

Brighton and Hove Wellbeing Service SELF REFERRAL FORM



About the Brighton and Hove Wellbeing Service

The Wellbeing Service offers treatment to persons aged 18 and over who are experiencing mild to moderate common mental health problems, including low mood and anxiety.

If you feel you cannot see your GP for a referral, please feel free to work through this form (our contact details can be found on the last page).

We offer a range of treatments including guided self help, workshops and courses, and psychological therapies. If you would like to find out more information about our service and what we offer then please visit our website.

<http://www.bics.nhs.uk/patient-information/brighton-and-hove-wellbeing-service/>

In order to process your referral and to ensure that we are the right service to meet your needs, we need to collect some initial information about you on the form below.

If we are able to help we will then offer you an assessment to discuss your current needs and look at which part of the service may be best for you.

If we are not the right service for you, we may be able to suggest other suitable services for you.

To access the service you must be registered with a Brighton and Hove GP.

Please be aware the Brighton & Hove Wellbeing Service is not an emergency service and does not pick up messages outside of normal working hours of 8am-6pm Monday to Friday. If you need more urgent help there is information on how to access this on the following page.

If you are a Healthcare Professional please do not use this form – please refer to your dedicated referral pack.

About Self-Referral - PLEASE READ CAREFULLY

The self-referral form is designed for people who feel able to wait between **20-30 working days** (4-6 weeks) for an assessment.

We recommend that you talk to your GP if your difficulties feel severe or have been going on for several months, or if you are not sure you would benefit from this service.

If you have recently seen your GP about your mental health, please request they refer you to the service. If your GP has recently referred you into the service please do not complete this form.

We cannot offer urgent appointments via self-referral. If you feel you need urgent support, it is vital that you contact your GP. Please also refer to the important crisis and support services in the box below.

IMPORTANT CRISIS AND SUPPORT SERVICE DETAILS

If you feel you are getting worse, please make an appointment to see your GP. Out of hours, if you urgently need help or advice (but it is not a life-threatening situation) the following sources of support are available:

Samaritans 08457 90 90 90
Sussex Mental Health Helpline 0300 5000 101
NHS 111

If you feel you are not able to keep yourself safe, and you do not need immediate medical assistance, you should contact:

Mental Health Rapid Response Service 01273 242220
(This is a 24 hour service)

If you have access to a smartphone then you may find the Grassroots "Stay Alive" suicide prevention app beneficial - you can find it here: http://www.prevent-suicide.org.uk/find_help or click on the links below:



Please keep this information in a safe place in case you need it.

Please complete the following questionnaires about your mood:

Questionnaire 1					
Over the last <u>2 weeks</u> , how often have you been bothered by any of the following problems:		Not at all	Several Days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	Over the last week I made plans to end my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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IF ON QUESTION 10 (DIRECTLY ABOVE) YOU ARE ANSWERING "SEVERAL DAYS" OR MORE, THEN WE ARE NOT THE SAFEST SERVICE FOR YOU. PLEASE STOP FILLING IN THIS FORM, MAKE AN URGENT APPOINTMENT TO SEE YOUR GP, AND CONTACT THE MENTAL HEALTH RAPID RESPONSE SERVICE ON [01273 242220](tel:01273 242220)

Questionnaire 2					
Over the last <u>2 weeks</u> , how often have you been bothered by any of the following problems		Not at all	Several Days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the remaining pages if you are feeling safe and you feel able to wait 20-30 working days (4-6 weeks) for your appointment.

Completing the Self-Referral form

We consider self-referrals from any persons aged 18 and over **providing all parts of this form are completed**. If your referral is accepted you will then be registered with the service & we will try to contact you to book an appointment within 4-6 weeks of receiving your referral.

Personal Details

Surname Name:		First Name(s):					
Previous Name (if applicable):							
Address:							
Postcode:							
Home Telephone Number:		Please note, the Wellbeing Service routinely will leave messages on a home or mobile answering service unless you specifically request otherwise. We only identify ourselves as the NHS, and would never reveal any more information than that. If you do not wish us to leave a message, please mark here: Please do not leave a message on my home or mobile: <input type="checkbox"/>					
Work Number:							
Ext: (optional)							
Mobile Number:							
Email Address:							
Date of Birth:		Gender: (please tick)		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Ethnicity:		Religion:					
Marital status:		Single <input type="checkbox"/>	Married/Partnership <input type="checkbox"/>	Divorced/Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>		

GP Details (Please note: you must be registered with a Brighton & Hove GP to be accepted into the service)

GP Name:		Surgery Name:	
GP Surgery Address:			

Please note: The Wellbeing Service will routinely notify your GP of your referral. If you leave this section blank then we will assume you give consent to share your information with your GP and other services, to ensure you receive the most appropriate care.

If you would NOT like us to discuss your care with your GP, please give reasons below:

It is important that you answer the following questions about your current difficulties. Incomplete information may result in the service being unable to accept your referral:

What are your current difficulties, as you see them? (please include when they first started)

Are you currently receiving any support from any other organisation for your mental health? (please provide details)

Have you had any previous psychological therapy or counselling? (Please provide detail of what this was, how long it was for, and whether it was helpful)

How are your difficulties impacting on your daily life (e.g. work, relationships, family)?

What are your expectations of how the service can support you?

How did you find out about the service?

Employer	<input type="checkbox"/>	Family	<input type="checkbox"/>	Friend	<input type="checkbox"/>	GP Surgery	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	Media	<input type="checkbox"/>	Search Engine	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Wellbeing event	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	NHS Healthcheck	<input type="checkbox"/>
Job Centre Plus	<input type="checkbox"/>	Other (please specify)					

Please sign and date:

Signed: (type name if electronic)

Date:

HOW TO RETURN THIS FORM

Before returning this form to us, please make sure that you have completed all of the fields and that you have signed and dated above.

Please return the form by e-mail to: BICS.brighton-and-hove-wellbeing@nhs.net, or by post to Brighton and Hove Wellbeing Service, Fourth Floor, 177 Preston Road, Brighton BN1 6AG.

If you have any questions about completing this form, please call the Brighton and Hove Wellbeing Service on **0300 002 0060**.