An Evaluation of Referrals and Attendance at a Perinatal Specialist Mental Health Service

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Aims. This service evaluation had four aims:

1. Breakdown the sources of referrals to one Perinatal Specialist Mental Health Service.
2. Calculate the average waiting time from referral to an initial assessment.
3. Analyse the Did Not Attend (DNA) rate for initial assessments.
4. Suggest possible service improvements to reduce waiting times and DNA rates.

Methods. Referrals made in the period May–July 2023 to the Cumbria, Northumberland, Tyne and Wear (CNTW) Perinatal Specialist Mental Health Service were collated. Data regarding the source of referral, demographic details of the patient, whether they were accepted for assessment and whether they did or did not attend their assessment and the outcome of the case was analysed.
Results. Midwives and GPs made the greatest number of referrals (37% and 26% respectively). Out of 263 referrals, 47 did not meet the criteria for an initial assessment – the largest single contributor to this number being referrals from GPs. Just under 16% of referrals made by GPs were found more suited to primary care services after initial assessment compared with 11% amongst referrals from midwives.

The average waiting time from an accepted referral to assessment was 29.85 days. This is higher than the CNTW two-week wait target.

Of the 203 patients offered assessments, there were 20 occasions on which patients DNA. Those who DNA were more likely to have history of domestic abuse (55% compared with 48% amongst those who attended their assessment first-time). Of the patients who DNA their first appointment, 1/3 attended future appointments.

Text reminders about appointments proved extremely popular; where there was information available, 98% of patients were agreeable to text reminders about their appointments.
Conclusion. Waiting times could be reduced by implementing tighter guidelines for referrals and further educating referrers on the specific role of the perinatal service in contrast to primary psychological services, thus reducing unnecessary assessments.

Text reminders should continue to be used in addition to offering assessments at home where suitable. In several cases, patients who had forgotten about their appointment were still agreeable to assessment when met at home.

Future research could be carried out in collaboration with patients who DNA to better understand the barriers they face to attendance.

Over-Referred and Badly Served – Patient Journeys in Attention Deficit Hyperactivity Disorder at a Community Mental Health Team

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Aims. To measure the proportion of Attention Deficit Hyperactivity Disorder (ADHD) referrals that result in a positive diagnosis and medication prescription at a community mental health team (CMHT) in Cardiff.

To compare patient journeys from referral to diagnosis – documenting the use of GP mental health liaison, private psychiatrists, questionnaires and CMHT appointments.

To measure the proportion of patients with a pre-existing private diagnosis of ADHD that subsequently received a positive diagnosis by the CMHT.
Methods. 230 referrals were made to Pendine CMHT in 2022 for consideration of ADHD. Patient e-records were manually reviewed over a 12-month period following initial referral.

We recorded whether a patient had a pre-existing private diagnosis and whether they were subsequently diagnosed with ADHD by the CMHT. It was also recorded if medication was prescribed or if an alternative diagnosis was suggested.

We recorded whether the patient was asked to see GP mental health liaison team, fulfil an ADHD questionnaire, or attend a doctor appointment before a diagnosis of ADHD was made or refuted.

For positive diagnoses, patient records were reviewed to record whether this diagnosis was later changed on subsequent appointments.
Results. Of 230 referrals, 32 received a CMHT diagnosis of ADHD (14%) and 25 were prescribed medication for ADHD (11%).

Of the 25 patients who received a positive diagnosis and medication, 4 had the diagnosis changed on a subsequent appointment and medication stopped.

21 patients had a pre-existing private sector diagnosis of ADHD, of which 9 (43%) were given a positive diagnosis by CMHT and 8 (38%) were prescribed medication.

Of 230 total referrals, 33 were asked to see their GP mental health liaison team for information gathering before re-referral to the CMHT. 112 were asked to complete a questionnaire before an appointment would be considered. 87 were given a consultant psychiatrist appointment at CMHT.

When ADHD was not diagnosed, the most common alternative diagnoses suggested by the CMHT were anxiety, substance misuse or emotional dysregulation (36, 23 and 9 patients respectively).
Conclusion. Referrals to the CMHT for ADHD assessment result in a low rate of positive diagnosis and even lower rates of medication prescription, even for those with an existing private diagnosis.

Patient journeys vary markedly, which we propose reflects the variable quality of referrals and pressure on the CMHT to protect clinic time.

Future work to create ADHD referral guidance is needed to ensure better patient experience and proper utilisation of secondary mental health resource.

Pilot Study of Community Group Mindfulness Training

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