

Primary care liaison psychiatry

Sir, –

I read with interest Malone et al's letter which revealed considerable difficulties in liaising with GPs (1). We also encountered obstacles which I think are probably common in instituting this type of development and our experience may be instructive to others. The effect of this intervention on referral practices has already been reported (2).

This liaison was set up in the context of a fully community based multidisciplinary service, and in addition a crisis intervention service which provided same day assessment. There were already clinics being held in general practices, on the shifted outpatient mode (3), within the catchment area but it was felt greater liaison was needed. Accordingly we wrote to all the local GPs and offered regular meetings, to which almost a half replied expressing considerable interest. When further contact was made it became apparent that there were numerous difficulties. At this stage we decided to look at the referral patterns and targeted the practices with the highest referral rate to our service, and the greatest apparent need. After further discussion we instituted a fortnightly meeting in one of these group practices, with the GPs determining the agenda for these meetings to a large extent. Benefits of this

approach include a chance to get to know the local GP's on a personal level and to become aware of their resources which is not possible in the purely consultation mode of liaison. In addition it provides a type of support which GPs have not traditionally received.

These discussions helped the gp's with the uncertainty as to when referral to a psychiatrist was appropriate. Where the GP continued the management of the patient then this offered a forum for supervision where difficulties could be discussed.

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References

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2. Doyle H. Liaison with general practitioners. *Psychiatric Bulletin of the Royal College of Psychiatrists* 1992; 16; 175-6.
3. Creed F, Marks B. Liaison psychiatry in general practice: a comparison of the liaison-attachment scheme and shifted outpatient clinic models. *J R Coll Gen Pract* 1989; 39; 514-7.

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