

Children & Young People's Emotional and Mental Health: CYP Select Committee update

29th June 2022



Areas of Focus

1. Update on the mental health support in schools programme including data or intelligence on outcomes
 2. Update on CYP mental health service data to show demand for services
 3. Proposal to develop a single point of access
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Mental Health Support Teams (MHST) – Overview

- Green Paper (2017) Transforming Children and Young People's mental health provision.
 - MHSTs are based in schools, working in partnership with school staff, young people, parents, and other local organisations to support young people's emotional and social wellbeing.
 - MHSTs provide early intervention, prevention and support within schools, for mild to moderate difficulties in accordance NICE guidance and CYP IAPT.
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Mental Health Support Teams (MHST) – Three Core Functions



Targeted Evidenced Based Interventions

For mild to moderate mental health concerns MHSTs offer 5-8 week 1-2-1 or group interventions. In Primary schools this is via the parent (anxiety management for 5-11yo and behaviours that challenge for 4-8 yo) and in Secondary schools direct with young people aged 11-18 for low mood and anxiety



Supporting Whole School Approaches to Mental Health and Wellbeing

Working with schools and colleges to embed whole school approaches to mental health and wellbeing based on Public Health England and Department for Education's eight principles: 1) Leadership and management 2) Ethos and Environment 3) Curriculum Teaching and Learning 4) Student Voice 5) Staff Development 6) Identifying Need and Managing Impact 7) Working with Parents and Carers 8) Targeted support and Appropriate referrals.



Giving Timely Advice and Signposting

Where referrals considered not appropriate for MHST, signpost to alternative services. This may take place following screening, assessment or intervention.

Mental Health Support Teams (MHST) – in Lewisham

- **Wave 2:** 19 schools: 6 secondary and 13 primary schools
- **Wave 6:** 20 schools & colleges: 1 college, expansion to 3 Sixth Forms, 2 All-through, 3 secondary, 14 primary schools
- **Total:** 39 schools & colleges including 3 Sixth Form colleges
- **Pupil Reach:** approximately 22,500

Workforce

- Qualified EWP's: 8
- Trainee EWPs: 4
- MHST Practitioners: 6
- Team Leads: 3
- Practitioner Psychologist: 0.5 (1wte being recruited to)
- Senior Clinical psychologist: 0.2wte
- Advisory Teacher: 1wte (being recruited to)
- CAMHS practitioner in schools: 2 (1 vacancy)
- Quality assurance & communication lead: 1
- Administrator: 1
- MHST Service manager: 1

Mental Health Support Teams (MHST) – Lewisham Hubs and Schools

North Hub

Deptford Park
Myatt Garden
Prendergast School
Beecroft Garden
Prendergast Vale
St William of York
Kender
Lewisham College
Sir Francis Drake
Grinling Gibbons
Lucas Vale
Deptford Green

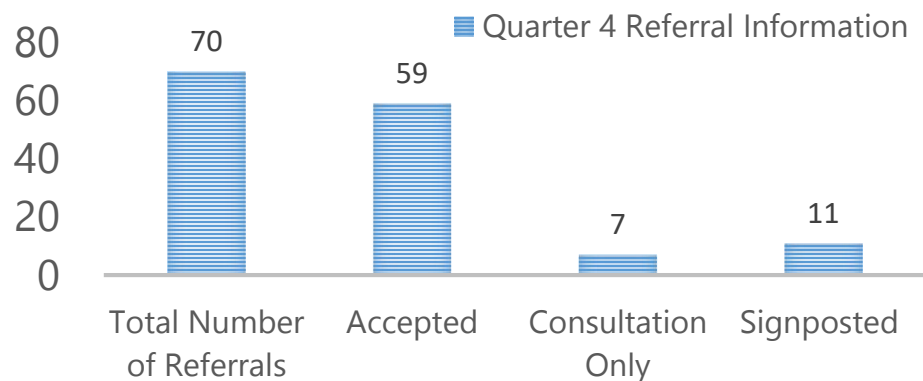
Central Hub

Holbeach
Sandhurst
Conisborough College
Rushey Green
Forster Park
Rangefield
Tidemill
Addey and Stanhope
Turnham
St James Hatcham CE
St Joseph's RC
St Matthew Academy
St Mary's Lewisham CE
Childeric

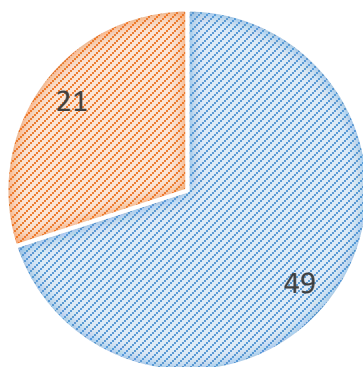
South Hub

Horniman
St Bartholomews
Brent Knoll
**Haberdashers Knights
Academy**
St John Baptist
Sedgehill Academy
St Georges
Perrymount
Sydenham
Bonus Pastor
Athelney
Elfrida
Forest Hill

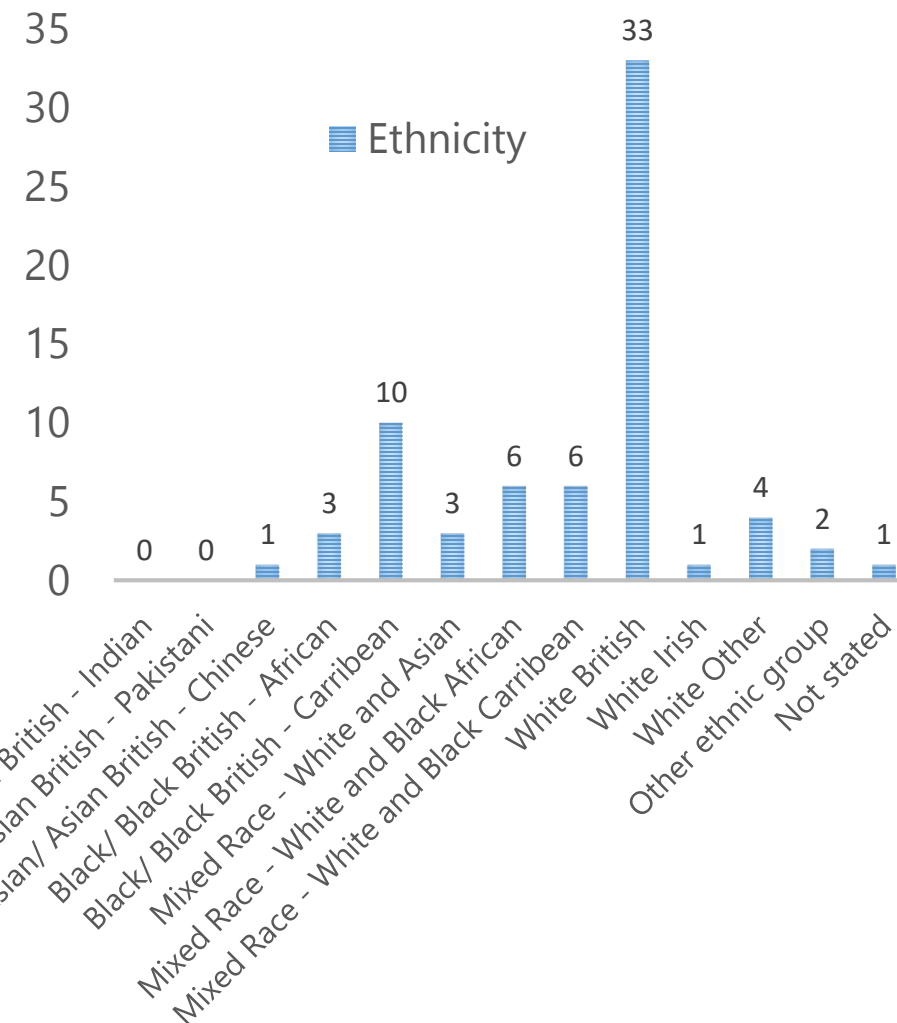
Mental Health Support Teams (MHST) – Q4 Request for Support Data



Female Male



Please note we have 2 all girl secondary schools and our all boy's school will be onboarded Autumn 2022



Mental Health Support Teams (MHST) – Whole School Activity

Directed at parents/carers

- Emotional based school non attendance (secondary schools)
- Targeted parent coffee mornings
- Introduction to the MHST for parents

Directed at pupils and students

- Caring friendships workshops (primary and secondary)
- Exam stress and Year 6 transition groups
- Managing fears and worries training
- Assemblies (talking mental health)

Directed at staff

- Wellbeing Team with the School mapping tool and action plan
- Introduction to the MHST level 1a training (ALL staff)

Directed at school communities

- Wellbeing newsletters for staff, parents and pupils

Participation

Aims: Voice, Collaboration and Teamwork

- Pupil voice groups
- Pupil voice audits
- Mental health ambassadors in schools
- Participation working party
- Good practice meetings with regional MHST participation workers

**3,843 estimated pupil
reach on indirect activity
in Q4**

Mental Health Support Teams (MHST) – Feedback/Intelligence on Outcomes

Introduction to mental health and wellbeing in schools
(Level 1a) Staff training

School staff reported improved confidence in:

1. Responding to a child/young person/parent or guardian when approached about a mental health concerns
2. Recognising anxiety in children and young people
3. Recognising behaviours that challenge

Work is taking place regionally and nationally to analyse outcome data for individual intervention

Parent Psycho-Ed Coffee Morning
Primary School Parent Feedback

*"Dear Hannah and Yasmin,
I just want to say thank -you again for your time and support. I felt emboldened with new ideas and immediately found an opportunity to try a new way of interacting with C on the way home".*

PEDIC

3/3 ratings of 'very good'

"We received useful, relevant and practical strategies which helped us. Jena was very empathetic. The sessions were well structured and without any bias. We were appropriately signposted when needed"

"Clear goals and techniques to reach them, regular support and helpful suggestions"

Emotional and Mental Health Data – Family Thrive

	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Q4 monthly ave. 2021
Cases referred to Family Thrive with concern around child's self-harm/ suicide ideation	14	8	6	-	15	5	10	6	3	10

	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Q4 monthly ave. 2021
Cases referred to Family Thrive with concern around parent's self-harm/ suicide ideation	2	0	1	-	0	0	1	4	1	2

Emotional and Mental Health Data – Kooth Online Counselling Service

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021
No. of new registrations to Kooth online counselling	50	69	55	66	51	62	71	134	118	103	138	199	117

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021
No. of chat counselling sessions per month	22	27	21	27	16	16	18	17	29	27	20	25	32

Emotional and Mental Health Data – CAMHS

Number of Referrals Received:

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	2021/22 Yr. end Total	2020/21 Yr. end Total	Variance
Referrals Received (no.)	122	206	208	174	92	133	141	196	131	147	176	228	159	1956	1393	563

Percentage of Referrals Accepted:

	Q1			Q2			Q3			Q4			2021/22 Ave. Referrals Accepted	2020/21 Ave. Referrals Accepted
% Referrals Accepted	74.72%			65.24%			76.86%			72.88%			72.43%	68.90%

CAMHS Wait Times:

Wait Times	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Mar-21	Mar-20
39-51 wks	11	8	8	6	11	9	9	9	29	45	68	90	90	26	73
52 wks +	1	3	2	1	1	1	1	1	0	0	1	7	15	2	18

Average Number of Weeks Wait :

Ave. number of weeks wait	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Mar-21	Mar-20
From referral to first contact (assessment)	18	15	13	7	15	15	6	13	7	17	7	11	14	16	28
From first contact to second contact (treatment)	24	16	15	17	30	21	20	27	18	29	25	32	22	21	33

Single Point of Access (SPA) – The Need for Change

Lewisham has a range of services to support children and young people's emotional wellbeing and mental health. Creating a varied and diverse offer, with many benefits.

However, an unintended consequence at a system-wide level is that the offer can be difficult to navigate for service users, families and professionals. This can result in:

- A lack of awareness of what support is available and how to access it.
- Inappropriate referrals and people being passed between services.
- People not accessing the support they need, when they need it.

Delayed access to services can lead to escalation of need and in turn result in poorer outcomes and demand for more intensive and costly support.

Single Point of Access (SPA) – Key Drivers for Change

Strategic System-wide Support - Development of a SPA and a ‘no wrong door’ approach.

Changing Delivery Models – Promoting greater integration, a life-course approach and place-based focus to provision.

Aligning Theoretical and Practice Frameworks – Thrive Framework, Signs of Safety, Trauma Informed Practice, Think Family etc.

Reducing (Mental) Health Inequalities – Access to services and outcomes achieved.

Prevention and Early Intervention – Improving outcomes and supporting a more sustainable system.

Single Point of Access (SPA) – Vision and Desired Outcomes

Vision Statement:

“Through a Single Point of Access create a ‘no wrong door’ approach that enables children, young people and their families to get the right support at the right time”.

Outcomes:

- People know what support is available and how to access it.
 - Children, young people and their families get the right support at the earliest opportunity.
 - Clear and connected pathways that are child-centred and family focused.
 - Reduced health inequalities in terms of access and outcomes.
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Single Point of Access (SPA) – Different Models



Service Level Models (Multi Agency Safeguarding Hubs/CAMHS Triage)

Strengths: Bespoke/targeted referral for a specific need or concern; direct access to professionals working in a given field.

Limitations: Complex and fragmented pathways; issues treated in isolation or focused around a main concern; can lead to inappropriate or multiple referrals.



Pathway Level Models (Bromley Y/ City and Hackney Alliance)

Strengths: Clear pathways around a graduated offer; help filter referrals; potential to relieve pressure and waits for specialist services; potential for greater prevention and early intervention.

Limitations: SPA does not in itself create more capacity and can introduce additional screening steps; focus remains around given issue/concern; practical challenges around people, process, practice and place.



Whole System Level Models (Achieving for Children/Family Hubs)

Strengths: Holistic approach to meeting needs; tend to take a think family approach; clear pathways around a graduated offer; help filter referrals; potential to relieve pressure and waits for specialist services; potential for greater prevention and early intervention.

Limitations: SPA does not in itself create more capacity and can introduce additional screening steps; focus remains around given issue/concern; practical challenges around people, process, practice and place.

Single Point of Access (SPA) – Next Steps

