

Summer 2026

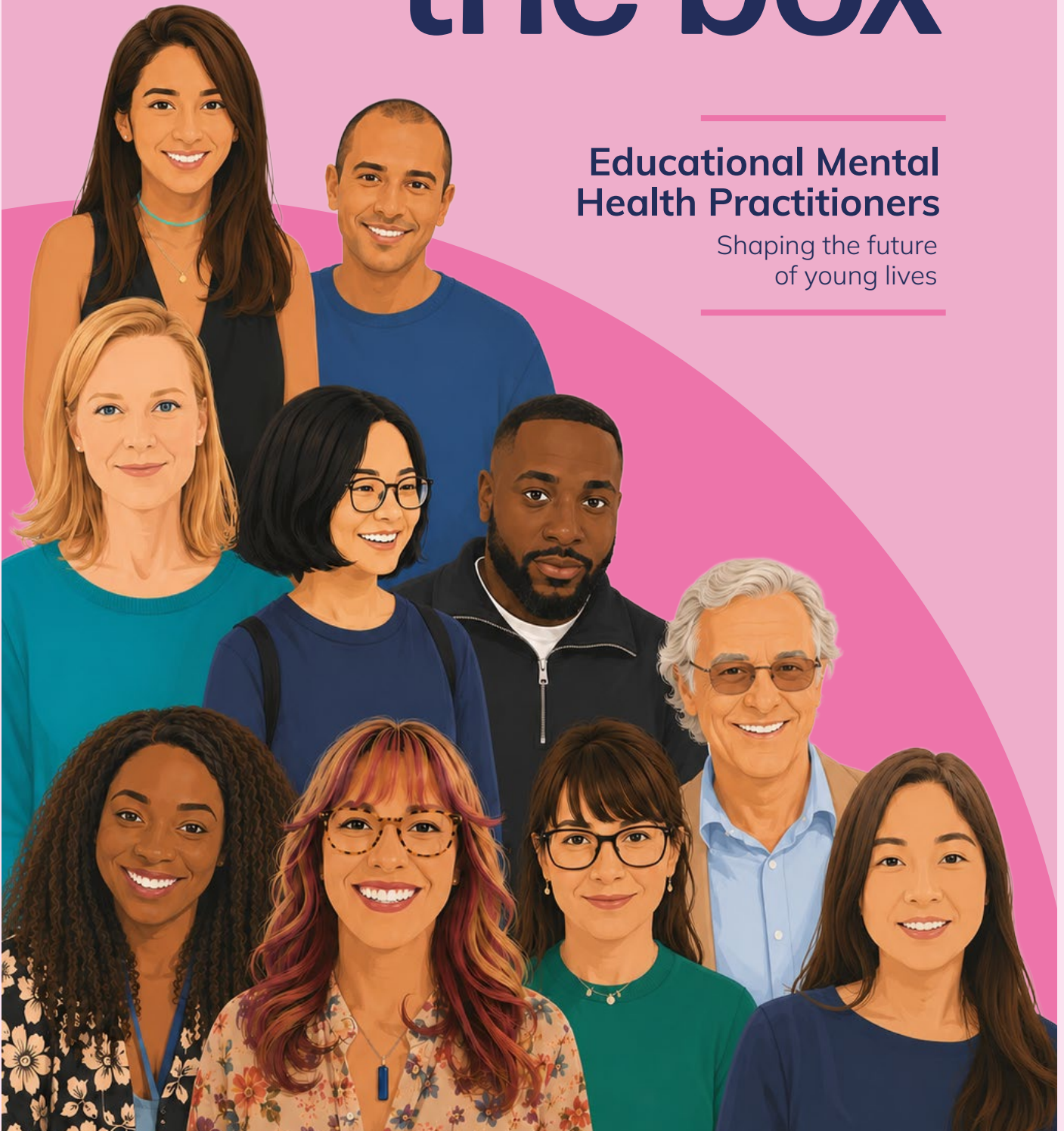


Anna Freud

Outside the box

**Educational Mental
Health Practitioners**

Shaping the future
of young lives



Editorial

This issue focuses on the role of Educational Mental Health Practitioners (EMHPs) and highlights how thoughtful workforce development can translate into meaningful change. In a relatively short space of time, EMHPs have become a cornerstone of how schools and communities respond to children and young people's mental health needs. Their role sits within a broader, nationally embedded workforce strategy; one that recognises the unique position of schools as places where mental health support can be timely, accessible and stigma-free.

It feels fitting to open the magazine with a welcome from Dr Peter Fuggle, who was instrumental in establishing the EMHP programme and whose early leadership effectively steered its direction to the confident, evolving workforce we see today. In Anna Freud News (page 7) we look more closely at how the programme has matured since its launch in 2019, responding to changing educational landscapes. From the early policy drivers outlined by Dr Lili Ly to the forward-looking vision articulated by Dr Antonia Cobbald, what stands out is the programme's willingness to evolve: strengthening informed practice; expanding equity, diversity and inclusion principles and values within teaching; and continually grounding theory in real-world school contexts.

To see that grounding come vividly to life, turn to Alumni Stories on page 12. Across cohorts and career stages, EMHP alumni describe their impactful work supporting pupils with anxiety and low mood, walking alongside families, embedding wellbeing across whole-school systems, and shaping services that reach communities that are often underserved in traditional care settings. Whether progressing into doctoral training, senior practitioner roles or supervision, our alumni consistently credit the programme with giving them the confidence, flexibility and reflective capacity their roles demand.

The EMHP story is also a reminder of the broader Anna Freud alumni community and its lasting influence. In a special Book Corner feature (page 22), we hear from Dr Alejandra Perez, an alum of the MSc in Psychoanalytic Developmental Psychology. This feature explores her highly acclaimed book *Perspectives on Early Parenthood and Infancy*. Alejandra's work speaks to the same commitment seen across EMHP practice: supporting people at vulnerable developmental moments through reflective, evidence-informed care.

As always, we hope you enjoy this issue and welcome your thoughts and any suggestions you may have for future issues.



Neelam Dongha
Alumni Magazine
Editor

If you would like to be featured in our magazine, please get in touch at alumni@annafreud.org



Contents

- 3 Welcome
- 4 Alumni achievements
- 7 Anna Freud news
- 12 Alumni stories
- 22 Book corner
- 27 Training, events and offers

Welcome

Welcome to this issue of our alumni magazine. It was my great privilege to be part of the team tasked with setting up the national Educational Mental Health Practitioner (EMHP) programme in 2019 along with representatives from other universities and members of the national Child and Adolescent Mental Health Services (CAMHS) development team. Expertly led by Anna Freud's former CEO, Peter Fonagy and Kathryn Pugh who worked at NHS England at the time, it is marvellous to see how the programme has thrived in the years since it started.

While we drew inspiration from successful local initiatives in schools, scaling these to a national level required a new degree of vision. We were fortunate to appoint Dr Lili Ly as our first Programme Director; her expertise and enthusiasm were instrumental in converting broad aspirations of system change into a successful training programme based on well-developed relationships with schools. The alumni featured in this edition demonstrates how successful that proved to be.

Helping children in distress is never straightforward. It requires sensitivity, flexibility, and perseverance as well as therapeutic skill. It is truly remarkable that this UCL-Anna Freud programme has now empowered over 300 graduates to enter this challenging yet inspiring field. The impact on children's lives is evident not just through personal testimonies, but through the programme's commitment to humility; the insistence that outcomes must be continually monitored rather than assumed.

Crucially, the EMHP programme has championed diversity from the outset, attracting a wider range of backgrounds than many traditional mental health professions. The stories featured in this edition celebrate that diversity, which remains essential to our ongoing mission of improving provision for children and their families.

Seeing how this practice has deepened through the collective learning of practitioners, staff, and young people themselves is a source of immense pride. I hope you enjoy reading about the success and evolution of a programme that continues to make a profound difference.

A portrait of Peter Fuggle, an older man with white hair and glasses, smiling. He is wearing a light blue shirt and a brown jacket. The background shows green foliage and a wooden fence.

Peter Fuggle

Peter Fuggle has dedicated his career to child and adolescent mental health since qualifying as a clinical psychologist in 1984. During his 20-year tenure as Clinical Director of Islington CAMHS, he became a leading advocate for integrated care for young people, including working closely with teachers, social workers and youth offending practitioners. He has also served as the Director of Clinical Services at Anna Freud.

In recent years, Peter's practice has been shaped by mentalization-based approaches. Now a member of the AMBIT team at Anna Freud, he helps develop frameworks for supporting young people with complex needs. His work specifically addresses the challenges faced by those who often find traditional mainstream services unhelpful or difficult to access.

Alumni Achievements

In this section, we follow the progress of two dedicated alumni who graduated from the Child and Adolescent Psychology and Neuroscience in Practice (CAPNiP) course.¹ Riwa is supporting the frontline humanitarian response in Lebanon while Xueyang is training to be a secondary maths teacher. While their professional environments are very different, both share how their learning at Anna Freud continues to shape their daily professional lives.

Riwa Maktabi

“Based in Lebanon, I am working as a Mental Health and Psychosocial Support Specialist in Emergencies, supporting child protection and mental health programming for UNICEF across the MENA (Middle East and North Africa) region. My work focuses on designing, adapting, and evaluating scalable psychosocial interventions for children, adolescents, and families affected by conflict and displacement. This includes strengthening systems of care, supporting frontline workers, and ensuring that programming is grounded in developmental science, trauma-informed principles, and culturally responsive practice. Much of my work sits at the intersection of policy and implementation; translating psychological theory into practical tools and programmes that can be delivered safely and effectively in humanitarian contexts, particularly during times of acute crisis when support is needed most.

I undertook the Postgraduate Diploma in Child and Adolescent Psychology and Neuroscience in Practice (CAPNiP) between 2024 and 2025, and the experience contributed enormously to my professional development. I began the programme at a particularly difficult time as only one month later, war escalated in Lebanon and across the region, making the learning immediately urgent and directly applicable. The curriculum’s focus on developmental psychopathology, case formulation, and the neurobiological impact of trauma provided me with a rigorous evidence-based framework to guide my mental health response to the regional crisis.



¹ This programme is no longer recruiting students but has been superseded by the MSc in Psychology and Trauma MSc/PG Dip/PG Cert (Child and Adolescent) postgraduate degree. You can find out more about this course [here](#).

It strengthened my ability to move beyond diagnosis and symptoms, and instead understand distress within its developmental, relational, and socio-cultural context.

The UCL-Anna Freud programme also directly influenced a new initiative we co-created with the LEGO Foundation, called Play and Heal. As part of the co-creation team, I applied core principles from the diploma; particularly understanding how trauma and adversity influence brain development, attachment systems, and emotional regulation, to design play-based interventions that address underlying mechanisms of distress in crisis settings. Rather than focusing solely on symptom reduction, Play and Heal supports relational resilience, co-regulation, and restoration of a child's sense of safety and mastery.



Riwa with a child



Riwa presenting a research poster

Beyond the technical knowledge, the programme's emphasis on collaborative inquiry, reflective practice, and intellectual curiosity continues to shape my daily work with colleagues, partners, and the vulnerable communities we serve.

The CAPNiP programme has made a lasting professional and personal impact that extends far beyond the classroom. I am deeply grateful for my time at Anna Freud and I would do it all over again in a heartbeat."

Xueyang Niu

"I am currently undertaking teacher training in secondary mathematics with the Buckingham Partnership, teaching students aged 11–18 across a range of attainment levels and backgrounds. The year is structured around sustained observation, frequent assessment and continuous feedback. I will qualify as a secondary mathematics teacher upon completion.

The training has been demanding, and the constant professional scrutiny often brings back memories of my own time in high-pressure education systems. This is where my experience with Anna Freud has been vital. It has taught me how to reflect rather than just react, helping me see how my own past shapes my professional identity today. It's given me the psychological flexibility I need to stay calm under pressure.

I was part of the first cohort for the Postgraduate Diploma in Child and Adolescent Psychology and Neuroscience in Practice (CAPNiP) from 2023–2025. Studying part-time allowed me to work and learn simultaneously, alongside other professionals supporting children in frontline roles. For me, CAPNiP was a turning point.

Before and during the course, I worked as a Visual Impairment Learning Support Specialist in a comprehensive school in Milton Keynes, supporting students with congenital blindness, cerebral palsy, rare genetic conditions and early brain injury. Although our work centred on braille, mobility and access, technique alone could not explain learning trajectories. I was asking 'why' at a depth that daily school routines could not hold.

CAPNiP provided that space. Evening seminars were cognitively stretching, but they were also grounding after a long school day. Engaging with developmental neuroscience, attachment theory and trauma-informed practice did more than expand my knowledge; it increased my tolerance for ambiguity. Concepts such as



cumulative adversity and latent vulnerability allowed me to see a student's behaviour as part of their developmental context, rather than a personal failing. I even started applying this to myself, viewing my own stress responses as adaptive tools rather than signs of failure.

The impact was practical. I can now handle a student's dysregulation with more steadiness because I understand the systems behind it. The course strengthened not only my conceptual vocabulary, but it changed how I think. Ultimately, it altered my view of education. I've learned that intellectual rigour and emotional safety aren't competing goals, rather they are both essential for growth. I'll never forget a student with synaesthesia who drew how my voice appeared to her: as colour and movement rather than static symbols. It was a perfect reminder that learning is always something deeply personal and relational."

Anna Freud news

Educational Mental Health Practitioner (EMHP) Postgraduate Diploma programme

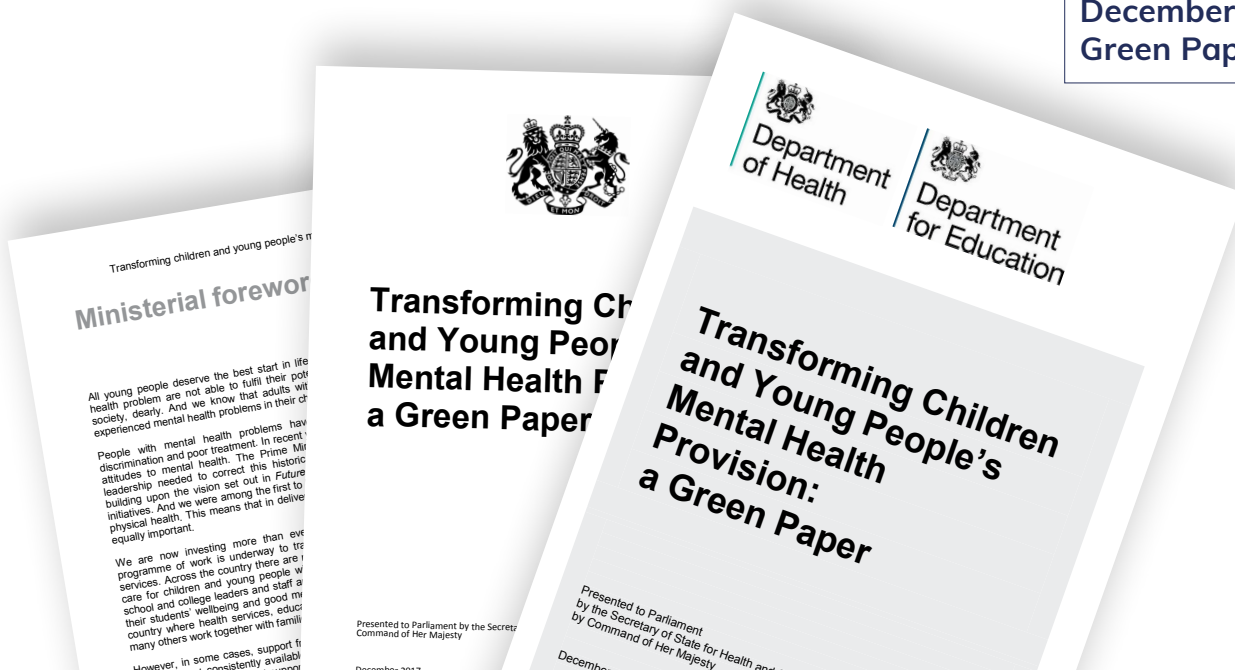
The Educational Mental Health Practitioner (EMHP) Postgraduate Diploma programme was launched in 2019 and in this section, we reflect on the programme's journey since its inception. Dr Lili Ly, the first EMHP Programme Director and a key driving force behind its development, discusses the core motivations and systemic drivers that launched the programme. Dr Antonia Cobbald, the current Programme Director, then looks ahead to the evolving landscape, outlining the innovations and opportunities that will define the next chapter of mental health support in schools.

Across the country, schools are seeing the tangible benefits of early intervention and the EMHP role has become a cornerstone of national strategy for children and young people's mental health. Continuing efforts to develop a schools-based workforce is essential to the future of children's mental health.

The UCL-Anna Freud Educational Mental Health Practitioner (EMHP), PG Dip is a full-time, year-long, employment training programme designed to train mental health practitioners to deliver evidence-based, early interventions for children and young people (CYP) in educational settings. EMHPs are a key part of the Mental Health Support Teams (MHSTs) workforce, which are teams based in the NHS, Local Authority or Voluntary Sector. EMHPs focus on supporting children and young people who may experience mild-to-moderate anxiety, low mood, and/ or behaviours that challenge. The blended learning approach involves a mix of online and in-person teaching. Training is offered in low intensity (brief) guided self-help assessment and intervention in an educational context as well as supporting whole-school approaches. Upon qualifying, EMHPs provide direct support to pupils, parents/ carers, and some support to school staff. Their work also includes liaison with specialist services to ensure timely support, helping young people stay in education.

You can find out more about the programme [here](#).

December 2017
Green Paper

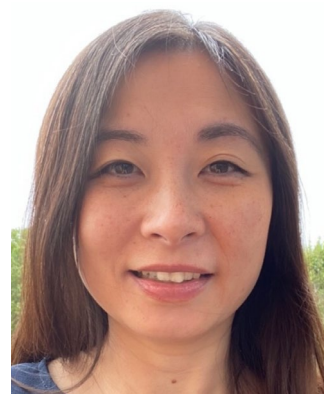


Dr Lili Ly: development of the programme

Lili is Co-Head of the Workforce Development Programmes at Anna Freud, delivered in collaboration with UCL, and a Consultant Clinical Psychologist in the NHS. She has worked in the NHS for over 20 years, predominantly with children and families and has a strong commitment to early intervention and making mental health accessible to all, particularly to those from marginalised communities and racialised backgrounds. She has worked for a number of years with children and young people in educational and social care settings. Lili is passionate about developing workforce strategy and training the mental health workforce to better meet the needs of local populations through innovative practice. As Programme Director in 2019, she established the UCL Educational Mental Health Practitioner (EMHP) Programme and has welcomed eight training cohorts in her time in the department.

“Having launched in January 2019, the EMHP programme has been running for several years, and we are currently training our ninth cohort. In order to understand why the EMHP course was started by the UCL-Anna Freud Partnership, we go back to the Green Paper, Transforming Children and Young People’s Mental Health Provision. Published in 2017, this Government initiative was the driving force behind a number of changes to the mental health landscape for children and young people. It proposed three core elements in a new approach to providing children and young people with an ‘unprecedented level’ of support to address early signs of mental health difficulties. The three factors included: (i) each school having designated Senior Mental Health Leads to oversee the school’s approach to mental health and wellbeing; (ii) establishing

Mental Health Support Teams (MHSTs), each connected to primary, secondary schools and colleges to provide interventions for mild-to-moderate needs; and (ii) piloting a four-week waiting time standard for specialist NHS children and young people’s mental health services.



The EMHP role was therefore borne out of a national plan to make mental health care more accessible to children, young people and their families. A central idea was to expand evidence-based mental health care for this age group into schools and further education institutes. A national rollout programme was devised with the goal being that by 2029/30, all schools and colleges in England will have access to a MHST.

Traditionally, mental health care for young people was largely provided through the NHS but not everyone could access these services for a variety of reasons such as increases in demand, long NHS waitlists and other barriers such as stigma around mental health, particularly amongst some communities. Often these long wait times would mean young people having to endure their difficulties for longer and potentially experience an escalation in these difficulties if early intervention was not prevalent.

From a personal perspective, I am passionate about mental care provision being available to all, to people from all communities, and training mental health practitioners to work in schools is a way to make that care more available, particularly for people who may not have historically reached out to, or received care from, mental health services. The fact that most children will go to school, makes educational settings the ideal place for provision. And it also means that early intervention can prevent experiences from becoming worse; prevention is far better than cure.

Before the Green Paper was published, I worked as a clinical psychologist across different life stages, from under 5s to older adults' services and saw that while younger people often showed improvements with minimal intervention, supporting older adults typically required more sustained engagement to achieve meaningful shifts in wellbeing. I found the capacity to make a difference to young people in relatively short spaces of time rewarding and stimulating and have focused much of my career in intervening early in people's lives.

Throughout my career, I have also observed how not all communities reach our mental health services in the NHS, particularly those from racialised backgrounds and developed a strong commitment to address this. I have spent a number of years working in schools and with senior management teams in educational settings to develop whole school approaches to mental health.

Schools have a wealth of experience when it comes to the wellbeing of children and young people, and I enjoyed working with them to bring psychologically informed practices to the school environment. For example, increasing awareness of the impact of discipline practices that are likely to prompt feelings of shame and how this can have a particularly detrimental impact on children who have had early experiences of trauma. The main issues that young people face tend to relate to friendships, exam pressure and in adolescence, developing their identity.

Part of my work in schools involved talking about mental health in non-stigmatising ways so that children and young people felt encouraged to be open about their feelings and experiences. Working with school staff, we also developed creative initiatives to help destigmatise mental health difficulties and made mental health information more readily available, for example, by providing workshops for parents and carers on ways to emotionally support children and young people through difficult times.

I also worked with schools to think about

staff wellbeing and support teachers with managing stress. I was supervising other psychologists at the same time and this, combined with the work of colleagues in similar roles, helped to expand this type of mental health provision in schools more widely. A few years later there was greater recognition by the government to commit strategically to making mental health provision more available in schools across the country. I was appointed to lead the UCL EMHP programme in September 2018 and in January 2019 welcomed our first cohort of 30 trainees to the programme.

At the time, Peter Fuggle was Director of Children and Young Peoples Increasing Access to Psychological Therapies (CYP IAPT) Programmes and his support with the programme was invaluable. The first two years of the programme were memorable to say the least! Whilst establishing the staff team and newly implementing a training curriculum, we also welcomed a second cohort in our first year. Shortly after, the COVID-19 global pandemic began and we were required to rapidly adapt to different ways of working and supporting two cohorts to complete their training, whilst retaining the fidelity of the training online. We needed to think innovatively about how we developed trainee competencies online, an example of this was through simulated role plays with actors. We were fortunate to have an excellent staff team at the time to navigate the challenges of training mental health practitioners during the pandemic. The course is now well established and continues being delivered with a blended learning approach (part online, part in-person) and has been refined to meet the needs of a changing population.

I am very proud to say that we train increasingly diverse cohorts and to date, we have trained over 300 EMHPs since the start of the programme with the UCL-Anna Freud Partnership. These EMHPs have supported hundreds of young people and their families in educational settings across London and the South East."

Dr Antonia Cobbald: the evolving landscape

Antonia qualified as an Educational Psychologist (EP) in 2006 and subsequently worked in several Local Authorities in and around London. Between 2009 and 2011 Antonia completed a part-time diploma in Cognitive Behaviour Therapy (CBT) with Children and Young People with the UCL-Anna Freud Partnership and incorporated the delivery of individual and group CBT interventions into her practice. Since 2010, Antonia has been involved in the training, supervision and research of educational psychologist and CBT therapists both at UCL and Anna Freud. In 2016 she completed a part-time professional doctorate carrying out research to evaluate a schools-based, group CBT programme to prevent depression in adolescents.

Antonia became a Course Tutor on the EMHP programme in 2022 and Programme Director in 2024. Alongside her role on the EMHP programme, Antonia works in private practice as an Educational Psychologist. She is a HCPC-registered Practitioner Psychologist, as well as a Chartered Member and Associate Fellow of the British Psychological Society.

“As we have heard from Lili, the EMHP role is a relatively new one in the professional landscape of psychology. The government’s commitment to continue the expansion of MHSTs that employ EMHPs demonstrates the importance that the current government places on mental health support in schools, and the value of the work carried out by MHSTs and EMHPs.²

I joined the EMHP team in early 2023 as a Course Tutor and was excited to be part of training practitioners who could embed mental health support and interventions in educational settings, having experienced the need for this first hand in my work

as an Educational Psychologist. I became Programme Director in November 2024.

As a team of tutors delivering the EMHP Postgraduate Diploma at Anna Freud, we are very proud of the programme.

Particularly, the high standard of training and the quality of the teaching we deliver, and the positive relationships we have with MHSTs and the EMHP supervisors, who play such a vital role in trainee development. Our vision going forward is to continue to deliver high quality training to ensure that trainees are equipped to support children, young people, families and schools through implementation of whole school approaches, as well as group and individual interventions. To achieve this, we have several priority areas for development: equity, diversity and inclusion (EDI), skill development and group intervention development.

Our aim is to deliver a programme that is inclusive, for both trainees and the children, young people, families and schools they work with. With this in mind, we have reviewed our teaching to consider how we support knowledge and skill development in working with minority and marginalised groups. Building on the excellent EDI input developed by past colleagues, such as Lili, the programme now includes additional teaching input on topics such as gender identity and sexuality and further opportunities to consider how EMHPs support neurodivergent children and young people.

Part of this work also includes developing new course content on trauma-informed practice and supporting schools with implementing trauma-informed approaches.



² For more information about the 2025 government initiative, visit:

<https://www.gov.uk/government/news/almost-million-more-pupils-get-access-to-mental-health-support>

As well as developing taught content we have adapted the way we assess trainees on the EMHP course, to reflect the diversity of skills that trainees bring to the programme. Trainees entering the programme will have their knowledge and skills assessed through a range of assessment formats, namely, essays, presentations, video recordings and posters. We hope that this will allow trainees to develop skills they will need as mental health practitioners, as well as enabling them to achieve the best they can on the programme, whether their strengths lie in writing or more visual approaches to communicating knowledge and concepts.

The EMHP programme will have a continued focus on the application of theory to evidence-based practice, as well as developing reflective practitioners. Regular skill development sessions, together with Practice Tutor Groups, will give trainees opportunities to explore links between the theoretical content delivered in whole group teaching sessions and their EMHP practice. Trainees also have frequent opportunities to either carry out role plays or watch videos

of their own practice and to reflect on their skills and areas for development. As a team we strongly believe that this skill of reflection is key to trainees' ongoing development and ability to become strong practitioners who can respond to the challenges and opportunities of working across complex schools and mental health systems.

Looking to the future, on the EMHP programme, we hope to review and develop our teaching on group interventions and would value the views of alumni to inform course development in this area. We would be very grateful for alumni support with this and encourage responding to emails when we seek contributions. For the profession as a whole, the future is positive; schools value the input and impact of the work that EMHPs deliver and the increase in government funding is a tangible indication of how highly valued the role is by those who make difficult decisions about resource allocation. We look forward to continuing to train EMHPs to support the mental health and wellbeing of children, young people schools and families."



Alumni stories

EMHPs: Supporting young minds, building futures



In the previous section, we heard from Lili and Antonia about how the role of an EMHP came into existence and how it has developed over time. We will now learn how this role operates in practice, by hearing from alumni who have graduated from the UCL-Anna Freud EMHP programme over the years.

We spoke to four graduates from different cohorts about what they have done since graduating as EMHPs. Spanning different roles and at varied stages of their careers, they told us about the work they do, the lasting impact the Anna Freud training makes in their daily lives, and their future aspirations in mental health support.

Jake Kwabena Sarpong

Jake completed the EMHP, PGDip at Anna Freud between September 2024-25.



What led you there? What you had done before, in terms of education and work?

Before Anna Freud, I was already strongly interested in working with children and young people around mental health. I had experience working firstly as a Behaviour Mentor at a Pupil Referral Unit (PRU), then as a Lead Behaviour Mentor in a secondary school and later as an Assistant Head of Year, taking on broader pastoral and wellbeing responsibilities.

In my role as a Lead Behaviour Mentor, I worked closely with pupils who were experiencing behavioural, emotional, and social difficulties. This involved providing one-to-one support, delivering targeted interventions, managing behaviour plans, supporting reintegration into lessons, and acting as a consistent, trusted adult for young people who were struggling to engage with school. As an Assistant Head of Year, I took on broader pastoral responsibilities, including monitoring attendance and wellbeing, responding to safeguarding concerns, liaising with families, and supporting students through periods of emotional distress.

These roles highlighted the complex and often overwhelming challenges that many young people face, which made me want to develop a more structured, evidence-based

skill set to better support their mental health needs. Anna Freud felt like a natural next step because of the strong focus on child mental health, early intervention, and school-based work, which closely aligned with my values and professional goals.

**How was your experience at Anna Freud?
Any particular memories?**

My experience at Anna Freud was extremely rewarding, although it was also demanding. Balancing academic study alongside clinical practice was challenging at times, particularly managing workload, deadlines, and emotional demands. However, I felt consistently supported by the teaching staff, supervisors, and wider teaching team, which made a significant difference. The supportive culture created a safe space to reflect, learn, and grow both personally and professionally.

A particularly lasting memory for me was during our very first practice tutor group session, where we spoke openly about social graces. Social graces refer to the unspoken social rules, expectations, and cultural norms that can sometimes create invisible barriers in professional spaces, particularly for people like me who come from a marginalised background. The discussion was certainly powerful because it created an atmosphere of openness, honesty, and psychological safety within the group. It allowed people to speak openly about difference, identity, and lived experiences, which helped reduce feelings of self-doubt or isolation. There were genuine concerns and I'm grateful that Anna Freud made it a safe space for me and others to express them. That moment set a positive tone for the rest of the training and strongly reflected the supportive culture of the programme.

Please tell us about the work you have done in schools.

In school settings, I have delivered low-intensity CBT-based interventions to children and young people experiencing a range of common mental health difficulties, including

anxiety and low mood. Alongside direct work with pupils, I have worked closely with parents whose children may be experiencing anxiety or displaying challenging behaviour, offering guidance and support to promote positive change through delivering evidence-based interventions.

These interventions are usually met with varied responses by pupils and parents. Pupils often begin feeling nervous or uncertain, but as rapport develops, they become more open, engaged, and reflective. Many grow in confidence, increase their emotional awareness, and develop practical coping strategies to help tackle the difficulties presented. Parents are usually very receptive and often express relief at receiving guidance and support. While some initially feel anxious or self-conscious, worrying that they may be doing something wrong, we focus on validating their efforts and reinforcing that they are doing their best. Over time, the relationship becomes more collaborative and trusting, with parents feeling increasingly empowered to support positive change.

Alongside one-to-one work with pupils, I have worked directly with parents too, particularly where children have been experiencing anxiety or presenting with challenging behaviour. This has involved delivering parent-led interventions, psycho-education, and practical strategies to support emotional regulation, behaviour management, and communication.

I have also collaborated with school staff to plan and deliver group-based interventions and workshops, for example on topics such as exam stress, emotional regulation, sleep, encouraging positive behaviour within your child, and improving self-esteem. I have worked closely with SENCOs and pastoral teams to ensure that interventions are inclusive, accessible, and appropriately adapted for pupils with additional needs.

In addition, a part of the role is to support whole-school mental health work by contributing to wellbeing initiatives, staff consultations, and training. This includes

offering practical advice to teachers and staff, helping shape mental health approaches within schools, and supporting wider wellbeing planning to promote a positive school environment.

How have you used what you learnt at Anna Freud? Has it influenced the way you work? If so, how?

The training at Anna Freud has strongly influenced how I work. I regularly use CBT-informed models, structured assessments, and goal setting with children and families. It's also shaped the way I communicate through keeping explanations clear, collaborative, and accessible. This has helped build strong therapeutic relationships with children and families over the longer term, where those working with me feel we are an inclusive and cohesive team.

What are your future aspirations?

I wish to continue developing as a clinician, deepening my skills and confidence.

I am motivated to build on my existing training and experience, and to grow into a role where I can provide effective, thoughtful support to meet a range of emotional and mental health needs.

What would you say to someone considering doing the same course at Anna Freud?

Honestly, based on my personal experience, I would strongly recommend the course to anyone interested in working in child and adolescent mental health. It offers a high quality, evidence-based-training experience, alongside clinical supervision and academic teaching.

The course is demanding but incredibly rewarding. You gain practical skills, theoretical knowledge, and a deep understanding of mental health in children and young people, while also experiencing significant personal and professional growth.

The supportive culture, diverse cohort, and strong emphasis on reflection make it a genuinely transformative experience.

For anyone passionate about supporting children and young people's emotional wellbeing and making a meaningful difference, Anna Freud is the best place to train and start your journey.

Michelle Bainbridge

Michelle did the EMHP, PGDip in 2019-2021. She was also a student in the first cohort on the Senior Wellbeing Practitioner (SWP), PGDip course in 2023, a follow-on course enabling EMHPs to advance their clinical skills and undertake supervision training.



What led you there? Was it related to your previous employment experiences in education and the work you had previously done?

Prior to embarking on the EMHP programme, I had worked in schools for over 20 years. Beginning my career as a Teaching Assistant, I soon progressed into supporting looked after children and those navigating grief and loss, after I completed Targeted Mental Health in Schools (TaMHS) training. Drawing on my years as a Scout Leader, I worked with the local authority to establish a Forest School, creating a vital alternative learning environment for pupils with Education, Health and Care Plans (EHCPs) who struggled in traditional classrooms.

I also served for many years as a Gypsy, Roma, and Traveller liaison. By working closely with families to make school environments more inclusive, I helped transform educational engagement; attendance at my base school soared from 40% to 85%, and we celebrated our first generation of students transitioning to secondary school.

Throughout these roles, I saw the limitations of the traditional tier system, where long wait times and short discharge periods often left families without lasting support. Adopting the Thrive Model (a person-centred, needs-based approach to mental health support for children, young people and families) was a turning point, allowing us to move away from rigid tiers and ensure children received the right help at the right time.

Furthermore, I saw firsthand the desperate need to have a new service to meet the needs of children quickly. The government green paper [see page 7 for more information] clearly identified this and set up the MHSTs to promote early intervention and whole school approaches to support mental health and wellbeing.

How was your experience at Anna Freud? Any particular memories?

I valued my time at the Anna Freud. I began

my EMHP training in September 2019 as part of the second cohort on the programme. And it was exciting to be part of a new SWP initiative, but there were some teething issues as we were the guinea pigs!

The staff have a wealth of knowledge as they come from a wide range of specialities, with a single aim to support children and young people by providing evidence-based training. What stood out most for me was how responsive the staff were to student feedback, ensuring the course content remained relevant and engaging. I particularly valued the range of expert speakers; their varied perspectives not only enhanced the curriculum but also catered to different learning styles. I have received feedback from my supervisees saying how helpful it is that I know the role so well.

How have you used what you learnt at Anna Freud? Has it influenced the way you work? If so, how?

The knowledge I gained at Anna Freud was structured in a way that allowed concepts to be reflected on, developed and integrated so it informs my practice every day. Moreover, I have had the opportunity to share this expertise by delivering training to my MHST. This has included sessions on adapting support for children with autism and families, ADHD, and learning difficulties, as well as exploring the link between sensory differences and emotional regulation. We have even expanded our school offering to include dedicated reflective spaces for staff.

Please tell us about your career journey since leaving Anna Freud. What work have you done in schools?

My career has been a rewarding journey of building relationships with diverse schools and collaborating with them to reframe how we understand and support student behaviour. It is a privilege to advocate for children and young people, ensuring their voices are truly heard. My passion for the neurodivergent community is deeply



personal; as a long-term former CAMHS service user and a mother to neurodiverse children, I have seen firsthand how much advocacy is needed.

Through my training on the SWP and National Autism Trainer Programme (NATP), I gained the confidence to challenge outdated attitudes with curiosity rather than criticism. While criticism can alienate, curiosity opens doors to sharing knowledge.

My work is informed by my own history. I remember a time when 'refrigerator mothers' were blamed for their children's neurodivergence; today, we are still fighting diagnostic criteria built largely on male experiences. We often fail to account for masking – a trauma response that hides a child's true struggle. I am in a privileged position now where I can talk to teachers, advocate for young people, and ensure that the right support and reasonable adjustments are put in place.

Where do you work now and what is your role?

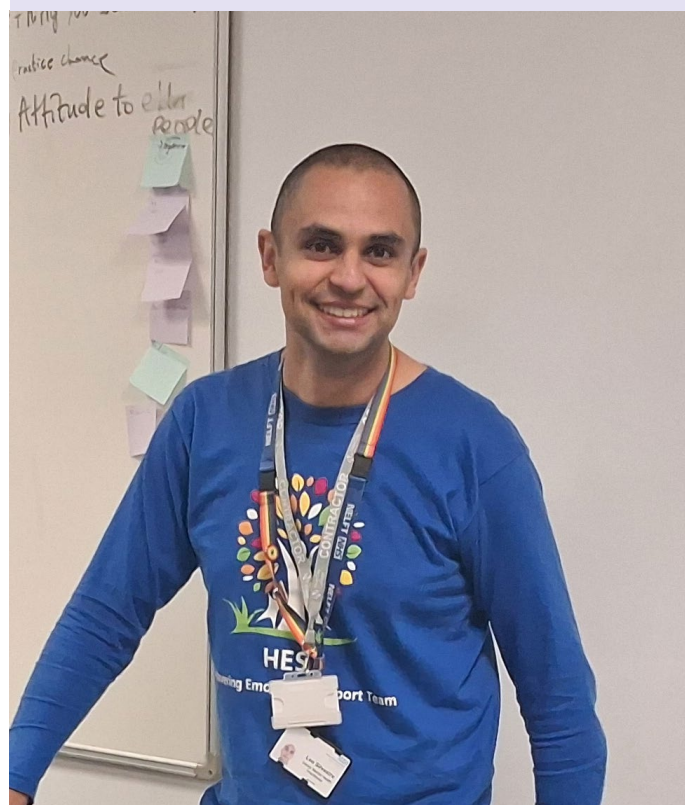
I currently work within a MHST as a Clinical Supervisor. Thanks to the advanced clinical skills I gained during my SWP training, I also manage a diverse 1-1 caseload. Beyond my NHS work, I collaborate privately with Occupational Therapists as a coach, partnering with parents and organisations to support children through a neurodiversity-affirming lens. Additionally, I specialise in sleep support, providing CBT for Insomnia for adults and parent-led behavioural strategies for children.

Any future aspirations you would like to share?

I am fully committed to continuing my work with the MHST and my private practice, driving forward the recognition of the SWP role as a core profession. By elevating this position, we can progress our careers and develop the essential work of MHSTs.

Leo Silvestre

Leo completed the EMHP, PGDip in 2022.



What led you there? What you had done before, in terms of work and education?

Before starting the EMHP course, I worked as a Behaviour Change Practitioner in a prison in South East London for five years. In that role, I applied psychological theories to support young people aged 18 to 25 to reduce reoffending behaviour. It was a rewarding job, but as time progressed, I began to notice that support often came too late for many of these young men. I couldn't help but think that some of them might have

avoided a pathway leading to prison, if they had received the right help earlier in life. This insight motivated me to explore opportunities where I could provide psychological interventions to children and families, aimed at preventing mental health difficulties and maladaptive behaviours before they escalate. When I came across the EMHP role, it felt like the perfect chance to make a meaningful difference at an earlier stage in people's lives. In terms of education, I had previously completed an undergraduate degree in Psychology and a Master's in Advanced Research Methods in Neuropsychology.

How was your experience at Anna Freud? Any particular memories?

I had an amazing experience at Anna Freud. I always looked forward to spending time there, whether to use the facilities to complete my work, connecting with colleagues and staff to reflect on course-related topics or simply to enjoy a cup of coffee. One of my favourite aspects was attending Practice Tutor Groups (PTGs). We met in small groups once a month to develop our clinical skills by watching and discussing each other's recorded sessions with children, young people, and carers. It was anxiety-provoking at first, but the more you do it, the more you learn about yourself and uncover skills you didn't even know you had. Each member played an important role, and the opportunity to share knowledge contributed massively to my personal and professional development.

I'm truly grateful to Anna Freud for providing such a supportive and enriching environment. It's an experience that will stay with me for years to come.

Please tell us about your career journey since leaving Anna Freud.

A lot has happened since leaving Anna Freud! I'm now a qualified and registered EMHP and in January 2024, I was appointed to a senior position (Band 6 – Senior Mental Health

Practitioner). Alongside this role, I began the Senior Wellbeing Practitioner PG Diploma at King's College London, which I completed in December 2025.

In my current role, I work with individuals presenting with more complex difficulties, including OCD, panic disorder, tics, emotionally based school avoidance (EBSA), trauma, and neurodiversity. I also provide clinical and case management supervision to junior staff, which has been an incredibly rewarding part of my journey. I continue to work within the same NHS Trust, and I'm proud of how far I've come since my time at Anna Freud.



How have you used what you learnt at Anna Freud? Has it influenced the way you work? If so, how?

I constantly draw on what I learned at Anna Freud. The course equipped me with the knowledge and skills to deliver CBT-based low-intensity interventions that support children, young people, families, and school staff in managing anxiety, low mood, and challenging behaviours. It also gave me the confidence to lead whole-school interventions aimed at raising awareness and preventing mental health difficulties.

One principle that has stayed with me is the emphasis on considering power and social difference. This shapes every intervention I deliver; I'm always attentive to factors that influence inclusion. While we were trained using specific manuals, adaptation has become a central theme in my day-to-day work to ensure that every individual receives tailored support that meets their unique needs.

Where do you work now and what is your role?

I'm part of the Havering Emotional Support Team (HEST) within North East London NHS Foundation Trust. I work as a qualified Senior Wellbeing Practitioner, providing CBT-based psychological interventions to children, young people, parents/carers, and school staff. In addition to my clinical work, I supervise junior team members, supporting them in developing their clinical skills and confidence.

Any future aspirations you would like to share?

I've always been interested in data and research, so I'm actively involved in different projects within my team. Recently, we developed a new system that allows young people to access our service informally through 'drop-in sessions', where they can have a conversation with practitioners about their mental health and wellbeing. The aim was to increase engagement among males and individuals from global majority backgrounds, as data suggests these groups are less likely to seek support. The results have been encouraging, for example, in one school 70% of attendees in 2024 were male compared to 30% female. Looking ahead, I'd like to replicate this model for educational staff. I believe that when staff feel supported, it has a positive ripple effect on the wellbeing and mental health of the children they work with.

What would you say to someone who is considering doing the EMHP course?

I would say go for it! The EMHP course is an incredible opportunity to gain practical skills and make a real difference to the lives of children, young people, and families. It's challenging at times, but the support you receive from tutors and peers is fantastic. You'll learn evidence-based interventions, develop confidence in delivering them, and gain insight into the wider mental health and educational systems.

If you're passionate about early intervention and want a role where you can see the impact of your work every day, this course is a great choice. My advice would be to stay curious, be open to feedback, and make the most of the learning community; it's one of the most rewarding experiences you'll have.



Dr Tamara Sancho

Tamara undertook the EMHP, PGDip in 2020-21 and recently returned to Anna Freud for the Supervision, PGCert programme which she completed in January 2026.



How was your experience at Anna Freud? Any particular memories?

I enjoyed my EMHP training and made lifelong friends. The 'bubble' I trained and worked together with are still in a group chat and we have kept in touch over the years. While we are now genuine friends outside of work, we've also become a vital support system for each other's career progression. For instance, some of us went on to train as Clinical Psychologists, others have become high-intensity CBT Therapists, while some have progressed to more senior leadership roles within equivalent Mental Health Support Teams (MHSTs). Sharing our experiences has broadened our awareness of the various career options, while also enabling us to compare how different MHSTs operate.

I have great memories of the practice tutor groups, especially the role plays and teaching. One thing I truly valued was how Anna Freud proactively sought and acted on student feedback. I took this approach into my doctoral training; when I noticed my new course didn't collect anonymous feedback, I advocated for change by using my EMHP experience as an example. As a result, the doctoral programme now collects feedback after every session.

Returning to Anna Freud this past year has been a wonderful experience. I've felt fully supported through every lecture and assignment. It's been a pleasure to be back.

What led you there? What you had done before, in terms of education and work?

After completing my BSc in Psychology, which included a placement year as an Honorary Research Assistant at an Anxiety and Depression Research Clinic for young people, I was employed as a paid Research Assistant at the same service. Following graduation in 2019, I returned to this role before beginning my EMHP training at UCL-Anna Freud. After completing my EMHP training, I later went on to start my Doctorate in Clinical Psychology.

Please tell me about your career journey since leaving Anna Freud.

After leaving Anna Freud, I went on to train as a Clinical Psychologist. Now, I've come full circle, returning to Anna Freud to support trainees who are in the same position I was once in.

My EMHP training set a solid foundation in the development of my clinical skills and knowledge to train as a Clinical Psychologist. As a psychologist I have been able to broaden my skillset beyond CBT to entail various therapeutic models so that I can

Tamara with peers from the EMHP programme



offer more tailored, integrative care thereby enhancing the support I can provide to others. I have also broadened my skillset beyond individual client-facing work to include couples and family therapy, staff consultation and have developed leadership skills to systemically influence services and supervise others.

During my three-year doctorate, I strengthened my research skills through my thesis and gained specialist qualifications in systemic practice and Eye Movement Desensitisation Reprocessing (EMDR) - a type of trauma therapy.

What work have you done in schools?

I found my current role as a Senior Clinician and Clinical Supervisor for Newham CAMHS Mental Health Support Team (MHST) shortly after qualifying as a Clinical Psychologist. My role involves overseeing six schools that my supervisees work in. I facilitate termly review and planning meetings to oversee the 1-1, signposting and whole school support our service offers. I also triage weekly referrals that are received by the team and offer consultations for my supervisees' schools. One of the greatest challenges in this role is also what appealed to me most: the opportunity to shape a relatively new service providing early intervention to support the wellbeing of young people in the community. The difficulty with this is that there are so many different ambitions and plans as a service, that we have to enhance the pathways and the way we collate data and support families. At times, the high

volume of initiatives and constant change can feel overwhelming to manage. Despite this, I welcome it as I find it refreshing to be able to shape a service particularly in the diverse location we work in. It feels especially meaningful as we have an opportunity to reach marginalised groups, often further underrepresented in typical clinic-based settings, and are also able to impact communities more broadly through our whole-school approach to supporting wellbeing.

How have you used what you learnt at Anna Freud? Has it influenced the way you work? If so, how?

As earlier mentioned, I took away a lot from the high-quality teaching and use of student-feedback at Anna Freud, which I shared with other courses. I also built upon my cognitive behavioural therapy knowledge that I gained as an EMHP through more complex work as a trainee and now as a qualified clinical psychologist.

Where you do work now and what is your role?

I am a Clinical Psychologist and Clinical Supervisor within the Newham CAMHS Mental Health Support Team. Having finished my doctorate in 2025, I have just completed a PGCert in Supervision to support my supervisees during their EMHP training at Anna Freud.

Any future aspirations you would like to share?

I am due to broaden our service's psychological input to schools in Newham by supporting three Pupil Referral Unit (PRU) sites in Newham with 1-1 therapy, staff support and whole school approaches to wellbeing support for students and staff. Outside of the NHS, I have set up my own practice called Kairi Therapy which specialises in offering culturally inclusive and sensitive care across the UK. I am looking forward to engaging further in such meaningful work and am grateful for the opportunities at Anna Freud which helped make this possible!

What would your advice be to others who are considering doing the UCL-Anna Freud EMHP course or UCL-Anna Freud Supervision course?

For those considering the UCL-Anna Freud EMHP course, I would suggest reviewing the person specification for Trainee EMHP roles to check whether you have some relevant experience and transferable skills that would

support you in gaining the role. Typically, it is helpful if you have worked in schools or supporting young people or had some form of clinical experience. If you enjoy working with young people, appreciate variety and creativity beyond individual client work, and you prefer being embedded in the community rather than in clinics alone, then the EMHP role would be a great fit! Be ready for when trainee roles are advertised, try to research services nearby and perhaps reach out to current EMHPs (via LinkedIn, EMHP/MHST Facebook groups) so you can find out more.

For the Supervisor course, I would suggest using teaching topics as an opportunity to reflect on theory-practice links and how the concepts relate to what you are experiencing as a supervisor. It can be uncomfortable to watch video recordings of your own sessions, but this is an invaluable opportunity to analyse and reflect on your practice. Use your tutor groups to learn techniques from your peers; seeing how others handle supervision is a rare opportunity that will shape your own clinical practice. Although it is a supervision-heavy year, time goes fast so make the most of it!



Book corner

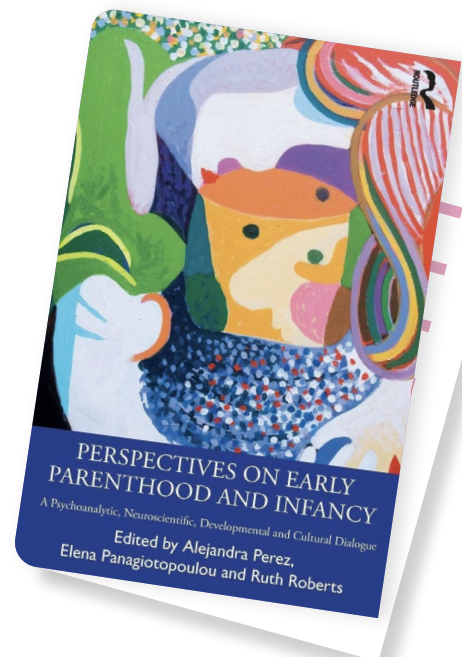
In this section, we interview an alum about a book that made a strong impression on them in some way. In this issue, there is a twist in the tale... while we are speaking to an alum about a book that resonated deeply with them, that book is one that they authored themselves!

The alum is Dr Alejandra Perez, who graduated from the MSc in Psychoanalytic Developmental Psychology (PDP) in 2001 and is now a Psychoanalyst, a Parent-Infant Psychotherapist and the Director of LEAP, the research lab at Anna Freud. Some of you may also remember Dr Perez as the former Programme Director of the MSc in Early Child Development and Clinical Applications (formerly PDP)

The book is called *Perspectives on Early Parenthood and Infancy* and explores themes around the vital life stages of pregnancy, birth and parenthood in an accessible way, making it a uniquely valuable resource for clinicians, researchers and parents.

According to Professor Patrick Luyten: "This volume offers the most comprehensive and up-to-date exploration of psychoanalytic perspectives on early development, weaving together insights from psychoanalysis, neuroscience, and developmental research."

Perspectives on Early Parenthood and Infancy (2025). Edited by Alejandra Perez, Elena Panagiotopoulou and Ruth Roberts



1. What was the motivation for the book? How was the idea born?

This book grew out of different strands of my professional life gradually coming together. Throughout my career, I have worked across a range of approaches to mental health: in psychoanalytic clinical practice and teaching; as a researcher in the study of attachment and for the NICE mental health guidelines; and working clinically within NHS psychotherapy services. These roles were deeply enriching, yet they repeatedly brought me back to the same question: how can one think rigorously within a particular framework while remaining genuinely open to others?

In our field, the term integration is often used, but it can gloss over the real tensions involved in bringing diverse perspectives together. This book is therefore organised around the idea of dialogue; the idea being not to smooth over differences, but rather to engage with them. Its aim is to sustain openness and resist foreclosing ideas too quickly.

My particular interest in conception, pregnancy, birth, early parenthood, and the parent–infant relationship developed through psychoanalytic work with adults who became parents during their analyses. Each experience was unique, shaped by personal history and circumstance. Yet for many, this period was emotionally intense and sometimes turbulent. I noticed that interpretations which had previously been difficult to absorb often became newly meaningful during pregnancy or early parenthood. There can be a softening of previously rigid defences, a new psychological flexibility. These stages are profoundly unsettling and heighten vulnerability, but they are also transformative.

Working with parents and infants in the Early Years Service at Anna Freud, under the supervision of Tessa Baradon, Michela Biseo and Angela Joyce, deepened this understanding. I became more aware of the intensity of bodily exchange and the immediacy of non-verbal, affective communication between parent and infant.

Dr Alejandra Perez



For parents who are already struggling, this can be particularly challenging. These experiences strengthened my conviction that timely, thoughtful support during these periods is crucial.

A further impetus came from restructuring the MSc Early Child Development and Clinical Applications programme (prior to the restructure it was known as MSc in Psychoanalytic Developmental Psychology). In developing new modules on early child development and parenthood, I wanted to bring psychoanalytic thinking — including unconscious phantasies, early anxieties, and overwhelming excitation disrupting representation — into dialogue with rapidly evolving neuroscientific and developmental research on brain changes and emerging capacities in infancy and parenthood.

Through this process, I engaged with clinicians and researchers from diverse disciplines. What felt most generative was not a hierarchy of perspectives, but their conversation; psychoanalytic ideas in dialogue with contemporary research and with the lived realities parents and infants face today.

The MSc restructure introduced two significant changes: a clinical placement in an early-years setting and a broader syllabus incorporating neurobiological research, cultural perspectives, and varied parent-infant clinical and educational approaches. The placement component proved transformative. Students began to see psychoanalytic ideas not as rigid truths, but as tools for thinking. Working within multidisciplinary teams exposed both the richness and the tensions inherent in collaborative practice.

The chapters in this book reflect that spirit. They emphasise the importance of early intervention and illuminate the complex psychological, relational, biological, and unconscious processes unfolding during these formative stages.

2. Who is the book aimed at?

The book is primarily written for professionals — clinicians, researchers, educators, and policymakers working in the early years. However, its accessible language has also resonated with expectant and new parents.

From the outset, it was conceived as a collaborative dialogue centred on conception, pregnancy, birth, early parenthood, infancy, and the developing parent-infant relationship. No single discipline can adequately capture infants' lived experiences — their embodied communications and relational capacities — nor the unconscious, complex, and often conflicted inner worlds of parents. The book therefore invites readers into a genuinely cross-disciplinary conversation.

3. What was the process from research and writing to publication?

The development of the early child development and parenthood modules provided the backbone of the book. I then invited my co-editors, Elena Panagiotopoulou and Ruth Roberts, to think together about which topics felt essential, which perspectives were missing from current debates, and where innovative thinking was emerging.

We approached contributors through professional networks and also sought out clinicians and researchers undertaking thoughtful and original work. While we could not be comprehensive, we aimed to include voices presenting new ideas and addressing under-researched or under-represented populations.

Our contributors, from a wide range of disciplines, brought remarkable candour and intellectual depth. The diversity of viewpoints is deliberate. Readers may not agree with every position, but the intention was to model dialogue rather than consensus.

4. How would you describe the experience?

It was deeply enriching. The most enjoyable aspect for me was writing. Drafting my chapters allowed sustained reflection on issues that feel profoundly important. Working with contributors and co-editors also expanded my thinking in unexpected ways. Although deadlines brought pressure, the intellectual and emotional rewards were considerable.

5. How do you feel now that the book is published?

In the final stages, I was simply eager for completion. Since publication, however, I have been struck by how much I value the conversations it has generated through reconnecting with colleagues, meeting new readers, and discussing the ideas raised.

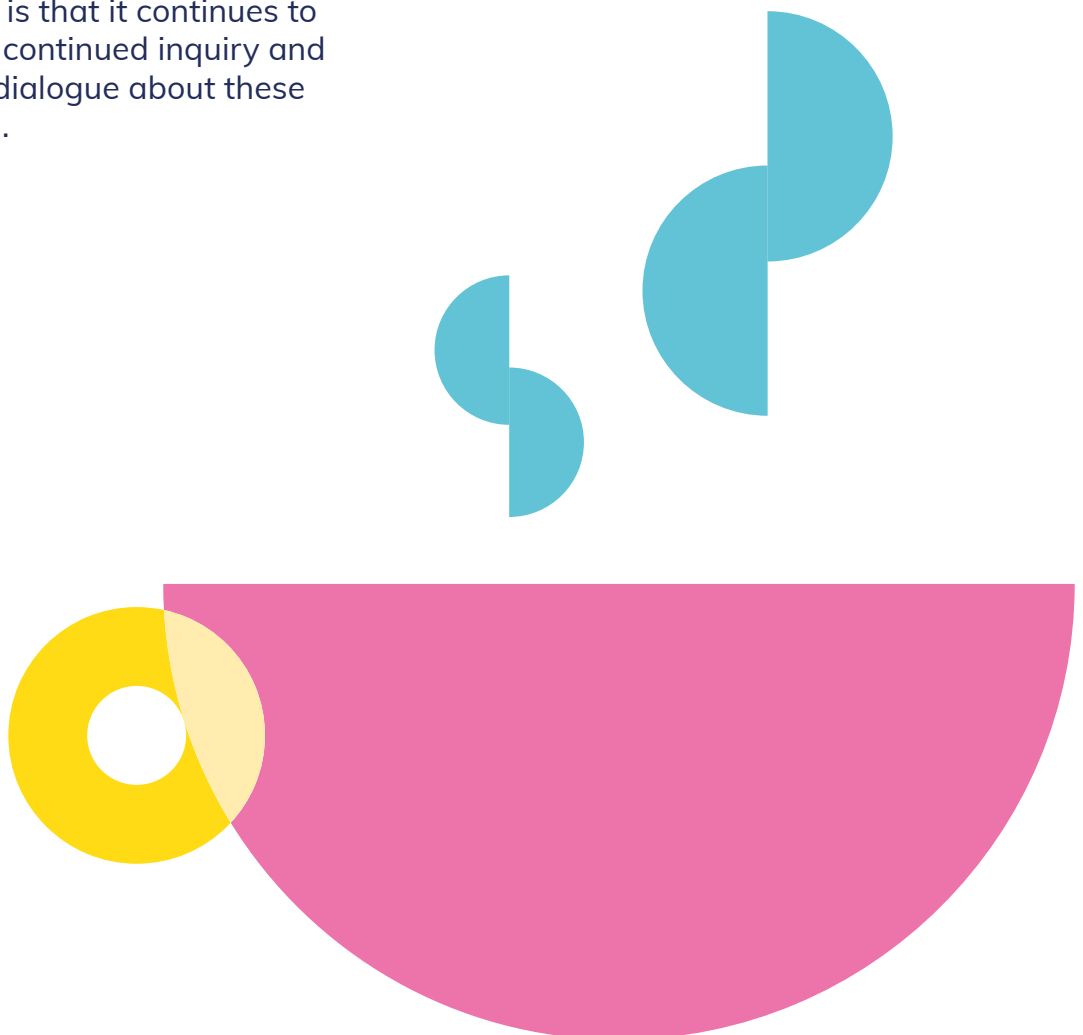
These exchanges ensure the book feels evolving and interactive, rather than a final consensus. My hope is that it continues to act as a catalyst for continued inquiry and to spark thoughtful dialogue about these formative life stages.

6. How has it been received?

The reception has exceeded my expectations. Endorsements from respected clinicians and researchers were deeply moving, and hearing from professionals across disciplines has been encouraging.

7. Is another book planned?

Another book is already beginning to take shape in my mind. Writing clarifies my thinking in a way few other activities do. It is demanding but creatively sustaining, and I suspect I will continue writing in some form.



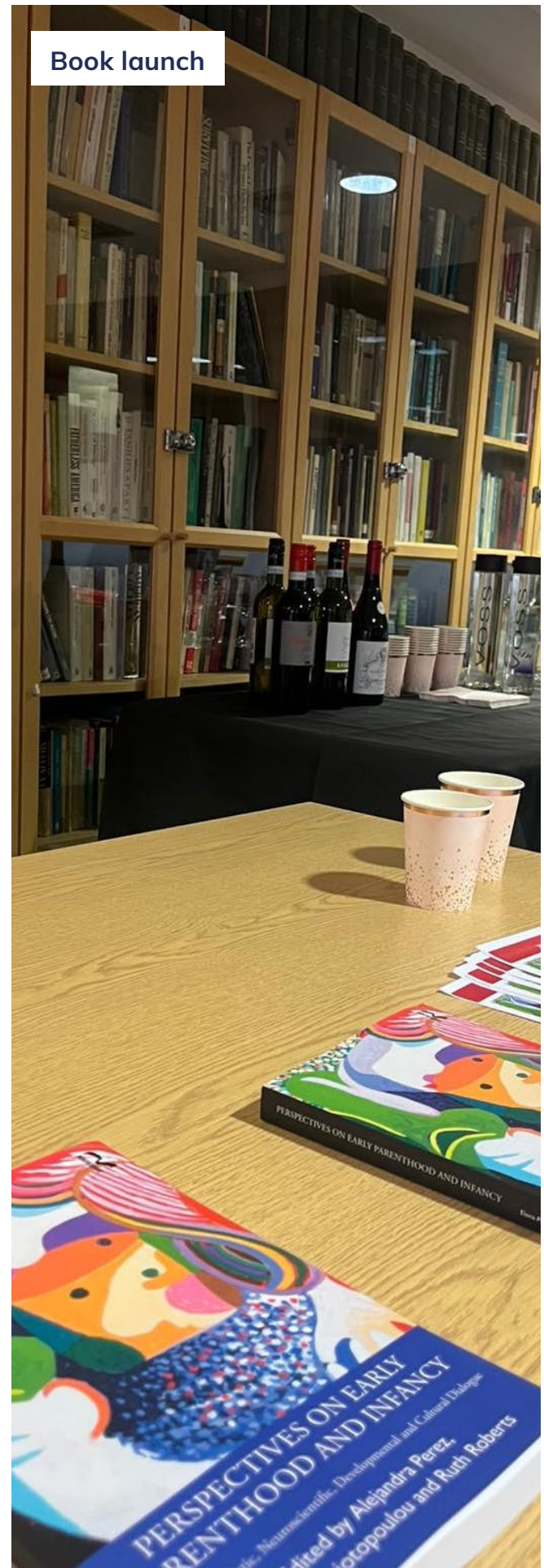
8. What advice would you give to someone considering writing a book?

Firstly, write about something that genuinely matters to you. The process requires sustained energy, and caring deeply about the subject is what ensures motivation. For me, writing sharpened my thinking and refined my clinical and research perspectives.

Secondly, establish boundaries. I decided not to write at weekends. It felt particularly important not to let a book about early parenthood intrude into my own family life. Instead, I used cancelled sessions, lunch breaks, and in-between moments. Often the ideas were forming quietly in the background, so that when I sat down, the writing flowed.

Finally, a practical lesson: think carefully before outsourcing your index. Our first commissioned draft included the entry 'Plato' but omitted far more frequently referenced figures such as Freud, Winnicott, or Bowlby. Many entries simply reproduced chapter titles, while key concepts were nowhere to be found. After several rounds of revision, we politely asked the publisher to retain our own version unchanged. On the bright side, I now feel fully qualified to moonlight as a professional indexer!

Writing a book is demanding, but I genuinely encourage others to do it. It offers a rare opportunity: to gather your thinking, invite dialogue, and contribute something lasting to the field.



Training, events and offers

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The interactive training equips you with actionable, evidence-based interventions and practical tools to improve attendance rates across your setting. You will gain hands-on experience selecting appropriate resources to effectively assess and plan support for students returning to school after a period of absence.

[Find out more about this course and book your place³](http://www.annafreud.org/training/courses/school-attendance-and-mental-wellbeing-full-day-training/)



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