

Tips and strategies to enhance communication between medical and mental health professionals

The following six vignettes highlight hypothetical communicative roadblocks between primary health providers.

Karen

You are a psychologist in a busy city clinic. You receive a Better Access referral for a young first time mother, Karen, from a GP with whom you've not worked before.

Karen is keen to attend her first appointment but, with a young baby has limited windows of opportunity to attend. She rings the practice constantly to arrange and then rearrange appointments, whilst telling your receptionist that there is a degree of urgency for the first appointment to be scheduled.

The GP referral provides cursory information; you are particularly interested in learning more, from the GP, about Karen's mental health history along with perceived risk issues in relation to her parenting. You have rung the GP a number of times and sent an email but are yet to make direct contact. Despite her assurances otherwise, you sense the practice manager is 'gatekeeping' communications and resisting your efforts to speak with the GP directly. You feel reluctant to proceed with the referral before further conversing with the GP but worry that Karen and her baby may be at risk if this extends any longer.

Tina

You are a psychologist seeing a young adult patient via Better Access. The patient's name is Tina who has been referred for anxiety.

Tina is a talented gymnast, whose career – managed by her mother – shows great promise. Tina has taken a gap year from her Sports Science degree in order to train for a position in the state gymnastics championships.

You and Tina have developed a productive rapport and in your second session she confides in you that, unbeknownst to her mother and her GP, she has been abusing laxatives as a way to manage her weight. Tina acknowledges that she has a problem with overuse of laxatives which she procured through doctor shopping, but states that it is the only way she can keep her mother 'off her back'.

Anthony

You are a GP and have just starting making referrals to a new, local psychologist to whom you've not previously referred.

One of the referred patients, Anthony, returns to you after his first session with the psychologist to say he doesn't want to return to see them. When asked the reason, Anthony shares with you that the psychologist made inappropriate sexual remarks during the consultation.

Bill

You are a GP supporting a middle aged patient, Bill, who you've been treating, along with his wife (and carer) Angela, for many years.

Bill suffers from depression, has type 2 diabetes and is recovering at home after a major heart attack. Angela, who has of late been increasingly challenged with her own health issues (severe osteoarthritis with significant chronic pain in her knees), has recently and unexpectedly had to move interstate to look after her and Bill's grandchildren, after their mother (Bill and Angela's daughter) was involved in a serious car accident.

You are concerned about Bill's capacity to manage his many complex health issues as well as Angela's capacity to provide full time care for Bill upon her return (the timing of which at this stage is unclear).

You believe a case consultation with all of Bill's health providers (including a psychologist, rehabilitation counsellor, dietitian and physician) is the best next step; however the rehabilitation counsellor refuses to attend unless Bill attends as well. You are reluctant to include Bill as you do not believe he is resilient enough to hear your concerns regarding Angela and her future capacity to provide care for him.

Belinda

Your name is Belinda; a woman in your early 40s struggling with grief and anger following the recent breakdown of your long-term relationship.

You request a referral from your GP under Better Access to see a psychologist. After four sessions you decide to stop seeing the psychologist; you feel she doesn't understand you and has not been helpful in shifting your negative feelings. You do not tell the psychologist, merely responding NO to

an automated message from the clinic when they contact you to confirm the fifth appointment.

After some months feeling the same, if not slightly worse, you confide in a friend who tells you about some anxiety medication she's taking. She gives you one to try and you like how it takes the edge off, how it blunts your negative feelings.

You return to your GP requesting a prescription for the medication. Your GP is surprised that neither you nor the psychologist told her the sessions had ceased. She seems more inclined to explore your interest in engaging with another psychologist rather than giving you what you want; a prescription for anxiety medication.

Tyler

You are the parent of 20 year old Tyler, who is seeing a psychologist under Better Access for depression.

Of late, Tyler has become increasingly isolated from you; you're not proud of it but you've taken to monitoring his email and social media activity.

You become worried after reading a post where it seems he is grappling with suicidal thoughts. You share your concerns with the GP you share with Tyler, who tells you to share the information with his psychologist. You make an urgent appointment with the psychologist during which you urge him to address your concerns regarding Tyler, but not to disclose the source.



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