

## Locality Commissioning Meeting Oxford City

<b>Date of Meeting:</b> 13.12.18	<b>Paper No:</b> 13a					
<b>Title of Paper:</b> Referral routes for adult mental health issues Age 18-65						
<b>Is this paper for</b> (please delete ticks as appropriate)	<b>Discussion</b>	<input checked="" type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>

**Purpose of Paper:**

MH services like those for primary care are stretched. To help with this it is important that patients are referred to appropriate services and the document for referral routes emphasises which services are appropriate for patients. It also suggests the use of proformas which contain up to date referral information as well as automatically extracting data from clinical systems to help with triaging the patients.

There is also a NHSe mandate to improve physical outcomes for those with Severe mental illness (SMI) which has led to the introduction of the LCS for improving physical health in SMI. The shared care protocol is drawn from NHS guidance as to which services are responsible for which patient to deliver a physical health check. It is important to recognise that for the patients wellbeing that the division of labour is not meant to be rigid and whoever is best placed at any particular time should try and deliver the check. Communications between services is important.

It is hoped in the near future the referral pathway for adult ADHD will be improved and a referral proforma introduced.

**Action Required:**

Note: It is hoped in the near future the referral pathway for adult ADHD will be improved and a referral proforma introduced.

<p><b>Author:</b>                  Dr David Chapman  <a href="mailto:David.Chapman-OCCG@nhs.net">David.Chapman-OCCG@nhs.net</a></p>	<p><b>Clinical Lead:</b> Dr David Chapman</p>
---	---

## **Referral routes for adult mental health issues Age 18-65**

1 in 4 adults in the UK will experience mental health issues. The majority of these people receive excellent treatment in primary care often with interventions from IAPT (Talking Space Plus in Oxfordshire) and will never need to be referred to secondary mental health services. With all referrals best practice is to inform patients that the referral is being made.

**Talking Space Plus (TSP)** offers interventions for people with common mental health problems namely **mild to moderate depression** and/or **anxiety disorders including OCD and PTSD** and **comorbid long term physical health conditions or medically unexplained symptoms**. This is open to all **adults 18** or over **including people over 65** who are registered with an Oxfordshire GP –for more details:

<https://www.oxfordhealth.nhs.uk/talkingspaceplus/>

**TSP** in partnership with **Oxfordshire Mind** offer a **wellbeing service** for those with mental anguish/strong emotions/low self-esteem or other mental health issues who do not want formalised clinical services but would benefit from a wellbeing option session. Referral is as above.

**TSP** can be accessed directly by patients 01865 901222 or via the self referral form on the web site. GPs can also refer using a OCCg proforma **Talking Space Plus referral form**, which is especially helpful if referring someone with a Long term condition

**TSP** is also open to young people age 16 or over, but referrals will be via CAMHS on 01865 902515. For more details: <https://oxfordhealth.nhs.uk/camhs/refer/>

### **More Severe mental health issues**

Referral to **Adult Mental Health Team (AMHT) (age 18-65)** is **appropriate** when interventions from primary care including IAPT services have not had the desired results or when a person presents as too complex or are at risk to themselves or others.

The AMHT is the main front door to secondary adult mental health services. It has a triage/assessment function and also is the umbrella for the treatment services. The treatment services include the main adult treatment teams and some other teams including the **Early Intervention Service (EIS)** (for those ages 14-65) with possible new onset psychosis, **Complex Needs** for those with personality disorder and **psychological services** (which are more complex than those who would respond to IAPT services) and are now embedded in the adult teams providing a range of evidence based talking treatments.

**Patients who have been discharged from treatment team (last 12 months) can self refer directly back to treatment team.** The AMHT is part of a wider Oxfordshire Mental Health Partnership with Mind, Elmore, Connection floating support, Response and Restore who help support patients within Oxfordshire who have a mental illness and who are within Secondary care clusters 4-17.

The following disorders are appropriate for referral to AMHT. Please note all referrals to the AMHT are best made using the OCCG proforma **Adult Mental Health or Eating disorder Referral Form** as it has up to date referral information

- **Anxiety/neurotic disorders:** if two interventions have been provided (any combination of psychological (**TSP**), medication or self-help) and the patient **still has**

**severe and disabling symptoms** – refer direct to AMHT but you might want advice only initially

- **Depression:** if the patient has not responded to three antidepressants (each for 4-6 weeks) **and** one other intervention (such as self-help or interventions provided by Talking Space Plus). Referral prior to this may be justified by severity, risk and/or impairment of function. Refer direct to AMHT – you might want **advice only** re medication initially.
- **Mania** (or possible bipolar disorder): refer direct to AMHT.
- **Psychosis:** if suspected or present refer to the AMHT (will be referred on to EIS if first episode)
- **Anorexia nervosa:** BMI of 17.5 or under usually as a result of rigid or purposeful dietary restriction. [Suggest refer using proforma](#)
- **Bulimia nervosa:** with severe bingeing and vomiting (several times/day for 3 months). [Suggest refer using proforma](#)
- **Personality disorder/ Complex Trauma:** Complex Needs Service is the most appropriate evidence based service for people with personality disorders and achieves good outcomes, but requires significant engagement from the patient. AMHT care may be appropriate in the short term in crisis or where there are other mental health conditions.
- If not previously known to mental health services and no diagnosis or a diagnosis and presenting with escalating risky behaviours to self or others refer to AMHT.
- If patient has a confirmed diagnosis of PD
  - Complex Needs Service. – refer direct to Complex Needs
  - If patient is reluctant to accept Complex Needs Service they may receive short-term problem-solving work from the AMHT if there is a high risk of harm to self or others. However, the plan from the last contact from the AMHT (if present) should be followed prior to re-referral
- **Dementia:** if the patient is under 65 and dementia is suspected refer to the Neurology Memory Clinic (not the Oxford Health NHS FT dementia service).
- **Misuse/dependency of alcohol or illicit drugs:** where this is the primary problem refer to Turning Point.  
<http://wellbeing.turning-point.co.uk/oxfordshire/professionals/> If there is a co-morbid major mental illness, refer to AMHT.
- **Autistic Spectrum Disorder (ASD):** If there is a significant mental health issue or at-risk behaviour then refer to AMHT. For adults with possible autism and no previous diagnosis or those with a diagnosis **without significant MH issue of crisis/risky behaviour** can refer to Autism at Kingwood for and diagnostic pathway and lower levels of support. A referral proforma called **Adult Autism referral** is included in the OCCG proforma bundle and all referrals must include a completed AQ10 questionnaire. The OCCG Proforma '**Adult Autism Referral form**' includes all essential information. GPs need to include a completed **AQ10** and only refer if the score is >3. Send referrals to Oxfordshire Adult Autism Diagnostic Service, Autism at : Kingwood Baptist House, 129 Broadway, Didcot, Oxon OX11 8XD Tel: 01235 359388 or Email: [referral@kingwood.org.uk](mailto:referral@kingwood.org.uk)

- **ADHD:** suspected adult ADHD refer to AMHT. New pathway currently being developed. Referrals must include an ASRS screening questionnaire

**The referral response times are**

- **Routine** – patient is assessed within 56 days
- **Urgent** – patient is assessed within 7 days -
- **Emergency** – patient is assessed within 4 hours but the patient and referrer are contacted within 2 hours to agree an immediate safety plan and arrange the assessment – referrers needs to provide contact details for themselves.

**Referrers should mark the required referral response time on their referral.**

**The 'Adult Mental Health or Eating Disorder referral form is uploaded in the OCCG proforma bundle and includes referral details and essential required information as is the 'Adult Autism Referral Form'. A proforma for ADHD is being developed.**