



MHST Parent/carer referral form

Thank you for giving consent for a referral for the Mental Health Support Team (MHST). You can find out more about their service on our website. We will aim to submit the referral within 72 hours of receiving it. The information provided is confidential and will only be shared via the NHS referral portal. Waiting times for screening are usually between 3-5 weeks. MHST intervention usually lasts 8 sessions and will take place on site at TFS.

The MHST is an **early intervention service**, they will work with young people who have presenting issues in the green column, assess case by case in yellow and we need to find a more appropriate service for the red presenting issues. MHST will not work with young people with significant levels of need or complex conditions.

EMHP's can work with children as individuals or in a group to provide interventions in cases of...	EMHP's may work with children as individuals or in a group to provide interventions in cases of... <i>Discretion and close supervision needed</i>	EMHP's should not work with children as individuals or in a group to provide interventions in cases of... <i>Significant levels of need /complex conditions</i>
Behavioural difficulties – Identification, brief parenting support Training parents and teachers to support interventions with children	Support staff and help cofacilitate a full parenting programme such as Triple P Irritability as a symptom of depression – (can present as anger)	Conduct disorder, anger management, full parenting programmes (e.g. Triple P, Solihull Approach). Treatment of parents' depression and anxiety.
Low mood	Low confidence, Assertiveness or interpersonal challenges – e.g. with peers	Anger management training, Chronic depression
Worry management	Some short-term phobia exposure work	Low self-esteem, social anxiety disorder
Anxiety/Avoidance: e.g. simple phobias, separation anxiety	Thoughts of self-harm, self-harm not requiring medical attention. Support to develop healthy coping strategies	Extensive phobias e.g. Blood, needles, or vomit phobia
Panic Management	Insomnia (further training may be required)	Severe, active, high risk self-harm.
Assessing self harm, thoughts of self harm, and supporting with alternative coping strategies. Pupils with history of self-harm, but not active	Assessment of complex interpersonal challenges	PTSD, trauma, nightmares
Sleep Hygiene	Mild/early onset Obsessive Compulsive Disorder (OCD) (further training may be required)	Relationship problems -counselling for issues such as relationship problems may be better suited to school counsellors.
Thought Challenging – negative automatic thoughts	Children that are displaying rigid, ritualistic behaviour that may or may not be within a diagnosis of ASD	Obsessive compulsive disorder moderate to severe in nature
Problem Solving		Moderate to severe attachment disorders. Assessment and diagnosis of developmental disorders and learning difficulties.
		Pain management
		Historical or current experiences of abuse or violence

Please complete all the relevant sections below in as much detail as you can, preferably in conjunction with your child. The more open and honest you can be the better the referral and allocation of professional. If after screening it is deemed MHST is not the right service/intervention, then we will work together to signpost to a different agency.

As parents/carers you will be contacted directly at your home address (as well as school being sent updates). If you wish to accompany your child during the sessions this is also an option. It is sometimes useful to attend the screening session to discuss current concerns. This is a totally personal preference.

Student Name:

Full Address (inc Postcode):

DOB:

Main Carer:

Relationship to Main Carer:

Main Carer Phone Number:

Main Carer Email:

Consent to receive text messages: yes/no

First Language:

Ethnic Origin:

Religion:

Q1: What is the problem you have identified for the child/young person?

You could consider:

- *What are the current difficulties?*
- *How does it present – at home/school?*
- *Are there any specific triggers or events that have led to the onset of this problem?*

Q2: How do you think and how does the child/YP think this is affecting them?

You could consider:

- *What are the observations from family members about how the young person is saying/doing etc.*
- *How long have the difficulties been present for?*
- *What does the young person say the impact of this difficulty is?*
- *What do they find difficult to do?*
- *Have they noticed they feel differently lately?*
- *Are they sleeping/eating normally?*
- *Are they socialising with families/friends?*

Q3: Outline any strategies that have been used to help the child/YP

You could consider:

- *Are there any currently or historical interventions that have been used?*
- *Did primary school support in any particular way?*
- *Has there been any external agencies supporting them or the wider family?*

- *What stops the young person from being able to overcome these difficulties?*
- *Do any strategies work/have a positive impact?*

Q4: Any Relevant History

You could consider:

- *What made the young person vulnerable in the first place?*
- *Any particular triggers you can identify? (bereavement/separation/trauma)*
- *Any learning difficulties, social factors, family issues. Include any information about risk, safeguarding, historical or current*
- *School to check any relevant info shared from primary school*

Q5: On a scale of 1-5, how does the child feel he/she is coping?

1 = I am coping well most days

3 = I sometimes cope well sometimes not

5 – I am not coping well most days

Q6: What does the child/YP think needs to change?

You could consider:

- *What does the young person want support with?*
- *How would they like to feel after their sessions?*
- *What sort of help are they hoping to get?*
- *What is their motivation to engage with MHST support?*

Q7: What is life like for the family?

You could consider:

- *Who lives at the family home?*
- *Any contact with wider family/friends?*
- *Do they have their own room/safe space?*
- *If parents are split any regular contact with both parties?*
- *Any differences in parenting styles which might cause conflict?*
- *Any significant difficulties?*
- *What are the positive things at home help the young person?*