Specialist mental health referrals: Suggestions for the busy GP

Primary care liaison psychiatrist **Cheryl Buhay** offers prompts on useful information to include in referrals to specialist mental health services



Key points

- Including all relevant information in a referral to specialist mental health services (as described here) assists with mental health triage and navigation, and supports tāngata whai i te ora in receiving the appropriate mental health care.
- If a referral is urgent, phone the relevant mental health service to discuss; if there are concerns regarding imminent risk to self or others, call 111.

Having worked as a psychiatrist at the specialist mental health–primary care interface for the last several years, I have become increasingly aware of the volume and complexity of mental health presentations that GPs manage with limited time and resources. A 15-minute consult is a very tight time frame to address a person's problem list (with mental health issues disclosed at the very end in some cases), followed by the paperwork required, which may include a referral to specialist mental health. Based on the feedback I have received from GPs, it is frustrating when referrals are declined or when tāngata whai i te ora (people seeking health) are not seen urgently, despite this being highlighted in the referral.

Mental health triage

Referrals from primary care (as well as other stakeholders, such as tāngata whai i te ora, their whānau, schools, police, private care providers) are triaged by trained mental health clinicians. In some centres, these clinicians form a referrals management team.

Triage – this is performed using evidence-based tools such as the UK Mental Health Triage Scale (ukmentalhealthtriagescale.org), which is outlined in the table. This process determines the presence of a mental-health-related problem, the level of risk, the urgency of the problem, and the most appropriate service response, including the optimal time frame for response.

The referral is assigned a triage code from A to G, with mental health response times varying from immediate to within four weeks, or the person is given advice or further information. For example, if a referral for a person who is suicidal is marked by the GP as "urgent" but can safely wait (eg, if supported and supervised by friends and family), the referral can be triaged as a C (mental health response within 24 hours).

Navigation – in addition to the triage function that decides whether a referral is acute (ie, for the crisis team) or non-acute, there is also a navigation function whereby referrals are forwarded on to the appropriate mental health team, such as cultural mental health teams (eg, Māori or Pacific mental health) and sub-specialty teams (eg, maternal mental health, eating disorders specialist service).

Sometimes, referrals request specialist psychiatrist advice. These are forwarded by referrals management clinicians to psychiatrists who can then make recommendations to the referrer regarding medication and overall management.

Making a referral

Including relevant information in a referral to specialist mental health aids referral triage and navigation, which benefits tāngata whai i te ora, in that they receive the appropriate care. When referring to specialist mental health, also consider the following:

- How severe are the mental health symptoms, impairment in functioning and level of risk?
- Have community/primary care interventions and other enablers been exhausted?
- Is the input required beyond the capability of primary care?

Panel 1 outlines useful information to include in a referral to specialist mental health.

Set the scene – include in the referral what you are requesting (eg, diagnostic clarification, risk management, treatment review). Has the person consented to the referral being made? Is the person willing to engage in specialist mental health follow-up? Lack of consent may impact on engagement in voluntary mental health follow-up.

Mention if cultural input is required. If this is required, the referral can be forwarded to the appropriate cultural mental health team. A cultural support person can also be arranged to help engage the person in follow-up.

Include information on the person's demographics, including their current contact details (unfortunately, the incorrect number is sometimes given, and triage clinicians are not able to contact the person) and their current support system (so they can be engaged in safety and management planning).

Mention if the person has any established mental health diagnoses and describe their risk history, especially if they are not known to the specialist mental health service being referred to.

Describe the current episode – describe the current stressors and mental health symptoms (including their duration and severity). Describe how the person's mental health presentation has impacted on their functioning across different settings (eg, work, home, relationships, ability to parent). Provide details on risk concerns, including issues around broader risk domains that are beyond risk of harming self or others (eg, financial, driving).

Panel 1. Useful information to include in a referral to specialist mental health

Background:
- **Purpose of referral** – for example, diagnostic clarification, crisis, deteriorating mental state, treatment review.
- **Consent** – does the person consent to referral?
- **Cultural** – is cultural input required?
- **Demographics** – include current contact number.
- **Support** – for example, family/whānau, friends, therapist, NGO providers.
- **Mental health diagnoses** and **risk history**.

Description of current episode:
- **Current stressors**.
- **Mental health symptoms –** with description of duration and severity.
- **Functioning** – any impairment of functioning.
- **Risks** – harm to self/others, self-care, organisational, reputation, financial, care of children, driving, etc.
- **Recent changes in treatment** – for example, therapies and medications tried, including dose changes.

Other relevant information:
- **Current medications** and any history of **adverse reactions** – please request medication serum levels if indicated (eg, mood stabilisers, clozapine).
- **Physical health issues**, including **current physical health status** – is further medical assessment required?
- **Alcohol** and **substance use**.
- **Pregnancy/postpartum** – breastfeeding status; are there any concerns with bonding or care for baby?

Panel 2. Appropriate urgent referrals

Urgent referrals are when a response is expected in the next two to 72 hours. Appropriate urgent referrals include presentations where there is:

- acute suicidal ideation or risk of harm to others
- high-risk behaviour associated with disordered perceptions or thoughts or poor impulse control
- rapidly increasing symptoms of psychosis or mood disorder
- inability to care for self or dependents, with high risk of adverse consequences within 12–24 hours
- serious distress to patient or carer arising from serious mental disorder
- high risk of relapse of someone with known mental illness, or serious adverse effects of current treatment.

With many psychotropic medications now available, and GPs becoming comfortable and confident in prescribing and trialling combination and augmentation strategies, it is useful to include information on what treatments have been tried as this will help in decision-making around potential treatment options. Do not forget to mention any psychosocial interventions tried as well.

Include the current medications list and history of adverse reactions. Check serum levels if indicated (eg, if they are on a mood stabiliser such as lithium or valproate, or an antipsychotic such as clozapine) as this helps exclude poor or non-adherence, or toxicity.

Include whether there are any physical health issues or alcohol or substance use. If in pregnancy or postpartum, mention whether the person is breastfeeding (this can influence medication choice) or whether there are any concerns with bonding or care for baby (issues with this may require specialist perinatal mental health support).

If the referral is urgent – phone the relevant mental health service to further discuss and avoid risking an urgent referral being added to a pile of referrals waiting to be triaged. Panel 2 outlines situations when a referral would be considered urgent or acute. If there are concerns regarding imminent risk to self or others, call 111. ■

Cheryl Buhay is a primary care liaison psychiatrist based in Auckland, providing specialist mental health advice to GPs in the Waitematā district. She is an honorary senior lecturer with the University of Auckland and a contributor for Auckland Region HealthPathways

A one-page quick-reference sheet about accessing advice and making referrals can be found in the Auckland Region HealthPathways under the Mental Health Advice pathway (tinyurl.com/MakingReferrals)

UK Mental Health Triage Scale

Triage code/description	Response type/face-to-face contact
A – emergency	Immediate referral – emergency service response
B – very high risk of imminent harm to self or others	Within 4 hours – very urgent mental health response
C – high risk of harm to self or others and/or high distress, especially in the absence of capable support	Within 24 hours – urgent mental health response
D – moderate risk of harm and/or significant distress	Within 72 hours – semi-urgent mental health response
E – low risk of harm in short term or moderate risk with good support/stabilising factors	Within 4 weeks – non-urgent mental health response
F – referral not requiring face-to-face response from mental health	Referral or advice to contact alternative service provider
G – advice, consultation, information	Advice or information only OR more information needed

Adapted from ukmentalhealthtriagescale.org

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