

**Western Highlands Network
Communication Bulletin #46
July 20, 2006**

Guidelines for Medical/Psychiatric Consultation

Guidelines for Medical/Psychiatric Consultation - Consumer Receiving Psychiatric Services

Medical/Psychiatric assessment/treatment is often provided to individuals receiving services under the auspices of WHN. Each physician practice or agency which provides psychiatric services is responsible for developing criteria to be applied by the treatment team. Clinicians/Community Support professionals are to determine when consultation with the assessing/treating psychiatrist (or physician extender) is needed. The determination of the appropriate time frame within which consultation should occur should be consistent with the severity of the symptom(s) or problem, and is documented in the clinical record. These guidelines are not intended to replace established supervisory relationships for case review between non-physician clinicians/Community Support professionals and their supervisors, and/or other treatment team members as appropriate.

The following criteria are “flags” which require a specific decision by non-physician clinicians/Community Support professionals and/or clinical supervisor whether or not to get a medical/psychiatric consultation. It is important to document the rationale for the decision.

1. Significant deterioration in mental status e.g. mood, cognitive processing, suicidal ideation, etc.
2. Complaints by consumer or observation by others regarding any significant aspect of mental or physical functioning which is raised in the context of a medication side effect or adverse reaction.
3. Clinician/Community Support worker becomes aware that consumer is not taking medication as prescribed, unless this issue has been previously discussed with the physician and is specifically addressed in the consumer’s PCP.
4. Clinician/Community Support professional becomes aware of a consumer’s new physical complaint or change in the consumer’s physical status that the clinician/Community Support professional reasonably believes might be related to the consumer’s mental health condition.
5. Clinician/Community Support professional becomes aware that the consumer is using/abusing prescription/over the counter medication(s) and/or street drugs, unless this issue has been previously discussed with the physician.
6. Clinician/Community Support professional becomes aware that another physician is prescribing medication for the consumer or has modified the consumer’s medication.
7. Clinician/Community Support professional becomes aware that the consumer has been hospitalized.
8. Clinician/Community Support professional becomes aware that a hospitalized consumer has been /will shortly be discharged and a plan for psychiatric follow-up is needed.

Guidelines for Medical/Psychiatric Consultation - Consumer not receiving psychiatric services

Referral for psychiatric assessment is based on the consumer's psychiatric/medical current and past history, family history, and current mental status. The following criteria are "flags" which require a specific decision by non-physician clinicians/Community Support professional and/or clinical supervisor to request formal psychiatric consultation, or documentation of the rationale for a decision not to refer. These guidelines are not intended to replace established supervisory relationships for case review between non-physician clinicians/Community Support professionals and their supervisors, and/or other treatment team members as appropriate.

1. Consumer is diagnosed with a mental health or substance abuse condition for which there is empirically based medical/physician prescribed treatment.
2. Consumer's symptoms or behavior are sufficiently problematic over a period of time, and despite the utilization of psychosocial treatment interventions, have significant adverse effects on the consumer's overall level of functioning or quality of life. Persistent or intermittent suicidal ideation or thoughts of harming others, as well as significant risk of deterioration, is included in this category. The determination of the appropriate time frame for utilization of psychosocial treatment interventions prior to consultation is a matter of clinical judgment, and is documented in the clinical record.
3. Diagnostic assessment results in a differential diagnosis that includes condition(s) for which there are empirically based medical/physician prescribed treatment and early intervention for one or more of these diagnoses is required by "best practice" standards (e.g. bipolar disorder or schizophrenia).