Hello, some of you may have noticed a new bearded face at the DOC and a new Med-Psych attending there. I have some big—or more appropriately, stylish—shoes to fill in taking over some of the many roles Natasha Cunningham had. One of those is as your consultant psychiatrist. I am continuing the Friday morning psychiatry medication management clinic at the DOC. One question that often comes up is who to refer to this clinic. This question may be more—or less—clear with the BHCs, Joy and Ashely, and all the great work that they and Jan do for our DOC patients. There is a more detailed overview in the Thrive Guide but here are some rough ideas:

Patients to consider for referral:

- Patient with severe anxiety and/or severe depression, PTSD, schizophrenia, bipolar disorder who will not be seen elsewhere or ...
- Needs 1-2 bridge appointments until getting into longer term psychiatric care
- Patient with a complex medical history where a Med-Psych provider may be more optimal
- Patient who is not/partially responding to typical care and you would like to continue to manage in primary care but interested in second option

Patients who may likely need a higher level of psychiatric care:

- Patient who has had a CST (Community Support Team) or ACT (Assertive Community Treatment) team previously
- Patient with dual diagnosis: active substance use disorder and co-morbid psychiatric illness

Patients to probably discuss further:

- Patient on high doses of benzodiazepines or any other patient looking to change providers. (As a general rule in psychiatry if a patient does not like his/her psychiatrist, the patient should probably talk to the psychiatrist about that. The process can be therapeutic in some instances. Of course, always exceptions.)

Often, these are hard things to tease out in a short appointment. If there is ever a question, I am more than willing to discuss the referral first.