George Chaplin - Contribution to Kingston SEND Partnership Board on 30.9.21

George's point	Response from Jo / Nigel / others
The mental health support teams embedded in schools should be visible to children and young people - CYP need to be given the opportunity to engage directly with these staff - I think this will reduce barriers to accessing support for CYP and will facilitate early intervention.	The Mental Health Support Teams (MHSTs) are promoted directly to pupils in schools through assemblies and year group workshops delivered by the teams. In Kingston cluster 1 we are piloting a self-referral system for pupils at secondary, so they can refer themselves direct rather than via staff.
It is important school staff are able to identify concerning behaviour and put appropriate support in place/make appropriate referrals. Too often schools discipline CYP for behavioural problems instead of seeing them as an early warning sign and investigating the underlying cause.	The MHSTs are delivering training to school staff on emotional wellbeing and mental health difficulties to help them understand and identify concerns in pupils. The MHST also is driving an ethos and policy change in schools to move away from behaviour management policies and towards restorative justice and trauma informed approaches.
School staff MUST be familiar with how to refer to CAMHS, particularly given that, on the local offer website there is a requirement listed that it should be demonstrated that all support that can be put in place at school has been (hopefully this is familiar I couldn't access the local offer website to get the exact wording as it was down for maintenance)	When the website is back up it would be helpful to see the link to this section, so we can review it and change it if needed. We recognise that not all young people will even want their school aware that they are accessing CAMHS, so this may be a little misleading and confusing on the webpage! We are trying to support school staff to understand referral processes better.
I believe that under no circumstances should school staff act as a "gatekeeper" for EHS/MHST services - school staff should err on the side of caution when making referrals to ensure CYP at risk are not missed.	Agree! We need to make sure this message is given in our work.
It is important that referral pathways for CAMHS are easy for parents and young people to understand.	Agree and I think there is probably more work we can do here on webpage information.

It is important to be aware that while on the most part schools do their best to support CYP, sometimes they will get it wrong and parents will present to CAMHS with little evidence of previous support in place in the school environment. These young people should not be prevented from accessing services.	For general emotional wellbeing issues we do not require things to be in place at school (unless it's a 100% school based issue). However for assessments for Autism and ADHD there is a requirement for information and evidence from school. This is because the diagnostic criteria for these conditions required clinicians to be certain that the difficulties are present across different settings and one way for us to evidence this is to ask the school. In EHS we are aware that sometimes this does create difficulties as young people may be "masking" their difficulties in school and so evidence from school is limited.
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