Opinion and Debate

Referral letter from family physician to psychiatrist: Would it have educational, service or research implications?

Amin A. Muhammad Gadit
Memorial University of Newfoundland, Canada.

The process of communication among medical professionals has been debated. This problem persists despite living in an era of mass communication, e-technology, advanced telecommunication, talk-and-dictate facilities. The field of psychiatry where communication is the major requirement is replete with such practical evidence. A proper referral note from the family practitioner to the psychiatrist is a vehicle for appropriate information, education, follow-up and even research. Multiple unofficial examinations of such referral notes revealed inadequate information about a patient which may not be of any benefit for the person who is getting the referral. It is important to review the reasons why a referral is made by the family practitioners as most of the patients are managed by these practitioners themselves. The possible reasons are: no improvement in clinical condition, severity of symptoms, suicidal risk, emotional difficulties, psychosis and limited understanding of mental issues. Guidelines indicate that a proper referral note should include: patient's name and address, date of birth, contact numbers, next of kin, reasons for referral with proper enumerations, past history of relevance, family history of psychiatric illness, current medications, any allergies, any investigations done with outcome, summary points of the referral and request for feedback. This sort of arrangement is akin to the concept of 'shared care' which by definition is a process of collaboration between the family physician and the psychiatrist that enables the responsibilities of care to be apportioned according to the treatment needs of the patient at different points in time in the course of a mental health problem and the respective skills of the family physician and psychiatrist. Such a model is indeed a need of time for Pakistan where mental health services are still in developing phase. Referrals are based on many factors like: refusal by the patients to seek psychiatric help because of stigma, high cost and lack of psychological mindedness, the inadequate communication between family physician and the psychiatrist, the knowledge and expertise of the family physician and the current trends in the health care system. There is a long history of perceived disparity between family practitioners and psychiatrists in understanding the mental illness. The referral behaviour also varies across the globe and regionally among different countries. Findings show that training programmes or guidelines on detecting and managing depression in the community for general practitioners did not improve the knowledge as well as referral. This finding needs further exploration in the local context. There are obvious benefits of appropriate referral letters in terms of education, service and research. The vital preliminary information about family history and dynamics of patients, first hand noting of the mental state, previous medications and allergies and temporal associations of different presentations in family practice clinic can be a source of valuable information for the psychiatrist. The note from the psychiatrist can be a source of great learning in terms of diagnosis and management of patient. Service improvement by virtue of referral note is manifested in immediate and focused attention to the patient's problem and it is cost effective also. The rationale behind the cost effectiveness is that once seen by the psychiatrist, the patient can then be followed up by the family practitioner unless there are some serious issues warranting continuous care.

The important research aspect can also be covered effectively as the family practitioner is the first contact point for the patient and can detect the mental health problem to some extent on the initial meeting. The fact that a large number of cases are detected at primary care levels which are not reported in Pakistan, but with this recording and referral system in practice, incidence and prevalence data can be gathered more systematically and scientifically. The other important aspects include primary prevention and secondary prevention in terms of suicide and violence secondary to serious mental illness or personality disorder issues. The final outcome of an efficient strategy is always visible in reduction of burden of mental illnesses and improving the functionality and productivity of the affected individuals. It is therefore, important to emphasize on the need for a referral note with all necessary information appended in chronological order.

References