

## Guidance: Referring to the ACHD Psychology Service

### Direct work:

If appropriate to refer (see below), the **patient must consent to the referral**. All Bristol Heart Institute (BHI) out-patient and in-patient referrals should be made via the Service Order '**ACHD Psychology Service**'. *If you work outside of the Bristol Heart Institute and the patient is registered with the ACHD Consultant Cardiologists at the BHI, you can contact the ACHD Clinical Nurse Specialists to discuss an out-patient referral by telephoning: 0117 342 6599.*

A Service Order is a request to consider whether a patient is appropriate to be assessed by Psychological Health Services. We aim to respond to requests within a maximum of two weeks. On some occasions, Service Orders might result in a recommendation that another service is more appropriate.

### Inclusion criteria:

- The patients' concerns are clearly related to their ACHD
- Distress related to their CHD which is having a negative impact on their day-to-day functioning or ability to manage their condition and treatment.
- Difficulty coping with or adjusting to medical intervention(s) or health status e.g., new diagnosis, further cardiac surgery required, needle phobia or poor prognosis.
- Distress related to family adjustment difficulties attributable to their CHD.
- Distress associated with physical concerns e.g., scars, or symptoms e.g. breathlessness, fatigue
- Anxiety e.g., related to their ICD's and pacemakers
- Anxiety related to upcoming medical procedures or tests
- Trauma/PTSD associated with past medical interventions
- Cognitive difficulties post ACHD – likely to be related to their cardiac event and/or surgery
- Concerns regarding a high-risk pregnancy related to their CHD.
- Complex needs (e.g., neurodiversity) where additional support may be required.
- Difficulties with complex decision making.

### Specific to Inpatient Referrals:

- Distress related to a long hospital admission
- Parallel planning with Palliative Care Team

### In-direct work/Consultation:

Informal discussion and/or consultation is actively welcomed, as if the inclusion criteria cannot be met, often in-direct psychological intervention or signposting to other services can be offered. To request an *Informal discussion or Consultation with an ACHD Psychologist regarding a patient who is registered with an ACHD Consultant Cardiologist at Bristol, **please obtain patient consent** and then telephone: 0117 3428168.*

### Exclusion criteria:

- Significant concern about risk of harm to self or others, psychosis, or severe mood disorder, need for Mental Capacity Act/ DOLS – refer to Liaison Psychiatry
- Patient is under 16 years – refer to Bristol Royal Hospital for Children, UHBW, Cardiology Psychology
- Patient is requiring a listening ear/counselling space – consider referring to hospital Chaplaincy - suitable for all faiths or none.
- Patients can also request counselling sessions via the Somerville Heart Foundation Charity: <https://sfhearts.org.uk/>

## Guidance: Referring to the ACHD Psychology Service

- Long standing mental health difficulties unrelated to their CHD –consider asking GP to sign-post to talking therapies or primary care liaison (PCL). (Patients’ living in Bristol can self-refer <https://www.vitahealthgroup.co.uk/make-a-referral/>)

### Prompts for referring:

Concern	Action
<b>Are psychological issues a barrier to treatment?</b>	Refer to ACHD PSYCHOLOGY: <b>URGENT</b> via Service Order
<b>Are there concerns regarding patient decision-making?</b>	Refer to ACHD PSYCHOLOGY: <b>PRIORITY</b> via Service Order
<b>Does this patient have a poor prognosis?</b> (6 months or less)	Refer to ACHD PSYCHOLOGY: <b>PRIORITY</b> via Service Order
<b>Are there psychological issues related to treatment side-effects?</b> E.g., impaired cognition, eating difficulties, body image disturbance.	Refer to ACHD PSYCHOLOGY: <b>ROUTINE</b> via Service Order
<b>Is the patient challenging to manage?</b> Indicators may include hostile behaviour in clinic, multiple complaints, changing doctors/teams.	Contact for advice from BHI ACHD PSYCHOLOGY SERVICE 0117 3428168

### Distress and coping – anxiety and low mood

<b>Is this likely to be a short-term reaction?</b> Indicators include very recent bad news or other clear trigger, symptoms only present for a short time, previously coping well.	Use watchful waiting and/or consider referring to chaplaincy
<b>Is the level of distress moderate?</b> Indicators include symptoms are present only some of the time, reasonable day to day functioning, single psychological difficulty, patient has some coping strategies.	Consider utilising CNS’ who feel competent in their utilisation of psychological skills Consider referral to community services.
<b>Is the level of distress severe?</b> Indicators include symptoms are present most or nearly all the time, impaired day to day functioning, multiple psychological difficulties, patient has few or dysfunctional coping strategies.	Refer to ACHD PSYCHOLOGY: <b>ROUTINE</b> via Medway Service Order