

Patients look at their primary care providers as gatekeepers to health information and interpreters of the science of health, and, as such, family doctors are well positioned to ensure that patients have a good understanding of the best information available.

West Nile virus is a disease-causing organism that may be best understood and controlled at a population level, but it is clear that the best chance of preventing individual cases lies in well informed people who are aware of the appropriate precautions and take them. That is where family physicians can be most effective in this epidemic. Be prepared to provide your patients with accurate and up-to-date information about WNV. The primer by MacDonald and Krym in this issue of *Canadian Family Physician* (page 833) can help. Contact your local public health department for additional resources and to find out how to report suspected cases. And, of course, remember the mantras of prevention: “Remove standing water” and “Cover up.” ❁

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Care for psychological problems

Collaborative approach in primary care

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The literature supports the idea that mental and physical illnesses are interrelated.¹⁻³ In addressing both psychological and somatic issues, primary care physicians can partner with psychiatrists, psychologists, counselors, social workers, and registered nurses. Many reports have described collaborative approaches.⁴⁻⁷ Some have suggested that psychological issues can be appropriately addressed by psychologists.^{8,9} This paper looks specifically at what psychologists can bring to collaborative relationships.

Family physicians have a major role in treatment of psychological problems.^{10,11} Such problems can include depression, anxiety, stress-related disorders, psychosomatic illnesses, drug and alcohol abuse, domestic violence, adjustment problems

related to chronic and traumatic illnesses, marital or sexual problems, and psychophysiological and pain disorders.¹²

Effective treatment

It is important to consider the effectiveness of treatment for psychological illness: medication, psychotherapy, or a combination? Results reported in the literature are mixed.^{13,14} Much of the research, however, suggests that treating psychological illnesses with a combination of psychotherapy and medication produces the best results.¹⁵⁻¹⁷ If this is so, referring patients to psychologists could improve care.

Many psychological issues that present in primary care cannot be resolved with medication alone. Other disorders, such as hypertension, can

be treated by helping patients alter their lifestyles rather than simply giving them drug therapy.¹⁸ Domestic violence frequently produces symptoms such as high anxiety, insomnia, feelings of isolation and fear, sexual dysfunction, depression, and increased substance abuse.¹⁹ Although primary care can effectively tend to physical injuries, emotional and psychological injuries might be better treated with psychological interventions.

Constraints

Physicians report not having enough time to treat psychological issues.^{12,20,21} They report spending from 1 to 5 hours weekly in scheduled counseling^{22,23} and an additional 3 hours weekly in unscheduled counseling. Identifying and managing psychological problems can consume up to 50% of their time.²³ Many physicians feel they have been inadequately trained to provide psychological services.^{20,22} This might reflect the fact that general medical education does not provide enough of the required knowledge and skills to treat psychological issues.⁹

Despite these arguments for including psychologists to improve the quality and comprehensiveness of patient care, family physicians have reported that they treat most of the 20% of their patients they identify as having serious psychological problems themselves.^{8,9,21} It is, therefore, important to find out what is and is not working with current processes of referral and collaboration so that we can improve working relationships between physicians and psychologists.

Barriers to effective referral

Some barriers identified are that physicians and psychologists receive different training, work in different theoretical paradigms, use different language, have different working styles, lack access to various providers, and have varying expectations for assessment and treatment.^{24,25} Family physicians might also be concerned that consultation with psychologists will jeopardize patient-physician relationships or that some psychologists are not willing to treat medicated patients.²⁶

Other studies identify patients' resistance to referral, lack of feedback from psychologists after receiving referrals,^{12,20,27} lack of collaboration between the disciplines, and physicians' need for more information on available resources.²⁰

A major barrier is the cost not covered by health insurance. Some patients might be able to access insurance coverage for psychological services.²⁰ Physicians should check to see what coverage is available to their patients. In Alberta, for example, patients are likely covered if they are employed by schools, community colleges, several large corporations, banks, police forces, or cities. Also, worker's compensation covers 100% of the cost of psychological services, and professionals and business owners can write off psychological services as consulting fees or medical expenses. Some cities have subsidy programs that cover the cost of psychological services. For the few people not covered, many psychologists bill on a sliding scale.

Another barrier is an apparent lack of follow up, which might be due to there being no formalized process of referral.^{4,12,20} Patients are often reluctant to be referred for "mental" problems.

Overcoming barriers to effective referral

Bray⁸ notes that, for collaboration between physicians and psychologists to be successful, both parties must benefit. Some aspects of physician-psychologist collaboration that physicians could find beneficial include successfully addressing patients' problems, receiving feedback on patients' status and progress,^{8,20} receiving referrals back from psychologists, and relieving some of the stress caused by treating more complex cases. Psychologists can assist family physicians with diagnosis and treatment options and keep them informed about the progress of treatment. Psychologists can enhance collaboration by writing reports after initial sessions for physicians' information.^{11,20} Most family physicians want only brief reports outlining diagnosis, treatment plan, and recommendations,⁸ although the amount of information wanted in written reports varies.^{11,20} Physicians and psychologists should discuss the frequency and length of reports.¹¹

Increasing the frequency of personal interactions and collaboration could establish relationships that would help increase the frequency of referrals.^{4,20,28} Bray⁸ advocates for regular contact and recommends making arrangements through office staff for each to reach the other quickly and efficiently, having regularly scheduled meetings, and joining the same committees.

Patient care might be improved if physicians knew more about the services psychologists provide.^{20,23} Lack of information about community resources contributes to low referral rates to community agencies.²³ Information about services can be acquired through community service directories and increased collaboration on cases.

Collaborative efforts succeed when relationships are based on mutual respect, recognition of each others' areas of expertise and limitations, and good manners.²⁴ Effective communication, developing an understanding of the other's view, sharing a common language and goals, and contracting to work together all help these relationships.¹¹

Saving time in the long run

Although collaboration between physicians and psychologists appears to add more work to already high workloads, increasing referrals could have the opposite effect. Having physicians and psychologists providing services in their area of expertise would improve the quality of patient care and allow physicians to use the time they would have spent counseling to care for other patients. Physicians and psychologists must both take responsibility for successful collaboration.



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