

Pathway Development Service: Referral Criteria

The PDS accepts referral for adults with no upper age limit and for younger people aged between 16 to 18 years (though referrals of younger people aged 15 years will be considered in exceptional circumstances). Referrals of individual cases are made by Case Managers and are screened by the PDS at their weekly Referral Meeting against the following criteria:

Clinical presentation consistent with a personality disorder diagnosis needs to be present, as indicated by one or more of the following:

- a) A previous diagnosis of personality disorder or emerging personality disorder for those individuals aged 16 to 18 years.
- b) Evidence of personality traits and characteristics that would suggest the presence of a possible personality disorder. This includes difficulties in experiencing and expressing emotions, and impaired functioning in social and interpersonal relationships.
- c) The need for the personality disorder to be problematic in that it is unusual and causing distress to self or others; persistent in that it started in adolescence and has continued/or is continuing for those aged 16 to 18 years; and pervasive in that it affects a number of different areas in the person's life.

Referrals are accepted in the following cases when the person is either:

- a) Currently an inpatient within a specialist personality disorder hospital placement.
- b) Currently within an acute hospital setting including a Psychiatric Intensive Care Unit (PICU) and is likely to be transferred to a low secure hospital and/or appear to have blocked pathways to alternative services.
- c) In prison or a Youth Offender Institute (YOI) and consideration is being given to a transfer to a low secure hospital.
- d) Currently residing in a specialist personality disorder low secure hospital placement (male or female) and current treatment pathways appear unclear, blocked or obstructed in some way.
- e) Currently residing in a specialist female personality disorder medium secure placement and pathways out of such services appear unclear, blocked or obstructed in some way

Most individuals currently in hospital who have been referred will already be detained under the **Mental Health Act** (MHA). Consideration is given to those individuals currently in hospital on an informal basis but who also have a recent significant history of hospital admissions and previous detention under the MHA which make it more likely that they may be at risk of entering low secure care or are subject to a 'blocked' pathway whilst in hospital.

The PDS aims to have an agreed assessment date within three weeks of the date of the Referral Meeting where the allocation of the Caseworker has been identified. This may be completed earlier if there are significant and pressing circumstances relating to the case by the Clinical Team Manager (CTM). It is noted that if a potential referral of a service user is characterised by a state of acute crisis and displaying significant risk behaviours commensurate with the immediate need for low secure care; then the process of obtaining an Access assessment into low secure care should be prioritised by the Case Manager after discussion with the PDS.

If a **housing need** is identified by the referrer or Caseworker, and where the service user satisfies the above criteria, then the case is jointly allocated for a review and a Housing and Resettlement assessment. A 'stand-alone' Housing and Resettlement assessment may alternatively be indicated and provided for some service users.