**CHILD PSYCHIATRY IN PRIMARY CARE**

**REFERRAL GUIDELINES**

Providers:

Dr Cathy Southammakosane ([csoutham@childrensnational.org](mailto:csoutham@childrensnational.org) )

--Wednesday afternoons, CHC

Dr Martine Solages ([msolages@childrensnational.org](mailto:msolages@childrensnational.org))

--1st, 2nd and 3rd Thurs afternoons, SE DC (at THEARC); 4th and 5th Thurs afternoons, Comp Clinic

General Guidelines:

* Both providers have very limited time in our centers. These guidelines are designed to help maximize their impact and take full advantage of this amazing resource for our families.
* While in person consultation is only available one half day a week by each provider, EMAIL CONSULTATION IS ALWAYS AVAILABLE TO GOLDBERG CENTER PROVIDERS. If you have questions about medication management or if a patient is appropriate for referral, please email the psychiatrist working with your center before scheduling the patient for an in-person consultation. If in doubt, email. This will allow in-person visits to be scheduled in a timely fashion for those patients who need them.
* The ultimate goal for almost all patients is for their psychiatric concerns to be co-managed by the primary care physician and the psychiatrist. Expect that patients you refer will “come back” to you for continued management in consultation with the psychiatrist. Additionally, some patients will be able to be managed solely by the primary care provider after email/phone consultation with the psychiatrist.
* Please ensure that all work-up which can be done before the patient’s visit is completed, and clearly document in detail the reason for your referral in the chart. This will help ensure that your concerns are able to be addressed by the psychiatrist. If there is something you don’t want to write in the chart, send an Outlook email to the psychiatrist with your concerns.
* Our psychiatrists are not able to provide neuropsych testing or ongoing therapy in our centers. Please do not refer patients to them solely for these things. If you have a patient who may need one of these things and aren’t sure where to send them, email the psychiatrist assigned to your center and they will help with this. If you aren’t sure, go ahead and email first.

Reasons for referral:

* Most cases of ADHD, Depression and Anxiety should be able to be managed by primary care providers. If you have questions, please email the psychiatrist. Patients with possible disorders who do not fall into those diagnostic categories (ie thought disorder / psychosis, bipolar d/o, others) should be referred
* Patients in whom the diagnosis is unclear after appropriate work up is complete (ie scored Vanderbilts, etc)
* Patients with complex comorbidities
* Patients who have failed **at least two** stimulant or antidepressant trials
* Patients with significant aggression