



MindMate Support Team Guide to Consultation

Leeds Community Healthcare NHS Trust is a research active teaching Trust.

Chair: Brodie Clark CBE

Interim Chief Executive: Dr Sarah Munro

Who are the MindMate Support Team?

We offer early emotional wellbeing support for children and young people up to 18 years old in education settings across Leeds. Our aim is to improve access to support for children and young people; to prevent any emotional wellbeing difficulties becoming harder to manage. We also work with staff in education settings to build cultures where wellbeing is prioritised by all. To help find out the best way of supporting children and young people, we ask to meet with someone that supports them in education for an initial 'consultation.'



Information for children and young people

Consultation is a meeting where a member of staff from your education setting can speak with our team to get advice about ways to support your emotional wellbeing. By completing this form, you are giving your consent for this meeting to happen.

In the consultation we will ask education staff for some general information about you, including things like positives in your life, what you are finding difficult and how long you have been feeling like this. This information helps us to create a shared plan of what can be done to support you.

What to expect?

After the consultation takes place the staff member that we meet with will share the plan created with you. This plan could include resources, advice, signposted to further support. If it is agreed that further support within our team would be helpful, we will contact you or your parent/carer directly to book this in.

Information for education staff

For a consultation to take place we require the child, young person, parent, or care giver to complete this form to provide their consent for the meeting to go ahead. We can accept parent and care giver forms for under 16-year-olds and forms can be completed by young people taking into account Gillick competencies.

It is helpful to think about what you are hoping to achieve from the consultation in relation to meeting the young person's needs.

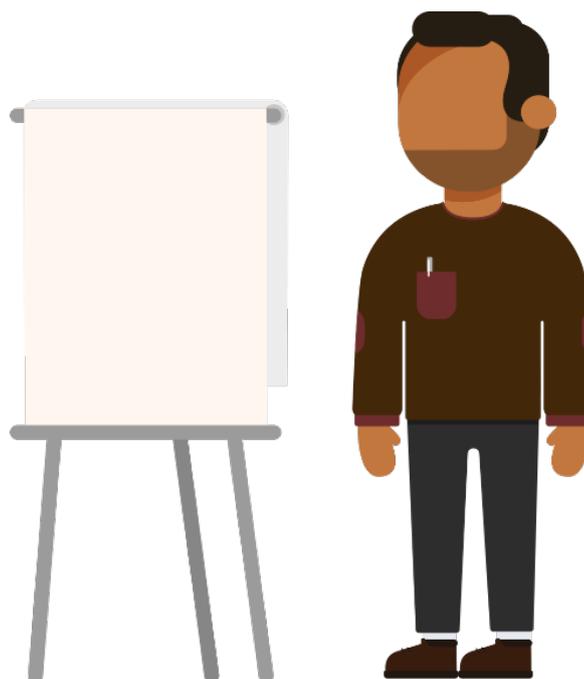
We can accept Requests for Support for young people up to the age of 18 years, however if a young person is 17 and 10 months+ it is unlikely we would be able to offer an intervention before their 18th birthday. Our consultation process can still support with signposting and resources.

What to expect?

Consultation is a meeting where a member of our team will meet with you to gather information and provide advice about a child or young person's emotional wellbeing. We will ask for some general information about the child or young person including presenting difficulties, impact of the problem, background and risk, the young person's strengths, and protective factors. We aim to work collaboratively therefore this information helps us create a shared plan of support that will be devised in the meeting.

This plan of support will look different for every child or young person. We have three main approaches for support:

1. Provide advice and resources to support children and young people with their emotional wellbeing (including to education staff members).
2. Supporting children, young people, and their families to access other services.
3. Direct work (one-to-one or group work) with a clinician in the MindMate Support Team. Dependent on age this may be with the young person or parent (under 11s).



Information for parents and care givers

During a consultation, a member of the MindMate Support Team will meet with a member of the education staff, who knows your child or young person well. Usually this is the member of staff who has supported the request for emotional wellbeing support. During the consultation, we ask for some general information about your child/young person including things like strengths, and what they are finding difficult. This information helps us to create a shared plan of what can be done to support your child/young person.

This plan will look different for every child/young person and will be made in collaboration with the person attending consultation. We have four main approaches for support:

1. Provide advice and resources to support children and young people with their emotional wellbeing (including to education staff members) This may result in the mind mate support team not needing to meet with your child/ young person.
2. Supporting children, young people, and their families to access other services, this may include signposting or completing referrals to other emotional wellbeing and mental health services in the city.
3. Further consultation with you and or your child/ young person if deemed appropriate.
4. Direct work (one-to-one or group work) with a clinician in the Mind Mate Support Team, dependent on age this may be with the young person or with yourself as a parent/carer (for under 11s).

If you are happy for this consultation to go ahead, please complete the form below.



What happens to any information shared with the MindMate Support Team?

The MindMate Support Team keep young people's/children's information private and confidential. The information shared with us will be collected and recorded on our secure NHS system to keep it safe. The secure NHS system we use may also be used by the young person's GP meaning they could see information from contact with our service, and our service could be able to see their GP record. If they would prefer for their information to be private from their GP, please let us know. We will share some details with the Education setting, such as the outcome from the consultation, what intervention we have used and tips on how they can support the young person unless they request otherwise.

As we are a partnership service, we may also need to share some information with other services. This is to ensure that the right support is being offered. This may include referring young people on to other services such as Children and Young People's mental health services (CYPMHS, formerly CAMHS), Clusters (services which support schools with wellbeing) and third sector organisations. We will always try to discuss any of this with young people and families first so that they know what we might say and why.

Should the young person / parent/ carer wish for the consultation to go ahead, please can they complete the form below and return to the education staff member.

The email address for all requests for the service is: lcht.mmsupportteam@nhs.net

Thank you!



MindMate Support Team – Request for Support

Part 1: We recommend this part of the form is completed with the child, young person or their family/carer to ensure accuracy of information

Consent		
Who is consenting to request for support (all young people under 13 years old require parental consent)		
Parent/Carer <input type="checkbox"/>	*Young Person (13-15 yrs) <input type="checkbox"/>	Young Person (16-18 yrs) <input type="checkbox"/>

*If the young person is 13-15 years old and wants to proceed without parental consent, please review Gillick competency questions to assess if parental consent will be required:	
Does the young person understand the advice, support and information given by the MindMate Support Team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the young person understand what the intervention entails, including the advantages, disadvantages, and long-term effects? (Can be completed after consultation)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
Does the young person understand the consequences that could result from their decision-making, such as effects on family life and schooling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the young person have the ability to explain their decision making and feelings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If any of the above answers are No or if the child is at risk or harm, please review if parental consent is required and confirm with a senior member of staff if necessary.	

Consent to share information
Consent to share information is required for the MindMate Support Team to be able to refer the child/young person into other partnership services such as CYPMHS and Cluster. Agreement and any exceptions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to health care record sharing
Consent to the MMST accessing the shared healthcare records, to be able to offer informed decision regarding care: Agreement and any exceptions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to sending/receiving correspondence
Agreement and any exceptions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to receiving appointment reminders via text message
Agreement and any exceptions: Yes <input type="checkbox"/> No <input type="checkbox"/>

Verbal consent was gained for this referral by (staff name):	
from (child/parent/carer name):	
on (date):	
Child/young person's signature:	Parent/carer signature:
Date:	Date:
* Please ensure that either verbal consent is specified above, or physical signatures are gained otherwise the request for support will be declined. You will be notified by email if this occurs.	

Child/Young Person's Details					
Name:			DOB:		
Any preferred names:			NHS number (if known):		
Address:			GP Address:		
Tel No:			Email:		
Gender:	Choose an item.	Preferred pronouns:	Choose an item.	Main language:	Choose an item.
				Interpreter needed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion:	Choose an item.	Ethic origin:	Choose an item.	Sexuality: (Over 16s)	Choose an item.
Do any disability/accessibility requirements need to be considered? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:			Are there any specific communication requirements which need to be considered? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:		

Parent/Carers Details		
Name:	Tel no:	Email:
* Please ensure the person is registered with a GP and that the details given match the details listed on their medical records otherwise the referral may be declined. You will be notified by email if this occurs.		

Young Person/Parent Perspective
In the young person's own words, what are your main concerns? What would they like to change by accessing support?
If appropriate, what are the parent's main concern for their child/young person? What would the parent/carer like different from accessing support?

Part 2: Please use this form to support your thinking around the use of a MMST consultation slot. (Please refer to the MMST consultation flowchart)

Rationale for Request for Support	
What do you hope the outcome of the staff consultation will be? Whole Setting Approach <input type="checkbox"/> Indirect Support Signposting/Advice <input type="checkbox"/> Direct Support (1-1/group) <input type="checkbox"/>	
Please select an option from the drop-down list which best suits your primary concern:	
Please provide a description of what your concerns are: (For example: anxiety, low mood impacting on social or emotional wellbeing.)	

Previous/current support in place

Has the young person accessed (within the past 6 months) or are they awaiting to access therapeutic support?

(e.g. Cluster, counselling, play therapy) Yes No

If yes, please give details:

What support in school has already been tried? (e.g. MMST workbooks, ELSA, mentoring, 1-1 support)

Please consider the time frames of support and consult the SEMH Schools Pathway Document <https://www.mindmate.org.uk/resources/school-mental-health-pathway/> and MMST Consultation flowchart

Additional information

Is there a diagnosis or query around neurodiversity?

(i.e. autism or ADHD)

Yes No

Details:

Has a referral been made to MMSPA / Right to Choose pathway in relation to neurodevelopmental needs?

Yes No

Details:

If your query is in relation to a Neurodiversity diagnosis **only** please refer to guidance on the MindMate ND hub: <https://www.mindmate.org.uk/nd/>

Risks and strengths

Are there any current or historical safeguarding concerns that could be affecting this young person?

(For example: family history of mental health difficulties, bereavement, traumatic events, or social services involvement.)

Yes No

Details:

Are there any current risk concerns for the child/young person, either to themselves, to others, or from others?

(For example: active suicidal thoughts or self-harming behaviours, impulsive behaviours impacting current difficulties, or threats made by them or towards them.)

Yes No

Details:

If there are current risks in relation to this young person please follow your education settings Safeguarding Policy and contact the appropriate urgent support pathway (i.e. MindMate SPA, Crisis Team, CYPMHS Crisis Line, Social Work Services).

If risk is highlighted, list current actions taken to manage the risks:

What are the young person's strengths and protective factors?

Referrers details

Referrer name:

Role:

Year group:

Education setting/campus:

Tel no:

Email: