

Mental Health Support Teams **(in education)**

Early intervention and Whole School Approach (WSA) to mental health & wellbeing



What is the MHST & why we were commissioned

Why early Intervention?

Equipping schools, families and young people earlier

“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

– Archbishop Desmond Tutu, Anti- Apartheid and Human rights activist, Nobel Peace Prize winner.



Why we were commissioned

Green Paper for Transforming Children and Young People's Mental Health (2017)

“While the value of schools and colleges playing a part in supporting young people with their wellbeing and mental health is clear, it is equally clear that this is not a challenge that they can or should meet on their own. Schools and colleges need a collective understanding and up to date knowledge of children’s mental health services provided locally, and access to specialist help, through clear links into NHS mental health services.”

Transforming children and young people’s mental health provision: Green Paper, 2017



What is the MHST?

Mental Health Support Teams (MHST's) were established to support schools, helping them develop ways to look after the mental health of their students, staff, parents and carers. We work towards these three main outcomes:

- to deliver evidence-based interventions for mild-to-moderate mental health issues;
- support the Senior Mental Health Lead (SMHL), in each school or college to introduce or develop their whole school or college approach, and;
- give timely advice to school and college staff and liaise with external specialist service to help Children and Young People (CYP) to get the right support and stay in education.

Our collaborative goal is to support the school in becoming a more mentally healthy environment.



NHS

**Avon and Wiltshire
Mental Health Partnership**
NHS Trust

OTR

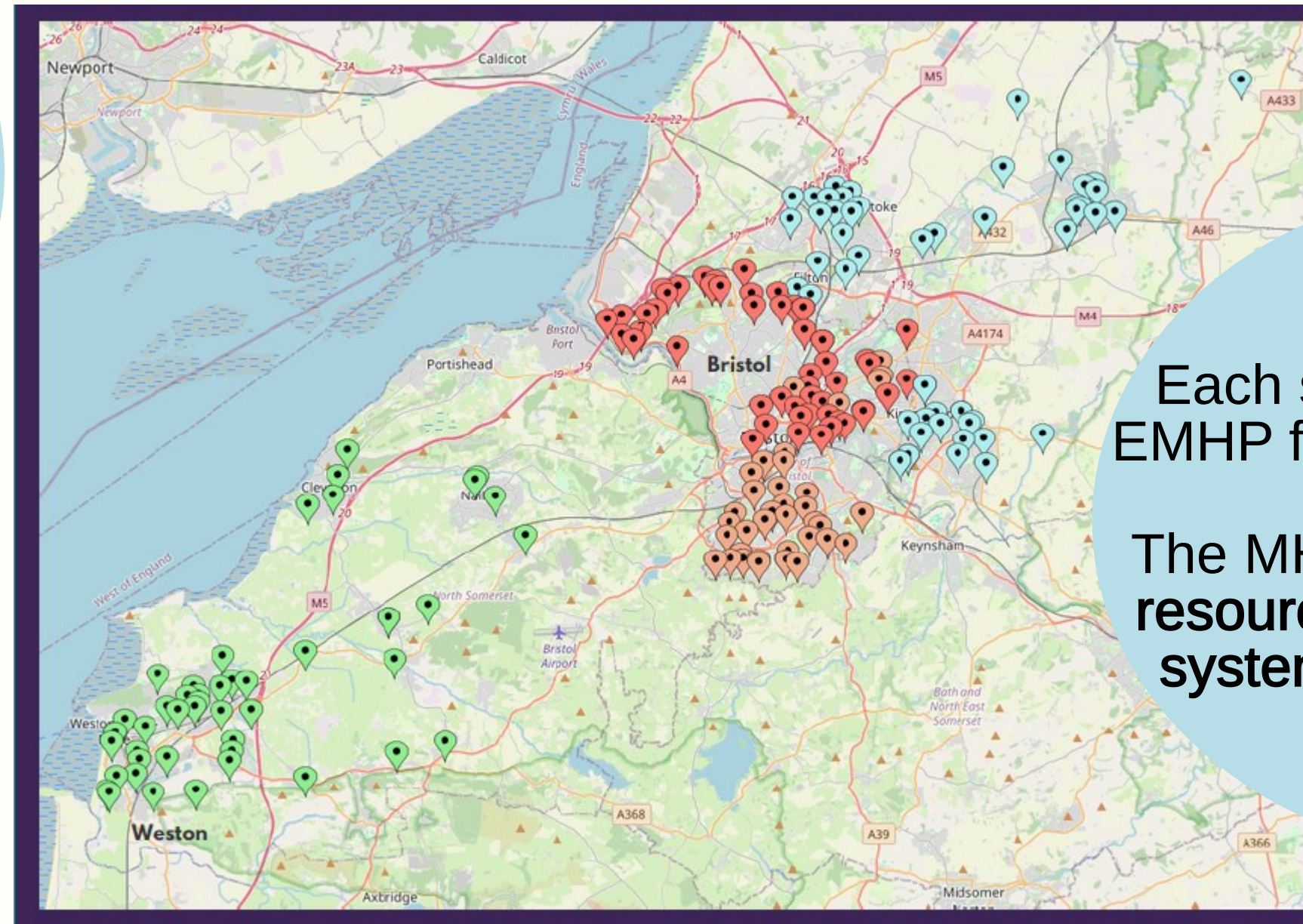
**A mental health
social movement**



Mental Health Support Teams in the Bristol, North Somerset, South Glos. (BNSSG) area:

The schools are selected through a needs based analysis process led by Public Health.

The workforce comprises Education Mental Health Practitioners (EMHPs), EMHP Supervisors, Clinical Leads, Team Managers and Clinical Service Managers.



50% coverage (Sep 2024)

Each school is allocated an EMHP for 0.5- 1 day per week.

The MHST is designed to add resources to existing support systems, not replace them.





iThrive Model

The right service at the right time

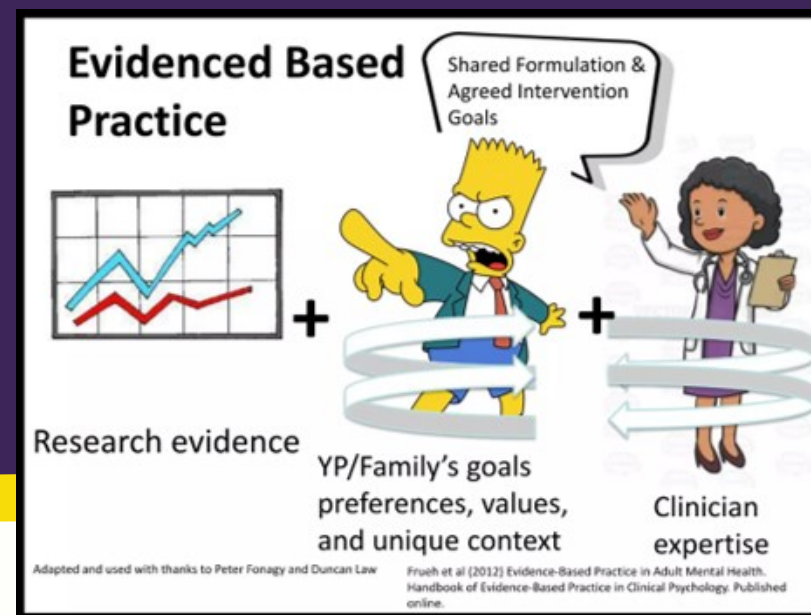
[The iThrive Framework](#) is a person-centred, needs-led approach to delivering mental health services to children, young people, and their families that conceptualises need in five categories, placing emphasis on prevention and early intervention.

MHST offers support in:

- Thriving
- Getting Advice
- Getting Help



Why early Intervention?



The Need:

50% of all mental health issues start before the age of 14 (*NHS Digital, 2018*).

In an average class of 15yr old pupils: 3 could have a clinical diagnosis; 10 are likely to have witnessed their parents separate; 1 could have experienced the death of a parent; 7 are likely to have been bullied; 6 may be self-harming (*PHE, 2020*).

Over the past decade, a major shift in momentum has occurred to take early intervention in youth mental health more seriously' (*BMJ, 2018*)

However,

Primary age children being referred to CAMHS are still not meeting 'threshold' or being seen in a timely manner due to stretched resources.

An evidence based approach:

Low Intensity CBT has a strong evidence base for early intervention and 'the primary purpose of LICBT is to increase access to evidence based psychological therapies to enhance mental health...using the minimum level of intervention necessary for the maximum gain' (*Bennet-Levy, 2010*)

An LI- CBT practitioner or EMHP can be trained within a year, thereby providing more mental health professionals able to deliver evidence based interventions at relatively low cost.

Neuroplasticity:

Children's brains are more malleable than adults. Short term interventions can result in long lasting change – early intervention is key- before negative coping mechanisms and behaviours become entrenched.

Learning skills for life!



**Equipping schools,
families and young
people earlier**

What is Good Mental Health?

Good Mental Health means emotions to fit the situation, it does not mean being happy all the time.

MHST's equip school's, families and young people with tools to facilitate good mental health and wellbeing. We guide you on the role of being the 'trusted adult' in a young person's life, how to spot when a YP is struggling, how you can offer support and when you need to start looking at referring to mental health professionals, as well as who is best placed to put a referral in to.



Whole School Approach

Everything goes through the Mental Health Lead (MHL) at school



The role of the Education Mental Health Practitioner (EMHP)

1:1 support

Deliver low intensity cognitive behavioural therapy and self guided help

Pupil workshops
Assemblies
Staff workshops
Parent workshops

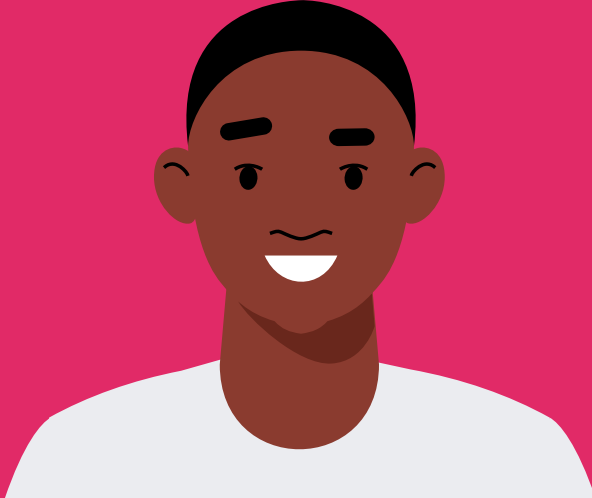
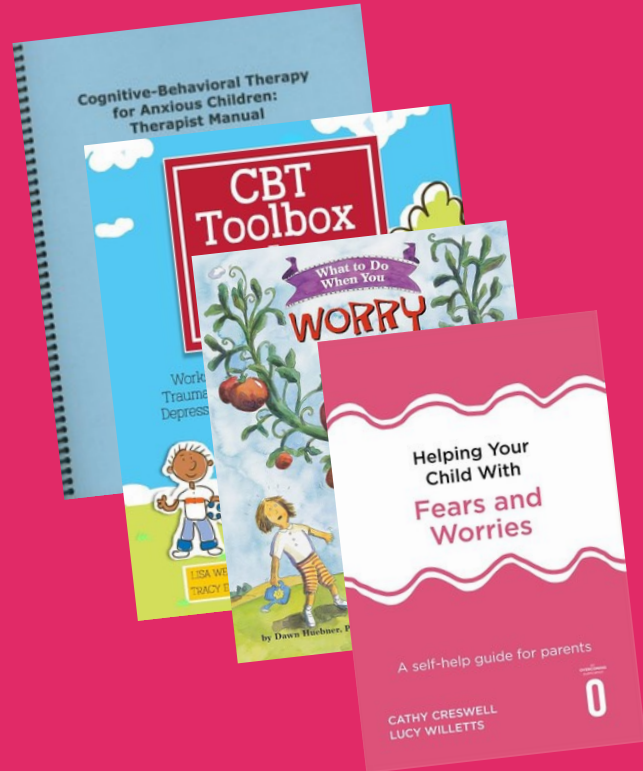
Give timely advice to school staff through consultation

Support for parents

Support the development of the Whole School Approach

Group work

Liaise with external specialist services to help young people and families to get the right support



What we can provide support for

✓ **Fear of social situations**

✓ **Behavioural routines**



✓ **Panic**

✓ **Anxiety**



Common **mild-moderate** mental health difficulties that are likely to respond to early intervention/ low intensity approaches

✓ **Worry**

✓ **Specific phobias**

✓ **Low mood**

✓ **Negative thinking**

✓ **Stress management**

✓ **Sleep problems**

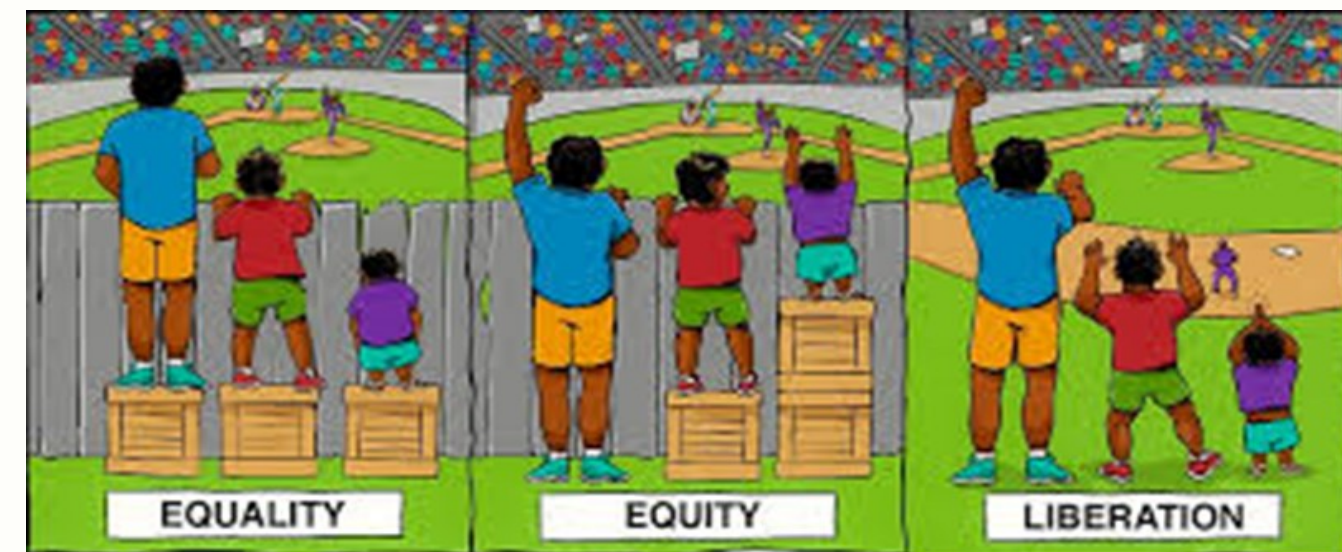


Accessibility

The MHST workforce commit to:

- Provide training / anti-oppressive reflective practice to help staff work confidently with diversity and support young people to explore how identity impacts mental health
- Aim for co-production / participation groups to be representative of the communities we work in
- Work with schools to identify representatives to join our steering board so the voices of their students are heard
- Build strong links with communities / local organisations
- Use data to understand whether referrals are representative of the wider school population, working with schools/local agencies to reach student groups that are under-represented
- Deliver inclusive universal, targeted and whole-school activities

This work will be responsive and evolving, we welcome any ideas, reflections and suggestions.



Benefits of a Whole School Approach to Mental Health and Wellbeing



Increased feeling of belonging



Increased educational outcomes and attainment



Health benefits



More effective in promoting social, emotional health and mental wellbeing



Increased school attendance



Improved behaviour



How will we know we are being successful?

Collecting Data:

- From the CYP
- From the parent
- From the school
- From professionals

Analysing the data:

- As a clinician
- Within teams
- Within the leadership team
- With NHS England

Sharing & Responding to Data:

- With CYP and families
- With schools & partners

Seeing change:

- Within schools
- Within waiting lists



What will signing up to be an MHST school require from our school?

- Being an MHST school is a FREE service, you will be allocated an EMHP for your school 0,5- 1 day per week depending on your school size. Your EMHP is intended to compliment rather than substitute for existing support in school.
- Appoint a Senior Mental Health Lead to work hand in hand with your EMHP ([access FREE training here](#)).
- Work with your EMHP to ensure a WSA to mental health is firmly embedded within the school.

Please see our 'Contract of Commitment' for a full breakdown of expectations from both sides.

It is very important that you have a suitable space to offer your EMHP on their day in your school

