

## ANALYSIS OF REFERRALS RECEIVED BY A PSYCHIATRIC UNIT IN A GENERAL HOSPITAL PART 2: ANALYSIS AND DISCUSSION OF RESEARCH RESULTS

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## ABSTRACT

*The study sought to analyse the referrals received by a psychiatric unit in a general hospital in the Western Cape by studying the referral letters and the referral responses. Part 1 of the report reviewed the need to analyse these referrals and described the research design adopted to study this phenomenon.*

*The study sought to determine which departments were referring patients and which patients were being referred. The completeness and appropriateness of the referrals were also studied. This second part of the research report will present and discuss the research results.*

*The major inferences drawn from this study are that health care workers have a poor concept of what information the psychiatric unit needs and about the scope and function of the unit. The poor feedback from the psychiatric unit to the referral source is indicative of the poor communication amongst the health care team members.*

## OPSOMMING

*Hierdie navorsing het gepoog om verwysings te ontleed wat deur 'n psigiatriese eenheid in 'n algemene hospitaal in die Wes Kaap ontvang is. Dit is gedoen deur die verwysings briewe en verwysingsresponse te ontleed. Deel 1 van die verslag het die noodsaaklikheid aangespreek om die navorsing te doen asook die navorsingsontwerp bespreek wat aanvaar is om die verskynsel na te vors.*

*Hierdie navorsing wou bepaal watter eenhede pasiënte verwys het en watter pasiënte verwys is. Die volledigheid en toepaslikheid van die verwysings is ook bestudeer. Die tweede deel van die navorsingsverslag sal die navorsingsresultate ontleed en bespreek.*

*Die oorhoofse gevolgtrekkings waartoe die navorsing gekom het, is dat gesondheidsorgwerkers 'n beperkte begrip het van die inligting wat psigiatriese eenhede benodig asook van die omvang en funksies van sodanige eenheid. Swak terugvoer vanaf die psigiatriese eenheid na die verwysingsbronne het gedui op swak kommunikasie tussen die lede van die gesondheidsorgspan.*

## INTRODUCTION

The purpose of this research was to investigate whether a psychiatric unit in a general hospital was being used

effectively, and to identify which departments of the general hospital referred patients to the psychiatric unit. Feedback provided by this psychiatric unit to the referring departments was also analysed.

Part 1 of the report reviewed the need to analyse referrals to a psychiatric unit in a general hospital, and also described the research design adopted to conduct this research. Part 2 will analyse and describe the research results (obtained with the help of a statistician who used the Statistical Package for Social Sciences - SPSS - to produce statistical data).

The data was collated and converted into percentages and presented in tables and figures. Data was combined and grouped to make the data more meaningful. The data was analysed according to the research questions posed. The data emerging from the statistical analyses will be discussed relevant to each research question, and contrasted with appropriate findings from the literature, wherever possible. The total number of records analysed of patients referred to the specific psychiatric unit amounted to 403. However, as all records were not complete, answers could not be obtained to each question from each record. Consequently the number of responses (n) differs for different sections of this report.

### TO WHAT EXTENT WAS THE PSYCHIATRIC UNIT BEING UTILISED?

The research was done at a hospital rendering health services to specific clients, which might have accounted for some differences between these research findings

and those reported by other researchers. Inpatient referrals were low especially from the Departments of Gastro-enterology (n = 0), Oncology 2,5 percent (n = 9), Geriatrics 0,5 percent (n = 2) and Internal Medicine 6,3 percent (n = 23). These findings apparently concurred with those reported by a study done in the USA (Silverstone, 1996:46) where 25,0 percent of the patients from these departments had accompanying psychiatric illnesses, but very few were referred to psychiatry.

The Orthopaedic Department sent 6,0 percent (n = 22) of the patients who were referred to the psychiatric unit; psychiatrists sent 8,1 percent (30); psychologists sent 11,4 percent (n = 42), specialists (other than psychiatrists) sent 21,3 percent (n = 79), but medical officers sent the most patients, namely 53,2 percent (n = 197). (In this case the total number of identifiable referrals amounted to 370). The results compared with the study done by Dippenaar (1995:27) where referrals from oncology were very low despite the cancer patients' potential needs for psychiatric care. Dippenaar also noted the poor referral rate of family members for preventive care, despite their difficulties in coping with their relatives' illnesses.

The largest age group that was referred was the group 31 to 35 year olds who constituted 20,1 percent (n = 72) of the 361 identifiable referrals. The smallest number of referrals was in the age group of 0 to 5 year old, namely

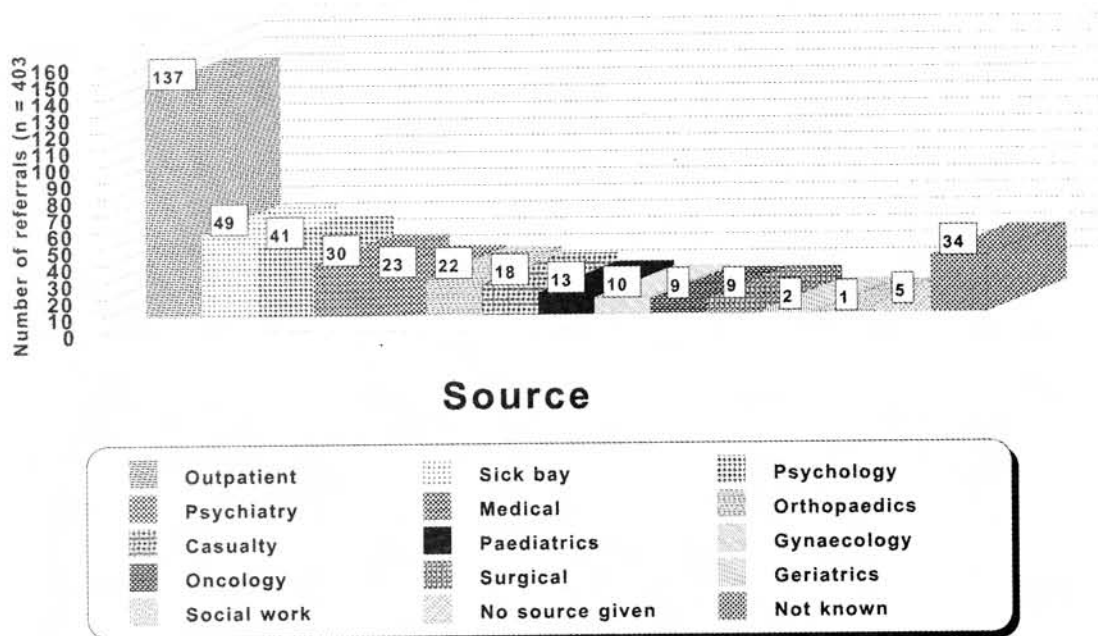


Figure 1: Departments referring patients to the psychiatric unit

1,3 (n = 5) percent. According to Oelofse (2000), the largest population utilising psychiatric services is the 25 to 36 year age group, correlating with the number of referrals per age group revealed by this research.

The ages of the referred patients were similar to the research reported in the RSA by Ensink, Robertson, Zissis and Leger (1997:1527). These authors reported that 40,0 percent of children between 10 and 16 years had psychiatric illnesses, yet only 20,0 percent were referred to psychiatric services. According to Kramer (1997:508), 38,0 percent of adolescents in the UK had psychiatric illnesses, but only 2,0 percent were referred for treatment. Adolescents in this study comprised only 3,5 (n = 13) percent of the total patients referred, and might indicate an under representation of this age group's referrals to the psychiatric unit.

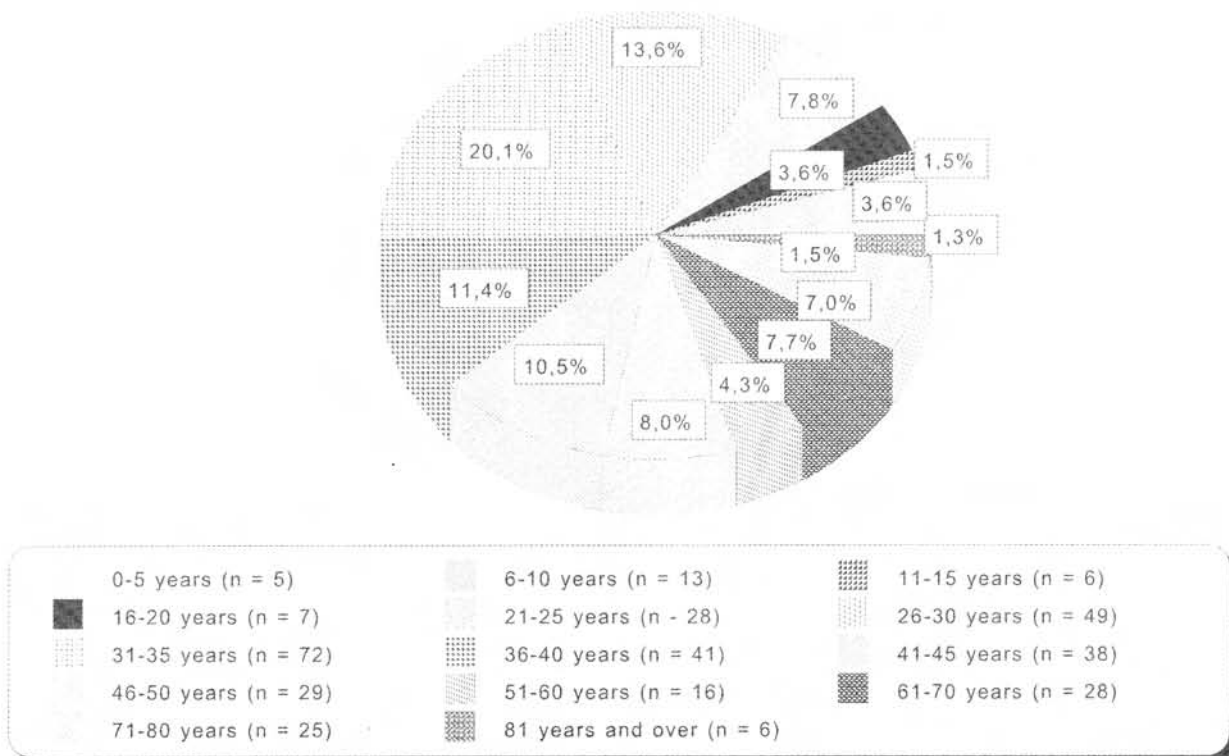
From the 379 referrals that could be used, 55,4 (n = 210) percent were female and 44,6 percent (n = 169) were male. The reason for this difference could be attributed to the unique composition of the population served by this specific hospital.

The percentage (56,2 percent) (n = 206) of employed patients that were referred was slightly lower than the

percentage (62,0 percent) in Greenfield's (1997:1393) study done in the USA. However, the number of unemployed persons in this study was much higher, namely 24,1 percent (n = 74) as opposed to 8,2 percent in Greenfield's study.

Of the 355 referrals that could be used, the largest percentage of patients referred were married, namely 60,2 percent (n = 214), while the smallest number were widowed, comprising 6 percent (n = 21). Single patients comprised 20,5 percent (n = 73) of the referrals and separated and divorced patients comprised 13,3 percent (n = 47) of the referrals. In Greenfield's study (1997:1393) the composition was different, especially the percentage of separated/divorced patients which was 2,3 percent. Married patients made up 45,5 percent of the referrals, single patients 25,2 percent, and widows/widowers 7,9 percent.

Patients who came as outpatients to the psychiatric unit comprised 84,2 percent (n = 337) of the 400 useable referrals, while 15,8 percent (n = 63) were ward consultations. This is lower than the figures shown in Creed's (1993:209) study where 35,0 percent of the referrals were inpatients. Farragher (1998:74) also noted different findings, namely 46,0 percent of referrals were



**Figure 2: Age groups referred to the psychiatric unit (n = 361)**

to inpatient and 54,0 percent were to outpatient departments.

In this study 59,4 percent (n = 235) of the 392 usable referrals were for White patients; 22,3 percent (n = 87) were for Coloured patients; and 17,7 percent (n = 69) were for Black patients. These figures were in relation to the demographic constitution of the hospital's client.

### WAS THE PSYCHIATRIC UNIT IN THE GENERAL HOSPITAL BEING UTILISED APPROPRIATELY?

Of the 389 referrals that could be assessed, 82,6 percent (n = 320) were sent to the correct person and 17,4 percent (n = 67) were sent to the incorrect person according to parameters laid out in the guide to the checklist. Medical officers sent 80,0 percent (n = 152) of their referrals to the correct person, while medical specialists sent 80,7 percent (n = 63) of their referrals to the correct person.

When the data, regarding the referrals sent to the wrong person, was further analysed, it became apparent that 46,6 percent (n = 35) were sent to the incorrect team member; 37,3 percent (n = 28) were sent to the incorrect department; and 9,3 percent (n = 7) were sent to the

psychiatric unit before the patient was medically stabilised or before thorough medical investigations were done. This might reflect an inadequate understanding of the referral source in regard to the scope of practice of the various members of the psychiatric team.

Of the 380 assessable referrals, 50,5 percent (n = 192) were sent urgently. Of the 192 referrals sent urgently, 65,1 percent (n = 125) were appropriately referred as urgent cases. Of the 188 referrals sent non-urgently, 19,1 percent (n = 36) should have been sent urgently. This may reflect a poor understanding of which psychiatric conditions require urgent attention.

There were seven patients referred to the psychiatric unit before they were adequately physically screened or treated, thus they were at that time, inappropriately referred. This finding appeared to be in keeping with that of Kisely (1997:536) who reported that patients were sent to psychiatric units prior to adequate screening or treatment.

Out of the 362 usable referrals, only 1,6 percent (n = 6) requested preventive intervention. This was in keeping with Fawcett's (1993:46) findings but not in keeping with what he recorded should occur. This author indicated

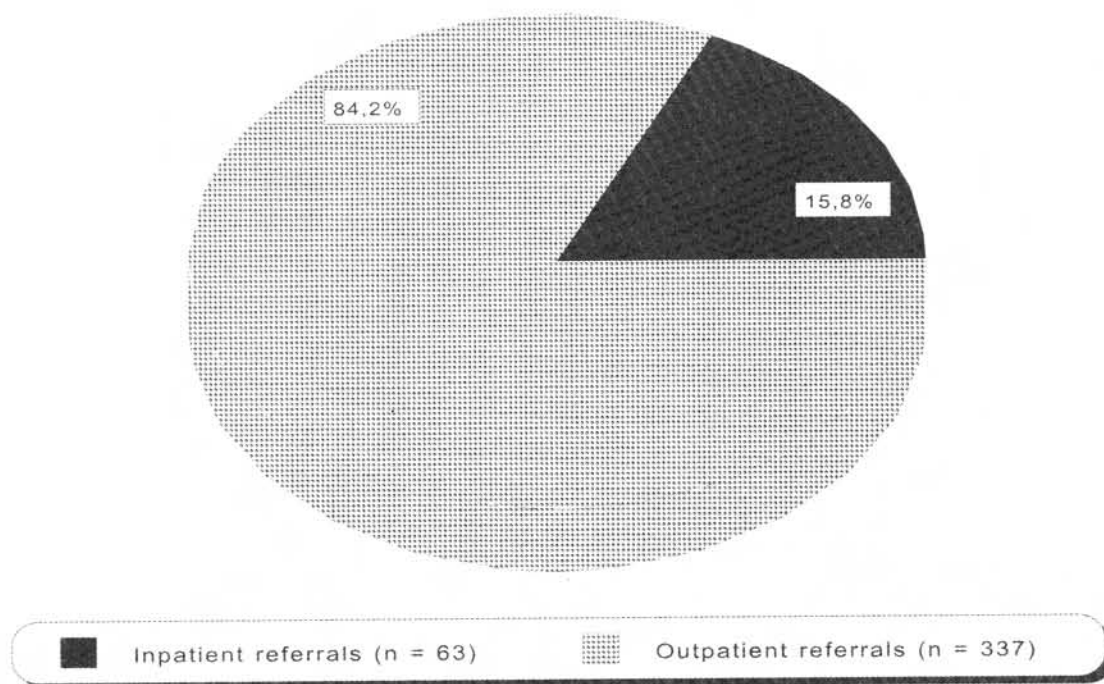


Figure 3: Inpatient and outpatient referrals to the psychiatric unit (n = 400)

that families needed assistance in achieving healthy family functioning and thus did not have optimal health if not referred for preventive or promotive care. It was also not what Harm (1992:326) indicated should occur, who reported that the greater portion of patients should be reached at primary or preventive levels before secondary care was necessary. The low number of requests for preventive treatment might have been due to the referral sources' failure to regard preventive psychiatric care as a priority.

From the 400 referrals that were identifiable, 84,2 percent (n = 337) were outpatients and only 15,8 percent (n = 63) were inpatients. Of the 63 inpatients that were referred, 19,3 percent (n = 13) patients were referred for depression.

This was in keeping with expectations of the needs of psychiatric care for inpatients in the USA predicted by

**Table 1: Referrals sent to the appropriate person**

	SENT TO CORRECT TEAM MEMBER		SENT TO INCORRECT TEAM MEMBER		TOTAL	
	n =	%	n =	%	n =	%
Medical officer	152	40,1	38	9,8	190	49,1
Specialist	63	16,3	15	3,9	78	20,1
Psychologist	36	9,3	4	1,0	40	10,4
Psychiatrist	24	6,2	5	1,3	29	7,5
Other disciplines	45	11,2	5	1,3	50	12,9
<b>TOTAL</b>	<b>320</b>	<b>82,7</b>	<b>67</b>	<b>17,3</b>	<b>387</b>	<b>100,0</b>

**Table 2: Incorrect urgent and non-urgent referrals**

	SHOULD HAVE BEEN SENT URGENTLY BUT WERE NOT		SHOULD NOT HAVE BEEN SENT URGENTLY BUT WERE		TOTAL	
	n =	%	n =	%	n =	%
Medical officer	2	1,9	26	25,2	28	27,1
Specialist	7	6,9	17	16,5	24	23,4
Psychologist	26	25,3	18	17,5	44	42,8
Psychiatrist	1	0,9	6	5,8	7	6,7
<b>TOTAL</b>	<b>36</b>	<b>35,0</b>	<b>67</b>	<b>65,0</b>	<b>103</b>	<b>100,0</b>

Koenig (1998:871) where he indicated that depressed inpatients did not receive sufficient psychiatric care and 45,0 percent of the patients with depression went undetected and untreated. The low rate of referral of inpatients may be due to the general health care team being focussed mainly on the physical aspects of their patients' health care needs.

## WAS THE UNIT BEING UTILISED EFFECTIVELY?

Of the 339 referrals that stated a request for intervention, 62,8 percent (n = 213) requested appropriate intervention, thus 37,2 percent (n = 126) of the referrals were ineffective. This showed that the referral sources were not aware of the scope and functions of the psychiatric unit.

This was different to the referrals sent to a forensic psychiatric unit in the RSA where only 48,0 percent of the referrals had psychiatric illnesses and could thus be assessed and treated by the psychiatric unit (Van Rensburg 1993:402).

As 3,2 percent (n = 13) referrals were written illegibly, they needed extra energy and motivation to make them effective and usable. Townsend (1993:38) noted the danger of illegible referrals, but made no comment on the frequency with which it occurred.

## HOW SOON WERE THE PATIENTS SEEN AFTER REFERRAL TO THE PSYCHIATRIC UNIT?

The total days that the 326 identifiable patients had to wait for their appointments were 1 704. The mean (Nieswiadomy, 1992:256) was 5,2 days with a range from 0 days (same day) (n = 61) to 67 days (n = 1). The median of the days waited (Hill, 1991:64) was 2 days. The mode was 0 days followed by 3 days. This showed that the psychiatric unit had an effective system for seeing patients and that patients did not have to wait long for their appointments. Of the 125 patients that were sent urgently, 83,2 percent (n = 104) were seen the same day, and 15,2 percent (n = 19) were seen the next day. This showed that the psychiatric unit had an effective system for seeing urgent referrals the same or the following day.

**Table 3: Interventions requested in referrals**

	APPROPRIATE		INAPPROPRIATE		TOTAL	
	n =	%	n =	%	n =	%
Medical officer	107	31,6	74	21,8	181	53,4
Specialist	41	12,0	25	7,4	66	19,4
Psychologist	30	9,4	10	3,0	42	12,4
Psychiatrist	29	8,6	3	0,9	32	9,5
Other disciplines	4	1,2	14	4,1	18	5,3
<b>TOTAL</b>	<b>213</b>	<b>62,8</b>	<b>126</b>	<b>37,1</b>	<b>339</b>	<b>100,0</b>

**Table 4: Waiting time for appointments at the psychiatric unit**

	WAITING TIME
Total days patients waited	1 704 days
Mean days waited	5,2 days range = 0 to 67 days
Median of days waited	2 days
Mode of days waited	0 days

**WHAT WAS THE COMPLIANCE RATE?**

Out of the 403 referrals, the compliance rate of the patients who kept their appointments was 83,9 percent (n = 338). This is much higher than the study done in the USA by Greenfield (1997:1391) where only 56,5 percent of patients arrived for their appointments. Of the patients sent by medical officers, 4,7 percent (n = 19) did not keep their appointments; while 1,5 percent (n = 6) of the patients sent by specialists did not attend. All of the referrals sent by nursing staff (n = 6) and employers (n = 6) arrived for their appointments.

Cotroneo, Hopkins, King and Brince (1997:23) noted that the accessibility of psychiatric units played a major factor in compliance rates of patients. The psychiatric unit in this study was very accessible, being on the premises of the general hospital. This might have enhanced the compliance rate of patients to keep their appointments at the psychiatric unit.

**Table 5: Compliance rate of patients referred to the psychiatric unit**

	COMPLIED		DID NOT COMPLY		TOTAL	
	n =	%	n =	%	n =	%
Medical officer	189	46,9	19	4,7	207	51,6
Specialist	83	20,8	6	1,5	89	22,1
Psychologist	38	9,4	13	3,2	51	12,6
Psychiatrist	10	4,7	17	4,3	37	9,0
Other disciplines	9	2,3	10	2,4	19	4,7
<b>TOTAL</b>	<b>338</b>	<b>83,9</b>	<b>65</b>	<b>16,1</b>	<b>403</b>	<b>100,0</b>

**WHAT WERE THE DIAGNOSES OF PATIENTS REFERRED?**

Of the 338 referrals where diagnoses were given on Axis 1, 23,1 percent (n = 78) had depression; 18,6 percent (n = 63) had an adjustment disorder; and 14,5 percent (n = 49) had an anxiety disorder. No psychiatric diagnoses was found on Axis 1 for 4,1 percent (n = 14) of the referrals. Ashley-Smith (1991:14) reported slightly different findings in his study in the RSA where adjustment disorder accounted for most referrals, namely 20,7 percent of the case load and depression accounting for 14,8 percent. Mabandla's study (*in* Uys, Dlamini & Mabandla, 1995:24) done in the RSA also revealed different findings - with a majority of schizophrenic patients, namely 18,0 percent. These differences might be due to different interpretations of the classification of patients' diagnoses by various health care providers (Uys & Middleton, 1997:43). The differences might also be due to the variety of consumer groups studied by the researchers, each consumer group being susceptible to different stresses due to their unique strengths and weaknesses (Starkey, 1997:11).

The majority of the referrals had diagnoses of depression, 23,1 percent (n = 78), but only 2,6 percent (n = 9) were in the age groups above 61 years. This is lower than the predicted need shown in the study done by Clement (1999:375) where he found that up to 45,0 percent of patients older than 60 years of age in France had

**Table 6: Diagnoses of referrals**

	THIS STUDY		ASHLEY SMITH		MABANDLA		TOTAL	
	n	%	n	%	n	%	n	%
Schizophrenia	16	4,7	10	7,4	18	18,0	44	7,6
Bipolar	9	2,7	4	3,0	0	0,0	13	2,2
Depression	78	23,1	20	14,8	13	13,0	11	19,3
							1	
Anxiety states	49	14,5	4	3,0	4	13,0	57	9,9
Adjustment disorders	63	18,6	28	20,7	0	0,0	91	15,9
Substance abuse	20	5,9	14	10,4	15	15,0	49	8,5
Other	10	30,5	55	40,7	50	50,0	20	36,3
	3						3	
<b>TOTAL</b>	<b>33</b>	<b>100,0</b>	<b>135</b>	<b>100,0</b>	<b>100</b>	<b>100,0</b>	<b>57</b>	<b>100,0</b>
	8				0		3	

depression. It was also far below the predicted need shown in Hilton's (1998:66) study indicating that depression occurred in 50,0 percent of elderly patients.

Of the 355 referrals from which information could be obtained, 88,7 percent (n = 315) provided sufficient biographical details whilst 11,3 percent (n = 40) gave insufficient biographical details. Out of 355 usable referrals, 92,3 percent (n = 313) gave sufficient details about the patients' conditions. From the 55 referrals that could be used, 80,8 percent (n = 287) gave sufficient details regarding treatment, which patients had received prior to being referred. Intervention was requested by 339 (94,1 percent) of the 360 referrals that could be assessed, but only 62,8 percent (n = 213) requested appropriate interventions.

Of the referrals that the medical officers sent, 58,6 percent (n = 247) were deemed to be inadequate; 18,5 percent (n = 78) of the specialists' were inadequate; 17,7 percent (n = 74) of the psychologists' referrals were inadequate; and 5,2 percent (n = 22) psychiatrists' referrals were inadequate.

Of the 96 poor referrals received by the psychiatric unit, 40,6 percent (39) of the referrals were given poor

**Table 7: Reasons for inadequate referrals**

	MEDICAL OFFICER		SPECIALIST		PSYCHOLOGIST		PSYCHIATRIST		TOTAL	
	n	%	n	%	n	%	n	%	n	%
Should have been sent urgently	2	1,1	7	3,7	26	17,8	1	0,5	36	8,5
Should and have been sent urgently	26	13,5	17	8,8	18	9,1	6	3,1	67	16,0
Requested inappropriate interventions	74	28,1	25	7,4	10	3,0	3	0,9	11	26,6
		1							2	
Sent to incorrect team member	38	9,8	15	3,9	4	1,0	5	1,3	62	14,7
Insufficient detail	107	80,0	14	4,0	16	4,5	7	1,9	14	34,2
		0							4	
<b>TOTAL</b>	<b>247</b>	<b>58,6</b>	<b>78</b>	<b>16,5</b>	<b>74</b>	<b>17,7</b>	<b>22</b>	<b>5,2</b>	<b>42</b>	<b>100,0</b>
		6		5		7		1	0	

feedback by the psychiatric unit, indicating that poor referrals could engender poor feedback.

### WHAT WAS THE PROCESS OF UTILISATION OF PSYCHIATRIC CARE?

The psychiatric unit responded to the referrals by either doing tests (n = 137); giving medication (n = 158); starting therapy (n = 112); admitting the patient (n = 76); sending the patients back to the referral sources with recommendations (n = 24); referring patients elsewhere (n = 102); or completing forms for the patients (n = 6).

The psychiatric unit usually instituted more than one type of intervention, most frequently therapy and medication for 33,3 percent (n = 118) of patients referred. More than two interventions were instituted in 52,8 percent (n = 187) of patients referred.

## HOW DID THE PSYCHIATRIC UNIT GIVE FEEDBACK?

Of the 385 referrals that could be assessed, 38,4 percent (n = 148) referrals did not receive feedback, 21,1 percent (n = 81) received verbal feedback and 37,7 percent (n = 145) received written feedback. Of the feedback that was given, 43,2 percent (n = 137) was given satisfactorily.

Of the 365 referrals that could be assessed, 93,4 percent had a space for feedback, and 77,3 percent (n = 282) had an address so that feedback could be given. One aspect of consultation (Haber, 1998:68) by the psychiatric unit was fulfilled in that all the patients referred to the unit were seen, and seen promptly, but the aspect of feedback was not performed well.

## SUMMARY

During the six months of the study, 403 referrals were received by the psychiatric unit. Medical officers sent the most referrals, namely 53,1 percent (n=197) and the outpatients department was the department that sent the most referrals, 37,6 percent (n=137). The most frequent age group that was the age group 31 to 35 years, comprising 20,1percent (n=72).The females comprised 55,4 percent, and males 44,6 percent. Of the patients referred 60,2 percent (n = 214) were married. Inpatients

accounted for 15,8 percent (n = 63) of referrals and 97,6 percent (n = 328) of the referrals were kept confidential. The most common diagnosis was depression, namely 23,1 percent (n = 78) of referrals.

## RECOMMENDATIONS FOR IMPROVING REFERRALS TO THE PSYCHIATRIC UNIT

To improve the quality of the referrals, such as sending the referral to the correct person and supplying sufficient information, health staff need to be educated regarding the scope of the psychiatric unit's functions. This can be done as part of in-service education or during the various courses health staff undergo in their training. This was emphasised by Radcliffe (2000:21) who found that staff often do not know the skills and functions of the psychiatric units.

Inpatient referrals need to increase to reach expected levels and to ensure that inpatients' needs for psychiatric services are addressed. To improve inpatient referrals, health staff need to be given in-service education regarding the signs and symptoms of psychiatric illnesses and the necessity for referral to a psychiatric unit to ensure holistic care. Certain departments should be especially targeted such as gastroenterology, neurology, oncology and internal medicine. The fact that elderly patients are especially prone to more than one illness,

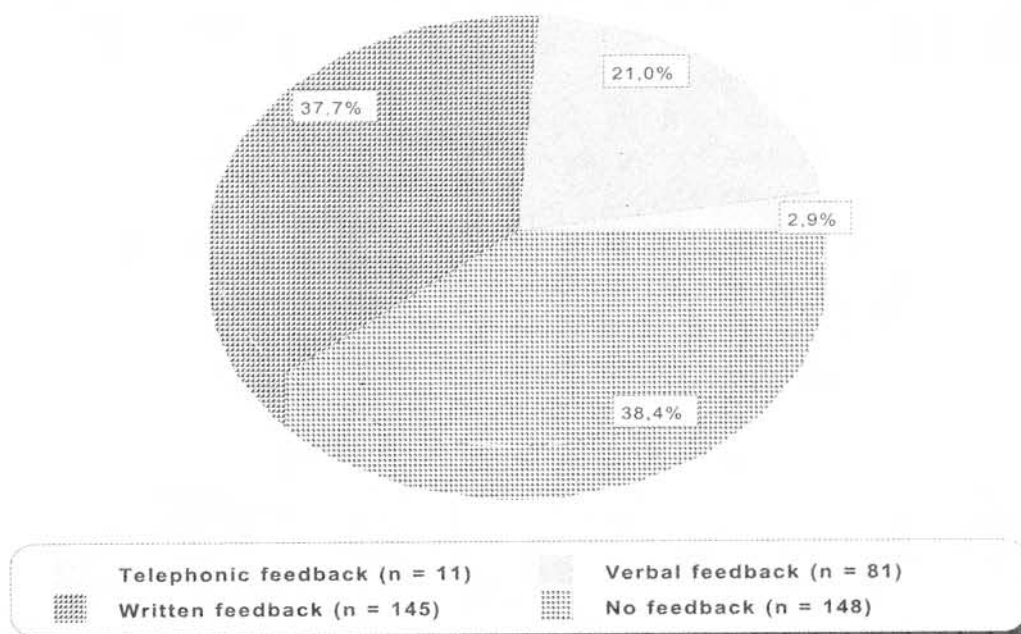


Figure 4: Feedback given to referral source by the psychiatric unit (n = 385)



and their susceptibility to depression should be recognised by health staff to ensure that more elderly patients are referred. Health staff should be educated regarding the signs and symptoms of depression in the elderly so that they can identify and refer patients appropriately to the psychiatric unit.

To increase the number of referrals requesting preventive intervention, health staff need to be educated about the scope and functions of the psychiatric unit and what it offers regarding preventive care. This can be done on Mental Health Day and other outreach programmes where the public can also be informed about the activities of the psychiatric unit and where to seek further information. To further increase the number of referrals requesting preventive interventions, the psychiatric unit should market itself and make itself known as a dynamic unit providing comprehensive care including preventive and promotive mental health services.

The importance of providing feedback to the referral sources must be instilled in all the team members of the psychiatric unit. An increased feeling of responsibility regarding good communication and the acceptance of the necessity of good communication must be instilled to improve feedback. The psychiatric team needs to be educated regarding the importance of adequate written feedback. Appropriate feedback is important to ensure continuity of effective care and to prevent medico-legal hazards due to poor documentation.

## RECOMMENDATIONS FOR FURTHER STUDIES

The satisfaction of consumers of the psychiatric unit in a general hospital should be studied to assess what the perceptions and needs of the consumers are, and to ensure that the available services meet these needs as aptly as possible. The satisfaction of other health staff with the services rendered by the psychiatric unit should also be investigated to ensure their needs are met and thus referrals should increase and patients care should improve.

The relapse and recovery rates of consumers of psychiatric units in general hospitals should be studied to determine whether the patients attending psychiatric units relapse less often and have better recovery rates

than the patients who are not referred.

The reason why some of the patients did not come for their appointments should be investigated to improve compliance.

The impact of psychiatric training (received by all student nurses) on the treatment patients receive in the general hospital should be investigated to assess the future needs for patients to be referred to psychiatric units. These findings should be incorporated into the training of future student nurses.

The study of referrals received by psychiatric units in general hospitals should be investigated in more hospitals to obtain more generalisable data.

The study should also include observations (to assess what happened prior and subsequently to referrals) and questionnaires (to gain more data). This would enable more detailed and comprehensive information to be gathered.

The recommendations could be used by the hospital to improve their consultation - liaison network and enhance holistic care. Other hospitals, with appropriate adaptations, could adopt the recommendations to improve their service.

"A system is a set of units so related or connected as to form a unity or whole and characterized by inputs, outputs, and control and feedback processes" (Roy in Marriner-Tomey, 1994:248).

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