

EDUCATION WELLBEING SERVICE

ABOUT US...

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?

- 1. We will speak to your school's Mental Health Lead to let them know you have applied for this programme and to invite them to share any helpful information.**
- 2. We will then arrange to meet with you one-to-one in school to find out a little more about you and decide together whether this is the right kind of support for you at this time.**

APPLICATION FORM

Education
Wellbeing
Service

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

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 STAFF.

Your Name (include any preferred name):

Date of Birth (DD/MM/YY)

SUPPORT YOU ARE INTERESTED IN

Age

Anxiety programme – managing stress, worries or fears

Low mood programme – energy, motivation and self-esteem

How did you hear about our service?

Select an option from the list

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

Your school

Year Group

I identify my gender as

Ethnicity

Select an option from the list

Are there any other details about your cultural background that you would like to share?

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

Parent Mobile

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 application form to a member of staff in your school

ADDITIONAL INFORMATION FROM YOUR SCHOOL

Education Wellbeing Service


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 Staff Member Completing Form Date Completed (DD/MM/YY)

Staff Member Role

Student's Current Attendance (%) Does the student have an EHCP? Yes No In progress

How long have these difficulties been present? What kind of support do you feel YP would benefit from? Guided self-help (with EWP) Other

ADDITIONAL SCHOOL INFORMATION

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

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 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.

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

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 FOR YOUR INFORMATION



Please return this completed application form to your school's Education Wellbeing Service