

Evaluation of the quality of mental health referrals from primary care physicians in Qatar

Kalim Zada
Mirza Anwarulhaq

Family Physician, Al Wajbah Health Center, Qatar

Corresponding author:

Kalim Zada, (MBBS, MRCP, Clinical Dip Dermatology UK)

Family Physician

Al Wajbah Health Center

Qatar

Tel: 00974 66492769

Email: kzada@phcc.gov.qa

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Abstract

Background: Primary care providers use referrals to communicate with mental health specialists about their patients' conditions. However, these referrals are not standardized, resulting in a potentially wide variance in referral quality that, in turn, can affect the quality of patient care. Our aim was to evaluate the caliber of these referrals in Qatar, a country with high mental health utilization rates but with comparatively underdeveloped psychiatry resources at the primary care level.

Materials and Methods: We collected 234 psychiatric referrals from Qatari primary care clinics and assessed their quality using a seven-item inclusion checklist derived from existing research and best practices. Checklist items included: 1) history of present illness (HPI); 2) mental status examination (MSE); 3) risk assessment; 4) past medical history; 5) use of psychiatric assessment tools; 6) treatment given in the primary care setting and 7) reason for referral. The importance of each of these seven items was independently rated by 18 psychiatrists.

Results: Psychiatrists rated all of the checklist items as important, with "reason for referral" and HPI rated as most important. Out of 228 valid referrals, 79.8% were accepted. 31% of all referrals contained an HPI; 18.85% contained an MSE; 11.4% included a suicide risk assessment; 16.2% included past medical history; 35.5% used a psychiatric assessment tool; 18.6% described treatment given in primary care; 46.5% included the reason for referral. No single checklist item was included in at least half the referrals.

Conclusion: Mental health referrals from primary care physicians in Qatar suffer from a profound lack of basic data; reasons for this may include gaps in primary care physicians' knowledge and self-efficacy about mental health care. Primary care physicians must be supported to improve referral quality, which will result in better and more efficient mental health care delivery.

Limitations: Study limitations include the use of subjective survey data to assess the face validity of the checklist items.

Key words: primary care, referrals, psychiatry, mental health treatment, quality improvement, mental health care, Qatar

Introduction

Referral letters are the main source of clinical information sent by primary care physicians to specialists in secondary care. In order to give a complete clinical impression to the doctors in secondary care, it is extremely important that the referral letters consist of sufficient relevant clinical information about the patients. However, there is evidence that sometimes these referral letters contain insufficient information, which can ultimately result in poor patient care (1 – 4).

Primary care physicians come from a wide variety of clinical backgrounds, which can create substantial disparity in clinical expertise. Nowhere is this disparity more apparent in primary care than in the treatment of mental illness. Some PCPs have more knowledge and understanding of mental health conditions and have more clarity when it comes to referring patients to secondary care, while others are less knowledgeable and can be ambiguous in their approach to securing referrals (5).

The quality of referral letters can have significant consequences for patient treatment outcomes, for healthcare system quality and for costs (2). Mental health patients are already vulnerable, and any poor communication between their treating healthcare professionals can potentially influence their quality of care.

Qatar has set out a National Mental Health Strategy, which constitutes an important component of its National Vision 2030. According to the vision of Qatar Mental Health, the goal is to provide "good mental health and wellbeing for the people of Qatar, supported by integrated mental health services with access to the right care, at the right time and in the right place" (6). Primary health care physicians are the first point of contact with patients and play a hugely important role in the management of mental health care. It is therefore imperative that primary health care physicians have good knowledge and understanding of mental health problems. They should have a clear idea what they can safely and effectively manage in primary care and what type of patients they need to refer to secondary care. When they refer patients to secondary care, they should be able to incorporate all relevant clinical information in the letter to provide a reasonably clear clinical picture to mental health specialists.

Compared to some of the developed Western countries, psychiatric care at the primary level in Gulf countries is not as developed. Moreover, patient expectations in Gulf countries is significantly different than patients in the West: many Qatari patients expect to see a psychiatrist for any mental health problem, including mild-to-moderate anxiety or depression, which can easily be managed in primary care. Several factors determine the quality of psychiatric referrals, including the demographic details, the mental health knowledge and skills of the referring physician, the existing psychiatric services and the current system of referral / communication between primary and specialist mental health services (9, 10, 11).

A referral process essentially starts with the primary care visit when a physician takes a history and conducts a mental status examination. The clinical information gathered during the consultation is then shared with the secondary care specialist so that, together, they can make an effective and timely decision about further management of the patient's mental health condition. It is therefore very important for primary care physicians to take a comprehensive history and carry out a relevant mental status examination (8, 12.). The primary care physician should then be able to relay that clinical information in a concise and structured way to the secondary care specialists.

Method

Data was collected from the seven Western region primary health centers of Qatar over a period of six months (August 2018 to February 2019) using descriptive study design with a convenience sampling method. There were 234 psychiatric referrals included in the study. The referral notes and consultation notes of each and every patient were evaluated and studied using the Cerner electronic health record system.

A seven-items checklist (Table 1) was specifically designed to assess the quality of the psychiatric referrals. The checklist was derived from the existing research in this field, being mindful of best clinical practices. Special attention was given to the assessment tools published by Francois and Hartveit et al. (13, 15). Francois (13) published a checklist of assessment tools for consultation and a referral letter from primary care to secondary care which has good internal validity, reliability and feasibility. Hartveit et al. (15) designed a checklist consisting of seven headings (Demographics, Introductory information and risks, Case history and social history, Current state and investigations results, Current treatment and past medical history, Patient's thoughts / perspective and Reason for the referral) after recommendations from four groups (primary health physicians, psychiatrists and psychologists, managers and patient representatives).

In this study's checklist, demographics were not included, since in Qatar all psychiatric referrals are made online using electronic health record systems. The Primary Health Care Center (PHCC) and mental health hospital both use the Cerner electronic record system. Therefore, all the demographic data – for example, Name, age, sex, address, etc. — are transferred automatically and are available to the psychiatrists.

To give face validity to the above tool, a survey was sent to all the psychiatrists working in Hamad psychiatry hospital using a Likert scale from "not important at all" to referral quality ranked "1" to "highly important" to referral quality ranked "5". A score of 3.5 was taken as significantly "important" for each component in the survey.

A total of 18 psychiatrists responded to the anonymous survey. The average scores for all the seven components of the tools are given in Table 2. All the components were

Table 1 showing Seven-items checklist – (* indicates – where applicable - as not all patients were suitable for psychiatric assessment tools and initial treatment in primary care)

1	History of presenting complaints
2	Mental status examination
3	Risk assessment
4	Past medical / psychiatric history
5	Psychiatric assessment tools (PHQ9, HADS7, EPDS, cognitive test etc) *
6	Treatment given in the primary care setting *
7	Reason for referral

Table 2 showing the results of survey using Likert scale by psychiatrist of Hamad General Hospital where they ranked the importance of information in referral letter according to Seven-items checklist.

Seven-items Checklist	Average Score
1. History of presenting complaints	4.72
2. Past medical / psychiatric history	4.38
3. Treatment given in the primary care setting	4.55
4. Mental status examination	4.44
5. Assessment tools	3.66
6. Risk assessment	4.55
7. Reason for referral	4.83

ranked well above 4 with the exception of “assessment tools” where the average rank score was 3.66 (still above our threshold value for importance).

Data

A total of 234 referrals were recorded by the “Office of Referral Management”. However, after going through individual referral and their clinical notes, there was no record found for referral for six patients. Therefore, those six patients were not included in the study and the remaining number of 228 was taken as the total referral number for the purpose of this study.

Each patient's clinical referral was studied and assessed using the seven-item checklist (Table 1). The consultation notes for that day and time were also studied, including the patients' listed medications. Each referral was assessed for the presence of the y-axis items in Figure 1, with the x-axis showing the percentage of the total referrals which contained the item.

228 patient referrals were assessed in total; out of this total, 46 (20.2%) referrals were rejected and 182 (79.8%) referrals were accepted.

Out of 228 referrals, only 71 referrals (31%) had some details of history of presenting complaints (e.g., duration and severity of symptoms and effects on activity of daily living). Only 37 referrals (16.2%) had documented

details of past medical and psychiatric history. As per Primary Health Care Corporation (PHCC) policy of Qatar, patients who present with mild to moderate GAD or depression should be treated in primary care level using antidepressants (SSRIs) and available psychology services in the community. However, the data revealed that only 28 patients received treatment in PHCC before referral to the psychiatric hospital. Even granting that not all patients were suitable for treatment in primary care (children, perinatal, elderly patients with cognitive problems learning disability patients, patients with severe mental illness and those who refused treatment at PHCC), only 18.66 % of the patients had been started on treatment at the primary care level.

Mental status examination was documented for only 43 patients (18.86%) while risk assessment details were given for only 26 (11.4%) referrals.

Similarly, in 49 referrals assessment tools (PHQ9, HAD7, EPDS and cognitive assessment, etc.) were used. Patients meeting exclusion criteria accounted for 35.5% of this subset of referrals. 26 (11.4%) referrals had mention of risk assessment.

The data showed that 98 (46.5%) referrals made mention of a reason as to why this patient should be seen by the specialist at this stage.

Figure 1 shows results for the seven-items checklist

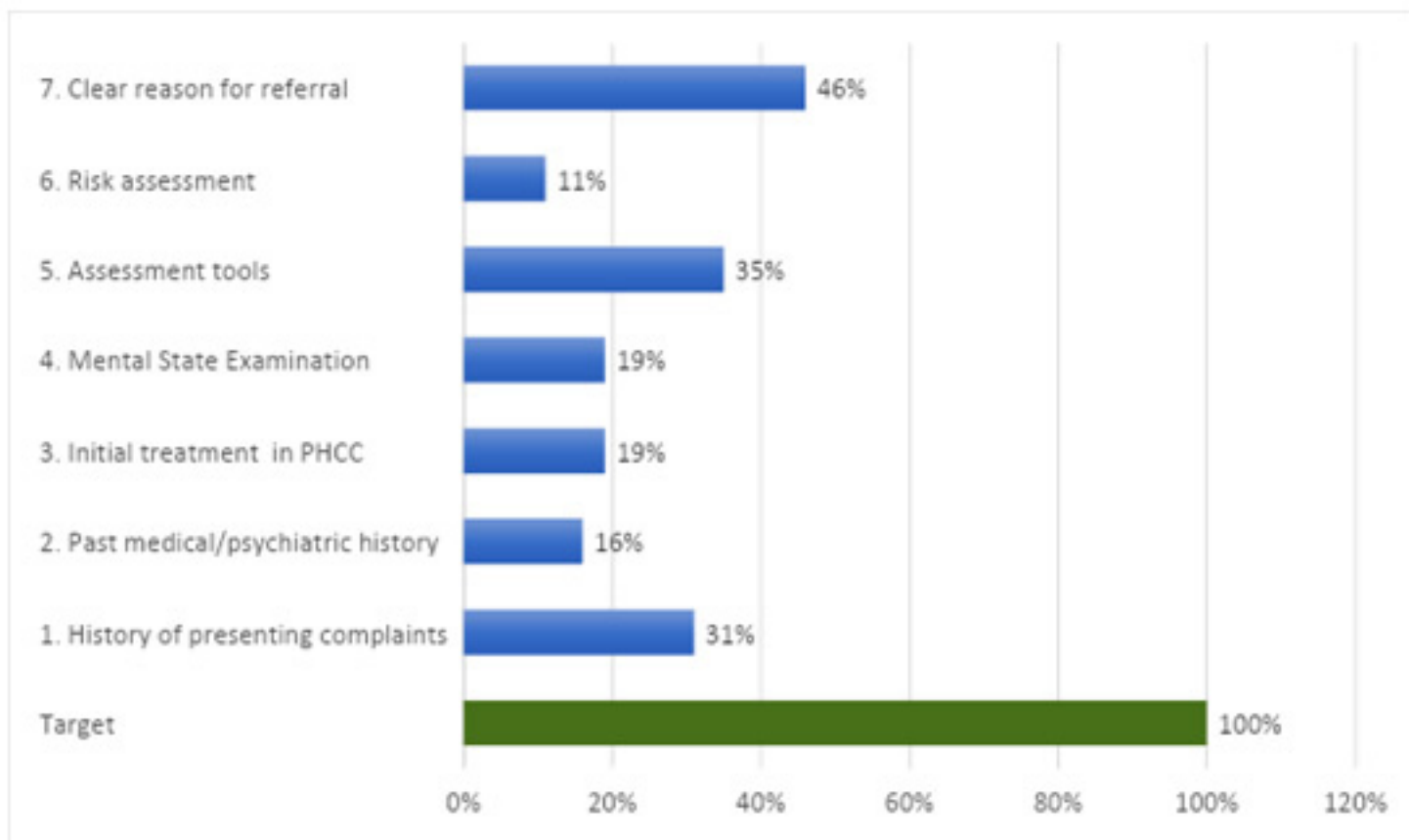


Figure 2 shows treatment given at the primary care level. (Note – The 78 patients were not suitable for initial treatment in primary care. i.e. children, perinatal, elderly patients with cognitive problems learning disability patients, patients with severe mental illness and those who refused treatment at PHCC)

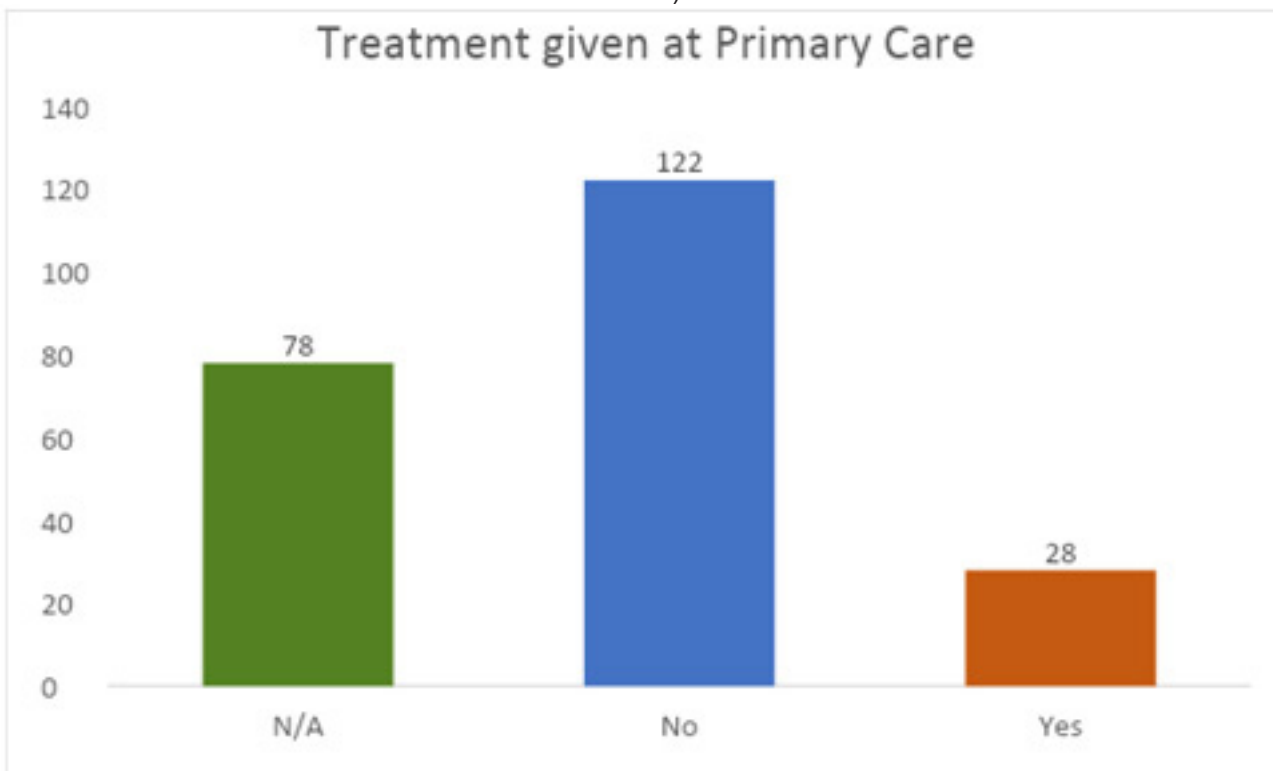


Table 3 shows the results for the seven-items checklist.

S.No	Seven-items Checklist	Results
1	History of presenting complaints	31%
2	Mental status examination	18.85%
3	Risk assessment	11.40%
4	Past medical / psychiatric history	16.20%
5	Psychiatric assessment tools	35.50%
6	Treatment given in the primary care setting	18.60%
7	Reason for referral	46.50%

Discussion

The evidence from previous studies elsewhere (14, 17) shows that the quality of mental health referrals to the hospitals is below a satisfactory level; this study shows that the quality of referrals in this sample are particularly bad and need addressing.

Some of the rates of referral component inclusion for this study are alarmingly poor, most notably information about mental state examination (18.86%) and risk assessment (11.4%). For any consultation involving a mental health problem, one would assume that mental status examination and risk assessment would be part and parcel of the referral. However, the results from the study point toward a disturbing trend: a profound lack of basic information in the referrals. Even the most important basic information forming the basis (history of presenting complaints and the reason for referral) for referral was not documented in more than half of the referrals (31% and 43%, respectively). Some referrals were single-worded referrals with no other supporting information, e.g., "Anxiety disorder" or "Depression".

It is not certain as to what are the exact reasons for the poor quality of psychiatric referrals in our study, but we know from the previous studies (18) that one of the factors may be the attitude of primary care physicians towards mental health care and the stigma and stereotypes of the "old school" approach. There is evidence that primary care physicians show unfavorable attitudes in assessing and having interactions with people presenting with mental health problems in primary care. (18). Another reason may be the disparity in knowledge and training of primary care physicians when it comes to dealing with mental health problems. A study by Kogan and colleagues (18) demonstrated the most prominent gap was visible in the knowledge of primary care physicians in managing substance use disorders and suicidality. This study also investigated the self-efficacy of the primary care physicians and showed that they lacked self-efficacy for detecting, treating and managing mental health problems in the community.

Although it was beyond the scope of this study to measure the impact of poor-quality referrals, it is known as per local data (here in Qatar) that nearly 20% of referrals, nearly one fifth, are being rejected (internal audit). This number could be even higher, had the psychiatry colleagues not

taken extra precautions and effort by phoning the individual patients to get more information. This is not only unfair to the psychiatrists but also counterproductive for the health care system, where a lot of time and resources are spent on a task more efficiently performed at the primary care level.

This study highlights the need for formal training of primary care physicians to help in making appropriate mental health referrals, as well as reducing their gaps in knowledge, attitude and perception towards mental health care in the community. This study did not look into the demographics (age, gender, qualification and previous psychiatric training) of primary physicians, but future research projects can look into these aspects to identify and target areas for further improvement. One of the ways to improve the structure of referral letters is to introduce a template letter so that it prompts the referring physicians to include the important information at the time of referral.

Another very important question to ask at this stage is: what is the impact of the rejected referrals? Although this was not the aim of this study, the question, and its answer, can help improve care for patients, as well as reduce unnecessary burden on the system. One can safely say that by improving the quality of referral letters one can reduce the rejection in referrals, decrease delays in treatment and improve the quality of treatment delivery.

As per the Qatar national health strategy 2018 – 2022, "mental health and well-being" is one of the 7 priority focus areas. The target is to have improved mental health services, with 20% of those services being delivered to the community by primary care physicians. If this target is to be achieved, it is very important that primary physicians get further training in detecting and managing patients with mental health problems.

Summary

In this study, the author investigated the quality of psychiatric referrals made by primary care physicians in Qatar and found the referrals to have a significant lack of information related to all the clinical areas of mental health care. The author believes that this could be due to wider gaps in physician knowledge about mental health care and the perceptions of primary care physicians towards mental health care. There is a pressing need to address these issues and further research is required to investigate the

various causes of poor mental health referrals in order to improve the quality of care and improve the efficiency of the health system.

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