

REFERRAL GUIDANCE

OLDER PEOPLE'S COMMUNITY MENTAL HEALTH TEAMS (OPCMHT)

The Older People's Community Mental Health Team provides support and treatment for individuals who have a mental health problem; and live in their own home or a Care Home. The Team comprises staff from various professional groups.

WHO IS THE SERVICE FOR?

The service is for people aged 65yrs or over who may be experiencing mental health problems which may impact on their day to day functioning which cannot be managed by their GP or within Primary Care. Some of these patients may have needs which would be best met by other services, if it is felt we are not the most appropriate service, the referral will be returned to you with a covering letter explaining the reasons for this decision and we may suggest other services for you to consider referring your patient onto.

If referring for Memory assessment or De mentia please refer to SCI Guidance note for Memory/Dementia.

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.

WHO ARE THE TEAM?

The Team comprises :

- Consultant Psychiatrist and other medical staff
- Community Mental Health Nurses
- Clinical Support Workers
- Occupational Therapy Staff
- Acute Liaison Nurse Specialists
- Care Home Liaison Nurse Specialist
- Clinical Psychologist

All referrals are discussed at the weekly MDT and allocated to the appropriate team members.

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 Assesment 18 weeks;
Medical Staff 12 weeks

REFERRALS- should include

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

Any other 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 to patient or Health Care Professionals visiting patient's home.

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

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

If referring for:

Low Mood please refer to Guidelines on treatment of Depression in Primary Care before referring to Secondary Care.

Acute Confusion- please have screened for Infection/Delirium and treat accordingly.

Drug/Alcohol Dependence- Please refer to Addictions team