

Complex Needs Service: Referral Form (Professionals)

The Complex Needs Service is the tier 3 (specialist community) personality disorder service for Buckinghamshire and Oxfordshire. Approximately 95% of referrals will meet diagnostic criteria for Personality Disorder. All treatment occurs in groups, CNS do not offer any one to one treatment.

GUIDELINES FOR REFERRERS

The following guidelines are in relation to patients being referred for treatment. If a second opinion or consultation is required, please contact the service directly to discuss.

It is important that referrals are discussed in full with the patient and that patients who are referred to the service express a level of motivation to make changes to their lives. Once we have received the referral, we will send out a form to the patient to complete before the referral is triaged. Following triage, if they are appropriate for the service, the patient will then be offered an appointment to meet with a clinician for assessment.

Please read the criteria below and if you think the service is appropriate please complete the referral form as well as the Standardised Assessment of Personality - Abbreviated scale (SAP-AS).

Who should be referred for treatment:

1. Patients suffering from severe interpersonal problems and poor coping skills falling within a broad definition of personality disorder or difficulties.
2. Patients who are likely to be able and willing to tolerate group-based psychological work.
3. Patients who take benzodiazepines or 'z drugs' (zopiclone etc) long term will need to be willing to stop the prescription early in the course of the work in the Complex Needs Service.

Who should not be referred for treatment:

1. Oxfordshire patients over 65 (Buckinghamshire CNS treats people of any age over 18 due to contract differences).
2. Patients who are acutely psychotic.
3. Patients adamantly opposed to treatment in a group.
4. Patients who are addicted to drugs or alcohol, or whose primary problem is substance misuse. Referrals may be appropriate if they are engaged with addictions services and CNS work is considered important for success in giving up substance misuse.
5. Patients who are not willing to give up illegal drugs.
6. Patients who have been convicted of a sexual offence. Thames Valley Pathfinder services or Psychological services should be considered.
7. Patients who pose a risk of violence if they were to enter a therapeutic group. Thames Valley Pathfinder services should be considered.
8. Patients whose problems appear to be due to autistic spectrum disorder or adult ADHD, or who are awaiting an assessment for ASD, without prior discussion.
9. Patients with a BMI of 17.5 or lower; please call to discuss patients with a BMI of 15-17.5.
10. Patients with a learning disability, IQ<70. Individuals with a borderline LD (IQ 70-80) may be referred after consultation.
11. Patients who have an open referral to Psychological Services (IAPT or Step 4) should not be referred to CNS. Please discuss with Psychological Services.
12. Patients under 25 who have previously been treated in CAMHS for PD type problems should be referred to the OSCA service.
13. Patients who have a comorbid diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder must be referred by the AMHT.

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Please complete every section and read attached Referral Guidelines before completing this referral form.

Patient Details

Title:		First name:		Surname:	
DOB:				NHS No:	
Current Address:					
Mobile:					
Email:					

Referrer/your Details

Name:		Role/Occupation:	
Service:			
Address:			
Email:			
Phone:		Today's date:	

GP Details

GP Surgery:		Individual GP (if known):	
GP Address:			
GP Phone:			

Standardised Assessment of Personality - Abbreviated Scale (Moran)

Please ask your patient the following questions.

Only tick a response if the patient thinks the description applies most of the time and in most situations.

1. In general, do you have difficulties making and keeping friends?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Would you normally describe yourself as a loner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3. In general, do you trust other people?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4. Do you normally lose your temper easily?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
5. Are you normally an impulsive sort of person?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6. Are you normally a worrier?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7. In general, do you depend on others a lot?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8. In general, are you a perfectionist?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Reason for referral

Please specify below:

1. How the patient is presenting and why you think they will benefit from attending the Complex Needs Service.
2. If they do not have a diagnosis of personality disorder, please outline their problems which are indicative of personality disorder.

Patient's view of referral & level of motivation

Please specify below:

1. The difficulties which the patient is wanting help with.
2. Their level of motivation to make changes and their willingness to engage in group therapy.

Psychiatric History

Please specify below:

1. Details of any psychological therapy they have previously undertaken and what the outcome was.
2. Current medication and treatment.
3. Any diagnoses / co-morbid disorders.

Personal History

Please outline details of any personal history that may have impacted on their mental health.

Alcohol & Drug Misuse

Has the patient had a problematic relationship with alcohol or drugs in the last 12 months? No Yes → *If yes, please*
Has the patient had a problematic relationship with alcohol previous to 12 months ago? No Yes → *provide further*
Has the patient had any past *or current* engagement with alcohol or drug services? No Yes → *detail below*

Risk

Does the patient have a current or past history of significant risk to self? No Yes → *If yes, please*
Does the patient have a current or past history of significant risk to others? No Yes → *provide further*
Does the patient have a current or past history of significant risk from others? No Yes → *detail below*

Please send completed form to tvi@oxfordhealth.nhs.uk or post to:

For Buckinghamshire - Complex Needs Service, The Wing Unit, Berton Road, Aylesbury, Bucks, HP20 1EG

For Oxfordshire - Complex Needs Service, Entrance 2, Manzil Way Resource Centre, Manzil Way, Oxford, OX4 1XE