Practice guide
Communication between medical and mental health professionals
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Recommended citation


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ABN: 34 000 223 807
ISBN: 978-0-86906-525-9 (print)

Published April 2019

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.
Key principles

Principle 1: Referral
Principle 2: GP Mental Health Treatment Plan templates
Principle 3: Provision of relevant information
Principle 4: Acceptance of referral
Principle 5: Required communication under the Better Access initiative
Principle 6: Provision of test results
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1. Background information

The introduction of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative in 2006 has seen increased treatment rates of people with mental health disorders over the last decade. In addition to providing positive outcomes for consumers, the Better Access initiative has also facilitated improved collaboration between mental health professionals.

Built into this initiative is the requirement for strong, direct communication between the referrer and treating professionals at the commencement, during, and at the conclusion of treatment. As a result, the mental health professions have sought to increase collaboration and cooperation to promote better outcomes for patients.

A key initiative by the Collaborative Care Models Working Group, a committee of the Private Mental Health Alliance made up of the major providers of private mental health services in Australia, was the development of the 2013 document, Principles for collaboration, communication and cooperation between private mental health service providers. This document provided high-level principles to guide shared care and communication for mental health providers.

While these principles provided an excellent base to outline expected professional behaviour, high-level principles typically need ‘unpacking’ and additional clarification at a practical level to assist the decision making of professionals. As a result, in 2014 the Royal Australian and New Zealand College of Psychiatrists (RANZCP) developed a Professional Practice Guideline, Best practice referral, communication and shared care arrangements between psychiatrists, general practitioners and psychologists, providing direction for psychiatrists about managing communication and collaboration in the context of shared care. These guidelines are specific to psychiatry, although they may help other mental health professionals understand processes for working more effectively with patients who are also receiving services from a psychiatrist.

The General Practice Mental Health Standards Collaboration (GPMHSC) is tasked with supporting mental health professionals, and particularly those who provide services under the Better Access initiative. A primary role of the GPMHSC is the development of competencies in primary mental health service provision through ensuring appropriate training and resources.

In reviewing the two documents identified above, the GPMHSC identified a need for practical guidelines on effective communication to support mental health professionals generally. This document extends the guidelines developed by the RANZCP to provide guidance to all mental health professions by outlining best practice principles for communication between medical* and mental health professionals, with the aim of improving communication and, ultimately, patient outcomes.

In developing this guide, and ensuring its relevance to all professions involved in the Better Access initiative and in primary mental health care generally, the GPMHSC engaged in a consultation process with relevant member organisations including the Australian Psychological Society, the Australian Association of Social Workers, the Royal Australian and New Zealand College of Psychiatrists, Occupational Therapy Australia and the Australian College of Mental Health Nurses.

*Although reference is made to medical professionals generally, it is acknowledged that this document will have most relevance to general practitioners, psychiatrists and paediatricians, as they are the most likely medical professionals to be engaging with mental health professionals.
1.1 Objectives

This practice guide has been developed to:

- improve outcomes for patients
- increase and improve communication and collaboration among health professionals
- articulate best practice principles
- inform and educate professionals.

1.2 Benefits of effective communication

The timeliness and quality of communication between health professionals has important implications for consumers and mental health service providers. When mental health professionals communicate well, coordination of care is improved, leading to better patient outcomes and improved compliance by health professionals.

This also has a flow-on effect for costs to the healthcare system. When health professionals work well together, they reduce risk factors associated with deteriorating mental health that can lead to more expensive specialised services or hospitalisation.

1.3 Communication requirements when providing mental health services

Under some government programs, there are documented referral and reporting obligations for each type of mental health professional, such as when providing services under the Better Access initiative (Appendix A). These reporting obligations set the foundation for effective communication practices, although best practice may necessitate more regular communication between health professionals.

Where there are no government requirements for communication, health professionals continue to have a professional obligation to their patients and to other health professionals who are working with the patient to follow communication practices that reflect best practice and benefit their patients. Meeting best practice communication standards can sometimes be challenging for mental health professionals and referrers.

This guide sets out best practice principles for effective communication between mental health professionals, provides examples of situations that may require additional communication to ensure patient needs are met, and offers guidance on how to overcome some of the barriers to effective communication.
2. Best practice principles for effective communication

This document outlines background information and provides a rationale for the identification of the communication principle. Each principle is then drawn from this information. A total of 18 best practice principles for effective communication have been identified.

2.1 Initial, subsequent or additional referral

Although mental health professionals will conduct their own assessment of presenting patients, the initial referral remains an important tool for transferring key information about the patient. A detailed referral outlining relevant demographic and clinical information is critically important and can make a difference when a patient visits the treating mental health professional to whom the referral has been made. In addition, the outcomes of any inventories administered (e.g., Kessler Psychological Distress Scale [K10]) that provide information of value to mental health professionals are generally shared as part of the referral process.

Anecdotally, it is reported that there is considerable variation in the quality of referrals to mental health professionals, including under the Better Access initiative. Communicating vital medical and mental health information and issues in a referral reduces time and duplication for the patient, allowing for provision of a more focused and seamless service by the mental health professional.

Where mental health professionals receive a referral from a medical professional, communication confirming receipt of the referral and acceptance of the patient into the mental health service is appropriate. If, following a referral, it is expected that there will be a waiting time for an appointment, it is important that this is explained to the patient and that the referring professional is provided with sufficient information to support patients while they are waiting for their first appointment. Alternatively, consider referral to another mental health professional.

The use of standard templates can help referrers cover key information relevant to mental health presentations and enhance mental health treatment. For example, the GPMHSC has designed templates to support general practitioners (GPs) in their management of patient care and referral. Refer to [www.racgp.org.au/education/gpmhsc/gps/gp-mental-health-treatment-plan-templates](http://www.racgp.org.au/education/gpmhsc/gps/gp-mental-health-treatment-plan-templates)

**Principle 1: Referral**

Referring professionals document a clear reason for the referral to the mental health professional, accompanied by the relevant history, key presenting issues and any risk factors.

**Principle 2: GP Mental Health Treatment Plan templates**

Where applicable, referring professionals use standardised templates such as one of the four GPMHSC templates to document information relevant to the patient's presentation.
**Practice guide** Communication between medical and mental health professionals

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<th>Principle 3: Provision of relevant information</th>
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<tr>
<td>In order to enhance the patient’s mental health service, the referring professional, with patient consent, provides the mental health professional with a copy of any relevant reports or communication with other health professionals.</td>
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<th>Principle 4: Acceptance of referral</th>
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<td>Mental health professionals confirm acceptance of the referral, and inform the patient and the referring professional if there is a delay in the patient’s access to treatment.</td>
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<th>Principle 5: Required communication under the Better Access initiative</th>
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<td>Before treatment begins, the treating mental health professional informs patients about what communication is required to occur with the referring professional and the form in which it will occur (e.g., email, fax, telephone). During treatment, patients are informed about the need for any additional communication over and above what was explained at the outset of treatment.</td>
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<th>Principle 6: Provision of test results</th>
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<td>The results of relevant tests and inventories administered to the patient are shared with relevant health professionals.</td>
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**2.2 Significant change or relapse**

The relapse and re-occurrence of many mental health disorders may cause patients to contact a health professional when they are displaying a significant change in their symptoms or following a significant event (e.g., death, birth, relationship breakdown). Risk factors, including biological, psychological, and environmental/social factors, can affect how mental health problems are experienced. Communicating with relevant health professionals when a significant change has occurred allows for a cooperative and consistent treatment approach to monitor and address the patient’s risk factors, thus reducing the likelihood of deteriorating mental health.

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<th>Principle 7: Relapse communication coordination</th>
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<td>Mental health professionals are alert to changes in patient presentation and circumstances that may increase the risk of deteriorating mental health. They communicate any such changes to the referrer and any other relevant health professionals as a matter of course, rather than waiting for established referral requirements (e.g., sixth session or at termination if under the Better Access initiative). When considering the time frame for communication, the interests of the patient are paramount.</td>
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2.3 Medication issues or questions
In treating patients presenting with mental health problems, issues of medication compliance or medication tolerance may arise. Patients vary in their response to medication and their ability to tolerate short-term or longer term side effects. A patient’s capacity to understand how taking particular medications will influence their mental health difficulties also varies between individuals.

Communication from medical professionals about when changes to medication have been made and the method of changeover (e.g., dose, tapering down regime, wash out period) can help mental health professionals better tailor treatment to the individual’s symptoms, monitor compliance, increase education and minimise avoidable adverse effects.

Similarly, mental health professionals communicating their observations or information sourced about a patient's medication tolerance, compliance and other relevant issues can assist the medical professional.

Principle 8: Prescriber communication
Referring professionals ensure relevant information about medication is provided to mental health professionals, including any ongoing issues relating to medication.

Principle 9: Mental health professionals’ awareness of medication issues
Mental health professionals are mindful of the implications of medication issues for their patients, are attentive to any presenting medication problems, and communicate these concerns or observations to the referring professional.

2.4 Risk of harm
Current or past history of risk of harm to self or others has important implications for the management of a patient. In the event that a patient has previously demonstrated, or currently presents with, a risk of harm to self or others, the treating professional will need to consider a process for ongoing risk assessment and develop an appropriate management plan to reduce risk.

For some patients, referral to specialised services or inpatient services may be necessary. Furthermore, for a number of mental health difficulties, knowledge of a chronic history of risk may provide further information about how the individual presents when in crisis and how to counteract or best contain risk in the community.

Principle 10: Risk assessment and planning
Health professionals conduct regular risk assessments, provide risk management plans and share information with other treating professionals as appropriate.
2.5 Attendance

There can be a variety of reasons for differences in patient attendance rates. Non-attendance, or a significant gap in attendance, can be an important indicator of current patient functioning and coping. It can also be a predictor of patient outcomes and reflect barriers to treatment, including patient dissatisfaction with the service provided, financial barriers (e.g., unemployment) or practical barriers (e.g., being unable to leave an unwell spouse).

Communicating to the referrer information about any such barriers is important as it can help professionals to understand how to best provide services to an individual and whether or not a different level or type of care may be required. Mental health professionals should have a documented policy that outlines the protocols in their practice for responding to nonattendance, such as time frames for follow-up contact with the patient and referrer.

**Principle 11: Patient attendance**

As part of informing the referrer about patient progress, including in treatment reports, mental health professionals communicate any attendance issues to the referring professional and any action taken to re-engage with the patient who stopped attending.
3. Communication methods

3.1 Secure Message Delivery

Secure Message Delivery (SMD) is a communication method developed to deliver electronic messages, including clinical information, securely between providers. This may include sending or receiving important communications such as referrals, GP Mental Health Treatment Plans (GPMHTPs), specialist letters, progress reports and discharge summaries. SMD has many benefits including a reduction in paper correspondence, secure exchange of confidential information and timeliness.

**Principle 12: Secure Message Delivery**

Health professionals use SMD to communicate patient health information when using electronic communication methods.

3.2 Urgency of communication

As a general rule, the referring professional should be kept informed of changes in the patient’s clinical status, especially in times of acute illness. This is particularly important where the matter may have a broad impact on the person’s wellbeing or that of other individuals.

It is important to receive and deliver this information in a timely way to ensure the patient receives the most appropriate clinical care in an appropriate time frame. Some health professionals may find this is best done in real time whereby they allocate times for telephone consultations to hand over important clinical information. In other cases, it could require more detailed reporting and be provided in written form.

It is important and professional to acknowledge and respond to communications from other health professionals within an appropriate time frame.

**Principle 13: Timely communication**

Communication between professionals is conducted in a timely manner, which is critical for patient wellbeing and in facilitating professional respect and goodwill. The degree of urgency determines the communication medium and time frame that is most appropriate.
4. Overcoming barriers to communication

4.1 Lack of remuneration for consultation services

Collaboration between treating health professionals is important to ensure patient access to high-quality care. However, there is a lack of remuneration for communication or case conferencing between mental health professionals, including under the Better Access initiative.

This can be a barrier to effective communication practices, and professionals may not prioritise communication with other health professionals due to the lack of remuneration. Although not remunerated by the Medicare Benefits Schedule (MBS), it is important for health professionals to develop consultation protocols that facilitate collaboration and reflect professional and ethical practice that is in the best interests of patients.

**Principle 14: Health professionals recognise the value of effective communication**

Health professionals recognise the value of effective communication with other health professionals as best practice service delivery, even when there is no remuneration for the time commitment.

4.2 Availability

Health professionals typically lead busy professional lives, work to different schedules and different session lengths depending on the services they provide (eg 10-minute, 30-minute or 50-minute sessions). It can be challenging to find a mutually convenient time to communicate.

Nevertheless, it is important that health professionals schedule time for consultation with other members of a treating team as a matter of routine (eg set aside in a scheduling tool or calendar) and to communicate availability. Providing this service ensures that all health professionals are updated on progress and are able to provide patients with a high level of personalised care.

Administrative practices such as call screening by support staff (eg practice managers, practice nurses and other administrative staff) can at times be a barrier to effective communication by making it difficult for health professionals to connect. Clinical matters are typically confidential and are to be discussed with health professionals only. Staff training can help facilitate effective communication around patient care – for example, by establishing a protocol for how calls are managed that includes a focus on enabling direct communication between health professionals.

**Principle 15: Scheduled case consultation**

Health professionals schedule time for consultation or case reviews with other professionals as part of routine patient care.
Principle 16: Administrative staff support communication practices
Practice staff are trained to support and facilitate communication between health professionals.

4.3 Patient consent
Confidentiality and patient consent are essential for providing ethical mental health services. Most patients will provide consent for members of the treating team to communicate with each other to provide a more seamless and unified service.

On occasion, however, for various reasons, patients might not provide consent for sharing their health information. It is therefore important to determine early in treatment whether mental health professionals have patient consent to communicate clinical information and the boundaries to any such communication. Where a patient does not provide consent, the implications of not doing so are explained to them.

Principle 17: Informed consent
Health professionals seek patient consent to communicate information to other health professionals and respect the patient’s wishes should they refuse consent, unless risk issues contraindicate principles of informed consent.

Principle 18: Explaining the implications of not providing consent
Health providers inform the patient of the potential implications of not providing consent for communication between health professionals.
References


Appendix A: Referral and reporting obligations under the Better Access initiative

There are some communication requirements between referrers and providers of mental health services as part of the Better Access initiative. These requirements are outlined below.

**Referrer obligations**

**Development of a treatment plan**

Referrers under the Better Access initiative are general practitioners (GPs), psychiatrists and paediatricians. For patients to have access to the Medicare items under the Better Access initiative as well as a referral, a referrer must also provide a treatment plan. GPs must assess the patient for eligibility and develop a GP Mental Health Treatment Plan (GPMHTP) with the appropriate Medicare item number billed.

The GP must provide a referral letter to the provider of the patient’s treatment services. The GPMHTP may also be provided to service providers with client consent. Referrals under psychiatrists and paediatricians also require assessment and the development of a care plan (although the format of this is at the discretion of the health professional), along with a referral letter to the service provider.

**Review of patient progress**

GPs, psychiatrists and paediatricians must review the patient's progress at the completion of services under the referral and bill the appropriate Medicare item number. A new plan should not be prepared unless clinically required, and generally not within 12 months of the date of the previous plan.

The review process includes:

- evidence of patient consent for the service
- a review of patient progress and the goals outlined in the treatment plan
- review of the treatment plan and modification if required
- checking, reinforcing and expanding psycho-education
- a documented plan for crisis intervention and relapse prevention, if appropriate
- re-administration of outcome measures used as part of assessment (except if not considered appropriate).

Following the review, a referral for additional sessions may be provided if required.
Service provider obligations

Providers of treatment services under the Better Access initiative are psychologists, appropriately qualified GPs (Medicare-registered providers of Focussed Psychological Strategies), social workers and occupational therapists. Patients are eligible for 10 services in a calendar year. Service providers must provide a report back to the referring medical professional upon completion of a course of treatment (a course of treatment is for up to six sessions) and at the completion of the service to the patient.

The report to the referring medical professional should include information on:

- results of any assessments undertaken
- treatment provided and the outcomes of treatment
- recommendations for future management of the patient.