

## Lower Clinical Priority Policy

# Post-traumatic Stress Disorder (PTSD) Out of Area Referrals

### Policy

Treatment for Post-traumatic Stress Disorder (PTSD) should follow [NICE guideline 116](#). The Royal College of Psychiatrists ([RCPsych](#)) provides information on self-help.

Where further drug or psychological therapies are required, patients may be referred to the [PRISM service](#) (Primary Care Mental Health Service).

Referral out of area for treatment of PTSD will only be provided under the NHS in exceptional circumstances **and clinicians need to apply to the Exceptional Cases Panel for approval of funding - [funding request form](#)**.

**It is the responsibility of the referring and treating clinician to ensure compliance with this policy.**

**NOTE:** NHS England commissions [mental health complex treatment services for veterans](#) (ex-Armed Forces personnel) from Veteran's Mental Health Complex Treatment Centres.

### Background

Post-traumatic Stress Disorder is a delayed and/or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause extreme distress in almost anyone.

Typical symptoms include re-experiencing the trauma through intrusive thoughts and nightmares, and intense distress when confronted with triggers; avoidance of stimuli associated with the trauma; and signs of heightened irritability such as sleep disturbance, hyperarousal and loss of impulse control.

### Rationale and Evidence

A number of psychological interventions and drug treatments for PTSD are available in primary care and secondary care, hence other specialist psychological interventions are only funded in exceptional circumstances.

### Priority

Referral out of area to more specialist services should be on recommendation of local mental health teams and only for exceptional cases which are not responding to the treatments available locally.

- **Smoking**
- **Patients who smoke should be advised to attempt to stop smoking - see [stop smoking policy](#).**

References

1. World Health Organisation. Post-Traumatic Stress Disorder. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines, Geneva, 1992.

2. National Institute for Health and Care Excellence 2018. NICE Guidance 116: Post-traumatic stress disorder.

3. US Department of Veteran Affairs. Management of Posttraumatic Stress Disorder and Acute Stress Disorder 2023 - VA/DoD Clinical Practice Guidelines [Internet]. [cited 2023 Dec 3]. Available from: <https://www.healthquality.va.gov/guidelines/MH/ptsd/>

4. Bandelow B, Allgulander C, Baldwin DS, Costa DL da C, Denys D, Dilbaz N, et al. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for treatment of anxiety, obsessive-compulsive and posttraumatic stress disorders - Version 3. Part II: OCD and PTSD. world J Biol psychiatry Off J World Fed Soc Biol Psychiatry. 2023 Feb;24(2):118–34.

5. Williams T, Phillips NJ, Stein DJ, Ipser JC. Pharmacotherapy for post traumatic stress disorder (PTSD). Cochrane Database Syst Rev. 2022 Mar 2;2022(3).