

General referral criteria for mental disorders

Adults

A main objective of the WHO Guide to Mental Health in Primary Care is to extend the expertise of the primary care clinician and improve the cooperation and communication between primary care and secondary mental health services. With this understanding, the following guidelines have been prepared.

Referral to secondary mental health services should be considered in the following circumstances:

- where the patient is displaying signs of suicidal intent or if there seems to be a risk of harm to others
- where the patient is so disabled by their mental disorder that he/she is unable to leave his/her home, look after his/her children or fulfil other activities of daily living
- where the GP requires the expertise of secondary care to confirm a diagnosis or implement specialist treatment
- where the GP feels that the therapeutic relationship with the patient has broken down
- where primary care interventions and voluntary/non-statutory options have been exhausted
- where there is severe physical deterioration of the patient
- where particular psychotropic medication is required (eg clozapine, lithium or donepezil)
- if the patient requests a referral.

When making a referral to secondary mental health services, Social Services or voluntary/non-statutory organizations, the GP should:

- have access to a local resource directory
- consider coordination issues around the referral (eg Care Programme approach, care manager)
- consider implications for the continuing care of the physical health of the patient.

All referral criteria constitute part of the guideline for that particular disorder and assume that, as far as possible, the guideline for diagnosis and management has been followed.

Referral letters

- Patient's name, hospital number (if known), date of birth, address and telephone number
- Presenting complaint
- Reason for referral, including whether for advice only for GP to manage, or for psychiatrist to manage
- Past psychiatric history
- Background
- Current mental state
- Current medication, details of any medication tried in the past few weeks
- Drugs and alcohol history
- Details of carers and significant others.

Children and adolescents

Referral to Child and Adolescent Mental Health Services (CAMHS) should be considered in the following circumstances:

- where the young person is displaying signs of suicidal intent
- where assessment of the young person is not suitable for primary care (e.g., psychotic symptoms, attention-deficit/hyperactivity disorder [ADHD])
- where the young person is likely to require medication and treatment is not suitable for primary care (e.g., depressive disorder in a child, severe obsessive-compulsive disorder)
- where the young person is so disabled that they cannot go to school or see friends
- if the young person or parent requests a referral
- where primary care or other options have failed.

Referral to other agencies may be necessary. Criteria include the following:

- any form of suspected abuse (Social Services)
- young person who is no longer in the care of their parents and is at risk of harming themselves or others (Social Services)
- young person who is at risk of harming other children or adults (Police)
- young person with school attendance problems (Educational Welfare Service)
- young person with suspected specific learning disability (school special needs department)
- young person with a substance misuse problem (local young person's drug and alcohol services).

Voluntary organizations can often help children and adolescents with emotional or behavioural problems - for example, the NSPCC, local parental support groups (eg ADHD groups) and parenting groups run through programmes such as Sure Start.

When making a referral to other service providers, the GP should have access to a local resource directory.

Referral letters

It is helpful if referral letters include as many as possible of the following:

- patient's name, hospital number (if known), date of birth, address and telephone number
- presenting complaint
- reason for referral, including who wants what from whom
- past medical and psychiatric history or contact, including whether this child or a sibling has been seen by CAMHS before
- family and social background
- developmental history
- current medication
- any drug and alcohol history
- details of carers and significant others.