Psychiatrists and case management

DEAR SIRS

It is disturbing to find no discussion of case management in the report of the President's Working Group on the Mental Health of the Nation as it seems that much of what has hitherto been the work of psychiatrists is becoming included within its remit.

Descriptions of case management (Oynett & Cambridge, 1991) include the assessment of individuals' personal, social, and environmental needs and strengths; individual service planning and implementation in cooperation with users and carers and whatever range of agencies best meets their needs, monitoring progress or the lack of it, and reviewing outcomes. Both intensive work with individual patients and working with purchasers to ensure that the required services are available are also included in some models of case, or the related care, management (Ryan *et al*, 1991).

A range of professionals is now metamorphosing into case and care managers but curiously this does not seem to include psychiatrists despite such planning, bridging, coordinating, monitoring, and advocacy having been a major part of our traditional role. Relevant also may be the term's origin in the USA where these functions have tended not to be carried out by psychiatrists.

We cannot now claim to be the only suitable case and care managers but neither should we be excluded in the many cases where a psychiatrist is appropriate, and where any other arrangement is likely to lead to either duplication or marginalisation.

I would be interested to hear colleagues' views and experience.

DAVID ABRAHAMSON

Goodmayes Hospital
Ilford, Essex IG3 8XJ

References

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Reply

DEAR SIRS

There is no specific reference in *Mental Health of the Nation* to case management but there is to the Care Programme Approach. The reason for this is that the Care Programme Approach is advocated in the Department of Health's paper in 1990 *Caring for People*. In general, case, or better, care management is being developed in social services while the Care Programme Approach with a designated key worker is used in the health service and it is hoped that together they will result in improved practice.

A. C. P. SIMS
Immediate Past President

Inappropriate admissions of the physically ill to a psychiatric hospital

DEAR SIRS

To identify physically ill patients inappropriately referred to a psychiatric hospital and sub-region alcohol unit, all admissions over a six month period were monitored and those subsequently transferred to the local general hospital followed up. Only patients admitted early in the study period were monitored for the full six months, while those admitted later were not followed up beyond that time limit.

Data pertaining to patients transferred to the general hospital within a week were subjected to close scrutiny, as they would appear to represent a group in whom the highest probability exists of psychiatric admission resulting from physical illness. Data were derived from the hospital medical records computer and individual case-notes.

A total of 324 patients were admitted, and 16 of these, or 4.9% of the total, were transferred to the general hospital within the six month period. These transfers occurred for emergency treatment or for medical investigations considered beyond the scope of psychiatric hospital facilities. The transfers represented 17% of all admissions to the old age psychiatry service, 2.5% to the alcohol service, and 4.6% to the adult acute service. Seven of the transfers (2.1% of all admissions, or 44.1% of all transfers) occurred within one week.

The group transferred in the first week of admission differed from patients not transferred in that (a) they were older, median age 76 compared with that of all other admissions, 45; (b) the number of past psychiatric admissions was greater, mean 4.2 compared with 1.9; (c) the sources of referral differed, only 57% referred by a GP, to 86%. It was sobering that four of the seven patients transferred within seven days died at the general hospital within the study period.

There would therefore appear to be physically unwell patients who have 'psychiatric' symptoms elicited by the referring doctor or other agency, and admitted to a psychiatric facility in spite of physical problems, sometimes severe or life-threatening.

The risk of such occurrence could be reduced by careful physical examination which only a doctor is