
Information for Primary Care Providers

Referral Tips for PCPs Referring Patients to the Behavioral Health Provider

GENERAL GUIDELINES

In order to decrease the amount of time spent referring patients to the Behavioral Health Provider (BHP), and increase your “hit rate” (i.e. pts. who accept the referral), the following strategies/scripts may be useful.

Avoid creating the impression that you are referring the patient for BH because you can’t find anything medically wrong with them, rather, emphasize that good health care always involves paying attention to both physical and emotional health and well-being. The key is to frame this as a routine, legitimate part of primary care.

Avoid stigmatizing words like: mental health, therapy, counselor or professional titles (psychologist, social worker...). Normally, once the patient is in the office with the BHP, we will tell them our training background and describe our role in the overall healthcare process.

Do not imply that you are sending the patient for extended mental health treatment. Instead, emphasize that the BHP is part of the medical team and provides you with important information needed to be effective in providing good medical care. The BHP program is not designed to provide traditional “therapy” or “counseling” (though we can arrange these when needed), but short-term consultation as part of comprehensive healthcare.

SEGUE SCRIPTS

Purpose of these scripts is to summarize/validate the patient’s concerns in a non-alarming way that sets the stage for the BH referral. Strategies for this can vary, but here are some suggested scripts for common problems:

Emotional Difficulties (e.g. depression, anxiety, panic)

Sounds like you’re suffering from some thinking and feeling symptoms that are affecting your sense of life satisfaction and well-being. This is a very important, basic part of your sense of overall health. Many of my patients have found it useful to get assistance with strategies that help you overcome these barriers to your health and well-being.

Chronic Disease (e.g. diabetes, heart disease, asthma)

Having a chronic disease is tough. Not only do you have to adjust to the prospect of having a long term condition, but you also have to change certain behaviors to help produce better medical outcomes. This type of behavior change is difficult for most people and often requires assistance. Many of my patients have found it useful to get assistance in adjusting to life with a chronic disease and for developing strategies to change their behavior. We have someone on our team who is an expert in ...stress, mood difficulties like depression, insomnia management, healthy lifestyles...

Chronic Pain (e.g. headaches, back pain, myofascial pain, fibromyalgia)

One thing we know about chronic pain is that it can't be solved or eliminated by the use of medications alone. It requires you to learn specific strategies for reducing your risk of pain and strategies for managing the pain you do have. Many of my patients have found it useful to seek assistance in learning these strategies.

Stress/Somatization Response (stress related physical complaints, psychogenic symptoms)

Humans are very complicated organisms because their physical health affects their emotional sense of well-being and vice versa. It is often impossible to figure out which causes which. So, regardless of what is causing your symptoms, it is distressing, in and of itself, to have these symptoms. Therefore it is important for you to learn methods for reducing the stress you experience in relation to your symptoms. Many of my patients have found it very helpful to learn some of these methods for reducing stress.

Lifestyle Change/Health Risk Factors (smoking/weight loss)

Making a change, like quitting smoking/losing weight/exercising more regularly/changing nutrition, can be much more difficult than it seems. It requires you to change habits that you have acquired over many years of practice. Many of my patients have found it useful to get help in making these types of changes, and it has made a big difference.

GENERIC REFERRAL SCRIPT

Once you have segued the patient, this script is designed to help you describe the BHC person and the role that person will play in your medical care for the patient.

"I have a colleague (BHP name), here in PC, who works very closely with me on the types of issues/problems we've been discussing. I'm wondering if you would like me to introduce you to her/him or to schedule you to see her later on, on some other date. She will meet with you for 20-30 minutes and talk with you in more depth regarding this aspect of your health care. Then she will get back to me and we will use the information the 2 of you come up with to create a set of strategies that will allow you to be more successful in tackling the problems we've been discussing. Would you like me to introduce you to her now so you two can talk?"

If yes, call or page the BHP.

If no, "Would you like me to have you scheduled to see her within the next week or two"?

If still no, "If you change your mind, those services will be here. Just let me know when you're ready to make use of them, and I will connect you to our expert."