

# Information & Self referral form

## Talking Therapies Service



### What to do next?

If you would like to refer yourself to the service for a triage assessment to see how we might be able to help you, please complete the referral form attached and send it to us using the **Freepost** envelope.

This leaflet is available in other formats, including easy read summary versions and other languages upon request. If this would be helpful to you, please speak to a member of staff.

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Somerset  
Partnership



talking therapies  
Somerset Partnership



For better  
mental health

## What is the Somerset Partnership Talking Therapies Service?

Many people, at some time in their life, will experience difficult emotional problems or mental health difficulties such as anxiety, stress or depression.

We are a free and confidential talking therapies service for people who are 18 years and over. We offer a variety of treatment approaches to meet a range of people's emotional needs. Our staff are trained in effective psychological interventions to help you move towards recovery. These include telephone treatments, self-help, guided self help, psycho-educational courses with other people in similar situations and therapy groups. We also provide one to one therapy sessions such as Cognitive Behavioural Therapy and Psychological Therapy.

If you want more information, please visit our website  
<http://www.sompar.nhs.uk/talking-therapies>

## What kind of difficulties can we help you with?

- Anxiety or worry about your health
- Depression and low self esteem
- Excessive worrying
- Extreme shyness and Social Phobia
- Obsessive Compulsive Disorder
- Panic and Agoraphobia
- Problems after a traumatic event
- Specific Phobias
- Body image and eating difficulties
- Stress and work related problems
- Long term physical health conditions

If you would like to refer yourself to the service for a triage assessment to see how we can help you, please complete the referral form attached and send it to us at the Freepost envelope provided.

Alternatively, you can contact your GP and request that he/she make the referral for you.

## Interventions offered

The service follows a stepped care model. This means that following your assessment we will be discussing with you the recommendations for the interventions that best match your current difficulties. In order to offer choice and flexibility these are delivered in a variety of different ways including over the phone and in group formats. We currently run a programme of different courses throughout the county, which many people have found to be helpful in managing their emotional health. If you are interested in finding out more information about any of these, please tick the relevant box below and one of our clinicians will provide you with more information at your assessment appointment. You can also find out more information on our website, [www.sompar.nhs.uk/talking-therapies](http://www.sompar.nhs.uk/talking-therapies)

Please tick the box by the course that you are interested in:

Managing Anger  Stress and Anxiety  Managing your Life

Long Term Physical Health Conditions

## Your signature

Signature  Date

**Do make sure you have answered all the questions on this form so we can set up an appointment for you as soon as possible.**

Upon receipt of your referral, you will be sent an invite with details on how to contact your local talking therapies service and make arrangements to book your assessment appointment. If, in the meantime you experience deterioration in your symptoms or are finding yourself struggling to cope, please make an appointment to see your GP.

## Your contact details – Please Use Bock Capitals

Full name   
Birth date (dd/mm/yyyy)  NHS Number   
(Essential)  
Ethnicity  Gender   
Address   
Post code  Tel   
Email

Is it acceptable for us to make contact OR leave a message via the following methods (please tick all that apply)?

On your answer machine  Someone else who answers your phone  SMS text

Please could you indicate whether there are any times **we would not be able to contact you**, within the typical working week (Monday – Friday, 9 – 5pm)?

First preferred language

Do you require an interpreter? Please provide details.

## Your GP details

GP name  Tel   
Practice address

**We will notify your GP that you are accessing this service.**

## Further information

Please tick if any of these questions relate to you.

Are you pregnant?  Mother of a child less than 12 months

Do you OR have you served in the Armed Forces?  Are you currently signed off work or on long term sick (6 weeks or longer)?

Are you currently in receipt of any prescribed medication for a mental health problem? If so please state:

Nature of problem

Depression/low mood  Obsessive-compulsive  Bereavement reaction

Anxiety/panic  Stress related  Managing anger

Post-traumatic stress  Phobia  Relationship difficulties

Adjustment to long term physical health conditions

Other (please state)

Duration of current problem 0-12 months  More than 12 months

Reason for referral – please describe the main difficulties you are currently experiencing:

In a sentence, could you describe what you would like to be different at the end of treatment (goals)?

Other services that you are involved in, **currently** (please enter 'c') or **previously** (please enter 'p')

Social services  Health visitor  Voluntary sector

District nurse  Children's services  Psychiatry

Community Mental Health Team  Alcohol/drug services  Probation

Other (please specify)

Do you have a history of mental health problems? Are you currently attending any other mental health services? Have you ever attended any mental health services in the past? If so, which service(s)?

### Over the last two weeks

Over the last two weeks have you experienced any of the following thoughts? Please tick the box most appropriate.

	Not at all	Several Days	More than half of the days	Nearly Every Day
Thoughts that you would be better off dead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of hurting yourself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that other want to hurt you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of hurting others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What sort of things would stop you acting on these thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated that you are significantly struggling or distressed by these thoughts we will be talking about this more when we assess your needs. However we are not a general mental health service and are not able to offer crisis management or general support to people. If you have immediate concerns about how you are feeling including if you feel at serious risk to yourself or others we advise you talk to your G.P as soon as you can while you are waiting for our appointment.

Do you have any specific needs you would like us to be aware of? Please tick and provide details.

Literacy difficulties  Larger print  Hearing difficulties

Any other disability

Please fill out the Grey Shaded areas of this booklet.  
Place your answers in an envelope

Cut along the dotted line opposite and stick the  
other half of this page on an envelope and pop in the post.

Many Thanks.

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