Making Life Better Together

Education Wellbeing Service

NHS South West London and St George's Mental Health NHS Trust

Who are we?

We are NHS wellbeing and mental health practitioners. We work in schools with young people who are starting to experience anxiety or low mood and are NOT already getting professional support, like counselling or CAMHS.

Low Mood

- Feeling sad, lonely, irritable, worthless or 'empty'
- Losing interest in activities you used to enjoy
- Changes to eating/sleeping habits or motivation
- Withdrawing from family & friends

Anxiety

- Frequent worry or overthinking
- Feeling anxious in social situations
- Specific phobias, like crowded places or being sick
- Exam stress or performance anxiety
- Avoiding lessons/activities/school due to anxiety

What do we offer?

6-8 weekly, one-hour sessions during the school day

Skills and strategies based on Cognitive Behaviour Therapy (CBT) that you can practice during and between sessions to support your wellbeing

Sessions are confidential. We will speak with you about what this means.

If you are 15 or under, we will let your parents know that you're taking part in this programme

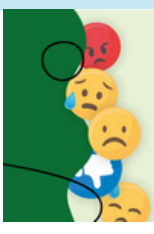
What happens next?

We usually arrange a quick call or a chat in school to introduce ourselves and tell you a little more about what we do.

We then arrange to meet one-to-one, in school, to find out a little more about you and to decide together whether this is the right kind of support for you at this time.

See next page for the application form

What if I need urgent help?



Urgent Mental Health Support for Children and Young People

SLP CAMHS Crisis Line: 0203 228 5980 (9am - 11pm, Monday to Sunday)

SOUTH LONDON Mental Health and Community Partnership

NHS

APPLICATION FORM

By Submitting this form, you are consenting to this information being shared within our team and stored on a secure digital record system, which is only accessed by SWLSTG CAMHS professionals

Education Wellbeing Service

NHS South West London and St George's Mental Health NHS Trust

Your Full Name (Please enter your full, legal name here, as listed on health/GP records).

Your preferred name (If different to the name above), e.g., a shortened name or nickname you prefer to use.

Date of Birth (DD/MM/YY) | **Age** | **School** | **Year Group**

How did you hear about our service?
(School staff, Workshop, GP, Community Services, Friends/Family, etc.)

THE SUPPORT YOU ARE INTERESTED IN

- ☐ Anxiety support programme – managing stress, worries or fears
- ☐ Low mood support programme – energy, motivation and self-esteem
- ☐ Other (please state below)

Please tell us about the difficulties you're experiencing, including how long you've been experiencing them and the impact they're having on your everyday life:

What have you already tried, if anything, to help with these difficulties? Have you used any other services?

Are there any other things you think it would be helpful for us to know about? (e.g. parental relationship difficulties, recent bereavements, other help being received by you / your family, or other changes?

ABOUT YOU

I identify my gender as

Ethnicity

Are you entitled to Free School Meals? ☐ Yes ☐ Not Sure ☐ No ☐ Prefer not to say

Other details about your cultural background you want to share?

Do you have a diagnosis of Autism or any other disability? ☐ No ☐ A diagnosis/assessment is in progress. ☐ Yes **Please provide details here:**

Home Address

Mobile Number | **Email Address**

Parent Name(s)

If you are 15 or under, we will contact your parents to let them know you have completed this form. If you are 16 or over we will discuss this further with you.

Parent Email | **NHS Number**

Parent Mobile

(You can find this on any NHS GP/Hospital documents OR on the NHS App)

GP Name & Address

Do you consent to information about this referral being shared with your GP? ☐ Yes ☐ No ☐ I would like to discuss this further

Signature | **Today's Date (DD/MM/YY)**

Thank you! Please return this completed form to a member of staff in your school.

ADDITIONAL INFORMATION FROM YOUR SCHOOL

Education Wellbeing Service

NHS South West London and St George's Mental Health NHS Trust

For Young Person:
Please tick this box or let a member of staff know if you are not comfortable with them filling in the information on this page ☐

Name of School Staff Member Completing Form

Staff Member Role

Young Person's Current Attendance (%)

If less than 90%, please consider whether this is related to anxiety / low mood or there are systemic/social factors where an Early Help referral would be more helpful.

Date Completed (DD/MM/YY)

Does the young person have additional needs or disabilities?
(If yes, please provide details in the sections below)

- ☐ Yes, diagnosed disability or additional need
- ☐ Diagnosis/assessment in progress.
- ☐ No

Does the student receive additional learning support in school?

- ☐ Yes, EHCP in place
- ☐ Yes, EHCP In progress
- ☐ Yes, but no EHCP
- ☐ No

What kind of wellbeing support do you feel YP would benefit from?

- ☐ Guided self-help (with EWP)
- ☐ Other

If other, please state here:
(Please discuss with a member of our team prior to referring for non-EWP support)

How long have these difficulties been present?

Please provide your view of the difficulties this young person is experiencing, including any impact these difficulties are having on their life in school (e.g. in terms of attendance, attainment, behaviour or socially)

Has support been offered to help with these difficulties at school? Please describe and report progress

Any other circumstances that might impact or inform our intervention?
Is there any previous agency involvement including any referrals to children's safeguarding?
(E.g. SEND needs, current or historic safeguarding concerns, child/family circumstances or changes)

Please confirm that parental consent has been attained for this application? (for pupils 15 and under) Yes ☐ No ☐

I confirm that the young person completed/was involved in completing the application form? Yes ☐ No ☐

By ticking YES you are confirming that parent/carer is aware of this referral and has given their consent for the information on this form to be stored on a secure CAMHS record system

To your knowledge, has this young person been referred to/currently receiving support from children and family services or CAMHS? Yes ☐ No ☐ Referral made, awaiting outcome ☐

THANK YOU! PLEASE RETURN THIS COMPLETED APPLICATION FORM TO YOUR SCHOOL'S EDUCATION WELLBEING SERVICE