



Birmingham Healthy Minds (BHM): A primary care psychological therapies service

Referral criteria – information for general practitioners (GPs)

Inclusion criteria for the service

Patients **must be 16 years or over**, registered with a Birmingham GP, and:

- **Experiencing one or more of the following common mental health problems:**
 - Depression, mild-moderate, moderate-severe
 - panic disorder
 - post-traumatic stress disorder
 - generalised anxiety disorder
 - anxiety
 - obsessive compulsive disorder (moderate)
 - social anxiety or social phobia
 - specific phobia
- **Presenting with low or no risk (Please note: BHM is not a crisis service).**
- **Meet caseness:** The PHQ9 and GAD 7 scores to indicate at least mild severity, i.e. they need to achieve caseness, i.e. a score of 8 or above on GAD7 and a score of 10 or above on PHQ9.
If caseness is not reached but on clinical assessment a BHM service is considered appropriate, we will assess for low intensity interventions but may signpost the patient to more appropriate services. The IAPT phobia scale should identify those patients who score low on the GAD 7 but are highly avoidant of anxiety provoking situations (eg social phobia). Patients with mild depression should remain under watchful waiting with the GP before a referral is considered.
- **Motivated to engage** with psychological interventions.

BHM is not the right service for the patient when the patient is:

- An active or imminent risk of harming themselves or others. If considered to be moderate or high risk, referral to secondary care is recommended.
- Currently under the care of secondary mental health services.
- Experiencing unstable severe mental health problems, including psychosis and bipolar disorder.
- In need of stable care, i.e. short term or long term support for longstanding difficulties.
- In crisis or requiring urgent care.

Or if there is:

- A diagnosis of personality disorder.
- Bereavement as the primary presenting problem. (CRUSE is usually the most appropriate service for bereavement difficulties, given their specialist skills and training. However, it is recognised that bereavement difficulties may be co-morbid with other presenting difficulties, where BHM may be the most appropriate service to meet the patient's overall needs.)
- Significant alcohol/substance misuse that impairs ability to engage in psychological interventions.
- Social rather than psychological difficulties (e.g. housing, debt) as the primary problem.
- A diagnosis of Anorexia Nervosa though we are able to help with presentations of bulimia and restricted eating.
- A learning disability which will significantly affect the patient's ability to engage in and make use of psychological interventions. (NICE recommends that people with moderate and severe learning disabilities are referred to specialist learning disability services).
- Cognitive impairment (e.g. due to dementia, autistic spectrum disorder) which significantly affects the patient's ability to engage in and make use of psychological interventions.
- Where there is evidence from previous history with services that the patient is unlikely to respond to psychological intervention

BHM is not able to offer a diagnostic service or prescribe medication.

If in doubt about whether BHM is the right service for your patient, please discuss with your BHM team on 0121 301 2525 or email bsmhft.bhm@nhs.net before referring to the service.