

## Referral instructions for the neuropsychiatric working group for adults

### REFERRAL CRITERIA

The neuropsychiatric working group for adults assesses developmental neuropsychiatric disorders that the patient has had since birth. It does not assess or treat acquired neuropsychiatric disorders, such as after-effects of brain injuries.

- it is only appropriate to assess developmental neuropsychiatric disorders in adults when any other debilitating psychiatric conditions are either in recovery or in a stable, low-symptom state
- when an attention deficit hyperactivity disorder (ADHD) is suspected, the assessment and initial treatment are mainly carried out in primary or occupational health care. ADHD assessment is based on DIVA interviews, carried out by a nurse or psychologist and supplemented by a physician's assessment. In addition to the patient, the DIVA interview is conducted with a close person who, as an adult themselves, knew the patient well when they were under 12 years of age.
- with a DIVA interview of a person close to the patient, ADHD can almost always be distinguished from other psychiatric disorders, that usually begin in or after adolescence. However, if the patient has other psychiatric disorders with a stable symptom status that significantly interfere with ADHD assessment in primary health care, they may be referred to the neuropsychiatric working group.
- a psychologist's examination is not usually required in ADHD diagnostics. If problems arise in diagnostics or treatment, the adult neuropsychiatry working group is happy to provide consultation and send care instructions electronically.
- there is no treatment for autism spectrum disorders - they can be thought of as permanent personality structures. Therefore, it is appropriate to assess autism spectrum disorder in public health care only when autism is assessed to cause significant harm to the patient's life and a need for rehabilitation or social benefits that the basic or occupational health care services cannot provide.
- if previously undiagnosed Tourette syndrome is suspected, patients can be referred to the neuropsychiatric working group
- if the patient has already been diagnosed with Tourette syndrome, fine-tuning of medication, for example, is usually possible through consultation.

## REFERRAL INSTRUCTIONS

Unfortunately, as the working group's waiting list exceeds the treatment time guarantee, we can only accept some of the referrals. For this reason, it is appropriate to prepare the referral carefully. The referral shall contain:

- reasons for suspecting a neuropsychiatric disorder. For example, in case of suspected autism spectrum disorder, the referral shall describe the symptoms of the autism spectrum disorder and the results of screening tests (AQ-10 and/or AQ-50)
- a statement that the patient has no history of harmful use of alcohol or drugs in the previous six months
- if the patient has been previously diagnosed with other psychiatric disorders causing similar symptoms, reasons are given why they are not considered to explain the patient's symptoms. If the patient has, for example, already been diagnosed with a schizoid and anxious personality, why are they now suspected to be autistic as well.
- description of the significant harm caused by the suspected disorder in the different areas of the patient's life: studies, occupation, social life and hobbies
- assessment of the patient's rehabilitation needs by the referring physician and reasons why it is not possible to arrange rehabilitation in primary or occupational health care