

# SUMMARY OF EMHP ROLE FOR SCHOOLS & REFERRAL GUIDANCE

## Intro

- Education Mental Health Practitioners (EMHPs) are part of the government's Mental Health Support Team's (MHST) plans for schools to provide early intervention mental health support. Currently in the Trailblazer stage, your school is part of the first wave of this national project and so is part of learning how this will work in practice. This document outlines useful information for all your staff and families to know.
- There are 4 areas in the Midlands in the Trailblazer stage  
<https://www.england.nhs.uk/mental-health/cyp/trailblazers/>

## Currently

- Your MHST is currently being created in full. Local areas will vary but there will be, in summary, a range of more experienced and qualified mental health practitioners working with the EMHPs. The EMHPs are spending one year training at University and working part time in schools to gain qualification and experience. This stage is referred to as the 'trainee phase'. In this period they will build up their skills and experience through individual, group and whole school work with pupils, families and staff.
- Their availability can be seen in separate availability and skills document
- You can get more specific local information from your project manager.

## Remit

- EMHPs have a clear remit to support low level (low intensity) mental health needs such as low mood, anxiety & phobias through short term pieces of work. EMHPs will also have competencies in managing behaviour difficulties, primarily in primary aged children. EMHPs will also have a core remit to promote emotional wellbeing and resilience on a school wide level.
- They will undertake assessments, evidence based (proven to work) individual & group pupil work, shared decision making with pupils, family parenting groups, onward signposting to more specialist teams and whole school projects

## EMHP Needs

- Your school will need to consider which pupils meet the remit, and referrals will be made using your local referral form.
- A suitable space to undertake this work. Please see separate guidance document.
- Weekly supervision from their team to discuss their work.
- To complete a specific number of hours and tasks to complete their course and be qualified.

## Roll Out

- For these reasons the EMHPs & MHSTs will start their work in a limited number of schools.
- Once the trainee phase is complete, the team will support the full number of schools & settings outlined in the original project.

## Key Contacts

- Project Manager: Jeevan Kang [j.k.kang@reading.ac.uk](mailto:j.k.kang@reading.ac.uk)
- Course Director: Alison Wheeler [alison.wheeler@reading.ac.uk](mailto:alison.wheeler@reading.ac.uk)



EMHPs Can Do	EMHPs MAY Do Discretion and close supervision	EMHPs SHOULD NOT DO Significant levels of need /complex conditions
Behavioural difficulties – identification, and brief parenting support		Conduct disorder, anger management, full parenting programmes (e.g. Triple P, Solihull Approach).
Training parents and teachers to support interventions with children		Treatment of parents’ depression and anxiety.
Low mood	Irritability as a symptom of depression – (can present as anger)	Anger management training, Chronic depression
Worry management	Low confidence, Assertiveness or interpersonal challenges – e.g. with peers	Low self-esteem, social anxiety disorder
Anxiety/Avoidance: e.g. simple phobias, separation anxiety	Some short-term phobia exposure work	Extensive phobias e.g. Blood, needles, or vomit phobia
Panic Management		Not trained to deliver interventions for Panic Disorder.
Assessing self-harm and supporting alternative coping strategies. Pupils with history of self-harm, but not active.	Thoughts of self-harm, superficial self-harm. Basic harm reduction techniques	Severe, active, high risk self- harm.
Sleep Hygiene	Insomnia	PTSD, trauma, nightmares
Thought Challenging – negative automatic thoughts		
Problem Solving	Assessment of complex interpersonal challenges	Relationship problems -counselling for issues such as relationship problems may be better suited to school counsellors.
		Any level of OCD, attachment difficulties or ritualistic behaviour.
		Assessment and diagnosis of neurodevelopmental disorders and learning difficulties.
		Pain management
		Historical or current experiences of abuse or violence