

# Mental Health Support Team (MHST) LLR and Melton and Rutland Education Mental Health Practitioner (EMHP) Community Wellbeing Practitioner (CWP)

City East and City Central Team



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

# Aims:

- To raise awareness and increase understanding of the EMHP role in school
- Increase understanding of our referral criteria and process

# Please watch service video:

## Aimed at Primary School



# Introduction



**University  
Expectations:  
PGDip/UGDip at  
University of  
Northampton**

**Support  
implementation of  
Whole School  
Approach**

**Low intensity  
Cognitive  
behavioural  
therapy**

**All evidence-based  
work**

**1-1 support, group  
work, health  
education and  
training.**

**Work within the  
Mental Health  
Support Team**

# Who is in our team: City East and City Central

**Clinical Team Leader** – Rajj Joshi CTL, LIST Supervisor, Psychiatric Nurse

**Clinician's** – Sameera Sidat and Lewis Richardson



## Practioners:

- Sarah Henry
- Ella Parkes
- Hannah King
- Leah O'Rourke
- Kara Deazle
- Layah Barton
- Sima Umeria
- Fatimah Nizar
- Nikita Varma
- City Admin
- Semina Kharodia

# What can we do?

EMHP's can offer work to individuals or groups to provide interventions supporting:	Additional presentations that the MHST may be able to offer support on depending on individual assessment/ school audit:	EMHP's will not offer individual or group work on the follow:
Low mood that effects day to day activity/wellbeing e.g.: Lack of motivation, lack of self belief, irritability	Mild/early onset OCD	Clinical depression
Generalised anxiety that affects day to day activity and wellbeing e.g.: Exam stress, transition to secondary school,	Self-harm support if assessed as low risk	High risk eg: Suicidal intent or Self-harm assessed as moderate – high risk, or pervasive
Anxiety/Avoidance  e.g. simple phobias, separation anxiety, school avoidance	Mild social anxiety	Complex phobias e.g. blood, needles, vomit
Panic management	Low confidence/mild self-esteem difficulties	Complex and enduring self-esteem difficulties (Core beliefs)
Sleep difficulties as a symptom of low mood/anxiety	Half-termly consultations with a member of the senior leadership team	Anger management
Worry management		Grief and Loss
Problem solving		Moderate – severe social anxiety
Challenging negative automatic thoughts		Moderate – severe OCD
Educating teachers to support interventions with children		Relationship problems that would be better suited to counselling
Parent led CBT “Helping your child with fears and worries”		Treatment of parent's or staff's mental health difficulties
Brief consultation to discuss suitability of referrals		Historical or current experiences of abuse or violence
Supporting low confidence and self esteem as a symptom of low mood or anxiety		Pain management
		Chronic sleep disorder
		PTSD, trauma, nightmares



## Which problems are not suitable for low-intensity work and why?

### Vomit, blood or needle phobia

- Can be a distressing treatment
- High risk of fainting

### Severe mental health problems

- For example, bipolar disorder, schizophrenia or personality disorder
- Require specialised care and support

### Eating disorders

- Physical health risk
- Require specialised care and support

### Post Traumatic Stress Disorder

- High-intensity treatments available such as, EMDR
- Requires specialist training

### Obsessive Compulsive Disorder

- Could be suitable for low-intensity but only mild early onset symptoms and not in training year
- Requires specialist training to break the OCD cycle

### Social Anxiety

- Requires high-intensity treatment due to fears of therapy itself
- Can be lifelong if not treated effectively

### Complex presentations

- May require support from many agencies, i.e. social care, addiction services etc.
- Require more specialised care due to many factors

### Low self-esteem

- If this is due to an early onset MH problem - can be supported by low-intensity
- Not suitable if there are current family issues - will cause more damage to the child as they see themselves as the problem.

Key to this is the evidence base we use in CYP IAPT.

All our interventions are based on the research that shows these types of treatment are most effective for children and young people, ensuring their care and safety is central to all the work we do.



# What can we offer?


## Treatment Interventions:

- Graded exposure (GE)
- Cognitive restructuring (CR)
- Brief Behavioural Activation (BBA)
- Worry management (WM)
- Problem Solving (PS)
- Sleep Hygiene (SH)
- Parent led CBT (Cathy Creswell approach)

These are guided self-help approaches to teach CYP the skills that they can continue to use independently post treatment too.



# Where do we complete our visits?

- **School – confidential space**
  - **Telephone call**
  - **Video call**
  - **Local NHS Health or children's centres**
- 
- shutterstock.com
- **We also work through school holidays.**
  - **Working hours: Monday to Friday, 9am-5pm. Excluding bank holidays.**



# Whole School Approach

- Promote mental health awareness
- Display boards about mental health
- Groupwork for children and young people
- One off Workshops for children and young people
- School Assemblies
- Staff training

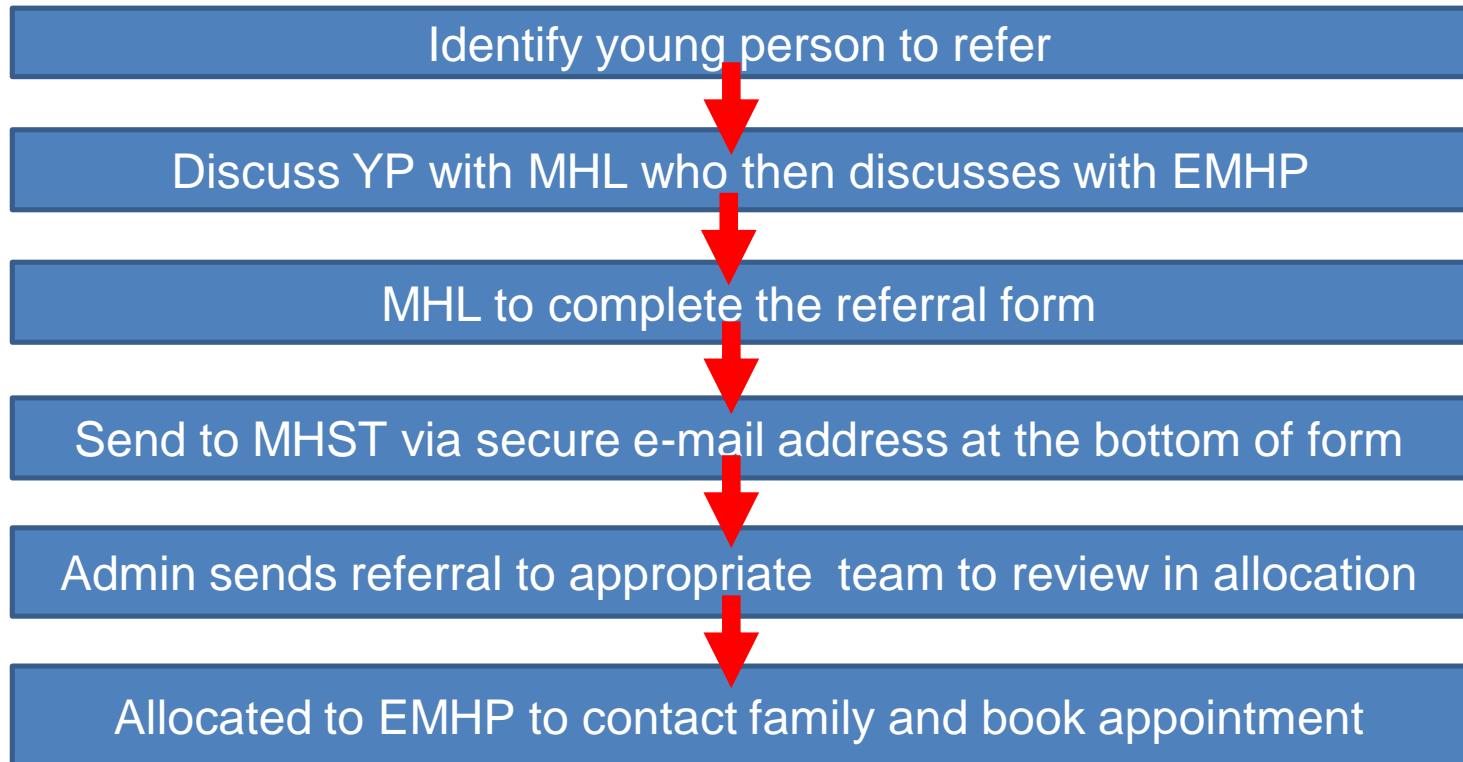


# What does a referral look like?

- **Meet and greet (Introduction to the EMHP and service)**
- **Full initial assessment (Including risk)**
- **Treatment: 6-8 sessions**
- **Psychoeducation**
- **Relapse prevention and discharge**
- **Discharge letter completed and shared with parent, school and GP**

# Referral process

Here is the process once it has been sent to us and what will happen.



# Referral form:

- To be completed by School teacher/ Mental health lead
- Consent from parent and YP required
- The YP and Parent are consulted about their views of the referral and highlighted concerns

Please discuss case with MHST staff before making a referral. Discussion improves understanding of issue and the most appropriate support		Referral <input type="checkbox"/>	Consultation <input type="checkbox"/>
Date of Referral:	Name of School:		
Mental Health Lead:	Contact Number:		
YP Consent: Please tick/highlight Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Consent: Please tick/highlight Yes <input type="checkbox"/> No <input type="checkbox"/>	(Please provide YP's reason for not having parent consent)	
YP/Child's Name: (Not needed if consult) Preferred Name: (Not needed if consult) DOB:	Age:	Ethnicity:	
Home Address: (NNIC)		Gender:	
		Child/ Young persons Contact number: (NNIC)	
		Parent/Carer Name: PR Contact Number: (NNIC)	
Learning Disability: Please tick/highlight Yes <input type="checkbox"/> No <input type="checkbox"/>	Learning Difficulties: Dyslexia, Dyspraxia, ADHD, ASD.	Is there an EHCP? Please tick/highlight Yes <input type="checkbox"/> No <input type="checkbox"/>	(Details)
Physical health difficulties/ disability?		Allergies?	
Current Mental health concerns: Reduced academic engagement, Low mood, Anxiety, Fatigue, loss of interest, Loss of appetite.	(Explain concerns)		
Services Involved: Services offered/used to meet YP's need e.g. Early Help, ELSA etc.	Present:		
Provisions in school: ELSA, Counselling etc.	Past:		
Risk factors: e.g. Risk to Self, Risk to others, Risk from others.	Present:		
	Past (when was this):		
Protective factors: e.g. Friends, Family, Hobbies Interests.			
Expectation: YP, carers, School hope to achieve from our service involvement.	YP:		
	Carers:		
	School:		
Please send completed referral to <a href="mailto:LLR.MHST@nhs.net">LLR.MHST@nhs.net</a> . If incomplete, the referral form cannot be accepted.			

Completed forms are to be saved as a PDF file and sent via Anycomms, Egress or secure email to the address below:  
[llr.mhst@nhs.net](mailto:llr.mhst@nhs.net)

Approved/ Updated Oct 2021

# Referral form

<b>Why do you think the child/young person needs mental health support?</b> e.g., they are displaying low mood, reduced academic engagement, anxiety, fatigue, loss of interest, loss of appetite.	(Explain your concerns about their mental health, including their thoughts, feelings, behaviours, physical symptoms, how this impacts the child/young person in their day-to-day life and their performance at school - both from the school, young person, and the family perspective.)
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<b>Are any other agencies supporting this child/young person?</b>	Present: Past:
<b>Provisions in school:</b> e.g., SEN, Counselling etc.	
<b>Risk factors:</b> e.g., risk to self, risk to others, risk from others, safeguarding concerns	Present: Past (when was this):
<b>Protective factors:</b> e.g., friends, family, positive interests	
<b>What differences does the child/young person, parent/carer and school hope that support from our services may achieve?</b>	Child/YP: Parent/Carer: School:

Please send completed referral to [LLR.MH37@nhs.net](mailto:LLR.MH37@nhs.net). If unavailable, referral form cannot be accepted.

- What is their behaviour presentation?
- What are they telling you they are experiencing? (thoughts, physical symptoms, feelings)
- How is this impacting them? (in school, at home, academic engagement, friendships, sleep, appetite, etc.)
- Other agencies involved? Including any historical or current safeguarding concerns e.g. CIN plans
- What support are they/ have they received in school? Has this helped/ has anything not worked?
- Risk: if they have previously self-harmed, when/ how/ how often?
- Protective factors: things that support their wellbeing
- What do they want from this support?



# Useful links and information:-

<https://vimeo.com/user98351636>

<https://www.leicspart.nhs.uk/service/mental-health-support-teams-in-schools-mhst/>

<https://www.leicspart.nhs.uk/mental-health/>

<https://www.healthforteens.co.uk/leicestercity/introducing-mental-health-support-team-schools/>

111, Option 2 Urgent Mental Health support 24-7 all ages

# How to contact us?

**Senior Link:**

**Rajj Joshi**

**Sameera Sidat**

**Lewis Richardson**

**Cloud voicemail:** 0116 215 3267

**Base:**

**MHST, Leicester City Central Locality Area**

**Uppingham Road Health Centre**

**131 Uppingham Rd**

**Leicester**

**LE5 4BP**



# Any questions?

**Please send any questions addressed to the City Central Team by email and we will get back to you as soon as possible.**

