

**Blaenau Gwent MyST Service Model**

Children and Young People Looked After with complex mental health needs\* have the right to the same opportunities as anyone else, to live satisfying and valued lives in their local communities, connected to their families and to be able to form and develop significant relationships with the adults involved in their lives.

MyST provides an intensive CAMHS service for these children and young people as an alternative to placing them in and bringing them back out of county residential care. There may be exceptional occasions where MyST offer a service to children and young people who are on the brink of becoming Looked After as a preventative measure to offer support for them to remain in the care of their parents/family.

The success of this service model lies within the systems (persons and services involved with the child/family) that are supporting these children and young people, so the system having capacity to form connections with each other, show commitment, accountability, sustain relationships as well as a preparedness to reflect and learn together.

A whole systems approach is a key element to this service model developing a shared value base and vision for children and young people with complex needs is part of what we need to evolve together as a partnership.

Services that meet complex and diverse needs in children and young people need to offer support in a highly individualised and tailored approach. The service model tailored to the young person’s individual needs through a psychological formulation, thinking about their needs, their strengths and often the risks they may pose to themselves or others.

Access to support based on individual need, through establishing an understanding of the factors, both historic and current that may have contributed to current behaviours. MyST develop interventions with the aim of improving the children and young person’s quality of life and outcomes in care. Our interventions delivered across all the contexts of a young person’s life, their home, their school, with their birth families and importantly in partnership with the young people themselves. Delivered by our multidisciplinary team and through our multi-agency partnerships to ensure the maximum possibilities of change for young people and their families.

**\*Definition of Complex Mental Health**

Children and young people who have multiple needs across all contexts of their lives, e.g. placement, school, and family and who have required support from several different agencies to help meet their needs. These needs are interrelated and arisen from significant Adverse Childhood Experiences (ACES).

The children and young people will typically have challenging behaviours that place themselves, other people, or their communities at high risk. The ways which young people we work with show their distress and attempts to cope in whatever ways they can. Types of presenting behaviours include the following:

* Cutting
* Tying ligatures
* Burning their skin
* Climbing on buildings
* Fighting with police
* Negotiating to remain in control through threats of violence and self-harm
* Misusing drugs and alcohol
* Hurting others physically, emotionally, and sexually
* Being sexually exploited to find affection and a sense of power
* Inviting families, carers, and professionals to reject and give up on them

Clearly, these behaviours are indicative of significant distress and a desperate use of maladaptive strategies to cope and try to escape in the absence of healthy alternatives. The young people often will have significant relationship and developmental issues (developmental trauma) present.

Their needs are also likely to be hard to change or have not been amenable to change, through being ‘hard to reach or engage’. The needs could be enduring and long lasting and be pervasive in nature, requiring a longer-term intervention and they may have had a significant impact on the system/professionals that have been trying to intervene to help and support them and their families.

**MYST Referral Guide**

**Criteria**

MyST is a small resource and provided to those children and young people with the most complex needs, deciding which children and young people to prioritise is the responsibility of Steering Group members. This gives a holistic view of the needs of all children referred to the service and will prioritise need and demand.

MyST will work with children who have complex mental health needs:

* Residential care (return them to foster care or to family)
* Foster care (prevent escalation to residential care)
* In exceptional circumstances, children on the brink of accommodation (to prevent accommodation in residential care)

**Steering Group**

MyST Steering Group held bi-monthly. The Steering Group consists of:

* MyST Regional Programme Director
* MyST Regional Clinical Director
* MyST Therapeutic Practice Manager (Chair)
* MyST Clinical Psychologist
* MyST Regional Systems and Resource Coordinator
* Service Managers, Children ’s Services
* Team Managers (Locality Teams, Fostering, YOS)
* CAMHS/Health representatives
* Education

**Types of Intervention**

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| **Practice Consultation – One off consultation** |
| Practice consultations are usually one off in nature but can also be over a few sessions if needed. This flexibility of the service is important to be available to Social Workers when they may need a response through court etc., or when thinking about a way forward with a care plan for a young person with a more complex presentation. Social Workers can utilise Practice consultations as below:   * Having a space to think about the psychological needs of children and young people who present with complex needs. * Have a space to reflect on a case that might feel ‘stuck’. * Have a view on risk. * Comment or give advice on court directed psychological therapies. * Provide advice and guidance on care planning in relation to psychological and developmental needs of children and young people who have experienced trauma. * This may lead to a referral for MyST intervention, which will be discussed at Steering Group. |
| **Foster Carer Clinic – One off clinic** |
| MyST offers monthly foster carer clinics, which are booked via the fostering team. This is for all foster carers, both mainstream and kinship. MyST also provides specific periodic training for foster carers. These clinics provide foster carers with the opportunity to talk about the young person’s needs and strategies to support. This will not entail working with the child. MyST provides three consultations per month. |
| **Referral Consultation – To request Intensive work with MyST** |
| A referral consultation is a face-to-face meeting with someone who knows the young person well to assess eligibility for MyST. The consultation will gather information about the family, intervention and support provided to date and current situation. This will decide if an intensive intervention is offered. This will lead to allocation to members of the team and 24 hours on call support. Children and young people who are in care with the Local Authority who meet some or all the following referral criteria:   * Have experienced placement moves and disruptions due their complex mental health needs. * Children and young people placed out of county in residential care due to their complex needs, where the child’s care plan is for return to their local community and step down to a fostering/family-based care environment. * Are excluded or at risk of being excluded from education and have a history of school moves. * Are displaying significant emotional and behavioural difficulties, arising from complex mental health needs, typically putting themselves or others at risk. * Previous involvement with other services such as CAMHS, Education Psychology/alternative education provisions, IST, etc. * A willingness from the child/ young person/ family to engage with MyST. |
| **Additional pieces of work – Bespoke/time limited not intensive** |
| MyST in addition to its intensive service can offer bespoke packages of work with a family/child. This work will be identified via practice consultations and Foster Carer Clinic. This could involve supporting social workers in their practice (for example talking about managing risk or formulating a young person’s need) or to work with carers as they care for young people, or to work with young people that may not be able to access CAMHS for example on emotional literacy, complex life story work or specific emotional regulation skills.. All additional work is planned, time limited and dependent upon team capacity. This is not intensive and would not receive the on-call service. These are exceptional to our core intensive work and involved a lower level of input. |

**MyST Referral Consultaton Process**

**MyST Practice Consultation Process**

**MyST Foster Carer Clinic Process**