

3.8 REFERRAL TO OCCUPATIONAL THERAPY WITHIN NHSGGC MENTAL HEALTH SERVICES

INCLUSION CRITERIA FOR REFERRAL

The role and function of Occupational Therapy within mental health in-patient services suggests the following inclusion criteria:

- **Any patient who requires assessment/intervention due to difficulties with personal, domestic activities of daily living, and/or community living skills**, for example, a person who is in the process of changing accommodation, or a person who is being discharged home, and is considered to be at risk and who is without other forms of support, or a person who is being considered for rehabilitation.
- **Patients who are detained and who require occupational therapy assessment/intervention as part of their care and treatment package;**
- **Patients with an F2 diagnosis who have not had their functional skills reviewed within the last 12 months**
- **Patients who have been in hospital for 3 months or more and require their occupational therapy needs reviewed;**
- **Patients who are experiencing repeated hospital admissions due to a breakdown in their community living skills.**
- **Patients who have been actively engaged with OT services in CMHT and other associated specialist services and require continued interventions.**

Timeframe for contact

Most referrals to Occupational Therapy will be treated as ***routine***.

Referrals will be considered ***urgent*** if the patient requires assessment, and is due for

discharge soon, or will be having a meeting with relatives to discuss discharge soon.

Patients whose referral is 'routine' will be contacted within 5 working days, and assessment/treatment will commence within 5 working days following initial contact.

Patients who are 'urgent' will be contacted within 2 working days, and assessment/treatment will commence within 3 working days following initial contact.

Please note, however, that these timeframes are at the clinical discretion of the Occupational Therapist. For example, if the patient is too unwell to be seen then it may take longer for the intervention to commence.

Adult and Older Peoples Community Mental Health Team

Occupational Therapy Referral Criteria

The Referral Criteria was developed by the Lead Occupational Therapists Mental Health Group, in accordance with the College of Occupational Therapists (COT) Professional Standards for Occupational Therapy Practice 2011. Occupational Therapy will accept referrals for service users who meet the criteria for the community mental health team and are currently engaged in treatment within the team.

Referrals will be accepted from

1. CMHT (Community Mental Health Team) health colleagues.
2. CMHT social work colleagues if open to the community mental health team.
3. Occupational Therapists from inpatients if ongoing care is being provided by CMHT.
4. Occupational Therapists from other services if open to the CMHT.
5. Housing Case workers to make recommendation for housing and support needs if the service user is in temporary homeless accommodation and open to the health component of the CMHT.

Referral Criteria

1. Service users who are at risk of breakdown of current accommodation due to difficulties with activities of daily living.
2. Service users who are at risk of hospital admission due to difficulties with activities of daily living.
3. Service users who are experiencing difficulties carrying out essential daily living skills. I.e. toileting, getting in/out of bed, bathing, meal preparation.
4. Service users, who have memory impairment, live alone and are at risk to self or others due to difficulties with activities of daily living.
5. Service users who have had a recent hospital discharge and have ongoing needs that can be met by occupational therapy intervention.
6. Service users who are experiencing numerous hospital admissions due to a breakdown in their community living skills.
7. Service users who require vocational rehabilitation inclusive of employment and educational opportunities.

Response Time to Referrals

1. Urgent – immediate action required –within 7 working days
2. Soon – imminent action required – within 14 working days
3. Routine –within 28 working days

(If response times cannot be met, then consideration should be given to the establishment of a waiting list)

Following assessment and where the provision of equipment is identified, occupational therapists must ensure that they refer to the EQUIPU Joint Protocol for the Provision of Equipment with particular reference to pg 49, Prioritisation Criteria and pg 3 Roles and Responsibilities.

' it is expected that the majority of provision can be met directly by staff who originally identify the equipment needs, however if the member of staff does not feel competent due to the complexity of needs falling within an others expertise they will refer to that service for an assessment.'

**OCCUPATIONAL THERAPY
NHS GGC MENTAL HEALTH AND SPECIALIST SERVICES**

REFERRAL FORM

Patient's Name		Consultant	
CHI		Ward/Base	
Contact number		Address	
Next of Kin		GP	
Communication supports identified		Mental Health Status	
Name of Referrer		Designation	
Signature of Referrer		Date of Referral	

Presenting Problems *(including mental/physical health):*

Social Factors / Home Circumstances

Drug/Alcohol use

Cultural / Spiritual Needs

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Reason for Referral (to be completed by referrer)		
Home Assessment	<input type="checkbox"/>	<u>Other Reasons</u>
Functional Assessment	<input type="checkbox"/>	
Personal ADL Assessment	<input type="checkbox"/>	
Vocational Assessment	<input type="checkbox"/>	
Structured Use of time	<input type="checkbox"/>	
Coping Strategies	<input type="checkbox"/>	
Social Skills	<input type="checkbox"/>	

<u>Risk Factors:</u>	<u>Yes/No/ Not known</u>	<u>Details</u>
Nil		
History of Violence / Aggression		
Self Harm		
Suicide		
Forensic History		
Absconding Risk		
Self Neglect		
Other Specify		

Risk Assessment Completed?	Yes/No/ Not known	Date:
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Any other Relevant Information

Data Collection (For Official Use Only)

Date of Referral	
Date Received	
Allocated OT	
Date First Contact	
Outcome: Accepted / Rejected / Diverted / Service User Refused O.T.	
Date of Initial Assessment	
Service user Remains on Caseload	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Discharged	
SCREENING PROCESS/PRIORITISATION	
URGENT <input type="checkbox"/>	REASON FOR DECISION

SOON

ROUTINE