



CLINICAL PRACTICE Psychological treatments

# Referral of patients with depression to specialist psychological care from general practice

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This fifth and final article in the 'Psychological treatments in general practice' series provides a practical four step approach to assist general practitioners to refer patients with depression from general practice to specialist psychological care. Referral represents one important step within a broader shared care framework. The four step approach provides information and resources to help GPs with assessment, patient education, choice of mental health specialist(s) and long term monitoring.

Previous surveys of the Australian community's knowledge of depression suggest a strong preference for receiving psychological interventions for the treatment of depression.<sup>1,2</sup> At the same time, there is community concern that it is often difficult to access general practitioners who devote the time or have the skill or commitment to provide high quality mental health services. Further, there is recognition that specific

psychological treatments (provided by mental health specialists) are also very expensive or difficult to access.<sup>3</sup> However, nonpharmacological treatments are highly effective for both acute treatment and prevention of recurrence of depression.<sup>4</sup>

General practitioners, therefore, have a key role in facilitating appropriate referral to specialist mental health providers who can deliver specific psycho-

logical treatments. This requires GPs to take into account a number of competing clinical, practical and organisational issues. This article describes a simple four step approach to such referral, which should assist GPs in their ongoing management of patients with depression. The four step approach includes:

1. **Assessment** of the patient from a clinical and contextual perspective. This should take into account not only clin-

**Table 1. When to refer to specialist mental health care from general practice**

- Severe depression with melancholia
- Psychotic depression
- Severe depression with risk of suicide
- Atypical depression
- Partial or no response to treatment
- Unexpected response to medications
- Bipolar disorder (or a family history of bipolar disorder)
- Complex comorbidity of psychiatric and medical disorders
- Multiple factors contributing to the depression
- Specific treatments required beyond the GP's skill level

ical, but also practical issues that may affect referral (eg. patient preference for treatment, cost, travel)

2. **Education** of the patient about their illness, attitudes and the benefits of different forms of treatment, particularly when this requires referral to another practitioner
3. **Navigation** of local mental health services, and
4. **Monitoring** of referral and the patient's long term progress.

### Step 1. Assess the patient

A full clinical assessment is essential to confirm the diagnosis of depression and to guide the treatment/management plan and referral. A symptom checklist can assist GPs to determine if the patient is suffering from a depressive disorder (Figure 1). Assessment should also determine the type, severity and duration of the episode. Self rating scales of symptoms (eg. Kessler Psychological Distress Scale [K10]<sup>5</sup>) or disability (eg. Short Form Health Survey<sup>6</sup>) may assist this process. It is also important to assess any immediate stressors that may have contributed to the current episode, and any supports that may assist the patient with recovery. A medical and psychological risk assess-

For more than two weeks have you:		YES	NO
1. Felt sad, down or miserable most of the time?		<input type="checkbox"/>	<input type="checkbox"/>
2. Lost interest or pleasure in most of your usual activities?		<input type="checkbox"/>	<input type="checkbox"/>

**If you answered 'Yes' to either of these questions, complete the symptom checklist below.**

<b>BEHAVIOURS</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stopped going out</li> <li><input type="checkbox"/> Not getting things done at work</li> <li><input type="checkbox"/> Withdrawn from close family and friends</li> <li><input type="checkbox"/> Relying on alcohol and sedatives</li> <li><input type="checkbox"/> Stopped doing things you enjoy</li> <li><input type="checkbox"/> Unable to concentrate</li> </ul>	<b>THOUGHTS</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 'I'm a failure'</li> <li><input type="checkbox"/> 'It's all my fault'</li> <li><input type="checkbox"/> 'Nothing good ever happens to me'</li> <li><input type="checkbox"/> 'I'm worthless'</li> <li><input type="checkbox"/> 'Life is not worth living'</li> </ul>
<b>FEELINGS</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Overwhelmed</li> <li><input type="checkbox"/> Unhappy, depressed</li> <li><input type="checkbox"/> Irritable</li> <li><input type="checkbox"/> Frustrated</li> <li><input type="checkbox"/> No confidence</li> <li><input type="checkbox"/> Guilty</li> <li><input type="checkbox"/> Indecisive</li> <li><input type="checkbox"/> Disappointed</li> <li><input type="checkbox"/> Miserable</li> <li><input type="checkbox"/> Sad</li> </ul>	<b>PHYSICAL</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tired all the time</li> <li><input type="checkbox"/> Headaches and muscle pains</li> <li><input type="checkbox"/> Churning gut</li> <li><input type="checkbox"/> Can't sleep</li> <li><input type="checkbox"/> Poor appetite/weight loss</li> </ul>

**If you answered 'Yes' to question 1 and/or 2, and ticked 3 or more of the above symptoms, you probably have a depressive illness.**

**Figure 1. Are you depressed?**<sup>18</sup>

ment is also essential. The assessment for referral is incomplete without a good understanding of the patient's:

- attitudes and beliefs toward mental illness<sup>2,7</sup>
- preferences for treatment<sup>8</sup>
- psychosocial and family history
- cultural background<sup>9</sup>
- socioeconomic circumstances<sup>10</sup>, and
- language skills.<sup>11</sup>

Practical issues of direct and indirect costs including travel expenses, lost time at work, and professional fees are also relevant when making a referral.<sup>10</sup>

Recommendations about which patients with depression ought to be referred for specialist care are shown in Table 1. Clearly, each decision to refer will be strongly influenced by the GP's level of training and expertise.

### Step 2. Educate the patient about depression

The GP has a key role in promoting choice for the patient by providing accurate information about depression. Patient handouts (Figure 2, 3), books, accurate websites and lists of local support groups can assist with this process (see Resources). Of particular importance, is the GP's role in dispelling myths about depression such as '(people should) just pull themselves together' or 'just get over it'.<sup>12</sup>

Community attitudes toward depression and its treatment/management also need to be actively addressed by GPs if patients are to accept referral for specialist mental health care. Most of the community does not view depression as a major health issue and most have only superficial

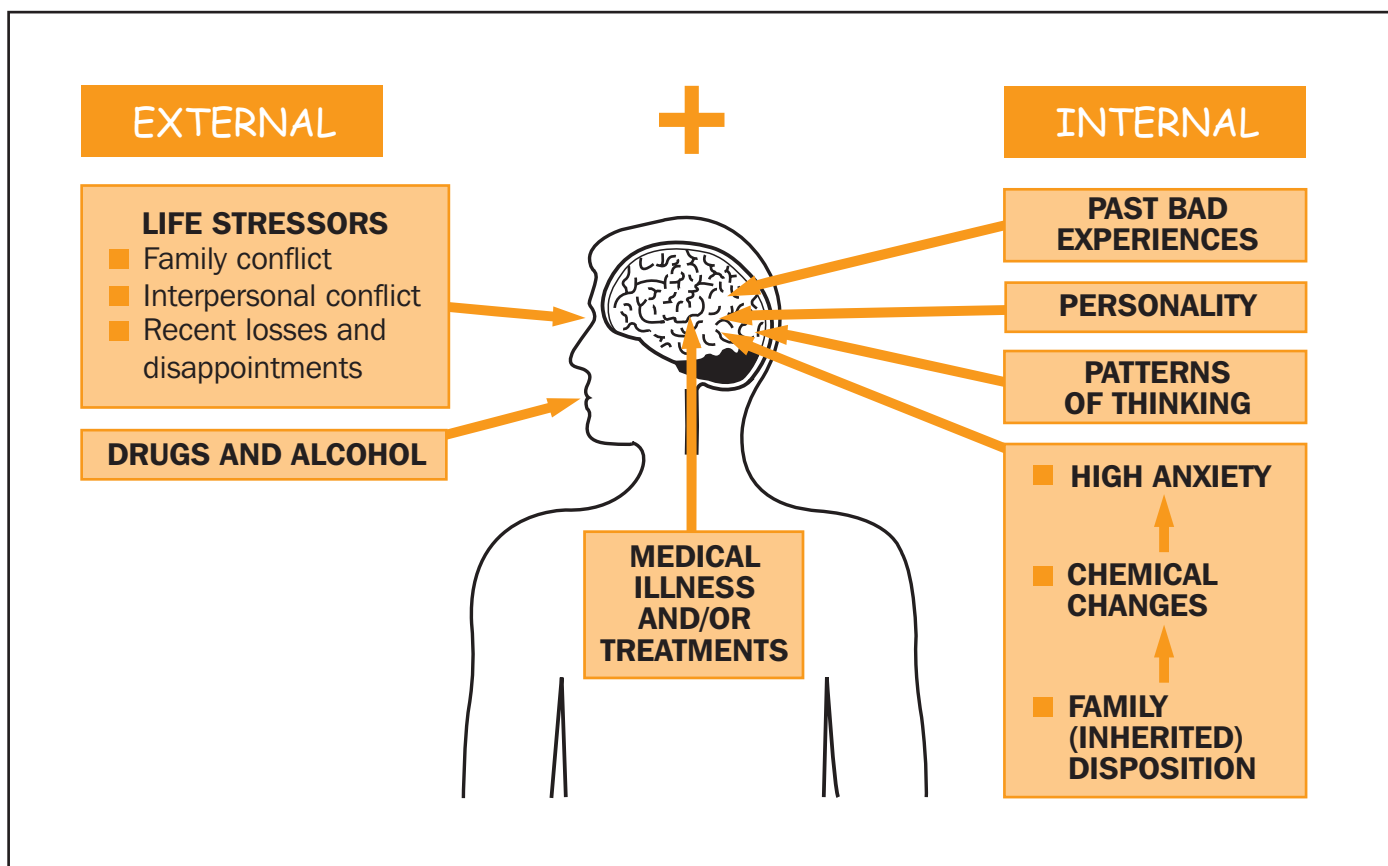


Figure 2. What causes depression?<sup>18</sup>

### Why do you need to see a doctor?

- Patients with depression reveal personal information to their family doctor. This information is confidential and remains private
- Your family doctor has the most complete picture of your physical and emotional health
- Continuing to see the same doctor is important. Changing doctors leads to a loss of information and slows down treatment
- A good doctor will work out whether other medical problems are causing your depression

### When do you need to see a specialist psychiatrist or clinical psychologist?

Your doctor may suggest that you see a specialist if:

- Your depression is severe (eg. melancholic, psychotic)
- Your depression is chronic
- Your depression is associated with a high risk of self harm
- Your depression has failed to respond to treatment
- If your doctor does not feel that s/he has all the resources or skills required to treat you effectively

### When do you need to go to hospital?

Occasionally patients will need to go to hospital for treatment if they:

- Have severe symptoms
- Have complicated medical problems
- Are in danger of self harm
- Need specific treatments

Figure 3. How GPs and mental health care specialists can work together<sup>14</sup>

knowledge about its treatment/management.<sup>2</sup> Further, the majority of depressed people do not actively seek out professional assistance.<sup>13</sup> Of those who do, only 2% choose a psychiatrist and 2% choose a psychologist as their first choice of treatment.<sup>2</sup> Therefore, the GP needs to convincingly communicate the benefits of treatment/management when referring a patient with depression to specialist mental health care. *Figure 3*<sup>14</sup> provides a useful patient resource, which can be used to explain how GPs can work with specialist mental health care providers.

### Step 3. Navigate the local system of mental health services

General practitioners seeking to refer patients to specialist mental health providers often experience difficulties with accessing the right service. Such access problems may in part be due to inadequate or nonuniformly distributed resources, but they are compounded by the complexity of specialist mental health care delivery.<sup>7</sup> General practitioners are expected to comprehend a myriad of idiosyncratic services, characterised by varying admission criteria, communication processes and funding sources. These issues often exacerbate the task of managing an already complex clinical situation. Perhaps more than with any other GP referral, the ability to navigate the local system is essential to make an effective mental health referral. There are differences between and within states and territories in terms of the options available, but key examples are services provided by private psychiatrists, private allied health professionals, public mental health services, private psychiatric hospitals, community health services and nongovernment organisations.

In addition to these key services, which exist to a greater or lesser degree in local areas, there are some newer, innovative state, territory and commonwealth initiatives that are providing additional referral options for GPs. The Better Outcomes in

Mental Health Care (BOiMHC) initiative, for example, enables GPs to access psychological and other allied health services to support their patients with high prevalence disorders such as depression and anxiety. About 70 Australian divisions of general practice are trialling different models of access to allied health services under this scheme.<sup>15</sup>

### Step 4. Monitor referral and the patient's long term progress

Regardless of which specialist mental health provider the patient is referred to, there are good reasons for the GP to be closely involved in the patient's ongoing care and to continuously collaborate with the specialist. The GP needs to ensure that the patient and carers are satisfied with the specialist to whom they have been referred, and that the patient does not fall through the gaps of a complex mental health system. This includes:

- checking that the patient has actually attended for the appointment
- ensuring the specialist is meeting patient and carer needs/expectations
- ongoing communication and clarification of roles with the specialist, and
- careful handover back to the GP when specialist treatment is concluded.

The patient's long term follow up is aimed at preventing relapse and identifying early symptoms of recurrence. Regular review consultations encourage adherence to the treatment plan and ensure that physical care (eg. smoking cessation, monitoring cardiac risk factors) is not neglected.

### Conclusion

Patients with depression presenting to general practice do not always receive the psychological treatments that they prefer<sup>16</sup> and that could benefit their condition.<sup>17</sup> In some cases, specific psychological treatment is best delivered by a specialist mental health care provider. The GP, therefore, has a critical role in referral of such patients to the spe-

### Resources

**Hickie I, Davenport T, Scott E. Depression: Out of the shadows. A guide to understanding depression and its treatment. The Australian Women's Weekly Health Series. Sydney: ACP Publishing and Media 21, 2003. ISBN 1 876624 89 2.**

This up-to-date guide is an excellent source of information for any person experiencing depression. It details the key features and causes of depression as well as common drug, psychological and alternative treatments. Importantly, it is a book that offers answers – and hope – to people with depression, their families and friends.

**Parker G. Dealing with depression: A common sense guide to mood disorders. Sydney: Alex & Unwin, 2002. ISBN 1 86508 513 8.**

This book covers everything from a typical 'blue mood' to severe clinical depression, including mood states such as bipolar disorder. Dealing with depression is one of the most comprehensive and accessible guides available for the general reader and health professional.

**Jorm A F, Christensen H, Griffiths K M, Korten A E, Rodgers B. Help for depression: What works (and what doesn't). Canberra: Center for Mental Health Research, 2001. ISBN 0 7315 4890 6.**

This book provides information about the effectiveness of treatments for depression, including medical, psychological, lifestyle and alternative treatments. All information is based on systematic reviews of the scientific evidence.

**Tanner S, Ball J. Beating the blues: A self help approach to beating depression. Sydney: Doubleday, 1991.**

This book introduces a step-by-step program for overcoming depression, enabling you to break the lethargy circuit and conquer feelings of hopelessness, persistent bouts of jealousy,

loneliness and the suicidal impulse. There is also a special chapter for families: 'How to live with someone who is depressed', and advice on seeking professional help.

#### Australian websites<sup>19</sup>

- beyondblue <<http://www.beyondblue.org.au>>
- BluePages <<http://bluepages.anu.edu.au>>
- CRUFAD <<http://www.crufad.unsw.edu.au>>
- Infrapsych <<http://www.infrapsych.com.au>>

Recommended subsections or aspects of sites (alphabetical order of features)

#### Accessible and above average quality

- Dark side of the mood (<http://www.abc.net.au/health/depression/default.htm>)

#### Antidepressants

- Management of depression
  - Infrapsych (as above)
  - depression doctor.com (<http://www.depressiondoctor.com>)
- Side effects
  - myDr (<http://www.mydr.com.au>)
- Ways of coping with side effects
  - depression doctor.com (as above)

#### Cognitive behaviour based strategies

- beyondblue (as above)
- CRUFAD (as above)

#### Evidence based information about treatments

- BluePages (as above)

#### Focussed search of other depression sites

- BluePages (as above)

#### Online consumer support

- DepressioNet (<http://www.depressionet.com.au>)

#### Online depression screening

- BluePages (as above)
- CRUFAD (as above)
- Infrapsych (as above)

Source: Griffiths KM. The quality and accessibility of Australian depression sites on the world wide web. *Med J Aust* 2002; 176(Suppl):S97–S104. Copyright 2002. *The Medical Journal of Australia*. Reproduced with permission.

cialist mental health system. A simple four step approach can assist in this role: assessment of the patient, education of the patient, navigation of local mental health services, and monitoring referral and the patient's long term progress.

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