



# INTRODUCTION TO THE



Herts & West Essex  
Mental Health Support Teams



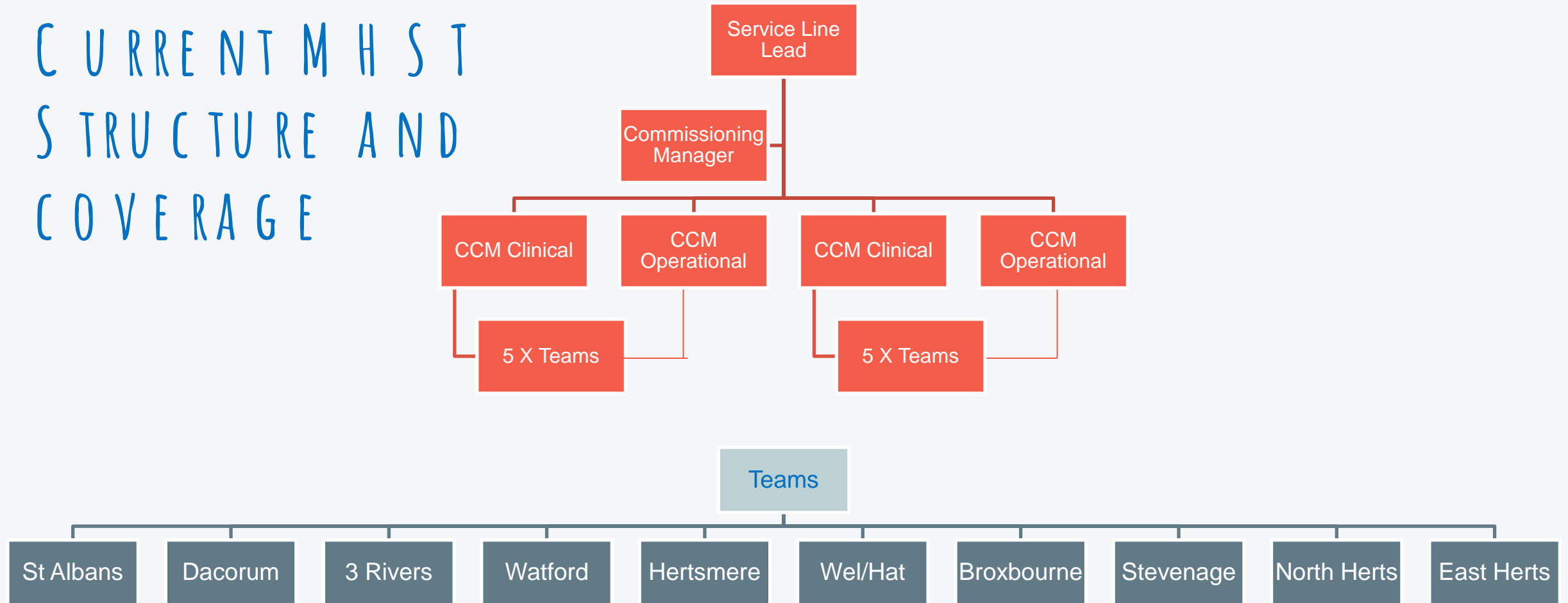
Herts & West Essex  
Mental Health Support Teams

Hertfordshire Partnership  
University NHS Foundation Trust

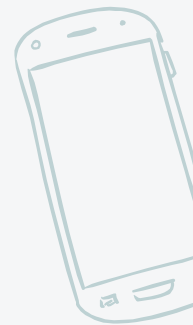
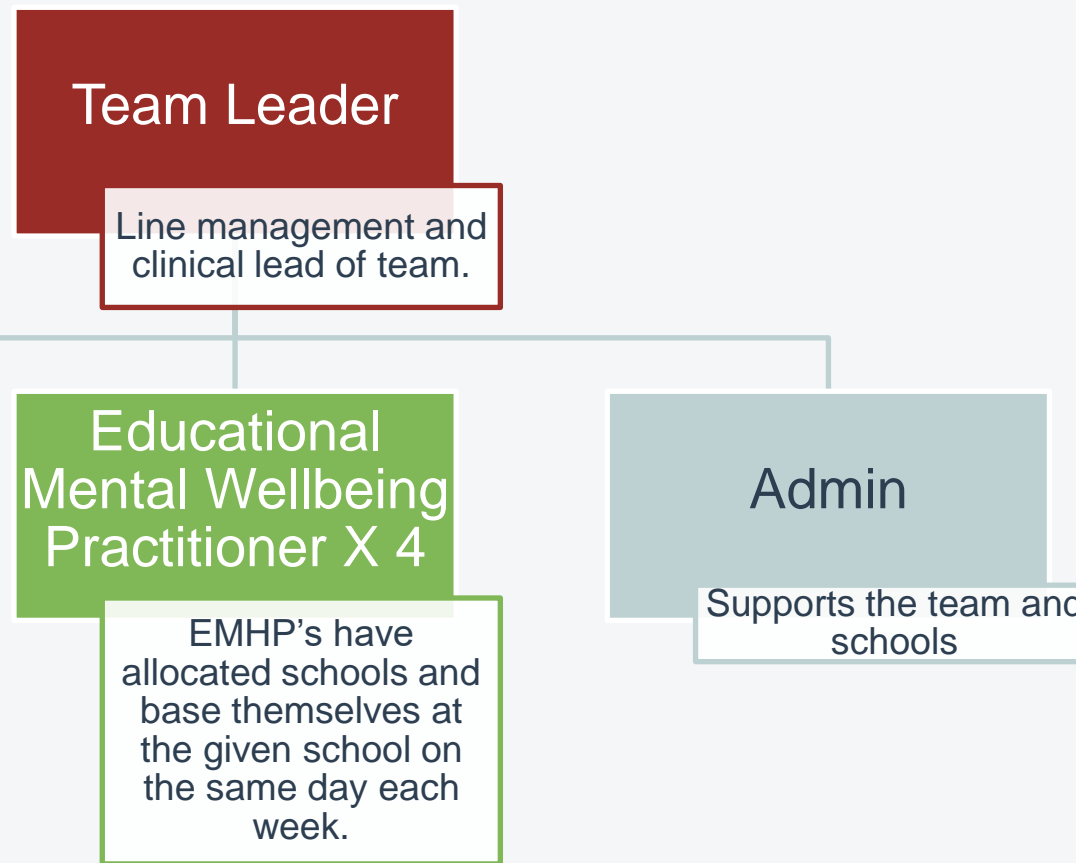




# CURRENT MHST STRUCTURE AND COVERAGE



# MHST TEAM STRUCTURE



Within initial expansion process MHST will increase staffing by 4 X EMHP's 1-2 X Senior practitioners, Admin support.

# WHAT DOES THE

# MHST DO?



## Function 1:

Delivering evidenced based interventions for **mild to moderate mental health issues**



## Function 2:

Supporting the senior mental health lead and other school staff to introduce and develop a **Whole School Approach** to support wellbeing



## Function 3:

Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support

# MILD TO MODERATE MENTAL HEALTH



## NICE definition:

- A **mild** mental health problem is when a person has a small number of symptoms that have a limited effect on their daily life
- A **moderate** mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual.
- A **severe** mental health problem is when a person has many symptoms that can make their daily life extremely difficult.



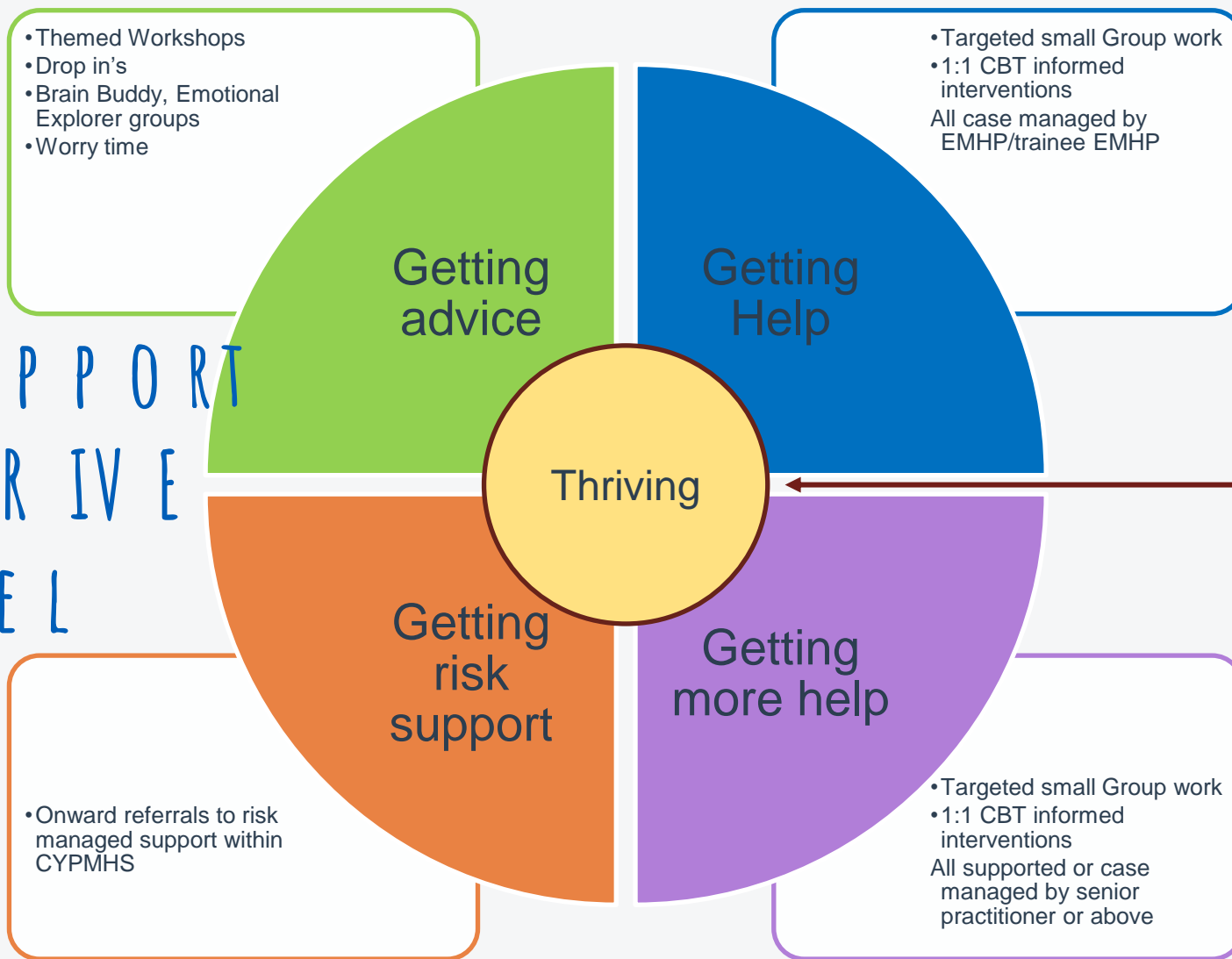


# THRIVE MODEL





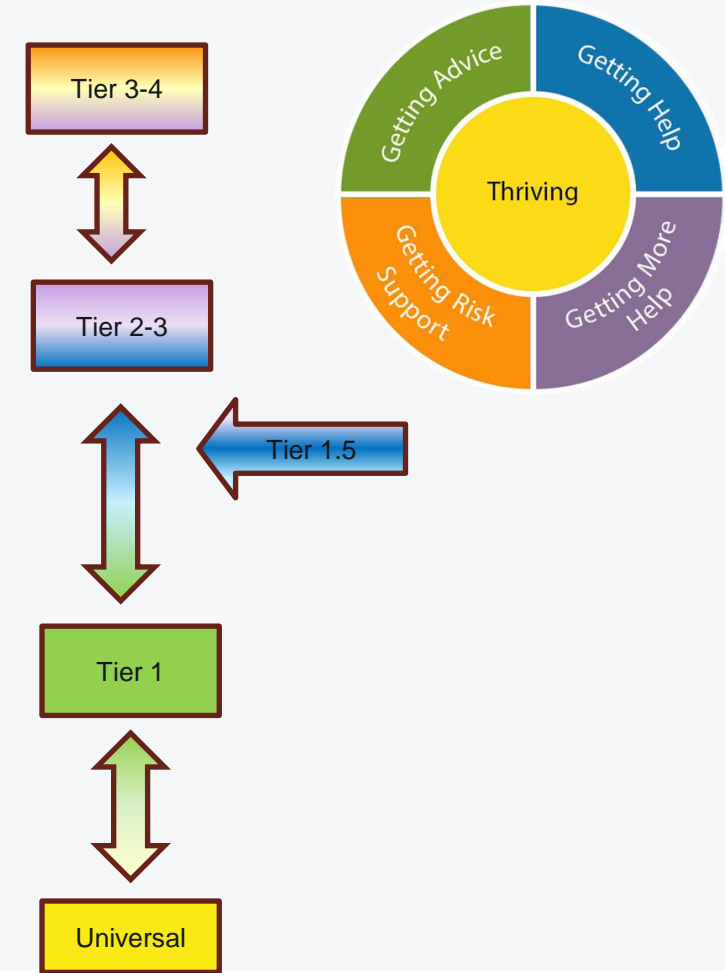
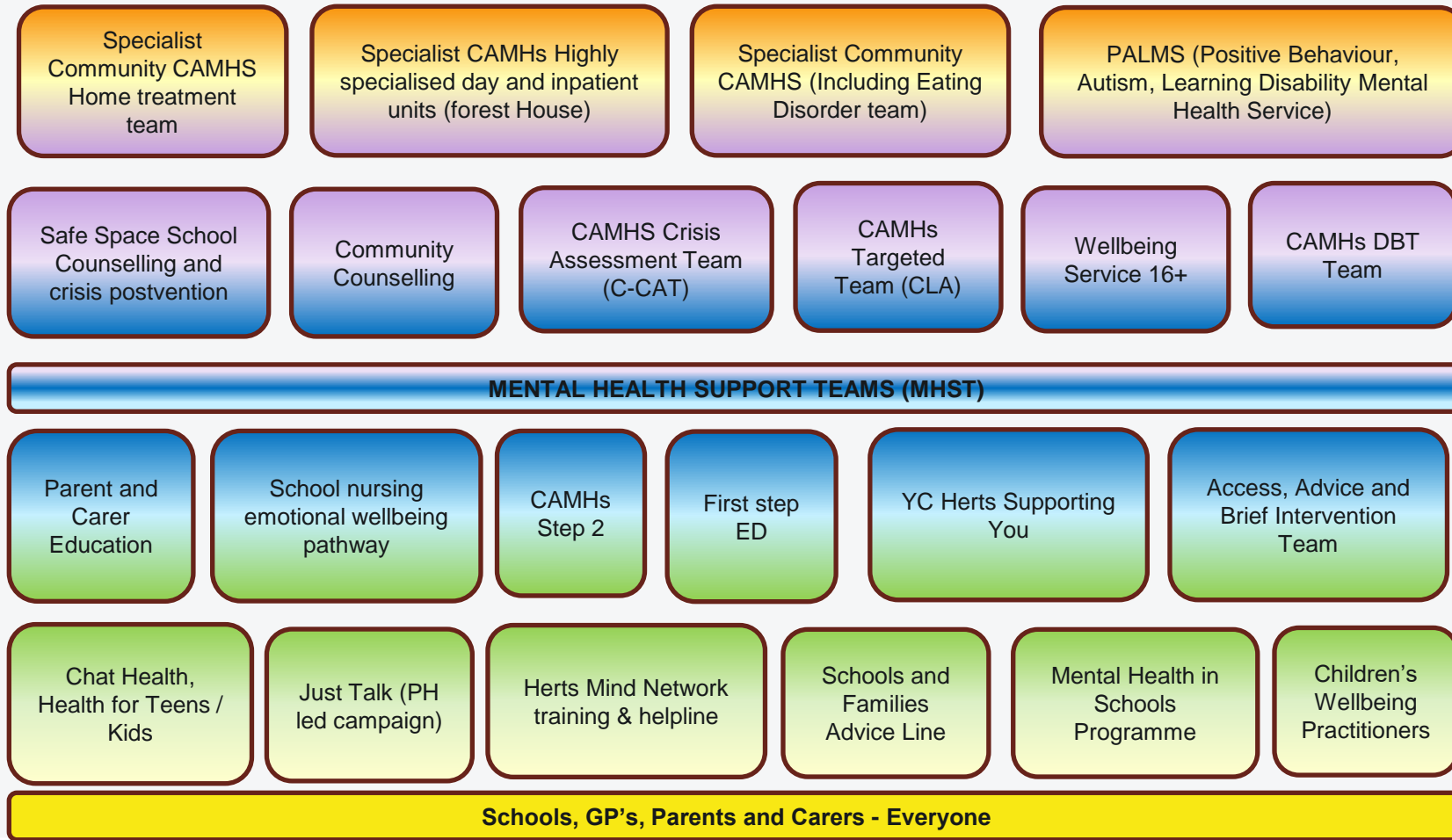
# MHST SUPPORT WITH THRIVE MODEL



Not full compliment of service offerings but useful to show level of offer.



# LEVELS OF MENTAL HEALTH SUPPORT







# INTERVENTIONS

52 WEEKS OF THE YEAR SERVICE

EDUCATION SETTING BASED

## Referrals

- All referrals come in via the MHL in the education setting
- Referrals are reviewed, triage completed, and Initial Assessment offered, if appropriate.
- If we are not the right team for presenting need, we support MHL with signposting

## 1:1 support

- Parent carer of primary age CYP
- Directly with Secondary & College age CYP

## Group intervention

- Targeted groups
- Universal groups

## Whole School Approach

- Workshops/ assemblies/ raising awareness
- Staff training
- Presence in settings

## Advice and Guidance

- Signposting, collaborative work with local agencies and social prescribing
- Consultation and training for education staff
- Support peer mentoring programs

# INDIVIDUALSUPPORT

1:1 sessions with parent/carers / CYP  
1 hour on a weekly basis:

## Parent carer interventions: (Primary Schools)

- Helping your child with fears and worries (6 sessions)
- Promoting positive behaviour – based on Incredible Years (7 sessions)

## CYP interventions: (Secondary Schools)

- Graded Exposure (6 sessions)
- Worry Management (5 sessions)
- Panic Management (4 sessions)
- Brief Behavioural Activation (8 sessions)
- Add on sessions- Sleep, Thought Challenging and Body Image



# SCHOOL APPROACH





## ASSEMBLIES

(WSA)

Short 10 to 15 min presentation for year groups, Key Stages or whole sch:

- Mental Health & Wellbeing support
- Specific Awareness Days
- Stress around Tests
- Transitions

## WORKSHOPS

(WSA)

Single focused sessions usually 1 hour.  
Up to 30 people:

- Emotional Regulation
- Stress around Tests (11+/SATs)
- Transitions
- Self-Esteem
- Understanding Anxiety

## STAFF TRAINING

(WSA)

Information, advice, discussion,  
planning, signposting:

- TA/Staff Drop In's
- Inset Days
- Twilight sessions
- Consultation/Key Stage Head updates Identifying MH concerns
- Speaking to parents about MH&W
- Staff Briefings

## SPECIAL EVENTS

(WSA)

One off events during the year where you would like a wellbeing presence.

- School fayre/fete
- Secondary Sch Allocation Day
- Parents Evenings
- Open Day/Evening

## PARENT SESSIONS

(WSA)

Informal gathering for advice, open discussion, and signposting:

- Emotional Regulation
- Stress around Tests (11+/SATs)
- Transitions
- Self-Esteem
- Understanding Anxiety

## GROUP SESSIONS

Weekly 1-hour sessions - 4 to 8 weeks  
on a single topic.  
(3 to 12 participants).

- Understanding Anxiety
- Exam Stress
- Transitions
- Body Image
- Self-Esteem & Resilience
- Targeted groups (LGBTQ+, Young Carers etc)

M H S T  
E N U O F S E R V I C E S  
P R I M A R Y



# MENU OF SERVICES SECONDARY



## ASSEMBLIES

(WSA)

Short 10 to 15 min presentation for year groups, Key Stages or whole sch:

- Mental Health & Wellbeing support
- Specific Awareness Days
- Exam Stress
- Transitions

## WORKSHOPS

(WSA)

Single focused sessions usually 1 hour.  
Up to 30 people:

- Emotional Regulation
- Exam Stress
- Transitions
- Self-Esteem
- Understanding Anxiety

## STAFF TRAINING

(WSA)

Information, advice, discussion,  
planning, signposting:

- TA/Staff Drop In's
- Inset Days/Twilight sessions
- Consultation/Heads of Year updates
- Identifying MH concerns
- Speaking to parents about MH&W
- Staff Briefings

## SPECIAL EVENTS

(WSA)

One off events during the year where you would like a wellbeing presence.

- School fayre/fete
- Mock Exam/Exam Results support
- Parents Evenings
- Open Day/Evening

## PARENT SESSIONS

(WSA)

Informal gathering for advice, open discussion, and signposting:

- Coffee Mornings
- Topic based or general wellbeing Drop In's
- Topic based or general wellbeing workshops

## GROUP SESSIONS

Weekly 1-hour sessions - 4 to 8 weeks  
on a single topic.  
(3 to 12 participants).

- Understanding Anxiety
- Exam Stress
- Transitions
- Body Image
- Self-Esteem & Resilience
- Targeted groups (LGBTQ+, Young Carers etc)



# REFERRAL CRITERIA — EMHP's CAN support:



- **Behavioural Difficulties and Emotion Regulation:** Parent-led interventions for children aged 5-9 years experiencing mild to moderate behavioural issues and difficulties managing their emotions, which are not related to social circumstances, ASD/ADHD, or language processing needs.
- **Anxiety and Related Issues:**
- **Specific Anxieties:** Issues such as fear of school transitions, relationships, fear of failure, low self-esteem, social anxiety, and trust issues.
- **Worry Management:** Addressing anxiety, avoidance, simple phobias, and separation anxiety.
- **Panic Management:** Support for managing panic attacks.
- **Phobias:** Concerns such as fear of animals/insects, certain foods, specific objects, or modes of transport.
- **Mild OCD:** Addressing mild obsessive-compulsive difficulties.
- **Intervention Style:** Our CBT-informed interventions are active and require collaborative participation during sessions, as well as completion of tasks between sessions.
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# REFERRALS CRITERIA – EMHP's MAY support, with discussion and close supervision:

- The complexity of the case is assessed to exceed 'mild-moderate' needs.
- The complexity of the case is assessed to be unsuitable for the intervention offered.
- There are long term complexities involved (e.g. a history of significant domestic violence and/or children services support, transgenerational family safeguarding concerns, or if significant developmental trauma is suspected).
- 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 on onward referral will be offered.



# REFERRALS CRITERIA

- EMHPs should NOT support, due to significant level of need / complexity:

- OCD
- PTSD
- Social Anxiety Disorder
- Clinically Significant Health Anxiety
- Eating Disorder cognitions or behaviour
- Emetophobia (vomit phobia) and needle phobia
- Panic Disorder
- Delusions, Hallucinations or Psychosis
- Complicating systemic factors with ongoing risk, e.g. a Looked After Child in an unstable placement situation
- Children who have a communication problem that would interfere with treatment
- Cases are not suitable where there is **significant current risk** either to the client or from themselves (e.g. self-harm needing medical attention, recent suicide attempt with high intent or current active suicide intent), to others (e.g. forensic history, carrying of weapons in school, thoughts of harming others), or from others (e.g. recent sexual assault or grooming, ongoing domestic





# REFERRAL PROCESS



If you would like a 1:1 intervention, group, workshop or WSA activity please speak directly to your Educational Mental Health Practitioner to discuss. Once this discussion has taken place, please submit a referral via the online link for 1:1 work & getting help group, or using the group/whole school approach request form for thriving groups and all WSA..

All referrals must come via the school MH lead or a member of school staff they have designated. A referral form must be completed fully.

**Referrals to the MHST cannot be made by a professional who has not met the child/young person**

Referrals will be reviewed during weekly referral meetings. We will either begin triage to gather further information from the young person/family/school or we may decline the referral if we are not the appropriate service to support the young person (in this case we will provide signposting/support referral to other services). If appropriate, an Initial Assessment will be booked. Your allocated EMHP will feedback regarding the referral outcome.



# W A R N I N G

Spot things early and discuss potential referrals with MHL.

- A child not enjoying things they used to like doing
- A child becoming withdrawn, spending less time with friends and family
  - A child expressing low self-esteem
  - A Child having trouble sleeping and changes in eating habits
- A child becoming socially withdrawn and avoiding spending time with friends
  - A child feeling nervous or 'on edge' a lot of the time
  - A child feeling tearful, upset or angry
- Any behaviour or presentation that appears 'out of character' for the child.



**“Dear MHL, I have a girl in my class who seems to be feeling very worried. Is there any support she can access?”**

Some suggestions about the information you need to gather...

- What specifically are they worrying about?
- Would the child/young person like support?
- Have they had any support before?
- How long have they been feeling this way?
- Were there any significant event/s that coincided with feeling this way?
- If there's time, would be helpful to meet to discuss with the teacher but best practice would be to meet with the young person themselves to gather more information before submitting a referral

# M H S T S U P P O R T



1. Improved Well-being leading to improved Opportunities for CYP

2. Reduction in adult Mental Health problems

3. Education settings being better equipped

4. Improved timely referral pathway for CYP

5. More positive experience for CYP/Carer





THANK YOU

ANY QUESTIONS, SUGGESTIONS, QUERIES OR COMMENTS, PLEASE  
TALK TO YOUR ALLOCATED EMHP OR SEND TO: