


An illustration of three men in suits walking on a green field. The man on the left has dark skin and curly hair, wearing a black suit with an orange jacket. The man in the middle has red hair and is wearing a grey suit. The man on the right has blonde hair and is wearing a black suit with a yellow jacket. They are all wearing striped ties. The background shows a blue sky and a white building.

MHSTs

An Introduction

MENTAL HEALTH
SUPPORT TEAMS



We know that half of all mental health conditions are established before the age of fourteen



The Context

- Government highlighted that CYP mental health as a priority area.
- 2017 CYP Mental Health Green Paper
- 7th January 2019, the Government published the NHS Long-Term Plan.
- Additional 215m funding over the course of 2018/19-20/21 was agreed to support roll out of MHSTs.
- Initial target was to be rolled out to between one-fifth and a quarter of the country by the end of 2023.
- 2018 a selection process identified the first 25 trailblazer sites nationally to deliver 59 Mental Health Support Teams (MHSTs)
- 2019 Hampshire CAMHS successful in bid for two MHSTs within Wave 2 – one in Gosport and one in Havant

The Way Forward

The National vision for the coverage of MHSTs has now expanded to cover closer to a quarter of school age population

Hampshire has been successful in bid for 13 more teams between 2022 – 2024

**MENTAL HEALTH
SUPPORT TEAMS**



Mental Health Support Team: Principles

A number of core principles have been established to guide the implementation and operation of Mental Health Support Teams (MHSTs):

- There should be clear and appropriate local governance involving health and education.
- MHSTs should be additional to, and integrated with, existing support.
- The approach to allocating MHST time and resources to schools and colleges should be transparent and agreed by the local governance board.
- MHST support should be responsive to individual schools' and colleges' needs, not 'one size fits all'.
- Children and young people should be able to access appropriate support all year (not just during term time).
- MHSTs should co-produce their approach and service offer with users.
- MHSTs should be delivered in a way to take account of disadvantage and seek to reduce health inequalities.





Coalition of...

Partners

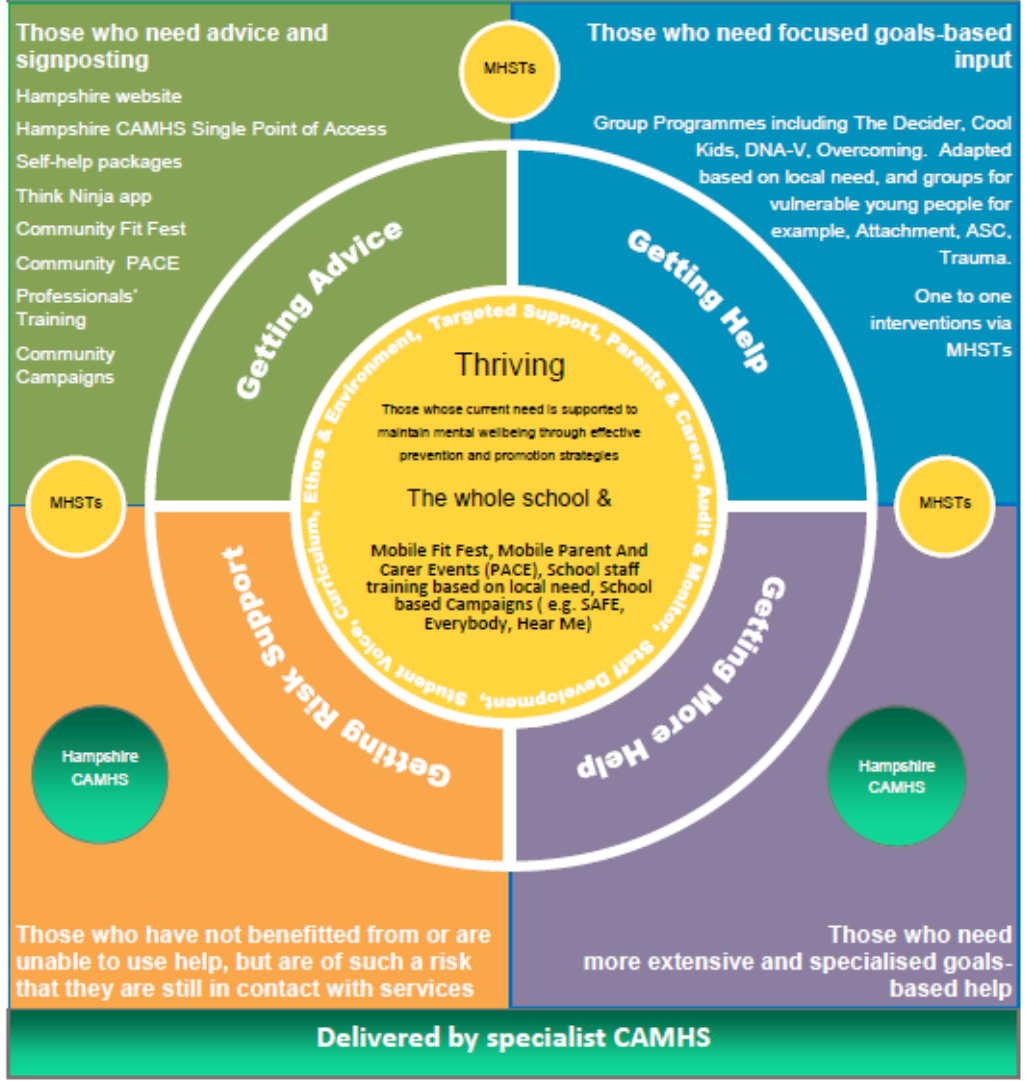
It is vital that this is a joint venture that everyone is signed up to...

- **Local Authority**
- **Education Providers**
- **Clinical Commissioning Group**
- **Third/Voluntary Sector**
- **Health Providers**
- **Public Health**



MENTAL HEALTH
SUPPORT TEAMS

Under supervision of specialist Early Help CAMHS



MENTAL HEALTH SUPPORT TEAMS

Governance Structure



MENTAL HEALTH
SUPPORT TEAMS



The Hampshire Picture

The Waves

Wave 2
2 Teams

Gosport
Havant

Training Starts
Jan 20
Go Live Jan 21

Wave 6
5 Teams

Basingstoke
Aldershot/
Rushmoor x2
New Forest
Andover

Training Starts
Jan22
Go Live Jan 23

Wave 8
3 Teams

TBC

Training Starts
Jan23
Go Live Jan 24

Wave 10
4 Teams

TBC

Training Starts
Jan24
Go Live Jan 25



MENTAL HEALTH
SUPPORT TEAMS

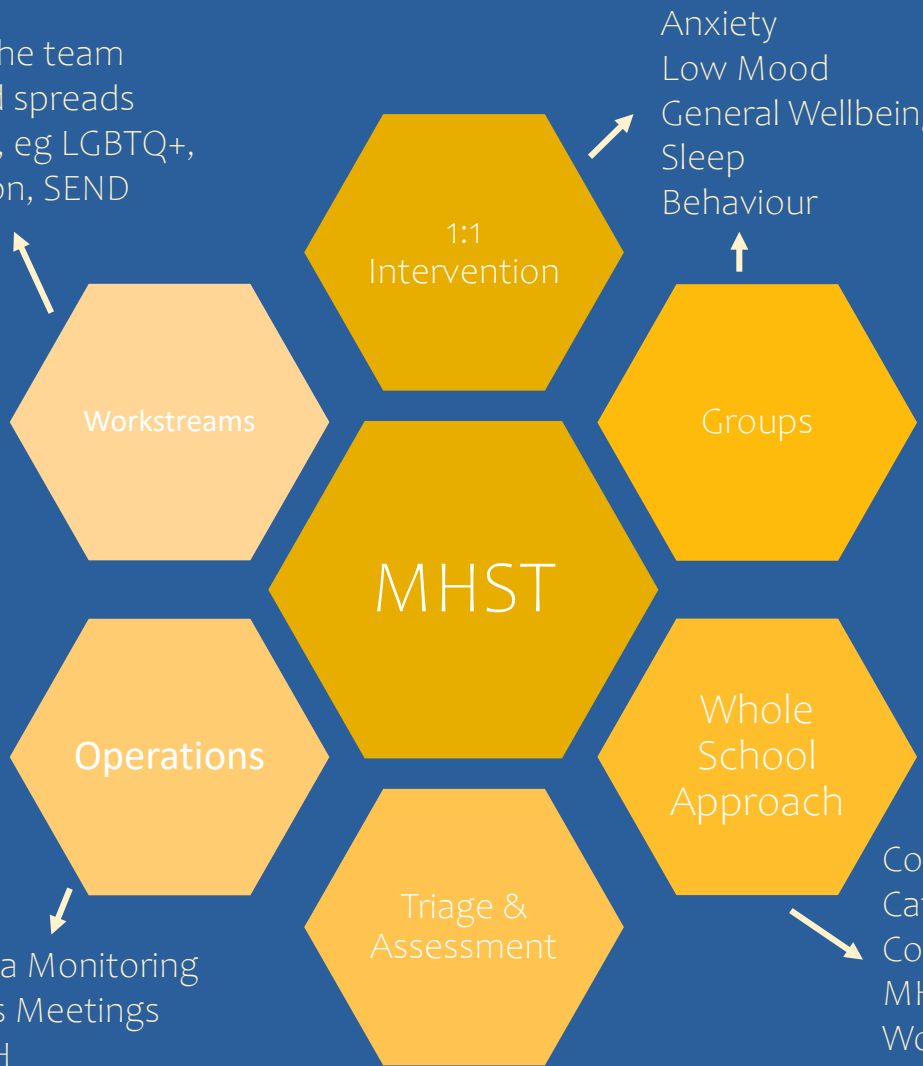
MHST FUNCTIONS



Text

**MENTAL HEALTH
SUPPORT TEAMS**

Develops the team further and spreads awareness, eg LGBTQ+, Participation, SEND



1:1 Intervention

Anxiety
Low Mood
General Wellbeing
Sleep
Behaviour

Workstreams

Groups

MHST

Operations

Whole School Approach

Triage & Assessment

Data Monitoring
Ops Meetings
EHH

Consultations
Catch-up meetings
Coffee mornings
MH forums
Workshops
Wellbeing reflection
Training



MENTAL HEALTH SUPPORT TEAMS

Senior mental health leads in schools and colleges

- In 2017, 70% of schools reported having a mental health lead, and 77% of post 16 education settings did so in 2018.
- Each school or college is different and these mental health leads will inevitably have different levels of skills and knowledge to support positive mental health, and different responsibilities, as roles are locally defined.
- Schools / colleges are encouraged to develop a strategic senior mental health lead role, with the skills and knowledge to lead a whole school / college approach (see slides 12 & 13) to mental health.
- To support schools / colleges, a comprehensive senior mental lead training course is expected to be available for the first cohorts from June 2020 (subject to the training contract being awarded): see the School and College Information and Resources area on the [FutureNHS Collaboration platform](#) for more information.
- This training will be free for one member of staff per education setting and, if not in a senior role, the nominee should have the senior management team's support.

MHST STRUCTURE

Each MHST contains:



RTTs (Recruit to Train) in the first year

Clinical Team Lead

Therapist (typically CBT)

Therapist (typically CBT)

EMHP

EMHP

EMHP

EMHP

Sits alongside the Single Point of Access (SPA) team, who process referrals into the rest of CAMHS

Educational Mental Health Practitioners

MENTAL HEALTH SUPPORT TEAMS

The Training

Education Mental Health Practitioners (EMHPs)

- High levels of applications: No core qualification required
- Training Delivered at Southampton University: One year duration
- Trainee during this time: Low knowledge base that will grow throughout the year
- Importance of keeping to established care pathways
- Protect and support in their development
- Initial six months will take on very minimal cases
- Three modules in low-intensity psychological working
- Three modules in the Whole School Approach
- Supervisors also undergo training at the University of Southampton

Psychological Practitioners (Education)

- Using the Recruit to Train provision from IAPT (Improving Access to Psychological Therapies)
- Alongside those previously qualified from the training
- Higher Intensity Cognitive Behavioural Therapy Training
- Training undertaken at University of Reading
- Course runs from January to December
- Requires core qualification or demonstrated equivalent
- Specialist positions have already completed the course / Internal recruitment from Specialist CAMHS

REFERRAL PROCESS



School completes referral form with family consent & input, and emails to MHST



MHST discusses the referral in a weekly meeting and informs referrer of outcome



Referral is accepted and the YP is added to a waitlist for assessment



The YP would be better helped by outside agencies – referral is signposted



More appropriate for Tier 3 CAMHS – referrer is asked to send referral to SPA

The MHST will discuss next steps with you and provide additional support/advice wherever needed

REFERRAL CRITERIA

For the EMHPS in their training year

	Do	May Do	Should Not Do
Level of Intervention	Common mental health difficulties that may respond to early intervention	Conditions which may respond to early intervention but require discretion	Significant levels of need / risk / complex conditions which are not suitable for brief early intervention
Education Mental Health Practitioners (Low intensity intervention)	<p>Low mood / mild to moderately Depression</p> <p>Panic symptoms</p> <p>Panic and agoraphobia</p> <p>Worry / Generalised Anxiety Disorder</p> <p>Simple phobia (but not blood or needle)</p> <p>Sleep problems</p> <p>Stress management</p> <p>Behavioural difficulties</p> <p>Exam Stress</p> <p>School Avoidance due to anxiety</p>	<p>Anger difficulties</p> <p>Low self-esteem</p> <p>Mild social anxiety disorder</p> <p>Some compulsive behaviours</p> <p>Mild health anxiety</p> <p>Assertiveness / interpersonal challenges e.g. with peers</p> <p>Self-harm is disclosed but is assessed as linked to low mood but is not assumed as enduring and high risk in nature</p> <p>Panic Disorder</p> <p>Emetophobia (Vomit Phobia)</p> <p>School Avoidance</p>	<p>Pain management</p> <p>PTSD</p> <p>Bipolar disorder</p> <p>Psychosis</p> <p>Personality Disorders</p> <p>Eating disorders</p> <p>Chronic depression/anxiety</p> <p>Historical or current experiences of abuse or violence</p> <p>Complex interpersonal challenges</p> <p>Bereavement</p> <p>Active, enduring and significant self-harm</p> <p>Relationship problems</p> <p>OCD</p>



REFERRAL CRITERIA

For the RTTs in their training year

	Do	May Do	Should Not Do
Level of Intervention	Common mental health difficulties that may respond to early intervention	Conditions which may respond to early intervention but require discretion	Significant levels of need / risk / complex conditions which are not suitable for brief early intervention
High Intensity Trainee CBT Therapists	Mild to Moderate Depression Panic Disorder Generalised Anxiety Disorder Social Anxiety Disorder Separation Anxiety Disorder Specific Phobia Mild to Moderate OCD Single Event trauma	-School Avoidance -Comorbid ADHD -Comorbid ASC -Self-Harm (not needing medical attention and with a risk management plan surrounding risk) -Suicidal ideation with no plan or intent to end life.	1. Severe PTSD/OCD 2. Eating disorders 3. Unshared experiences (delusions / hallucinations) or psychosis 4. Chronic, long-standing depression with multiple treatment failures 5. Adjustment or bereavement reactions with no maintenance cycle or depression present (as per diagnostic criteria). 6. Anything co-morbid with personality disorder 7. Significant ongoing social problems – legal, housing, domestic violence 8. Significant substance misuse in client or parents/carers 9. Cases are not suitable for training where there is significant current risk either to the client from themselves (e.g. self-harm needing medical attention, recent suicide attempt with high intent or current active suicidal intent), to others (e.g. forensic history, carrying of weapon in school, thoughts of harming others), or from others (e.g. recent sexual assault or grooming, ongoing domestic violence or severe neglect).



Please return
your Partnership
Agreements



Current Priorities

- Schools Visits: Meet the Lead and the Head, Identify other key positions within the Schools - SENCO, Safeguarding lead, Designated LAC teachers, ELSA
- Scope availability/suitability of environment for office/desk, group and 1:1 work
- Establish Clusters
- Signed Tripartite Partnership Agreements
- Identify partnership roles and individuals for Cluster Groups, Local MHST Boards
- Identify opportunities to create CYPF consultation groups

MENTAL HEALTH
SUPPORT TEAMS

Please
complete
your Surveys

PARTNERSHIP AGREEMENTS

The purpose of this partnership agreement is to clarify roles and responsibilities of all parties:

- Trainee
- Senior Mental Health Lead (SMHL)/Mental Health Support Team Coordinator (MHST Coordinator) in school placements
- Mental Health Support Teams (MHST)
- Higher Education Institutions (HEI)

involved in supporting the trainee Education Mental Health Practitioner (EMHP) to meet their training requirements, and to work effectively and safely in an education setting.



PARTNERSHIP AGREEMENTS

Areas of Note:

- EMHPs are likely to be in touch with you within the early New Year to start establishing relationships
- School Induction to orientate MHST staff to school, complete safeguarding paperwork etc (potential difficulties in current COVID climate)
 - How trainees will be able to familiarise themselves with your school ethos and culture
 - Consideration for shadowing opportunities
 - Building initial relationships with key staff members
 - Completing any safeguarding paperwork so that they are allowed onsite (eg showing ID, DBS, school passes)

Useful Info to include:

- Key events in school calendar (eg exams, INSET days)
- Available one to one space to see young people
- Current home learning provision



MENTAL HEALTH
SUPPORT TEAMS