



# MHST Consultation Checklist

Please ensure you have the following information to hand when bringing cases to consultation. This will support meaningful discussions and referrals.

- Consent from parent **and** young person
- Full name/gender/year group
- Date of birth/address (to identify on our system)
- 5 Ps: Presenting, Predisposing, Precipitating, Perpetuating, Protective factors
- Risk/safeguarding factors
- Systemic issues/family make up
- Current/previous support for this concern
- Engagement/motivation
- Expectations from MHST (from parent/ cyp/ school)

# 5Ps

## **What made me vulnerable in the first place?**

e.g. Family relationships, trauma, bullying, friendships, changes in schools/family, bereavement, school work, home life

## **Triggers for the most recent episode**

e.g. situation/environment, thoughts (what went through my mind?), emotions (what did I feel?), behaviours, physical sensations (where did I feel it?)

## **"The problem"**

e.g. where does it happen? when does it happen? who are you with? how does it happen? How long does it go on for? How distressing 0-5? Impact on school, family, friends, sleep, diet...?

## **Things that keep "the problem" going**

e.g. what do I do to control the problem? what makes it better/worse? how do I currently cope?

## **Positive things that I've got going for me**

e.g. personal strengths/achievements