



Psychiatric Consultation: A Clinical Monograph

(Rev. 3/22/02)

Purpose

This document has been developed to assist non-M.D. providers and Magellan clinician reviewers in sharing a common understanding of when psychiatric consultation should be considered for a new or continuing patient.

For information about collaborative treatment vs. integrated treatment, please refer to another monograph entitled *Collaborative Treatment (Split Therapy) vs. Integrated Treatment: A Clinical Monograph*.

Background

Psychiatrists bring a unique spectrum of expertise to the mental health field that should be used appropriately in order to render comprehensive, high quality, cost-effective, clinical care.

Psychiatrists receive a full medical education prior to specializing, hence are competent in understanding medical diagnosis and treatment. Psychiatric residency training builds on this medical expertise, adding the knowledge and skills necessary to enable understanding of the behavioral manifestations of medical conditions as well as the impact of medical disorders on psychiatric disorders and vice versa.

Additionally, psychiatrists receive basic science training and advanced, clinically-supervised, experience in pharmacology, with an emphasis on psychotropic medication. Psychiatric residency training programs also educate psychiatrists in all major forms of psychotherapy. Psychiatric residents receive comprehensive training in psychiatric "management", learning the role of coordinating an entire treatment plan for a patient, whether implemented by the psychiatrist alone or by a multidisciplinary team.

This broad and comprehensive training yields a professional who is well-prepared to diagnose and treat all types of mental health/substance abuse patients, to provide psychiatric management skills to a treatment plan, and to provide integration of diagnosis and treatment with medical/surgical providers.

In addition to this training and experience, psychiatrists as physicians have a unique role in acute treatment/crisis intervention in most States since they are able to:

- Efficiently authorize police to bring a potentially dangerous patient in for an ER evaluation
- Prescribe medications that can have an acute effect on patients in crisis, helping to avert an unnecessary admission
- Admit psychiatric patients to inpatient facilities when medically necessary
- Manage an inpatient treatment plan

Provider's Decision

Non-psychiatrist behavioral health (BH) clinicians are often the first to treat patients with mental health/substance use disorders and have initial and ongoing decisions to make about the need for psychiatric consultation. Magellan clinician reviewers on occasion are in a position to assist these providers with psychiatric referrals or to raise questions about the treatment plan for discussion. Additionally, Magellan clinician reviewers are on occasion asked initially by new patients for treatment referrals, and then have a decision to make about the type of clinician best suited to meet the patient's needs. The purpose of this document is to provide a common framework for the non-M.D. provider and Magellan clinician reviewer for those situations when a psychiatric consultation should be considered. Readers should also refer to *Collaborative Treatment(Split Therapy) vs. Integrated Treatment: A Clinical Monograph* for further information about the selection of an ongoing treatment arrangement.

It should be emphasized that for patients already in treatment with a non-M.D. provider, it continues to be the provider's responsibility to know when to seek psychiatric consultation, and to take the appropriate steps to arrange for one. Psychiatric consultation should be *considered* by the provider in the situations listed in the table at the end of this monograph. The information in this table can also serve to guide clinician reviewers when they have occasion to make referral decisions.

“*Consider*” implies that the provider may make a decision not to obtain a psychiatric consultation, but in those instances, the provider should have clear, compelling reasons for why the consultation is not being sought. The provider should document these reasons in the patient's medical record. If this is discussed with the Magellan clinician reviewer, he/she should note in the case documentation the provider's stated reasons for choosing not to seek a psychiatric consultation.

It should always be clear that the provider has sole authority and responsibility for treatment decisions regarding patient care. Magellan clinician reviewers should communicate this information explicitly to providers.

When to Seek Consultation

Psychiatrists bring unique expertise and capabilities to the mental health field. Psychiatric consultation should be *considered* in the situations listed in the following table:

Consider a psychiatric consultation for the:

New patient if he/she is:	Continuing patient if he/she is:
<ul style="list-style-type: none"> • Currently taking a psychotropic medication prescribed by a non-psychiatrist and <ul style="list-style-type: none"> - Is only in partial remission - Hasn't received a recent psychiatric consultation <p><u>Example:</u> antidepressant has been prescribed for 6 months by a PCP and patient is still moderately depressed</p>	<ul style="list-style-type: none"> • Not experiencing any reduction in distress, discomfort, or dysfunction despite a brief(8 weeks), focused, psychotherapeutic intervention
<ul style="list-style-type: none"> • Experiencing an exacerbation of a psychiatric disorder that previously responded to medications <p><u>Example:</u> Relapse of Panic Disorder</p>	<ul style="list-style-type: none"> • Experiencing an exacerbation of a co-morbid psychiatric disorder that previously responded to medications <p><u>Example:</u> being treated for Panic Disorder, and develops signs of a recurrent major depressive episode</p>
<ul style="list-style-type: none"> • Presenting with a psychiatric disorder for which medications have been shown to produce a significant benefit that can't be duplicated in a timely manner by non-medication therapies alone <p><u>Examples:</u></p> <ul style="list-style-type: none"> ⊙ Acute mania in Bipolar Disorder (<i>mood stabilizer</i>) ⊙ Major Depression with severe neurovegetative symptoms and functional deficits (<i>antidepressant</i>) ⊙ Psychotic disorders (<i>antipsychotic</i>) 	<ul style="list-style-type: none"> • Re-evaluated as having a psychiatric disorder for which medications have been shown to produce a significant benefit that can't be duplicated in a timely manner by non-medication therapies alone.

(cont'd) **Consider a psychiatric consultation for the:**

New patient if he/she is:	Continuing patient if he/she is:
<ul style="list-style-type: none"> Presenting with symptomatology that may have a physiological origin <p><i>Example:</i> presenting with signs and symptoms of hyperthyroidism which may explain the anxiety symptoms</p>	<ul style="list-style-type: none"> Presenting with symptomatology that may have a physiological origin <p><i>Example:</i> new symptoms of anxiety after a heavy meal, may be due to Reactive Hypoglycemia</p>
<ul style="list-style-type: none"> Presenting with a complicated medical history with psychological factors interacting with the physical condition, and the medical status of the patient needs to be reviewed for appropriateness of care <p><i>Example:</i> depressed mood is interfering with compliance with insulin, and the diabetes is worsening</p>	<ul style="list-style-type: none"> Presenting with new symptoms indicating that psychological factors may be interacting with the patient's physical condition, and the medical status of the patient needs to be reviewed for appropriateness of care
<ul style="list-style-type: none"> Presenting with a chronic medical disorder and its treatment that needs to be evaluated for interaction with the psychiatric disorder and its treatment <p><i>Example:</i> Bipolar patient post-neurosurgery for a brain tumor is being treated for seizures with a different anticonvulsant than is being used for mood stabilization.</p>	<ul style="list-style-type: none"> Develops new medical disorder with symptoms/medications that may interact with the psychiatric disorder and its treatment.
<ul style="list-style-type: none"> Presenting in crisis at risk for hospitalization, at risk for injury to self or others, and/or with significant deterioration in functioning 	<ul style="list-style-type: none"> Presenting in crisis at risk for hospitalization, at risk for injury to self or others, and/or with significant deterioration in functioning