



Department
for Education



Supporting Schools and Colleges to Make Appropriate Referrals

Guidance for Mental Health Support
Teams

Background

One of the three core functions of an MHST is to provide early intervention on mild to moderate mental health issues, primarily through evidence-based interventions.

It is crucial to the successful delivery of MHSTs that schools/colleges understand the scope of the MHST service and how to make an appropriate referral. Establishing the referral pathway and a common understanding of appropriate referrals to receive support from the MHST service is vital in ensuring CYP receive the right support.

When MHST referral pathways aren't functioning well, this can lead to increased burdens on both schools/colleges and the MHST, impacting the longer term relationship between the two parties and causing delays to children and young people accessing the right support.

This guidance has been developed to provide MHSTs with top tips on how to refine their referral pathways, with a view to receiving as many appropriate referrals as possible that are aligned with their inclusion/exclusion criteria and to improve schools'/colleges' understanding of which CYP emotional wellbeing and/or mental health services are the most suitable for each individual case. The contents are based on advice from DfE and NHSE, as well as practice gathered from experienced MHSTs. However, it is recognised that what works best can vary locally, and this context should always be taken into account.

Schools/colleges may make inappropriate referrals to their MHST for several reasons

- Lack of understanding about the MHST offer and which children and young people the service can support with direct interventions (as individuals or groups) and the scope of the service across all three functions. This may be particularly applicable during the first year whilst EMHPs are in training and the service is developing and expanding its offer.
- This might be caused/exacerbated by MHST and school staff turnover and high workload limiting time available for staff to engage.
- Staff feeling overwhelmed with high numbers of complex cases.
- Requirements to evidence requests for outside agency involvement prior to EHCP requests.
- Difficulties in securing parental consent for cases that would be ideal for the MHST service.

While many experienced teams have reported increased understanding and engagement from schools/colleges over time, there are steps that MHSTs can take to improve schools'/colleges' ability to make more suitable referrals to the service

**Top tips from DfE, NHSE and
MHSTs on supporting
appropriate referrals**

1. Developing effective referral pathways >>>

- Co-design **clear and simple** referral criteria, pathways and procedures with each of your schools/colleges, ensuring that the process for identifying and referring CYP is understood by **all members of staff**, members of **other support services** provided within the school/college, **pupils/students** and, where possible, **parents and carers**.
- Whilst MHSTs use a range of different models depending on their local pathways, you could consider adopting a **consultation and advice model** i.e. no referrals submitted/accepted without an initial discussion. As well as developing school/college's understanding of the service, these discussions help to increase MHST awareness of individual school/college contexts and will support children and young people to get the support appropriate for their needs.
- Ensure there is clarity around which member(s) of staff in each school/college is responsible for **coordinating** referrals and the process the MHST takes for **triaging** cases, including a named MHST contact for each school/college.
- Work with education schools/colleges to understand whether there are opportunities for the MHST to be part of the **wider pastoral system** within each school/college, to discuss cases as a group before referrals are made. Would a **joint triage** approach be effective in your area?
- Arrange **drop-in sessions** that are open to all **pupils, parents and staff** to provide an informal opportunity for any member of the school/college community – as opposed to the senior mental health lead alone – to discuss an issue with the MHST and decide on next steps together.
- Establish a range of ways individuals can contact your MHST e.g. self-referral, text, phone calls, online forms, email, in person, request for help forms

2. Building relationships



- Develop a **culture** where any school/college feels able to easily contact the MHST and discuss (potential) referrals.
- Aside from each school/college have a named contact from the MHST, consider assigning a member of the team to act as a '**duty manager**' who is on call each day for schools/colleges to contact for troubleshooting purposes and/or having a dedicated phone line or email inbox.
- If a school's/college/s or MHST's named contact is on leave, be sure to communicate who to contact instead.
- Hold **regular meetings** with individual and clusters of schools/colleges to establish good relationships, with a view to removing barriers to **open discussion**.

3. Aiding learning for schools/colleges



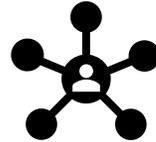
- Arrange **all-staff meetings and/or workshops** to (re)introduce the service and how to make good referrals. This could include activities to help school/college staff '**practice**' where to refer particular cases, and a discussion on levels of need and best ways to adapt the MHST referral system to the school/college in question. Refer to the [inclusion/exclusion diagram on page 15 of the EMHP handbook](#) and highlight function 3 of an MHST clear (signposting to wider services). You could also consider inviting CYP, CAMHS and voluntary sector partners to provide further insight into different referral pathways.
- Consider workshops and/or communication materials for parents and CYP on how to make **self-referrals** to the MHST. This may also help tackle MH stigma and misconceptions within the school/college community.
- Produce clear, visual **guidelines** demonstrating what mild-moderate means for your individual MHST, including some case studies of individual children (such as the one on page 9 of the [EMHP placement pack](#)). Make these materials easily **shareable** amongst all of your stakeholders, for example by putting them up in the staff room.

4. Increasing engagement



- Regularly **review referral numbers** for individual schools/colleges to identify which settings require **targeting** to increase the numbers of appropriate referrals. This might be through additional promotion of the service at assemblies, SLT meetings or wider local school/college networks.
- Continue to support the development of the school's/college's **whole school/college approach offer** with the senior mental health lead – sessions such as whole school/college staff training on common MH problems, staff surgeries and parent workshops will support the wider school/college community to make appropriate referrals.
- Continue to encourage schools/colleges to sign up for a [senior mental health lead training course](#) to increase the designated lead's understanding of a whole school/college approach to mental health and wellbeing.

5. Leverage networks and escalation



- Connect with Education Leads and/or Educational Psychologists in your **Local Authority** to understand the context of a particular school/college, and to support you in breaking down any **persisting barriers**.
- Where the problem is ongoing, **escalate the issue to your regional DfE and/NHSE lead** who will be able to advise further, support and facilitate on education engagement, and, where necessary, escalate further.

Case studies

We use a consultation model which not only supports schools to identify appropriate referrals, but also to receive advice and guidance directly from the MHST, even for cases that the school already know will not be suitable for low intensity guided self-help. Given many of our teams are within areas of high deprivation, schools are often confronted with system-wide issues impacting on the young person and playing a contributory factor in their mental health difficulties. The consultation helps to offer a formulation to understand the presenting difficulties and the most helpful course of action. This means we are not only supporting the rate of appropriate referrals made to the service, but we are also supporting schools in getting pupils to the right service, in a more timely fashion. 100% of our referrals are therefore accepted given that we screen the appropriateness during consultation. Our schools have been introduced to this way of working from the beginning and although there had been some initial reluctance from some of our schools, as they felt they did not have time to engage in this process, they do now find it a helpful process. We have made it easier for schools, in that we will complete the 5 p's form during the consultation and send back a copy to them. We do not identify the young person by name at this stage. We hold weekly referral meetings within our teams, which allows practitioners to feedback any consultations they are unsure of. Schools are always notified of the decision from this meeting by the end of the week. Consultation meetings are offered monthly to schools and this can be conducted face to face or via Teams. It is attended by the Senior Mental Health Lead and other key members of staff who have a Pastoral Lead and at times a class teacher who may wish to share his/her own experiences. On occasion other professionals involved may also attend such as Family Support workers. We are working on ways of ensuring we capture our consultation data and this is recognised as a key clinical activity.

– Baljit Nhal, Shropshire, Telford and Wrekin MHST Manager

Case studies

In Southampton, we previously had a triage system where mental health leads emailed in referrals and we would complete a triage call with families. However, last month we introduced a new referral model involving regular 'provision meetings' which are held with the Link EMHP and School Mental Health Lead. These meetings hold three functions: to manage Targeted Support referrals (New, in progress and discharges), to plan consultation slots & to plan Whole School Approaches.

Each school is allocated a set number of targeted support available to them at any one time, based on the school's pupil premium and the MHST's overall resource. The Provision Meetings provide a space to discuss referrals and provide prompt feedback on its appropriateness and outcome. It also allows the EMHP to receive further contextual information from the Mental Health Lead about the young person during discussion. This means that there is a smooth transition and as one young person is discharged another is accepted for a suitability assessment.

Since starting the new model, we have begun to notice less inappropriate referrals coming into our service. Having direct feedback in a face to face meeting where we can explain fully why referrals aren't appropriate means that Mental Health Leads are now getting a better understanding of our criteria for targeted support. We have also seen Whole School Approaches double, with schools appearing more facilitative for us to provide workshops to young people, parents and teachers. There has been increase in attendance of our EMHP's at additional events such as transition evenings and parents evenings. The model has reduced the time between the referral being received and an assessment being offered, meaning wait times for young people are decreasing.

Feedback from education staff: "this model is a million times better, it's so helpful to have feedback on referrals straight away".

- Lauren Griffin, Southampton MHST Clinical Lead

Within Hampshire, the MHST service started with two teams in the South of the County in 2020. Since then the spread of our teams have grown and we have reflected on what worked well during periods of set up and attempted to repeat and develop this as we have moved forward. To date, our Educational mental health trainees (EMHPS) have attended Southampton University to undertake their professional training. Their guidance stated that when reaching out to establish relationships with our MHST schools and introduce them to the referral process we should advocate for one referral per school. We had previously shared guidance at our implementation meetings on what our trainees could and could not work with in regards to risk. We circulated a copy of our referral form with 'top tips' to guide and inform the content of what we hoped to see in regards to relevant information.

Once these were gathered they were examined and discussed in our weekly triage meeting. EMHPs contacted the schools and shared feedback as to how appropriate these referrals were and then schools were encouraged to submit three further referrals. From these we were able to see that there was a mixture of appropriate and inappropriate referrals. This prompted us to develop a short workshop on our referral process which we delivered virtually to all our schools. We introduced our schools to the '5 P's' presentation model which captures aspects of a young persons: Presenting issues; Predisposing factors; Precipitating factors; Perpetuating factors; Protective factors.

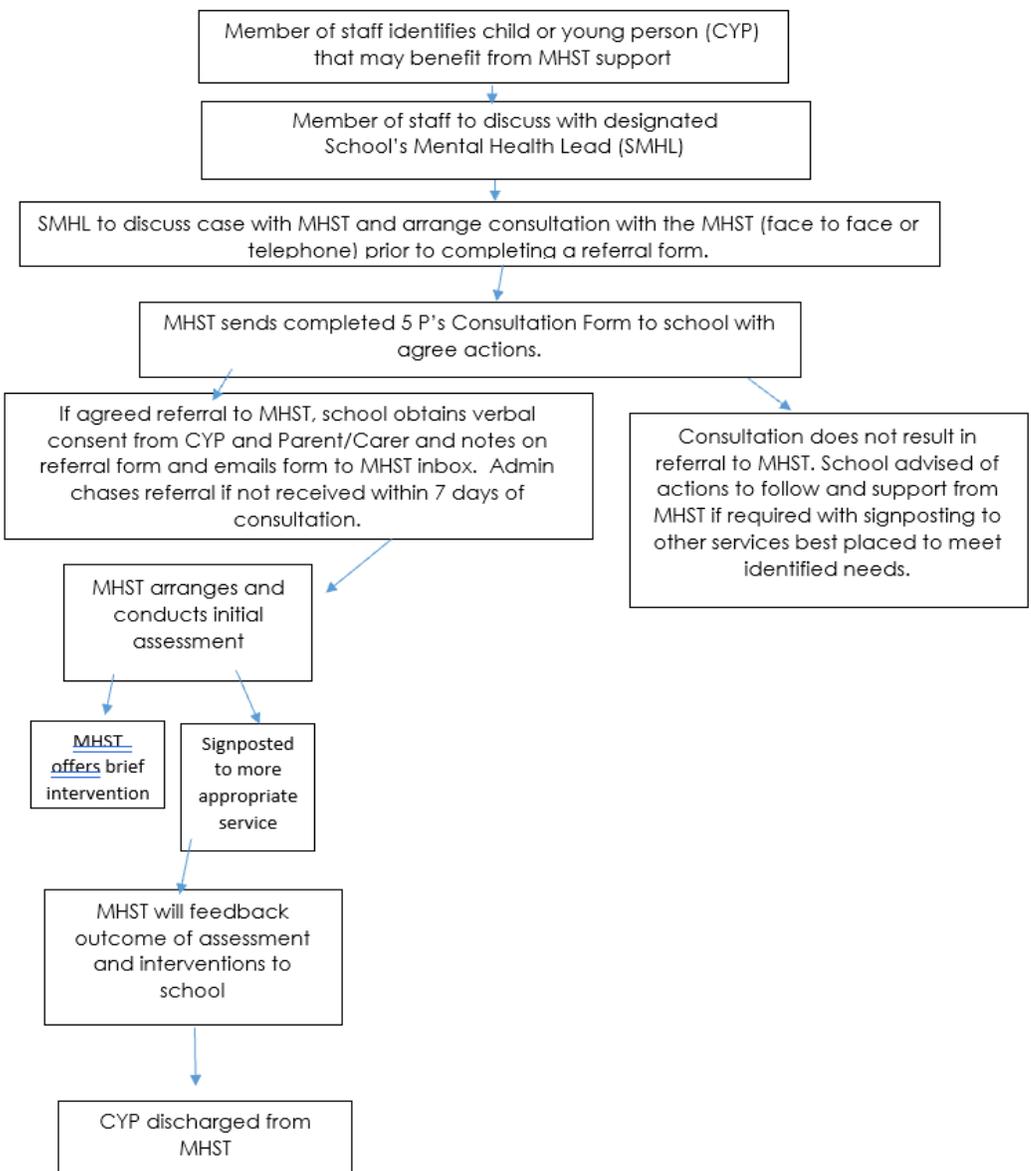
Feedback was very positive from this presentation and the slides and content were circulated afterwards. In visiting schools, we have since seen some of the slides pinned up on their notice boards! Having undertaken this graded approach we have since had very few referrals that we have needed to reject outright as inappropriate. We have also encouraged schools to call or e-mail our EMHPs if they have any questions regarding the suitability of the young people that they have in mind for the service. This kind of open communication has been really helpful in cultivating the knowledge of the school staff as well as building stronger professional relationships between the EMHPs and their schools.

- Janet Cran, MHST Clinical Lead Basingstoke

Referral flowchart and consultation template from Shropshire, Telford and Wrekin MHST

MHST – School's Referral Process

Please note that any member of school staff can identify a child or young person that may benefit from support that can be provided by the Mental Health Support Team (MHST)



CONSULTATION WITH MENTAL HEALTH SUPPORT TEAM

Name of Professional:
 Name of MHST Practitioner:
 Pupil's Initials:
 Year Group & Age:

Date:
 Date Requested:

Formulation:

Predisposing factors (things that have made the individual vulnerable to experiencing difficulties)

Precipitating factors (things that may have triggered the current difficulties)

Presenting problems (what are you working on?)

Maintaining factors (things that keep current difficulties going)

Protective factors (things that may help recovery)

Action Plan:

Useful resources for signposting

For MHSTs:

- [EMHP Trainee Placement Pack](#) – this pack is for schools and colleges hosting a trainee Education Mental Health Practitioner, and how to support their development
- [MHST Operating Manual](#) – this manual is for all education settings, MHST providers, managers, commissioners and those who work with an MHST to support the implementation of these teams. You may find section 3.1.2 particularly useful.
- National MHST Community of Practice webinar on [Supporting School Engagement, Training/Consultation and Referral Pathway Development](#) (22.06.22)
- [MHST Maturity Index](#) – a self-assessment tool which MHSTs can use to review their service delivery against a number of quality indicators.

For schools and colleges:

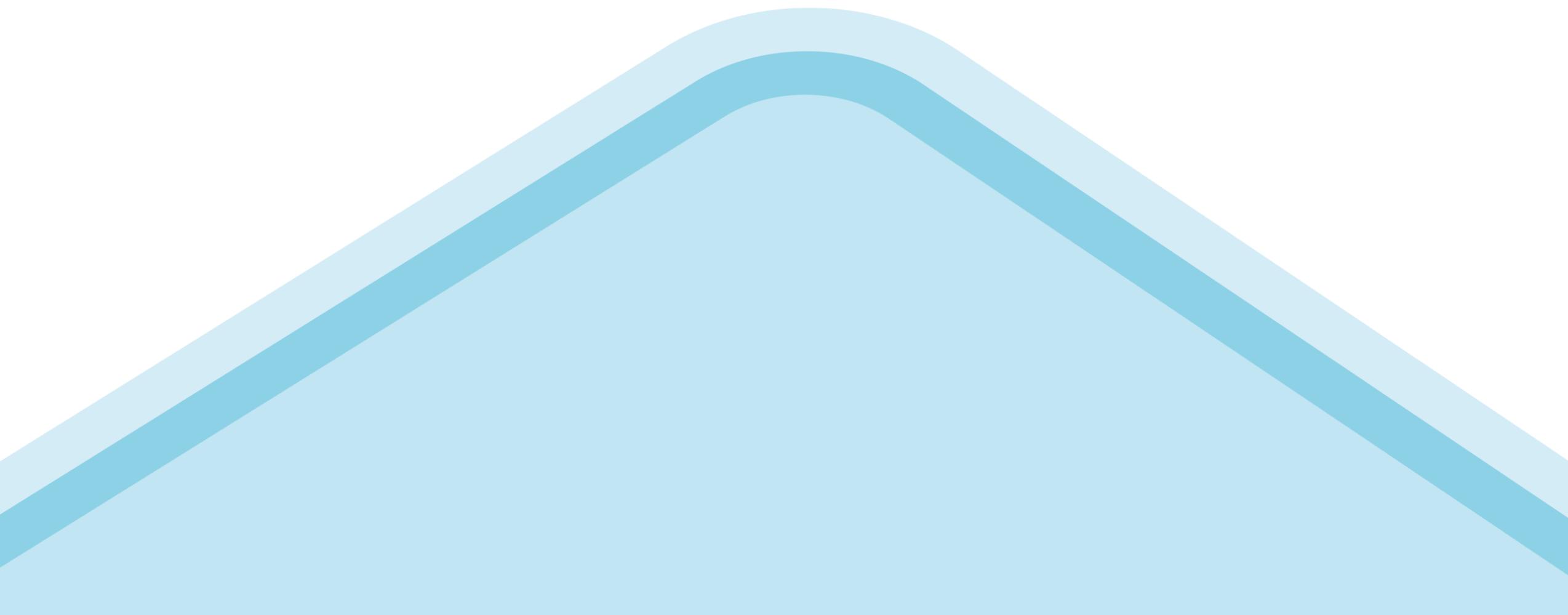
- [Senior Mental Health Lead training](#)
- [Schools and Colleges Pack](#) - this pack is for all schools and colleges, and provides advice about how best to work with an MHST

Key contacts

NHS England National Team: For any queries or more information on MHSTs please contact england.cyp-mentalhealth@nhs.net. We also encourage all MHSTs and their schools/colleges to sign-up to the National MHST Community of Practice and make use of the discussion forums and resources available.

NHS England & DfE Regional Leads: NHS England and DfE Regional Leads work collaboratively with Health Education England and the Office for Health Improvement and Disparities. They are in post to provide support to MHSTs with all aspects of their delivery, including developing referral pathways, partnership working, attending meetings/site visits, sharing best/emerging practice and supporting sites to reach maturity.

	NHSE Regional Leads		DfE Regional Leads	
North West	Kate Ridings	kate.ridings@nhs.net	Helen Fawcett	Helen.fawcett@education.gov.uk
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