



original papers

Psychiatric Bulletin (2008), 32, 164–165. doi: 10.1192/pb.bp.107.015883

SUJATA DAS AND WALTER P. BOUMAN

Direct referrals from social services to community teams for older people with mental illness

AIMS AND METHOD

The aim of the study was to evaluate the open referral system from social services to a community mental health team (CMHT) for older people. Referral letters from social services to the specialist team were reviewed, as were the case notes.

RESULTS

Of the 40 referrals, 95% ($n=38$) were accepted by the CMHT. Only 15%

($n=6$) fulfilled the team's existing referral criteria. The majority of referrals ($n=36$, 90%) had details of the patient's mental health problems. None of the referrals with memory problems had a cognitive assessment. Of the 38 referrals accepted by the CMHT, 36 were found to be suffering from a mental illness. The open referral system from social services did not increase the total number of annual referrals.

CLINICAL IMPLICATIONS

Social services play an important role in identifying and referring older people with mental illness and ensure a potentially rapid referral route bypassing primary care. The practice of accepting direct referrals from social services should be encouraged and made an integral part of the referral system.

Most of the UK mental health teams for older people only accept referrals from general practitioners (GPs) or other medical specialties. Referrals directly from social services are generally not accepted.

Reaching people with mental health problems early is an aim across services and age groups (Rethink, 2002, 2004). Social care staff have contact with large numbers of older people early on and are well placed to identify mental health problems and facilitate early recognition and management (Manthorpe *et al*, 2004).

There is currently little information in the UK on the social worker's ability to recognise mental health problems in later life. Moriarty's (2002) systematic review found just one study reporting on recognition rates of dementia. Cohen & Fisher (1987) found that social workers correctly identified approximately 65% of cases of dementia among people on their case-loads. More recently, Challis *et al* (2004) found that care managers were not aware of cognitive impairment at the time of their client's referral in 36% of their cases.

illness. The team started accepting direct referrals from social services in April 2003.

All referrals from social services to the CMHT during a 2-year period from May 2003 were identified. The referral letters were reviewed for details of the patient's mental health problems including reason for referral and assessment of cognition. Furthermore, it was also noted if the referral fulfilled the team's existing referral criteria (Box 1) and if the referral was accepted or rejected. The case notes were then reviewed to identify whether there was a diagnosis of mental illness.

With the establishment of the open referral system from social services there were initial apprehensions within the team, particularly regarding the potential increase in referrals and workload. The total number of referrals in the 12-month period following the start of the open referral system was compared with the number of referrals in the preceding year.

Method

The area of Broxtowe in Nottingham has a population of 19 177 people aged 65 and over (Office for National Statistics, 2001). Approximately 80% of all patients referred to the Broxtowe community mental health team (CMHT) for older people by their GPs receive a diagnosis of dementia with the remaining having a functional

Box 1. Team's existing referral criteria

- Patients of all ages with memory impairment as evidenced by a score of 25 or less on Mini-Mental State Examination.
- Patients of 65 years or older who suffer from a functional psychiatric illness, which cannot be managed by primary care services.



Results

There were 55 direct referrals from social services to the team. Referral letters were missing for 9 referrals and in 5 instances, case notes could not be found. In one case the referral was out of the area. Hence, the number of referrals evaluated was 40.

Of the 40 referrals, 38 (95%) were deemed suitable for the specialist services and were accepted. The referral letters had details of the patient's mental health problems and gave the reasons for referral to the CMHT for 36 patients (90%). None of the referrals with memory problems had an assessment of cognition. Of the 38 referrals accepted by the team, only 6 (15%) fulfilled the team's existing referral criteria and these referrals were of patients with functional illnesses. On assessment, 36 (90%) of the referrals were found to be suffering from a mental illness (Table 1).

There was no increase in the overall number of referrals when compared with the preceding year, before the open referral system from social services was introduced. There were 450 referrals in the year following the start of the open referral system compared with 476 referrals in the preceding year.

Discussion

Social services often have contact with a large number of older people and it was felt that accepting direct referrals would help identify older people with mental health problems early in their illness, thereby giving opportunity for early intervention.

The results of the study showed that the majority of the referral letters had details of the patient's mental health problems and the reasons for the referral to the specialist services, thereby reducing the chances of inappropriate referrals. The majority of the referrals were accepted despite not fulfilling the team's existing referral criteria indicating that the teams existing referral criteria are inadequate and in need of revision. Manthorpe & Iliffe (2005) revealed that social workers are familiar with possible signs of early dementia and tend to be aware of the problems that might indicate the need for referral for assessment.

The results also showed that none of the referrals with memory problems had an assessment of cognition.

Cognitive screening tests may not be relevant, due to fair access to care services criteria (Department of Health, 2003), when dealing with people with a significant level of vulnerability. However, there are advantages in using a quick and easy to use standardised screening test like the Mini-Mental State Examination (Folstein *et al*, 1975) and Six-Item Cognitive Impairment Test (6-CIT) (Brooke & Bullock, 1999) for the less obviously vulnerable, who might be at an early stage of a dementia.

The majority of the accepted referrals after assessment were found to be suffering from a mental illness indicating that social services are appropriately identifying and referring older people with mental illness. The open referral system did not lead to an overall increase in referrals, suggesting that patients referred by social services would have been referred by their GPs, but perhaps at a later stage.

Constant changes in social work practice have increased the nature and scope of the social worker's role in the National Health Service. They play an integral role in the planning, organisation, staffing, and coordination of health services for older people and are in a unique position to detect mental illness early and make efficient use of an open referral system for the benefit of our patients.

Declaration of interest

None.

References

- BROOKE, P. & BULLOCK, R. (1999) Validation of a 6-item cognitive impairment test with a view to primary care usage. *International Journal of Geriatric Psychiatry*, **14**, 936–940.
- CHALLIS, D., CLARKSON, P., WILLIAMSON, J., *et al* (2004) The value of specialist clinical assessment of older people prior to entry to care homes. *Age and Ageing*, **33**, 25–34.
- COHEN, J. & FISHER, M. (1987) Recognition of mental health problems by doctors and social workers. *Practice*, **1**, 225–240.
- DEPARTMENT OF HEALTH (2003) *Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care*. Department of Health.
- FOLSTEIN, M. F., FOLSTEIN, S. E. & MCHUGH, P. R. (1975) "Mini-mental state": A practical method for grading the cognitive state of the patient for the clinician. *Journal of Psychiatric Research*, **12**, 189–198.
- MANTHORPE, J., ILIFFE, S. & EDEN, A. (2004) Early recognition and response to dementia: health professionals views of social service's role and performance. *British Journal of Social Work*, **34**, 335–348.
- MANTHORPE, J. & ILIFFE, S. (2005) Timely responses to dementia: exploring the social work role. *Journal of Social Work*, **5**, 191–203.
- MORIARTY, J. (2002) *Assessing the mental health needs of older people: systematic review on the use of standardised measures to improve assessment practice*. King's College London.
- NATIONAL STATISTICS (2001) *Census 2001*. Office for National Statistics (<http://www.statistics.gov.uk/census>).
- RETHINK (2002) *Reaching People Early: A Status Report on the Early Support Needed by People with Severe Mental Illness and their Informal Carers*. Rethink.
- RETHINK (2004) *Right from the Start: The Second Rethink Report on Reaching People Early*. Rethink.
- *Sujata Das Specialist Registrar in Old Age Psychiatry, St Francis Unit, City Hospital, Nottingham, NG5 1PB, UK, email: drsujatadas@gmail.com,
Walter Pierre Bouman Consultant Psychiatrist for Older People, Sheila Gibson Unit, Bramwell, Nottingham

Table 1. Diagnosis

Diagnosis	n=36
Alzheimer's dementia	15
Vascular dementia	11
Depression	5
Schizophrenia	2
Lewy body dementia	1
Alcohol-related memory problems	1
Unspecified dementia	1