Warm hand-off scripts and procedures from primary care to behavioral health

Primary Care Providers (PCPs) have their own style of communicating, and will have different relationships with different patients. These and other factors (especially cultural considerations) will tailor each 'warm hand off' so it best helps the patient overcome any barriers to seeing a Behavioral Health (BH) provider. However, some general principles can be articulated:

- The referral to a BH provider should be as directive as a PCP would normally make a referral to any other service. There should not be a discernable difference in content or tone between a referral to a BH provider and a referral to a cardiologist. Patients will pick up the importance a provider implies regarding a referral, and respond accordingly.
- Unless a patient has used a diagnostic term themselves ("I feel depressed"; "I had a panic attack"; "I'm addicted"), it is more effective to use general terms like 'stress' to refer to behavioral health problems. BH providers have the time and the skill to assess patients readiness to identify themselves as having particular problems, and can work with patients on de-stigmatizing these terms when necessary.
- Similarly, it is more effective to use general terms such as 'colleague' or 'someone who specializes' instead of 'counselor' or 'therapist' or 'social worker'. For many patients these terms evoke stigma, fear, and misunderstanding, and may keep a patient from seeing the BH provider. Skilled BH providers can identify themselves and intervene to address any of these apparent issues. Along the same lines, a PCP asking or offering a patient 'counseling' is less effective than offering them 'education' or 'ideas' or even 'support'.

  Example 1, medical provider: *It sounds like you might be having a lot of stress right now. I work with someone who specializes in helping with these issues, and I would like you to speak with them today to better help me help you. Is it all right with you if I introduce you to her/him?*

  Example 2, medical assistant: *From some of your answers on this questionnaire, it looks as if you may be feeling down lately. We have someone here who can give you some ideas of ways to help with this. Her/His office is just down the hall. Is it okay with you if I see if he/she is available to meet you?*

Referral to a psychiatrist: The following are two sample scripts for referring to a psychiatrist. Both address the major barriers in psychiatric consultation, which are stigma and fear regarding the implications of seeing a psychiatrist, and misunderstanding about the role of a psychiatrist. Because of their history, and an almost archetypical stereotype, patients commonly assume a psychiatrist is a super competent, specialized analyst, who will engage them in intensive therapy. Some patients feel disgruntled, ignored, and even angry by very competent and kind psychiatrists, because they 'only' received an assessment and a prescription.

Example 1, medical provider: *We have already tried three medications that have not worked for you, and I know that has been frustrating for you. We have a specialist here who is a doctor for anxiety/depression/voices, who may be able to change your medicine and find something that works for you. He/She is right here, and could see you next week. Is that okay?*

Example 2 (previous history with mental health services), medical provider: *You have a long history of struggles with this problem, and since you are a new patient to me, I am wondering if you would be willing to see our specialist to make some recommendations about medicine. She/He is a medical doctor, so he/she doesn't do counseling. However, we do have a counselor that I think could be helpful to you. Is it okay with you for me to make you two appointments, one for medications, and one for counseling? I will follow up with you in two weeks. "*