



Hippocrates

Acute psychiatric referral

Acute referral for emergency psychiatric care is hardly a matter to be taken lightly. It can be highly traumatic for the patient and the family, and it can leave a lasting stigma. Remarkably, it seems that a lot of patients are acutely referred to psychiatric hospitals without proper justification. Setting aside for the moment those cases of unjustified self-referral in situations of panic, one indeed finds patients being temporarily certified without full justification. One of the good things about the growing practice of clinical audit is that it examines this type of phenomenon and looks for explanations. Chris Cooper of the Bradford Royal Infirmary undertook just such a study, covering 380 referrals seen over a 5-month period by the physicians on duty at a 24-hour psychiatric centre serving a population of some 450 000. Two-hundred-and-nine of the cases (55%) were indeed admitted, but in no less than 136 (36%) the referral was not considered appropriate by the medical staff. They included 96 cases in which the patient came of his or her own accord but also 40 in which the referral was from a doctor. "Inappropriate referrals" included cases of mere agitation, anxiety, insomnia or domestic disputes, as well as some where there was a serious but non-acute social problem (such as homelessness). Depression without suicidal tendencies accounted for a further group of referrals, as did acute bouts of drug or alcohol abuse. As far as referrals from general practitioners were concerned, Cooper feels that some of these doctors are in need of more training in psychiatric matters. If that is to be done, then this is surely an opportunity to look at the alternatives which G.P.s have; the social worker and the psychologist, when they are readily to hand, can do a great deal to help many a patient through a difficult period without the need for psychiatric admission.

Reference

Cooper C. Inappropriate emergency referrals to an acute psychiatric hospital. *Medical Audit News* 1994;4(9):135-137.