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Identifying & Addressing Barriers to Effective Outpatient Mental Health Referral for Medical Inpatients

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Abstract

Introduction: Care transitions are critical junctures for patients with psychiatric illness. Continuity of mental health care is associated with improved patient outcomes and can be improved with targeted discharge planning. Previously, we found that only 28% of medical inpatients seen by our consultation-liaison (CL) psychiatry service received outpatient mental health follow-up after discharge, suggesting significant unmet patient needs. The objective of this study was to assess our clinicians' attitudes and practices regarding outpatient mental health referral to identify opportunities to improve linkage to care.

Methods: We began by conducting semi-structured interviews with 4 members of our CL psychiatry team and 5 social workers (SW) at our medical hospital who regularly make outpatient mental health referrals. We then sent anonymous electronic surveys to all members of our CL psychiatry and SW teams and received 43 completed surveys with a 30.9% response rate.

Results: While 63% of respondents agreed that providing outpatient mental health referrals was an important part of their role, they also identified three main barriers to providing effective referrals. The first barrier was time, with one-third of respondents agreeing that "scheduling follow-up appointments is too time-consuming. A second barrier was variable comfort referring patients from certain populations. For example, while 88% of respondents were

comfortable referring patients with anxiety disorders, this number dropped to 58% for patients with eating disorders, which are less commonly encountered. Respondents were also less confident making appropriate referrals for patients from rural areas (35%) and patients with limited transportation (47%). The final barrier identified by our study was the lack of a consistent referral process, which introduces the risk of error and waste. Our interviews revealed that each clinician had a separate approach to identifying appropriate outpatient providers, scheduling appointments, and communicating follow-up details with their patients.

Conclusions: We are currently customizing referral management software which allows our clinicians to quickly create standardized referral packets using information automatically abstracted from the patient's chart, such as medication lists and recent notes. This software will also utilize a database of contact information for outpatient providers, including those in rural areas and those who treat less common conditions. This approach aims to address each of the 3 barriers to referral identified in this study by reducing time burden, increasing comfort referring certain patient populations, and standardizing the referral process to improve the quality and consistency of our outpatient referrals.