

Communication between psychiatrists and general practitioners: what style of letters do psychiatrists prefer?

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SUMMARY. This study investigated the style of referral letter that psychiatrists would like to receive from general practitioners. Ninety psychiatrists in Edinburgh were asked to answer a brief questionnaire about their preferences and select one of six sample letters presented to them. The most popular letter was one page in length and contained two or three headings.

Introduction

IN recent years there has been increasing concern about the practical consequences of failures of communication in the National Health Service.¹ Failures in communication between doctors are sufficiently frequent and harmful to merit careful examination of possible improvements.² However, little research has been carried out or published on the subject of interprofessional communication.

Both one-way and two-way communication between general practitioners and psychiatrists has been studied.³⁻⁶ A questionnaire study of 80 general practitioners and 80 psychiatrists in Edinburgh identified the five key items that should be included in letters from general practitioners to psychiatrists.⁶ They were: medication prescribed so far; family history; the main symptoms or problems; the reason for referral; and the past psychiatric history. Thus, the preferred content of a referral letter has been identified but the format of the letter, which is also important for effective communication, is not known.

This study was designed to determine the preferred format of referral letters from general practitioners to psychiatrists.

Method

Six sample referral letters from a fictitious general practitioner were produced which varied in length (from half to one and three quarter pages of A4 sized paper) and in the number of headings (from none to five). All contained the five key items.⁶ The six sample letters were stapled together in random order and sent, together with a brief questionnaire, to 90 psychiatrists and psychiatrists in training in the Edinburgh area.

Results

Of the 90 questionnaires sent out, 82 (91%) were completed and returned. The largest number of psychiatrists (28) preferred the one page letter containing two or three headings, while 23 preferred the one and a quarter page letter with five headings. The most popular specimen letter is shown in Figure 1. In addition, the questionnaire asked the psychiatrists to specify the length of referral letter and the number of headings he or she would prefer. The majority stated that they preferred a one page letter (69 psychiatrists) with two or three headings (44).

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© Journal of the Royal College of General Practitioners, 1989, 39, 67.

Discussion

To what extent do general practitioners already meet the psychiatrists' requirements? Analysis of 80 referral letters to psychiatric clinics in Edinburgh showed that the text of the letters were shorter than the specimen letters preferred by the psychiatrists in this study and contained few headings.

Simple consumer research of this type can go some way to answering basic questions about communication between general practitioners and specialists. The benefits of good communication are clear: the reason for referral is understood, the general practitioner's concerns are answered, but perhaps more importantly, the outcome of referral is more likely to be to the satisfaction and benefit of the patient.

Dear Doctor,

Jane Turnberry
Riverside, The Loan, West Mulberry

I would be grateful if you could see this 21-year-old woman.

History
I have been seeing her regularly since May of this year. Initially, this was at the request of her father with whom she lives. Her father explained that following a subtotal thyroidectomy in 1979, Jane had become increasingly difficult and strange. Recently they had moved house. Jane does not like the new house, claiming it smells of dog dirt and that the neighbours are odd, unfriendly and in some way influencing her. She works as an office clerk and has recently been demoted.

Jane claims that she has been victimized at work. She talks of 'tired feelings in my head' and 'it's as if my brain is shrinking'. She has become increasingly anxious such that I have kept her off work for the past three weeks. She is a lonely girl with few interests or friends, who lately has been neglecting her appearance and tending to sit at home in the dark doing very little.

Relevant past history
She is the youngest of four. Her two sisters and brother are university graduates. She herself feels that she is the under-achiever in the family. Her mother died in a road traffic accident when she was 6 years old. There is no past family or personal psychiatric history.

Medically, she had a subtotal thyroidectomy for thyrotoxicosis in 1979 and has been on replacement thyroxine 0.15 mg daily since then. I have had her on no other medication.

Reason for referral
My concern is that despite offering her regular discussion and reassurance she is getting worse. Her family, particularly her father, are finding it difficult to cope. I have made no progress over the past six months and would welcome your opinion as to the likely diagnosis and possible future management.

Yours faithfully,

Figure 1. Specimen letter most popular with psychiatrists.

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