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# Mental Health and Wellbeing
# Slough GHT


**Julie Slade – Advanced Mental Health Practitioner**

**Hannah Prior – Children's Wellbeing Practitioner (CWP)**


**CAMHS Getting Help Team Slough**

CareQuality Commission Inspected and rated Outstanding

#NoExcuseForAbuse

disability confident LEADER

VETERAN AWARE

Stonewall LGBTQ+ INCLUSIVE EMPLOYER TOP 100 2023

RACE EQUALITY MATTERS TRAILBLAZER

# What are the Mental Health Support and Getting Help Teams?

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- Provide early support and prevention of mental health difficulties
- Age 5-17
- Initial assessments
- Low intensity self-help CBT interventions
- 1:1 support for 12+ and parent-led interventions for primary aged

**MHST's** are assigned to certain schools across East Berkshire and assist schools to develop a whole-school approach to positive mental health and wellbeing.

**GHT** provide support for those who do not attend a MHST school.

# The Getting Help Team

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- Jade Hens - Team Lead
- Julie Slade – Advanced Mental Health Practitioner
- Hannah Prior - Children Wellbeing Practitioner (CWP)
- Afrida Ahmed – Senior Mental Health Practitioner
- Maheen Ahmed – Children Wellbeing Practitioner (CWP)
- Amy Williams – Trainee Children Wellbeing Practitioner (CWP)

# Thrive needs based groups

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CYP with mild or temporary difficulties. Intervention is in the community &/or self-support.

CYP who need focused, evidence-based help & support.
Clear aims & criteria for assessing whether goals have been achieved.

Risk management is present in all areas. Acknowledges the needs of CYP who are unable to benefit from evidence-based treatment but remain a significant concern & risk.

CYP who may have overlapping/multiple needs.
Unable to participate in daily activities.
CYP may experience daily stress and need increased supervision.

# Integrated Approach

**To ensure needs-based support**

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AnDY Research Clinic **(across Berks)**

CAMHS Getting Help and MHST **(Brac, Slough, RBWM)**

CAMHS Specialist Community Teams (SCT) **(locality teams)**

CAMHS Anxiety Disorder Treatment Team (ADTT) ***(across Berks)***

Autism Assessment Team (AAT) & ADHD Team (Neurodevelopmental Team)

Berkshire Eating Disorders Service (BEDS)

Early Intervention in Psychosis Team (EIP)

**(All 3 are across Berks)**

CAMHS

NHS Berkshire Healthcare Children, Young People and Families services

# Referral Criteria

## We can support...

- ✓ Mild to moderate mental health presentations
- ✓ Behavioural difficulties which present mostly at home
- ✓ Worry management
- ✓ Anxiety / avoidance e.g., specific phobias and separation anxiety
- ✓ Low mood
- ✓ Sleep hygiene
- ✓ Problem solving
- ✓ Assessing self-harm and coping strategies (dependent on level of risk)

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# Referral Criteria

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## We do not…

### Provide intervention for:

- Panic disorder
- Social/extensive phobias e.g. blood/needle/emetophobia
- OCD
- Chronic depression
- PTSD
- Anger or pain management
- Attachment difficulties

### Assess, diagnose or manage:

- Neurodevelopmental conditions
- Severe, active, and high-risk self- harm or suicidal ideation

# Referral Criteria

## Neurodiversity

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- We can support young people with neurodiversity (E.g. ADHD, Autism)
- If the primary presenting need is linked with neurodiversity, we usually signpost families to organisations (GEMs / Parenting Special Children).
- Once accessed a young person could then be re-referred back
- Adaptions to interventions can be made by clinicians tailored to each individual young person
- If possible, please include details of neurodiversity information on referral forms

# Getting Help Team Interventions

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## We offer 1:1 support for 12+ and parent-led interventions for primary aged children

- Adolescent Low Mood (Brief Behavioural Activation)
- Adolescent Anxiety (Graded exposure)
- Adolescent anxiety (Worry management)

- Parent-led child Anxiety (Graded exposure) – Helping Your Child
- Parent-led challenging behaviour - Incredible Years

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# Exploring anxiety and low mood

# Fight, flight, freeze response

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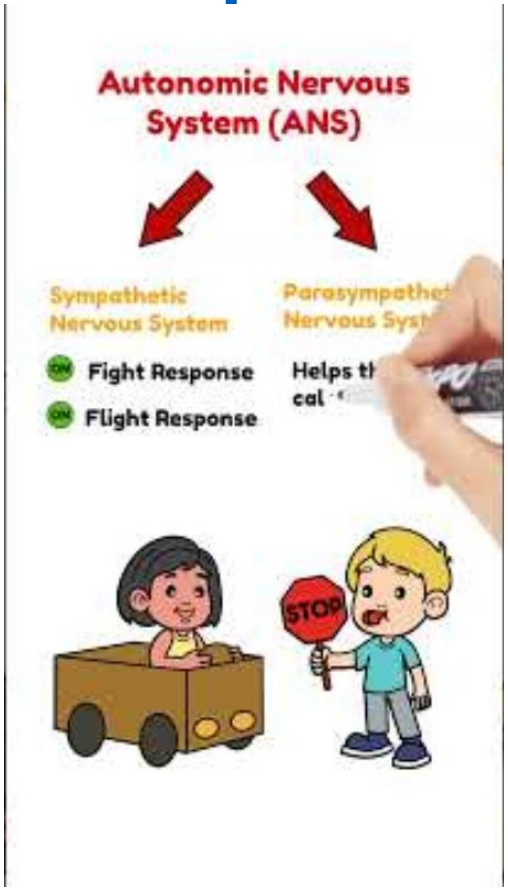

# Spotting signs of Anxiety

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## Cognitions

- Excessive worry about many things
- Prolonged fear of something (e.g. phobia)

## Physical Symptoms

- Stomach aches, headaches
- “Butterflies” in stomach
- Blurred vision
- Loss of bladder control

## Behaviours

- Avoidance of situations/activities
- Changes to routine
- Frequent reassurance-seeking

# Spotting signs of Low Mood

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## Presentation (How they may appear)

- Low or flat affect
- Tearful or emotionless
- Irritable or tired
- Suicidal thoughts/expressions
- Low self-esteem
- Lack of motivation
- Noticeable weight changes

## Behaviours

- Social withdrawal / isolation
- Seeing friends and family less
- Reduced interest in enjoyable activities
- Changes in sleep and appetite
- Low energy

## Physical Symptoms

- Headaches
- Stomach aches
- Fatigue

# Development

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## Contributing Factors:

**Adverse life events**

- e.g. moving house or school, bullying

**Learned behaviour / modelling**

- Picking up anxious or low-mood responses from others

**Genes**

- Genetic predisposition can increase vulnerability

# Maintenance

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- **Avoidance & Reassurance Seeking** → reinforces anxiety/low mood
- **Vicious Cycle** → thoughts, feelings, behaviours keep the problem going
- **Influences at Home** → learned behaviours from parent's/carers/other's responses
- **Bullying** → ongoing social stressor
- **Social Media** → comparisons, cyberbullying, constant exposure

# What Do We Need Emotions For?

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BEHAVIOUR

THOUGHTS

FEELINGS

PHYSIOLOGY

EMOTIONS

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# Referring to GHT for support

# How to refer to CAMHS GHT

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1. Mental health need has been identified (e.g., by the GP, school, parents).
2. Parent/ carer or professional to complete the Getting Help referral form (age16+ can self- refer).
3. Completed referral form emailed to CAMHSGettingHelpEastReferrals@berkshire.nhs.uk
4. Referral to be discussed at the weekly GHT referrals meeting. Referrer will then be notified of the outcome of this referral.

If safeguarding concerns are present or there is a need for social care involvement, referrals must be completed via MARF to Slough Children's First

# GHT Referral Form

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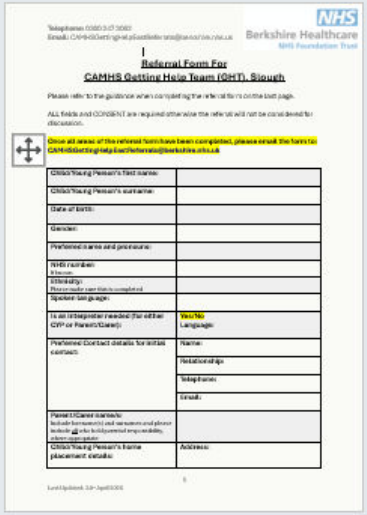


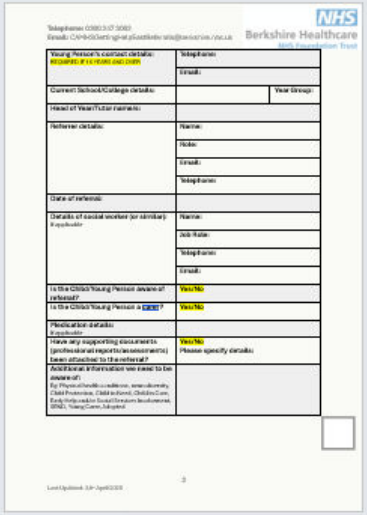
Referral Form For
CAMHS Getting Help Team (GHT), Slough

Please refer to the guidance when completing the referral form on the last page.

ALL fields and CONSENT are required otherwise the referral will not be considered for discussion.

Once all areas of the referral form have been completed, please email the form to: CAMHSSlo[illegible]

| | |
|---|---|
| Child/Young Person's first name: | |
| Child/Young Person's surname: | |
| Date of birth: | |
| Gender: | |
| Preferred name and pronouns: | |
| NHS number: | |
| Ethnicity: | |
| Spoken language: | |
| Is an interpreter needed (for either CYP or Parent/Carer): | Yes/No<br>Language: |
| Preferred Contact details for initial contact: | Name:<br>Relationship:<br>Telephone:<br>Email: |
| Parent/Carer name/s: | |
| Child/Young Person's home placement details: | Address: |



| | |
|---|---|
| Young Person's contact details: | Telephone:<br>Email: |
| Current School/College details: | Year Group: |
| Head of Year/Tutor name/s: | |
| Referrer details: | Name:<br>Role:<br>Email:<br>Telephone: |
| Date of referral: | |
| Details of social worker (or similar): | Name:<br>Job Role:<br>Telephone:<br>Email: |
| Is the Child/Young Person aware of referral? | Yes/No |
| Is the Child/Young Person a CIN? | Yes/No |
| Medication details: | |
| Have any supporting documents (professional reports/assessments) been attached to the referral? | Yes/No<br>Please specify details: |
| Additional information we need to be aware of: | |

What interventions have already been tried or delivered?

What would you like from us because of this referral?

Brief summary of reason for referral:

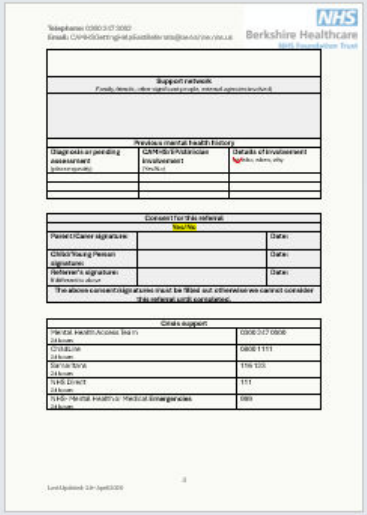
Desired outcomes:

| | |
|---|---|
| For the Child/Young Person: | |
| For the Parent/Carer: | |
| For the Referrer: | |

Current coping strategies

What's not working so well?

Do you have concerns around risk of harm for this young person?



Support network

Previous mental health history

| Diagnosis or pending assessment | CAMHS/Psychiatrist involvement | Details of involvement |
|---|---|---|
| | | |

Consent for this referral:

| | | |
|---|---|---|
| Parent/Carer signature: | | Date: |
| Child/Young Person signature: | | Date: |
| Referrer's signature: | | Date: |

The above consent/signatures must be filled out otherwise we cannot consider this referral until completed.

Crisis support

| | |
|---|---|
| Mental Health Access line<br>24 hours | 0808 247 0808 |
| ChildLine<br>24 hours | 0800 1111 |
| Samaritans<br>24 hours | 116 123 |
| NHS Direct<br>24 hours | 111 |
| NHS - Mental Health or Medical Emergencies<br>24 hours | 999 |

Guidance on completing this referral

When completing the referral form please ensure you:

- Provide a clear overview of mental health presentations (e.g. low mood, anxiety, worries, thoughts/feel significantly down/blue), risks, impact on day-to-day life, triggers and provide specific details on this).
- Request the staff member who knows the child/young person the best to complete / contribute to the referral form (to allow for key information to be shared).
- Complete the form with the child/young person or the parent if possible or at least ensure you have gathered their views. Ensure they have given consent to make the referral.
- Note what are child/young person or parent/carer goals / hopes from accessing support are.
- Detail previous support accessed by the child/young person/family (e.g. provide details of what worked well / not so well).
- Detail current support in place or pending referrals (e.g., counselling, other CAMHS teams).
- Read what the GHT offers in terms of interventions. The team provide low level mental health interventions for the child/young person and/or parent/carer. Please clarify how you think this would meet their mental health needs.
- Consider the needs and level of complexity, i.e. is this more suitable for consultation (support for school staff from the GHT would offer) rather than direct work with the child/young person and/or parent/carer?
- Request a referral consultation with the GHT team if you are unsure if the referral is suitable or not before making the referral.

# Referral tips

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- What is the child / young person's **mental health presentation** – what have you noticed? What are you concerned about? (e.g., low mood, anxiety, worries, thoughts/feelings/behaviours, sleep, impact on day-to-day life, triggers)
- What is the **impact** on the child / young person and their family (e.g., at school, home life, leisure time)
- What **current support** is the child / young person receiving? Have they or the family received **previous support**?
- What are the child's / **young person's hopes** and their **families hopes**?
- Request the **staff member who knows the child/young person the best** to complete /contribute to the referral form (to allow for key information to be shared).
- Complete the form **with the child/young person or the parent if possible**, or at least ensure you have gathered their views. Ensure they have given consent to make the referral.

# CAMHS MHST Schools - Slough

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- The Priory
- Beechwood School
- St Ethelberts Catholic Primary School
- Herschel Grammar
- St Marys C of E Primary School
- Ryvers Primary School
- Slough & Eton
- Littledown School
- Holy Family Catholic School
- Wexham Court Primary School
- Pippins Primary School
- Ditton Park
- Slough Virtual School
- Haybrook College
- Claycots Primary
- Montem Academy
- St Anthony's Primary
- Wexham Secondary
- Colnbrook Primary
- Grove Academy
- Willow Primary
- Lynchill Enterprise
- Godolphin Junior Academy
- Baylis Court
- Cippenham Primary
- Langley Hall (Upper and Lower)
- Langley Heritage Primary
- Marish Primary
- James Elliman Primary
- St Josephs Catholic
- Langley Academy Secondary
- Westgate Secondary
- Langley Grammar
- Not in Education, Employment or training (NEET)

# Non MHST Schools – GHT Slough

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- Castle View Primary School
- Khalsa Primary School
- Arbour Vale School
- Our Lady of Peace Catholic Primary and Nursery School
- Penn Wood Primary and Nursery School
- The Langley Academy Primary
- Western House Academy
- Willow Primary School
- Eden Girls' School
- St Bernard's Catholic Grammar School
- Upton Court Grammar School (Lascelles Road)
- Windsor Forest Colleges Group

# Signposting Services

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**Kooth** - Digital mental health support for children in East Berkshire. Supporting young people aged 11-17 years. Home - Kooth

**Number 22** - All age community counselling service for children and young people 11+ living in Slough and RBWM. Online referrals (self-referrals accepted) 01628 636661

**GEMS** - Providing Autism & ADHD Support services in East Berkshire. Home - Gems4health

**PSC** – Supporting families whose children/young people are neurodivergent and/or have special needs and/or disabilities including early life trauma. About Parenting Special Children | Parenting Special Children

# Signposting Services

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**Sharon** - Our **S**upport **H**ope and **R**ecovery/Resources **O**nline **N**etwork (SHaRON) provides a safe digital space for to talk to with peers who have had similar experiences, 24/7:
SHaRON | Berkshire Healthcare NHS Foundation Trust

Further signposting and self-help can be found at:
Apps to help with children and young people's mental wellbeing | Children Young People and Families Online Resource

You can also find information about wider support and specific resources for young people in East Berkshire HERE.

# CAMHS Crisis Contacts

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- If a child or young person has seriously injured themselves or you are worried about their immediate safety call 999 or attend your nearest A&E.

- If they require **urgent** mental health support, call our **CAMHS crisis line on 0300 247 0000** (open 24/7) or contact 111 and select option 2.

- If they are requiring **non-urgent** support, contact CAMHS CPE on 0300 365 1234 (Monday-Friday 9am-5pm) ***or*** GHT/MHST on 0300 247 3002 (Monday - Friday 9am-5pm)

# Contact us

NHS
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**Email**

**General Enquiries** CAMHSGettingHelpEast@berkshire.nhs.uk

**Referrals** CAMHSGettingHelpEastReferrals@berkshire.nhs.uk

**Phone** 0300 247 3002

**Address** Fir Tree House
Upton Hospital
Albert Street
Slough
Berkshire
SL1 2BJ

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Berkshire Healthcare
NHS Foundation Trust

# Thank you

## Questions…?

Care Quality Commission Inspected and rated Outstanding

#NoExcuseForAbuse

disability confident LEADER

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