

## **Guidance for Referral to CMHT Updated May 2015**

The Community Mental Health Team service is for people usually ages 18-64 who experience severe and/or enduring mental health problems. It will also provide a service to those individuals with time limited disorders who can benefit from specialist interventions. The Team comprises staff from range of professional groups including nurses, occupational therapists, social workers, psychologists and psychiatrists.

### **Eligibility**

Those eligible for a service from the CMHT are individuals with complex needs who require care co-ordination.

The service is designed primarily to meet the needs of people over age 18 years where the individual may be suffering from a 'psychiatric disorder' or serious mental illness

Psychiatric disorders can be defined as a wide range of conditions that include;

- An acute episode of mental illness which requires assessment and intervention
- Bipolar disorders
- Psychotic disorders – including schizophrenia, drug induced psychosis
- Depression which is resistant to treatment, recurrent or significantly impairs social functioning and where primary care interventions have been unsuccessful
- Severe anxiety disorders
- Severe emotional difficulties where mental health interventions are required to manage distress and/or risk
- Personality disorder
- Conditions requiring diagnosis/medical opinion of a Psychiatrist
- Specific disorders e.g. severe obsessive compulsive disorder, phobias, post traumatic stress disorder, eating disorders and anxiety spectrum disorders needing secondary care specialist interventions
- People with a dual diagnosis i.e. substance misuse, learning disability, Autistic Spectrum Disorder, alongside where there is also evidence that the person has a serious mental illness
- People with a genetic and or neuro-degenerative disease and mental illness e.g., Huntington's, where the person's needs are best met by Mental Health Services.

The service may not be suitable for:

- Ongoing treatment for people with Aspergers
- Where the primary problem is substance misuse – either illicit, prescribed or non-prescribed medication or alcohol
- Those people who present predominantly with learning disability and have no evidence of serious mental illness
- Those people with acquired brain injury with no evidence of serious mental illness

If unsure, contact the duty person for further discussion and advice.

### **Referral to Team**

There are two categories for referral to CMHT and within the urgent category an option must be selected. Categories options, response times and referral route are shown in table 1 below. Referrals should be made through the SCI Gateway however, every same day urgent referral should include a telephone contact to the local Duty person to discuss details of the referral including the presenting circumstances and the reasons for requesting an urgent response, this is the start point of the referral in these instances. The referral should be followed by a SCI Gateway referral for supporting information.

Each CMHT has a duty worker who is available to take calls and deal with any urgent referrals but if for any reason the duty worker is not available, do not hang up, ask to speak to another clinical worker.

In Renfrewshire Emergency Referrals are made by telephone call to the Intensive Home Treatment Team (IHTT) who will respond to referrals within 24 hours.

### **Prioritisation & Response Times**

*Table 1*

<b>Category of referral</b>	<b>Response time by CMHT</b>	<b>Referral method</b>	<b>Criteria</b>
Routine	Within 4 weeks	SCI gateway	Moderate to severe mental illness.(medical out-patient and Psychology appointments may necessitate a longer wait)
Urgent (Option 1)	Same day	Telephone call to duty person followed by supporting SCI gateway referral	Presentation with immediate risk of self harm and/or active plans of suicide acute distress due to psychiatric illness or where someone with a mental health problem requires an immediate assessment. This would include the situation where a patient required urgent assessment for detention or urgent detention.
Urgent (Option 2)	Within 5 working days	SCI gateway	– As above although immediacy is not present, referrer is satisfied patient is in no immediate danger but requires intervention within the next few days.

All CMHTs will have locally agreed arrangements agreed for access to medical cover 9-5 Monday to Friday.

### **Known Risks**

In order to avoid delays in allocation and phone calls to the practice for supplementary information, a number of known risks questions have been requested

on the SCI gateway referral template – these include risk of suicide, past history of suicide, risk of deliberate self harm, is the patient responsible for children, risk to others including children/dependents/clinicians/other, risk from others and risk of self neglect. If any of these risks apply, we would be grateful if you provide any known supportive information. Risk is key to our decisions at point of referral.