Vancouver CoastalHealth
Promoting wellness. Ensuring care.

BC Neuropsychiatry Program
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BCNP Sites
UBC Hospital: Vancouver
Hillside Centre: Kamloops

PROGRAM DESCRIPTIONS

Outpatient Assessments

UBC Hospital Vancouver

Ambulatory assessment and treatment recommendations are provided to neuropsychiatric patients who are stable in the community but are still symptomatic or diagnostically challenging and require diagnostic clarification.

All patients must be under the care of a community treating psychiatrist who should be the person initiating the referral or supports the referral and is available to provide ongoing psychiatric care after our assessment. Most patients will not be followed in the community by our staff but will be referred back to the referring community psychiatrist or mental health team.

All patients must have already been fully investigated for organic disease and the relevant consultation reports and the results of relevant laboratory data and neurodiagnostic reports must be included in the referral package for review.

- **In the case of neurological presentations** all patients must have been seen by a neurologist and have had the appropriate neurodiagnostic investigations. This may include neuroimaging and electrophysiological testing (ie. EEG, EMG), laboratory studies, LP and panel for autoimmune diseases.

- **If the problem is recurrent unexplained attacks that look like seizures** all patients must have been assessed by an epileptologist who must have reasonably confirmed that the attacks in question are not from epilepsy.

- **If the problem semiology suggests syncope rather than seizure** then all patients must have been assessed by a cardiologist and cardiac and circulatory problems (ie. orthostatic hypotension, POTS) must have been reasonably excluded.

- **In non-neurological somatic presentations and where a somatic symptom disorder is suspected** all patients need to have been assessed and investigated by the appropriate specialists who can confirm that the non-neurological somatic symptoms are not explained by organic pathology.

Please send all OUTPATIENT referrals to:

Provincial Neuropsychiatry Access and Discharge Leader,
BC Neuropsychiatry Program c/o UBC Hospital
2255 Wesbrook Mall Vancouver, BC V6T 2Al
(604) 822-7369 (voice) (604) 822-7491 (fax)

Please follow separate instructions for Inpatient Transfers, to be faxed to your local health authority for regional approval, as indicated in the Inpatient referral package.

Inpatient Program Admissions or Transfers

All patients need to have previously been admitted to or are already on a local general psychiatric inpatient unit and have failed to benefit after appropriate specialist consultations and investigations followed by at least 6 weeks on an inpatient psychiatric unit where they have failed to benefit from standard multidisciplinary treatment and care.

This same policy also applies to patients who are on a general medical or surgical ward and are being followed by consultation-liaison psychiatry. These patients need to be transferred to your local psychiatric inpatient unit. We will then accept transfer of the patient but only after at least 6 weeks of multidisciplinary general inpatient psychiatric treatment and care.

We require a return agreement to be signed by the referring inpatient psychiatric unit. This policy is to ensure a flow through of patients and that our beds remain available for patients on our waitlist.

We do not accept any referrals for an inpatient admission for patients who have had an acute neurological insult (ie. brain trauma, stroke, acute MS attack) until 6 months have elapsed and the patient has reached a temporal point in their post-acute trajectory at which time further neurological recovery is unlikely and they now require a psychiatric inpatient setting because they remain disabled by persistent and intrusive psychiatric or neurobehavioral symptoms.

Patients who are in the first 6 months following an acute neurological insult require stabilization of their physical injuries in faci1ities that have the full complement of rehabilitation services. These services are not available in the BCNP inpatient programs. Patients who, after 6 months, still display function-compromising neuropsychiatric or neurobehavioral symptoms, will be evaluated on a case-by-case basis for direct admission to one of the inpatient unit programs to ensure that they continue to receive the appropriate physical rehabilitation services.

Inpatient Hospital Sites:

1 West, UBC Hospital, Vancouver

This 10-bed open unit provides initial diagnostic clarification, assessment and treatment for patients with neuropsychiatric conditions. Length of stay averages 30
- 40 days with a maximum of 3 months.

Hillside Centre, Royal Inland Hospital, Kamloops

This is a 12-bed unit that is focused on neurobehavioral stabilization for neuropsychiatric patients who require a secure, locked facility and who will benefit from the interventions of a multidisciplinary team, require ongoing behavioral management, 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.

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 for outpatient assessment according to the requested clinical service.

Outpatients are assigned to a physician according to the physician's area of expertise and length of waitlist.

We do not see patients with neurodevelopmental disorders nor patients under 18 years or over 75 years old. We also do not see patients with an active substance use disorder nor patients who are referred purely for neuropsychological assessment.

We do not see patients in litigation for medicolegal consultations. Patients with complicating and unsettled medico-legal issues 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.

REFERRAL CRITERIA:

1. Dementia of any cause with major behavioral and psychological components (psychological and behavioral disorders of dementia) and/or a need to exclude a functional disorder as the cause of or contributing to neurocognitive failure (for example depressive pseudodementia).

2. Structural central nervous system lesions thought to be responsible for psychobehavioral or neurobehavioral disturbances:

    - Organic mood syndrome
    - Organic anxiety syndrome
    - Organic OCD
    - Organic hallucinosis
    - Organic psychosis
    - Amnestic syndromes
    - Frontal lobe syndromes
    - Neurobehavioral syndromes (aphasia, apraxia, agnosia, neglect, apathy)

3. Episodic disturbances (non-epileptic attacks or paroxysmal neurobehavioral events where epilepsy and cardiac conditions have been conclusively excluded).

4. Epilepsy associated with a disturbance in mood, anxiety, behavior, thinking or neurocognitive ability.

5. Somatic symptoms disorders such as conversion disorder.

6. Movement disorders, specifically, movement disorders associated with behavior disturbances (eg. non-motor symptoms of Parkinson's disease or Huntington's disease) patients with tardive dyskinesia 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 need to be excluded, diagnosed, or treated.

Updated: September 24, 2019