

March, 2007

**To: Referring Physician or
Healthcare Professional**

Thank you for referring your patient to the BC Neuropsychiatry Program. The program consists of two components: the Outpatient Clinic and the Inpatient Program. Descriptions of these programs are attached. The outpatient program is sited at UBC Hospital while the inpatient units are located at UBC Hospital in Vancouver (acute assessment and diagnostic unit) and Royal Inland Hospital, Hillside Centre in Kamloops (sub-acute behavioural stabilization unit).

Please note that not all patients can be accommodated given the volume demand for neuropsychiatry services. Each patient's referral is screened at a weekly triage meeting. If your patient is accepted into the program, he or she will be assigned to one of the treatment settings listed above, depending on the clinical problem. Outpatients are assigned to a physician according to the physician's area of expertise and the length of the physician's waitlist.

We will notify your office following the triage meeting, and we will contact your patient to make the necessary arrangements.

In order for us to adequately assess your patient for our program, we require that the questionnaires be fully completed and that relevant prior neurological and psychiatric consultations, and neurodiagnostic studies (such as EEGs, CTs, MRIs) be included with the referral. Please complete the referral documents and ensure that all the required information is attached. Incomplete information will delay the processing of your referral.

We apologize in advance for our lengthy wait times and our inability to see all patients referred to our program. These ongoing difficulties are directly due to the volume demand for our services.

Yours sincerely,

Trevor Hurwitz
Medical Director
BC Neuropsychiatry Program
UBC

BC NEUROPSYCHIATRY PROGRAM

Referral Guidelines

Please note that all referrals are screened at a weekly triage meeting for acceptance into the program. At the triage meeting, patients will be assigned to one of the inpatient programs or the outpatient clinic (see attached description) according to the patient's clinical requirements. Outpatients are assigned to a physician according to a physician's area of expertise and length of waitlist.

All patients should have already been seen by a general psychiatrist if the problem is primarily psychiatric, or a neurologist if the problem is primarily neurological. Copies of consultations must be attached.

REFERRAL CRITERIA:

1. Dementia of any cause with either a major behavioral component and/or a need to exclude a causal or contributing functional disorder (for example, depressive pseudo dementia).
2. Structural central nervous system lesions thought to be responsible for a psychiatric presentation:
 - Organic mood syndromes
 - Organic anxiety syndromes
 - Organic hallucinosis
 - Organic psychosis
 - Amnestic syndrome
 - Dementia especially with associated behavioral disturbances
 - Organic personality disorder
3. Episodic disturbances (paroxysmal neurobehavioral disorders in which epilepsy is a possible diagnosis).
4. Epilepsy associated with a disturbance in mood, anxiety, behavior, thinking or intellect.
5. Somatoform disorders such as conversion disorder.
6. Movement disorders, specifically tardive dyskinesia, movement disorders associated with behavior disturbances, or adults with Tourette's syndrome.
7. Unresponsive states including catatonia and chronic delirium.
8. Treatment-resistant functional psychiatric disorders suspected of being caused by an organic etiology that needs to be excluded, diagnosed, or treated.

At the present time the BC Neuropsychiatry Program has insufficient resources to assess and treat any patients with complicating and unsettled medico-legal issues. All patients in this category will be declined assessment and treatment in our outpatient program. Such patients may be referred via their lawyer or administrative agency for an independent medico-legal assessment (IME) to a specific physician via a SEPARATE LETTER. Please note that IME's are not funded by MSP.

We regret that owing to volume demand we are not able to accept referrals or requests specifically for neuropsychological services.

Do not return this page to BCNP.

BC NEUROPSYCHIATRY PROGRAM

PROGRAM DESCRIPTION

Outpatient Program

UBC Hospital Vancouver

Ambulatory assessment and treatment is provided to neuropsychiatric patients who experience mild to moderate distress or dysfunction and are stable within the community setting. Patients seen in consultation will be provided with short or long-term follow-up care where appropriate.

Inpatient Program

West 1, UBC Hospital, Vancouver

This 10-bed unit provides acute diagnostic assessment and treatment for neuropsychiatric patients who have severe distress or dysfunction, are logistically unable to attend as an outpatient, have a complexity of presentation that requires a multidisciplinary team or repeated regular observations, require neurodiagnostic investigation such as lumbar puncture or treatments such as ECT that cannot be provided on an outpatient basis, or have failed all attempts at outpatient treatment. Length of stay averages 30 – 40 days with a maximum of 3 months.

Hillside Centre, Royal Inland Hospital, Kamloops

This is a 25-bed unit that is focused upon neurobehavioral stabilization for neuropsychiatric patients who require a secure, locked facility and who will benefit from the interventions of a multidisciplinary team, require long-term behavioral management and serial pharmacological trials, or other treatments such as ECT. Target behaviors include wandering, marked persistent regression, severe recurrent self-injurious behavior, or severe recurrent episodes of verbal and physical violence. Length of stay is a maximum of 1 year. At the end of their stay patients will be returned to their regional health authorities for long-term facility or community placement and care.

Our programs usually do not accept patients in the first six months following traumatic and non-traumatic brain injury. Such patients require stabilization of their physical injuries in facilities that have the full complement of rehabilitation services. Such services are not available in the BCNP inpatient programs. A significant percentage of such patients will also demonstrate spontaneous settling of psychobehavioral disturbances in the first six months as part of the natural recovery from their brain injuries. In some patients, behavior is too disruptive and constitutes an insurmountable obstacle to the provision of care and physical rehabilitation. Such patients will be evaluated on a case-by-case basis for direct admission to one of the inpatient unit programs, provided that arrangements can be made to ensure that they continue to receive the appropriate physical rehabilitation services.

Program Address:

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Sites of Service:

**Outpatient Clinic:
UBC Hospital, Vancouver
Inpatient Program:
Hillside Unit, Kamloops
UBC Hospital, Vancouver**