



Redbridge Mental Health Support Team

Parent/carer request for involvement

What is the Mental Health Support Team?

The Mental Health Support Team consists of Educational Psychologists and Educational Mental Health Practitioners. We are part of Redbridge Educational Well-Being Team (REWT) within the Educational Psychology Service.

At primary age we provide support to parents who have concerns about their child's behaviour or anxiety. Please see below for further information.

Involvement of the Mental Health Support Team can only happen with your consent. If you would like to work with us to support your child or would like further information, please speak with your child's school to discuss involvement with the MHST or complete this form and return it to: MHST@redbridge.gov.uk

You can withdraw consent at any time by contacting the MHST.

When does anxiety become a concern?

Anxiety is a common emotion. All children will feel anxious or worried from time to time. However, for some children these worries arise frequently and can feel uncontrollable. Anxiety becomes a concern when it impacts a child's day to day life, such as preventing them from enjoying time with friends and family or engaging in school.

Below are some of the symptoms of anxiety a child may display:

- Finding it hard to concentrate
- Not sleeping, or waking in the night with bad dreams
- Not eating properly
- Quickly getting angry or irritable
- Constantly worrying or having negative thoughts
- Feeling tense, shaky and/or fidgety
- Being clingy
- Complaining of tummy aches.



When does behaviour become a concern?

Feeling upset, sad or frustrated is a normal and healthy part of their life. However, behaviour becomes a concern when it is persistent and difficult for both you and your child to manage.

This includes things like:

- Being argumentative, angry, uncooperative or irritable
- Having frequent tantrums and outbursts
- Struggling with authority
- Blaming others for things that go wrong

How can the team support?

We provide brief evidence-based interventions. If your child is eligible a member of our team will provide 6-8 weekly sessions (1hr). There will also be activities to complete between sessions. Our interventions take a guided self-help approach and will be delivered with you - the parent/carer!

As a parent or carer you know your child best and can support them between and after sessions, as well as after the intervention has ended. Additionally, some of the concepts we discuss can be difficult for a young child to understand so working with you is more effective as you are able to articulate and interpret your child's feelings.

We will give you the tools needed to support your child in a way that is safe and collaborative.



REDBRIDGE MENTAL HEALTH SUPPORT TEAM

Parent/Carer request for involvement

CHILD'S DETAILS

Name of Child/Young Person:

Date of Birth:

Gender:

Ethnicity:

School:

Year Group:

Please describe your concerns:
including the history, duration and current presentation of difficulties.

Which area of support are you requesting? (Please tick one option below)

Parent led CBT- informed
Guided Self-help for anxiety
(Primary aged- only)

☐

Parent led Guided Self-help
for behaviour support
(Primary aged- only)

☐

Unsure

☐

Please name any services already working with your child:

What support has been put in place for your child so far? What were the outcomes?

What would you like to change? What do you think your child would like to be different?

FAMILY/CARERS DETAILS:

Name of parents/carers

Living at child's address:

Home phone number:

Mobile phone number(s):

Email Address:

Child's home address:

Languages used at home:

Interpreter Required: Yes/No

Does this person have Parental responsibility? If not, who does?

Names of parent/carer living at a different address:

Address:

Mobile No.:

Email Address:

Is this child a Looked After Child: Yes/No

Is your child a carer for another family member:
Yes/No



Has your child ever been subject of a child protection plan? Yes/No



If your child is looked after by a Local Authority, please give details of their social worker

Name:

Phone Number:

The involvement of the Mental Health Support Team can only take place with your consent.

Please:

Sign this form to confirm your consent.

Complete or check the family details

I **agree** to the involvement of the Mental Health Support Team with my child. This may include:

- Direct work with me or my child
- Keeping records
- Sharing relevant information with other professionals
- Engagement in home practice tasks

Relationship to child:

Parent/Guardian Name: *(please print)*

Date:

Parent/Guardian Signature:

