

choose

South Tyneside
NHS Foundation Trust



Primary Care Mental Health Service

**Are You Feeling down?
Do you Worry a lot?**

Does it feel like you have nowhere to turn?
These are common feelings and there is
help available.

Self Referral Information

What will happen?



You can contact us on
0191 2832937
(South Tyneside)

Please complete
the attached
questionnaire as
it will help us to
help you

We will take your contact
details & call you back
immediately if it
is convenient.

We will discuss
with you the
best option for
your needs

If you can't talk there
and then we will
arrange an appointment
for you to be assessed
by phone within the
next few days

We will arrange with you an
appropriate therapy within our
service or help you contact a more
appropriate organisation.

Contacting us

When you call us you will speak to one of our admin team who will take some basic information such as your name & date of birth.

You will then be offered the chance to speak to someone in confidence about your emotional issues. We will aim to identify any interventions or services that will best meet your needs.

This assessment may take up to 30 minutes (we will ring you back to carry out the assessment), so please think about when is the best time to contact us. Most people find it better to be somewhere private so they can discuss things in confidence.

During the assessment we will discuss your answers to the attached questionnaire, so it is helpful if you can complete it before calling us. If you have any trouble filling it in, don't let that stop you contacting us.

We work with people who have:

- anxiety
- depression
- trauma
- stress
- bereavement
- and other issues

SECTION 1

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

	Problem	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 speak 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

SECTION 2

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

	Problem	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

SECTION 3

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives.

Please rate the following activities using the 0-8 scale below to show what impact your issues are having on these aspects of *your* life.

Please circle one number in answer to each question.

1 WORK* (N/A)

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very

**NB - If you don't go to work for another reason eg. You are retired, please tick N/A*

2 HOME MANAGEMENT

Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very

3 SOCIAL LEISURE ACTIVITIES

With other people, eg. Parties, pubs, outings, entertaining etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very

4 PRIVATE LEISURE ACTIVITIES

Done alone, eg. Reading, gardening, sewing, hobbies, walking etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very

5 FAMILY & RELATIONSHIPS

Form and maintain close relationship with others including the people that I live with.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very

SECTION 4

Sometimes people find that they avoid things that make them anxious or upset. Using the scale below please could you tell us how often you avoid the situations or objects listed. If you would never avoid these types of situations please mark each box with "0".

Please put a number in each of the boxes.

0	1	2	3	4	5	6	7	8
Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

- 1 Social situations due to a fear of being embarrassed or making a fool of myself
- 2 Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)
- 3 Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)

SECTION 5

Please indicate which of the following options best describes your current status:

- | | | | |
|---|--------------------------|------------------------------|--------------------------|
| Employed full-time
(30 hours or more per week) | <input type="checkbox"/> | Employed part-time | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | Full-time student | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> | Full-time homemaker or carer | <input type="checkbox"/> |

- | | | |
|---|------------------------------|-----------------------------|
| Are you currently receiving Statutory Sick Pay? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently receiving Job Seekers Allowance, Income Support or Incapacity Benefit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you use Psychotropic medication?
(e.g. anti-depressants or anti-anxiety medication) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

choose

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Did you know that one in four people have what's called a "common mental health problem" such as low mood or stress?

What do we do?

Our team works with people who need support to get through times when they feel low, depressed or stressed.

We work with people aged over 16. Our service is completely confidential. We run support groups, offer information classes & one to one therapy.

We operate within the NHS and our therapies are evidence-based as recommended by the National Institute for Health and Clinical Excellence (NICE).

**If you live in South Tyneside
Contact us for more details
on 0191 2832937
or email stpcmhs@stft.nhs.uk**

NHS South of Tyne and Wear is committed to raising the standards of written information for patients, their carers, people who use the NHS and the general public.

This information can be made available in another format or language on request. Please contact the Communications and PR Team
Tel: 0191 529 7118 Email: mopil@sotw.nhs.uk