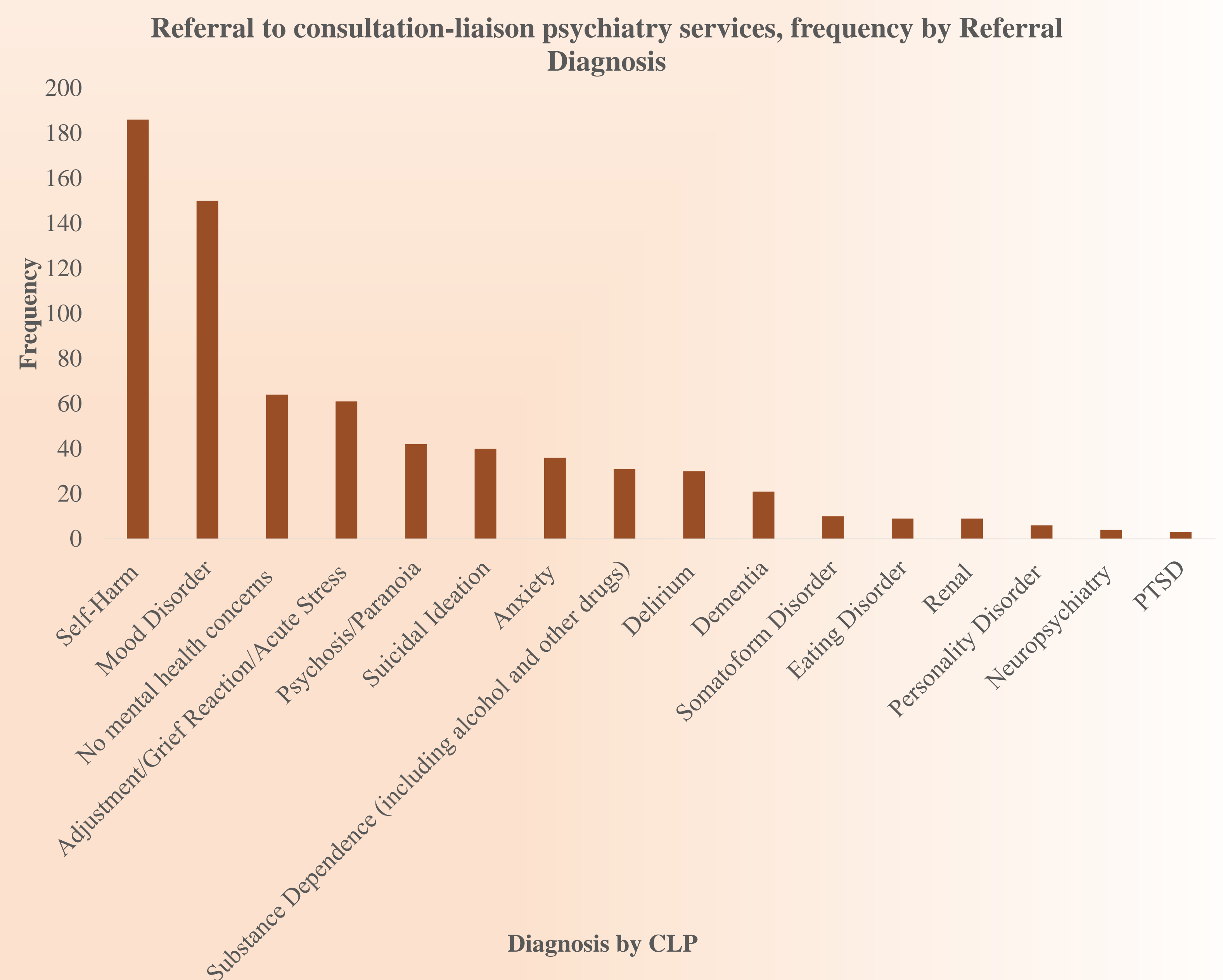


# Understanding the scope of Consultation-Liaison Psychiatry referrals in a general hospital setting in New Zealand

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## Introduction

- Significant comorbidity exists between mental and physical illnesses in general hospital settings
- Consultation-Liaison Psychiatry (CLP) works at the interface between mental and physical health needs and aims to reduce this comorbidity
- The present study focuses on CLP services offered at the two hospital campuses (North Shore and Waitakere) at Waitemata District Health Board (WDHB) in Auckland
- Total inpatient bed-capacity across both hospital campuses is 953 beds with a variety of medical, surgical, obstetric and other disciplines on-site
- Waitemata serves a catchment area of 600,000 people and is the largest district health board in the country
- The CLP service at Waitemata is multidisciplinary and consists of consultants, clinical psychologists, registrars and nurses
- It is a 24/7 age-inclusive service that receives referrals for a variety of acute and non-acute assessments from the Emergency Department (ED), wards, intensive care unit and outpatient clinics



## Objective

To characterise:

- source/acuity of referrals
- reason for referral
- reason for accepting the referral
- the main interventions offered by the CLP service

## Methods

- Retrospective observational study that involved analysis of all referrals (n=1,100) made to the CLP service at WDHB over a 6-month timeframe (from November 1st 2017)
- Only working adults and older age adults were included (<18yo were excluded)
- Descriptive statistics were summarised for the following de-identified variables from patient records:
  - Socio-demographic data (e.g. Age, Sex, Ethnicity)
  - Features of referral (e.g. Referral source, Acuity of referral)
  - Features of assessment (e.g. Diagnosis by CLP)
  - Features of intervention (e.g. Main interventions offered)

## Key Findings

- 78% of referrals were for those aged 18-65yo ; 22% >65yo
- ≈ 80% of referrals were for individuals who had a pre-existing mental illness
- 40% of referrals were regarded as urgent
- Minority of patients were from outside catchment area (10%)
- ED was the largest user of the service (≈ 66%)
- Main reasons for referral were self-harm/suicidal ideation (40%), mood disorder (8%), adjustment disorder (6%) or staff support (6%)
- Most common interventions offered by the CLP service were: medication advice, risk or decision-making capacity assessments, psychotherapy, psychoeducation for patients/staff, recruitment of other services (e.g. social worker, addiction services) and legal advice

## Discussion

- Large proportion of diagnoses were an acute adjustment reaction rather than a more lasting mental health disorder as queried by the referrer
  - Finding indicative of an opportunity to provide medical practitioners with better training to distinguish between pervasive mood disorders versus acute adjustment reactions
- Majority of those referred had pre-existing mental health problems
  - Could be attributed to New Zealand's high rate of mental and substance use disorders, but can also be explained by the configuration of the CLP service
  - In WDHB, CLP services provide assessments in the ED which has a high turnover whereas in other DHBs, the ED may be covered by CMHTs exclusively
- There were more ED referrals compared to inpatient referrals
  - Previous studies have suggested lower referral rates being due to factors such as poor recognition of mental illnesses by physicians, poor engagement between the referring team and patients, lack of hospital policies to guide referrals and patient stigma around mental health
  - However, there are also clear government targets with regard to waiting times in the ED which results in those in ED regarded as a priority for referral

## Conclusions

- The results highlight the diversity of CLP input with a large demand for acute assessment at the ED
- Although mostly adults of working age were seen, a significant minority were elderly, and a small proportion were from outside the catchment area which has implications for optimal service funding and delivery
- This study consists of a rich dataset with the possibility of applicability of study methods and findings elsewhere