


Older Person's Mental Health Service Referral Pathway

OPMHNHBAH/OPMHPPM/802

Approved by:	Service Director – Older Persons NASC HB & Allied Health	Date of first issue:	September 2012	
Signature:	Allison Stevenson	Date of review:	March 2020	
		Date of next review:	March 2023	

WHY WE HAVE THIS POLICY

To identify the entry criteria and exit procedure for Older Persons Mental Health Service (OPMHS).

SCOPE

OPMHS staff.

PRINCIPLES

- The service will accept appropriate referrals for the purpose of assessment and treatment.
- Those clients who do not meet the criteria will be referred on to the appropriate service.
- Once treatment is deemed complete by either party involved, clients will be discharged from the service.

BACKGROUND

OPMHS is a community based multidisciplinary team who work Monday – Friday; 0800 – 1700 hours (excluding public holidays).

The team includes; Registered Nurses, Consultant Psychogeriatrician, Medical Officers, Social Workers, Psychologist, Occupational Therapist and Social Work Assistant.

Referrals are accepted for people:

- Over 65 with late onset mental illnesses
- With dementia and associated behavioural disorders
- Needing assessment to determine appropriate level of secure dementia care

Referrals are not accepted for the following:

- New referrals that are outside of OPMHS working hours and/or deemed as high priority/urgent are referred to the Emergency Mental Health Service (EMHS).
- Referrals from adult inpatient services are to be referred to the Mental Health Consult Liaison Service. Exception: Geriatricians can liaise directly with our medics to discuss referrals.
- Uncomplicated dementia patients with significant physical assessment requirements: refer to Older Persons Service.
- Acute confessional states (delirium): refer to General Medicine or Older Persons Service.

ROLES AND RESPONSIBILITIES

Role	Responsibility
Member of the OPMHS	If appropriate, referrals will be initially assessed in their place of residence. Clients will be assigned to the most appropriate team member for case management and coordination.

PROCEDURE

Referrals:

- Referrals will be accepted from a range of sources. These include; General Practitioner, Older Persons Service, Medical Specialists, NASC Hawke's Bay, other health professionals, community groups, family/whanau, or self-referral.
- Referrals will initially be viewed by a Psychogeriatrician, or a delegated member of the OPMH team. High priority referrals will have telephone contact within 24 hours (during business hours) and face-to-face contact within two working days. A routine referral will have face-to-face contact within 14 working days.
- Referrals will be prioritised by the multidisciplinary team.
- A key worker will be appointed for individual clients.

Referrals to Other Services:

- When a client is identified as having needs which would be better met by another department or service, a written referral to that service will be sent by a team member at their earliest convenience.
- The referral will clearly state what is requested for the client.
- The client/whanau or caregiver, as appropriate, will be notified by a team member that the referral is being sent and to whom.
- Copies of the referral will be sent to relevant parties e.g. General Practitioner, original referrer, NASC Hawke's Bay etc.

Exit/Transfer Procedure:

- Stated goals have been achieved or revised, or
- Reason for referral is shown to be incorrect (e.g. wrong diagnosis) and case has been referred to another service/agency or back to referrer, or
- Another agency is identified as being more appropriate to provide service and customer and agency accept this recommendation, or
- Client no longer wants OPMHS to be involved and we believe it is safe to close the case, or
- Because of client/family's behaviour, it is inappropriate for us to remain involved, and
- Documentation, including the letter to the referrer is completed.

REFERENCES

Nil.

DEFINITIONS

Key work

Monitor and assess client on an ongoing basis. Coordinate planned care and services for an individual.

Routine referral

Suggests there is no urgency to the concerns raised within the referral.

High priority/urgent referral

A client who is exhibiting behaviours that are placing themselves or others at risk of harm.

Client

Refers to the person receiving treatment from OPMHS.

May also be known as the patient.

MEASUREMENT CRITERIA

Regular audits will be conducted.

Service feedback and events reviewed.

KEY WORDS

Closure

OPMH

Pathway

Referral

***For further information please contact Associate Clinical Nurse Manager,
Older Persons Mental Health***