Reviewed Jan 2015

Diagnosis of Psychosis suspected (no previous diagnosis)

1) Assess Symptoms/ Signs;

i.e. Is there change from normal function?

For example;

- Inexplicable/odd behaviour
- Hallucinations
- Disordered thought/speech
- Mood incongruence
- Isolation, isolation, withdrawal, self-neglect

If Yes

2) Assess Risk;

- Risk of unintentional harm by neglect or poor judgement to self or dependent others
- Risk of deliberate harm to self or others

Consider; Anger/irritability/suspiciousness/drug & alcohol use/delusions re self or others/command hallucinations/history of aggression/self-harm/neglect

URGENT/ IMMEDIATE RISK

Public place? Consider 999 and Police s136

Convey to A&E for duty psych assess tel; **0208510555** and ask for psychiatric team on call

NON-URGENT RISK

Refer to psychiatry via CHAMHRAS and request to be seen within 24h

Tel; **0208 510 8011**

(Mon- Fri 09:00-17:00)

Fax; **020 8510 8064**

Out of Hours mobile; **07870 595 732**

LOW RISK

Consider causes; arrange exam and bloods for FBC TFT U+E LFT CRP (at current appt or in follow up as clinical judgement dictates) and ECG Arrange follow up with GP within 7 days and refer to CHAMHRAS (phone or email elttr.chamhras@nhs.net)

CHAMHRAS will use the information in the GP referral to ensure that the patient is seen in the most appropriate place by the most appropriate team. There are Staff Grade clinics every Monday and Thursday. The Home Treatment Team can visit at home if this is required. It may be helpful to discuss the patient with the duty psychiatrist if you are confident in your diagnosis to decide whether it may be appropriate to start medication.

Important Exclusions for low and non-urgent risk referrals;

Under 18 years old- refer direct to CAMHS; 020 3222 5600 Fax 02032225792

Over 65 years old- refer direct to Felstead Street; Tel; 020 3222 8500 Fax; 020 3222 8628 Active substance misuse- refer direct to Homerton SAU; Tel ; 020 8510 8629 Fax; 020 8510 8270

1) Assess Symptoms/ Signs; 'Psychosis' means a combination of Hallucinations, Delusions and Thought Disorder

An episode of 'positive symptoms' such as hallucinations and/or delusions may be preceded by a long prodromal period of 'negative symptoms'. Each patient will have a unique combination of symptoms and experiences.

Negative Symptoms;

- memory and concentration problems
- social withdrawal
- unusual and/or uncharacteristic behaviour
- disturbed communication
- bizarre ideas
- poor personal hygiene
- reduced interest and motivation to engage in day-to-day activities
- disrupted social interactions, work, and studies

Positive Symptoms;

- Hallucinations (often auditory)
- Delusions:

delusions of reference (person believes that ordinary events, objects, or behaviour have an unusual meaning specifically for him/her)

delusions of control (person believes that this/ her thoughts, feelings, or behaviour are being controlled)

- Thought disorder
- Behavioural disturbances, e.g. agitation and distress

Substance Misuse is a risk factor for developing schizophrenia but can also cause symptoms of psychosis without any other underlying diagnosis.

A collateral history from close friends or family can be invaluable in assessing whether behaviour is uncharacteristic for the patient.

For the interested;

'First Rank symptoms' make schizophrenia likely;

- Hearing thoughts spoken aloud
- Hearing voices referring to the patient in the 3rd person
- Auditory Hallucinations in the form of a commentary
- Somatic Hallucinations
- Thought Broadcasting
- Thought withdrawal, insertion, and interruption
- Delusions of passivity (feeling as if external agents can control thoughts or actions)

2) Assess Risk:

Assess Risk of Suicide

Assess Risk of Accidental Harm; assess the person's risk of unintentional harm to themselves caused by disorganized behaviour or poor judgement of risk due to their absorption with psychotic experiences and beliefs. This may leave them vulnerable to traumatic injuries, accidents, assault, or exploitation.

Assess Risk of Deliberate harm to others; Ask about;
A history of violence or threats of violence.
Emotions related to violence, such as anger, hostility, or suspiciousness.
Persecutory delusions or hallucinations commanding them to harm other people. Access to people identified in their delusions.
Assess the risk of neglect of people dependant on them for care.

What should a patient expect from each service?

1. Ability to book a GP appointment when needed

2. A sympathetic assessment when feeling unwell, mentally or physically

3. A prompt appointment with a specialist when illness first starts or is getting worse.

4. Regular health checks with a GP to monitor the effects of the disease and of the medications prescribed.

What will the Psychiatry Team expect from a referring GP?

1. A readable referral detailing reason for referral, brief recent history, evidence of mental state examination, consideration of risk factors, expectations of referral.

2. Appropriate primary care follow up for patients when discharged and stable including annual mental health reviews and physical health monitoring.

Who might CHAMHRAS direct the referral to?

CHAMHRAS will direct your referral to the team best placed to address the patient's needs.
For example EQUIP is an early intervention service for psychosis for people aged 18-30.
If the symptoms are not clearly psychosis it may be more appropriate for the patient to be seen by the Community Mental Health Team or the Primary Care Liaison Consultant for your area.

What should GPs expect from the Psychiatry Team?

1. Prompt response to all requests for acute assistance/referral as per above diagram

2. Clear knowledge of who to call and when and why

3. A working relationship with the Consultant Psychiatrist responsible for your patient

4. A clear, readable care plan (CPA document) following engagement, describing:

    a. Diagnosis and formulation

    b. drug/psychological/social treatment

    c. contingency plan for further crisis

    d. involvement and contact details for other involved agencies

    e. carer assessment

    f. risk assessment

5. Discharge notification of diagnosis and medication within 24 hours of discharge from any secondary service

6. Full CPA document within 7 days of discharge from any secondary service

7. Discharge summary within 14 days of ward discharge

Relapse of acute psychosis suspected (known diagnosis of psychotic illness with a deterioration in symptoms)

1) Assess Symptoms/ Signs;

i.e. Is there change from normal function?

Does the patient think they are becoming unwell or is a friend or family worried? Are these symptoms typical of the patients illness?

If Yes

2) Assess Risk;

- Risk of unintentional harm by neglect or poor judgement to self or dependent others
- Risk of deliberate harm to self or others

Consider; Anger/irritability/suspiciousness/drug & alcohol use/delusions re self or others/command hallucinations/history of aggression/self-harm/neglect

3) Consider; Why has this happened now?

e.g. Have medications been missed? Does the patient have a physical illness e.g. infection?

Are social factors contributing to the exacerbation?

URGENT/ IMMEDIATE RISK

Public place? Consider 999 and Police s136

Convey to A&E for duty psych assess tel; 02085105555

NON-URGENT RISK/ LOW RISK

Consider treatable causes; arrange exam and bloods for FBC TFT U+E LFT CRP (at current appt or in follow up as clinical judgement dictates)

Liaise with patients regular team or CHAMHRAS Tel; **0208 510 8011** (Mon- Fri 09:00-17:00) Fax; **020 8510 8064** Out of Hours mobile; **07870 595 732** Email (from NHS.net only) elt-tr.CHAMHRAS@nhs.net

In discussion with regular psychiatrist consider whether changes to medication are appropriate.

Arrange follow up with GP within 7 days