

Tithe an Oireachtais Houses of the Oireachtas

An Comhchoiste um Oideachas, Breisoideachas agus Ardoideachas, Taighde, Nuálaíocht agus Eolaíocht

Cuairt Stáidear go Dorset, 10 agus 11 Samhain 2022 Nollaig 2022

Joint Committee on Education, Further and Higher Education, Research, Innovation and Science

Study Visit to Dorset, 10 and 11 November 2022 December 2022

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Introduction

The Joint Committee on Education, Further and Higher Education, Research, Innovation and Science agreed to send a delegation on a Study Visit to meet Dorset Healthcare University NHS Foundation Trust and Education Partners at a Committee meeting held on 12th July 2022.

The Committee proposed that a delegation should undertake this visit as Study Visits to meet key stakeholders are a priority for the Committee. The Committee unanimously agreed that the proposed visit would be very worthwhile as part of an examination of *Mental Health Supports in Schools and Tertiary Education*.

The Committee has a policy of undertaking Study Visits that will enhance its understanding of important issues and ensure that it engages with key stake holders who are integral to Committee work.

The Committee was represented on the visit by Deputies Paul Kehoe (Cathaoirleach) and Senator Rónán Mullen. The delegation was accompanied by Tara Kelly, Committee Clerk and David Kilcoyne Junior Clerk, Committees Secretariat.

The visit comprised a detailed Programme over 2 days contained at Appendix 8.

Day 1 Programme (10 November)

Scene setting and Discussion

Main points:

The functions of the NHS Child and Mental Health Services (CAMHS) were outlined and include Gateway Services; Core Work; Home Liaison, Crisis Intervention and Neurodevelopment.

The NHS Participants outlined their professional backgrounds which included Mental Health Nursing, Social Work, Occupational Therapy and Psychology/Psychotherapy. Over the course of the 2 days, it became apparent that this diverse pool of talent works very effectively as part of a Multi Disciplinary Team It was also apparent that each Team works in a very collaborative and collegiate way.

<u>Early Intervention</u> and <u>Prevention</u> were cited throughout both days as the key to avoiding more serious mental health issues at a later stage in a child or young person's life.

The NHS Mental Health Support Teams (MHST)s had their inception in the 2017 UK Government Green Paper *Transforming Children and Young People's Mental Health Provisio,* contained at *Appendix 2.*

In addition to NHS MHSTs, the specialist role of Designated Mental Health Lead (DMHL) was established in Schools to take responsibility for the on site roll out of mental health supports.

MHSTs have 3 core functions:

- Evidence based interventions for mild to moderate emotional and mental health issues using low intensity approaches
- Supporting the MHL in each school to develop a Whole School Approach (WSA) to Mental Well being.
- Giving timely advice to school and College staff, signposting and liaising with specialist services to ensure students get the right supports.

The MHST Model involves:

- One to One Supports.
- Group Workshops and related Initiatives.
- Whole School Approach (WSA).

An integral part of this new Model is the post of <u>Education Mental Health Practitioner</u> (<u>EMHP</u>). Each EMHP works <u>on site</u> in schools with the school MHL and other staff to deliver Interventions to individual students. They also roll out mental health Work Shops and other supports as part of a Whole School Approach (WSA). It is a paid post graduate position that involves one year training on the job and at university.

Team Call with Professor Jonathan Parker, Joint Director of Portfolio EMHP & CWP Programmes and CEDAR Clinical Advisor, University of Exeter.

Main points:

EMHP Training contains 6 Modules with a clear focus on <u>Early Intervention</u> through <u>Low Intensity CBT Supports</u> to address emerging difficulties.

8 Universities are involved in the delivery of the course across England. *Health Education England* has overall responsibility for the EMHP Curriculum. It is accredited by the British Psychological Society with individual practitioner Registration. The point was made that it is important to have <u>one nationally recognised qualification</u> for quality assurance purposes.

This point follows on. Consistency of practice is considered very important. Structural Support is provided to all trainees through weekly meetings with supervising Practitioners and Team Leads. Other meetings such as Peer Support Sessions are held regularly as an intehral part of the Structural Supports.

There are challenges in recruiting Ethnic Minorities as trainee EMHPs which is compounded by the fact that in Dorset the population is not ethnically diverse. Efforts are made in the recruiting and shortlisting of candidates to address this challenging issue which is not confined to EMHPs but covers many professions. Other challenges include staff changes in schools and particularly the Designated Mental Health Lead (DMHL). Senior Management Support is critical to overcoming these issues.

Mental Health Support must be embedded in the School through a Whole School Approach (WSA). Teachers can play a key role here and training should be provided as appropriate to support them.

The target is for MHSTs Teams to be in all schools by 2029. NHS Commissioners will play a vital role in realising this ambition by investing early in MHSTs and EMHPs.

Teams Call with Primary School Representatives

Main points:

In all schools, the engagements with the MHST and the on site EMHP were viewed as transformative in providing mental health supports to students in a targeted way.

The MHST filled the 'gap' between the CAMHs and individual schools and the 'gap' working with parents as part of the solution. The EMPH deliver parent led sessions as appropriate.

The Model works optimally where the DMHL works full time in that role.

Training for other members of the school community is very important in terms of a Whole School Approach (WSA).

Workshops play a valuable role in:

- educating students and the wider school community about mental health so that there is an understanding and acceptance of why a person may feel a certain way.
- Encouraging Peer to Peer supports among students.
- Developing a Whole School approach (WSA) where positive mental health is embedded in the school culture.

Teams Call with Secondary School Representatives

Main points:

MHST and the EMHP has been transformative in the 4 schools with 2 of the schools catering for 1000 and 1800 students respectively.

The Workshops were cited as a practical means of providing universal support to all students. Workshops on managing exam stress, sleep and relationships were given as examples that equip the students with important life skills.

The time bound nature of the EMHP one to one interventions works effectively and there is a direct link with the parents and teacher to ensure continuity of support.

This intervention also closes the 'gap' between the MHST and CAMHS Referral Team. In other words, it intervenes to support children who need a less critical intervention than CAMHs but do require early support.

In cases where CAMHS intervention is required, there is a clear referral pathway and all referrals are seen by CAMHs within a 4 week period. The CAMHS waiting list has decreased significantly since the establishment of MHSTs which has significant benefits in terms of fast referrals.

<u>Transition from Primary to Post Primary School</u> was signaled as a time of great change that can cause high anxiety for some children. The MHST links between Primary and Post Primary Schools (particularly Feeder Schools) has been hugely beneficial and ensured continuity of support for vulnerable students.

One school had replaced a Counsellor with MHST Team and EMHP. The Model was considered more holistic and provides clear signposting/referral in more acute/critical cases.

The post of Designated Mental Health Lead (DMHL) is integral to the successful roll out of the Model in each school. The DMHL may be a teacher or come from a Pastoral Support background but should be full time. One DMHL spoke, for instance, of the value of meeting children each morning in their yard lines and repeating this at school finish time. It provided an opportunity to engage with students, observe any changes in behaviour and build relationships with parents/guardians.

Day 2 Programme (11 November)

Education Mental Health Practitioners (EMHP)s, Service Model and Service in Practice

Main points:

DMHL posts were established arising from the 2017 Government Green Paper *Transforming Children and Young People's Mental Health Provision*. Schools are encouraged to appoint DMHLs using funds from an increased Training Budget.

The EMHPs who met the Oireachtas delegation, displayed huge levels of commitment, understanding and empathy towards children and young people when discussing their work. Two had been teachers and the Supervising Practitioner is a psychology graduate.

The EMHP training includes 12 Interventions/Therapies using low intervention CBT. The EMHPs displayed confidence and knowledge about their role and displayed both professionalism and empathy in discussing the supports they provide.

Supervising Practitioner and Team Lead Supports are hugely important. The supervision is conducted in a structured but very supportive manner. Regular meetings including Peer Support Sessions are an integral part of the course.

47% of Dorset schools are now covered by MHSTs (equating to 62,000 children and young people) with over 4,000 one to one Interventions. Only a very small proportion were referred/signposted on to other Services as the intervention proved sufficient.

Teams Call with College Representative and NHS Clinical Supervisor.

Main points:

Mr. Rhys Collier, Student Wellbeing Coordinator, Bournemouth & Poole College and Ms. Nicky Swatfield, NHS Clinical Supervisor, outlined how they work together. Both stressed the absolute need for early intervention and prevention. Mr. Collier

explained roughly 10% of students (150 to 200) in the college of 2500 students have mental health problems.

The same interventions are used at this level as in primary and post primary schools (low intervention CBT) and the Model has been transformative in this setting too.

The students mostly follow a self referral route and there is a drop in service once a week. The service is promoted throughout the college to ensure all students are aware of it.

The College has replaced a Counsellor with the MHST Model as it was felt to be more more appropriate to the needs of the students.

Conclusion

MHSTs have achieved a huge amount in a short space of time. It is clear they are highly valued by the participating Schools and Colleges.

It should be acknowledged that their establishment coincided with the start of the Covid-19 pandemic. Establishment at such a challenging time, when schools were forced to close, cannot be understated. However, it is apparent that the staff involved adapted the Model to overcome the challenges, and, indeed, provide supports at a critical time for students.

The fundamental aim of the MHSTs is to **intervene early and prevent mental health issues escalating to an acute stage**. In tandem, all students learn together about Mental Health and Supports in a Group Setting. This gives them the life skills to be more resilient and know how to cope with difficult life situations and/or mental health challenges.

The **Whole School Approach (WSA**) embeds an understanding of Mental Health and Supports in the culture of the school community. The School Community, including the DMHL, teachers, students, parents/guardians and other staff are all directly involved in supporting Mental Health Wellbeing. Appropriate training is very important for teachers and relevant staff in this regard.

The Role of **EMHP** is a new and innovative approach to the provision of in school supports. It leads to a a nationally recognised qualification and accreditation by the British Psychological Society. The fact that it is a one year post graduate qualification, with training in schools during that year, can assist with recruitment and retention difficulties.

This Model establishes a very clear <u>link</u> between the Child and Adolescent Mental Health Services (CAMHS) and Schools. The Role of **DMHL** is of great importance in this regard. MHSTs are **on site** in schools which is fundamentally different than the current situation in this country. At present, Therapeutic Supports are provided by the HSE independently of schools.

This type of Model should be considered further in Ireland in the context of a wider *Mental Health Programme for Schools and Tertiary Education*. To this end, a High Level Steering Group comprising the Departments of Education, Further and Higher Education, Research, Innovation and Science; Health and Health Service Executive (HSE) and, possibly, other relevant Departments could be established.

The delegation would like to thank the Dorset CAMHS staff and their Education Partners for engaging with it so positively and for all their hospitality and assistance. In particular, the delegation is very grateful to Ms Helen Duncan Jordan, Head of CAMHs and Ms Sarah Stockham, Clinical Lead, MHST, for all the preparatory work in advance of the visit.

The delegation would also like it noted that the CAMHS Team has offered to provide further assistance and support to the Joint Committee and the relevant Departments and HSE.

The delegation learned a lot from the visit which was truly thought provoking and inspiring.

APPENDIX 1 – Members of the Delegation from the Joint Committee



Paul Kehoe TD Fine Gael (Cathaoirleach)



Senator Rónán Mullen Independent

Accompanying Staff

Tara Kelly, Clerk

David Kilcoyne, Junior Clerk

APPENDIX 2 – UK Department of Health & Social Care and Department of Education Green Paper, July 2018

https://www.gov.uk/government/consultations/transforming-children-and-youngpeoples-mental-health-provision-a-green-paper

APPENDIX 3 - Mental Health Support Teams in Schools (MHSTs) Website

https://camhsdorset.org/about-camhs/mental-health-support-teams-mhsts

APPENDIX 4 - The Mental Health Support Team Service Criteria

https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_educat ion_further_and_higher_education_research_innovation_and_science/submissions/2 022/2022-12-13_submission-mental-health-support-team-mhst-national-healthservice-nhs_en.pdf

APPENDIX 5 - Education Mental Health Practitioners

https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_educat ion_further_and_higher_education_research_innovation_and_science/submissions/2 022/2022-12-13_submission-education-mental-health-practitioners-project-leadmental-health-support-team-mhst-national-health-service-nhs_en.pdf

APPENDIX 6 – Children's Wellbeing Practitioner (CWP) Regional Report, 2020 – 2021

https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_educat ion_further_and_higher_education_research_innovation_and_science/submissions/2 022/2022-12-13_submission-children-s-wellbeing-practitioner-cwp-mental-healthsupport-team-mhst-national-health-service-nhs_en.pdf

APPENDIX 7 - Education Mental Health Practitioners:

Training and Practice

https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_educat ion_further_and_higher_education_research_innovation_and_science/submissions/2 022/2022-12-13_submission-education-mental-health-practitioners-mental-healthsupport-team-mhst-national-health-service-nhs_en.pdf

APPENDIX 8 – Programme

THURSDAY 10THNOVEMBER

Dorset HealthCare and the Committee on Education, Further and Higher Education, Research, Innovation and Science

Meeting date: 10/11/22Start time: 10.00End time: 4:30 pmMeeting location: Orangery Room, Merley House

TIME	DESCRIPTION	WHO
10:00	Arrival, Tea, Coffee	All
10.30 12.30	Scene Setting - History, Journey, University and Commissioning Discussions	Sarah, Helen Clare, Elaine, Dan, Morna, Nova, Jonathan All
	Lunch	All
13:00		All
14:00	Teams call with Primary School Representatives	
15:00	Teams call with Secondary	All
16:00	School Representatives Discussions and questions	All



THURSDAY 11THNOVEMBER

Dorset HealthCare and the Committee on Education, Further and Higher Education, Research, Innovation and Science

Meeting date: 11/11/22		Start time: 10.00	End time: 4:00 pm
Meeting location	Crangery Room, Me	erley House	
TIME	DESCRIPTION		WHO
10:00	Arrival, Tea, Coff	ee	All
10.30		train and work as an vision model, and the e	Sarah, Helen,Nova Elaine, Dan, Morna, EMHP representatives
12.30	Discussions		All
13:00	Lunch		All
14:00	Teams call with (College Representative	All
15:00	Final Discussions	and questions	All



Dorset HealthCare Attendees:

Helen Duncan-Jordan - Head of CAMHS Dan Batchelor - Deputy Head of CAMHS Sarah Stockham - Clinical Lead, MHST Nova Bovaird - Clinical Lead, MHST Morna Spence - Clinical Lead MHST EMHP and Supervisor Reps, MHST

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Houses of the Oireachtas Leinster House Kildare Street Dublin 2

Do2 XR20

www.oireachtas.ie Tel: +353 (0)1 6183000 Twitter: @OireachtasNews

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