# Request for guided self helpMental Health Support team in schools

### Please read before completing this form

Thank you for making this request for support. We value and require the voice of children and young people on this form. Please complete this request fully, ensuring that all questions highlighted in bold are answered. If you are able to type and return the form by email, please do.

We are Mental Health Support Teams (MHST) working in schools, with a focus on early intervention for children and young people with mild to moderate mental health needs. We work in partnership with the school community and other wellbeing services to develop a whole school approach to mental health.

We aim to achieve this through a range of services, including:

* Consultation with school staff to help inform provision for pupils and advise whether a child or young person may benefit from our service or signposting for other support.
* Training and workshops for school communities including pupils, staff, parents and carers.
* Providing evidence based, targeted individual and group interventions, with pupils, family parenting groups and whole school projects.

**We are unable to accept requests where there is a significant risk of harm, for example due to active self-harm or suicide ideation.** In these circumstances please contact the Single Point of Access, during the day on 0330 024 5321 or during evenings and weekends on 0300 5555 000. If you have safeguarding concerns about a child, please contact the Multi-Agency Safeguarding Hub (MASH) on 0345 155 1071 or email mashsecure@devon.gov.uk giving as much information as you can.

**If you have any questions about completing this form or about MHST please call us on 01392 716059 or email** **cfhd.mhstadmin@nhs.net**

## (1) Information about the child oryoung person

|  |  |
| --- | --- |
| Full name | Type your response here. |
| Preferred name  | Type your response here. |
| Gender | Type your response here. |
| Preferred pronoun (she/him/they) | Type your response here. |
| Date of birth | Type your response here. |
| School | Type your response here. |
| NHS Number (if known) | Type number here. |
| Phone number | Type number here. |
| Email address | Type your response here. |
| Address | Type your response here. |
| Postcode | Type your response here. |
| How can we contact them about this request, using the details above? | Phone & Text[ ]  | Email[ ]  | Post/letter[ ]  |
| Are there any adjustments that we need to make to help them access our services?*e.g. interpreter, wheelchairaccessible room, literacy support* | Yes[ ]  | No[ ]  |  |
| If **YES** please enter details | Type your response here. |
| GP Name | Type your response here. |
| GP Practice | Type your response here. |

## (2) Information about school and consent

### School information

We work in partnership with schools to keep children safe and arrange their appointments. We assume that we can discuss this request for support with
school staff.

|  |  |
| --- | --- |
| To opt out of sharing information with them, check this box | [ ]  |
| Reason why | Type your response here. |
| Name of trusted adult at school  | Type your response here. |

### Parent or carer contacts

We work with parents and carers to keep children safe and arrange appointments. We assume that we can discuss this request for support with parents and carers.

|  |  |
| --- | --- |
| To opt out of sharing information with them, check this box | [ ]  |
| Reason why | Type your response here. |

|  |  |  |
| --- | --- | --- |
|  | **Primary Contact** | Secondary Contact |
| Full names  | Type your response here. | Type your response here. |
| Relationship  | Type your response here. | Type your response here. |
| Addresses*(if different to yours)* | Type your response here. | Type your response here. |
| Phone number | Type your response here. | Type your response here. |
| Email address | Type your response here. | Type your response here. |
| Should these family members be at appointments? | Yes[ ]  | No[ ]  | Yes[ ]  | Nol[ ]  |

### Parental consent

**If the child or young person this referral relates to is below 16 years of age, consent is required from a parent or carer (with parental responsibility) for us to support them.**

|  |
| --- |
| I Type NAME here give my consent on Type DATE here. for this child or young person to be supported by the Mental Health Support Team |

## (3) Information about requestfor support

### Are any of the following reasons for making this request?

|  |  |
| --- | --- |
| **Anxiety difficulties**i.e. excessive worry, social anxiety | Type YES or NO here. |
| Please detail | Type additional information here. |
| **Low mood**i.e. low self esteem, sadness | Type YES or NO here. |
| Please detail | Type additional information here. |
| **Behaviour**i.e. impulsivity, difficulty with sleep | Type YES or NO here. |
| Please detail | Type additional information here. |
| **Phobias**i.e. mild phobias that impact on wellbeing | Type YES or NO here. |
| Please detail | Type additional information here. |

Does this have an impact on the following?

|  |  |
| --- | --- |
| **School attendance**i.e. Are you attending school, do youenjoy school and has anything changed recently? | Type YES or NO here. |
| Please detail | Type additional information here. |

Does this have an impact on the following (continued)?

|  |  |
| --- | --- |
| **Hobbies and interests**i.e. Do you enjoy any hobbies/has your mental health impacted any of your hobbies? | Type YES or NO here. |
| Please detail | Type additional information here. |
| **Relationships with others**i.e. What are your relationships like with others/has there been any changes? | Type YES or NO here. |
| Please detail | Type additional information here. |
| **Self care**i.e. What do you do to look after yourself for example, seeing friends/going for walks / sports etc and has anything changed recently? | Type YES or NO here. |
| Please detail | Type additional information here. |
| **Is there any other support in place?**e.g*. CAMHS, counselling, Young Devon* | Type response here. |
| What do you hope to change and achieve with our support? | Type response here. |
| What strengths do you already have that help you? | Type response here. |
| Is there anything else going on in your life that you would like to tell us about? | Type response here. |

Important information

**Please tick the box next to each item below so that we know you have read, understood and agreed with the information provided.**

|  |  |
| --- | --- |
| **Who we are**Mental Health Support Teams (MHSTs) are services commissioned jointly by health and education and delivered by NHS staff from Children and Family Health Devon. [www.childrenandfamilyhealthdevon.nhs.uk](http://www.childrenandfamilyhealthdevon.nhs.uk) | [ ]  |
| **Information sharing** | [ ]  |
| The information you have provided us with in your request for services may be shared with other professionals within Children and Family Health Devon, relevant health and social care organisations, education colleagues and other agencies. Information is only shared on a need to know basis and always to ensure the care of the child/young person. Sharing information will always be completed securely and in line with Data Protection and Caldicott Principles.You can request that we do not share personal information at any time however this may affect our ability to provide service. For more information about how we use the information that you provide and your rights relating to this information (including the right to obtain copies of the information) please go to [www.childrenandfamilyhealthdevon.nhs.uk](http://www.childrenandfamilyhealthdevon.nhs.uk) call us and speak to a member of staff or write to us at the address on this form. |  |

Confirmation and Signatures

|  |  |
| --- | --- |
| Your name | Type your full name here. |
| Your signature | Type or write your signature. |
| Date you filled in this form | Type date here. |

If a school staff member is supporting this request, please return this to them to forward to us at cfhd.devonspa@nhs.net with the accompanying consultation record form

**OR** if school have not been involved in this process, please return this form once completed to the single point of access (spa)

**Preferably by email:** cfhd.devonspa.net.net

**Or by post:** Single point of access, 1a Capital Court, Sowton Industrial Estate. Exeter, EX2 7FW

Once completed please send us this form via the single point of access

**Preferably by email:** cfhd.devonspa@nhs.net

**Or by post:** single point of access, 1a Capital Court, Sowton Industrial Estate, Exeter, EX2 7FW