Mental Health Support Teams for Children and Young People (MHST)

**CAMHS MHST Enquiry & Referral Information and Guidance**

**Our MHST service employs Education Mental Health Practitioners (EMHP’s), Wellbeing Practitioners for Children and Young People and Specialist Supervisors**

Our EMHPs and supervisors work with children and young people in Primary and Secondary schools in Devon. Work is ongoing to develop the service with a view to accessibility and widening the offer to other schools but we are currently only based in identified schools (See appendix 1).

Our CWP’s offer Low Intensity Cognitive Behaviour Therapy (CBT-Li) on an individual basis, for children and young people between the ages of 5-18, from specified locations within the locality

Our CWP’s and EMHP’s are unable to offer home visits.

**Who do we work with?**

CWP’s and EMHPs work with children and young people with low-level/mild to moderate common mental health difficulties (anxiety, low mood and behavioural difficulties).

This is an early intervention service that provides clear and tailored Low-Intensity Cognitive Behavioural Therapy (LI-CBT) interventions focused on guided self-help.

**What we do:**

EMHP’s and Specialist Practitioners/supervisors work collaboratively with schools to establish a ‘Whole School Approach’ to mental health & wellbeing, enabling mental health to be valued and become an intrinsic part of school culture.

EMHP’s and CWP’s work collaboratively with young people (and their families, where appropriate) using goal-focused approaches that require commitment and participation to be effective. We offer 1:1 and group work in which our staff will support young people to identify a current problem and set clear goals to help them overcome this.

**Complexity**

CWP’s and EMHP’s will work with children and young people with low-level/mild to moderate common mental health difficulties (anxiety, low mood and behavioural difficulties). The role is not intended to support those services that are working with serious and enduring mental health problems and CWP’s should not be involved in complex, or moderate to high need situations or presentations.

The CWP Pathway is commissioned to provide a very clear and tailored low-intensity intervention and will therefore not be appropriate for cases requiring a complex multi-agency, multi-stepped approach.

Within a low intensity approach, cognitive behavioural and social learning theory informed techniques will provide guidance and support, directly drawing from evidence-based approaches and materials, either through supported self-help or clinically evidenced materials used directly to support face to face sessions and health technologies such as online programmes or smartphone applications.

**Post assessment/partnership considerations for suitability**

Please be aware that a CWP intervention is not suitable for a CYP that requires extensive systemic and multi-agency input and cannot be responsible for excessive, additional work required for young people (e.g. TAFs, EHCP, Medical referral forms, excessive school liaison, etc.) and so clinicians need to consider a more appropriate onward referral route should the case require a multi-systems/agency approach.

**What are Whole School Approaches?**

We work in partnership with our schools to develop universal approaches promoting well-being and the prevention of mental health problems across the whole school community.

Each school has a Designated Mental Health Lead which is the key link between MHST and School. Through partnership with this lead we hope to support our school colleagues to develop a mentally healthy school culture and ethos, and a supportive classroom environment.

**How do we do it:**

We meet regularly with Designated Mental Health Leads to discuss mental health issues related to the whole school community and for consideration of needs of individual pupils or groups of pupils.

We offer workshops & training events to increase emotional health awareness, tackle stigma and prejudice around diversity and mental health and to develop pupil participation. This include:

* Anxiety/ Low Mood
* Exam Stress
* Bullying
* Transition and resilience
* Staff well-being and mental health awareness
* Mental Health Advocate training for pupils as part of the participation and engagement aim.
* Parent mental health awareness workshops and engagement events

**What individual interventions do we provide?**

EMHPs and CWPs offer 1:1 Li CBT interventions for anxiety, low mood and primary-age behavioural difficulties.

EMHP’s also offer targeted groups, for example, Decider, Parent-Led CBT, Parenting Intervention, Mind and Mood and Cognitive Restructuring.

A typical 1:1 or targeted and evidence-based group intervention, will involve a comprehensive assessment, psycho-education and then six to eight sessions of a specific guided self-help intervention.

Sessions will include psycho-education, and structured sessions using CBT-informed approaches. The EMHP/CWP will seek to involve parental/carer support to create SMART goals for therapy and work towards sustainable change.

All interventions focus on supporting children/young people and their parents in building their motivation, working towards clearly identified goals and encouraging them to develop solutions to overcome their difficulty.

**Expectations from the referrer:**

What must be considered is the CYP’s desire to engage in an intervention that is going to require commitment and a participatory approach to the solution-focused, problem-solving aspect of its delivery. A discussion with a CYP and their family around the important need for a participatory and goal focused approach is vital before making an enquiry.

Similarly to high intensity CBT, young people and their families will need to understand that engagement in a CBT model will require a commitment to working at home and completing ‘*home-work’* type tasks in order to facilitate the delivery of the intervention as most interventions will require participation outside of the sessions themselves.

**Overview of the intervention and pathway aims:**

A typical intervention will involve a comprehensive assessment, psycho-education and then six to eight sessions of a specific intervention. It is possible many of the young people we see could improve during this time. However, some children and young people may require fewer contacts or support may span a longer period of time, and as a result EMHP’s/CWP’s would then refer on through a stepped care approach or signpost as appropriate.

Initial sessions will involve psycho-education, leading to structured sessions using CBT-informed discussions to develop understanding of the reported difficulties. The EMHP/CWP will seek to utilise parental/carer support to create SMART goals for therapy and work towards sustainable change.

*A list of the LI-CBT Interventions can be found at appendix 2*

All interventions will be focused on supporting CYP and their parents to use and engage with the materials, including helping them to problem solve any difficulties faced and provide the motivation and encouragement to work through the materials. This can have a very typical talking therapy (cognitive) approach or be utilising behavioural approaches using exposure techniques and working through behavioural experiments.

On the following pages you will find tables in order to help make the criteria both distinctive and clear. The tables summarise the specific conditions the role could be expected to address, as well as those they ***should not,*** and they also identify those situations where discretion is required and a case by case decision can be made.

**If you remain unclear about the suitability and wish to discuss a referral for the EMHP/CWP MHST pathway:**

**If you are a member of school staff** and think a child/young person or group of pupils in your school would benefit from our service, please talk to your Designated Mental Health Lead (DMHL) or request a Time to Reflect consultation with one of our EMHPs/Supervisors.

**If you are a Child/Young Person/Parent/Carer** we would encourage you to talk to a trusted staff member or the Designated/Senior Mental Health Lead in your school, who can explore how the MHST may be able to support you. Our admin team will be able to provide you with a list of school’s currently supported by the Mental Health Support Team, email [cfhd.mhstadmin@nhs.net](mailto:cfhd.mhstadmin@nhs.net) or telephone 01392 386825.

If your child’s school is not currently supported by the MHST, you can still refer through the Single Point of Access Team, visit <https://childrenandfamilyhealthdevon.nhs.uk>,

or email: [CFHD.DevonSPA@nhs.net](mailto:CFHD.DevonSPA@nhs.net) or telephone 0330 024 5321.

**If you are a member of the wider Children & Young People’s workforce** we welcome you contacting us to discuss children and young people that may benefit from accessing our service, by calling our business support team on 01392 386825.

**If you are a CAMHS clinician**, requests for MHST referral may be discussed with the Clinical Team Manager for the MHST in your location or an enquiry sent to the relevant CWP-enquiries inbox.

On the following pages you will find our criteria which we hope are both helpful and clear.

**Referral Criteria Traffic Light System (Who do we see/What can we support with)**

|  |  |  |
| --- | --- | --- |
| **CWPs/EMHPs can work with individuals/groups to provide interventions in cases of….** | **CWP/EMHPs may work with individuals/groups to provide interventions in cases of….**  **Discretion and close supervision required** | **CWP/EMHPs cannot work with individuals/groups to provide interventions in cases of….**  **Significant levels of need. Complex conditions requiring ongoing referral** |
| **Behavioural difficulties – identification and support with CYP or brief parenting support. These include supporting regulation and understanding of irritability , anger, frustration.** | **Behavioural difficulties, identification and support with CYP or brief parenting support, which may include Parent-Led interventions supporting moderate disruptive, confrontational, or controlling actions.** | **Conduct disorder, severe anger presentations where there is complexity, risk to others and significant risk management.**  **Significant attachment difficulties or developmental trauma/PTSD.** |
| **Training parents and teachers to support interventions with children** | **Training parents and teachers to support interventions with mild/moderate mental health needs.**  **Support staff to help co-facilitate a full parenting programme.** | **Training parents and teachers to support interventions with significant levels of co-morbidity, complexity or risk. Treatment of parental mental health/wellbeing.** |
| **Low mood.** | **Irritability/ anger as a symptom of depression Promoting self-esteem, increasing motivation and engagement for children/young people.** | **Chronic depression, severe depressive episodes.**  **Moderate to severe anger management.**  **Bereavement.** |
| **Anxiety, worry management and avoidance, mild social anxiety or health anxiety.** | **Anxiety disorder symptoms resulting in moderate impact on functioning or mild/moderate levels of risk.** | **Chronic anxiety and severe anxious episodes resulting in severe impact on functioning or high levels of risk.** |
| **Emerging phobias and phobic responses displaying typical fight, flight, freeze adrenaline responses.** | **Complex/specific phobias such as, agoraphobia, vomit or needle phobias.** | **Phobias resulting in severe impact on engagement or participation.**  **Hemophobia** |
| **Obsessive, intrusive or ritualistic thinking patterns that could be considered an emerging obsessive compulsive disorder** | **Mild/moderate obsessive and compulsive symptoms, not exceeding 1 hour/day.**  **Young people displaying obsessive and ritualistic symptoms that may be in the context of neurodiversity.** | **Obsessive-compulsive disorder exceeding 1 hour/day or presenting with severe impact on functioning.** |
| **Panic-like symptoms or panic attacks.** | **Young people displaying panic symptoms that may be in the context of neurodiversity or other mental health need.** | **Chronic panic and anxiety episodes or high levels of risk.** |
| **Thoughts of self-injury, risk assessment. Support with alternative coping strategies. Young people with history of self-injury but not active** | **Self-injury not requiring significant medical attention, e.g. first aid, safety planning and support with healthy coping alternatives.**  **Suicidal ideation without clear intentions or plans to harm self.** | **Severe and active self-injury, requiring hospital assessment or significant medical treatment. High risk of serious harm to self, others or serious intent or planning to end life.** |
| **Lifestyle management e.g. sleep hygiene, healthy eating etc.** | **Sleeping difficulties e.g. in the context of anxiety or other mental health difficulty.** | **Longstanding, debilitating sleep patterns or physical sleep abnormalities.**  **Chronic fatigue syndrome, pain management or medically-unexplained symptoms.** |
| **Individual problem solving, improving self-esteem and motivation.** | **Supporting mild to moderate emotional dysregulation, impacting on interpersonal relationships e.g. friendships.** | **Systemic or relationship problems – counselling is best practice for interpersonal dynamics** |

**The Low Intensity Practitioner (CWP/EMHP) Role**

|  |  |
| --- | --- |
| What CWPs/EMHPs do... | We would not expect CWP/EMHPs to... |
| Assess and support people with mild to moderate mental health problems (anxiety, low mood and behavioural difficulties). | Routinely assess and triage children and  young people with severe, complex or  enduring mental health problems, or those presenting with complex issues. |
|  |  |
| Offer low intensity, focused, evidence-based 1:1 interventions.  • Behavioural activation  • Behavioural experiments  • Cognitive restructuring  • Exposure and habituation/Exposure and  response prevention  • Worry management strategies  • Social Learning theory-based parent  support and parent-led CBT  • Behavioural and emotional regulation  strategies (sleeping, toileting, feeding  etc.)  • Support Digital Interventions  • Lifestyle management  • Relaxation  • Problem solving  Intervention Diagram see appendix 2 | Be involved in complex, or moderate to high need situations or presentations.  If a young person’s presentation moves outside of the Low Intensity remit of the service, MHST does not hold cases that are awaiting more specialist intervention. These cases will be closed and held in the Locality Duty system. |
| Group Interventions. For example,   * Decider skills * Mind and Mood group * Parenting group * Parent-Led CBT group * Cognitive Restructuring group | CWPs/EMHPs do not case co-ordinate.  If the young person requires an additional intervention a further referral will be required and a full assessment of needs will be completed separately. |
| Signpost people and facilitate access to other services when appropriate. | Support children and young people with high levels of risk or needing a specialist level of care or intervention. |
| Work through a variety of media such as  telephone, internet and face-to-face and in School. | CWPs/EMHPs are not able to offer home visits but may offer visits at an alternative centre |
| Review children and young peoples’ progress and record outcomes achieved |  |
| Be able to access specialist input quickly where complexity, risk or safeguarding factors emerge. | MHST cannot expediate waits for other CAMHS pathways.  Services are encouraged to use Time to Reflect Consultation spaces/conversation with DMHL’s to ensure the correct referral pathway is followed. |
| Receive weekly case management supervision and fortnightly clinical skills supervision. | Operate without appropriate supervision/  access to specialist support when needed.  EMHP’s are not qualified to offer supervision or counselling to school staff. |

**Appendix 1:**

**List of schools by Geographical Area**

**Exeter 1** Secondary

St Peters CofE Aided School

St James School

St Lukes CofE School

Isca Academy

West Exe School

Cranbrook Education Campus (Secondary)

Primary

Cranbrook Education Campus (Primary)

St Martins CofE Primary School

Wynstream Primary School

Montgomery Primary School

**Exeter 2** Secondary

Clyst Vale Community College

Primary

Bowhill Primary

Broadclyst Community Primary

Clyst Heath Primary

Countess Wear Community School

Exwick Heights Primary

Monkerton Community Primary

St Gabriel’s C of E

St Leonard’s C of E

The Topsham School

Trinity C of E

Westclyst Community Primary

Willowbrook School

Woodwater Academy

**East** Secondary

Axe Valley Academy

Colyton Grammar

Exmouth Community College

Honiton Community College

Sidmouth College

The Kings School

Primary

Axminster Community Primary

Marpool Primary

Offwell Primary

Seaton Primary

All Saints C of E

**Teignbridge** Secondary

Dawlish College

South Dartmoor Community College

Newton Abbot College

Teign School

Coombeshead Academy

Teignmouth Community School

Primary

Haytor View Primary School

Highweek Community Primary School

Wolborough CofE Primary School

Bradley Barton Primary School

St Michaels C of E, Kingsteignton

St Catherine’s C of E School

Ipplepen Primary

Stokeignteignhead Primary School

Doddiscombesleigh Primary School

**Torbay 1** Secondary

Paignton Academy

Brixham College

Torquay Boys Grammar

Primary

Kings Ash Academy

Curledge Street Academy

All Saints Babbacombe CofE Primary School

Roselands Primary School

Oldway Primary School

Shiphay Learning Academy

Torre CofE Academy

Watcombe Primary School

St Marychurch CofE Primary School

**Torbay 2** Secondary

Mayfield School (specialist)

The Spires College

St Cuthbert Mayne School

Torquay Academy

South Devon College

Primary

Furzeham Primary School

Sherwell Valley Primary School

Homelands Primary School

**North** Secondary

The Park Community School

Pilton Community College

The Ilfracombe Academy

Special Provision

The Lampard Community School

College

Petroc (North Devon Campus)

Primary

Ashleigh C of E (VC) Primary School

Bratton Fleming Community Primary School

Goodleigh Church of England Primary School

Holywell Church of England School

Ilfracombe Infant & Nursery School

Orchard Vale Community School

Shirwell Community Primary School

Sticklepath Community Primary Academy

Ilfracombe Church of England Junior School

Fremington Primary School

**Appendix 2:**

**The Interventions and the Symptoms they hope to improve:**

