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PROVIDING A PSYCHIATRY SERVICE TO A GENERAL HOSPITAL IN THE ABSENCE OF A DEDICATED LIAISON PSYCHIATRY TEAM

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Introduction: The international literature has clearly set out the importance of having an appropriate consultation liaison psychiatry service in a general hospital.. There is limited data available on the quality of psychiatric consultations in those areas which are without dedicated liaison psychiatry teams.

Objectives: To examine the psychiatric work in a general hospital, and to establish a baseline regarding demographics, type of referral, and management of referrals.

Aims: To assess the psychiatric needs of the hospital with a view to introducing improved evidence-based treatments.

Methods: All referrals from medical and surgical teams and from the accident and emergency department over a 3 month period were prospectively reviewed. As there is no dedicated liaison service, the referrals are seen by the psychiatric registrar on call. The details were entered in a register and reviewed,

Results: 160 referrals were received over the 3 months studied. 90% were from the area served by the psychiatric services based at the psychiatric unit in the hospital. The most common diagnosis was depression (27%). Alcohol was an important factor in 16% overall, and in 26% of referrals from the accident and emergency department.

Conclusion: In the absence of a dedicated liaison psychiatry service, the liaison work is done by the team members of the general adult and psychiatry of older age teams. As 31% of the referrals seen were not deemed urgent by the assessing psychiatrist, there may be a role for a liaison nurse in the triage of referrals to this service.