

## ■ What do I need to consider if I want to refer someone?

Following the disclosure or acknowledgement of a problem by the person, you will need to consider what type of intervention (if any) is appropriate and discuss this with the person.

Less intensive forms of intervention for e.g. bibliotherapy (prescribed reading); relaxation group; stress control group where available, should be discussed as these may be sufficient to address the presenting problem and will also increase the person's awareness of the alternative / additional options available.

Counselling is a resource intensive intervention so you should carefully consider the person's readiness and motivation to engage in this type of intervention.

Readiness and motivation for counselling can be assessed by considering if the person is:

- willing and able to make a regular commitment to attend appointments
- able to recognise the existence of a significant problem and to engage in a conversation about themselves and their difficulties
- willing to disclose personal information and has some capacity to reflect on their problem
- motivated to think differently about the problem and to try out different solutions
- able to use some positive coping strategies or resources
- able to tolerate some degree of frustration.

Where other dedicated counselling services appropriate to the problem exist these should also be considered. Where you are unsure you can consult with the Counselling Coordinator.

## ■ To make a referral to the CIPC Service

- 1** Complete the **CIPC Referral Form** and POST it (marked "Private and Confidential") to the Counselling Coordinator (if GP is not the referrer, copy referral to GP).
- 2** Give the person to be referred a copy of the CIPC Client Information Leaflet with details of how to opt in to the service.
- 3** Please advise client to phone the CIPC OPT IN telephone number and leave a voice message indicating that they wish to attend counselling.
- 4** If the person does not phone within two weeks they will not be contacted and the referral will not proceed any further.
- 5** On receipt of both the Referral Form and the 'OPT IN' from the person, the Counselling Co-ordinator will review the referral and, if considered appropriate an assessment interview with a Counsellor/Therapist will be arranged.
- 6** On completion of assessment, if appropriate, further counselling sessions (up to a maximum of 8) will be scheduled.
- 7** If a need to access Secondary Mental Health Services is indicated, this recommendation will be communicated to the GP or other member of the Primary Care Team.
- 8** The referrer will be informed in writing if the client does not opt into the service.
- 9** Where the client does opt in feedback will be provided at the conclusion of counselling.

Enquiries about the CIPC service should be directed to the Counselling Coordinator at:

**(See separate sheet for local contact details)**

HSE National Counselling Service



INFORMATION  
FOR  
REFERRERS

## ■ What is CIPC?

The HSE National Counselling Service (NCS) has developed a Counselling in Primary Care Service (CIPC). CIPC is the provision of short term counselling in primary care settings to medical card holders aged 18 years and over by professionally qualified and accredited Counsellor/Therapists who work under the supervision of the HSE National Counselling Service.

## ■ Who can refer?

GP or other members of the Primary Care Team with the GP's awareness.

## ■ How can I refer?

A written referral using the standard CIPC referral form can be made to:

**(See separate sheet for local contact details)**

## ■ Who is eligible?

The person must be aged 18 years of age or over, on the GMS list and wants help with problems that are appropriate for time limited counselling at a primary care level (see Table 1).

CIPC is not a crisis intervention service and such individuals should be referred to other appropriate services.

## ■ What type of problems are suitable for CIPC?

Problems of recent onset (within the last six months) which are specific, identifiable and are impacting on the person's quality of life, relationships or their ability to cope.

## ■ Table 1

Problems Suitable for Counselling in Primary Care	Problems not Suitable for Counselling in Primary Care
Mild to moderate psychological problems	Moderate to severe psychological problems
Depression	Depressive disorders which are severe and long standing
Anxiety states including mild specific phobias and panic attacks	Eating disorders
Non-complex loss & bereavement	Severe anxiety
Coping with injury or illness	Personality and behaviour disorders
Adjustment problems	Schizophrenia and related disorders
Life cycle issues	Bi-polar disorder
Stress and specific trauma	Cognitive impairment or dementia
Relationship difficulties	Obsessive compulsive disorder
	Severe Post traumatic stress disorder

## ■ A person may not be suitable for CIPC if:

- they do not meet eligibility criteria for the service (i.e. they are not over 18 and they do not hold a medical card)
- the problem is not significant enough to warrant professional intervention (e.g. is a normal emotional reaction to a normal human event and they have supports)
- they are engaging in addictive behaviour(s) (alcohol, drugs, gambling etc.). In such cases addiction counselling is more appropriate
- they are avoidant or resistant to the change process in counselling and therapy because they perceive responsibility for change to be outside of themselves
- they have multiple, complex problems which are severe in nature and long standing
- they are currently dealing with a history of severe trauma, abuse or significant early loss
- the problems are more appropriate for Secondary Mental Health Services.

**The  
Counselling Coordinator  
is available to discuss  
potential referrals.**