

An Introduction to MHSTs in addressing anxiety and depression in CYP

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What are MHSTs & What do they Do?

Mental Health Support Teams

Children's Well-being, early intervention & maximising access to resources for children and families.

Three key objectives:

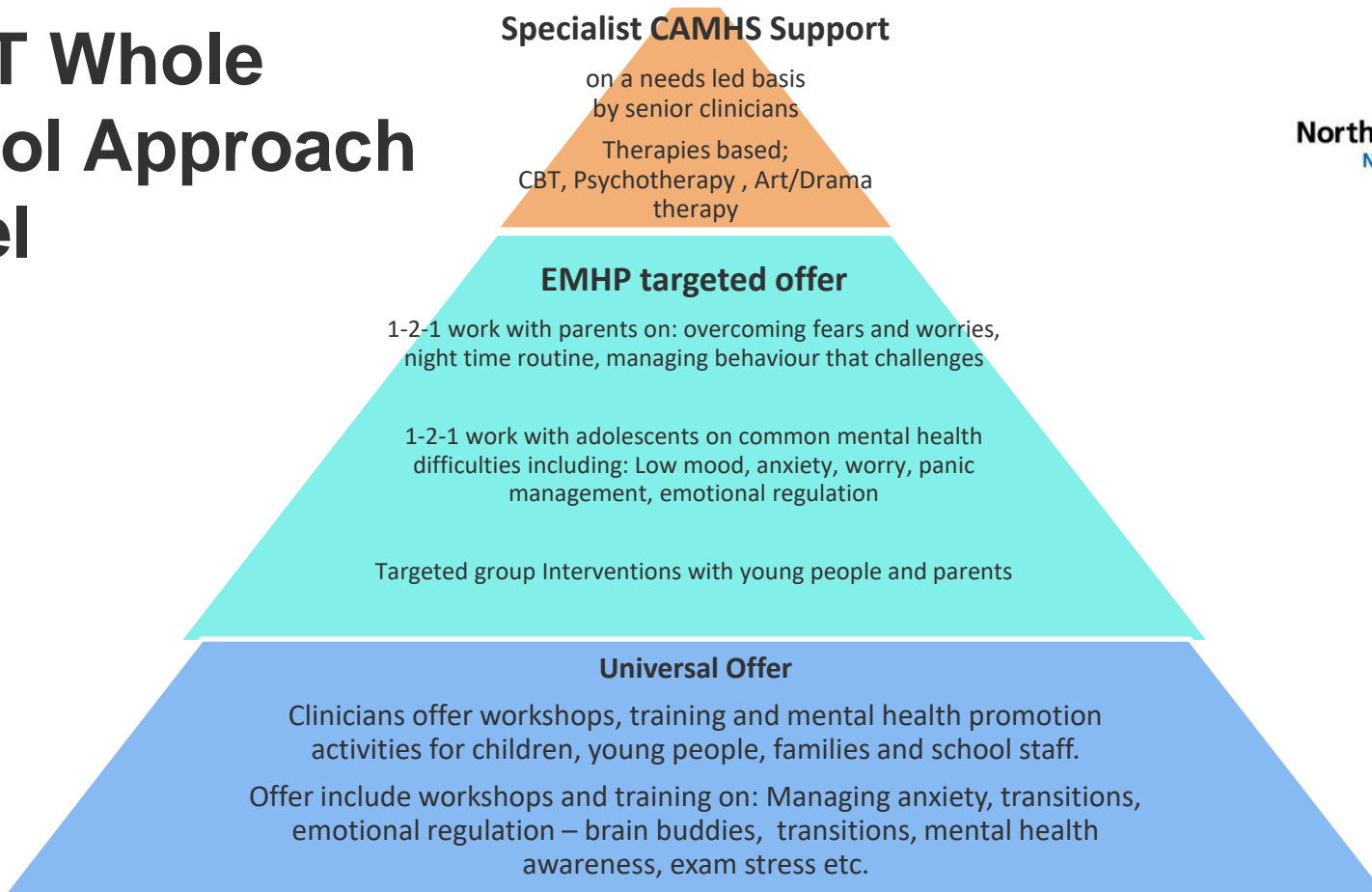
Deliver brief evidence-based interventions to support children and young people with mild-moderate mental health problems

Support schools in developing their whole school approach to mental health

Provide timely advice to school staff and liaison with external services, to help children and young people to get the right help and stay in education



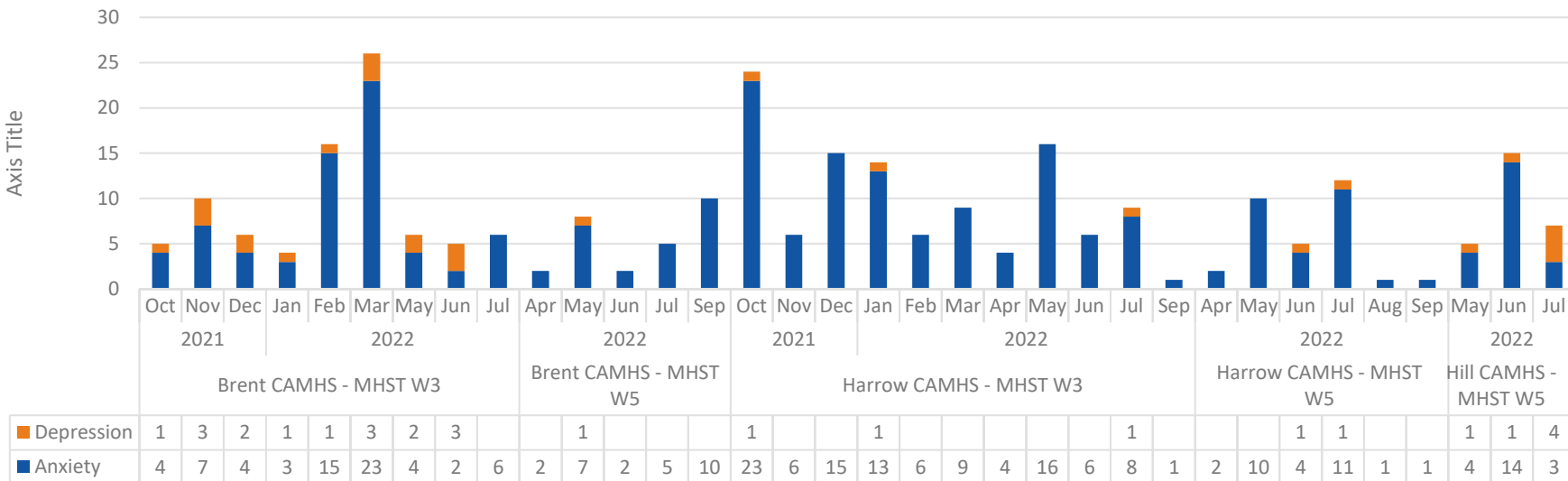
MHST Whole School Approach Model



EMHPs Can Do	EMHPs MAY DO Discretion and close supervision	EMHPs CAN NOT DO Significant need/complex condition
Low Mood / Mild to Moderate Depression	Self-harm is disclosed but is assessed as linked to low- mood but is not assessed as enduring and high risk in nature	<ul style="list-style-type: none"> Active, enduring and significant self-harm Chronic depression, Eating Disorders, Bipolar disorder Bereavement
Anxiety/ Worry or Panic Management	Mild social anxiety disorder, mild health anxiety	<ul style="list-style-type: none"> Anxiety disorders including, established health anxiety, PTSD
Separation anxiety/ fears/simple phobias resulting in avoidant behaviours	<ul style="list-style-type: none"> Some compulsive behaviours OCD – Early symptoms 	<ul style="list-style-type: none"> Extensive phobias e.g. Blood, needles, or vomit phobia Established OCD
Challenging automatic negative or unhelpful thoughts	Significant challenges related to low self-esteem/assertiveness	
Common behaviour difficulties – tantrums/ignoring instructions	<ul style="list-style-type: none"> Irritability as a symptom of anxiety or low mood Interpersonal challenges (e.g., with peers) 	<ul style="list-style-type: none"> Conduct disorder, anger Management Complex interpersonal challenges Relationship problems – Systemic Family Difficulties
Stress management/Problem solving		
Sleep problems	Insomnia	PTSD, trauma, nightmares
		Other complex mental health disorders including, psychosis, personality disorders
		Historical or current experiences of abuse or violence
		Pain management

Snapshot of referral rates for anxiety and depression 2021-2022

Number of referrals by anxiety and depression to local MHST teams



Whole school approach, what does this mean?

- Child/Young person at the centre
- Strong partnership working-bridging the gap
- Multi-disciplinary case discussion
- Joint learning events
- Effective governance structures
- Flexible/adaptable working across collective services
- Inclusion of families/wider care network

Getting the best from a referral:



Gain consent from family/carer



Fill out the referral form with as much detail as possible



Liaise with class teacher for more information around school attendance and behaviour in school



Liaise with parents for more information about home life, dynamics and any concerns they may have.



Check the inclusion/exclusion criteria



Discuss potential referral with MHST in school case discussion.

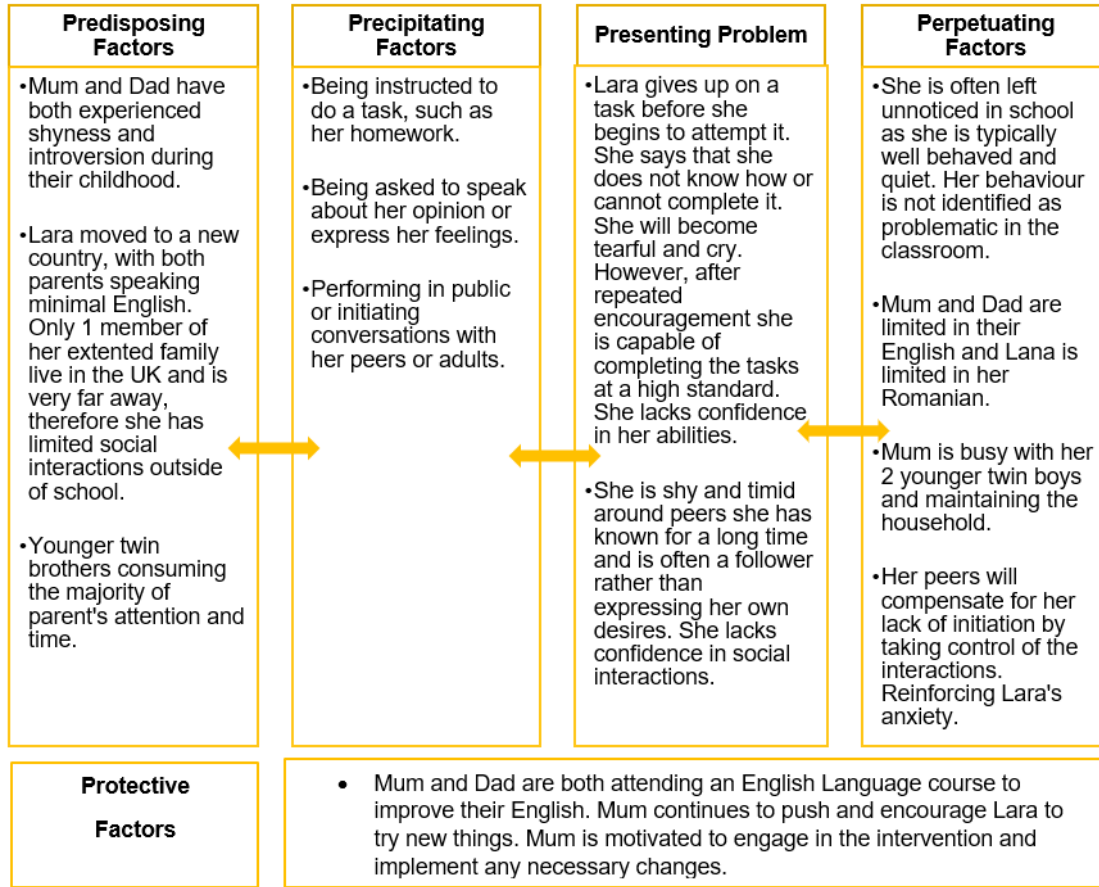
Case Study

Background - Introduction

- Young girl - 9 years old – Lara (not given name)
- No previous history of Mental Health Difficulties.
- Mum and dad both around and 2 younger twin siblings
- Family immigrated to the UK from Romania when Lara was 2 years old. Away from extended family.



Presenting Problem

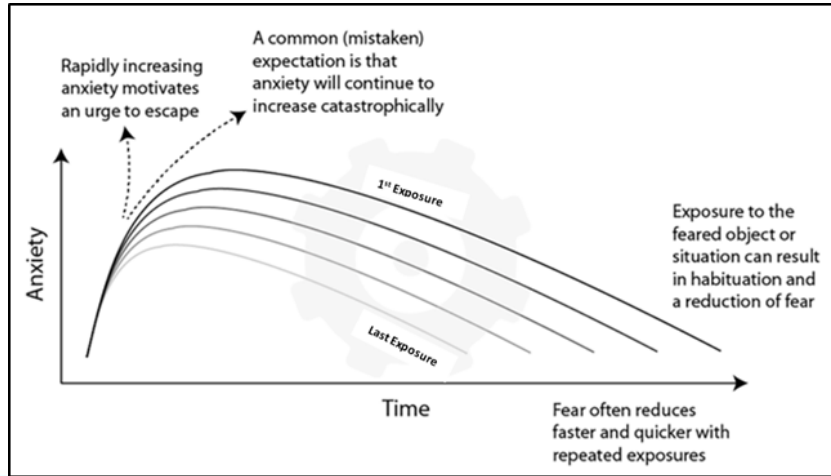


As per the school referral:

- Temper tantrums in the classroom.
- Does not demonstrate the concept of understanding consequences
- Anxiety – wetting herself at school

Sessions

- All held virtually via Zoom.
- Started off using the anxiety manual which focuses initially on psychoeducation and normalising of mild anxiety.
- Mixed manuals in order to help improve the relationship between mum and daughter. This helped to improve the success of the anxiety manual. Established trust, love and positive relationship with family members.



Prediction	Ultimate Goal	Ultimate Reward
They will think I sound silly, and they will not want to be my friend.	Speak to new people I meet in the park or at school	Lara can buy the whole LOL DOLLS play house
Auntie does not know what I like so she will not know what to talk to me about, because I am shy, she will spend time with my brothers instead	Step 9 Speak to auntie face to face	Lara gets to buy her LOL DOLLS outfits
I will sound silly to my auntie and she will not be interested in speaking to me	Step 8 Speak to auntie on the phone	Lara can stay up for an extra 30 mins after her bedtime
Auntie will think I am strange for sending her a video of myself and will say that I look weird	Step 7 Send auntie a video	Lara gets to go to the park with her scooter for an extra 20 mins after school
Dad will think I look bad in my video and my voice sounds stupid	Step 6 Show Dad my 1-minute video	Lara gets to choose what dinner the family eats the next evening
Mum will tell me my voice sounds silly and my video is not interesting	Step 5 Make a 1-minute video about anything, and show it to mum.	Lara can choose what movie the family watches on the weekend
No one will pay any attention to me, mum and dad will focus on my brothers, and I will look stupid	Step 4 Sit with my family and talk about anything for 10 minutes	Lara gets to have an extra 15 mins on her iPad before dinner time
I will look silly in front of Dad and I will waste his time with my stories	Step 3 Talk to Dad about my day for 5 minutes	Lara gets to shower last in the evening, her brothers go shower before her instead
Mum will be too busy to talk to me and she will not be interested	Step 2 Sit with Mum and talk to her about my day for 5 minutes	Lara gets 1 extra bedtime story before bed
My brothers will walk away from me and will not listen to me	Step 1 Talk to my brothers about my day or anything I want	Lara gets to have an extra sweet or chocolate after dinner

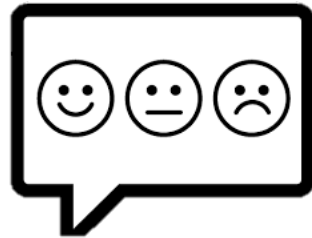
Learning points

- **Mixing manuals where appropriate**
- **Adapting manuals and adding in creative ways of working**
- **The role of language barriers on parent-child relationships**
- **Translating materials to make the resources more accessible**
- **Working around cultural norms/traditions**
- **Considering larger external factors (family, friends, school, social clubs)**

“I think I really understand her better now. She trusts me more, and has started to tell me about her feelings, and what she wants. Before I used to just guess”



“I’ve learnt so much... You’ve helped to improve my relationship with my daughter”



Brain Buddies Group Intervention



With credit to Dr Helen Aspland Islington CAMHS

Background to Brain Buddies

- A universal intervention developed for pupils in Year 4 to Year 6.
- *Runs over 10 weeks:* Session 0 + 9 x 50-minute sessions delivered on a weekly basis
- Provide students with an understanding of emotion regulation and strategies to build resilience



Sessions 1-3:

- Focused on understanding and identifying emotions
- Spotting body sensations
- Wise owl and survival guard dog brain and their role in feelings
- Zones of regulations to make sense of our emotions



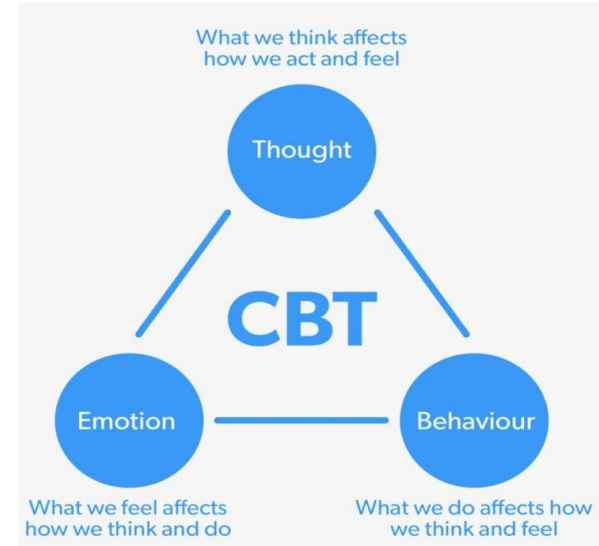
Sessions 4-5:

- Develop the 'brain buddy backpack' filled with self-regulation strategies
- Introduced bottom-up body skills for pupils to use when dysregulated
- Explored cognitive distraction techniques



Sessions 6-9:

- CBT cycle psychoeducation
- Developed pupil support teams
- Revisited Brain Buddies strategies
- Problem solving skills
- Identifying helpful and unhelpful thoughts



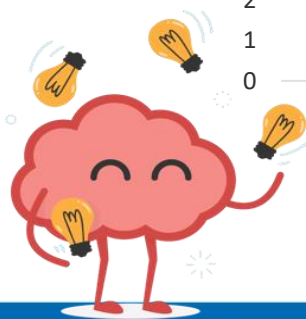
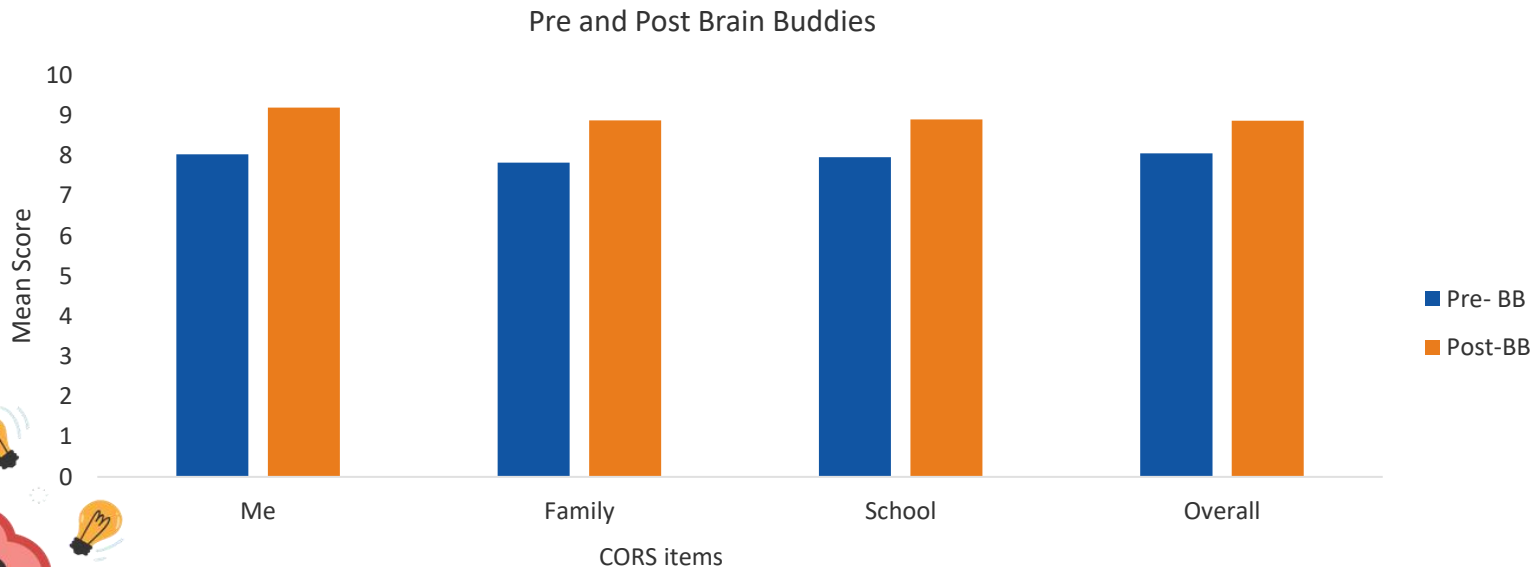
Impact

Table 1. Pre and post intervention routine outcome measures

	Understand emotions and feelings		Know what I can do to help me feel better		Confidence talking about feelings		Know where to get help	
	Pre-BB	Post-BB	Pre-BB	Post-BB	Pre-BB	Post-BB	Pre-BB	Post-BB
Completely Agree	16	22	7	12	8	8	11	14
Agree	11	7	3	15	5	8	6	10
Not Sure	2	0	18	1	11	13	8	4
Disagree	0	0	1	0	3	0	1	1
Completely Disagree	0	0	0	1	2	0	3	0

Impact

Figure 1. Mean Scores Pre- and Post-Intervention



Pupil Key learnings

- Increased understanding of emotions
- More confident in labelling emotions
- Strategies for regulating emotions
- Identified support teams to know who/ where they can go to for help

Learning Points

- Pupils grasped some concepts quicker than others: content requires simplification of more complex ideas
- Creating sessions to be engaging
- Teacher feedback on adapting sessions
- Pupils within the same class have different learning needs



Follow up from learning points

- Provide staff training for emotion regulation
- Embed BB in class culture across Years 4,5,6
- Work more closely with teachers to continue to adapt content
- Follow up work with trial class to see how things are going



Feedback

- Pupils enjoyed the sessions and range of different activities
- *“I liked it when we could draw things that could calm us down”*
- Pupils did not enjoy some strategies, or having to complete ‘tests’ every session
- *“There’s not enough time”*



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