

GPs overlook psychology referral guidelines

Adam Cresswell, Health editor | July 21, 2007

PATIENTS are commonly being referred for psychological treatment without mental health plans being completed first by their GP, an omission that could jeopardise their right to claim Medicare rebates.

One Victorian psychology practice has revealed up to half the patients referred to it by GPs come without mental health plans, which are supposed to be the cornerstone of the federal Government's mental health reforms announced last year.

Under the reforms, which came into effect last November, patients can receive Medicare rebates for treatment by a psychologist, provided they have been referred by a GP who has completed a mental health plan for the patient.

They have also greatly widened the number of psychologists who can see patients under Medicare, in addition to the clinical psychologists who already had limited access to the scheme, by including a separate rebate for "focused psychological strategies" provided by lesser-qualified psychologists, occupational therapists and social workers.

The new scheme overall is meant to promote co-operation and a team approach between GPs, psychiatrists and psychologists. It replaces a previous scheme, known as Better Outcomes in Mental Health, which had been criticised for its capped nature, which saw funds in many areas exhausted before it had run its course.

The previous scheme also required GPs to complete a training scheme in order to participate in the program, a hurdle the new arrangements have dispensed with.

But doctor Jan Hall, from the Richmond Psychology Clinic in Melbourne, says that since the new arrangements came into force last November patients referred to the clinic by a GP who had completed a mental health plan accounted for 24 per cent of total referrals.

Patients referred by a GP with a plain letter, and no mental health plan, accounted for 21 per cent.

Explanatory notes at the back of the November 2006 edition of the Medicare Benefits Schedule say rebates will not be payable for psychology treatment "unless ... the patient is being managed under a GP Mental Health Care Plan".

Assuming the patient is eligible, the Medicare rebate for an initial assessment of up to 12 planned treatment sessions with a clinical psychologist is \$110 per consultation, or \$75 if the treatment is provided by one of the lesser-qualified psychologists.

However, most psychologists charge well above this -- the Australian Psychological Society recommends its members charge \$192 -- leaving patients with an out-of-pocket "gap" of at least \$80.

Hall says a lack of guidelines and training about how to use the new items is responsible for the high rate of referrals from GPs of patients who had no mental health treatment plan prepared. In many cases this means psychologists have to spend extra time with the patient to figure out their diagnosis, refer them back to the GP, or chase the GP for more information on the patient.

"The problem is that many GPs are not aware of the vast array of psychological services that are currently covered by the rebate," Hall said.

Elizabeth Moh, a psychology student working on a placement with Hall, said there hadn't "been much guidance for psychologists and GPs. We don't want to be critical of GPs -- it's more that the Government hasn't provided enough guidance," Moh said. "The system isn't working as well as it should."

The concerns echo criticisms of the Government's mental health reforms, reported in *The Australian* last month, by Ian Hickie -- previously one of the leading advocates for the measures.

In a paper published last weekend in the *Medical Journal of Australia* (2007;187:100-103), professor Hickie and co-author Patrick McGorry, executive director of the Orygen Youth Health Research Centre at the University of Melbourne, stepped up the attack on the new system.

The article suggested while the medical profession might be happy with the reshaped program, because it was less onerous and restrictive, patients "may be poorly served by a failure to support a genuine increase in widespread access to affordable and collaborative care".

Hickie, the executive director of the Brain and Mind Research Institute in Sydney, says the revelations that up to half of GP referrals are being made without a mental health plan "cuts to the chase" of the concerns over the new scheme.

"The most ideal form of care is collaborative care, with GPs, psychologists and psychiatrists working as a team," he told

Weekend Health.

"What has happened here, unfortunately, is that many of the essential elements of collaborative care are no longer required, and it's simply left to the individual professionals to pursue or not.

"The danger is people will say it's all the GPs' fault, but I don't think that's fair -- the system needs to promote, reward and require better practice."

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