A STUDY OF PSYCHIATRIC REFERRALS IN A GENERAL HOSPITAL

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SUMMARY

In-patient as well as out-patient psychiatric referrals at Safdarjang Hospital, New Delhi were studied during a short period of 24 months. The data were analysed with respect to referral rate, sources of referral and psychiatric diagnosis as made by the referring unit, compared with the diagnosis arrived at the department of Psychiatry. The results have been discussed in the study.

The status of psychiatry as a specialised branch of medicine has been well accepted and psychiatric units are functioning in almost all the major hospitals of the country. However, their progress depends considerably upon the attitude of the medical colleagues and the public at large.

A study of psychiatric referrals is helpful in understanding the Orientation and the attitudes of the medical colleagues towards this speciality. The present study has been carried out with this aim in view.

MATERIALS AND METHODS

The study was carried out in the Psychiatric unit of Safdarjang Hospital during April to June, 1978. The Hospital has a total strength of about 1200 beds with almost all the specialities being covered. The Department of psychiatry has only OPD facilities. However, the inpatients admitted in other units requiring psychiatric consultation are examined and treated in their respective wards.

Particulars of all the referred cases were noted on a special proforma and the data was analysed with respect to the following:

1. Total No. of referrals compared with total admission/attendance at the various O.P.D.'s.
2. Demographic particulars—age and sex.
3. Sources of referral.
4. Reasons of referrals as given in the referral notes.
5. Psychiatric diagnosis of these cases.

A total of 94 cases were included in the study, out of which 72 were out-patient referrals and 22 were inpatient referrals.

Observations:

Table I shows the number of total referrals in comparison to the total Hospital admission/attendance (only fresh cases) and also in comparison to attendance at Psychiatric OPD.

### Table I

|                    | I.P. | O.P. |
|--------------------|------|------|
| Total referrals    | 22   | 72   |
| % of total Hosp. admission/attendance | 0.15% | 0.06% |
| % of Psychiatric admission/attendance | ... | 30.2% |

Table I shows the number of total referrals in comparison to the total Hospital admission/attendance (only fresh cases) and also in comparison to attendance at Psychiatric OPD.

Age and Sex Distribution:

Table II gives the age and sex distribution of the total referrals. The overall age and sex distribution of O.P.D. referrals was comparable to that of non-referral cases. In the age group 11-20 years, number of females was twice that of males while in the age group 31-40 years number of males was thrice that of females.
TABLE II—(Age and sex distribution)

| Age group (in years) | Male | Female | Total |
|----------------------|------|--------|-------|
| 0-10                 | 1    | 0      | 1     |
| 11-20                | 19   | 16     | 25    |
| 21-30                | 17   | 15     | 32    |
| 31-40                | 16   | 4      | 20    |
| 41-50                | 5    | 4      | 9     |
| 51-60                | 1    | 2      | 3     |
| 61 and above         | 1    | 2      | 3     |

Total 51 43 94

Source of referral:

Table III gives the sources of referrals for inpatients and out-patients.

TABLE III—(Source of referral)

| Sources                        | O.P. | I.P. |
|--------------------------------|------|------|
|                                | No. of | % of | No. of | % of |
|                                | cases  | total | cases  | total |
| Medicine                       | 46    | 63.9  | 12     | 18.2 |
| Surgery and Surgical superspecialties | 8     | 11.1  | 4      | 18.2 |
| Neuro Neuro Surgery           | 5     | 6.9   | 4      | 18.2 |
| Casualty                      | 8     | 11.1  |       |     |
| Paediatrics                   | 1     | 1.4   |       |     |
| Gynaec & Obstetrics           | 4     | 5.6   | 2      | 9.0  |
| Total                         | 72    | 100.0 | 22     | 100.0 |

Surgical super-specialities include ENT, Orthopaedics, Tetanus, Burns and Plastic Surgery. Deptt. of Medicine accounted for about 60% of referrals. The number of referrals from paediatrics was surprisingly very low and the only referral was a case of abnormality.

Psychiatric Diagnosis:

The psychiatric diagnosis of referred cases is given in Table IV. 50.7% of the total referrals were for various types of neurosis. Among these, maximum number of referrals were found to be suffering from Hysterical reactions, followed by anxiety neurosis. All types of psychosis together accounted for 41.4% of total referrals.

TABLE IV—Psychiatric Diagnosis (According to I.C.D.)

| I.C.D.    | Diagnosis                      | No. | %  |
|-----------|--------------------------------|-----|----|
| 290-293   | Organic Psychosis              | 5   | 5.3% |
| 294       | Psychosis associated with other psychical conditions | 8 | 8.5% |
| 295       | Schizophrenia                  | 12  | 12.7 %|
| 296       | Affective Psychosis            | 3   | 3.2% |
| 297-299   | Other Psychosis                | 6   | 6.4% |
| 300       | Anxiety Neurosis               | 13  | 13.8% |
| 301       | Hystera                        | 18  | 19.2% |
| Neurotic depression            | 5   | 5.3% |
| Hypochondriasis and other Neurones | 6   | 6.4% |
| 305       | Psychosomatic disorders        | 2   | 2.1% |
| 310-315   | Mental Deficiency              | 3   | 3.2% |
| 345       | Epilepsy                       | 4   | 4.3% |
| 318       | No Psychiatric disorder        | 4   | 4.3% |
| Total     |                                 | 94  | 100.0% |

(A tentative psychiatric diagnosis was made by the referring unit in about 50% of cases. When the diagnosis was made, it coincided with our diagnosis in about half the cases.) Cases of psychoneurosis were better diagnosed than other illnesses by the referring units.

Psychiatric Treatment given by the referring unit:

TABLE V—(Psychiatric Treatment by referring unit)

| Diagnosis | Psycho- | Psycho- | Others | Total | %  |
|-----------|---------|---------|--------|-------|----|
| Neuroses  | started | not started |       |       |    |
| Treatment | 22      | 18      | 3      | 14    | 45.7% |
| Not started | 20    | 21      | 10     | 51    | 54.3% |

Total 42 39 13 94 100.0%
Some psychiatric treatment was started by the referring unit/doctors in about half of the cases. (Table V). Among psychotics, treatment was more often started for the indoor referrals (61%) than in outpatient referrals (38%). Treatment was less often started by the medical units (41%) than the other departments (53%).

COMMENTS

The referral rate was indeed poor in this study as compared to other studies conducted in India. The in-patient referral rate in the present study was 0.15%, as compared to 1.4% in the study by Prabhakaran (1968) and 0.66% in the study by Parekh et al. (1968). This is understandable as there are no psychiatric wards in this Hospital and I. P. referrals were seen only in their respective wards.

There is no study on out-patient referrals done by any civil institution in India. The one conducted by Chatterjee and Kutty (1977) reports a referral rate of 2.64% among the out-patient, whereas in the present study it was only 0.06%. However, all the cases seen in their OPD were referred cases, while only 30% of our out-patients were referral cases. About 60% of our referrals came from general medicine and 14% from surgery and surgical super-specialities. These figures are comparable to those reported by Prabhakaran (1968) and Parekh et al. (1968).

In a large number of cases the referral was inadequate. There was no reason or very vague reason in a large percentage of cases referred. In many cases the patient was referred to Psychiatry without any preliminary investigations having been made. A number of cases had to be investigated in Psychiatry and sent back to referring side or other specialties when organic cause for the symptoms was found. 50.7% of total referrals were various neuroses. Whereas all types of psychoses together accounted for 41.4% of referred cases. (This is quite natural since neurotics are more likely to be brought to other O.P.D.'s with somatic complaints). However, the fact that a large number of psychotics reaching other OPD’s were referred to Psychiatric clinic shows the lack of awareness in general public.

ACKNOWLEDGMENTS

We are grateful to the Medical Superintendent of Safdarjang Hospital, New Delhi for giving us permission to publish this study. We have also to thank the members of the Hospital staff who helped us in procuring and assessing of the data.

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