

When to refer to a psychologist

Author

Meadows, Graham, Martin, Paul

Published

2007

Journal Title

Medicine Today: the peer reviewed journal of clinical practice

Rights statement

© 2007 Medicine Today Pty. Ltd.. Reproduced in accordance with the copyright policy of the publisher. Use hypertext link for access to the publisher's website.

Downloaded from

<http://hdl.handle.net/10072/57004>

Link to published version

<https://medicinetoday.com.au/2007/november/regular-series/when-refer-psychologist>

Griffith Research Online

<https://research-repository.griffith.edu.au>

When to refer to a psychologist

GRAHAM MEADOWS MD, FRANZCP **PAUL R. MARTIN** DipClinPsych, DPhil, HonFAPS

Changes to MBS funding for psychological services have made access to psychologists more affordable for patients.

The umbrella term 'psychologist' includes several kinds of practitioners and it is important to be able to characterise the various disciplines it encompasses. Making the decision to refer a patient to a psychologist involves knowing when to refer, the appropriate type of practitioner to use and an awareness of current remuneration structures. This article examines factors involved in this decision across the range of activities of professional psychologists.

Training and registration

All practising psychologists have to be registered with the relevant state and territory registration boards where they practise. About two-thirds of psychologists are members of the Australian Psychological Society (APS), which includes over 15,500 members.

There are two pathways to eligibility for professional registration as a psychologist. Both routes involve trainees first completing a four-year tertiary course in psychology, which has to be approved by the Australian Psychology Accreditation Council, a joint body of the APS and the state and territory registration boards.

The first pathway involves the subsequent completion of a higher degree in psychology, which may be a two-year

Masters degree (MPsych), a three- or four-year professional Doctorate (DPsych), or a four- or five-year combined Masters and research Doctorate (MPsych/PhD). Doctoral degrees are gradually replacing Masters degrees. The second pathway to eligibility for professional registration involves two years of supervised practice plus some additional requirements that vary in the different states and territories.

Until 1996, these two routes to professional registration also lead to eligibility for membership of the APS. However, in 1996, the supervised practice route was phased out and it is likely that registration boards will also close the supervised practice route to professional registration in the near future.

The four-year degree is a broad education in the discipline of psychology with professional training introduced during this period. Postgraduate courses provide training in the professional specialisations of psychology, as recognised by the various specialty colleges of the APS. The nine colleges are listed below.

- College of Clinical Psychologists
- College of Clinical Neuropsychologists
- College of Community Psychologists
- College of Counselling Psychologists
- College of Educational and Developmental Psychologists
- College of Forensic Psychologists
- College of Health Psychologists
- College of Organisational Psychologists
- College of Sport Psychologists.

In summary, it takes a minimum of six years of full time training to be a psychologist but most psychologists have studied for longer.



PHOTOLIBRARY

When to refer and to whom

GPs will differ in their interest and capacity to deliver care in the area of mental health as they do with the many areas of possible interest in general practice. Each GP should therefore have a sense of his or her particular competencies in this area, in terms of assessment, planning, review and delivery of care. Many GPs will be able to characterise people suffering from major depressive disorders and other common mental health problems and provide some appropriate psychoeducation and prescribing. For many straightforward cases, this will be sufficient to bring the patient on to a path of recovery.

Some GPs will also have developed skills in focused psychological strategies for the treatment of specific mental disorders. GPs with these skills may be able to provide psychological care independently for a significant number of patients presenting with mental health problems.

Identifying nonresponders

However strong the competencies of the treating GP, there will always be patients with more complex, severe or non-responsive conditions who need referral to specialists, including psychologists. Nonresponsiveness to psychological treatment is an important issue and it can easily be missed in the primary care

Professor Meadows is Professor of Adult Psychiatry at Monash University and Director of Southern Synergy, the Southern Health Adult Psychiatry Research, Training and Evaluation Centre, Clayton, Melbourne.

Professor Martin is Professor of Clinical Psychology at Monash University and Director of Psychology at Southern Health, Clayton, Melbourne, Vic.

Rating scales for mental health interventions in general practice

Medical outcomes study short form 12 (SF12)

A 12 item self-administered questionnaire that assesses symptoms, functioning and quality of life and takes approximately five minutes to complete. The SF12 produces a mental component score and a physical component score.

Available at: www.gpcare.org/outcome%20measures/outcomemeasures.html

Kessler psychological distress scale (K10)

The K10 is a screening scale for mental disorders and a measure of nonspecific psychological distress. The scale includes 10 questions, which take approximately two minutes to complete. The test generates a psychological distress score, which usually declines with effective treatment. The K10 is likely to become the industry standard.

Available at: www.gpcare.org/outcome%20measures/outcomemeasures.html

Patient health questionnaire – 9 item (PHQ-9)

The PHQ-9 can assist the GP in diagnosing depression as well as selecting and monitoring treatment. It is based directly on the diagnostic criteria for major depressive disorder in the *Diagnostic and Statistical Manual 4th Edition (DSM-IV)*.¹ The items assess symptoms and functional impairment to make a tentative diagnosis of depression and also to provide a scale score that can assist in monitoring progress and detecting nonresponse.

Available at: www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

context. Treating GPs need to be attentive to the possibility of missing nonresponse or, more commonly, partial but incomplete responders.

To identify these patients, commonly used rating scales such as the K10, SF12, HoNOS or the PHQ-9 can be useful (see the box on this page).^{2,3} The findings from these self-administered objective rating scales will often make it clear that the treatment response is only partial and more intensive measures are needed. In a general practice setting it can be easy to confuse a grateful patient who has tolerated therapy with a patient who has responded well to treatment and is now in clinical remission.

In complex or severe cases, and in cases where there is an incomplete response to the interventions already undertaken, further treatment may be indicated. In such cases, GPs need to appraise their own competencies to guide whether they should attempt to treat the problem themselves or refer the patient. Often, referral to a psychiatrist will assist in overall management planning.

Recent MBS items have made shared care between GPs and psychiatrists more financially attractive to psychiatrists, and it may be that GPs find psychiatrists more receptive to providing shared care planning as a result. One area psychiatrists could help GPs, for instance, would include assisting with difficult decisions about whether referral to a psychologist is appropriate.

Referring to the five major psychology specialities

There is an overlap in skills among practitioners of the various psychology specialities and not all GP referrals require high-level psychology expertise. Discussion about the specific type of psychologist to consider when making referrals can helpfully be divided into groups under the following categories based on definitions used by the APS.⁴

Counselling psychologists

Counselling psychologists deal with problems related to everyday living, including relationship problems (family, marital),

sexual dysfunction, life stress and dealing with acute and chronic life crises. Issues of losses and grief are also handled by counselling psychologists. The GP needs to consider whether these problems have precipitated a mental disorder in his or her patient and, if so, this needs to be considered in the referral process. Referral to a counselling psychologist should be considered when the degree or duration of such problems goes beyond what the GP can offer by way of support and/or counselling.

Health psychologists

Behaviour and lifestyle issues related to 'physical health' are the domains of health psychologists. Most of the major diseases causing morbidity and mortality are related to behaviour and lifestyle. Health psychologists have skills that can contribute to the management of chronic diseases such as cardiovascular disease, cancer, asthma and diabetes. They also have expertise in dealing with common problems such as pain, headaches and nausea. Many health psychologists are involved in the prevention of illness and the promotion of positive health behaviour. Psychologists who practise this specialty also work in clinical health and apply psychology to illness assessment, treatment and rehabilitation.

Clinical neuropsychologists

In patients who have an existing neurological disorder, clinical neuropsychologists can assist with the management and the treatment of cognitive, emotional and behavioural problems related to brain dysfunction. Clinical neuropsychologists do this primarily through assessment, rehabilitation, education and psychological therapy. They address changes in thinking and behaviour arising from brain dysfunction such as head injury, epilepsy, neurological disease and stroke. They also work in drug and alcohol, dementia and psychiatric settings.

Finding a psychologist

Using the web

The Australian Psychological Society (APS) provides a website search facility for finding a suitable psychologist for referrals. The website provides access to over 1,900 psychologists in Australia and facilitates searches based on:

- the location of the psychologist
- the person requiring the psychological service – e.g. infant, preschoolers, adults or couples
- the type of psychological problem – e.g. autism, sleeping disorders, bullying
- whether the psychologist is a Medicare generalist provider or Medicare specialist provider.

An advanced search option also allows for searching by members of particular APS colleges and hence specialist interest areas.

The APS website is: www.psychology.org.au/FindaPsychologist/

Using the telephone

GPs can use the APS psychologist referral service to locate an appropriate psychologist in their area or to locate a psychologist with specific skills by telephoning: 1800 333 497.

Educational and developmental psychologists

Educational and developmental psychologists are concerned with how people develop and learn throughout their lives. Much of the work of educational psychologists is linked with the educational system, so referrals will commonly be activated through schools or other educational institutions. For problems in this domain that occur later in life, the GP may more commonly be the source of referral.

Educational and developmental psychologists work with patients who have problems associated with early childhood (e.g. attachment issues), the school years (e.g. behaviour problems), adolescence (e.g. drug involvement), adulthood (e.g. parenting), and older adulthood (e.g. issues of loss or grief).

Clinical psychologists

The domain of mental health is the specialist area of clinical psychologists. The most frequent referrals are for patients with anxiety disorders or mood disorders (most commonly depression).

Psychosocial interventions have been developed that can contribute to the man-

agement of all mental health disorders including, for example, schizophrenia, bipolar disorder and personality disorders. Patients with developmental and learning disorders and problems related to intellectual disability are also appropriate for referral, as are people with substance abuse disorders.

Clinical psychologists work with infants, children, adolescents, adults and older adults. They are also involved in designing and implementing a wide range of prevention and mental health promotion programs.

Clinical psychologists have much to offer the care of people with mental disorders either where an uncomplicated disorder does not respond to first-line therapy or where the severity or complexity or the patient's situation indicates an early referral by a GP is needed. Interventions by psychologists can be as effective, and sometimes more effective, than pharmacotherapy, although combined treatment will be the best option for many patients. Communication throughout the course of treatment will also optimise the effectiveness with which different interventions are co-ordinated.

Fees and MBS rebates

Consultation fees

Each year, the APS sets recommended sessional consultation fees for psychologists that vary according to the type and the length of service provided. The current fee for the standard one-hour psychological consultation is \$192 (plus GST).⁵ APS fees are recommendations only and individual psychologists differ in what they charge for a consultation. Data on exactly what psychologists are charging in practice are lacking but the majority charge around \$120 to \$150 for a one-hour consultation.

Health insurance rebates

Most private health insurers have rebates for psychological services provided by approved psychologists to clients with the appropriate type of insurance cover – e.g. ancillary, benefits and/or extras cover. Health insurance rebates vary from \$50 to \$100 for a first session and \$30 to \$78 for subsequent sessions.

Access to allied psychology services

The federal government introduced funded psychological services for people with mental health problems in 2001, under the Access to Allied Psychology Services (ATAPS) scheme, which is part of the Better Outcomes in Mental Health Care Initiative. This scheme allows GPs to refer eligible clients for specific, time-limited, evidence-based psychological interventions.

The program is administered through the Divisions of General Practice (DGP), and the various DGPs organise their programs differently.⁶ Individual DGPs specify the salary (for employed providers of psychological services) or the fee payable for each session of psychological services. Currently, rates appear to vary from around \$60 to \$120 per session and copayments vary from \$5 to \$20. The program allows for six sessions initially, which may be followed by a further six sessions after the referring GP has reviewed the patient.

MBS rebate for psychological services

In 2004, the government introduced MedicarePlus, now known as Allied Health and Dental Care (chronic disease management). Under this system MBS rebates are provided for allied health services, including psychology services, delivered for the management of a chronic disease.⁷ To be eligible, patients must have complex care needs and be managed by a GP under an Enhanced Primary Care Plan. The scheme pertains to individual sessions of at least 20 minutes duration and sessions are limited to five in a calendar year. The scheduled fee for this MBS item is \$55.05 and the MBS rebate is \$46.80.⁸

GP mental health plans

In 2006, the government introduced new mental health items to Medicare. These items applied to people with 'an assessed mental disorder' that is being managed by a GP under either a GP Mental Health Care Plan, a psychiatrist assessment and management plan or on direct referral from a psychiatrist or a paediatrician (for treatment of a child).

GP Mental Health Care Plans include GPs documenting the results of their assessment, the patient's needs, the plan's goals and actions, referrals, required treatments and services and a review date. There is no particular form that needs to be used for preparing these plans. Further information on GP Mental Health Care Plans is available from the Australian Government Department of Health and Ageing website (www.health.gov.au).

Under this scheme, individual services are limited to a maximum of 12 sessions per calendar year, with a review by the referring doctor required after the initial six sessions. An MBS rebate is also available for up to 12 group sessions.

The items involve two categories: general and clinical psychological services. Any registered psychologist can

provide general psychology services but a clinical psychologist must provide specialist services.

A 50-minute or longer consult for the general psychological services category attracts the scheduled fee of \$88.20 and an MBS rebate of \$75.00. For the specialist category, the scheduled fee is \$129.40 and the MBS rebate is \$110.00. Different scheduled fees and MBS rebates apply for group work. An additional MBS rebate for eligible psychologists to provide pregnancy support counselling was introduced in 2006.

Affordability and improved access

In the past, the most common reason given by GPs for not referring their patients to psychologists had been patient costs.⁹ In the last few years, however, MBS rebates have been introduced that make most psychological services more affordable. The schemes do not, however, cover all types of psychological services, such as clinical neuropsychology testing. It is anticipated that more MBS items for psychological services will be introduced in the near future, with items for health psychology services likely to be available first.

Conclusion

Psychologists can work independently assessing and treating individuals, couples and families in the above referral domains, but they can also work collaboratively with other health professionals. Collaboration may simply involve concurrent pharmacological and psychosocial interventions or may involve psychologists providing support to other professionals – for example, increasing compliance with medication, dietary and/or exercise instructions. **MT**

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th Ed. Text Revision (DSM-IV-TR) Arlington:

American Psychiatric Association; 2000.

2. GPcare.org: GP programs to improve access and outcomes in mental health. Outcome measures suitable for patients seen with mental disorders in general practice. Sydney: World Health Organisation Collaborating Centre, St Vincent's Hospital, Sydney. Available online: www.gpcare.org/outcome%20measures/outcomemeasures.html (accessed October 2007).

3. Spitzer RL, Williams JBW, Kroenke, K. The Patient Health Questionnaire (PHQ-9). Available online: www.pfizer.com/phq-9 (accessed October 2007).

4. Australian Psychological Society. Psychologist specialist areas. Melbourne: Australian Psychological Society Ltd; 2007. Available online: www.psychology.org.au/community/specialist (accessed October 2007).

5. Australian Psychological Society. Fees and rebates. Melbourne: Australian Psychological Society Ltd; 2007. Available online: www.psychology.org.au/community/fees_rebates (accessed October 2007).

6. Australian Government Department of Health and Ageing. Access to Allied Psychological Services (ATAPS). Canberra: Commonwealth of Australia; 2006. Available online: www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-boimhc-serv (accessed October 2007).

7. Australian Government Department of Health and Ageing. Medicare allied health and dental initiative. Canberra: Commonwealth of Australia; 2007. Available online: http://www.medicareaustralia.gov.au/providers/incentives_allowances/medicare_initiatives/allied_health.shtml (accessed October 2007).

8. Australian Government Department of Health and Ageing. Medicare Benefits Schedule. Canberra: Commonwealth of Australia; 2007. Available online: www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1 (accessed October 2007).

9. Pryor AMR, Knowles A. The relationship between general practitioners' characteristics and the extent to which they refer clients to psychologists. *Australian Psychologist* 2001; 36: 227-231.

DECLARATION OF INTEREST: None.