gpmhsc
General Practice
Mental Health
Standards Collaboration

Practice guide: Communication between medical and mental health professionals

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Key Principles

Principle 1: Referral
Referring professionals document a clear reason for the referral to the mental health professional accompanied by the relevant history and key presenting issues.

Principle 2: Mental Health Treatment Plan templates
Where applicable referring professionals use standardised templates such as the GPMHSC templates to document information relevant to the patient's presentation.

Principle 3: Provision of relevant information
In order to enhance the patient's mental health service, referring professionals, with patient consent, provide the mental health professional with a copy of any relevant reports or communication with other health professionals.

Principle 4: Acceptance of referral
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.

Principle 5: Required communication under Better Access
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.

Principle 6: Provision of test results
The results of relevant tests and inventories administered to the patient are shared with other health providers.

Principle 7: Relapse communication coordination
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 Better Access). When considering the time frame for communication, the interests of the patient are paramount.

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.

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

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.

Principle 12: Secure Message Delivery
Mental health professionals utilise SMD to communicate patient health information when using electronic communication methods.

Principle 13: Timely communication
Communication between professionals is conducted in a timely manner which is critical for patient wellbeing but also to facilitate professional respect and goodwill. The degree of urgency determines the communication medium and time frame that is most appropriate.

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.

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.

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 require steps to be taken.

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

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.[1] In addition to providing positive outcomes for consumers, Better Access has also facilitated improved collaboration between mental health professionals. Built into this initiative is the requirement for strong direct communication between the referrer and the 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, the ***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 entitled, *Professional Practice Guideline: Best practice referral, communication and shared care arrangements between psychiatrists, general practitioners and psychologists*, which detailed guidelines to provide direction for psychiatrists about managing communication and collaboration in the context of shared care. These guidelines are specific to psychiatry, although to some extent they also assist other mental health professionals in understanding the 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 to Psychiatrists, Psychologists and General Practitioners initiative (Better Access). 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 on the guidelines developed by RANZCP to provide guidance to all mental health professions by outlining best practice principles for communication between medical[2] 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 more generally, the GPMHSC engaged in a consultation process with

[1] Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: summative evaluation.* Melbourne: Centre for Health Policy, Programs and Economics.

[2] 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 engaging with mental health professionals.

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.

1.1 Objectives

This practice guide has been developed to:

- improve outcomes for patients
- increase and improve communication and collaboration amongst 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[3] and mental health service providers.[4] 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 Better Access (see 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 that 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 which may require additional communication to ensure patient needs are met, and offers guidance on how to overcome some of the barriers to effective communication.

[3] Grimshaw, J.M., Winkens, R.A.G., Shirran, L., Cunninham, C., Mayhew, A., Thomas, R., & Fraser, C. (2006). *Interventions to improve outpatient referrals from primary care to secondary care (Review).* The Cochrane Collaboration. John Wiley & Sons Ltd.

[4] Fredheim, T., Danbolt, L., Haavet, O., Kjonsberg, K., Lien, L. (2011). Collaboration between general practitioners and mental health care professionals: a qualitative study. *International Journal of Mental Health Systems, 5,* 1-7.

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., K-10) 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 the 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, or alternatively, consider the necessity for referral to another mental health professional.

The use of standard templates can assist referrers to cover key information relevant to mental health presentations and enhance mental health treatment. For example, the GPMHSC have designed templates to support general practitioners (GPs) in their management of patient care and referral. See 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: 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.

Principle 3: Provision of relevant information
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.

Principle 4: Acceptance of referral
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.

Principle 5: Required communication under Better Access
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.

Principle 6: Provision of test results
The results of relevant tests and inventories administered to the patient are shared with relevant health professionals.

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 impact on how mental health problems are experienced. Communicating with relevant health professionals at times 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.

Principle 7: Relapse communication coordination
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 Better Access). When considering the time frame for communication, the interests of the patient are paramount.

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 his or her mental health difficulties also varies between individuals. Communication from the 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 assist mental health professionals to better tailor treatment to the individual's symptoms, monitor compliance, increase education, and help minimise any 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 practitioner 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 important indicators 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 information about any such barriers to the referrer 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 (SMD)

SMD is a communication method developed to deliver electronic messages including clinical information securely between providers. This may include sending or receiving important communication such as referrals, mental health treatment plans, 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 utilise 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 that the patient receives the most appropriate clinical care in an appropriate timeframe. Some health professionals may find that this is best done in real-time whereby they allocate times for telephone consultations to handover 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 program. 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 MBS, it is important for health professionals to develop consultation protocols that facilitate collaboration between professionals 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 (e.g., 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 to be available for consultation with other members of a treating team as a matter of routine (e.g., 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 screening of calls by support staff (e.g., 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 to be discussed with the health professionals only. Staff training can assist in facilitating effective communication processes around patient care. For example, by establishing a protocol for how calls are managed that include 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 is 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 some occasions however, for various reasons, patients may not provide consent for the sharing of their health information. It is therefore important to determine early on in treatment whether or not 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.

Appendix A: Referral and reporting obligations under Better Access

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, 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. General practitioners must assess the patient for eligibility and develop a Mental Health Treatment Plan and the appropriate Medicare item number billed. The general practitioner must provide a referral letter to the provider who will be undertaking the treatment services with the patient. The MHTP 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

General practitioners, 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.

Obligations of service providers

Providers of treatment services under the Better Access initiative are psychologists, appropriately qualified GPs, 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 at the 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:

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

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GPMHSC

100 Wellington Parade
East Melbourne VIC 3002

P 03 8699 0556
F 03 8699 0570
E gpmhsc@racgp.org.au

www.gpmhsc.org.au