Psychosexual Counselling and Therapy Service

Referral Guidelines For GP’s

The Psychosexual Counsellor/Therapists employed by Solent NHS Trust are Accredited Members of the College of Sexual and Relationship Therapists (COSRT), and work in accordance with the COSRT Codes of Ethics and Principles.

Placements are offered to Trainee Psychosexual Counsellor/Therapists and patients/clients may be counselled by a Trainee, working in close supervision with an Accredited Therapist/Supervisor.
Who can refer?

The Psychosexual Counselling Service is accessible by GP referral only.

How to refer

Referrals may be made by letter or completion of the Psychosexual Counselling Referral Form and sent by:

- e-mail to:
  
  SNHS.psychosexualcounsellingreferrals@nhs.net

- post to:
  
  The Psychosexual Counselling Administrator
  Sexual Health Service
  Royal South Hants Hospital
  Brintons Terrace
  Southampton
  SO14 0YG

Identifying psychosexual difficulties in your patient/client population

Our team would be happy to visit your clinical area to provide workshops in order to raise awareness of the psychosexual needs of your patients, to help identify potential psychosexual problems and to address psychosexual concerns expressed in everyday clinical practice.

Please contact the Psychosexual Service with any queries or to book a workshop which can be designed to meet your needs

Telephone 023 8071 6743
Points to consider before referral for psychosexual counselling

● Relationship problems
  The Psychosexual Counselling Service is not designed to offer general relationship counselling. However, sexual problems can often have a negative effect on relationships and, in these circumstances, referral for psychosexual counselling would be appropriate.

● Medical problems
  If medical problems are identified it would be helpful to address these issues before a referral to our service. However, psychosexual problems may arise as a consequence of ill health, surgery or disability and it may then be appropriate to refer for psychosexual counselling.

● Mental health concerns
  If a patient’s mental health state is stabilised and they are able to reflect on personal issues, referral for psychosexual counselling may be appropriate. However, if you wish to discuss this further please contact the Service.

● Other
  The Psychosexual Service offers time-limited therapy and, as such, is unable to counsel patients regarding sexual addiction or sexual offending.

  For gender re-assignment issues please refer to local care pathways.

● Special requirements
  Please notify us of any special requirements relating to language, hearing, sight, mobility, learning difficulty, etc. in order that we may offer the most appropriate support.
GP consultation
• Genital examination if history suggests physical problem
• Hormone and CV function tests if history suggests erectile or ovarian dysfunction
• If appropriate, refer to Psychosexual Counselling Service with details of problem, social circumstances, drug and alcohol intake and results of any tests
Please see accompanying referral guidelines.

GP Referral
GP refers patient by email or post, using the referral form or by letter (which must contain all the information required in the referral form)
by email: SNHS.psychosexualcounsellingreferrals@nhs.net
by post: Psychosexual Counselling Administrator
Sexual Health Department Royal South Hants Hospital,
Brintons Terrace, Southampton, SO14 0YG
Telephone: 023 8071 6743

Referral Accepted
• Patient entered on waiting list
• Letter of receipt of referral sent to referrer
• Letter sent to patient with information leaflet and request to complete and return personal details form.

Psychosexual Counselling Administrator contacts the patient to inform them about choice of locations and agrees initial assessment appointment with the patient. This may be confirmed in writing if required.

Initial Assessment ±

Follow up appointments (max x7) ±

Patient Discharged
Registered GP informed by letter
Copy letter to patient, if requested
Patient invited to complete evaluation form

Referral Declined
Letter sent to Referrer setting out reason for non acceptance of referral and advising on alternative options for the patient.

* NB: Psychosexual counselling may be offered to patients with erectile dysfunction, alongside medical treatment, if additional psychosexual issues are present. However, erectile dysfunction is not part of the inclusion criteria for referral alone.

Patients who DNA an initial assessment or follow up appointment or who cancel on more than two occasions will be discharged. The referring GP will be notified by letter.

Erectile Dysfunction
follow local protocol for medical therapy or referral to Urology.*

Adolescent Social Care Contact Details
IN HOURS OUT OF HOURS
Portsmouth City Council 023 9268 0810 023 9268 0810
Southampton City Council 023 8083 3003 023 8023 3344
Hampshire County Council 0845 603 5630 0845 600 4555

Other useful contact details:
Single Point of Access (SPA) tel number: 0300 300 2016
Professional advice: SNHS.SexualHealthAdvice@nhs.net
Website: www.letstalkaboutit.nhs.uk

If Safeguarding Issues are highlighted at any point in the pathway:
For advice and support please contact your named GP Safeguarding Lead
For referrals please contact appropriate Social Services team (see left)
## Guidelines for pre-referral screen

### Female

<table>
<thead>
<tr>
<th>Description of psychosexual problem</th>
<th>Guidelines for pre-referral screen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaginismus</strong></td>
<td>If you feel that the problem is psychological then there is no need for pre-referral screen.</td>
</tr>
<tr>
<td><strong>Dyspareunia</strong></td>
<td>Refer after excluding infection, gynaecological causes and other physical problems.</td>
</tr>
<tr>
<td><strong>Anorgasmia</strong></td>
<td>Please check thyroid function tests, haemoglobin and random blood sugar before referral.</td>
</tr>
<tr>
<td><strong>Desire disorders</strong></td>
<td>As for anorgasmia, and also serum prolactin, Fsh + Lh and testosterone</td>
</tr>
<tr>
<td><strong>Anxiety regarding sexuality/ identity</strong></td>
<td>Please check the sexual history before referral</td>
</tr>
</tbody>
</table>

### Special requirements

Upon referral it would be helpful for us to know if the patient has any special requirements relating to language (need for an interpreter), hearing, mobility, sexual orientation, learning difficulty, etc.
<table>
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<tr>
<th>Description of psychosexual problem</th>
<th>Guidelines for pre-referral screen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Erection problems</strong></td>
<td>Nb erectile dysfunction may be considered appropriate for psychosexual counselling following medical treatment in primary care with a clinical protocol.</td>
</tr>
<tr>
<td></td>
<td>A summary of the relevant medical history, with details about drug and alcohol intake.</td>
</tr>
<tr>
<td></td>
<td>Check the vascular status of lower limbs.</td>
</tr>
<tr>
<td></td>
<td>Check thyroid function, haemoglobin, urea and electrolytes, follicular stimulation hormone, blood sugar, prolactin, free testosterone and cholesterol and treat if abnormal.</td>
</tr>
<tr>
<td></td>
<td>(If aged 50+, prostate specific antigen (psa) and digital rectal examination (dre).)</td>
</tr>
<tr>
<td><strong>Delayed ejaculation</strong></td>
<td>Please check as for erection problems</td>
</tr>
<tr>
<td><strong>Premature ejaculation</strong></td>
<td>Nothing to check.</td>
</tr>
<tr>
<td><strong>Anorgasmia</strong></td>
<td>Please tell us about current medication.</td>
</tr>
<tr>
<td><strong>Desire disorders</strong></td>
<td>Please check thyroid function, testosterone, haemoglobin and random blood sugar and inform us of current medication.</td>
</tr>
<tr>
<td><strong>Anxiety regarding sexuality/ identity</strong></td>
<td>Please check the sexual history before referral</td>
</tr>
</tbody>
</table>