

Our service can help you to...



manage
stressful
situations



boost
wellbeing



improve sleep



manage worry



overcome
low mood



learn coping
techniques



relax



understand
low self-esteem



for anxiety and depression

Service provided by Hertfordshire Partnership University NHS Foundation Trust

Who are we?

Mid Essex Talking Therapies offers psychological help and practical support for people experiencing a wide range of common mental health conditions. It is part of the national NHS Talking Therapies for anxiety and depression initiative.

How can we help?

We offer a range of evidence based psychological therapies, which can help you make sense of your problems by looking at the way you think and 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.

Therapy 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 (SilverCloud))
- Counselling for Depression
- Couple Therapy for Depression
- Dynamic Interpersonal Psychotherapy
- Interpersonal Psychotherapy
- Eye Movement Desensitisation and Reprocessing

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

Or call 01376 308704

Self-Referral Form

We accept referrals from people who are aged 17 years and over and registered with a GP in Mid Essex.

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:			
Surname:		Title:	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender <input type="checkbox"/> Other
Date of Birth (dd/mm/yyyy):			
Address:			
Postcode:		NHS N°:	
Landline number:			
Can voicemail messages be left on your landline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mobile number:			
Can voicemail messages be left on your mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you happy for texts to be sent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email address:			
Can we email you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:			
Do you drink alcohol or use recreational drugs?			
Alcohol:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drugs: Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked yes, please tell us a little more:			

Assessing Risk	
Do you currently feel you are a risk to yourself?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently feel you are a risk to others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently feel you are at risk from others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2.	Feeling down, depressed, or hopeless.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3.	Trouble falling or staying asleep, or sleeping too much.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4.	Feeling tired or having little energy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5.	Poor appetite or overeating.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6.	Feeling bad about yourself — or that you are a failure or have let yourself or your family down.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7.	Trouble concentrating on things, such as reading the newspaper or watching television.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <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.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9.	Thoughts that you would be better off dead or of hurting yourself in some way.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2.	Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3.	Worrying too much about different things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4.	Trouble relaxing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5.	Being so restless that it is hard to sit still	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6.	Becoming easily annoyed or irritable	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7.	Feeling afraid as if something awful might happen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Total score:					

Demographic Questionnaire

We collect this data to ensure that Mid Essex Talking Therapies 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)	
<input type="checkbox"/> White English/ Welsh/ Scottish/ Northern Irish/ British	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian or Asian British: Pakistani
<input type="checkbox"/> Mixed: White and Black Caribbean	<input type="checkbox"/> Asian or Asian British: Bangladeshi
<input type="checkbox"/> Mixed: White and Black African	<input type="checkbox"/> Asian or Asian British: Indian
<input type="checkbox"/> Mixed: White and Asian	<input type="checkbox"/> Asian or Asian British Other
<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Chinese
<input type="checkbox"/> Black or Black British African	<input type="checkbox"/> Gypsy, Traveller or Irish Traveller
<input type="checkbox"/> Black or Black British Caribbean	<input type="checkbox"/> Other background: _____
<input type="checkbox"/> Arab	<input type="checkbox"/> Prefer not to disclose

Physical Restriction (please tick)
<input type="checkbox"/> Able to carry out all normal activity without restriction
<input type="checkbox"/> Restricted in physical strenuous activity, but able to walk and do light work
<input type="checkbox"/> Able to work and self care up to 50% of the time
<input type="checkbox"/> Limited self care, confined to bed/chair more than 50% of the time
<input type="checkbox"/> No self care, totally confined to bed/chair
<input type="checkbox"/> Prefer not to disclose

Sexual Orientation (please tick)	
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Prefer not to disclose

Ex British Armed Forces (please tick)Yes No Dependant Prefer not to disclose **Religion (please tick)**

- | | |
|---|--|
| <input type="checkbox"/> No religious group | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Pagen |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Zoroastrian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Any other religion: _____ |
| <input type="checkbox"/> Jain | |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> 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)**

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

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

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

A large empty rectangular box with a black border, intended for the user to write their response to the question above.

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 RTHU-BHLX-GSLJ
Mid Essex Talking Therapies
Tekhnicon House
Springwood Drive
Braintree
CM7 2YN**

Please note: our service is not able to provide immediate support in an emergency. If you require immediate urgent help, please contact your GP or call the Crisis Line on 0330 726 0130.

What happens to my referral?

Once we receive your referral, a member of our team will contact you to book an initial assessment.

The initial assessment 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:
01376 308704.

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

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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.

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www.hpft-iapt.nhs.uk