REFERRAL PATTERNS IN OUTPATIENTS DEPARTMENT OF INSTITUTE OF MENTAL HEALTH AND RESEARCH

M. S. I. Mullick[1], M. Khanam[2], H. Islam[3]

Summary :

The study was done to find out the referral patterns and the characteristics of the patients referred for psychiatric consultation in outpatients department of Institute of Mental Health and Research over the period of a calender year 1990. Most of the patients (58.4%) belonged to age group of 20-29 years. About 66% patients were literate and 57% cases came from urban background. Largest referral was made by treated psychiatric patients or their relatives (27.26%) followed by 20.58% referred from different hospital. Schizophrenia (33.76%) and affective disorder (30.17%) were found to be two commonest group of illness.

Key words : Referral, Psychiatry out patients department.

Introduction :

Psychiatric consultation services became popular with the development of psychiatric units in general hospitals after second world war and enabled psychiatrists to become directly involved in the care of physically ill patients. Epidemiological surveys have shown a positive correlation between physical disease and psychiatric disorders. In one study it was found that 30-60% of inpatients and 50-80% of outpatients of general hospitals suffer from psychiatric distress or psychiatric illness of sufficient severity to create a problem for the health professionals[1].

The present study was undertaken to find out the referral pattern in outpatients department of a Mental Institute, sociodemographic characteristics of referred patients and their psychiatric diagnosis.

Materials and Methods :

The study was carried out in the Institute of Mental Health and Research which was situated in Sir Salimullah Medical College Mitford Hospital, Dhaka, during the period of study. All those cases were included which were referred for psychiatric consultation at outpatients department of the Institute from January to December, 1990. A Multipoint questionnaire which included sociodemographic parameter of the patients, source of referral, reasons for referral, and allied matter regarding the subjects were used. Informations were collected by interviewing the patients and their relatives by one of the investigators. The psychiatric diagnosis was made on the basis of ICD-9 criteria of WHO[2] and was noted in the questionnaire. The collected data were processed and analysed.

[1]Assistant Professor, [2]Associate Professor (CC), [3]Rtd. Director cum Professor,
[1,2]Department of Psychiatry, Institute of Post Graduate Medicine and Research, Dhaka.
[3]Institute of Mental Health and Research, Dhaka.

Referral Patterns in Outpatients Department of Institute of MHR

Bangladesh Journal of Psychiatry. December, 1994, 6, 2, 6

Results :

Table-I shows the sociodemographic characteristics of the referred patients. Among the 928 patients, 599 (64.55%) were males and 329 (35.45%) were females. Their age ranged between 7 and 75 years with a mean of 30.36 years. Largest number of patients were in the age group of 20-29 years with 37.39% and next was the 30-39 years of age group with 21.01% of the total number of patients. Most of the patients were either illiterate (33.95%) or primarily educated (18.10%). Graduate and above were found only 6.25%. Regarding occupation, cultivator group contributed 24.57%. Service holder was the second largest group (15.19%). Housewives comprised 11.53%. Unemployed group contributed only 6.79%. The urban rural distribution of cases were 57.43% and 42.57% repectively. Maximum cases were found in lower income group. Only 5.17% were of higher income group.

Table-I : Sociodemographic characteristics of patients

Characteristics	number (n=928)	%
Sex :		
Male	599	64.55
Female	329	35.45
M/Fratio = 1:0.55		
Age :		
below 9	40	4.31
10-19	128	13.79
20-29	347	37.39
30-39	195	21.01
40-49	129	13.90
50-59	64	6.90
60-69	19	2.05
70 & above	6	0.65
Mean age = 30.35(SD=13.58) Years		
Social background :		
Rural	395	42.57
Urban	533	57.43

Characteristics	number (n=928)	%
Economic background :		
Higher	48	5.17
Middle	403	43.43
Lower	477	51.40
Education :		
Illiterate	315	33.95
literate	(613)	(66.05)
Primary	168	18.10
Secondary	137	14.76
S S C	129	13.90
H S C	121	13.04
Graduate	42	4.53
Postgraduate	16	1.72
Occupation :		
Cultivator	228	24.5
Service	141	15.19
Housewife	107	11.53
Household workers	90	9.70
Student	54	5.82
Business	62	6.68
Retired	36	3.88
Menial Workers	79	8.51
Self employed	68	7.33
Unemployed	63	6.79

Source of referral of the psychiatric patients is shown in Table-II. It revealed that most of the cases (27.26%) were referred by the treated psychiatric patients &/or their relatives. Referral from Mitford hospital and other hospitals was the second largest group (20.58%). About 21.66% patients were brought to the outpatients department by medical students and other medical personnels. Referral from GP and specialists were 12.07% and 9.37% respectively. Self referral was only 9.05%.

Table-II shows that about 90% patients were referred for probable psychiatric diagnosis and management of already diagnosed cases.

Referral Patterns in Outpatients Department of Institute of MHR

Bangladesh Journal of Psychiatry. December, 1994, 6, 2, 7

Table-II : Source of referral

Source	Numbe	%
GP	112	12.07
Specialists	87	9.37
Treated psychiatric pts. &/or their relatives	253	27.26
Other hospitals	191	20.58
Medical students	65	7.00
Other medical personnels	136	14.66
Self	84	9.05

Table - III : Reasons for referral

Reasons	Number (N=928)	%
Diagnosis and treatment	832	89.65
Further management	96	10.35

Table - IV shows sex-wise diagnostic distribution of the referred patients. Schizophrenia and depressive illness formed two largest group with 304 (32.76%) and 181 (19.5%) cases respectively. Third largest group in the present series was neurotic disorders with 138 (14.87%) cases and childhood disorders comprised 3%, mental retardation comprised 1% and rest 3% comprised of other group of disorders.

Discussion :

In the present study male to female ratio was 1:0.55. Smaller number of women in the sample may be due to the fact that they are less frequently brought for treatment than their male counterpart because of the conservative nature of our society and because our women play subordinate role in the family as well as in the society, and as they are economically dependent. In the present series, 20-39 years of age group contributed more than a half of the total number of patients. Similar age distribution has also been reported in other studies in Bangladesh[3,4]. Of the referred cases 57.43% came from urban background and this might be due to the location of the hospital where urban people are in more privileged position to avail the treatment. However, a significant proportion, 42.57% came from rural areas to this city center. About 66% patients were literate. This figure is much higher

Table - IV : Distribution of patients according to psychiatric diagnosis

Diagnosis	Male (N=599)	%	Female (N=329)	%	Total (N=928)	%
Schizophrenia	216	36.06	88	26.75	304	32.76
Depressive illness	68	11.35	113	34.35	181	19.50
MDP	73	12.19	26	7.90	99	10.67
Neurotic disorder	79	13.19	59	17.93	138	14.87
Drug & alcohol dependence	52	8.68	2	0.61	54	5.82
Organic psychosis	11	1.84	2	0.61	13	1.40
Paranoid state & other psychosis	3	0.50	2	0.61	5	1.54
Sexual disorder	30	5.00	3	0.91	33	3.56
Personality disorder	5	0.83	1	0.30	6	0.65
Mental retardation	6	1.00	2	0.69	8	0.86
Childhood disorder	58	9.68	22	6.69	80	8.62
Miscellaneous	5	0.83	2	0.61	7	0.75

Referral Patterns in Outpatients Department of Institute of MHR

Bangladesh Journal of Psychiatry. December, 1994, 6, 2, 8

than the literacy rate of general population. The urban influence of the sample and educated people better health consciousness may explain the higher representation of this group.

Most of the cases (27.26%) in our study were referred by the treated psychiatric patients &/or their relatives and this might be due to increased awareness among the people about treatment of mental disorders and also reflects decrease in social stigma about mental disorders. In the present series, 20. 58% cases referred from different OPDs of the Mitford hospital and other hospitals. Reverse is true in the reporte of western studies. In one study it was found that 65% of the total referred cases came from medical units for psychiatric consultations. Kilgerman and Mckegray also reported the same pattern[6]. This inconsistency may be due to poor referral from other departments of the hospital and other hospitals because of lack referral from other departments of the hospital and other hospitals because of lack of awareness about psychiatric disorders and because of fear of prejudices in the minds of patients and their relatives against acceptance of psychiatric treatment.

In the present study. 90% of the patients were referred for diagnosis and management and remaining 10% referred for further management of already diagnosed cases. In one of the studies it was found that 75% and 80% of the reasons for referral were for assistance in diagnosis and advice on patient management or both[7]. Another study reported that 27.7% patients were referred for diagnostic problem only[5].

In our study, 32.76% were found suffering from schizophrenia. From other studies it was found that 3.1 to 16.49% of the patients were suffering from schizophrenia[5-10]. In our study, number of schizophrenic patients were more which might be due to increased attendance of schizophrenic patients in the outpatients department of the Mental Institute during the study period. Moreover, minor emotional problems might have been overlooked or could not be recognized at all and patients were only referred when there were overt psychological symptoms or disturbances of social functioning. In our series, 19.5% cases were found to be suffering from depressive illness and most of them were females. In other studies it was found that about 11 to 57% patients were suffering from depressive disorder[5-8, 11-14]. It is not surprising, therefore, that depressive illness accounts for close to half of psychiatric diagnoses recorded by liaison psychiatrists[7] and women are more prone to depression than men[15].

In our series, neurotic disorders was found 14.87% of the cases. Among the neurotic group anxiety state formed the largest group with 6.03% and hysteria was the next common diagnosis with 4.85% cases. Similar findigns were reported in other studies[5,7,8,11,13]. About 6% were referred for substance abuse disorder which is consistent with similar other studies[5,6,13]. This reflects a burning problem in our society needs to be controlled.

Conclusion :

In our study, majority of the cases were referred by the treated psychiatric patients and/or their relatives which was certainly due to increased awareness and motivation of the people through good responsiveness of the psychiatric treatment and also gives an idea about gradual decline in social stigma about mental disorders. Profile of referral from other departments of the general hospital was not satisfactory. Psychiatric referral system from primary, secondary and tertiary levels of the health services of the country should therefore be improved and consultation liaison psychiatric services is need to be developed so that patients suffereing can be minimized and appropriate treatment could be provided at proper line.

References :

1.   Lipowski ZJ. Review of consultation psychiatry and psychosomatic medicine. Psychosom Med, 1967; 29 : 201-204.

2.   World Health Organization. International classification of disease. 9th re-tabular List, Mental disorder. WHO, Geneva, 1992; 1 : 177-213.

3.   Chowdhury AKMN, Selim M. Sakeb N. Some aspects of psychiatric morbidity in outpatient population of a general hospital. Bangladesh Med Res Counc Bull, 1975; 1 : 51-59.

4.   Alam MN. Psychiatric morbidity in general practice. Bangladesh Med Res Counc Bull, 1978; 4 : 38-42.

5.   Taylor G, Doody K. Psychiatric consultation in a Canadian general hospitals. Can J Psychiat, 1979; 24 : 717-713.

6.   Kligerman MJ, Mckegrey FP. Pattern of psychiatric consultations in two general hospitals. Psychiat Med, 1971; 2 : 126-132.

7.   Lipowski ZJ, Wolston EJ. Liaison psychiatry : referral patterns and their stability over time. Am J Psychiat, 1981; 138 : 1608-1611.

8.   Lipowski ZJ. Consultation-liaison psychiatry : an overview, Am J Psychiatry, 1974; 131 : 623-630.

9.   Lipowski ZJ, Kirkos RZ. Observation in a neurological hospital. Psychiat Med, 1972; 3 : 113-147.

10.   Ananda MP. Psychiatric liaison referrals of elderly inpatients in a teaching hospital. Br J Psychiat, 1988; 152 : 45-47.

11.   Murthy RS. Verghese A, Pulimood BM, Kurnivilla K. Psychiatric illness at general hospital medical clinic. J Indian Med Assoc, 1976; 66 : 48-51.

12.   Poe RO, Lowell FM, Fox HM. Depression. JAMA, 1966; 195 : 345-350.

13.   Karasu TB, Plutchik R, Steinmuller RI, Cont H, Siegel B. Patterns of psychiatric consultations in a general hospital. Hosp Common Psychiat, 1977; 28 : 291-294.

14.   Wise TN. Mann LS, Puscheck E, Dove H, Kiernan K. Factors affecting anxiety and depression in psychiatric consultations patients. Intl J Psychiat Med, 1985-86; 15 : 177-182.

15.   Shevitz SA, Silberfarb PM, Liposwki ZJ. Psychiatric consultations in a general hospital. Dis Nerve Syst, 1976; 37 : 295-300.