

Mind Volunteer-aided CCBT Referral Form

For referrals to the Aberconwy MIND Volunteer-aided CCBT Programme Only

1 What's on offer?

A programme of guided online self-help (CCBT) using the Serenity Programme, supported by staff from Aberconwy MIND. The level of help provided is tailored to suit the participant's needs and wishes and may include a blend of group, individual, and / or telephone support. The duration of the programme is flexible, though usually takes a minimum of 12 weeks to complete. No computer expertise is needed as training to use the programme is provided.

2 Who is the service for?

Those whose main problem is stress or anxiety (especially GAD, social phobia or panic disorder) though mixed anxiety and depression is acceptable where anxiety is the person's most pressing concern. Please note the following:

- ✓ Level of functioning is more important than severity of symptoms, although most participants will have symptoms in the 'moderate' range or above
- ✓ Participants must be motivated and have enough time, energy and concentration to make successful completion of the programme likely
- ✓ Participants should be ready to change and view themselves as being able to effect change in their lives
- ✓ People with current problematic drug or alcohol misuse should not be referred
- ✓ Referrals should have no identified risk of violence, suicide or self-injury

3 Three Simple Steps to Make a Referral ...

1. Assess your patient's symptoms using the Hospital Anxiety and Depression Scale (HADS) and record their details on the form below. Further information and copies of assessments are available from our website www.serene.me.uk
2. Agree to act as the Responsible Medical Officer during treatment
3. Complete and return this form by fax or post to the address at the end of the form

4 Referrer Details

Name

Address

Telephone

Email

Fax

5 Patient Details

Patients Name

Date of Birth

Sex

Address

Postcode

Telephone (landline)

Has the patient given permission for us to leave a message on their landline?

Telephone (mobile)

Has the patient given permission for us to leave a message on their mobile?

How would the patient prefer us to contact them?

Please note - we will contact the patient by telephone unless otherwise advised

6 Referral Issues

Date of referral

HADS anxiety score (HADS-A) =

Normal range = 0 - 7 | Mild = 8 - 10 | Moderate = 11 - 14 | Severe = 15 - 21

HADS depression score (HADS-D) =

Normal range = 0 - 7 | Mild = 8 - 10 | Moderate = 11 - 14 | Severe = 15 - 21

Goal of referral

Any special comments or considerations?

7 Risk Assessment

- 7.1 Any risks identified? If **no**, please proceed to **section 8**
- 7.2 Risk to self (active self-harm)
- 7.3 Risk of neglect (passive self-harm)
- 7.4 Risk to others (aggression, impulsivity)
- 7.5 Risk to vulnerable others (e.g. child or elder neglect or abuse)
- 7.6 Risk from others (violence, abuse, exploitation)
- 7.7 Risk due to physical impairment / frailty
- 7.8 Risk due to memory / cognitive impairment
- 7.9 Challenges to services (inappropriate demands)

If you answered 'Yes' to any questions in Section 7 above, please provide details below

8 Referral Agreement

NB: In the event of any significant clinical risk being identified (e.g. risk of harm to the patient or others) use of the programme will be discontinued and the referrer will be contacted. Overall medico-legal responsibility for the patient remains with the referring GP as Responsible Medical Officer.

Signed: (GP or Primary Care Team member)

Name: (please print)

Please post or fax this completed form back to:

Serenity Programme CCBT Referrals

Aberconwy Mind

3 Trinity Square

Llandudno

Conwy

LL30 2PY

Telephone enquiries: **(01492) 879907**

Fax number: **(01492) 864041**

Mind office use only
Date of receipt of referral
Referral outcome
Comments