Mental Health Single Point of Access Referrals Glossary of Services

ADHD Clinic
The service aims to assess and treat adults whom either had ADHD "missed" when they were children, or whom have had a past diagnosis but are no longer under specialist ADHD care, and now need re-assessment or review of their treatment. Where co-morbidity exists, the service may offer specialist consultation specific to the management of ADHD. When referring to ADHD Clinic please include details of past diagnosis, what areas of impairment they suffer with (if applicable) and whether in services previously. Please see below for the link to the ASRS (Adult Self Report Scale) screening tool, which is helpful to ask the patient to complete and include.

https://www.hcp.med.harvard.edu/ncs/ftpdir/adhd/18Q_ASRS_English.pdf

ASPIRE
GP's can refer directly to this service:

https://www.commlinks.co.uk/services/leeds/aspire

ASPIRE, Leeds Early Intervention in Psychosis Team, works with young people (age 14-35) experiencing a first episode of psychosis, for up to three years. Based with Community Links, the team works alongside primary and secondary mental health services. Young people are offered a range of evidence-based interventions to support them and their family and are allocated a CPA coordinator.

Autism and Asperger's - Leeds Autism Diagnostic Service (LADS)
Leeds Autism Diagnostic Service accepts all referrals of people not previously diagnosed with an autistic spectrum condition which includes Asperger's Syndrome. Assessments are offered to adults of all cognitive ability, although it is essential to indicate whether the person has a diagnosed learning disability (IQ under 70). Those with an existing diagnosis of autism should be referred to either CMHT or CLDT as appropriate.

This is currently a diagnostic service only. A treatment and outpatient service is under consideration. Those diagnosed may be signposted to other autism spectrum resources in the local area including information re accessing social care assessment.

Care Homes
The Care Homes Team provides mental health care to people who are permanent residents in care homes and require specialist mental health assessment and treatment. This includes support and education to care home staff

Community Mental Health Team - Services for all adults from age 18 upwards, focused on those with;

- Severe and persistent mental disorders with significant disability e.g schizophrenia, bipolar disorder
- Longer term disorders of lesser severity characterised by poor treatment adherence requiring proactive follow-up
- Any disorder with significant risk of harm to self or others (e.g. acute depression) or where the level of support required exceeds that which a primary care team could offer
- Disorders requiring skilled or intensive treatments not available in primary care e.g CBT, vocational rehabilitation, medication maintenance requiring monitoring.
- Complex problems of management and engagement e.g requiring MHA interventions
- Severe disorders of personality where there may be benefit from continued contact and support where also accepted by AOT or the PD network

Eating Disorders - Yorkshire Centre for Eating Disorders
Anorexia - Leeds GPs can refer directly if their patient has a BMI of 15 or under. Otherwise, YCED accepts referrals of adults suffering from Anorexia Nervosa who have a BMI of 17 or less, via the CMHT, with an allocated CPA coordinator.
Bulimia – referrals are accepted for severe Bulimia Nervosa i.e bingeing and vomiting at least daily (or more frequently) can be referred.
Where there is a history of drinking heavily or taking recreational drugs, patients are required to be abstinent for a minimum of six months before assessment can be offered.

Memory Services
Assessment, diagnosis and appropriate treatment and interventions for older people experiencing early dementia. Referral criteria:

- Older people with memory problems for at least six months
- Memory problems interfering with everyday functioning
- Family/carer/ significant others aware of these problems
- Memory problems not linked to a recent traumatic head injury
- **Investigations have been undertaken in primary care prior to referral – see basic dementia screen**
- **Should also include physical examination, recent and past medical history, current prescribed medications**

Basic dementia screen to be performed
Formal cognitive testing using standardised tool such as 6-CIT or alternative.
ECG
Simple urinalysis
Routine haematology, full blood count
Biochemistry test (inc urea and electrolytes, calcium, glucose, renal and liver function)
Thyroid function tests

Serum vitamin B12 and folate levels
Lipid profile / cholesterol.

Dementia - Younger People with Dementia

Assessment, diagnosis and appropriate treatment and interventions for people of working age with dementia or suspected dementia and their families. One of the following should be present:

- memory problems
- language changes
- attention/concentration difficulties
- behavioural/ personality or mood changes

In order for a referral to be accepted into the service, a service user should have experienced one of the above for a minimum of six months. Investigations should have been undertaken in Primary care prior to referral *(see Initial assessment on Dementia Pathway for guidance).* Information to be included in the referral *(including test results if not accessible on LCR)* is listed below: -

- Dementia Screening Bloods, to include FBC, Calcium, Glucose, Urea/electrolytes and liver function, thyroid function, serum vitamin B12 and folate levels
- Physical examination *(where appropriate)*
- Summary of medical and psychiatric history
- Examples of changes in cognitive function and impact on their life's in the last 6 months
- Current prescribed medications
- Formal cognitive testing using a standardised tool such as the 6-CIT, GPCOG or alternative
- Current alcohol consumption in units and history of excessive alcohol episodes
- Current substance misuse and any history of prolonged substance misuse periods
- History of a stroke in last 6 months or head injury in last 12 months
- Any significant ongoing psychosis or depression/anxiety
- Family history of early onset dementia, please provide the type and age of onset

Consider referral for brain imaging, CT head scan *(as recommended in Dementia Pathway)*

Psychotherapy & Psychological Services for adults from age 18 upwards

All referrals should have been preceded by IAPT steps I and II. Referrals can be accepted from IAPT practitioners or from GPs following IAPT interventions. We

encourage discussion with a member of the PTS Pathways team to discuss suitability prior to making a referral.
It is important to be aware that the maximum number of sessions we generally offer is 25.
The service adheres to NICE guidelines for the treatment of common mental health problems at a secondary and tertiary level of severity and complexity.
Where comprehensive psychological assessment is offered, outcome may include recommendations for individual or group therapy e.g Cognitive Behaviour Therapy, Psychodynamic Psychotherapy, Cognitive Analytic Psychotherapy, Person-centred Psychotherapy, Interpersonal Psychotherapy, EMDR and Group Psychotherapy.

Helpful information to include in Psychological Therapies referral

- Does the individual have a psychological difficulty which is of at least moderate severity and/or complexity, is impacting significantly upon their lives, and is persisting over time?
- Are there sufficient grounds for considering a direct referral at this point rather than accessing the earlier steps first?
- If the referral is sought after low-intensity intervention, what are the reasons for not accessing a high-intensity intervention?
- After either low or high-intensity interventions, is there sufficient evidence that the individual is likely to be able to engage and potentially make use of a level four intervention?
- Does the individual present an immediate or imminent risk of harm to themselves or others? If so, then the service is not equipped to offer an urgent response to such risks. (We may become involved in working alongside another agency in a partnership model when the acute situation has settled)
- If the individual is misusing alcohol and/or other substances, do you think this should be the current priority for specialist treatment elsewhere before referring?
- Would the individual consider the benefits of a group therapy?