

Patterns Of Psychiatric Referrals In Tertiary Care Hospital: An Overview Of Consultation Liaison Psychiatry

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Abstract: **Background&Objective:** To study the patterns of psychiatric referrals in a newly established tertiary care teaching Hospital has been important for understanding consultation liaison psychiatry and setting up better general hospital psychiatric units. The aim of the present study was to study referral characteristics of patients of various departments to psychiatric unit at a tertiary care teaching hospital. **Methodology:** All referrals made to psychiatry department over a period of one year were assessed by psychiatrist based on structured performa including demographic data, referring department, referral note, present complaints, past history of psychiatric illness, family history of psychiatric illness, mental status examination and DSM –IV-TR criteria to diagnose psychiatric illness and analyzed. **Results:** Out of 400 referred patients to psychiatry unit over a period of one year, majority were from Medicine department (62.75%). Substance use disorder (37.25%) was the most common diagnosis followed by depressive disorders (15.75%) and anxiety disorders (8.25%). 235 (58.75%) references were with statement like 'psychiatry reference' and no reason mentioned for that. Significantly higher proportions of OPD referrals (71.81%) were made with statement like 'psychiatry reference' and no reason mentioned for that as compared IPD referrals (41.62%). Significantly higher proportions of patients (66.75%) with past history of psychiatric illness were referred with statement like 'psychiatry reference' and no reason mentioned for that as compared to patients (52.81%) without past history of psychiatric illness. **Conclusion:** Study highlights importance of consultation-liaison psychiatry through referral pattern in a tertiary care teaching hospital. More referrals for Substance use disorders suggest emerging need to develop separate deaddiction services in our setting. Past history of psychiatric illness was considered significant factor for referrals from other departments and majority of references were without any details. There is need to sensitize other specialists, especially general physicians who are the common source of referrals regarding common psychiatric conditions and proper referral note to improve consultation liaison psychiatry in general hospital setup. [Desai N NJIRM 2016; 7(2):56-60]

Key Words: Consultation Liaison Psychiatry, Psychiatric referrals, Substance use disorder.

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Introduction: Psychiatric disorders carry significant social stigma due to its association with mental hospitals. However, the picture is different today as psychiatry units have been functioning independently of mental hospitals. The first General Hospital Psychiatry Unit (GHPU) in India was started at RG Kar Medical College and Hospital, Calcutta in 1933¹. Over the years, the numbers of GHPU have increased significantly². GHPU enables direct interaction of psychiatrist with physically ill patients, bridging the gap between psychiatry and other medical and surgical specialties and hence increasing the number of referrals from non-psychiatry departments and hence assuming important role in public health system^{3,4}.

Currently, the consultation liaison psychiatry services follow the consultation model, where a psychiatrist evaluates and manages the patient who is referred from other non-psychiatry facilities⁵. There is a dearth of studies which have focused on consultation liaison psychiatry in India. Data from previous studies have suggested that the referral rates in India are very low

(0.06%-3.6%), considering the higher psychiatry morbidity rates (18.42%-53.7%) in the studies that have screened patients from other departments⁵. Regarding psychiatric diagnosis among referred patients, study on outdoor patients' referral of multispecialty hospital found neurotic, stress related, somatoform disorders were most common diagnosis⁶. While, study on indoor patients' referrals of tertiary care hospital found deliberate self harm, delirium and substance use disorder were most common diagnosis⁷. In study of psychiatric referral from north India, depressive disorder (25%), anxiety disorder (15%) and substance related disorder (13%) were common diagnosis⁸ and in the study of teaching hospital in southern India, neurotic, stress related and somatoform disorders (41.7%), followed by mood disorders (12.9%) and substance use disorders (12.7%) were common diagnosis⁹.

With this background, a study of psychiatry referrals was conducted, with the objective of assessing the

profile of referred patients, source of referral, reason of referral and the psychiatry diagnosis.

Material and Methods: The study was conducted in Department of Psychiatry, Gujarat Medical Education and Research Society (GMERS) Medical College and General Hospital, Gotri, Vadodara after Institutional Human Ethics Committee approval. The GMERS established this institution in 2011. Psychiatric facilities were started in attached general hospital in end of 2011. It was thought that the study of referral over one year period would help to assess the need of consultation liaison psychiatry in various medical and surgical units. Thus all referrals made to psychiatry unit over a period of 1 year (i.e. April 2014 to March 2015) including both the indoor and outdoor referrals were assessed by psychiatrist based on structured proforma including demographic data, referring department, reasons of referral, referral characteristics, brief history and mental status examination, DSM-IV-TR (Diagnostic & Statistical Manual of Mental Disorders, Four, Text Revised.) diagnosis for psychiatric illness¹⁰.

To capture the contents of referral note, the following details will be recorded:

- Just 'psychiatry reference' written and no reasons mentioned for that
- 'Request for examination and expert opinion with some clinical notes'
- 'Request for active intervention with a probable diagnosis and comments on patients behaviour'.

The Data obtained was analyzed by using descriptive statistical methods.

Results: A total of 400 patients were referred to psychiatry unit during the study period.

Table 1 shows, the average age of patients was 38.99 years with the age range being 5 to 72 years. Majority (45.25%) of patients belonged to adult (20-40) age group. While children and elderly comprised 1.75% and 12.50% respectively.

Majority were male (67%) and Male: female ratio was 2:08. Majority were Hindu (92.75%), married (77.25%), and literate (74.75%), coming from nuclear family (67.25%) and urban area (61.25%).

Table 2 shows Department wise patterns of references and more than half of the references were from Medicine department (62.75%).

Table 1: Sociodemographic details

Socio-demographic details	No. of referrals (n=400)	%
Age		
0 to 10	7	1.75
11to 20	42	10.50
20 to 40	181	45.25
40 to 60	120	30.00
> 60	50	12.50
Mean Age = 38.99, SD = 16.55, Mean \pm 2 SD= (72.09 – 5.89)		
Gender		
Male	268	67.00
Female	132	33.00
Family Type		
Nuclear	269	67.25
Joint	127	31.75
Single	4	1.00
Domicile		
Rural	155	38.75
Urban	245	61.25
Marital Status		
Married	309	77.25
Unmarried	71	17.75
Widow	14	3.50
Divorced	6	1.50
Religion		
Hindu	371	92.75
Muslim	27	6.75
Other	2	0.50
Education		
Literate	299	74.75
Illiterate	101	25.25

Table 2: Department wise referrals

Referring Department	No. of referrals (n=400)	%
Medicine	251	62.75
Surgery	27	6.75
Emergency/Casualty/ICU	5	1.25
ENT	15	3.75
Skin	42	10.50
Orthopaedic	11	2.75
Paediatric	9	2.25
TB & Chest	6	1.50
Gynaecology	24	6.00
Ophthalmology	6	1.50
Dental	4	1.00

Table 3 shows, Substance use disorders (37.25%), Depressive disorders (15.75%) and anxiety disorders (8.25%) were the most common diagnosis in referred patients. Psychosis was found in 5.75% of the referred patients and organic brain syndromes were present in 3.25% of the patients. 18.25 % of the cases were having other psychiatric diagnosis like sleep related disorder, sexual dysfunction, dissociative disorder, psychosomatic disorder and child psychiatric disorder. No psychiatry illness was found in 11.50% of the referred cases.

Table 3: Psychiatric diagnosis

Psychiatric Diagnosis	No. of referrals (n=400)	%
Substance Use Disorder	149	37.25
Depressive Disorders	63	15.75
Anxiety Disorders	33	8.25
Psychotic Disorder	23	5.75
Organic brain disorders	13	3.25
Others	73	18.25
No psychiatric diagnosis	46	11.50

Table 4 shows patterns of referral note. 235 (58.75 %) patients were referred with statements like 'psychiatry reference' and no reason was mentioned for that, 78 (19.50%) patients were referred for 'request for examination and expert opinion with some clinical notes' and 87 (21.75%) were referred for 'request for

active intervention with a probable diagnosis and comments on patients behaviour and necessary history'.

Table 4: Pattern of referral note

Reason of Reference	No. of referrals (n=400)	%
a. No reason mentioned	235	58.75
b. To Examine and give expert opinion	78	19.50
c. To examine, mentioning history with probable psych. diagnosis for the patient	87	21.75

Table 5 shows, Significantly higher proportions of patients (66.75%) with past history of psychiatric illness were referred with statement like 'psychiatry reference' and no reason mentioned for that as compared to patients (52.81%) without past history of psychiatric illness (Chi squared=25.70, Df=4, P<0.05). 227 (56.75%) references were from OPD and 173(43.25%) were from IPD. Significantly higher proportions of OPD referrals (71.81%) were made with statement like 'psychiatry reference' and no reason was mentioned for that as compared to similar IPD referrals (41.62%) (Chi squared=41.42, Df =2, P<0.05).

Table 5: Association of past history and source of referrals to referral writing.

Parameter		Reason for Reference						Total		Test of significance
		a	%	b	%	C	%			
Past history	Yes	141	52.81	56	20.97	70	26.22	267	66.75	Chi-Squared= 25.7023 Df = 4 P<0.05
	No	71	80.68	8	9.09	9	10.23	88	22.00	
	Not Available	23	51.11	14	31.11	8	17.78	45	11.25	
Source	OPD	163	71.81	37	16.30	27	11.89	227	56.75	Chi-Squared=41.4256 Df=2 P<0.05
	IPD	72	41.62	41	23.70	60	34.68	173	43.25	

Discussion: A Total of 400 patients were referred in Psychiatry Department over a period of one year. The mean age of patients in this study (38.99 years) was consistent with the study of Keertish N and Brown A.^{9, 11}. Majority of patients belong to younger and middle age group which was in agreement with

studies by Bhogle G S, Rastogi R, Brown A, Dhavale H S and Aghanwa H.^{6,7,11-13}. It is understood that middle aged individuals have a lot of stress in their daily life and they usually seek help from non-psychiatrist and then get referred⁷. Poor referral rate for children (1.75%) and elderly (12.50%) was also found in

previous study done by Rastogi R⁷. This may be due to psychiatric symptoms in these population are less familiar among concerned departments. The number of Males outweighed females in our study and this was consistent with other studies^{6, 7, 12, 14, 15} and may reflect the general OPD gender distribution. It was in contrast to Study by Jhanjee et al⁸ where more female patients were being referred for psychiatric consultation than male patients.

The percentage of OPD references (56.75%) were more than IPD (43.25%) references. It is comparable with study from Southern India⁹.

The main source of reference was medicine department (62.75%). This can be explained as psychiatry is a branch of medicine and physicians have to deal with the illnesses having psychological component and they are more psychiatrically oriented. Moreover, social stigma on psychiatric illness is very high as well as people are less aware about it. So they prefer physician first rather than psychiatrists. This was similar with the findings of previous studies^{7, 12, 16}. When the referral sources were combined with medicine and allied disciplines (i.e. skin, TB chest medicine), it reached up to 75%.

The number of referrals from general surgery (6.75%) was quite low. while total no. of combined referrals from surgery and allied (ENT, Orthopaedics, Ophthalmology, Dentistry) was 14.25%. The referral from Paediatrics (2.25%) and Gynaecology (6%) was relatively low. This all is comparable to previous studies done by RastogiR, Jhanjee A, Dhavale H S and Chapagai M^{7, 8, 12, 16}.

Regarding pattern of referral note, 235 (58.75 %) was referred with statements like 'psychiatry reference' and no reason was mentioned. Significantly higher proportions of OPD referrals (71.81%) was made with statement like 'psychiatry reference' no reason mentioned for that as compared to IPD referrals (41.62%) (Chi squared=41.42, Df=2, P<0.05). The reason may be due to lack of training of how to write a referral note or may be due to more rush of patients in OPD.

Significantly higher proportions of patients (66.75%) with past history of psychiatric illness were referred with statement like 'psychiatry reference' no reason mentioned for that as compared to patients (52.81%)

without past history of psychiatric illness (Chi squared=25.70, Df=4, P<0.05). In the study by Rastogi et al 4.23% of patients being referred primarily for past psychiatric history while 23.16% of referrals had past psychiatric history on examination⁷.

Substance use disorder (37.25%) was the commonest diagnosis more than depressive (15.25%) and anxiety disorders (8.25%) in our study, which stands in contrast to previous Indian studies where these diagnosis was not much represented.^{3, 17}. In other Indian studies it was the less common diagnosis after depressive and anxiety disorders^{8, 9}. Reason for higher representation of substance related disorder in our setting may be majority of references were from medicine and surgery department where physically ill patients due to alcohol use are consulting in OPD or require admission and they refer them for control of withdrawal symptoms and de addiction. Higher representation of substance related disorder could also explain why number of Males outweighed females and more adult age group (20-40 years) in our study.

Less common diagnosis of Psychosis (5.75%) in our study is similar to previous studies^{6, 8, 9, 18}. While diagnosis of organic brain syndromes (3.25%) is similar to previous studies^{8, 9} but in contrast to previous studies^{6, 16} because this studies have referred cases only from indoor departments which are mainly delirious patients.

No psychiatry abnormality was found in 46 (11.50%) of the referred cases out of which 63.04% cases referred without any reason, just 'Psychiatry reference' written. This was also somewhat similar to study of north and south India where 2.5% and 7.3% of referred patients had no any psychiatric abnormality respectively^{8, 9}.

Conclusion: Our study illustrates importance of consultation-liaison psychiatry through referral pattern from various other departments in a tertiary care teaching hospital. Majority of referrals from Medicine department with most common psychiatric diagnosis of Substance related disorders suggests emerging need to develop separate de addiction services in our setting. Majority of referrals were without any reason or details just with the statement like 'Psychiatry reference' and past history of psychiatric illness was considered significant finding for referrals from other departments. Further research warranted on interventions like sensitizing other specialists,

regarding common psychiatric conditions and proper referral note to improve consultation liaison psychiatry in general hospital setup.

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