

SUTTON EDUCATION WELLBEING SERVICE



introducing
THE MHST

BY SARAH, SUE & YEN

Mental Health Support Team

SUTTON EDUCATION WELLBEING SERVICE

our ROLES

- Early intervention
- Domestic Violence
- Whole-school approach

SARAH BASS



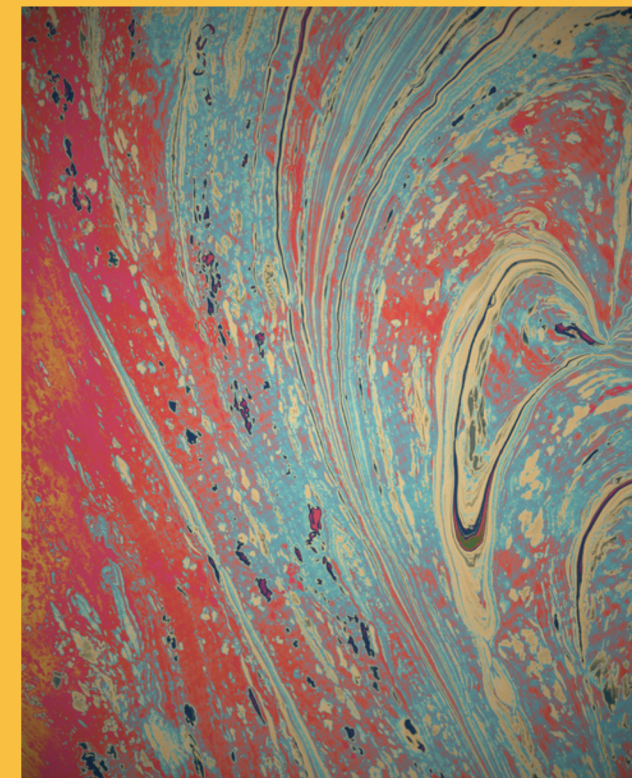
DRAMA THERAPIST

SUE FRASER



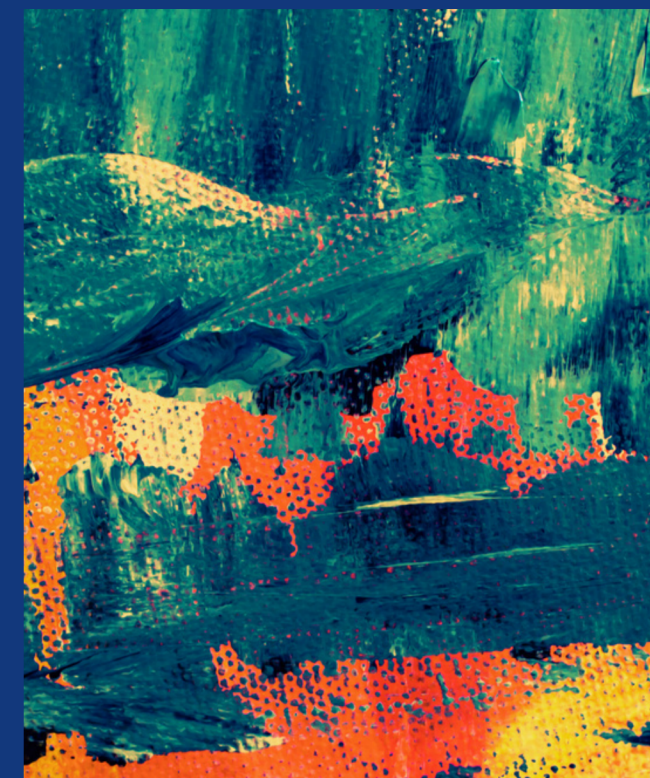
MENTAL HEALTH NURSE

YEN LIM



ART PSYCHOTHERAPIST

ELIZABETH ROSS



CBT & ART THERAPIST

SUTTON EDUCATION WELLBEING SERVICE

mental health SERVICE MENU

We have collaborated to create a range of groups, workshops and training to deliver within the 10 cluster of schools. We decide on these services depending on their referrals and discussions with our NHS clinical lead from Sutton Education Wellbeing Service.

DYADIC ART THERAPY

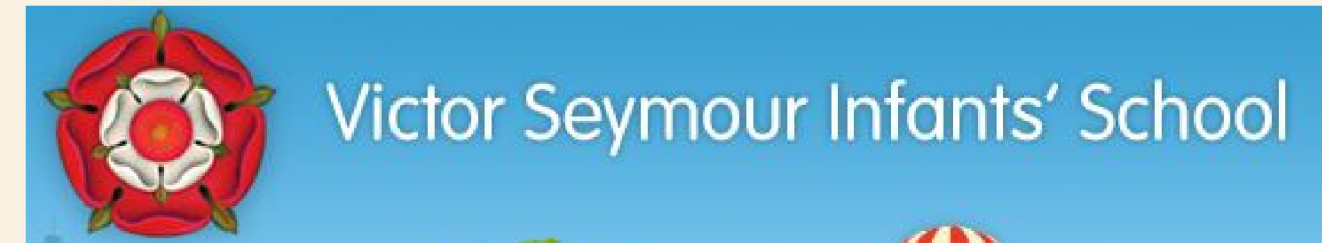
DROP-IN SESSIONS

STAFF TRAINING

PARENT SUPPORT SERVICES

CREATIVE ARTS GROUPS

STAFF WORKSHOPS



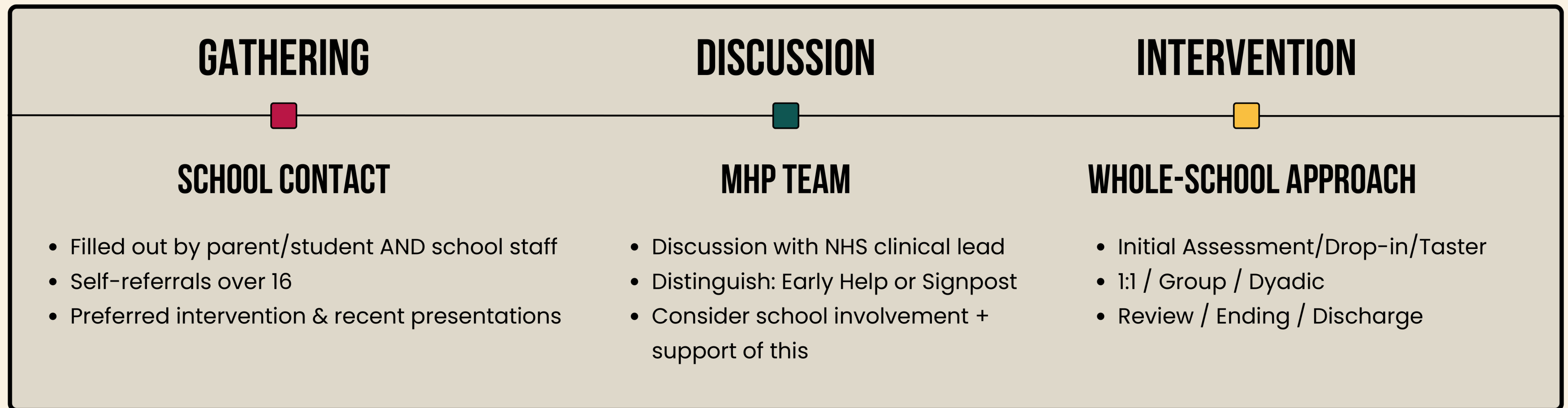
focused **CLUSTER**



As a small team, we work across a cluster of 12 schools within Sutton.



our mental health
REFERRAL SYSTEM



SUTTON EDUCATION WELLBEING SERVICE

our mental health REFERRAL SAMPLE

Sutton Education Wellbeing Service

Information for Young People

We are children and young people mental health practitioners and part of the NHS Education Wellbeing Service working with your school. We have a range to support your experiences of low mood, anxiety, low self-esteem, stuckness, relationship challenges, social/academic pressure, loss, identity confusion and/or transitions.

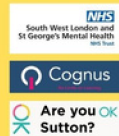
The application form consists of two sections. Please complete all questions of Section 1 (pages 1 and 2) detailing your information and the support you are interested in. Section 2 (page 3) is optional and completed by a school staff member known to you.

By completing this application form, our team will discuss and tailor support around this information provided by you. We will then contact you to arrange a time to discuss the support we can offer and check we are the right service for you. Up to 8 sessions will be offered and these sessions will take place in school and during school time.

If you are 15 or under, we will inform your parents or carers of the application, as well as welcome them to join some sessions if you like them to. The sessions are confidential and we will speak with you about what this means.

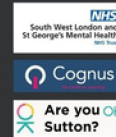
Please note, this service is **not** for young people who are already receiving mental health support elsewhere.

Please return our forms to:
referralsuttonEWS@swlstg.nhs.uk



APPLICATION FORM FOR SECONDARY SCHOOLS

Sutton Education Wellbeing Service



ABOUT YOU

Full Name : _____ NHS number : _____
Date of Birth : _____
Gender : _____ Ethnicity : _____
Mobile : _____
E-Mail : _____
Address : _____
Postcode : _____
Have you discussed your interest in this service with your parent/guardian? Yes No
Parent/guardian contact details (if you are 15 yrs or under, we need to inform your parent/guardian you have applied for this service)
Name : _____
Email : _____
Mobile : _____
Would you like your parent/guardian to attend some of the sessions with you? Yes No
School : _____ Year Group : _____
GP Name & Address : _____
Consent to inform GP of application to EWP/Early Intervention Therapies program Yes No
Any known disabilities : _____

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APPLICATION FORM FOR SECONDARY SCHOOLS

Sutton Education Wellbeing Service



SUPPORT YOU ARE INTERESTED IN

Intervention of interest : 1:1 Group Anxiety Behavioural Support
 Dramatherapy Art Therapy

Experience of other services : _____

Please give a brief description of the difficulties you're experiencing.
(Please include how long you've been experiencing them for and the impact they're having on your everyday life)

What have you already tried, if anything, to help with these difficulties?

Are there any other things you think it would be helpful for us to know about?
(e.g. parental relationship difficulties, recent bereavements or other changes in circumstances)

Print name : _____

Date : _____

Signature _____

Page 2 of 3

For Young Person :
Please tick this box if you are **not** comfortable with a member of school staff filling in the information on this page

ADDITIONAL SCHOOL INFORMATION

Staff Member Completing Form _____ Date : _____

Staff Member Role _____

Please provide your view of the difficulties this young person is experiencing, including any impact these difficulties are having on their life in school.
(e.g. in terms of attendance, attainment, behaviour or socially)

Has any support been offered to help with these difficulties at school?
Please describe and report any progress.

Any other circumstances that might impact or inform our intervention?
Is there any previous agency involvement including any referrals to children's safeguarding?
(e.g. SEND/MH needs, current or historic safeguarding concerns, child/family circumstances or changes)

Please confirm that parental consent has been attained for this application
(only for pupils 15 or under) Yes No

I confirm that the young person completed/was involved in completing the application form Yes No

To our knowledge, this young person is not already receiving support from other mental health services Yes No

THANK YOU FOR YOUR INFORMATION

Please return this completed application form to a member of staff in your school.



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ADDITIONAL INFORMATION

For extra comments or responses:
(Please use your initials before writing)

THANK YOU FOR YOUR INFORMATION

Please return this completed application form to a member of staff in your school.



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NOTABLE WORK



EVERY CONVERSATION MATTER



PARENT DROP-INS



STAFF REFLECTION SPACE

Self-care for staff so resilience may mean less triggers with challenging students. Excellent.

- St Philomena Staff

Still face experiment (excellent)
- Carshalton Boys Staff

Needs to be offered to teachers as well as they are with the students most of the time.

- Carshalton Boys Staff

**EVERY
CONVERSATION
MATTERS**



AN

Art Therapy SPACE

Attending made a positive impact upon my creativity.

- St Philomena Staff

Enjoyed taking time out

- Carshalton Boys Staff

I hope the sessions continue. Thank you.

- John Fisher Staff

received
FEEDBACK

Parent/Carer

Support Group

Thank you for doing this course where we learn and prepare for our next steps into teenage phase.

- Parent from St Philomena

It has helped me to realise I'm not alone.

- Parent from St Philomena

EDUCATIONAL PSYCHOLOGY - WELLBEING OFFER

KINTSUGI GROUP



6 to 8 young people . 6 weekly sessions
Inspired by Japanese art form, Kintsugi,
taking something broken and repairing
the vessel with 'gold'.



DEMYSTIFYING EXAM STRESS

4 to 6 young people . 6 weekly sessions
Uncovering/unmasking what is truly
disorienting perceptions of exams and
more importantly shining a light on the self.

SUTTON EDUCATION WELLBEING SERVICE

Terms & Conditions
UNDERSTANDING US

Safeguarding – Safety Concerns will always ask for Student's Consent

Referral Forms – access to service & the child's consent and understanding

No other therapeutic interventions occurring

A confidential & consistent place – ensuring the safety of conversations

Staff understanding of our trauma-informed service

Let's work
TOGETHER
