Supporting social and emotional well-being with Mental Health Support Teams (MHST)

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achieving for children

Plan for the workshop

- Arrival - Video: Common Fate
- MHST overview - who we are and what we do
- SEND specific MHST involvement
- Case studies
- Challenges and future directions
- Questions

Where has the MHST come from?

- Mental Health Support Teams (MHST) were first proposed in DfE Transforming Children and Yound People's Mental Health 2017, to focus upon early intervention and prevention on site in education settings & in partnership with school staff & parents as part of a Whole School Approach
- Five Kingston & Richmond MHST Teams created between 2019 - 2022 (287 MHST teams in UK currently, plan for 500 by 2024)
- Each MHST Cluster is led by a nominated Head Teacher and covers 8000+ students (in 16-20 Primary, Secondary & Special Schools and Alternative Provision)
- Each MHST team has 8 trained Mental Health practitioners

Whole School Approach

<u>Mental health must be seen as everyone's responsibility.</u>
The Mental Health Support Team and Senior Mental Health Leads must engage with all school staff to truly co-produce and embed mental health support across the school community.

School logo

Young person is identified as needing support for Mental Health & Emotional Wellbeing

Notify the Mental Health Lead: *name of MH lead*

photo

Single Point of Access

Call SPA on 020 8547 5008

https://www.richmond.gov.uk/services/children_and_family_care/single_point_of_access/single_point_of_access_for_professionals/make_a_referral_to_spa

Other Support

Voluntary Community Support

express

mind

ADHD RICHMOND & KINGSTON

SAYING GOODBYE

School Support

EHCP

SEN

ELSA

PSHE

School Counselling

Staff Development

Parent Workshops

Mental Health Support Team

Universal Pathway

Whole school intervention e.g. Settling into Secondary School Assemblies, Raising Awareness, Mental Health Ambassador's Training & Parent Workshops

Targeted Pathway

Exam Stress Group

Low Mood Group

Anxiety Group

Resilience Group

Individual Pathway

Assessment

Screening

Step up to EHS / Tier 3 CAMHS

MHST Intervention

Guided self-help Anxiety

Guided self-help Low Mood

Creative Therapy

Online Support

kooth https://www.kooth.com/

www.swlondonccg.nhs.uk/your-health/mental-health/covid19-resource-hub/

www.kr.afcinfo.org.uk/EHSResourceHub

https://www.camhs-resources.co.uk/

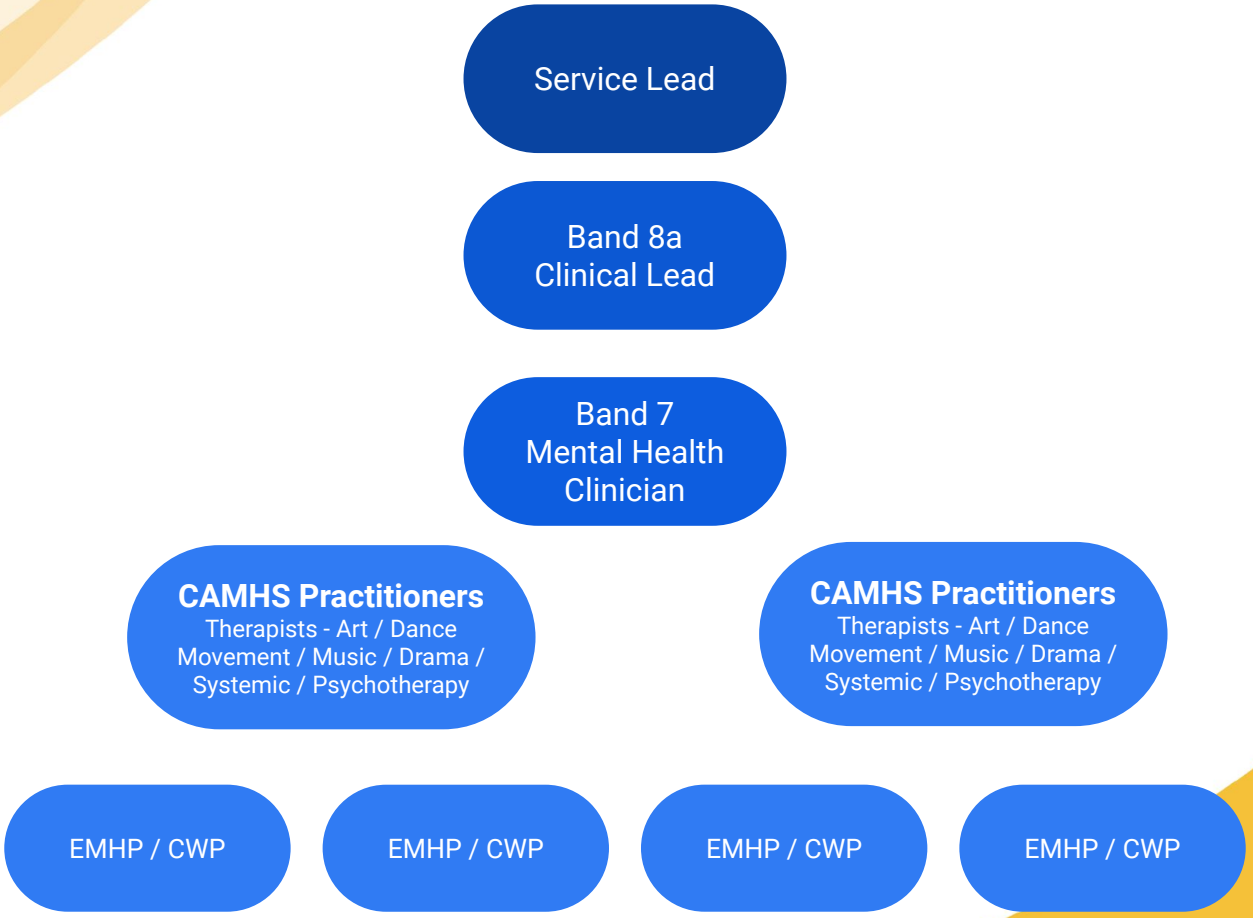
ERSA team (Emotionally Related School Avoidance)

NHS South West London Clinical Commissioning Group

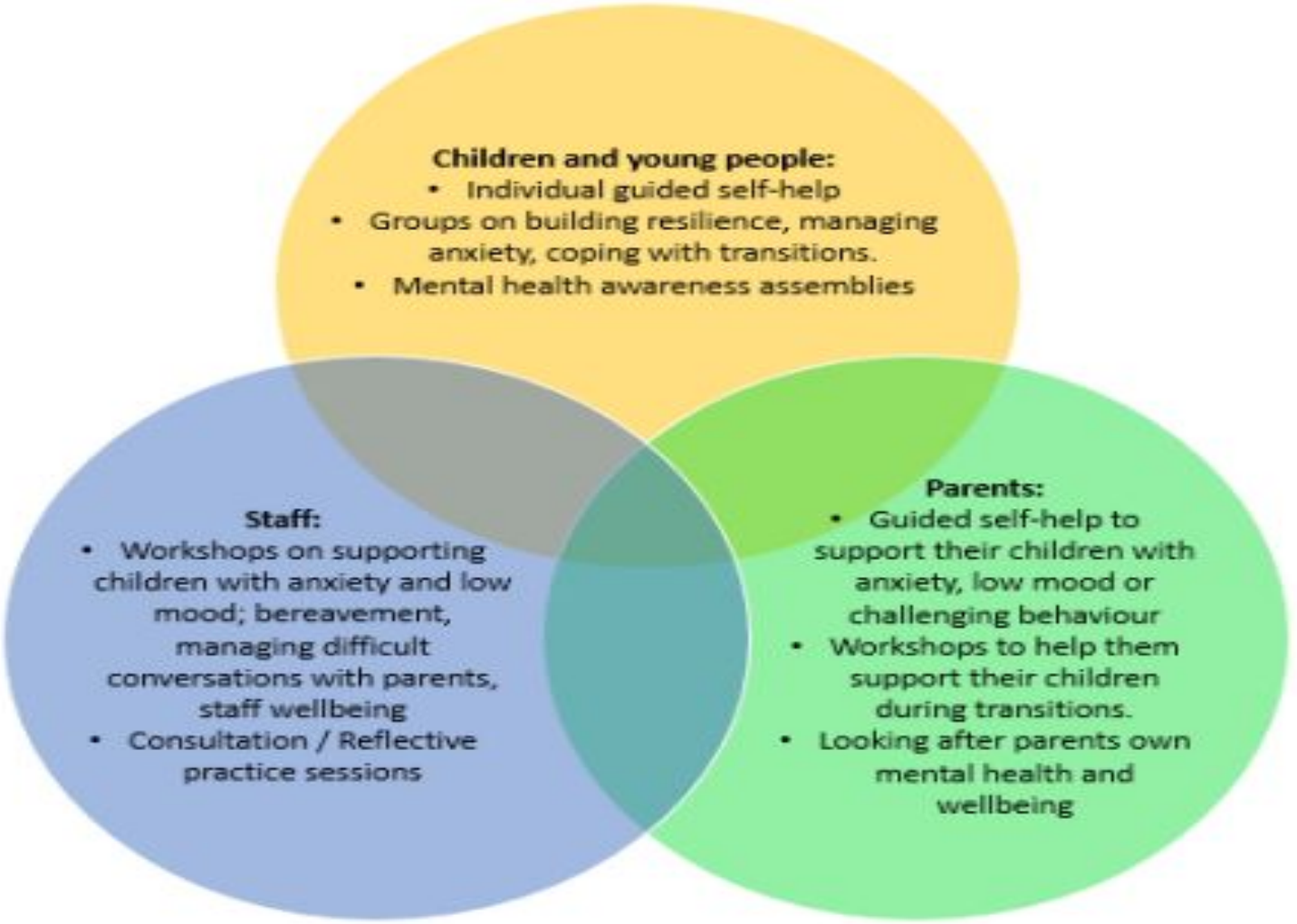
Are you OK Kingston?

achieving for children

Each MHST team Structure



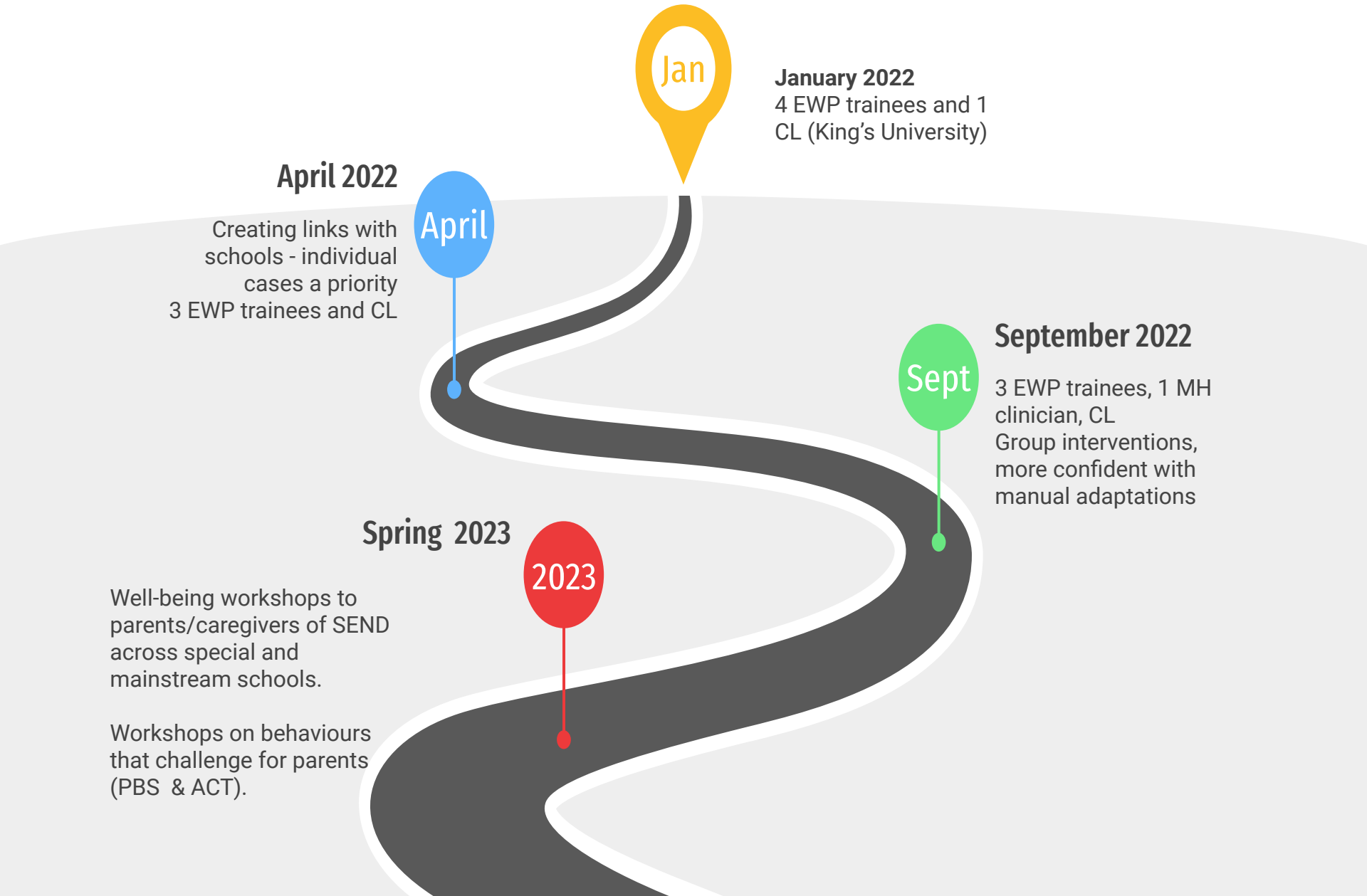
What do the MHST do?



Grounding exercise

Let’s drop an anchor

Our Kingston Wave 6 (focus on SEND & gender)



Policy and guidance for early intervention for children and young people with a learning disability

1

Building the Right Support (Local Government Association, Association of Directors of Adult Social Services & NHS England)[4]:

"Care and support should be person-centred, planned, proactive and coordinated – with early intervention and preventative support based on sophisticated risk stratification of the local population, person-centred care and support plans, and local care and support navigators/keyworkers to coordinate services set out in the care and support plan." (page 25)

2

Ensuring Quality Services (Local Government Association & NHS England)[5]:

"Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce. At the same time local community-based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting." (page 30)

3

Service Model (Local Government Association, Association of Directors of Adult Social Services and NHS England)[6]:

"All families or carers who are providing care and support for people who display behaviour that challenges should be offered practical and emotional support and access to early intervention programmes, including evidence-based parent training programmes, and other skills training, in line with NICE guidance and which is targeted to meet their specific strengths, challenges and needs." (page 17)

4

National Institute for Health and Care Excellence (NICE) guidelines on prevention and interventions for people with learning disabilities and challenging behaviour[7]:

Clarifies that services and professionals should: *"Consider parent-training programmes for parents or carers of children with a learning disability who are aged under 12 years with emerging, or at risk of developing, behaviour that challenges"*, and *"preschool classroom-based interventions for children aged 3–5 years with emerging, or at risk of developing, behaviour that challenges."* (page 21-22)

5

NICE guidelines on service design and delivery for people with learning disabilities and behaviour that challenges[8]:

"Local authorities must promote the upbringing of children and young people with a learning disability and behaviour that challenges by their families, in line with section 17 of the Children Act 1989. This should include providing a range of services including education, and general and specialist learning disability support services in the community, as an alternative to residential placements away from home and to reduce the potential need for such placements." (page 27)

6

NICE guidelines on the prevention, assessment and management of mental health problems in people with learning disabilities[9]

"More reliable [mental health case] identification should help with early intervention and provide better outcomes, and earlier identification could also reduce costs for the NHS and social care". (page 30)

Investing in Early Intervention

- The policies and guidance emphasise the importance of supporting families with evidence based, targeted support including the provision of early intervention programmes.
- Policy and guidance highlight the need for services and support to be **co-ordinated**, **joined-up** and **inclusive**.
- Despite the benefit of early intervention being clearly recognised in national policy and guidance there is currently no evidence of strategic implementation or monitoring of investment and outcomes.

Their key recommendations:

1. Empowering and equipping families to meet the needs of their child
2. Investing in the wellbeing of family carers
3. Workforce development
4. Timely access to specialist support

- ❑ Adapted parent led interventions
- ❑ Emphasis on caregivers' well-being
- ❑ Supporting our staff to understand neurodiversity and other additional needs through supervision
- ❑ Making links with specialist organisations
- ❑ Targeted training for school staff
- ❑ Direct observations to inform step up referrals for NDT screening

The most commonly reported facilitators of early intervention were:

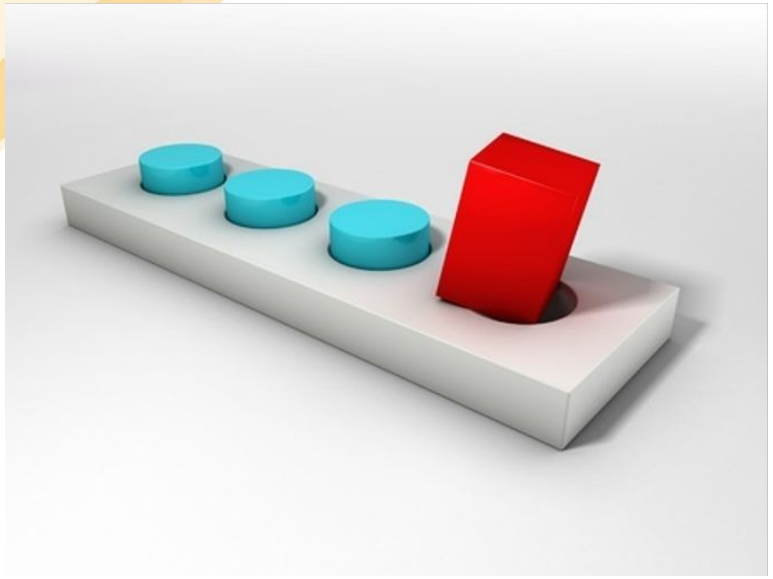
• Supportive and competent professionals (positive attitudes, proactive engagement, knowledgeable)

• Empowered parental caregivers (access to resources, skills and knowledge, proactive behaviours, support from others)

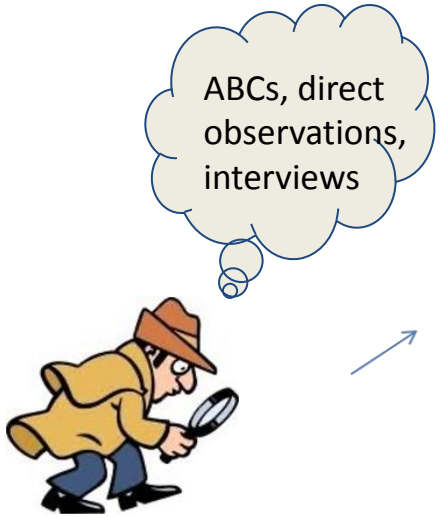
• Accessible services (features of service delivery, flexibility, provision of resources, availability, continuity)

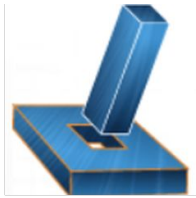
A key enabler of early support is early identification of needs to ensure that the support that a child requires is provided at the **earliest opportunity.**

Person-centred approach



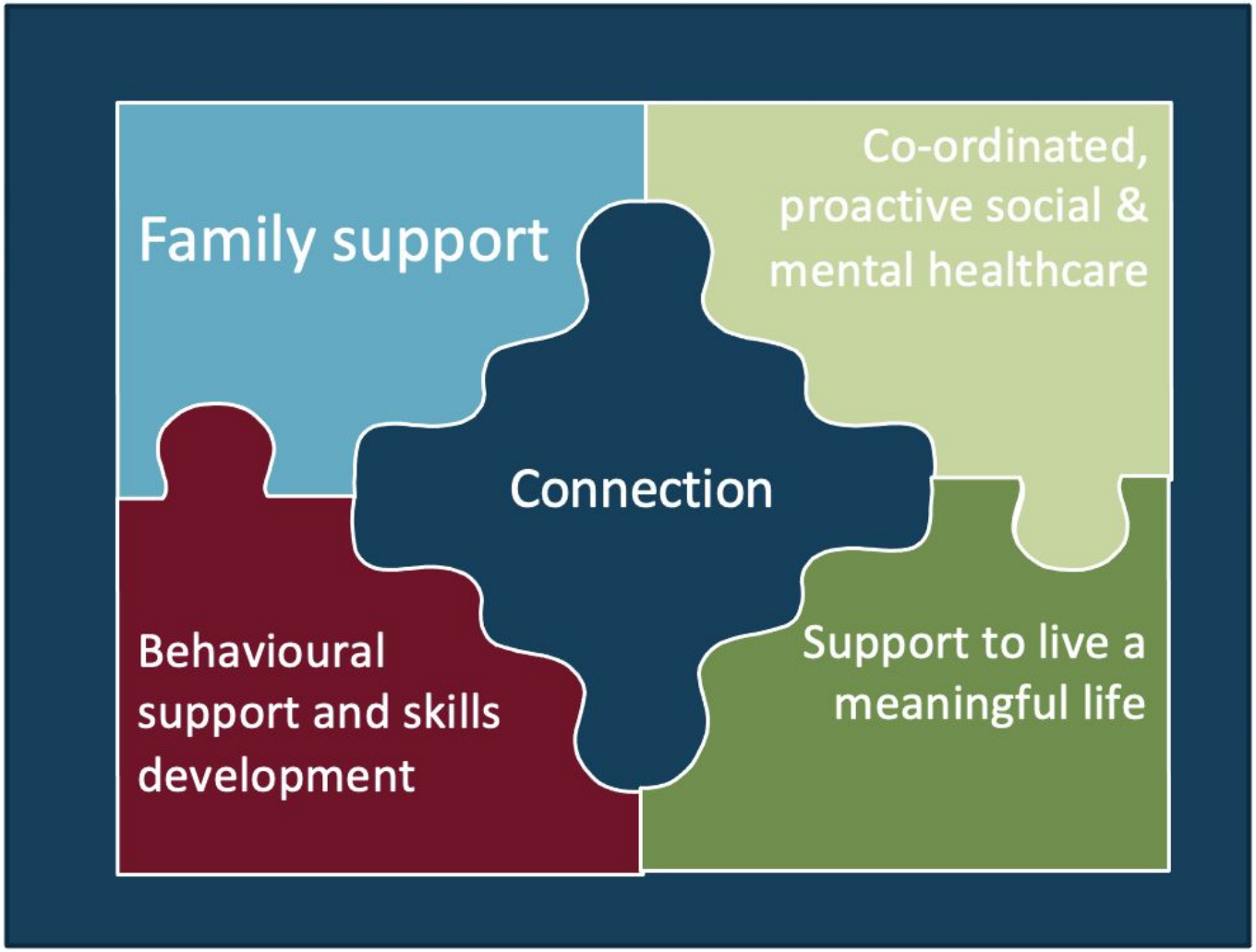
Building capable environments





Change the environment to fit the CYP, e.g. offer different activities, introduce 'parking' space, add visuals, reduce/adapt demands

Skills teaching, coping skills



(Adapted from The Challenging Behaviour Foundation and the National Development Team for Inclusion, 2016).

Supporting caregivers

Parents who experience increased rates of child behaviour difficulties for prolonged periods experience increased stress levels / emotional difficulties and challenging behaviour is a key factor (Hastings, 2003; 2008).

We respond to this by:

- Introducing self-care as part of the manualised approach (both anxiety and CB)
- Placing emphasis on the need to connect with other caregivers
- Trying to identify patterns of behavioural difficulties (3 term contingency)
- Constantly engaging with the network (vs working with parents in isolation)

Our goal is to reframe mental health by helping caregivers understand how the difficulties are learnt and maintained but also to create capable environments that respond to individual needs (vs the 'fix my child' approach).

Supporting young people

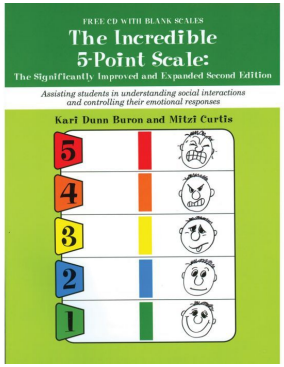
Adaptations based on the learning or developmental needs:

- Shorter sessions for young person with dyslexia (Low mood GSH)
- Replacing written homework with audio / transcripts
- Practitioner helps with writing things up when appropriate
- Sensory or movement breaks as needed
- ‘Resources box’ with fiddly toys (age appropriate)
- Use of person-centred thinking tools (good day / bad day, one-page profile)
- Experiential exercises including an adapted version of the soles of the feet (Singh, 2003)

Adaptations we've made

Environmental adaptations (home and school)

- Use of visuals / planners / to do lists
- Keyrings / reminders
- Time timers
- Now-next board
- Social stories



Skills teaching

Emotional regulation add on (5 point scale, when my worries get too big)

Systemic approach / partnership working

- ❖ Joint up work with school (network meetings, function as a the key liaison person for the family)
- ❖ Comprehensive, bespoke ABC forms across home and school (include intensity scale, information about the last 24h, lots of prompts to help parent describe how they respond vs freestyle writing)

Parental well-being

- ➔ Self-compassion add on (how would you treat a friend exercise, self-compassion journal, self-compassion break)
- ➔ 'Leaves on a stream' and 'hands as thoughts' exercise when we want to help caregivers create distance from thoughts and feelings

These all need to be seen as part of a **multi-element treatment plan .**

Let’s give it a go!

OR

Multi-element care plan

PROACTIVE - aim to reduce the behaviour/difficulties happening over time and giving caregivers and the YP the tools to be able to handle similar situations in the future and to build and maintain natural sources of support			**REACTIVE** - helping caregivers to respond to the difficult situation in a calm and consistent manner
Environmental changes	**Skills teaching**	**Short term interventions**	
• Introduce visuals • Importance of structure and routines • Concept of 'negotiable vs non-negotiable' demands • School adaptations • Network meetings • 'Check out' time to help with transitions	• Intervention specific (gradual exposure / desensitisation, BA, task analysis) • Coping skills (for both caregivers and the YP)	• Reward systems (exit plan) • Short term changes in school, e.g. special jobs, movement breaks	• Distraction • Removing attention • Reduce language • Key message ' not the right time to give them a lesson' We use the cycle of arousal and other visuals to draw a list of acceptable strategies that fits with their routines / demands / values as a family (**social validity always considered)**

Case study

Ahmed is a 9yo boy who's been referred to the MHST following concerns about difficult behaviours at home.

During the assessment we found out:

- Mum is on the waiting list for housing; currently lives in a bedsit.
- Mum is worried she might be made redundant.
- Ahmed has been previously referred for an NDT assessment ; mum or school haven't heard anything for 9 months.
- Ahmed presents with literal understanding of language and lacks the emotional literacy
- Challenging behaviour in the form of hitting, kicking, pinching, breaking items. More likely to happen following a request 'put the ipad away', time for school' but also when in the community.
- During the last episode of behaviours that challenge at home, Ahmed broke the laptop school provided. He now can't do his homework.
- Mum feels isolated; stopped going out with Ahmed and she wants to learn how to manage his behaviours better.
- Mum has now started to avoid saying no to him - she's unsure how school manage and feels blamed when they say that everything is ok there and she needs support.

What would be a priority for you?

Our intervention

Partnership working:

- Spoke to school straight after the assessment with mum regarding the laptop - a new one was provided within 2 days.
- Liaised with the NDT; found out about the previous screening and where Ahmed was on the waiting list.
- Spoke to school regarding Ahmed's engagement in learning, social skills and coping skills. Became apparent that he also presented some behaviours that were difficult to manage in school but this was not communicated to mum to 'not burden her'. An *informal observation* in class confirmed this.

The referral was appropriate for our **Challenging Behaviour GSH for parents** delivered by an EWP trainee with the following add-ons / adaptations:

- Spent one session talking about emotional literacy and techniques to help mum help Ahmed to regulate his emotions (5 point scale, noticing and labeling emotions, mum as role model).
- Added 5' at the end of each session doing a self-compassion exercise.
- Had regular network meetings / check ins with school and mum together; this helped improve communication.
- Introduced environmental adaptations at home and school; visuals, structured routines, concept of negotiable and non negotiable.
- Supported mum to contact parent/carer groups.

Challenges

- Highlighting the importance of Prevention
- Recognising early help opportunities
- Ensuring meaningful outcomes for CYP and their families (ongoing)
- How do we continue to train our staff to adapt current interventions to be able to respond to changing priorities
- New service & new way of working - building trust and relationships
- Distinction between mental health and behaviours that challenge (is this MH or is it behavioural?)

How the MHST has responded

- Self Harm webinar and resources
- Increased School Staff Reflective space provision & and Consultations
- IPT-A pilots in both Kingston and Richmond
- SEND pilot for Strathmore School - 2 x 4hr parent wellbeing workshops
- SEND - Adapting manualised resources e.g. to spend extra time on psycho-education /normalising difficult thoughts / feelings /understanding challenging behaviour
- SEND resources specifically created re emotional regulation / sleep
- KW6 Clinical Lead linking with Autism Education Trust

The way forward

- Richmond Wave 7 - Jan 2023
- Maintain provision of early intervention and increase emphasis on Prevention
- Continue to focus on supporting schools with ‘risk’
- Strengthen the MHST & Schools partnerships and the Whole School Approach
- Continue to increase reflective and consultative provision for school staff
- Increase parent engagement with MHST / other support offers & connecting them together to further support themselves and each other as parents
- Be MHST ‘best in class’ in the UK - continue to be involved in research, present at conferences, collaborate with other MHSTs etc.

Self-compassion break

Questions / Comments / Feedback

We'd love to hear from you!

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Feedback from families, young people and schools

"Thanks for your help. Isn't it lovely to have someone who cares for the well-being of your family, truly appreciated"
"It means so much to talk with someone who is an expert in the theory but also someone who lives it and really understands. It can all feel so lonely"

"Thank you so much for your support with XX. I have been very impressed with the way your team works and it's great to be involved at every stage"

"L was extremely helpful, respectful and gave us lots of ideas of how to help our daughter with her anxieties. She was genuinely very invested in our journey as a family.We think it's a fantastic service and we really hope many more families get to experience this as it has benefited everyone in our family and taught us a lot about our own anxieties".

"The service was simply amazing. I never could have believed that J's hand washing problem could be solved in the course of a a few months, but it is. Really understanding what was causing the problem helped my daughter and me to come up with a practical plan that we both could stick with, and it worked! I cannot thank E enough, and we hope to move on to conquering a dog phobia soon!"