

## Clinical Psychology Referrals and Waiting List Procedure

## Procedure Responsibilities and Authorisation

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<b>Target Audience</b>	Mental Health and Addictions staff affected by the Clinical Psychology Referrals and Waiting List Procedure outside of the Forensic Service
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## Procedure Review History

Version	Updated by	Date Updated	Description of Changes
2.0	Gerard Pauley	10/06/2019	Removal of unnecessary sections and updating of language.
2.0	Gerard Pauley	01/07/2019	Further changes to wording on the basis of feedback from draft version sent to staff.
3.0	Kirstin Thomson	01/08/2022	Addition of readiness of therapy Changes made to reflect increased demand on psychology
3.0	Kirstin Thomson	18/10/22	Further changes based on feedback from draft version sent to staff.

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## Clinical Psychology Referrals and Waiting List Procedure

### 1. Overview

#### 1.1 Purpose

To detail the process for accessing psychological interventions for a tāngata whaiora and the processes for managing a psychology waiting list.

#### 1.2 Staff group

Staff in the Mental Health and Addictions Services, with the exception of the Puawai service.

#### 1.3 Patient / client group

All tāngata whaiora within Mental Health and Addictions Services, except in the Puawai service.

#### 1.4 Exceptions / contraindications

The Puawai Service.

#### 1.5 Definitions and acronyms

<b>CWS</b>	Clinical Work Station
<b>iPM</b>	Individual Patient Management
<b>MDT</b>	Multidisciplinary Team

### 2. Clinical management

#### 2.1 Equipment

- iPM psychology waiting list.
- Paper and spreadsheet versions of waiting lists held by each Psychology Clinical Lead or their designate.

#### 2.2 Procedure

Information derived from a clinical assessment and/or a MDT meeting indicates that a psychological intervention could be utilised in the treatment of a tāngata whaiora. Examples of typical psychological interventions include assessments (one-off assessments for specific disorders and neuropsychological assessments) and psychological therapy (either for a specific component of a person's presentation or for extensive psychological input).

The tāngata whaiora has also indicated their willingness to access a psychological intervention.

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- ability and willingness to attend weekly/fortnightly appointments
- acknowledgement that psychological interventions would be of benefit
- identification of psychological treatment goals
- if there are missed appointments (DNA's), their MDT will be informed and the suitability for further sessions with the psychologist will be reviewed

This information is summarised into an internal referral form in CWS or, if local protocols still use paper referrals, onto a psychology referral form ([Appendix A](#)) and is reviewed by the waitlist manager and /or by the Clinical Psychologists. Based on the referral information and file review, a decision is made about whether a psychological intervention will form part of the tāngata whaiora treatment. If suitability for psychology is unclear, a Clinical Psychologist can complete a psychology review. The outcome of the reviews will be discussed with the MDT and updated on CWS.

If a decision cannot be made then the Psychology Clinical Lead (or their designate), the Team Leader / Charge Nurse Manager, the clinician who made the referral and, if relevant, a Consultant Psychiatrist should meet separately to come to a resolution.

### Decision to Provide a Psychological Intervention

If the referral for psychological intervention is accepted, consideration is given to the acuity of the need, the recovery plan goals that relate to the psychological intervention and the current availability of Clinical Psychologists. Typically, when a tāngata whaiora is initially seen by a Clinical Psychologist it is for a psychological assessment prior to starting any intervention to evaluate whether, for a range of different reasons, they are likely to benefit from it at that point in time and shared with the MDT.

As a part of the initial period of contact with the tāngata whaiora, the Clinical Psychologist will collaboratively set goals with them around their intervention and add these to their recovery plan. If appropriate, whānau may be involved in this process. Alternatively, if the outcome of this assessment is that the tāngata whaiora is not going to benefit from a psychological intervention, this finding should be discussed with them, their whanau (if appropriate), and then shared within the MDT for further discussion.

### Decision not to Provide a Psychological Intervention

If it is decided that a psychological intervention is not suitable or will not meet the needs of the tāngata whaiora, then the MDT should make a decision around whether the identified clinical need still requires an intervention and, if so, who will provide this intervention.

This information should be entered into CWS and shared with the tāngata whaiora.

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### Appendix A – Clinical Psychology Referral Form

#### CLINICAL PSYCHOLOGY REFERRAL FORM

Name of Tāngata Whaiora: \_\_\_\_\_

NHI: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

What type of input is being requested from psychology?

	1. A psychological assessment only.
	2. A neuropsychological assessment only.
	3. Psychological therapy.

What need(s) / goal(s) has been identified with the tāngata whaiora that a Clinical Psychologist could potentially help them to meet?

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What is the level of acuity?

	1. Very Urgent – Risk to self or others
	2. Social or occupational functioning severely affected
	3. As soon as possible

Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referrer: \_\_\_\_\_

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### Appendix B – Clinical Psychology Referral Form for ICAMHS

#### REFERRAL TO PSYCHOLOGY

Only to occur after clinical assessment and must be discussed at MDT)

<b>Date:</b>		
<b>Tāngata Whaiora Details</b> (Patient Label):		
<b>Current Caregiver/s:</b>		
<b>Diagnosis and main presenting problem:</b>		
<b>Name of person making referral:</b>		
<b>Clinicians involved:</b>		
<b>Reason for Referral</b> (Why you think this child or young person requires psychological assistance?):		
<b>Interventions in place whilst on psychology waitlist:</b>		
<b>Referrer Checklist – These points need to be discussed with the client and caregiver prior to the referral being given to the psychology team:</b> <ol style="list-style-type: none"> <li>Psychology input has been discussed with the service user.</li> <li>Is the service user motivated to attend regular therapy sessions at the ICAMHS clinic? (e.g. transport arranged; committed to weekly/fortnightly sessions?)</li> <li>Is the service user aware that after 2 consecutive missed appointments (DNA's), their key worker will be informed and sessions with the psychologist will be reviewed?</li> </ol>		
<b>Checklist has been discussed and consent obtained from the child or young person and their family for this referral</b>	<b>Yes</b>	<b>No</b>

- Cases will be reviewed on a case-by-case basis; being at the top of the waitlist does not guarantee they will be seen first.**



(Team Address and Telephone Number/s)

Tāngata whaiora name  
NHI  
Address

Dear

You have been referred to our service for a psychological assessment and/or psychological therapy and are currently sitting on the psychology waitlist. You will be contacted once an appointment with a clinical psychologist becomes available. At present, the current waiting time to be seen by a clinical psychologist is approximately **(insert timeframe)**.

In the meantime, you might find the below resources helpful:

<https://www.justathought.co.nz>

<https://heretohelpu.nz>

<https://www.talkingminds.co.nz/helplines>

Should your situation change (i.e., become more urgent or you no longer require a psychological support), please contact Mental Health during normal working hours on the telephone numbers listed above. If your situation becomes urgent outside of these hours then please contact the 24-hour Mental Health Line to talk with someone from the Crisis, Assessment and Home Treatment (CAHT) Team on: 0800 50 50 50.

Nqā mihi

(Name – Service)

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