Bristol Heart Institute

Psychological Health Services

## ACHD Psychology Referrals

For clinicians working in the Bristol Heart Institute referrals can be made via an online Medway Service Order. If you work outside the Bristol Heart Institute you can contact the ACHD Clinical Nurse Specialists to discuss a referral on ph: 0117 342 6599

If you think a patient would benefit from 1:1 psychological support you can refer them if:

1. The patient has CHD with a complex structural abnormality (.e.g. Transposition of the Great Arteries, Tetralogy of Fallot, Hypoplastic Left Heart Syndrome, Pulmonary Atresia etc.). Patients with inherited Cardiac conditions are not being seen by the psychology service at this time.
2. The patient meets the referral criteria outlined in the section below.
3. The patient has consented to the referral being made.

In line with the NHS Standards the Psychology Service will extend across the South Wales and South West network and ensure that patients have access to a psychology appointment either via telephone or face to face appointments.

### Treatment Prioritization

- **Urgent**: By the next working day for inpatients in acute distress
- **High priority**: Within 10 working days for adjustment, adherence or decision-making difficulties that interfere with medical care; or
- **Routine**: Within six weeks for all other referrals

### Inpatient and Outpatient Referrals

Referrals can be made for patients who are experiencing:

- Distress related to their CHD which is having a negative impact on their day to day functioning or ability to manage their condition and treatment.
- Difficulty coping with or adjusting to change in medical intervention or health status e.g. new diagnosis, further cardiac surgery required, or poor prognosis.
- Distress related to family adjustment difficulties to their CHD.
- Distress associated with physical issues such as scars and symptoms such as breathlessness, and tiredness.
- Anxiety, e.g. related to their ICD's, pacemakers, and experiencing inappropriate shocks.
- Anxiety related to upcoming medical procedures or tests
- Trauma/PTSD associated with past medical interventions.
- High risk pregnancy related to their CHD.
- Complex Learning Difficulties whose family may need additional support when accessing treatment.
- Difficulties with complex decision making.

Specific to Inpatient Referrals

- Distress related to a long hospital admission
- Parallel planning with Palliative Care Team

Inappropriate Referrals

- When patients require information about treatments/surgery to address their anxieties.
- When support from the staff is sufficient to resolve the issue.
- When patients are making rational decisions to terminate treatment at the end of life.
- When patients have long standing mental health difficulties unrelated to their CHD- please see Referrals to GP section.
- When the patient is experiencing personal issues e.g. financial issues, relationship difficulties, housing issues.

- When patient is experiencing suicidal thoughts, engaging in self-harm, and/or exhibiting other signs of psychosis, or delirium- please see the Psychiatric Liaison section.

## Psychiatric Liaison Referrals

- Patients who disclose suicidal thoughts, intent and/or plans (this does not constitute patients requesting the end to treatment when they are coming to the end of their life).
- Patients who are engaging in active self-harm
- Patients experiencing psychosis
- Delirium symptoms: strange behaviour, cognitive impairment, disorientation, psychomotor agitation, confusion, emotional lability, paranoid ideas, evidence of abnormal perceptions, thought and speech disorder, fluctuation of mental state.
- Psychotropic medication review (antidepressants, antipsychotics, benzodiazepines etc).

## Referrals to the GP

Mental Health Difficulties

- If the patient is experiencing mental health difficulties which are unrelated to their CHD they should be referred to speak to their GP who can discuss medication options and psychological treatment in their local area.

Weight and Eating

- If they have a BMI over 30 – they should be referred by their GP to a local Tier 2 Weight Management Service in their area.
- If they have a BMI over 35 and a weight related co-morbidity (e.g. diabetes, intracranial hypertension) or if they have a BMI over 40– they should be referred by their GP to a Tier 3 Weight Management Program in their area.
- If they have a BMI below 18.5, if they have lost a lot of weight recently, if they make themselves vomit regularly, if their periods have stopped – they should be referred by their GP to an Eating Disorder Service in their local area.

Substance Abuse

- If the patient is struggling with substance abuse issues they should be referred to speak to their GP who can discuss treatment options in their local area. If they are Bristol patients they can contact the Bristol Drug Project ph: 0117 987 6000

## Self- referrals

Relationship Difficulties

- Patients who are experiencing relationship difficulties, unrelated to their CHD, can seek support from services in their local area. They could also contact Relate which is a relationship counselling service they can self-refer to. https://www.relate.org.uk/