With a 12 month prevalence for mental health disorders at just over 17% and data indicating that 75% of those who seek help for a mental health problem do so in the first instance from a general practitioner, there is a strong need for GPs and psychiatrists to work together in providing mental health care for Australians.

In the past however, multiple factors have caused problems with access to psychiatrists. Some GPs who are uncomfortable with the psychiatric aspect of medical practice have not enquired about psychological symptoms for fear of ‘opening a can of worms’; others, wanting to refer a patient, have been disappointed if private psychiatrists had limited capacity to respond to urgent requests. Furthermore, psychiatrists have often reported lack of clarity from referring GPs about what they are requesting.

To address this issue, the Royal Australian and New Zealand College of Psychiatrists (RANZCP), in association with the Department of Health and Ageing, The Royal Australian College of General Practitioners (RACGP) and other GP groups, has developed two initiatives: a web based psychiatrist referral directory, and items 291 and 293.

The Psychiatrist Referral Directory

The Psychiatrist Referral Directory can be accessed at www.racgp.org.au/psychiatristdatabase and is available to all GPs who are vocationally registered with the RACGP. RANZCP members also have access and should contact the RANZCP on 03 9640 0646 for password details.

Items 291 and 293

The new Medicare Benefits Schedule items encourage consultant psychiatrist liaison with GPs by allowing a psychiatrist to provide a comprehensive management plan that will enable the referring GP to continue to treat their patient. In short, the items works as follows:

- the GP provides detailed referral requesting item 291, or an ‘opinion and report’
- the patient visits the psychiatrist
- the psychiatrist undertakes assessment and develops a comprehensive plan which is communicated to the GP by written report
- GP and patient implement plan.

Item 293 is used for re-assessment and report.

Common myths and misconceptions

**GPs:** ‘Other specialists are not paid extra to write back to me... why should psychiatrists have this special item number?’

The new item number attempts to rebalance psychiatric work by providing an incentive for a little more assessment and report writing, and a little less specialist treatment. Furthermore, the item number is not simply for the usual communication from a psychiatrist, but rather a comprehensive report that requires a summary of history, a psychodynamic comment, opinion, and management plan that gives the GP clear direction as to the diagnosis and management of the patient.

‘I’m not registered for the Better Outcomes in Mental Health Care program so I can’t use this.’

This referral pathway is available to all GPs. A GP can refer any patient for item 291, or an ‘opinion and report’.

**Psychiatrists:** ‘I already have more work than I can handle.’

To improve access for patients, these new item numbers do require a change in practice for some private psychiatrists. Some psychiatrists have found it easier to undertake more consultation/liaison work by deliberately setting aside 2-3 appointments per week for these types of assessment.

‘This item doesn’t address ongoing management issues.’

The psychiatrist will usually take two visits to do a comprehensive assessment; the first being item 291, and the second an ordinary timed item number. The item number is a focused item for assessment and communication of a management plan from psychiatrist to GP at new patient consultations. The GP must be willing to continue patient care if appropriate. Additionally, item 293 can be used for re-assessment and report.

Reference