Mental Health Support Team (MHST) – Primary School

Please ensure **all** sections are completed; incomplete forms could result in a delay in accessing support. Email forms to MHST.referrals@nelft.nhs.uk or give to school staff.

	Child / Young person details				
Name			Date of Birth		
School			Gender	☐Male ☐ Female ☐ Other	
School Year					
Language		Ethnicity		Religion	

	Details of parent / carer completing this form		
Name		Relationship to child	
Address		Home phone number	
		Mobile number	
		Email address	
		Language	
I am requesting support for:	☐Myself	☐Someone I care for	☐Someone Else
I give consent for you to contact me on:	☐Text	☐Call	☐Email ☐Letter

Please provide details of your child's current difficulties

Please describe the situations, times, and places when you have these difficulties, giving information about their worries, mood, behaviours, and concerns.

Thinking about your child's behaviours, which of the below best describes their current difficulties?

Low Mood ☐	Anxiety ☐	Behavioural difficulties ☐	Other ☐

Has your child received any support from any of the following services? *Please tick all that apply*	☐ Education Health and Care Plan (ECHP) ☐ Special Educational Needs (SEN) Support ☐ Social Care Support ☐ Mental Health Support
If yes, please give details *(Include any current physical, mental health diagnosis or family concerns)*	

Child / Young person's thoughts

Please use this section to sit with your child or young person and think about their current worries, this information is vital to help us make the right decision about support.

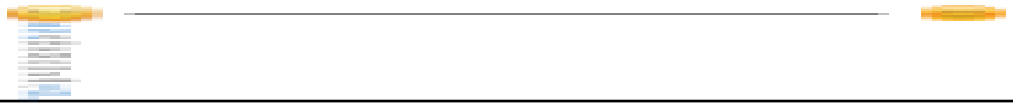
How are you doing? How are things going in your life? Please make a mark on the scale to let us know.
The closer to the ☹, things are not so good, the closer to the 😊, the better things are.

Me

(How am I doing?)

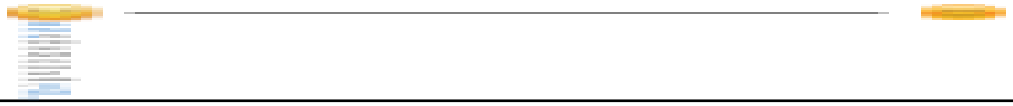
Family

(How are things in my family)



School

(How are things doing at school?)



Everything

(How is everything going?)

Consent

By completing this form, I give consent to the NHS to open an electronic patient record for my child. The MHST use video recording of sessions for training and supervision purposes and that these may be utilised if support is offered, I understand that the recordings will be saved in a secure format in line with NELFT policies.
Further information regarding NELFT's GDPR policy can be requested by speaking to your EMHP.

Signed		Date	

Print Name			

If you require urgent support, please speak to a member of the Emotional Wellbeing Mental Health Service (EWMHS) on 0800 953 0222 opt 2 (Monday - Friday 0900-1700) or 0300 555 1201 at any other time.