

[Official Institution Logo]

**Adult
Congenital
Heart 
Association**

Policy for Referral to Mental Health Services

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate the reason why this policy is in place and the population it benefits.

Policy Statement

State the actual policy for referring ACHD patients to mental health services. This statement can be a brief overview of the mental health referral policy for ACHD patients.

Procedures

Describe the actual details of the procedure to refer ACHD patients to mental health services. Please include details about:

- General mental health challenges specific to ACHD patients
- Timeline for receiving mental health services once need has been determined
- Personnel involved in the mental health care of the ACHD patients (ACHD team members and non-ACHD team members)
- Assessments conducted
- Mental health emergency procedures
- Referral processes

References

If applicable, please list any articles or other resources utilized to develop your institution's policy for referring ACHD patients to mental health services.

Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

Helpful Tips

If you would like, please upload any documentation or examples of the above policy to the additional files section of S Psychology and Social Work. It is not a requirement. Please save the document with S2 in the title so that we know which policy/plan the uploaded document references.