

## 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.

**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](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 386825 or email [cfhd.mhstadmin@nhs.org](mailto:cfhd.mhstadmin@nhs.org)**

### 1: Information about the child or young person

<b>Full name:</b>			
Preferred name:			
<b>Gender:</b>			
Preferred pronoun (she/him/they):			
<b>Date of birth:</b>			
<b>School:</b>			
NHS Number (if known):			
<b>Phone number:</b>			
Email address:			
<b>Address:</b>			
Postcode:			
<b>How can we contact them about this request, using the details above?</b>	<b>Phone &amp; text</b> <input type="checkbox"/>	<b>Email</b> <input type="checkbox"/>	<b>Post/letter</b> <input type="checkbox"/>

## 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, tick this box   
Reason why:

Name of trusted adult at school:

### 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, tick this box   
Reason why:

	PRIMARY CONTACT	SECONDARY CONTACT
<b>Full names:</b>		
<b>Relationship:</b>		
Addresses <i>(if different to yours):</i>		
Phone number:		
Email address:		
<b>Should these family members be at appointments?</b>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

### 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 (name) give my consent on (date) for this child or young person to be supported by the Mental Health Support Team.

## 3. Information about the request for support

Are there any adjustments that we need to make to help them access our service? <i>e.g. interpreter, wheelchair accessible room, literacy support.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
GP Name:			
GP Practice:			
<b>Are any of the following reasons for making this request?</b>			
<b>Anxiety difficulties</b> Yes <input type="checkbox"/> <i>i.e. excessive worry, social anxiety</i>	<b>Low mood</b> Yes <input type="checkbox"/> <i>i.e. low self-esteem, sadness</i>		
<b>Behaviour</b> Yes <input type="checkbox"/> <i>i.e. impulsivity, difficulty with sleep</i>	<b>Phobias</b> Yes <input type="checkbox"/> <i>i.e. mild phobias that impact on wellbeing</i>		

**Does this have an impact on the following?**

<b>School attendance</b> Yes <input type="checkbox"/> Please detail:	<b>Hobbies and interests</b> Yes <input type="checkbox"/> Please detail:
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<b>Relationships with others</b> Yes <input type="checkbox"/> Please detail:	<b>Self-care</b> Yes <input type="checkbox"/> Please detail:
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<b>Is there any other support in place?</b> <i>e.g. CAMHS, counselling, Young Devon</i>	
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**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?**

## 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.

<b>Who we are:</b>	Mental Health Support Teams (MHSTs) are services commissioned jointly by health and education and delivered by NHS staff from Children and Family Health Devon. <a href="http://www.childrenandfamilyhealthdevon.nhs.uk">www.childrenandfamilyhealthdevon.nhs.uk</a>	<input type="checkbox"/>
<b>Information sharing:</b>	<p>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.</p> <p>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 <a href="http://www.childrenandfamilyhealthdevon.nhs.uk">www.childrenandfamilyhealthdevon.nhs.uk</a> call us and speak to a member of staff or write to us at the address on this form.</p>	<input type="checkbox"/>

## Confirmation and Signatures

<b>Your name:</b>	
<b>Your signature:</b>	
<b>Date you filled in this form:</b>	

Once completed please send us this form via the Single Point of Access

Preferably by email: [cfhd.devonspa@nhs.net](mailto:cfhd.devonspa@nhs.net)

Or by post: Single Point of Access, 1A Capital Court, Sowton Industrial Estate, Exeter, EX2 7FW