

Thirty years of referrals to a community mental health service

AUTHOR(S)

Leonard Douglas, Larkin Feeney

CITATION

Douglas, Leonard; Feeney, Larkin (2015): Thirty years of referrals to a community mental health service. figshare. Journal contribution. <https://hdl.handle.net/10779/rcsi.10795817.v1>

HANDLE

[10779/rcsi.10795817.v1](https://hdl.handle.net/10779/rcsi.10795817.v1)

LICENCE

CC BY-NC-SA 4.0

This work is made available under the above open licence by RCSI and has been printed from <https://repository.rcsi.com>. For more information please contact repository@rcsi.com

URL

https://repository.rcsi.com/articles/Thirty_years_of_referrals_to_a_community_mental_health_service/10795817/1

1 Thirty years of referrals to a community mental 2 health service

Q2 3 L. Douglas and L. Feeney*

4 Royal College of Surgeons in Ireland, Cluain Mhuire Community Mental Health Service, Blackrock, Dublin, Ireland

5 **Objectives.** In recent decades mental health services have become increasingly community based and multidisciplinary.
6 However, it is unclear if referrals have changed over this period. The aim of this study was to compare referrals to a
7 community mental health service over a 30-year period.

8 **Method.** New referrals to a community mental health service were randomly sampled from 4 time points over a 30-year
9 period, 1983, 1993, 2003 and 2013, using a mental health information system. Original referral letters were retrieved and
10 anonymised. Referrals were compared with regard to referral sources, demographics, reason for referral, psychotherapy
11 requests, urgency, risk concerns and subsequent hospital admission.

12 **Results.** There was a 20-fold increase in the number of new referrals between 1983 and 2013. Over the 30 years there was a
13 significant decrease in the proportion of referrals expressing concern about psychosis, but an increase in the proportion
14 that were deemed urgent and which were concerned with suicidal risk. Referrals in 2013 were longer and more likely to
15 contain requests for psychotherapy.

16 **Conclusions.** The work of community mental health teams is increasingly concerned with emotional crises. Although
17 services are now more multidisciplinary, they have not been adequately resourced to meet these changing demands.

18 Received 17 February 2015; Revised 25 March 2015; Accepted 15 June 2015

19 **Key words:** Community mental health, counselling, primary care, psychiatry, psychotherapy, referrals, suicide.

20 Introduction

21 Mental health services have evolved in recent decades
22 from providing a predominantly institutional model
23 of care to being increasingly multidisciplinary and
24 community oriented (Walsh & Daly, 2004; Mental
25 Health Commission, 2006). The Irish mental health
26 policy documents, *Planning for the Future* and *A Vision
27 for Change*, set out plans for expanded multidisciplinary
28 community mental health teams delivering a wider
29 range of psychosocial interventions (Study Group on
30 the Development of the Psychiatric Services, 1984;
31 Expert Group on Mental Health Policy, 2006). Crisis
32 resolution, even in the absence of formal mental illness,
33 is now seen as a fundamental role for community
34 mental health teams (HSE National Vision for Change
35 Working Group, 2012). The media focus and public
36 discourse around mental health and suicide in parti-
37 cular has increased dramatically in Ireland in recent
38 years (Headline: The National Media Monitoring
39 Programme, 2014) and there is some evidence that this
40 increases help-seeking behaviours (Niederkrötenhaler
41 *et al.* 2014). Recent public education campaigns have

encouraged seeking of professional help and have 42
attested to the value of talk therapies (Health Service 43
Executive, 2014). 44

There is limited evidence of the impact of these 45
changes on referrals to community mental health 46
services. We hypothesised that community mental 47
health services have experienced an increase in referral 48
numbers, and that referrals are now more likely to be 49
concerned with suicide risk and the seeking of talk 50
therapies. We also hypothesised that although multi- 51
disciplinary staffing levels have increased over the 52
period, this would not be proportionate to the increase 53
in referral numbers. 54

55 Methods

56 The Cluain Mhuire Community Mental Health Service 57
is a publicly funded adult mental health service in 58
South County Dublin serving a catchment population 59
of ~1 80 000 people. New patients must be referred to 60
the service by another health professional, generally a 61
doctor. The service has a comprehensive information 62
management system that has details of all referrals to 63
the service since the 1970s and which has developed in 64
the past 15 years into a full electronic patient record 65
(EPR), including scanned referral letters.

Q3 * Address for correspondence: L. Feeney, Royal College of Surgeons
in Ireland, Cluain Mhuire Community Mental Health Service, New-
townpark Avenue, Blackrock, Dublin, Ireland.
(Email: larkin.feeney@sjog.ie)

66 New patient (not previously attending) referral
 67 numbers to the Cluain Mhuire Service were retrieved
 68 using the EPR, from four different years over a 30-year
 69 period, 1983, 1993, 2003 and 2013. Referrals from 1983
 70 and 1993 were also cross-checked with an older paper-
 71 based database. A total of 100 referrals from each time
 72 point (or all referrals if there were <100 in any 1 year)
 73 were randomly sampled using a random number
 74 generator. Original referrals were retrieved and
 75 anonymised before data were extracted. Dates were
 76 obscured to provide some blinding to year of referral.
 77 Referrals were compared with regard to the referring
 78 agency, gender, age, number of words in the referral
 79 letter, whether psychoactive medications were already
 80 being prescribed, whether or not the patient was
 81 admitted to the associated psychiatric inpatient unit
 82 immediately following their assessment and whether or
 83 not the patient remained an active patient of the service
 84 on 31 December 2013. The primary reason for referral
 85 was identified from the letters. It was noted if the
 86 referral was marked urgent or if it made reference to
 87 recent or current self-harm, death wish or suicidal
 88 ideation. A reference to counselling or any other form of
 89 talking therapy was also recorded. The referrals were
 90 divided between the two authors and any uncertainties
 91 were discussed and agreed between both authors.
 92 Where a referral could not be found or where a patient
 93 had presented without a referral letter, some basic
 94 demographics and information on admission and
 95 continued attendance was gathered from the electronic
 96 record.

97 Data were analysed using SPSS version 21 (IBM
 98 Corp., 2012). χ^2 tests (or Fisher's exact tests where any
 99 cell number was five or less) were used to compare
 100 categorical data, whereas *t*-tests were used for con-
 101 tinuous data. Information regarding population change
 102 in the catchment area served by the Cluain Mhuire
 103 Service was sought from the Central Statistics Office
 104 (2015). Staffing levels on community mental health
 105 teams in Cluain Mhuire at the various time points
 106 was obtained from the human resources department.
 107 Ethical approval for the study was provided by
 108 the Provincial Ethics Committee, St John of God
 109 Community Services.

Results

110
 111 According to information obtained from the Central
 112 Statistics Office, the population of the area of South
 113 Dublin served by the Cluain Mhuire Service increased
 114 by ~11% between 1991 and 2011. Multidisciplinary
 115 staffing in Cluain Mhuire increased over the study
 116 period as shown in Table 1.

117 The number of new referrals received by the service
 118 increased 20-fold over the study period: 49 in 1983,
 119 157 in 1993, 641 in 2003 and 995 in 2013. A total of
 120 44 out of 49 (90%) original referral letters were retrieved
 121 from 1983, 90 out of the random sample of 100 (90%)
 122 from 1993, 93 out of 100 (93%) from 2003 and 99 out
 123 of 100 (99%) from 2013. The mean age of referral
 124 or gender breakdown among the sample did not
 125 significantly change over the period (Table 2). Close to
 126 80% of all referrals in each period came from general
 127 practitioners with the remainder mostly coming from
 128 emergency departments or other psychiatric services
 129 (Table 2).

130 The mean number of words in referral letters more
 131 than doubled between 1983 and 2013 (Table 2). There
 132 was no significant change in the proportion of patients
 133 that were already on psychoactive medications at the
 134 point of referral over the study period (Table 2). There
 135 was a significant decline in the proportion of patients
 136 admitted to a psychiatric ward directly after their
 137 initial assessment between 1983/1993 and 2003/2013
 138 (Table 2). A significantly lower proportion of people
 139 referred to the service in 2003 were still attending at the
 140 end of 2013 than of people referred in 1983 or 1993
 141 (Table 2). There was a significant increase in requests
 142 for talking therapies over the study period, particularly
 143 in 2013 (Table 2). The proportion of referrals that were
 144 marked urgent increased from 18% in 1983 to 43% in
 145 2013 (Table 2). There was a very significant increase in
 146 the proportion of referrals that noted recent or current
 147 self-harm, death wish or suicidal ideation between
 148 1983/1993/2003 and 2013 (Table 2).

149 Over the 30-year period, there was a significant
 150 decrease in the proportion of referrals in which the
 151 referrer was concerned about psychosis (Table 3). The
 152 proportion of referrals in which depression or anxiety

Table 1. Breakdown of professionals employed on Cluain Mhuire adult community mental health teams

	Consultant psychiatrists	NCHDs	Psychologists	Social workers	CMHNs	Occupational therapists
1983	4	9	0	0	0	0
1993	4	9	0.5	2	1	0
2003	4	9	3	4	5	0
2013	6	9	5	6.5	8.5	1

NCHDs, non-consultant hospital doctors; CMHNs, community mental health nurses.

Table 2. Referral comparisons^a

	1983 [n (%)]	1993 [n (%)]	2003 [n (%)]	2013 [n (%)]
Total number of new referrals to the service	49	157	641	995
Mean age (of sample)	35	38	34	34
Male gender	26/49 (53)	44/100 (44)	52/100 (52)	40/100 (40)
Referrals sent by primary care (general practitioners)	34/44 (78)	70/90 (78)	78/93 (84)	81/99 (82)
Mean number of words in referral letters	84*	103	119	176
Psychoactive meds prescribed before referral	19/44 (43)	36/90 (40)	37/93 (40)	52/99 (52)
Admitted to psychiatric ward directly after assessment	27/49 (55)**	52/100 (52)**	5/100 (5)	5/100 (5)
Continuing to attend the service as of 31 December 2013	14/49 (29)**	25/100 (25)**	4/100 (4)	21/100 (21)
Psychotherapy requested in the referral	3/44 (7)*	10/90 (11)**	17/93 (18)***	36/99 (36)
Referral marked urgent	8/44 (18)***	19/90 (21)***	26/93 (28)****	43/99 (43)
Referral expressed concern about risk of suicide or self-harm	6/44 (14)**	14/90 (16)**	15/93 (16)**	49/99 (50)

^a 2013 used for comparison purposes except for 'continuing to attend the service as of 31 December 2013' as it was thought that not enough time had elapsed to allow for a valid comparison.

* $p < 0.001$, ** $p < 0.0001$, *** $p < 0.01$, **** $p < 0.05$.

Table 3. Primary concern communicated in referrals

	1983 (n = 44)	1993 (n = 90)	2003 (n = 93)	2013 (n = 99)
Depression	12 (27%)	31 (34%)	28 (30%)	33 (33%)
Anxiety	10 (23%)	11 (12%)	16 (17%)	16 (16%)
Psychosis	17 (39%)*	23 (26%)**	8 (9%)	7 (7%)
Mania	2 (5%)	6 (7%)	0	2 (2%)
Addiction	1 (2%)	7 (8%)	18 (19%)***	3 (3%)
PTSD	0	1 (1%)	3 (3%)	0
Bipolar disorder	0	1 (1%)	3 (3%)	3 (3%)
Eating disorder	0	1 (1%)	1 (1%)	4 (4%)
Suicidal/self-harm	0**	1 (1%)***	7 (8%)	16 (16%)
OCD	0	1 (1%)	1 (1%)	3 (3%)
ADHD	0	0	1 (1%)	2 (2%)
Autistic spectrum	0	0	1 (1%)	2 (2%)
Personality disorder	1 (2%)	3 (3%)	0	7 (7%)
Other	1 (2%)	4 (4%)	6 (7%)	4 (4%)

PTSD, post-traumatic stress disorder; OCD, obsessive-compulsive disorder; ADHD, attention-deficit hyperactivity disorder.

* $p < 0.0001$ v. 2013, ** $p < 0.01$ v. 2013, *** $p < 0.001$ v. 2013.

153 was the primary concern did not change significantly
 154 over the period (Table 3). Addiction was a significantly
 155 greater referral reason in 2003 compared with 2013.
 156 The proportion of referrals that cited suicidal thinking
 157 or self-harm as the reason for referral but without
 158 reference to other mental health symptoms or condi-
 159 tions increased significantly over the study period
 Q4 160 (Table 3). Mania, bipolar disorder, post-traumatic stress
 161 disorder, obsessive-compulsive disorder, personality
 162 disorder, eating disorder, attention-deficit hyper-
 163 activity disorder, autistic spectrum disorder and others
 164 were the primary concern in small numbers of referrals
 165 (Table 3).

Discussion

This study indicates that there has been a dramatic
 increase in referrals to this community mental health
 service over the past 30 years. Other services are likely
 to have experienced similar increases. Those referred in
 2003 and 2013 appear less likely to have been psychotic,
 less likely to have been admitted and less likely to have
 needed long-term input from the mental health services
 than those referred in 1983 and 1993. Those referred in
 2013 were more likely to be in suicidal crisis and the
 referrer was more likely to be seeking a psychological
 intervention on their behalf. This likely reflects greater

166

167

168

169

170

171

172

173

174

175

176

177

178 awareness of suicide risks among referrers and the
 179 population in general, as well as a greater willingness
 180 to talk about suicide. Similarly, the requests for talk
 181 therapy indicate greater awareness of its benefits as
 182 well as better availability owing to the development
 183 of community services. Fewer referrals identified
 184 addiction as the primary concern in 2013 than 2003.
 185 One explanation may be that, following the publication
 186 of *Vision for Change* in 2006, which argued that
 187 mental health and addiction services should be
 188 separated, the Cluain Mhuire Service decided to no
 189 longer accept referrals for alcohol addiction unless
 190 there was comorbidity (Expert Group on Mental Health
 191 Policy, 2006).

192 The main weakness of this study is that several
 193 referrals from 1983 and 1993 are likely to have been
 194 missed. This is owing to less robust information systems
 195 at the time, a lower proportion of referrals being
 196 found and the fact that referrals were only registered on
 197 the system at that time when they actually attended an
 198 outpatient appointment. Hence, many people who
 199 were seen once as an emergency or who were referred
 200 but never attended would have been excluded from
 201 the earlier years. This missing data would likely have
 202 distorted the figures somewhat, but would be very
 203 unlikely to have substantially altered the overall findings
 204 of this study. Another weakness is that concerns
 205 expressed in the referral letters may not have reflected
 206 what was actually found on assessment. A review of
 207 clinical records using an assessment instrument could
 208 have properly explored this question, but we could not
 209 do this in our study. Another limitation was that
 210 the information available in relation to population
 211 change over the study period in the catchment area was
 212 inadequate. This was owing to census dates not
 213 matching the study dates, the catchment geographical
 214 area not being contiguous with census areas and limited
 215 information being available on age breakdown.

216 One consequence of the increased referral numbers is
 217 that, in the past few years, it has been necessary for the
 218 Cluain Mhuire Service to operate a notional severity
 219 threshold and to thus reject a proportion of referrals.
 220 This is estimated to happen with 10% of referrals
 221 received by the service at the present time. Another
 222 consequence is that it is no longer realistic for all refer-
 223 rals to be initially assessed by a doctor. These changes
 224 have the potential to create communication difficulties
 225 between primary care and the mental health services.

226 Presumably, the changing nature of referrals
 227 observed in this study reflects an increase in crisis
 228 mental health presentations in primary care settings
 229 and a concomitant increase in demand for professional
 230 help with these. There is some evidence of a recent
 231 cultural shift in Irish society with regard to suicidal
 232 expression and the responses to it. Derek Beattie and

Patrick Devitt explore this question in their book, 233
Suicide: A Modern Obsession, calling it a 'moral panic' 234
 with 'the suicide tail wagging the dog of the mental 235
 health services' (Beattie & Devitt, 2015). The Health 236
 Service Executive has ambitious plans to develop suicide 237
 crisis assessment and talking therapy capacity at a 238
 primary care level, which will certainly help to address 239
 some of this need (Health Service Executive, 2013; HSE 240
 National Vision for Change Working Group, 2013). 241
 Community mental health services have expanded and 242
 are now in a better position to provide a wider range of 243
 psychosocial interventions. However, as demonstrated, 244
 this expansion has not been commensurate with the 245
 increase in demand. There is a significant risk, if this 246
 is not addressed, that the care of the most severely 247
 mentally ill will be compromised as a result. 248

In conclusion, this study indicates that increased 249
 numbers of referrals are being made to community 250
 mental health services, particularly of people in suicidal 251
 crisis. Brief psychosocial interventions are indicated in 252
 many of these cases and mental health services need 253
 more resources to deliver these. 254

Acknowledgements 255

The authors assert that all procedures contributing to 256
 this work comply with the ethical standards of the 257
 relevant national and institutional committee on 258
 human experimentation with the Helsinki Declaration 259
 of 1975, as revised in 2008. The authors assert that 260
 ethical approval for publication of this study has been 261
 provided by their local REC. The authors declare that 262
 they have no conflicts of interest and that this study 263
 received no funding. 264

References 265

- Beattie D, Devitt P** (2015). *Suicide: A Modern Obsession*. 266
 Liberties: Dublin. 267
- Central Statistics Office** (2015). (http://census.cso.ie/sapmap2011/Results.aspx?Geog_Type=CTY&Geog_Code=05&CTY=05). Accessed 23 March 2015. 268-270
- Expert Group on Mental Health Policy** (2006). *A Vision for Change: Report of the Expert Group on Mental Health Policy*. The Stationary Office: Dublin. 271-273
- Headline: The National Media Monitoring Programme** (2014). Annual Report 2013 (<http://www.headline.ie/media/uploads/files/headline-2013-annual-report.pdf>). Accessed 23 March 2015. 274-277
- Health Service Executive** (2013). National Service Plan 2013 (<http://www.hse.ie/eng/services/Publications/corporate/NSP2013.pdf>). Accessed 17 February 2015. 278-280
- Health Service Executive** (2014). (<http://www.yourmentalhealth.ie/Mind-Yourself-Support-Others/Concerned/Worried-about-your-mental-health/>). Accessed 23 March 2015. 281-284

285	HSE National Vision for Change Working Group (2012).		
286	Advancing community mental health services in Ireland		
287	(http://www.hse.ie/eng/services/Publications/		
288	Mentalhealth/VFCguidance.pdf). Accessed 23 March		
289	2015.		
290	HSE National Vision for Change Working Group (2013).		
291	Advancing the shared care approach between primary		
292	care & specialist mental health services: a guidance		
293	paper (http://www.hse.ie/eng/services/Publications/		
294	Mentalhealth/Sharedcareguidancepaper.html). Accessed		
295	23 March 2015.		
296	IBM Corp. (2012). <i>IBM SPSS Statistics for Windows, Version</i>		
297	<i>21.0.</i> IBM Corp.: Armonk, NY.		
311			
	Mental Health Commission (2006). <i>Multidisciplinary Team</i>	298	
	<i>Working: From Theory to Practice.</i> Mental Health	299	
	Commission: Dublin.	300	
	Niederkröthaler T, Reidenberg DJ, Till B, Gould MS	301	
	(2014). Increasing help-seeking and referrals for individuals at	302	
	risk for suicide by decreasing stigma: the role of mass media.	303	
	<i>American Journal of Preventative Medicine</i> 47 , S235–S243.	304	
	Study Group on the Development of the Psychiatric Services	305	
	(1984). <i>The Psychiatric Services – Planning for the Future.</i> The	306	
	Stationary Office: Dublin.	307	
	Walsh D, Daly A (2004). <i>Mental Illness in Ireland 1750–2002:</i>	308	
	<i>Reflections on the Rise and Fall of Institutional Care.</i> Health	309	
	Research Board: Dublin.	310	