

Edinburgh Adult Mental Health Services

Service Function:

To assess and treat people aged 18-64 who have mental health issues of at least moderate severity which impact on their ability to function and their quality of life.

How to Refer:

All referrals should be made through SCI Gateway using the referral form. Please fully complete the form to avoid delay processing the referral.

Please consult any previous letters from mental health services for results and recommendations from previous assessments.

Timescale for Referrals:

Routine = No urgent requirement for patient to be seen within 5 days	Refer via SCI Gateway If a person's clinical needs mean that their referral, while not urgent, should be considered as a priority please make that clear in the referral form and explain the clinical reason for this. We ask that you do not advise patients to make personal calls to request prioritisation.
Urgent = Within 5 working days [We aim to see first episode psychosis within 3 days]	For urgent referrals refer via SCI Gateway. But, you MUST please first call the appropriate sector team to discuss first – this is because there is usually helpful advice that can be given about suitability and interim management and sometimes the date/time of any appointment. <i>Factors suggesting urgency include: increasing risk, rapid deterioration or first-episode / relapse of psychosis.</i> <ul style="list-style-type: none">• North East: 0131 537 4530• North West: 0131 315 2026• South East: 0131 374 2204• South West: 0131 537 8650
Emergency = Same Day	For emergency referrals requiring same day input, call MHAS (Mental Health Assessment Service) on 537 6000 to discuss. MHAS are based at the Royal Edinburgh Hospital 24 hours a day. They also have a staff member in the A&E Department (RIE) out of hours.

Who to Refer:

Below is a quick summary of who we see and don't see. Scroll further down for a list of problems and conditions, or please use the RefHelp criteria for individual conditions:

<https://apps.nhslothian.scot/refhelp/MentalHealthAdult>

Adult Mental Health routinely assesses and/or treats people with the following conditions	Psychotic Disorders, Bipolar Affective Disorder, Depression, Anxiety, Personality Disorder, Psychological Trauma, Dementia and other recent-onset cognitive difficulties.
Adult Mental Health may work with, signpost or advise	Eating Disorder and Emotional Difficulties, Deaf People with Mental Health Problems.
Adult Mental Health will signpost or advise in absence of mental comorbidity	Alcohol/Drug Use, Gambling, Anger, CFS/ME and Medically Unexplained Symptoms

Who Else to Contact: Alternative sources of information

[ALISS](#) is a search and collaboration tool for health and wellbeing resources in Scotland, including mental health information.

[Edinburgh Choices](#) is a website run by the City of Edinburgh Council with information about health and social care services.

[Edspace](#) - have an online directory of mental health services and can also be called or emailed for information about services.

[Community Mental Health](#) is an *intranet* site on NHS Lothian features a wide range of mental health publications, leaflets and projects. This may not be available from all GP practices.

Veterans are able to attend [Veterans First Point](#) – a comprehensive mental health service for ex-forces personnel.

The [Mental Health Information Station](#) is a free weekly, Mental Health information drop-in.

Mental Health Information Station
your first stop for mental health information & resources

St Mary's Cathedral
Walpole Hall, Palmerston Place
Edinburgh EH12 54W
(11am - 3pm) every Thursday

In partnership with:






AD(H)D	Please follow the flow chart in the ref help Mental Health Adult-ADHD Adults . The key things to demonstrate are both a range of ADHD symptoms and a consequent impact on the person's life.
Alcohol and/or Drug use	<p>Patients whose primary problem is drinking alcohol to excess or using drugs Adult Mental Health should be directed to ref help/Substance Misuse.</p> <p>If you believe that access to Adult Mental Health Services is more appropriate, or would like to discuss a complex case, please contact your GP Liaison Worker or local team. Please note, substance dependency / harmful use may mean the patient is not likely to be accepted for psychological therapy by adult mental health.</p>
Anger	<p>Adult Mental Health Services do not currently provide interventions where the primary issue is anger management. The Safer Families Programme is available for men who have been abusive or are worried about their behaviour.</p> <p>Adult Mental Health can assess for co-morbid mental health problems.</p>
Anxiety and/or Depression	<p>The management of anxiety and depression is according to matched care depending on severity. The PHQ-9 is available here in a number of languages: www.phqscreener.com</p> <p>Mild: PHQ-9 of 14 or less and GP's clinical judgement</p> <p>There are a range of resources available [such as computerised CBT, Stress Control Classes or Guided Self-Help that are suitable for this group. They are summarised in this leaflet – which can be printed and given to patients.</p> <p>/MH Patient Leaflet</p> <p>Computerised CBT is a form of guided self help that is available directly to GPs without the need to involve secondary care services. This leaflet gives referral information.</p> <p>Computerised CBT-Referrer Information</p>

	<p>Moderate / Severe: PHQ-9 > 14</p> <p>Adult mental health services may work with those of moderate severity where there is a significant impact on function or risk, or imminent risk of serious relapse. Referrers must include enough information to identify the severity of the condition of the person being referred and referrals may be rejected if such information is not present. PHQ-9 measures should be included whenever possible to avoid referrals being rejected.</p> <p>Depression</p> <p>If depression is at least moderate or chronic and affecting functioning and</p> <ul style="list-style-type: none"> • psychological treatments are preferred or • two adequate trials of an anti-depressant have failed <p>then please consider referring.</p> <p>If depression is severe / psychotic or risk is high then please consider referring urgently.</p> <p>SIGN Guidance for non-pharmacological interventions for depression can be found here.</p> <p>Anxiety</p> <p>For specific phobias, OCD, and other anxiety disorders; these should be referred to be assessed and treated by Adult Mental Health Services. Anxiety disorders need to be suitably severe to be referred via SCI Gateway. In cases of ambiguity please discuss with your GP Liaison Worker or local team.</p>
Autistic Spectrum Disorder (ASD)	Please follow the flow chart on the refhelp-ASD .
Bipolar Affective Disorder	<p>Please assess the patient against the ICD criteria for bipolar affective disorder and refer on if the diagnosis is likely. These referrals will then be assessed in the outpatient clinic.</p> <p>Remember that there are other causes of mood instability like Personality Disorder [or traits of this] and substance misuse.</p> <p>Please also note that many people with stable bipolar affective disorder do not wish to be referred. Advice about medication for otherwise stable patients in primary care can be given by email or a referral clearly stating it is for 'advice only'.</p> <p>Bipolar Scotland provides help and advice for sufferers and carers. The lothian bipolar group.org.uk has local meetings and can offer advice.</p>
Chronic Fatigue Syndrome or ME or Fibromyalgia	Adult Mental Health do not provide interventions where CFS/ME is someone's primary problem. You can try the CFS pathway or the Thistle Foundations' Lifestyle Management course .

	<p>If there are co-morbid mental health issues, please discuss with your GP Liaison Worker or local team.</p>
<p>Cognitive Difficulties (Recent onset)</p>	<p>For people with emerging cognitive difficulties, Adult Mental Health may assess adults aged up to and including 64 and make an onward referral, if appropriate, to dementia services. Please ensure screening blood tests have been completed prior to, or at referral: FBC, U&E, LFT, TFT, B12, Folate, Glucose, Calcium.</p> <p>Capacity can be assessed by any registered medical practitioner. Mental health services will consider referrals for capacity assessments if this is clearly related to mental illness and there is a specific question to be answered.</p> <p>Learning Disability is not assessed by Adult Mental Health – instead please refer to the Community Learning Disability Team.</p>
<p>Deaf People’s Mental Health Services</p>	<p>There is a Community Mental Health Service for deaf people who live in Lothian based at Albany Street.</p>
<p>Eating Disorder</p>	<p>For a primary diagnosis of Eating Disorders please refer directly to the Cullen Centre using SCI (‘Eating Disorders’ on SCI Gateway). Ref help guidance can be found here.</p> <p>If depression or anxieties predominate, or if it is unclear, refer to adult mental health services.</p>
<p>Emotional Difficulties and Counselling</p>	<p><i>This can be a difficult area to refer for as many of the problems are chronic and not necessarily a mental illness. Unfortunately, counselling is not available on the NHS in Scotland, but many good local funded services exist.</i></p> <p><i>If emotional difficulties are associated with significant psychiatric symptoms discuss with your GP Liaison Worker or local team whether assessment by Adult Mental Health would be appropriate.</i></p> <p>Counselling:</p> <p>Counselling may be best first option for people with emotional difficulties relating to their personal history. There are a number of organisations in Edinburgh offering free or sliding scale counselling, info via this link.</p> <p>See below for information about the Psychotherapy Department at the Royal Edinburgh Hospital.</p>
<p>Gambling</p>	<p>Adult Mental Health Services do not provide interventions when gambling is someone’s primary problem. Try Gamblers Anonymous. Gambling may also be associated with side effects of treatment for Parkinson’s Disease – if so, please speak to the relevant Neurologist.</p>
<p>Medically Unexplained Symptoms / Health Anxiety</p>	<p>These complex conditions may be better managed in the general health setting. A useful guide to medically unexplained symptoms is found at www.neurosymptoms.org.</p>

	<p>If there are ongoing physical investigations or treatment, then secondary care services (not GPs) can refer to liaison psychiatry at RIE/WGH/SJH and should be encouraged to do this. Some Health Psychology is available via HIV, Pain and Oncology departments.</p> <p>If there are no ongoing physical investigations /treatments and the anxiety is impacting on the person's life, Adult Mental Health services can assess, and in some cases treat.</p>
<p>Personality Disorder</p>	<p>If a person is committed to learning ways to reduce emotional dysregulation and improving distress tolerance, adult mental health may offer time-limited assessment to develop a formulation, which can help patients' understanding of their difficulties and direct them towards better ways of coping and managing risk. This may be enough for some people who are not otherwise wanting or currently able to engage in more intensive therapy. The steps below are recommended:</p> <ol style="list-style-type: none"> 1. Treat any anxiety and depression: <ol style="list-style-type: none"> a. People should be offered standard talking treatments for anxiety/depression if they have clear symptoms of this as well as any emotional dysregulation. b. A trial of antidepressants may also be helpful, but these should be ceased if there is no benefit, and also people should be warned about the risk of worsening suicidal ideation in some people in the first couple of weeks. c. Pathways exist for complex trauma via the Rivers Centre: Survive and Thrive groups, Drop-in Advice Clinic – see the next section 2. If the person is committed to learning ways to reduce emotional dysregulation and improving distress tolerance, then there are a variety of options available <ol style="list-style-type: none"> a. A short time-limited assessment /intervention can be helpful in developing a formulation, which can help patients' understanding of their difficulties and direct them towards better ways of coping and managing risk– this may be enough for some people who are not otherwise wanting or currently able to engage in more intensive therapy. b. Patients may access the above option without a formal diagnosis by Psychiatry, which in itself may not always be as helpful as a formulation-based approach. Some patients may benefit from a diagnosis (for example if their level of risk is sufficient to consider a referral to the DBT Team). A diagnosis requires both the presence of a range of symptoms AND significant impact on many areas of a person's life. A diagnosis cannot be made if only traits are present. Note that no guidelines recommend medication as a primary treatment for personality disorders. c. DBT (Dialectical Behavioural Therapy) may be provided for patients with a diagnosis of Emotionally Unstable Personality Disorder who are at most risk or serious self harm/death, but these referrals are made by Mental Health Services after assessment. d. The emergence of clear psychotic symptoms or sustained /

	<p>pervasive depressive symptoms in someone with a diagnosis of personality disorder should be assessed and treated., and so should be referred by the guidance for these symptoms found in other headings.</p>
<p>PTSD or a Significant Trauma</p>	<p>People with psychological trauma may present with a range of issues. The preferred way to access services is via the Rivers Centre drop-in clinics, but for those who cannot attend, then referral to the locality or use of the Voluntary Sector are other alternatives.</p> <ul style="list-style-type: none"> • People experiencing significant levels of trauma-related symptoms are encouraged to attend the Rivers Centre for their drop-in Advice Clinic. The Rivers Centre no longer takes direct referrals and is now a self-referral service. • Referral to Adult Mental Health for discussion and onwards referral or for psycho-educational options such as Survive and Thrive groups. • <i>Voluntary sector services e.g. Health-in-Mind refhelp/Trauma-PTSD-Adults or counselling organisations via EdSpace for individuals with no significant psychiatric symptoms who are considered appropriate for a counselling approach.</i> <p>GP Liaison Workers in your local team will be happy to discuss options.</p>
<p>Psychotic Illness/ Schizophrenia</p>	<p>For someone whose quality of life/ability to function is affected by psychotic illness/schizophrenia please refer them to adult mental health services.</p> <p>Please note that many people live with lower-grade symptoms and do not wish to be referred. Advice about medication for otherwise stable patients in primary care can be given by email or a referral clearly stating it is for ‘advice only’.</p> <p>Please flag any suspected first episode psychosis in your referral. If there is ambiguity don’t hesitate to contact your GP Liaison Worker or local team.</p>
<p>Psychotherapy</p>	<p>Psychodynamic Psychotherapy and related Therapies</p> <p>GPs can refer directly to the Psychotherapy Department. They have a RefHelp page to guide referrals here.</p>
<p>Work-related problems</p>	<p>Work is an important part of mental health and recovery.</p> <p>For people still in work or considering a return to work, people can self-refer to the ‘Working Health Services’ – an occupational health service run by NHS Scotland. Access via 0131 537 9579. More information here. GPs can also do a SCI Gateway referral (AAH-Rehab-Vocational Rehabilitation).</p> <p>Mental Health Services do NOT provide occupational health / ESA / Benefits reports for people who they are not currently seeing.</p>