

Contract for Secondary Schools
Ealing Mental Health Support Team

1. Introduction:

Mental Health Support Teams (MHSTs) are the government's response to the green paper 'Transforming Children and Young People's Mental Health Provision'. Ealing MHST consists mainly of Education Mental Health Practitioners (EMHPs) and Child Wellbeing Practitioners (CWPs). Our Mental Health Support Teams will refer to EMHPs as 'Educational Wellbeing Practitioners' (EWPs) and the EWP's will be a mixture of qualified practitioners and trainees. Educational Wellbeing Practitioners and Child Wellbeing Practitioners will both be performing the same roles and will hereafter be referred to as 'practitioner'. The MHST's will also have more senior staff who will closely supervise the practitioners as well as providing some support to schools themselves when appropriate. Ealing MHST is based in Ealing Primary Centre.

The MHST provides brief, focused, evidence-based interventions for children and young people presenting with early signs of mild-moderate mental health problems such as anxiety and low mood (who otherwise would not reach the threshold for CAMHS support).

2. Our offer to Secondary Schools:

Each secondary school will have a named practitioner who will work in the school 1 day a week to provide evidence-based intervention for children and young people presenting with early signs of mild-moderate mental health problems such as anxiety and low mood.

The named practitioner will meet with the designated school link worker at each school once a week to discuss possible referrals, update the link worker on existing cases and to discuss other interventions such as groups and workshops that may be helpful to the school population.

The named practitioner will be able to see 4 cases per day.

When the link worker brings referrals, the practitioner will discuss which are most appropriate and will signpost the link worker to more appropriate services when relevant.

For appropriate cases, they will be seen in order of referral, unless clinical need dictates that a case needs to be prioritised.

If a group is planned, this will count as 2-3 cases (depending on the group and the amount of work that needs to go into developing and delivering this).

We offer the following groups to Secondary schools:

- STEPS (Strategies to tackle exam pressure and stress, 4-6 sessions).
- IPT-AST (Improving interpersonal relationships to manage mood, 8 sessions).
- IMPROVING SCHOOL ATTENDANCE AND WELLBEING (Help parents improve their child's school attendance and support their wellbeing, 4 sessions).

The MHST also offer a range of workshops which include:

- Improving school attendance workshops
- Wellbeing workshops
- Transition workshops
- Exam stress workshops

Assemblies, coffee mornings and staff workshops are also part of our offer and can be tailored to meet the need of the school in discussion with your practitioner

Each secondary school will have one training session a term allocated. The topic for this training session should be discussed with the allocated practitioner in advance so that they can tailor the material to meet the needs of the school. Ideally this should be something that is not already offered by another service or provider in Ealing although there could be an opportunity for working jointly with other services.

In addition, all secondary schools that have MHST practitioners can access the **MHST+ Learning Disabilities and Autism Practitioners Service (LDAPS)**. This MHST+LDAPS work with children who have been given diagnoses of learning disabilities and/or autism or who have been referred for assessments in relation to these diagnoses. They offer early intervention support for mild to moderate mental health needs (e.g. low mood, anxiety and challenging behaviours to children, their families and school staff.

Please see the MHST+LDAPS flyer for more information.

The MHST+LDAPS will offer assessments of appropriate referrals to inform which interventions could be most useful to meet the need of the child, young person.

Please note: MHST+LDAPS will not make referrals for assessments of Autism Spectrum Conditions or Learning Disability.

3. Commitment needed from Secondary Schools:

School liaison:

The school will allocate an appropriately trained, link worker to the named practitioner. This would usually be the school SENCO, Mental Health Lead or other senior leader or if not, someone who reports to them. Most importantly, they must have an understanding of the mental health services available for children/ young people in Ealing and have oversight of which services are already involved with children/young people. The link worker will be the initial point of contact for school staff interested in referring a child/young person to the MHST and they must be able to identify appropriate cases for the MHST using the guidance provided.

The link worker will promote the MHST service within the school and will seek out appropriate referrals to discuss with the practitioner.

The link worker will meet with the named practitioner once a week to discuss possible referrals anonymously, discuss need and plan support. These meetings may be virtual.

The MHST practitioner will also have the opportunity to meet the SENCO on a regular basis.

The practitioner will have timely and direct contact with the DSL/Deputy DSL to discuss Safeguarding risk concerns as they arise and to make an agreed joint plan of action, see Section 4 below.

Referrals from link workers and school staff will be accepted on completed referral forms and provision of basic information required for the NHS clinical systems.

Link workers will seek out parental consent for any direct work to take place (in line with NHS procedures).

School staff are asked to give adequate notice for workshops, training or other whole school interventions, to enable practitioners to develop materials for the intervention.

Once a referral is deemed appropriate, the link worker will obtain informed consent using the forms provided to the school and then complete the MHST referral form which will be forwarded to a central email address (ealing.mhst@nhs.net). The young person will not be seen or contacted until the referral form and consent forms have been fully completed, received and processed by the team.

The school will ensure that clinical and evaluation measures requested will be completed and returned to practitioners when necessary.

If schools, do not respond repeatedly to attempted contact by the MHST practitioner or fail to provide appropriate referrals, a senior member of the team will arrange a meeting to problem solve difficulties. If difficulties persist, the team will withdraw from offering support in the school until any issues can be resolved.

Facilities required:

The school will ensure that the practitioner has access to a quiet, private and appropriate therapeutic space within the school to see parents and run groups/workshops.

The school will ensure that the practitioner has access to staffroom facilities (etc.) and can print materials for sessions, groups (etc.) for the school within the school.

4. Safeguarding Children and Young People

Safeguarding Children (SGC) is a statutory duty under the Children Acts 1989 and 2004 in which all relevant organisations, including Mental Health Support Teams (MHSTs), must act to safeguard children at risk of abuse and neglect.

To support with Safeguarding Children and Young People, the MHSTs will have a West London NHS Trust (WLNHST) Local Safeguarding Children Lead, who will link in with the school Designated Safeguarding Lead. The WLNHST Local Safeguarding Children Lead will be supported by the Safeguarding Children Team/Named Nurse for Safeguarding Children and Young people (SafeguardingChildren@westlondon.nhs.uk or wlm-tr.safeguardingchildren@nhs.net). WLNHST Local Safeguarding Children Lead be guided by WLNHST Trust Safeguarding Children Policy (S18).

Safeguarding and promoting the welfare of children are defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Safeguarding referrals

Any safeguarding referrals that are needed following information obtained by the MHST practitioner will be done by the school Designated Safeguarding Lead (DSL) jointly with MHST practitioner.

- A copy of the referral will be shared from the DSL to the MHST practitioner.
- The MHST practitioner will record this onto the clinical documentation system (RIO) in the “**Safeguarding (Think Family)**” area. This needs to be in the “**Referral for Children Safeguarding**” under “**Referral from other organisation to LA**”.
- The DSL will also update the MHST practitioner on the outcome of the referral to Social Care so that this can also be recorded onto clinical documentation system (RIO).

We aim to work to an agreed approach when tackling issues of safeguarding and risk, where we need urgent access to the school DSL but are unable to do so, we will make a Social Care referral directly.

Challenge & Escalate

All professionals have a duty to act assertively and proactively to ensure that a child’s welfare is the paramount consideration in all professional activity. Therefore, all professionals must challenge the practice of other professionals where they are concerned that this practice is placing children at risk of harm.

In these situations, the MHST practitioner will be guided by WLNHST Trust Safeguarding Children Policy (S18). The initial stage of Challenge & Escalate will be with the MHST practitioner and line manager or WLNHST Local Safeguarding Children Lead discussing these with the DSL jointly. If these cannot be resolved WLNHST Local Safeguarding Children Lead will contact WLNHST safeguarding team.

5. Identifying appropriate referrals:

The MHST provides brief, evidence-based intervention for children and young people presenting with early signs of mild-moderate mental health problems such as anxiety and low mood.

The MHST uses guided self-help approaches and these are designed for young people who have a fairly clear idea about at least one goal for improved wellbeing, can make the time commitment to make a series of appointments and are ready to take active steps to face the challenge of making changes.

The MHST is a school-based service and as such only referrals from schools will be accepted. We encourage other clinicians who feel they have an appropriate case for the MHST to discuss this with the school in the first instance and the link worker can refer if they also deem the case to be appropriate.

Referrals must meet the criteria stated below:

Young People who present with the following will need more intensive interventions and should be signposted to relevant services;

- If the young person is currently seeing CAMHS or has a diagnosis of:
- Obsessive-Compulsive Disorder (OCD)
- Conduct Disorder
- Experience of abuse, domestic violence or trauma
- If the young person is currently exhibiting self-harming behaviours or suicidal thinking
- If the young person isn't motivated to engage in an intervention

We offer guided self-help to young people as early intervention who present with mild to moderate mental health problems such as anxiety or low mood who attend secondary schools in Ealing where we have a MHST practitioner.

Anxiety in young people may present as;

- Excessive worrying
- Specific phobias
- Worries about what other people think of them (parents, friends, teachers etc.)
- Worries about safety (of self and/or others)
- Reluctant to take part in activities/lessons
- Avoiding certain places or situations
- Constantly seeking reassurance
- Excessive worries about exams/the future
- Panic management
- Worries about getting things right
- Often complaining of stomach aches, headaches, feeling sick

Low mood in young people may present as;

- Often sad, upset, miserable, irritable
- Lacks motivation
- Poor concentration/ memory
- Poor self-esteem
- Complains of tiredness/lack of energy
- Changes in sleep and/or appetite
- Seems withdrawn/isolated
- Stopped participating in normal activities/things they enjoy
- Lost interest in normal activities/things they enjoy
- Difficulties with friendships/relationships
- Expect the worst, having negative thoughts

The above lists are not exhaustive, link workers and MHST practitioners should discuss all potential referrals on an individual basis, if the young person is presenting with complexities outside of the remit of the MHST, the practitioner will signpost the link worker to more appropriate relevant services.

This Contract is for Secondary School.

We confirm that we have read the information above and agree to ensure the requirements from school are met in accordance with this contract.

	Name	Signature	Date
SENCO			
School Mental Health Lead			
School link worker			
MHST Practitioner			
MHST Team Lead			