

**REFERRAL GUIDANCE**  
**OLDER PEOPLE'S COMMUNITY MENTAL HEALTH TEAMS (OPCMHT)**  
**MEMORY/DEMENTIA**

Patients with concerns about their memory may approach their GP.

If the GP is satisfied that the patient **does not** have a diagnosis of dementia then he or she should reassure the patient, give them information and advice about memory problems if this is appropriate and advise them to return for review if there are any further concerns in the future.

Some GP's may be confident about making a **diagnosis of dementia** and in this case referral to psychiatry is not necessary, particularly if the working diagnosis is one of vascular dementia with no significant psychiatric issues. In this case, the diagnosis can be made and the patient/family referred for \* Post Diagnostic Support. Where a probable Alzheimer's type dementia is the working diagnosis and there are no co morbid issues to contraindicate a trial of a cholinesterase inhibitor, referral may be made to the OPCMHT for review and consideration of treatment.

In cases, where the diagnosis is unclear or there are significant psychiatric symptoms, referral to the OPCMHT using the guidelines detailed below would be appropriate.

**All patients MUST be seen by their GP, be aware of, and consent to the referral to psychiatry.** If a patient refuses to be seen, this should be discussed with the appropriate consultant or the Nurse Team Leader.

OPMH Services will assess people of any age experiencing memory loss or dementia, where we are the most appropriate service. However

**if the patient is under 65yrs and there is the possibility that their symptoms may be due to another psychiatric illness such as depression then in the first instance they should be referred firstly to Adult Mental Health services for assessment.**

**If the patient is very young e.g. under the age of 60 it may be appropriate to refer the patient in the first instance to a neurologist.**

If a patient already has a diagnosis of Dementia and presents with a worsening of memory – this would be in keeping with their diagnosis and does not warrant referral back to OPCMHT unless there are additional issues which require the input of Secondary Mental Health Services. This may include the development of challenging behaviour or the development of psychotic symptoms.

## **CAPACITY**

Assessment of Capacity - Older Peoples Mental Health Service does not provide routine assessments of capacity as this is a core medical skill and is not specific to psychiatry. In the event of a particularly problematic assessment of capacity we would of course be happy to give a second opinion. In these circumstances we would be grateful if the GP would make an initial assessment of capacity and also the reasons for a second opinion e.g. family conflict, borderline capacity etc. The Consultant Psychiatrist responsible would be happy to discuss these issues should you have any concerns.

## **RESPONSE TIMES**

**URGENT- WITHIN 24HOURS- What is urgent? - Active suicidal thoughts/plans or thought to be a severe risk to themselves or others due to a deteriorating Mental Health.**

## **ROUTINE-**

**CPN'S- Contact will be made within 7 working days**

**Psychology and Medical Staff- Psychological Assessment 18 weeks;**

**Medical Staff 12 weeks**

## **The following information must be included in the referral:**

A history of the memory difficulties (duration, characteristics and impact on activity of daily living).

Any other cognitive difficulties with which the person is presenting.

Where possible, obtain a history from a relative or carer.

**Include carer's contact details.**

Any known risks/forensic history relevant to the patient attending clinic or Health Care Professionals visiting patient's home

Mini Mental State Examination.

Baseline Bloods and any physical examinations he or she deems appropriate in order to rule out an alternative cause of the memory problem.

Only if symptoms suggest, further investigation at this stage may include Chest X-ray, ECG, MSSU and a note of any multidisciplinary assessments/reports or other services involved with the patient.

**N.B. – If the above information is not given it may result in the referral being returned to be completed fully.**

**\* Please contact your local CMHT for information on Post Diagnosis Support provision for your local area**

