

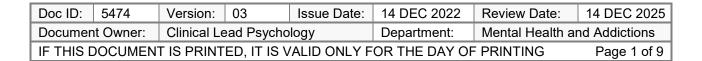
Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions Service
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Document Owner Title	Clinical Services Director, Mental Health and Addictions
Target Audience	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 fro 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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1. Overview

1.1 Purpose

To detail the process for accessing psychological interventions for a tangata 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

cws	Clinical Work Station
iPM	Individual Patient Management
MDT	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 tangata 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 tangata 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 tangata whaiora, the Clinical Psychologist will collaboratively set goals with them around their intervention and add these to their recovery plan. If appropriate, whanau may be involved in this process. Alternatively, if the outcome of this assessment is that the tangata 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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Waiting List

If there is no current availability of a Clinical Psychologist, then the tāngata whaiora may be placed onto a waiting list. The MDT and tāngata whaiora are notified that this is the case via letter or email (see Appendix C) and the likely timeframe for waiting is included in the recovery plan. While the tāngata whaiora is on the waiting list, and as a part of their ongoing treatment, they should be reviewed by the MDT on a regular basis. If the tāngata whaiora needs or acuity changes, this should be shared with the clinical lead or the psychology waitlist manager. If they are discharged from secondary services, the tāngata whaiora should be advised by their MDT that their referral to psychology will be closed.

When the tangata whaiora is near the top of the waiting list and is due to be seen for treatment, the MDT is informed, readiness for the psychological intervention is reviewed and relevant information is entered into the Recovery Plan and CWS.

Management of the Waiting List

The Clinical Lead for Psychology in each area of the service (or their designate) will manage the waiting list and the flow of tāngata whaiora onto and off the list. They will ensure that information about the waiting list is regularly shared amongst their colleagues and with their immediate Team Leader / Charge Nurse Manager so that there is a shared understanding of the status of the tāngata whaiora on the waiting list. An excel spreadsheet will be used to organise information about tāngata whaiora and serve as the basis of understanding the status of the waiting list. The Lead Psychologist for Mental Health and Addictions will also receive a regular update of the current state of the waiting list from each area.

When a tangata whaiora is added to the waiting list, this information will be passed onto an administrator who will enter it into iPM for the respective waiting list. In addition, the tangata whaiora will be sent a service-specific standard letter (Appendix C provides an adaptable template) which explains that they are on a waiting list, supports they can access while waiting, as well as an estimate of how long they can expect to wait. It is also expected that the keyworker will inform the tangata whaiora in person that they are on a waiting list and what this means.

Typically, tāngata whaiora will be taken from the waiting list in chronological order. When the tāngata whaiora is entering treatment with a Clinical Psychologist, the administrator is informed so that they can take them off the waiting list on iPM and place them onto the respective clinician's caseload. Clinical Psychologists are expected to manage their caseloads so that they seek new referrals from the waiting list when they have the capacity to do so and to seek the support of their Clinical Lead and/or Team Leader if they are experiencing difficulties in that regard.

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Exceptions

An exception to this waitlist process can apply to tangata whaiora with elevated levels of acuity (high treatment needs) and/or where the MDT has clearly identified and decided that a more immediate psychological intervention will be most likely to provide benefit in terms of improving their mental health outcomes (high treatment gains).

Requests for one-off assessments by Clinical Psychologists can be made and these should also be managed through the MDT process. Where it is agreed that an exception should be made, arrangements will be made so that tangata whaiora can be seen as soon as practicable by a Clinical Psychologist.

Infant, Child and Adolescent Mental Health (ICAMHS)

In addition to the procedure as it is written, there are three additional points that apply only to their service:

- 1. Clinical psychologists will meet on at least a monthly basis to discuss and allocate tangata whaiora from the waiting list.
- 2. If a tangata whaiora still requires clinical psychology after being on the waiting list for three months then the Clinical Lead for psychology, the Clinical Director/Operations Manager and the relevant Team Leader / Charge Nurse Manager should be informed.
- 3. A separate referral form for ICAMHS (See Appendix B).

3. Audit

3.1 Indicators

- 1. There is a clear link between a tangata whaiora recovery goals and the psychological intervention being provided.
- 2. Goals for the psychological intervention are included in the tangata whaiora recovery plan.
- 3. Progress towards the successful completion of therapy goals is noted in progress notes 701 AC> and at three-month recovery reviews.
- 4. The length of time tangata whaiora are on a waiting list.

3.2 Tools

- 1. iPM generated waiting lists.
- 2. Waiting list spreadsheets kept by the local psychology clinical leads or their designates.

4. Appendices

- Psychology Referral Form.
- 2. Psychology Referral Form for ICAMHS.
- 3. Adaptable Template for a Standard Waiting List Letter.

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Appendix A – Clinical Psychology Referral Form

CLINICAL PSYCHOLOGY REFERRAL FORM

ame of Tāngata Whaiora:
HI:
urrent Diagnosis:
/hat type of input is being requested from psychology?
1. A psychological assessment only.
2. A neuropsychological assessment only.
3. Psychological therapy.
/hat need(s) / goal(s) has been identified with the tāngata whaiora that a Clinical
sychologist could potentially help them to meet?
'C
4/
/hat is the level of acuity?
Very Urgent – Risk to self or others
2. Social or occupational functioning severely affected
3. As soon as possible
ate of Referral:/
eferrer:

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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)

Date:
Tāngata Whaiora Details (Patient Label):
Current Caregiver/s:
Diagnosis and main presenting problem:
Name of person making referral:
Clinicians involved:
Reason for Referral (Why you think this child or young person requires psychological assistance?):
Interventions in place whilst on psychology waitlist:
Referrer Checklist – These points need to be discussed with the client and caregiver prior to the referral being given to the psychology team:
 Psychology input has been discussed with the service user. Is the service user motivated to attend regular therapy sessions at the ICAMHS clinic? (e.g. transport arranged; committed to weekly/fortnightly sessions?) 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?
Checklist has been discussed and consent obtained from the child or young person and their family for this referral
• Cases will be reviewed on a case-by-case basis; being at the top of the waitlist does

 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.

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Appendix C – Adaptable Template for a Standard Waiting List Letter

	(Team Address and Telephone Number/s)
Date	
Tāngata whaiora name NHI Address	
Dear	
You have been referred to our service for a psychologic therapy and are currently sitting on the psychology waitl appointment with a clinical psychologist becomes available seen by a clinical psychologist is approximately (inse	ist. You will be contacted once an ible. At present, the current waiting time to
In the meantime, you might find the below resources he	lpful:
https://www.justathought.co.nz	
https://heretohelpu.nz	
https://www.talkingminds.co.nz/helplines	
Should your situation change (i.e., become more urgent support), please contact Mental Health during normal wisted above. If your situation becomes urgent outside of hour Mental Health Line to talk with someone from the (CAHT) Team on: 0800 50 50 50.	orking hours on the telephone numbers f these hours then please contact the 24-
Ngā mihi	
(Name – Service)	ON ACX

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