

Mind Volunteer-aided CCBT Self-Referral Form

We provide a programme of computerised cognitive behaviour therapy (CCBT) using the award-winning Serenity Programme™, supported by staff from your local Mind office.

Telephone support is provided and optional group meetings may also be available. The duration of the programme is flexible and determined in part by your needs. The level of support we provide is tailored to your needs and wishes.

No computer expertise is required; extra help to use the computer is available if needed. You can use the programme from your own home via the Internet or from computers in the Mind office.

Are you ...

- ✓ Suffering from the symptoms of stress or anxiety?
- ✓ Willing and able to study the programme and work between sessions?
- ✓ Able to understand English?
- ✓ Ready, willing and able to make changes in your life?

Then please go ahead and contact us!

But this isn't for you if ...

- ✗ You're currently struggling to stay sober or are addicted to street drugs
- ✗ Are so distressed that you regularly and seriously think about ending your life
- ✗ Are so upset that you can't think straight or concentrate on things
- ✗ You find it hard to hold on to your temper and impulsively do things you later regret

Then you should see a health worker straight away, or consider a different approach, as this programme probably isn't for you.

It's Quick and Simple to Apply

1. Complete this form
2. Return it by fax, email or post to the address at the end of the form
3. That's it! We will contact you ASAP

Your Details

Your Name

Date of Birth

Sex

Address

Postcode

Telephone (landline)

Can we leave a message on your landline?

Telephone (mobile)

Can we leave a message on your mobile?

What's the best day and time to contact you?

Please note - we will contact you by telephone unless otherwise advised

About you

Please tell us a little bit about why you would like to use this service

If you're currently receiving psychological therapy or treatment for a mental health problem, it might be unhelpful to introduce an additional approach. Please speak with your current health worker about this programme before you complete and return this form.

Are you currently receiving any other form of psychological therapy or seeing any other psychological health care provider(s)?

If yes, does your current health care provider agree to your doing this programme?

Have you had any formal diagnosis from a GP, psychiatrist or any other mental health professional?

If yes, what was it

Are you currently taking any prescribed medication?

If yes, what is it

Have you had any thoughts of suicide or of hurting yourself within the last month, which you have strongly wanted to act upon, or that felt hard to resist?

5 Your GP

We don't usually need to contact your GP. However, should any safety issues arise (e.g. if we believe that you might be at risk) we might need to contact your GP before you begin using the programme, or at any other time should it become necessary. We will always try to discuss this with you before making contact with your GP.

Name of your GP

GP address

GP phone number

Please note - you must provide your GP contact details; we can't offer a service without this information

Please save this form to your computer then post, email or fax the completed version to:

Serenity Programme CCBT Referrals

Aberconwy Mind

3 Trinity Square

Llandudno

Conwy

LL30 2PY

Telephone enquiries: **(01492) 879907**

Fax number: **(01492) 864041**

Email: **info@aberconwymind.org.uk**

(Please remember that email, by its nature, cannot be guaranteed confidential)

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