

East Lancashire IAPT Services offer short-term psychological interventions across Blackburn with Darwen, Burnley, Pendle, Hyndburn, Rossendale and the Ribble Valley

POSTAL REFERRAL ADDRESS

Single Point of Access
Gannow Lane Resource
Centre, 164 Gannow Lane,
Burnley, BB12 6QH
Tel: 01282 657116
Fax: 01282 429644

Other sources of information:

The Mental Health Helpline

This provides an information and listening service for people in Lancashire. It is available between 7:00pm and 11:00pm Mondays to Fridays and from 12:00 noon until 12:00 midnight on Saturdays and Sundays.
Freephone 0500 639000.

Customer Care

If you wish to pay a compliment about the Trust's services, make a comment, raise a concern or complaint, please contact the Customer Care Department on **01772 695315, freephone 0808 144 1010** or email **customer.care@lancashirecare.nhs.uk**

If you have problems reading the print we can provide this leaflet in large print, audio book or Braille.

এই ডকুমেন্ট অনুরোধে বাংলায় পাওয়া যায়।

本文件可以應要求，製作成中文（繁體字）版本。

આ દસ્તાવેજ વિનંતી કરવાથી ગુજરાતીમાં મળી રહેશે.

ਇਹ ਦਸਤਾਵੇਜ਼ ਮੰਗ ਕੇ ਪੰਜਾਬੀ ਵਿਚ ਵੀ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز اردو میں بھی مل سکتی ہے۔

W przypadku jakichkolwiek problemów z odczytaniem tekstu z przyjemnością dostarczymy Państwu ulotkę z dużym drukiem, także do odluchu lub tekst w języku Braille.

Copies of this leaflet are available from:

**Lancashire Care NHS Foundation Trust,
Sceptre Point, Sceptre Way,
Walton Summit, Preston PR5 6AW**

Tel: **01772 695300**

Email: **communications@lancashirecare.nhs.uk**

Website: **www.lancashirecare.nhs.uk**

Date Produced:

Review Date:

Leaflet Code:

Name of Leaflet:

iapt

Improving Access to Psychological Therapies

Lancashire Care **NHS**

NHS Foundation Trust



Amanda Barry
Mindfulness Service User Volunteer for
Lancashirecare NHS Mindfulness Services

Supporting Health and Wellbeing



Service Information Regarding Self-Referral

Your local IAPT Service provides psychological assessment and treatment for what are known as common mental health problems, which 1 in 4 of us suffer with at some stage in our lives.

It is normal to experience changes in your mood and behaviour at times of stress and emotional upset. Your physical health may also affect your mood and stress levels.

If these changes continue to affect you, your home or your working life for more than a few weeks, then your local IAPT Service could help. Having a chance to talk to someone who is qualified to help can make all the difference.

Important Information

Please note that IAPT Services offer short-term psychological interventions for people who experience common mental health problems and cannot provide urgent/emergency service. If you feel at risk of harming yourself, or someone else, please contact your GP. For immediate NHS support call 111.

How do I refer myself to the IAPT Service?

Search "Lancashire IAPT self-referral for our **Online Referral Form** Or **telephone** Single Point of Access on **01282 657 116** (Mon-Fri 9-5) Or **fill in this self-referral form** and post it to us at the address on the back page.

What will happen once I have referred myself?

An experienced mental health clinician will review your referral and you will then be sent an assessment appointment for a telephone assessment.

At the end of this assessment you and the clinician can agree the next step together.

Depending on your individual needs we will make sure you receive the most appropriate, suitable, timely and accessible intervention to help you.

PLEASE SEE OUR ENCLOSED MENU OF SERVICE WHICH OUTLINES THE BRIEF PSYCHOLOGICAL APPROACHES AVAILABLE FROM OUR IAPT SERVICES

Self-Referral Form

Whichever way you choose to refer yourself, please provide as much of the following information as you can, as this will help us see you as quickly as possible.

Delete as necessary*

Name: Dr/Mr/Mrs/Miss*

Date of Birth: Ethnicity:

Address:

..... Post Code:

Phone Number (indicate if we can leave a message)

Home: Yes/No*

Work: Yes/No*

Mobile: Yes/No*

Email:

GP Name & Surgery:

..... Phone Number:

First Language: Interpreter required: Yes/No*

Please give a brief description of why you would like to see us (please add more information on a separate sheet of paper if you would like to). Please inform us if you have any problems with anger/aggression or if you are currently seeing another Mental Health professional.

.....
.....
.....
.....