

Education Mental Health Practitioners: Training and Practice



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EMHP: A New Role

- **Education Mental Health Practitioners (EMHP)** represent an expansion of commissioned Children and Young peoples mental health workforce across England, representing additional, targeted capacity to improve access to evidenced based intervention and support.
- **Focused on delivering, under supervision:**

Evidence based CBT informed interventions at a stage of **early help** for for the most common mild to moderate mental health difficulties:

Anxiety, **Low Mood** and **Behavioural Difficulties**

Support implementation and development

Whole School Approach to Wellbeing



EMHP: Training and Delivery

- EMHP's undertake a 12 month **graduate or post graduate** training programme at the University of Exeter
- A new workforce drawn from a range of backgrounds
- A front loaded training programme with increasing competency and capacity for direct support and delivery during the training year
- Corresponding training programme for MHST supervisors



EMHP: Training and Delivery

- **Children and Young People's Mental Health Settings – Context and Values**

Knowledge in the core principles of working within CYP MH

- **Engagement and Assessment Skills**

To equip EMHP's with an understanding of, and to develop core competencies of **engagement** and **assessment**

- **Evidence Based Interventions**

To equip with an understanding of low intensity cognitive behavioural interventions for anxiety, low mood, behavioural and self-regulatory difficulties

EMHP: Training and Delivery

- A key challenge of Early Intervention and 'appropriate' referral
- **EMHP's are trained to work 1:1 with:**

Anxiety Presentations

Low Mood

Behavioural Difficulties

Education Specific Challenges e.g. exam stress

Early indicators: Attentional difficulties, affect dysregulation, emerging self harm, substance misuse, sleep disturbance



EMHP: Training and Delivery

EMHP's can work with children as individuals or in a group to provide interventions in cases of...	EMHP's may work with children as individuals or in a group to provide interventions in cases of... Discretion and close supervision needed	EMHP's should not work with children as individuals or in a group to provide interventions in cases of... Significant levels of need /complex conditions
Behavioural difficulties – identification, brief parenting support Training parents and teachers to support interventions with children	Support staff and help cofacilitate a full parenting programme such as Triple P Irritability as a symptom of depression – (can present as anger)	Conduct disorder, anger management, full parenting programmes (e.g. Triple P, Solihull Approach). Treatment of parents' depression and anxiety.
Low mood	Low confidence, Assertiveness or interpersonal challenges – e.g. with peers	Anger management training, Chronic depression
Worry management	Some short-term phobia exposure work	Low self-esteem, social anxiety disorder
Anxiety/Avoidance: e.g. simple phobias, separation anxiety	Thoughts of self-harm, self-harm not requiring medical attention. Support to develop healthy coping strategies	Extensive phobias e.g. Blood, needles, or vomit phobia
Panic Management	Insomnia (further training may be required)	Severe, active, high risk self- harm.
Assessing self harm, thoughts of self harm, and supporting with alternative coping strategies. Pupils with history of self-harm, but not active	Assessment of complex interpersonal challenges	PTSD, trauma, nightmares
Sleep Hygiene	Mild/early onset Obsessive Compulsive Disorder (OCD) (further training may be required)	Relationship problems -counselling for issues such as relationship problems may be better suited to school counsellors.
Thought Challenging – negative automatic thoughts	Children that are displaying rigid, ritualistic behaviour that may or may not be within a diagnosis of ASD	Obsessive compulsive disorder moderate to severe in nature
Problem Solving		Moderate to severe attachment disorders. Assessment and diagnosis of developmental disorders and learning difficulties.
		Pain management
		Historical or current experiences of abuse or violence

A Whole School Approach



Promoting children and young people's emotional health and wellbeing

A whole school and college approach



EMHP: Training and Delivery

Katy - Trainee EMHP Case 1

What are Katy's main issues?

Anxiety	
Low Mood	X
Phobia	
Behaviour	

How strong is this feeling on the ROAR thermometer? (On average)

7

On a scale of 1-10, how much do you think these issues are affecting Katy at home/school?

8



Katy's age

15

Are parents/carers engaged to support Katy with this intervention?

Yes

What is the level of risk?

Low

Does Katy have diagnosed ASD/ADHD?

No

Does Katy have an SEN statement?

No

Risk

Low – Katy has had previous fleeting suicidal thoughts, but no intent or plans to act on these. There have been no prior attempts. Katy has good distraction strategies in place and a very supportive family who are aware, and who she can discuss her feelings with.

Case Study Background Information

Katy is in Year 11 at secondary school, and has always been a model student. In recent months however, her teachers have noticed her appearing regularly tearful, and she has been spending more time alone during her lunch and breaks. Whilst she has always been fully engaged with her school work and with extracurricular activities, Katy has been attending these less regularly. Her family have been in touch with the school, as Katy has been spending long periods of time in her room. They also discussed how she has become more irritable, particularly with her younger siblings. When approached, Katy discussed how she has been feeling regularly sad, and was struggling to concentrate and motivate herself in class. She explained how she had lost a lot of interest in the things she used to enjoy including playing netball and socialising with her friends, but wasn't sure why. She described how she has experienced fleeting thoughts about not wanting to be here on a few occasions; however these thoughts scared her and had encouraged her to share how she was feeling with a trusted family member.

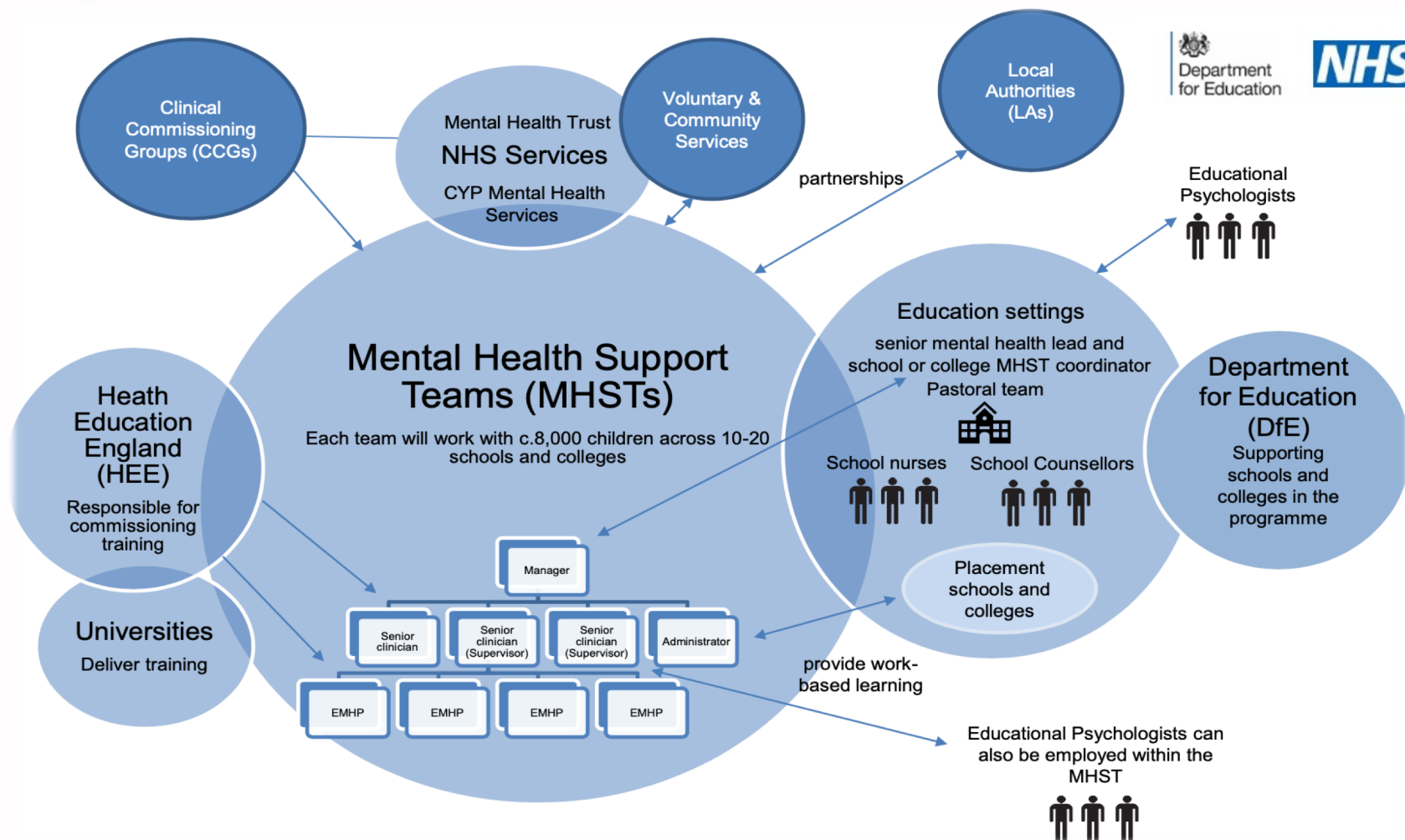
- **Working, assessing and engaging in education settings -**
Auditing – Understanding what an education setting would benefit from
- **Common Problems and Processes in education settings -**
Peer mentoring
Psycho-education and Group Workshops
Training others
- **Interventions for emerging mental health difficulties in education settings –**
Consultation
Group work (CYP and or parents)

EMHP Governance and Registration

- EMHP and CWP roles operate within defined systems of care; stipulated at the national level but implemented at the local level.
- Formal Supervision training with ongoing requirements e.g. frequency for practitioners to engage with as part of workplan
- Upcoming Training accreditation standards and requirements (BPS)
- Upcoming practitioner registration (BPS, BABCP) requirements which will include formal stipulations regarding practice standards and professional requirements



MHST Implementation



Further Reading and Resources

- NHS England: <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>
- EMHP National Curriculum
<https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20training%20curriculum.pdf>
- Detailed information about the programme is provided in the Schools and Colleges Welcome Pack which can be accessed on the FutureNHS Collaboration Platform: <https://future.nhs.uk/>
- Anna Freud and DfE Schools Link programme: <https://www.annafreud.org/schools-and-colleges/research-and-practice/the-link-programme/>
- For further education specific guidance or to be put in touch with other schools or colleges who have hosted an EMHP trainee please get in contact with your Department for Education regional lead via MHGP.DELIVERY@education.gov.uk mailbox.