NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Wellbeing Service

Taking therapies can help you to...

- boost wellbeing
- manage stressful situations
- manage worry
- learn coping techniques
- improve sleep
- overcome low mood
- relax

The Hertfordshire Wellbeing Service can help you work out how to feel better.

as one

Our Values
Welcoming Kind Positive Respectful Professional

Who are we?

The Hertfordshire Wellbeing Service offers psychological help and practical support for people experiencing a wide range of common mental health conditions. It is part of the national initiative Improving Access to Psychological Therapies (IAPT).

How can we help?

Many of the options that we offer are based on Cognitive Behaviour Therapy (CBT), which is an evidence based psychological therapy. CBT can help make sense of our problems by looking at the way we think, and the way we react to situations. Through our support, you can learn skills and techniques to help you manage your emotions, helping you feel better and more in control.

Our help is offered in different ways:

- Telephone support and guided self-help
- Individual CBT (online or in person)
- Workshops and/or group work (online or in person)
- Computerised CBT including SilverCloud

Next step

If you would like to refer yourself to our service, please complete the attached form and post it us at the freepost address on the back of this form.

Self-refer online: *www.hpft-iapt.nhs.uk*

Single Point of Access: 0800 6444 101

Follow us on twitter:
@HPFTIAPT

Like us on facebook:
www.facebook.com/HPFTIAPT

Self-Referral Form

We accept referrals from people who are aged 16 years and over and registered with a GP in Hertfordshire.

Please complete and return all of the following pages to help us process your referral.

First, we would like to know a little bit about you…

Personal Information			
First Name:		**Middle Name:**	
Surname:		**Title:**	
Gender:	Female ☐ Male ☐ Transgender ☐ Other ☐		
Date of Birth (dd/mm/yyyy):			
Address:			
Postcode:		**NHS No:**	
Landline number:			
Can voicemail messages be left on your landline?	Yes ☐ No ☐		
Mobile number:			
Can voicemail messages be left on your mobile?	Yes ☐ No ☐		
Are you happy for texts to be sent?	Yes ☐ No ☐		
Email address:			
Can we email you?	Yes ☐ No ☐		
How did you hear about the service / where did you get this form?			

Your GP

Your GP's name:	
Name and address of your surgery:	
Can we make your GP aware of your self-referral?	Yes ☐ No ☐

Current Difficulties

Please describe the problem you would like help with:
How long have you had this problem (e.g. weeks, months, years)?

Have you been referred to mental health services in the past?	Yes ☐ No ☐
If yes, please specify:	
Do you have a learning disability?	Yes ☐ No ☐
If yes, please specify:	
Do you have any on-going physical health problems?	Yes ☐ No ☐
If yes, please specify:	
Have you received, or are you currently receiving, treatment for this problem?	Yes ☐ No ☐
If yes, please specify:	

Are you currently taking any medication?	Yes ☐	No ☐
If yes, please give details:		

Do you drink alcohol or use recreational drugs?					
Alcohol:	Yes ☐	No ☐	**Drugs:**	Yes ☐	No ☐
If you have ticked yes, please tell us a little more:					

Assessing Risk

Do you currently feel you are a risk to yourself?	Yes ☐	No ☐
Do you currently feel you are a risk to others?	Yes ☐	No ☐
Do you currently feel you are at risk from others?	Yes ☐	No ☐
If you have answered yes to any of the above, please give details:		
Are your family and friends concerned about any of your behaviours?	Yes ☐	No ☐
If yes, please give details:		

Please complete these questions. They help us work out which of our interventions may be of most use to you.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Date: _____		Not at all	Several days	More than half the days	Nearly every day
1.	**Little interest or pleasure in doing things.**	0 ☐	1 ☐	2 ☐	3 ☐
2.	**Feeling down, depressed, or hopeless.**	0 ☐	1 ☐	2 ☐	3 ☐
3.	**Trouble falling or staying asleep, or sleeping too much.**	0 ☐	1 ☐	2 ☐	3 ☐
4.	**Feeling tired or having little energy.**	0 ☐	1 ☐	2 ☐	3 ☐
5.	**Poor appetite or overeating.**	0 ☐	1 ☐	2 ☐	3 ☐
6.	**Feeling bad about yourself — or that you are a failure or have let yourself or your family down.**	0 ☐	1 ☐	2 ☐	3 ☐
7.	**Trouble concentrating on things, such as reading the newspaper or watching television.**	0 ☐	1 ☐	2 ☐	3 ☐
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.**	0 ☐	1 ☐	2 ☐	3 ☐
9.	**Thoughts that you would be better off dead or of hurting yourself in some way.**	0 ☐	1 ☐	2 ☐	3 ☐
		Total score:			

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Date: _____		Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge	0 ☐	1 ☐	2 ☐	3 ☐
2.	Not being able to stop or control worrying	0 ☐	1 ☐	2 ☐	3 ☐
3.	Worrying too much about different things	0 ☐	1 ☐	2 ☐	3 ☐
4.	Trouble relaxing	0 ☐	1 ☐	2 ☐	3 ☐
5.	Being so restless that it is hard to sit still	0 ☐	1 ☐	2 ☐	3 ☐
6.	Becoming easily annoyed or irritable	0 ☐	1 ☐	2 ☐	3 ☐
7.	Feeling afraid as if something awful might happen	0 ☐	1 ☐	2 ☐	3 ☐
		Total score:			

Demographic Questionnaire

We collect this data to ensure that the Hertfordshire Wellbeing Service is accessible for all sections of the community, which helps us to help you.

I do / do not wish to give this information (please delete as appropriate).

Ethnicity (please tick)

- ☐ White English/ Welsh/ Scottish/ Northern Irish/ British
- ☐ White Irish
- ☐ Mixed: White and Black Caribbean
- ☐ Mixed: White and Black African
- ☐ Mixed: White and Asian
- ☐ Any other mixed background
- ☐ Black or Black British African
- ☐ Black or Black British Caribbean
- ☐ Arab
- ☐ Any other Black background
- ☐ Asian or Asian British: Pakistani
- ☐ Asian or Asian British: Bangladeshi
- ☐ Asian or Asian British: Indian
- ☐ Asian or Asian British Other
- ☐ Chinese
- ☐ Gypsy, Traveller or Irish Traveller
- ☐ Other background: _____
- ☐ Prefer not to disclose

Physical Restriction (please tick)

- ☐ Able to carry out all normal activity without restriction
- ☐ Restricted in physical strenuous activity, but able to walk and do light work
- ☐ Able to work and self care up to 50% of the time
- ☐ Limited self care, confined to bed/chair more than 50% of the time
- ☐ No self care, totally confined to bed/chair
- ☐ Prefer not to disclose

Sexual Orientation (please tick)

- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Prefer not to disclose

Ex British Armed Forces (please tick)

Yes ☐ No ☐ Dependant ☐ Prefer not to disclose ☐

Religion (please tick)

- ☐ No religious group
- ☐ Baha'i
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jain
- ☐ Jewish
- ☐ Muslim
- ☐ Pagen
- ☐ Sikh
- ☐ Zoroastrian
- ☐ Any other religion: _____
- ☐ Prefer not to disclose

Are you a carer (please tick)

Yes ☐ No ☐

Do you have a carer (please tick)

Yes ☐ No ☐

Long-term Condition (please tick)

- ☐ None
- ☐ Asthma
- ☐ Cancer
- ☐ Dementia
- ☐ Heart Failure
- ☐ Multiple Sclerosis
- ☐ Epilepsy
- ☐ Parkinson's Disease
- ☐ Chronic Kidney Disease
- ☐ Coronary Heart Disease
- ☐ Non-Insulin Dependent Diabetes Mellitus
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Severe Mental Health Problems
- ☐ Stroke and Transient Ischemic Attack
- ☐ Chronic Muscular Skeletal
- ☐ Hypertension
- ☐ Other: _____
- ☐ Prefer not to disclose

Are you likely to have any problems accessing this service? (please specify)

Please let us know what you are hoping to gain from our service:

Thank you for taking the time to complete this form.

Please detach and keep the cover of this booklet for future reference, and return the form to the following freepost address:

Freepost RTHZ-XTSC-BXKC
Single Point of Access
Wellbeing Service Self-Referral
Hertfordshire Partnership University NHS Foundation Trust
99 Waverley Road
St Albans
AL3 5TL

Please note: our service is not able to provide immediate support in an emergency. If you require immediate urgent help, please contact the Single Point of Access (SPA) service on 0800 6444 101.

What happens to my referral?

Once we receive your referral, a member of our team will contact you to book a first appointment.

The first appointment is usually completed over the telephone and will help us to understand the problems you have been experiencing and your goals for recovery.

We will discuss all support options with you so that we can make a decision together about a suitable way forward.

If you would like to check the progress, or have any queries about your referral, please contact your local team on:

Dacorum, St Albans and surrounding areas - 01442 233199
Watford, Hertsmere and surrounding areas - 01923 837146
Stevenage, Hitchin and surrounding areas - 01438 792150
Welwyn, Ware and surrounding areas - 01707 364008

Your Information

The information you provide will be stored on our secure digital system. We will use this information to contact you regarding this referral and may share it with other professionals in relation to your care. Please talk to your therapist if you want further information, or find out more via our ***Fair Processing Notice*** and ***Protection of Personal Information leaflets*** - both are available on our Trust website: **www.hpft.nhs.uk**

If you require this information in a different language or format please contact the Trust on 01707 253903 or speak with the service providing you with support.

Hertfordshire Partnership University NHS Foundation Trust works toward eliminating all forms of discrimination and promoting equality of opportunity for all.

We are a smoke free Trust therefore smoking is not permitted anywhere on our premises.

Updated September 2021

www.hpft-iapt.nhs.uk