# Request for guided self help Mental 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.

**If you or your child requires urgent help, please visit:**  
<https://childrenandfamilyhealthdevon.nhs.uk/need-urgent-help/>

**If you or your child’s current actions are endangering self or others such as an overdose, suicide attempt or violence and aggression call 999 or go to your local A&E. If you or your child is in a mental health crisis and need to talk to a mental health professional call 111.**

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](mailto: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**](mailto:cfhd.mhstadmin@nhs.net)

1. **Information about the child / young person**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname | |  | | | | |
| Forenames | |  | | | | |
| Preferred name | |  | | | | |
| Date of Birth | |  | | | | |
| School | |  | | | | |
| NHS Number (if known) | |  | | | | |
| Ethnicity | | *We ask this information to enable us to monitor whether our services are being accessed by all sections of our communities* | | | | |
| Nationality | |  | | | | |
| Religion | |  | | | | |
| Sex at birth | | Male | | Female | | |
| Gender identity | |  | | | | |
| Pronouns | |  | | | | |
| Preferred Language | |  | | | | |
| Telephone Number | |  | | | | |
| Email Address | |  | | | | |
| Address | |  | | | | |
| Postcode | |  | | | | |
| How can we contact them about this request, using the details above?  Please note: A welcome letter will be sent following acceptance into the pathway. A copy of the acceptance letter will also be sent to the child’s GP, as part of our standard processes. | | Phone & Text | Email | | | Post / Letter |
| Are there any adjustments that we need to make to help them access our services? *e.g. interpreter, wheelchair accessible room, literacy support* | | Yes    Please enter details: | | | No | |
| GP Name / Practice |  | | | | | |
| Address |  | | | | | |
| Postcode |  | | | | | |
| Telephone |  | | | | | |
| Email |  | | | | | |

## Information about school and consent

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| --- | --- |
| **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: |
| Name of trusted adult at school |  |

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| --- | --- | --- |
| **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: | |
|  | **Primary Contact** | Secondary Contact |
| Full Names |  |  |
| Relationship |  |  |
| Addresses (if different to yours) |  |  |
| Telephone Number |  |  |
| Email Address |  |  |
| Should these family members be at appointments? | Yes  No | Yes  No |

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| **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 |

## Information about request for support

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| **Are any of the following reasons for making this request?** | |
| **Anxiety difficulties**  i.e. excessive worry, social anxiety | Yes  No  Please detail: |
| **Low mood**  i.e. low self esteem, sadness | Yes  No  Please detail: |
| **Behaviour**  i.e. impulsivity, difficulty with sleep | Yes  No  Please detail: |
| **Phobias**  i.e. mild phobias that impact on wellbeing | Yes  No  Please detail: |

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| Does this have an impact on the following? | |
| **School attendance**  i.e. Are you attending school, do you enjoy school and has anything changed recently? | Yes  No  Please detail: |
| **Hobbies and interests**  i.e. Do you enjoy any hobbies/has your mental health impacted any of your hobbies? | Yes  No  Please detail: |
| **Relationships with others**  i.e. What are your relationships like with others/has there been any changes? | Yes  No  Please detail: |
| **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? | Yes  No  Please detail: |
| **Is there any other support in place?**  e.g*. CAMHS/MERs, counselling,  Young Devon* |  |
| What do you hope to change and achieve with our support? |  |
| What strengths do you already have that help you? |  |
| Is there anything else going on in your life that you would like to tell us about? |  |

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| **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**  **For details on how we use your information visit:**  [Privacy policy - Children and Family Health Devon](https://childrenandfamilyhealthdevon.nhs.uk/privacy-policy/)    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. |  |

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| Confirmation and Signatures | |
| **Your name** |  |
| **Your signature** |  |
| **Date you filled in this form** |  |

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@nhs.net](mailto:cfhd.devonspa@nhs.net)

**OR alternatively by post:**

Children and Family Health Devon, Single Point of Access Team,   
1a Capital Court, Bittern Road, Sowton Industrial Estate, Exeter, EX2 7FW