



Phone (808) 930-6001 Option #2 | Fax: (808) 930-6007

General Comments Regarding Outpatient Psychiatry Clinic Referrals: updated March 2024

We have two providers offering outpatient medical management of patients with psychiatric conditions. APRNs Michelle Imlay and Kelsy Streeter are Psychiatric Mental Health Nurse Practitioners who care for patients age 12 and above. They offer services for patients' island-wide, and as a result we are trying to be efficient with our clinic visits. Routine referrals may not be seen for one month or more.

All referrals require a completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral. Please send previous psychiatry records if seen by another provider and hospital discharge summary if recently treated in the inpatient setting.

All STAT requests require a peer-to-peer conversation.

Diagnosis-Specific Recommendations for Commonly-Referred Conditions

Anxiety: send referral

- if GAD 7 >7 after at least three weeks on non-controlled medication
- Consider trial of SSRI and hydroxyzine PRN
- Avoid daily benzodiazepine

Depression: send referral

- If PHQ-9 >7 or <50% decrease after 4-6 weeks medication trial
- Evaluate for hx of manic symptoms (consider Mood Disorder Questionnaire) or family hx of Bipolar D/o/Manic Depression
- Consider trial of SSRI if no concerns for Bipolar D/o

Chronic Insomnia: send referral

- Consider additional referral to BH for cognitive behavioral therapy options
- Please perform sleep study
- Consider trial of melatonin, doxepin, doxylamine; avoid initiation of benzodiazepines

PTSD/Trauma reaction

- PCL-5 score >33,

Mania/Hypomania/Bipolar Disorder

- Assess for stability: to ED if unstable
- Mood disorder questionnaire with >6 'Yes' answers

Schizophrenia/Other Psychotic Disorders

- Assess for stability: to ED if unstable

Autism/Spectrum disorders: send referral

- Consider additional referral to psychologist or Developmental/Behavioral Pediatrician for peds

Eating Disorders: send referral

- Anorexia: Medication is not first-line. Medical stabilization, nutritional rehabilitation, and psychotherapy recommended
- Bulimia: Recommend nutritional rehabilitation and psychotherapy. Recommend trial of fluoxetine (not with anorexia)
- Binge Eating D/o: Recommend psychotherapy first line. Consider trial of SSRI if no concerns for Bipolar D/o

Intermittent Explosive Disorder

Learning Disability: send referral if co-occurring behavioral problems

Personality Disorders: refer to Behavioral Health Psychiatry referral if co-morbid mental health disorder or substance abuse

Paraphilic Disorders