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

Thursday, 22nd March 2018

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists



This webinar has been funded by The General Practice Mental Health Standards Collaboration (GPMHSC). Learn more about GPMHSC by visiting www.gpmhsc.org.au

Audience tip:

To open the chat box, click the “Open Chat” tab located at the bottom right. The chat will open in a new browser window.

Tonight's panel



Ms. Heather Nowak
Consumer



A/Prof Morton Rawlin
General Practitioner



Dr Samantha McLeod
Psychologist

Facilitator



Dr Mary Emeleus
General Practitioner

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Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask all participants to consider the following ground rules:

- **Be respectful of other participants and panellists.** Behave as you would in a face-to-face activity.
- You may interact with each other by using the **participant chat box**. Please note that if you post your technical issues in the participant chat box you may not be responded to.

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Ground Rules cont.

- For help with your technical issues, click the **Technical Support FAQ tab** at the top of the screen. If you still require support, call the Redback Help Desk on 1800 291 863. If there is a significant issue affecting all participants, you will be alerted via an announcement.

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Learning Outcomes

Through a facilitated panel discussion about a number of hypothetical vignettes, at the completion of the webinar participants will be able to:

- describe key principles for effective communication between medical and mental health professionals
- identify challenges and obstacles to communication between medical and mental health professionals
- improve patient outcomes by implementing tips and strategies to enhance communication and reduce challenges between treating professionals.

Audience tip:

The PowerPoint slideshow, vignette's and supporting resources can be found in the Resources Library tab at the bottom right.

Panel discussion



A/Prof Morton Rawlin
General Practitioner



Dr Samantha McLeod
Psychologist



Ms. Heather Nowak
Consumer



Dr Mary Emeleus
General Practitioner

Help guide tonight's discussion



The following themes were identified from questions you provided upon registration

- 1) Nature, amount & mode of info expected to be shared b/w referring parties
- 2) Confidentiality as a perceived barrier
- 3) Working with differing opinions/approaches/professional hierarchies
- 4) Managing risk
- 5) Negotiating roles & responsibilities within the collaborative team

A pop up will appear on your screen shortly listing the themes; choose the one you'd most like the panel to discuss.

Shared Decision Making Model

1. At a minimum, both the clinician and patient are involved in the treatment decision-making process
2. Both the clinician and patient share information with each other
3. Both the clinician and the patient take steps to participate in the decision-making process by expressing treatment preferences
4. A treatment decision is made and both the clinician and patient agree on the treatment to implement.

Charles C, Gafni A, Whelan T. Shared decision-making in the medical encounter: What does it mean? (or it takes at least two to tango). *Social Science & Medicine*. 1997;44(5):681-92



Mary Emeleus

Consumer perspective

- Patients with mental illness often have low self esteem and motivation and therefore may find it difficult to approach a new service provider.



Heather Nowak

Consumer perspective



- Even when given information on how to access the service, it may seem too hard, and obstacles get in the way.



Heather Nowak

Consumer perspective



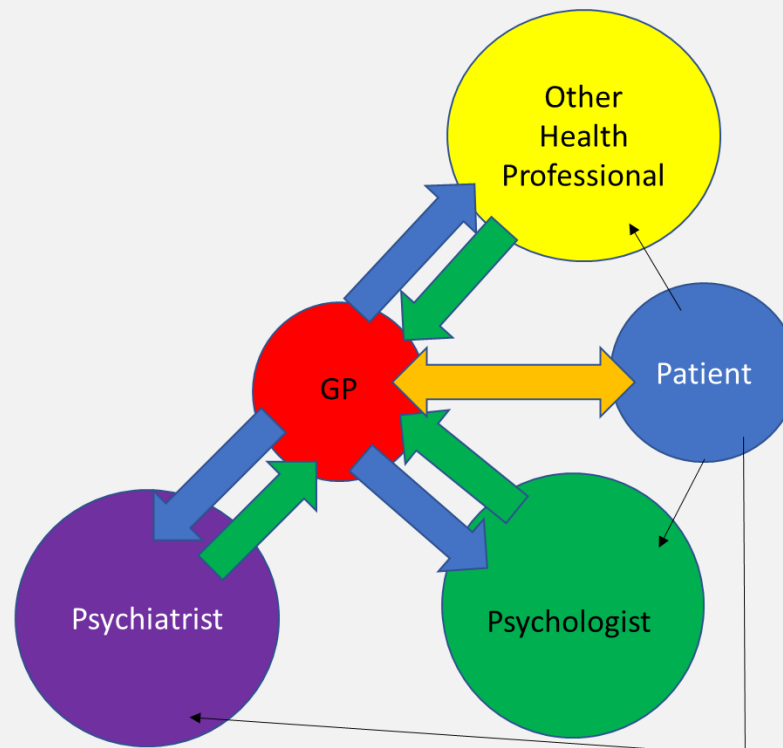
- Poor concentration and memory will make it difficult for the patient to relay accurate information between health professionals.



Heather Nowak

Consumer perspective

- Patients often have a good relationship with their General Practitioner and look to them to co-ordinate their holistic care.



Heather Nowak

GP perspective

- Most GPs are time poor but often information rich – they often know their patients and their families and supports well
- Practices and GPs have different ways to receive calls or requests for information
- Communication with GPs is often controlled by the “front office” – this may not be under the control of the GP



Morton Rawlin

GP perspective

GP communication

- Know how your GPs like to be contacted and when
- Don't be afraid to ask for more background if you need it
- Remember Fax and Email
- Good letters both ways help
- If worried talk with the GP
- Encourage the patient to discuss important matters with their GP



Morton Rawlin

GP perspective

GP communication

- Where you are sharing a number of patients, it is often helpful to get to know that GP and their skills so you can complement both your skills



Morton Rawlin

Psychologist perspective

Relevant background

- Middle aged married female – wife and mother of 2 adult daughters
- History of anxiety, depression and trauma
- History of abuse in childhood
- Diabetes – not currently under control
- 3 self harm attempts in recent adulthood
- Recent diagnosis includes Borderline Personality Disorder



Samantha McLeod

Psychologist perspective

Psychosocial factors

- Supportive, but passive partner
- Supportive daughters – eldest does not live locally
- Unemployed prior to retirement
- Minimal social contact other than through recreational pursuits
- Dependent on husband recently
- Physically active



Samantha McLeod

Psychologist perspective

Health professionals

- General Physician
- Multiple Psychologists
- Nurse practitioner
- Hand therapist
- Occupational Therapist
- Crisis Community Mental health
- Public health mental health team



Samantha McLeod

Psychologist perspective

Communication issues

- No coordinated feedback loop
- Public health system not involving private practitioners
- Double up of psychology treatments
- Lack of integration regarding medical matter such as diabetes
- Unable to connect with treaters via phone
- One way feedback loop
- Lack of time for written feedback



Samantha McLeod

Psychologist perspective



Communication success

- Using family members to facilitate recovery and coordination
- Using a nurse practitioner to action appropriate referrals or treatments
- Using phone contact with GP more often than written correspondence
- Consent to discuss information with all key players



Samantha McLeod



Thank you for your participation

- Please ensure you complete the *feedback survey* before you log out.
- Click the Feedback Survey tab at the top of the screen to open the survey.
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- Each participant will be sent a link to the online resources associated with this webinar within two weeks.

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**Thank you for your contribution
and participation**

Good evening

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