

Locality Commissioning Meeting Oxford City

Date of Meeting: 12.9.19	Paper No: 4					
Title of Paper: Referral routes for adult and older peoples mental health issues including dementia/memory problems and Eating disorders and learning disability +						
Is this paper for	Discussion		Decision		Information	✓

Purpose of Paper:

Use of proformas for referrals to Mental health services

The use of referral proformas which are included in the OCCG proforma bundle are a useful tool for both referrers and providers as long as practices make sure the bundle has been downloaded regularly so that any refinements are up to date.

They have been designed between GPs and the providers and autopopulate important information which can be used by the providers of services, as well as consultations contained in the clinical record. This means that GPs have to write less in their referrals and do not need to duplicate details.

The different sections contain useful information to allow speedy triage so that the patient can be seen at the appropriate time. Not all the information has to be filled in but some is essential to allow triage to appropriate parts of the service.

The LMC has stated that referrals cannot be rejected on the grounds that a referral form is not used, but a referral can be returned to the referrer if there is inadequate information to allow processing by the MH teams. Although the forms are not mandatory they are useful as they are an aide memoire to help referrers to think about the appropriate information which needs to be included in a referral. They will also stop the need for prolonged attempts to communicate between the MH teams and the referrer if information is missing. This will ultimately help the patient.

The current suite of proformas are as follows

- Adult and Older Adult Mental Health, Memory or Eating Disorder referral form**
- Talking Space Plus referral form**
- Adult Autism referral**

Adult Learning Disability referral
Adult ADHD referral
Addictions Service (Turning Point) referral

When the perinatal maternity service is fully functioning it may have its own referral form but currently the unified **Adult and OlderAdult Mental Health , Memory or Eating disorder form** can be used as the referral is currently through the AMHT

Action Required:

Practices to note and ensure the information is available within their practice systems.

If you have any issues around this please contact Sharon.hopkins3@nhs.net

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Referral routes for adult and older peoples mental health issues including dementia/memory problems and Eating disorders and learning disability

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

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 and other MH services

Referral to **Adult Mental Health Team (AMHT) (age 18-65)** or **Community Mental Health Team (CMHT) (age >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 older adult **CMHT** will deal with MH problems including dementia. For diagnosis of dementia, patients are seen in memory clinics. Referral details are contained in the unified referral form

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/CMHT. Please note all referrals to the AMHT/CMHT are best made using the unified OCCG proforma **Adult and Older adult mental health, Memory or Eating Disorder** referral form as it has up to date referral information and self populates with information useful for the AMHT. If the referrals are not suitable alternative referral routes are described

- **Anxiety/neurotic disorders:** : if the patient has tried two medications (SSRI, SNRI or pregabalin for up to 12 weeks) and one other intervention (such as self-help or interventions provided by Talking Space Plus) 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. Refer using **Adult and Older adult mental health, Memory or Eating Disorder referral form**
- **Bulimia nervosa:** with severe bingeing and vomiting (several times/day for 3 months). Refer using **Adult and Older adult mental health, Memory or Eating Disorder referral form**
- **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). Otherwise if age 65 or more refer to OH memory clinics using **Adult and Older adult mental health, Memory or Eating Disorder referral form**
- **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/> or using **Addictions Service (Turning Point) referral**

If there is a co-morbid major mental illness, refer to AMHT.

- **Adult 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 you** can refer to Autism at Kingwood for a 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. Only refer if the score is >3.
 - Secondary MH services can refer directly to this service if they think it is appropriate.
 - 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
- **Adult ADHD:** suspected adult ADHD refer to AMHT. All referrals MUST include an ASRS questionnaire and a Wender Utah Rating form. These are to be filled in by the patient (ASRS) and close family or friends who knew the patient as a child (Wender). These questionnaire need to be attached to the referral and are available through the proforma **Adult ADHD** referral form. If the questionnaire are not completed the referral will be returned to the referrer.

Adult Learning Disability

- For services to those with a learning disability can be referred using the **Adult Learning Disability** referral form which has all the contact information on it.

In Mental Health terms the referral response times are generally

- **Routine** – patient is assessed within 28-56 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 need to provide contact details for themselves.

Referrers should mark the required referral response time on their referral if appropriate.