



**Australian Government**  
**Department of Health**



An Australian Government Initiative

**PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING  
POOL PROGRAMME GUIDANCE**

**PRIMARY MENTAL HEALTH CARE  
SERVICES FOR PEOPLE WITH SEVERE  
MENTAL ILLNESS**

**2019**

## Introduction

PHNs are required to commission primary mental health care services through the primary mental health care funding pool for people with severe mental illness who are being supported in primary care. This includes the provision of high intensity psychological services for people, and clinical care coordination which addresses both mental health and physical health needs.

PHNs are also expected to play a role in commissioning psychosocial support services for people with severe mental illness through separate funding arrangements. PHNs are encouraged to take an integrated approach to planning for the clinical and psychosocial needs of people with severe and complex mental illness who depend on primary care for services, in partnership with Local Health Networks (LHNs), local National Disability Insurance Scheme (NDIS) coordinators and regional stakeholders.

### **PHNs are expected to:**

**Plan** for the integrated provision of services for people with severe mental illness in the region through:

- Development with LHNs and other key stakeholders of joint, regional Mental Health and Suicide Prevention Plans;
- Development of joined up services and referral pathways which link primary care, specialist care and community support services including NDIS services; and
- Promoting assessment and treatment of the physical health of people with severe mental illness as part of the regional plan.

**Coordinate** services for people with severe mental illness who are supported in primary health care, particularly those with complex needs, through:

- Commissioning clinical coordination for this group, including through the use of mental health nurses and other clinical coordinators;
- Establishing links between clinical services and psychosocial support commissioned by PHNs for this group; and
- Promoting the use of single multiagency care plans.

**Commission** high intensity primary mental health services to address service gaps for people with severe mental illness who need them, including:

- Providing services to hard to reach groups;
- Supplementing psychological services available through the MBS; and
- Planning for and addressing the needs of children and young people with or at risk of severe mental illness.

## The context for commissioning of services by PHNs to this group

Since PHNs commenced commissioning primary care services for people with severe mental illness as part of the Mental Health Flexible Funding Pool, there have been a number of changes in the broader service landscape. This includes:

- Expectation of the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)<sup>1</sup> in relation to the coordination and support of people with severe mental illness and complex needs at a regional level. This includes prioritising the coordinated treatment and support of people with severe and complex mental illness and reflecting this in joint regional mental health and suicide prevention planning with LHDs;
- An expanded role for PHNs beyond the Flexible Funding Pool in the provision of psychosocial support to support people with severe mental illness and reduced functional capacity who are not eligible for the National Disability Insurance Scheme (NDIS);
- Increased focus on the importance of ensuring the physical health needs of people with severe mental illness are identified and addressed; and
- Guidance has been provided to PHNs on Initial Assessment and Referral for Mental Health Care, which provides advice on assessment of severity, and levels of care appropriate for people with severe mental illness.

These changes increase the need for PHNs to play a role in planning and coordination of services for this group in partnership with LHDs, NGOs and NDIS Local Area Coordinators. It will be vital that an integrated approach is taken to ensuring new, separately funded psychosocial services are linked closely to clinical services commissioned by PHNs. This includes care coordination and augmented provision of psychological services.

**Separate guidance** is now available on the above developments for PHNs and should be read in conjunction with this particular guidance document. This includes:

- *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs)*. See Section 3.4 on planning for treatment and support for people with severe mental illness;
- *National PHN Guidance on Initial Assessment and Referral for Mental Health Care*. The levels of care this Guidance describes and the decision support tool it provides will help to inform referring people with severe illness to the services they need;
- *Guidance on Provision of Psychosocial Support*. This guidance describes the parameters and expectations of PHNs in relation to provision of psychosocial support for people with severe illness through separate funding to the flexible funding pool. Guidance is also available on Continuity of Support funding and Psychosocial Support Interface funding;
- *The National Mental Health Commission's Equally Well Consensus Statement*. This statement describes needs of people with severe mental illness for physical health care; and
- *PHN Guidance on the Peer Workforce Role in Mental Health and Suicide Prevention*.

---

<sup>1</sup> Fifth National Mental Health and Suicide Prevention Plan

## What primary care services do people with severe mental illness need?

Approximately 3.1% of the adult population are estimated to have severe mental illness (based on epidemiological data). The needs of people with severe mental illness are not homogenous.

The three key sub-categories of severe mental illness identified in the Fifth Plan, and a broad description of the intensity and nature of their symptoms and needs are outlined in the below table. People may move from one sub-category to another over time. In addition, people with severe mental illness are likely to have physical health needs which primary care services, particularly those provided by GPs, are well-placed to assess and to address.

Sub-category of mental illness	Description
<p><b>Severe and episodic mental illness</b></p> <p><b>Approximately 2% of the adult population or two thirds of all adults who have a severe mental illness</b></p>	<p>People who have discrete episodes of illness interspersed with periods of minimal symptoms and disability or remission.</p>
<p><b>Severe and persistent mental illness</b></p> <p><b>Approximately 1% of the adult population or one-third of all adults who have a severe mental illness</b></p>	<p>People with a severe mental illness where symptoms and/or associated disability continue at moderate to high levels without remission over long periods.</p>
<p><b>Severe and persistent illness with complex multi-agency needs.</b></p> <p><b>A relatively small group comprising approximately 0.4% of the adult population</b></p>	<p>This refers to people with severe and persistent illness whose symptoms are the most severe and who are likely to experience significant functional disability as a result of their illness. This is the group targeted by the NDIS.</p>

**Figure 1** - Sub-categories of mental illness as a proportion of adult population

Primary care, private sector providers, state/territory service providers and the NDIS all play a critical role in providing care. State and territory specialist mental health services provide services for approximately 50% of people with severe mental illness. This includes lead responsibility for people with severe and persistent mental illness and complex multiagency needs. The remaining 50% depend on Commonwealth subsidized primary care and specialist providers within primary care, with private or public hospital treatment as required.

The level of care needed by an individual will depend on individualised assessment. The National PHN Guidance on Initial Assessment and Referral for Mental Healthcare<sup>2</sup> identifies eight critical areas (referred to as 'domains') that need to be assessed when making decisions about the most appropriate level of care to meet the consumer's needs. Five levels of care are described, based on the intensity of resources required. Within the criteria are suggestions on how the initial assessment against the eight domains can be used to assign a level of care and

<sup>2</sup> National PHN Guidance, Initial Assessment and Referral for Mental Healthcare, Consultation Draft, November 2018, Australian Government Department of Health

inform a referral decision. Domains of functioning, risk of harm and co-existing conditions as well as contextual domains are particularly relevant to assessing the care needs of individuals with severe mental illness. Refer to the Guidance for further information.

The following table outlines the potential role of primary care in meeting the needs of different sub-categories of severe mental illness and the level of care generally needed, subject to more individualised assessment.

Sub-category of severe mental illness	Role of primary care in providing mental health services
<b>Severe and episodic mental illness</b>	Mostly supported in primary care. This sub-group would generally require what the Initial Assessment and Referral Guidance describes as Level 3 Services (Moderate Intensity) or Level 4 Services (High Intensity), subject to their needs against other domains of assessment.
<b>Severe and persistent mental illness</b>	Primary care may provide clinical care and integrated physical health care to people with severe and persistent mental illness often through providing Level 4 Services (High Intensity), subject to the individual's needs against other domains of assessment. Some individuals would require Level 5 services provided by state or territory specialist mental health services or private psychiatrist or hospital.
<b>Severe and persistent mental illness and complex multiagency needs</b>	Generally require Level 5 Services (Acute and Specialist Community Mental Health Services). This involves providing assertive clinical care usually led by a state or territory specialist mental health service or by a private psychiatrist or hospital. Primary care may support provision of physical health services.

**Figure 2 – Role of primary care in providing levels of care outlined in the Initial Assessment and Referral Guidance to people with severe mental illness**

Many people with severe mental illness also have needs for broader non-clinical services, including psychosocial support. The PHN Guidance on Provision of Psychosocial Support provides further information on the role the NDIS and other community and social support plays for people with severe mental illness. The Guidance also addresses expectations of PHNs in relation to psychosocial support for people not eligible for the NDIS but who have reduced psychosocial function.

## What is expected of PHNs?

PHNs are expected to contribute towards the planning, commissioning and coordinating services for people with severe mental illness. While the flexibility now available to PHNs in these areas has substantially increased, PHNs are not expected to meet all of the service needs of this group. This is due to the substantial role which the NDIS, states and territories and Non-Government Organisations (NGOs) play. Any suggestion that a PHN was replacing the role played by other organisations could result in withdrawal of services or funding. Therefore PHNs will need to position and prioritise their activity carefully.

### **Joint regional planning for the integrated provision of services for people with severe mental illness and complex needs.**

The Fifth Plan requires PHNs and LHNs to give priority in joint regional planning to the needs of people who are severely impacted by mental illness and may have other complex needs for services from a range of agencies. As part of development of a joint regional mental health and suicide prevention plan with LHNs, PHNs are expected to:

- Promote integrated approaches to mental health services for people with severe and complex mental illness, and to address the problems of fragmentation this group often experience. Planning in consultation with local NDIS providers and Local Area Coordinators will be vital in this respect, as will the use of multiagency care plans to support joined up care;
- Plan locally in partnership with LHNs for the psychosocial support needs of people with severe mental illness who are not more appropriately supported through the NDIS; and
- Plan for the provision of services and support to people with severe and complex mental illness across the lifespan. This includes consideration of children and youth, but also the needs of older people with severe mental illness.

A priority for PHNs is planning for improving the physical health and wellbeing of people living with mental illness. This should include promotion to primary care providers of:

- The importance of early intervention and prevention activity to reduce the impact of mental illness on physical health (eg addressing lifestyle issues early in disease);
- Expectations of routine screening for physical health and regular medication review; and
- Promoting pathways to services for physical health needs, particularly through GPs.

Further information is available on the Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services Guide, and in the Equally Well Consensus Statement.

### **Coordinating services for people with severe mental illness who are supported in primary care**

People with severe mental illness who are supported in primary care require integrated services, particularly if they have persistent mental illness or complex needs. Integrated services need to encompass clinical mental health. This includes medication management, physical health, alcohol and drug services, psychosocial support and broader community services such as housing, education and employment.

PHNs are expected to undertake the following coordination activities, using funding available under the flexible funding pool:

- Commissioning clinical coordination and peer support services for this group, including through the use of mental health nurses;
- Establishing links between clinical services and psychosocial support commissioned by PHNs for this group;
- Promoting the use of single multiagency care plans; and
- Developing clear assessment and referral pathways with state/territory acute and

community based mental health services.

PHNs have an important role to play in laying the groundwork with state/territory services and other agencies to support coordination and integrated service provision, by commissioned services and promote the role of commissioned services. PHNs are well placed to drive the conversations which are needed to engage other organisations in multiagency care. Furthermore, PHNs can promote protocols for joined up service delivery at a system level. This will make it easier for service providers on the ground to get traction as they refer clients to other services or communicate with these services. The joint regional planning process provides one avenue for these discussions.

### **Coordinating complex needs**

The Fifth Plan explains that the term 'severe and complex mental illness' is not confined to people with persistent conditions, nor to people with psychosocial disability who may be eligible for the NDIS. 'Severe and complex mental illness' may also include people with episodic illness whose illness may impact upon and be impacted by complex social or physical health factors. These factors might include a high suicide risk, comorbid chronic illness, or comorbid drug and alcohol problems. People with particular types of disorders, such as eating disorders, may also have complex needs which require integrated approaches to care eg partnerships with nutritionists and specialist services.

Primary care can play a significant role in referring people with severe mental illness to services to help address complex needs which impact their illness. This care can help address these needs and reduce their role in exacerbating episodes of mental illness. These services can include psychosocial support services, but also drug and alcohol services, and physical health services.

The four core components of care which PHNs may need to coordinate for this group include:

- Clinical treatment, including suicide risk and medication management;
- Physical health care;
- Community support by way of psychosocial, vocation or other non-clinical support; and
- Alcohol and drug services as required.

The intensity of coordination will need to vary according to the needs of the individual.

**Clinical care coordination** - In general clinical care coordinators are expected to provide clinical support, review and monitor mental and physical health, monitor medication, liaise with health professionals and link individuals to other needed services.

In addition to GPs, mental health nurses have played a very important role in clinical care coordination for people with severe mental illness. PHNs are expected to continue to commission mental health nurse services and to ensure these services focus on the needs of people with severe mental illness. Where a mental health nurse workforce is not readily available, for example in rural and remote locations, other appropriately qualified health professionals, such as registered nurses with training in mental health, may need to assume a clinical care coordination role.



## The role of mental health nurses

It is expected that mental health nurses will work with general practitioners and/or psychiatrists to provide coordinated clinical care for people with severe and complex mental illness. This care will be delivered in line with a GP Mental Health Treatment Plan or equivalent, developed by the GP or psychiatrist.

It is expected that mental health nurses will provide a range of services including:

- Agreed clinical care within the scope of practice of the mental health nurse in accordance with the agreed collaborative treatment plan;
- Monitoring a person's mental state;
- Liaising closely with family and carers as appropriate;
- administering and monitoring compliance with medication;
- Providing information on physical health care, as required and, where appropriate, assist in addressing the physical health inequities of people with mental illness; and
- Improving links to other health professionals/clinical service providers.

**Care coordination and advocacy by peer workers** – PHNs have found peer workers to be a valuable addition to the workforce providing primary care to people with severe mental illness. PHNs are expected to support models of practice that incorporate peer workers as specialised members of multi-disciplinary teams. Peer workers can provide person-centred, recovery-oriented and trauma-informed stepped care in mental health and suicide prevention services. Peer workers may provide advocacy and support to people with severe mental illness, as part of the primary mental health care team, and assist with care coordination.

PHNs may fund the role of peer workers either through psychosocial support funding or through the Flexible Funding Pool. In general, the role of peer workers funded under the Flexible Funding Pool should be focused on supporting the primary care team in the provision of primary mental health care, as part of this team. This funding should not duplicate the role of services commissioned to provide psychosocial support services or services provided by state and territory mental health services. However peer workers involved in services funded under PHN psychosocial support measures may also play a role in helping to link services and helping people to navigate the system.

Clinical backup within the team from a mental health nurse, or other mental health professionals for peer workers will be important as peer workers themselves should not be expected to play a clinical role.

Separate guidance for PHNs has been provided to outline the role peer workers can play. This guidance outlines the workforce support which should be provided to them by commissioning organisations, PHNs and the broader primary care team including back up from other peer workers. PHNs should expect commissioned services to ensure appropriate support, career pathways and a clear role for peer workers who are involved in the team providing primary mental health care.<sup>3</sup>

---

<sup>3</sup> PHN Guidance - Peer Workforce Role in Mental Health and Suicide Prevention, Department of Health, 2018  
*PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance 2019*



### **The role of peer workers in supporting people with severe mental illness in primary health care.**

Peer support workers are employed for the expertise developed from their personal lived experience of mental illness and recovery or their experience as a mental health carer, and can be a key conduit between a consumer, their carers and other services they use.

Both consumer and carer peer workers can play a valuable role in supporting the primary care team. The inclusion of peer workers in the primary mental health care team can help to improve the culture and recovery focus of services and help to reduce stigma within the workforce. Appropriate supervision and mentoring should be provided, including support from other experienced peer workers, and clinical support from other team members.

Whilst peer workers have a particularly important role to play in supporting people who are severely impacted by their illness, peer support can also be valuable to people with lower intensity needs and across the stepped care spectrum.

**Links to Psychosocial support services** - PHNs are expected to ensure that psychosocial support services they commission, as part of separate funding arrangements, are closely linked to clinical services for people with severe mental illness as part of coordination activities. These links may be achieved through assessment and referral protocols, through contractual requirements for connection of services, or through the promotion of multiagency care plans. The use of a single multiagency care plan by both clinical and non-clinical providers has been an effective mechanism to improve the coordination of services.

In addition, as part of these links, it will be important that PHNs play a role in ensuring GPs and commissioned clinical services are aware of changes in arrangements for psychosocial support services. This includes continued transition to the NDIS of programs such as PIR and PHAMs, and what this may mean for referral pathways.

A small number of lead PHNs have been trialling the role of care navigators to provide broader coordination of clinical and non-clinical services, and assertively connect people with severe mental illness with services which may assist them. The results of these trials may help to inform future activities by PHNs.

### **Commissioning high intensity primary mental health services to address service gaps for people with severe mental illness who need them**

PHNs are expected to commission evidence-based high intensity psychological services to address gaps in access to psychological services for people with severe mental illness who are supported within primary care. These services should complement MBS services available under the Better Access initiative and be provided as part of broader efforts to address the needs of hard to reach populations. In some instances, PHNs may commission additional psychological services to supplement MBS based Better Access services for people with severe mental illness who have a clinical need for these services. This could include, for example, additional sessions beyond the 10 sessions available under the Better Access initiative.

High intensity services should be provided on referral from a GP or psychiatrist, and may be part of a package of care provided which also comprises clinical care coordination and psychosocial support. Further advice on commissioning these services is provided in the Guidance on Providing Psychological services to Underserved Groups.

It is important that PHNs only commission services for those people with severe mental illness who can be appropriately supported in the primary care setting. Assessment and triage systems established by the PHN should ensure there are clear referral protocols to and from state/territory mental health services and to private psychiatrists to ensure that people receive the care best suited to their needs. As outlined above, some people supported within primary care do have complex needs which do not relate to a need for specialized or intense clinical care but instead involve consideration of co-morbidities or other issues.

PHNs are expected to engage with private psychiatrists in the region to ensure best use of psychiatrist services within a stepped care approach. This could include encouraging psychiatrists to support management of people with severe mental illness by GPs and psychologists, where this is appropriate, thereby improving and increasing access to appropriate mental health care. For instance, PHNs could promote more effective use of existing consultant psychiatrist MBS items for GP referred psychiatrist assessment and management plan and review (MBS Items 291 and 293) and initial psychiatrist consultation items (MBS items 296, 297 and 299).

PHNs could also promote the use of telepsychiatry services as an effective, evidence-based mechanism to increase access to high quality clinical services (MBS Item 288) particularly for people in locations where it is not easy to access specialist services.

### **Commissioning services for children and young people with or at risk of severe mental illness**

PHNs are required to develop and commission evidence-based early intervention services to meet the needs of children and young people with or at risk of severe mental illness, who can be managed in the primary care setting. In addition, some PHNs are also required to commission headspace Youth Early Psychosis Programme (hYEPP) services and ensure these services meet the fidelity requirements of the Early Psychosis Prevention and Intervention Centre (EPPIC) model, in line with contractual requirements. Orygen, the National Centre of Excellence for Youth Mental Health, is funded to provide expert support to PHNs in developing and commissioning services for young people with or at risk of severe mental illness, including hYEPP services.

The provision of vocational and educational support services, case managers and broader supports as needed to complement clinical services including clinical care coordination, is within scope of the flexible fund in relation to supporting children and young people with or at risk of severe mental illness. Separate updated guidance will be provided to PHNs on commissioning child and youth mental health services. This guidance provides more details of requirements in relation to developing and commissioning services for young people with or at risk of severe mental illness, including hYEPP services.

## **Performance indicators**

The following performance indicators for PHN-led mental health reform, as listed in the Primary Mental Health Care Schedule for PHNs, are relevant to this priority area.

- Acc 3 - Proportion of regional population receiving PHN-commissioned clinical care coordination for people with severe and complex mental illness.
- Eff-3 Average cost of PHN-commissioned clinical care coordination for people with severe and complex mental illness
- Prog-1 Proportion of PHN annual flexible funding allocated to low intensity services, psychological therapies and services for people with severe and complex mental illness.

## What is in scope for PHN commissioned primary mental health care services for people with severe mental illness?

The services and activities for people with severe mental illness which are in scope for commissioning by PHNs through the flexible funding pool and in line with Level 3 and Level 4 care, include:

- Clinical coordination services which may be provided by mental health nurses or other health professionals with appropriate clinical credentials and which support ongoing management, monitoring of symptoms and medication, and links to other needed services;
- Evidence based high intensity psychological services (e.g. cognitive behavioural therapy) to complement and enhance existing GP, psychiatrist and allied mental health professional services available through the Medicare Benefits Schedule (MBS) and to assist people with mental illness in underserved groups;
- Early intervention services for young people with severe mental illness which may include clinical services and related vocational and education support;
- Broader non-clinical coordination and advocacy provided by peer support workers where this is provided as part of a primary care team; and
- Lifestyle interventions and support for integrated physical health care.

These services are expected to:

- Be provided by a suitably skilled and qualified workforce, working within their scope of practice, matched to the needs of those accessing the services;
- Promote physical health as well as mental health of people with severe mental illness;
- Promote recovery, and align with the *National Framework for Recovery Oriented Mental Health Services 2013* where relevant;
- Promote links and easy to navigate referral pathways between clinical services and broader support services for people with mental illness, including relevant services provided by LHNs and through the NDIS;
- Complement and work closely with State/Territory specialist mental health services.

## What activities are not in scope?

It is beyond the scope of the funding available under the flexible pool for PHNs to commission services to provide Level 5 Acute and Specialist Community Mental Health Services for people with severe and persistent mental illness and complex multiagency needs. The resources and types of services available to PHNs would not be sufficient to adequately meet these needs without compromising other activities under the flexible pool. In addition, PHNs cannot commission psychosocial support services from the flexible funding pool. Other funding is now available to PHNs for this purpose.

In summary, activities that are not considered to be in scope for services commissioned by PHNs through the flexible funding pool include services which:

- Are the focus of separate, psychosocial support funding to PHNs;
- Provide services that would be more appropriately delivered within an acute or hospital setting or by state specialised community mental health services;
- Provide services for older people with severe mental illness which are more appropriately provided by specialized state and territory Older Persons Mental Health Services;
- Duplicate other existing services provided by state and territory governments, the

- NDIS, and MBS; or
- Are solely focused on providing broader social support services that are the responsibility of the disability support/non-health sector.

## **What flexibilities do PHNs have?**

PHNs have the opportunity to use the flexible funding to better link existing services, plan for better coordination and promote good practice. PHNs have full flexibility to determine how mental health nursing services will be delivered across their region to deliver clinical care coordination services. Where there are shortages of mental health nurses, PHNs also have the flexibility to engage other health professionals, with appropriate mental health training, as clinical care coordinators to work with GPs and psychiatrists to help monitor and support people with severe mental illness between medical visits.

PHNs have flexibility to augment service provision in a way which best complements services available in the region. They may wish to use the flexible fund to augment private service provision through MBS funded Better Access services to address the needs of people with severe mental illness who require more services than currently available under the MBS. There will also be some flexibility to utilise some funding for underserved groups to target the needs of members of these groups with severe illness, within the context of a stepped care approach, and the need to maintain an appropriate mix of primary mental health care services and support a broad range of people with mental illness.

PHNs are encouraged to be innovative in the design of clinical care coordination models that will meet the needs of their region. Such models will need to be within the bounds of relevant programs and legislation, and with optimal links to the private sector, state services and psychiatry services. This may include developing integrated approaches to meeting the needs of people with severe mental illness in partnership with LHNs particularly in areas of workforce shortage or where innovative approaches are required to make optimal use of resources.

## Useful resources and information

### **Mental Health Nursing Services in Australia.**

A How To Guide for Primary Health Networks, October 2016, The Australian College of Mental Health

Website: [www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental\\_Tools](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools)

### **The role of the psychiatrist**

Royal Australian New Zealand College of Psychiatrists (RANZCP), 2013

Website: <https://www.ranzcp.org/news-policy/policy-submissions-reports/document-library/the-role-of-the-psychiatrist-in-australia-and-new>

### **Find a Psychiatrist**

RANZCP online database. Search for consultant psychiatrists in Australia by location, specialty, gender, services and more

Website: <https://www.yourhealthinmind.org/find-a-psychiatrist>

### **Best practice referral, communication and shared care arrangements between psychiatrists, general practitioners and psychologists (RANZCP 2014)**

This guideline aims to assist communication flow, clarification of patient management, patient care and safety.

Website:

[https://www.ranzcp.org/notifications/login?returnurl=%2ffiles%2fresources%2fcollege\\_statements%2fpractice\\_guidelines%2fps-best-practice-referral-communication-between-ps.aspx](https://www.ranzcp.org/notifications/login?returnurl=%2ffiles%2fresources%2fcollege_statements%2fpractice_guidelines%2fps-best-practice-referral-communication-between-ps.aspx)

### **Find a Psychologist**

An Australian Psychological Society resource which enables a search for psychologists to be filtered by issue, location, client type, gender, languages and more

Website: