

## **SECTION 3**

## **SERVICES**

## **GP and primary care services to people with mental health problems in the Western Isles**

The first point of contact for anyone with mental health problems is their General Practitioner (GP). GPs initially assess and remain responsible for the management and treatment of the majority of people with mental health problems. Referral, planning and review processes may vary from one general practice to another. However, the undernoted systems are in place.

### **Referral process**

#### **Emergency Admissions**

If patients are required to be admitted to hospital under the terms of the Mental Health Act the Mental Health Officer (MHO) is contacted and the appropriate procedures and documentation are completed. A request for admission is then made to whichever provider unit has a bed available. The patient will be escorted to hospital by a relative and/or a CPN or a C.L.D.N. If the patient is to be admitted to a mainland hospital transport by air ambulance is arranged.

Referral to the Western Isles Hospital is initially by phone to a Consultant Psychiatrist or to the on-call doctor out of hours. This is followed by a letter.

#### **Non-emergency**

Ordinarily referrals are made by phone and/or letter to the Consultant Psychiatrist requesting an outpatient appointment or a home visit. Dependent on GP assessment certain patients may be directly referred to the Community Psychiatric Nursing Service or the Community Learning Disability Nursing Service.

#### **NHS 24**

##### **Out Of Hours**

Out of hours is defined as 6pm - 8am Monday to Thursday and all weekends and all public holidays. During this time patients phone NHS 24 (08454 24 24 24) and will be triaged by a trained nurse. The call is referred to the GP on call if appropriate and, if the patient is known to the CPNs, the call may be forwarded to them.

## **Care planning and review process**

The extent of GPs involvement in the care planning and review process varies considerably from area to area. Difficulties in attending planning meetings and case conferences are due to the constraints of time, distance, geography and in some cases the added difficulties of the single-handed practitioner. These are alleviated to some extent when meetings are held in the patient's own locality. However, GPs contribute to the planning and review process in a number of ways:

- by communicating directly with the patient or their representative
- through discussions with the CPN or C.L.D.N, either by phone or arranging to meet (In some practices there are planned monthly meetings with the CPN or C.L.D.N; in others there are planned quarterly multi-disciplinary meetings)
- in correspondence with the Consultant Psychiatrist
- by contacting the staff in the hospital with advice or to seek information

## **Other services**

### **Practice nurses**

In some situations people in the community receive ongoing medication from the nurse employed in the practice

### **Counselling**

Some practices employ the services of a trained counsellor and refer their own patients directly to this service or offer ongoing counselling support following hospitalisation or other treatment. An independent counselling service is also available (see page 42).