	EHS Tier 2	CAMHS Tier 3
<p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>● Early signs of emotional distress in mood or anxiety</li> <li>● Challenging behaviour</li> <li>● Elevated RCADS</li> <li>● Case not known to other psychological service</li> </ul> <p><b>Exclusion Criteria:</b></p> <ul style="list-style-type: none"> <li>● Extreme risk,</li> <li>● High case complexity/ family circumstances or social concerns,</li> <li>● Receiving an intervention in CAMHS/ private etc.</li> </ul>	<p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>● Individual experiences some traits of low mood or anxiety</li> <li>● Impacts on life in some way</li> <li>● Self-harm and suicidal ideation</li> <li>● Anger management</li> <li>● Behaviour management</li> <li>● Low self-esteem</li> <li>● Early evidence of disordered eating</li> <li>● Bereavement transition and loss</li> </ul>	<p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>● Meets diagnostic criteria for mental health disorder</li> <li>● Global impact on level of functioning</li> <li>● Suicide attempt, plan or intent</li> <li>● Psychotic disorders</li> <li>● Formal neurodevelopmental assessments</li> <li>● Eating disorder specialist.</li> </ul>

## Exploring the MHST Referral criteria in great depth:

### Early signs/symptoms of anxiety might include:

<i>Effects on emotion</i>	<i>Effects on cognition</i>	<i>Physical effects</i>	<i>Effects on behaviour</i>
<ul style="list-style-type: none"> <li>- Worried</li> <li>- Sad/upset</li> <li>- Fear</li> <li>- helpless</li> </ul>	<ul style="list-style-type: none"> <li>- Intrusive thoughts, unpleasant and repetitive</li> <li>- Thinking the worst is going to happen</li> <li>- Negative self-talk</li> <li>- Impaired memory and concentration</li> <li>- Difficulties with concentration</li> </ul>	<ul style="list-style-type: none"> <li>- Feeling breathless</li> <li>- Nauseous</li> <li>- Trembling/ Jelly legs</li> <li>- Heart racing</li> <li>- Sweating</li> <li>- change in weight</li> <li>- Dizziness</li> <li>- Change in appetite</li> </ul>	<ul style="list-style-type: none"> <li>- Avoidance</li> <li>- crying</li> <li>- Illness/sick days</li> <li>- Disturbed sleep</li> <li>- Withdrawn/ shy</li> <li>- School refusal</li> </ul>

**Early signs/ symptoms of low mood:**

Effects on emotion	Effects on cognition	Physical effects	Effects on behaviour
<ul style="list-style-type: none"> <li>- Sad/low/flat</li> <li>- Upset</li> <li>- Tearful</li> <li>- Miserable</li> <li>- Irritable/low patience threshold</li> <li>- Lonely</li> <li>- Unmotivated</li> </ul>	<ul style="list-style-type: none"> <li>- Thinking nothing will change</li> <li>- Thinking it is not worth going on</li> <li>- Thinking I am no good</li> <li>- Thinking I am a failure</li> <li>- Poor concentration</li> <li>- Poor memory</li> </ul>	<ul style="list-style-type: none"> <li>- Increase or decrease in appetite</li> <li>- Lethargic or lacking energy</li> <li>- Sleeping too much or too little</li> </ul>	<ul style="list-style-type: none"> <li>- Spending more and more time alone</li> <li>- Staying in bed longer than usual</li> <li>- Keeping to yourself stop doing things you enjoy</li> </ul>

**Examples of challenging behavior:**

Irritable – depression and anxiety	Headstrong – ADHD	Hurtful – CU
<ul style="list-style-type: none"> <li>- Has usually frequent or severe temper tantrums for his/ her developmental level e.g. type, frequency, intensity, age inappropriateness</li> <li>- Is often touchy or easily annoyed by others</li> <li>- Is often angry or resentful</li> </ul>	<ul style="list-style-type: none"> <li>- Often argues with adults</li> <li>- Often actively refuses adults requests or defies rules</li> <li>- Often apparently deliberately does things that annoy other people</li> <li>- Often blames others for his/her own mistakes or misbehavior</li> </ul>	<ul style="list-style-type: none"> <li>- Is often spiteful or vindictive.</li> </ul>

### **Why can they not be known to other services or be receiving private therapy?**

Seeing two therapists at the same time can lead to:

- Young people and families receiving conflicting feedback and causing additional confusion and possibly distress.
- Fatigue or frustration from the repetition of working on the same difficulties
- Challenges in establishing the therapeutic relationship which research has found is key to positive outcomes
- It can also make managing risk more complex. This is a key issue as promoting the safety and wellbeing of the children we work with is crucial.

### **Why do we not work with children with high complexity including family difficulties?**

The aim of the MHST is to provide support at a universal level. This involves:

- Raising awareness about mental emotional health and reducing stigma
- Support all children through the classroom, across all year groups
- Improve children's engagement in education as a preventative measure against mental health difficulties.

Our service works to encourage and support the system e.g. family system and school system to promote children's mental health and wellbeing. When these systems are healthy and supportive they will help to prevent children from developing mental health difficulties but also to help them manage and cope with existing difficulties. Through maintaining a focus on universal services and systems, the aim is to maximise the chances of a positive outcome for pupils, including helping them to remain in education. While existing services exist to work directly with more complex cases, the work of the MHST should contribute to reducing the number of future complex cases.

### **What do we look at when assessing risk and what do we mean by extreme risk?**

Risk assessment is about developing an understanding of the risks identified, including the nature, severity, imminence and likelihood of risk. Risk management emphasises the need to assess the historical and current presentation, the clinically relevant behaviours, the personality features (both strengths and deficits) and the contextual factors, again both strengths and protective factors.

Risk is dynamic, there is no such thing as zero risk, but it can be minimised and managed using the appropriate measures and systems. Extreme risk, for example high levels of self-harm or persistent suicidal ideation, needs to be held by tier 3 or 4 teams and relies on your safeguarding policies and procedures. These services are best placed to manage this level of risk and promote the wellbeing of the young person, including regular reviews of their needs and supporting an appropriate return to school/education plan.

The nature of the MHST is not set up to manage high risk cases, but instead, in the long term, reduce the number of young people who reach this level of distress and require intervention at higher tiers.