

# MindMate Support Team

## One Minute Guide



### Who are we?

The MindMate Support Team (MMST) is an early intervention Mental Health Support Team (MHST), delivered by Leeds Community Healthcare (LCH) in partnership with education settings. It forms part of the national MHST programme, commissioned by the government following the *Transforming Children and Young People's Mental Health Provision: Green Paper* (2017).

The aim of the service is to strengthen and improve early intervention support for the emotional and mental health of children and young people (CYP). Support is provided through a Whole Setting Approach (WSA) to emotional wellbeing and complements, rather than replaces, the existing wellbeing provision in education settings and the wider community.

### What do we do?

Mental Health Support Teams (MHSTs) have three core functions:

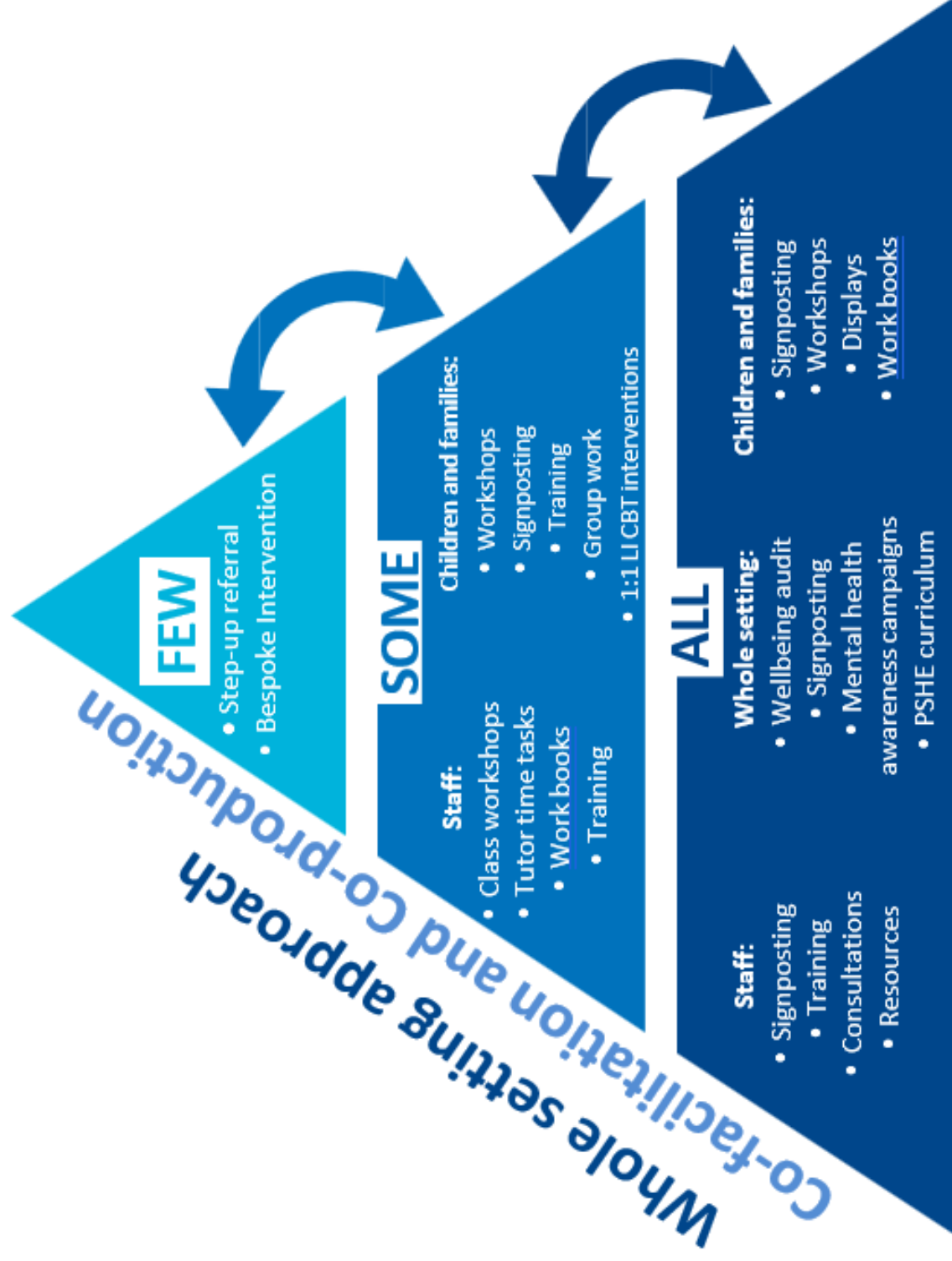
- **Support the senior mental health lead** in each school or college to introduce or develop a whole school or college approach to mental health and wellbeing.
- **Give timely advice to education staff** and liaise with external specialist services to help children and young people get the right support and remain in education. This is delivered through the MMST Consultation Model.
- **Deliver evidence-based interventions** for mild to moderate mental health needs.

In support of the Whole School Approach, MMSTs offer a range of support to education settings. This includes staff training, targeted workshops, and group interventions for pupils. We also provide a dedicated Reflective Practice Space for education staff. Through this offer, we aim to embed a culture where mental health and emotional wellbeing are prioritised across the whole school community.

### How to access support from MMST

The Mental Health Support Team (MMST) is being rolled out across educational settings in Leeds. To access support through the Whole School Approach, a member of the MMST will visit your setting to complete the **Emotional Wellbeing and Mental Health Audit**. This helps us identify the most appropriate support and services for your school or college.

With consent from the young person or their parent/carer, education settings can request a consultation with an MMST practitioner to discuss concerns about a pupil's emotional wellbeing. MMSTs work in close partnership with education staff, and following the consultation, a shared support plan will be developed together. For more information, please contact us on: [lcht.mmsupportteam@nhs.net](mailto:lcht.mmsupportteam@nhs.net) or call 0300 555 0566.



## MHST – Request for Support (RfS)

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

**CONSENT:** In submitting this to the MindMate Support Team you are confirming you give consent or have gained consent from the young person and/or parents/guardians (parental consent is needed for all children and young person under 13).

This includes that information, including this referral, will be placed on the electronic NHS record for the young person which in many cases can be seen by the GP.

**Please tick to confirm you have read and understood the above statement regarding consent:** ☐

**Did the child/young person give consent?** Yes ☐ No ☐

**Did the parent/carer/guardian give consent?** Yes ☐ No ☐

**Name .....** **Relationship to child .....**

| Young Person's Details                                                                                                                                    |  |                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Name:</b>                                                                                                                                              |  | <b>DOB:</b>                                                                                                                                                       |  |
| <b>Any preferred names:</b>                                                                                                                               |  | <b>NHS number</b><br>(if known):                                                                                                                                  |  |
| <b>Address:</b>                                                                                                                                           |  | <b>GP:</b><br><b>Address:</b><br>(if known):                                                                                                                      |  |
| <b>Tel No:</b>                                                                                                                                            |  | <b>Email:</b>                                                                                                                                                     |  |
| <b>Do any disability/accessibility requirements need to be considered?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Details:</b> |  | <b>Are there any specific communication requirements which need to be considered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Details:</b> |  |

| Parent/Carers Details                                                                                                                                                                                                 |                |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| <b>Name:</b>                                                                                                                                                                                                          | <b>Tel no:</b> | <b>Email:</b> |
| * 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. |                |               |

| Education Setting Details          |  |                                |  |
|------------------------------------|--|--------------------------------|--|
| <b>Name of school/college:</b>     |  | <b>Address (&amp; campus)</b>  |  |
| <b>Link Teacher/ staff member:</b> |  | <b>Date RfS was completed:</b> |  |
| <b>Tel No:</b>                     |  | <b>Email:</b>                  |  |

| Support Required                                                                       |                                                                        |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Please select an option from the drop-down list which best suits your primary concern: | <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> |

|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <p><b>What concerns do the young person, their carer, and you have, and what support would be most helpful?</b></p> <p><i>(For example: Presenting issue, trigger, duration, impact, mood, anxiety, sleep, appetite, type of intervention, young person's voice)</i></p>                                                                                                                                                  |                                                                                 |
| <p><b>Are there any current safety concerns for the child/young person, either to themselves, to others, or from others (including safeguarding)?</b></p> <p><i>(For example: Any active suicidal thoughts or self-harming behaviours, impulsive behaviours impacting current difficulties, threats made by them or towards them. Any adversity, significant events or current/historic social care involvement?)</i></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p> |
| <p><b>If there are current safety concerns in relation to this young person, please follow your education settings Safeguarding Policy and contact the appropriate urgent support pathway (i.e. MindMate SPA, Social Work Service, CYPMHS Crisis Call Line (0800 953 0505 8am - 8pm, 7 days a week)</b></p>                                                                                                               |                                                                                 |
| <p><b>What support in school has already been tried and what support is currently in place?</b></p> <p><i>(For example: MMST workbooks, ELSA, mentoring, 1-1 support, school counselling, Cluster)</i></p>                                                                                                                                                                                                                |                                                                                 |