





6minutes News

## ‘Please don’t blame psychiatrists for rejecting your referrals – the system is failing us too’

Psychiatrist Dr Angelo Virgona has responded to a GP’s open letter describing his increasing frustration over rejected referrals.

 [Carmel Sparke](#)

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Dr Angelo Virgona.

A leading psychiatrist says GPs are right to be frustrated over rejected psychiatry letters — but should put the blame on politicians not psychiatrists, who are struggling to meet escalating demand in a “broken” system.

Dr Angelo Virgona, chair of the The Royal Australian and New Zealand College of Psychiatrists’ NSW branch, was responding to comments by GP Dr Andrew Leech, whose frustration over rebuffed referrals bubbled over last week.

Dr Leech penned an open letter on the RACGP website wondering whether psychiatry had become a field of “subspecialties” owing to the growing list of reasons they had given him for refusing to see his patients.

It had become the “norm” for referrals to be rejected, for reasons including his patients were too old — or too young, Dr Leech wrote.

He also said that psychiatrists had refused to accept his patients with a history of ADHD, autism, eating disorders, personality disorders and PTSD, or patients with a history of suicide. 4394

Dr Virgona said psychiatrists were aware of GPs' frustrations — which they shared.

In his letter sent to *6minutes* (see below), he said psychiatrists were striving to provide their patients with the best possible care within the limits of their capacity and expertise.

"I can't speak for individual clinicians or services, but recognising the limits of expertise, capacity, availability and making appropriate referrals are an important part of this in various clinical circumstances," Dr Virgona said in a letter/written response to *6minutes*

The private outpatient system had evolved in a way that lacked coherence and capacity for incentivisation or prioritisation, Dr Virgona wrote.

"People do good work, but inefficiency plagues the sector and there is no system to prioritise care to those who most need it."

He shared his own experience of referring a patient to an ED for admission during a mental health emergency, which included talk about suicide.

"One hour later I get a call from his wife; they were driving home after he was told he was okay to go home and instructed to follow up with me," Dr Virgona wrote.

"I was informed he was seen by a junior staff member. As a senior psychiatrist, with considerable experience managing risk, when you refer a seriously unwell patient for admission, you don't expect them to be turned away."

The patient was eventually admitted.

"It shouldn't be this hard to get a patient the help they need," Dr Virgona said.

"I've been a psychiatrist for 33 years, and stories like this are getting more and more common.

"You speak to GPs, psychiatrists, psychologists, and mental health nurses and while we're diverse in our professions, we're all saying the same thing: the system is broken.

"Decades of patchwork funding, fiscal neglect and policy stagnation is fracturing people's trust in the mental health care system."

Dr Virgona went on to say that he wanted Dr Leech to complain — but to direct his anger to the cause.

"I think you have the right to be frustrated. I think our patients deserve more than what the system can currently provide.

"The next letter we write shouldn't be to each other. It's to the state, territory and federal governments who have been given a lot of the solutions and have the power to fix it."

In response to Dr Leech's open letter, psychiatrist Dr Michael Block also offered reasons why he might reject a referral letter, owing in part to his having specialised in perinatal psychiatry.

"It's nearly 25 years since I've practised as a general psychiatrist," Dr Block wrote in a comment to the original *6minutes* story.

"Even though I practise in a rural area with few referral alternatives, I don't think I'm safe to practise as a general psychiatrist anymore; what would you have me do?"

"The other issue for psychiatrists is workload management.

"There are only so many difficult patients that a psychiatrist can safely manage without risking burnout or unsafe care.

"Many psychiatrists only work part-time and are reluctant to take on patients requiring regular out-of-hours care when that won't be available."

## Letter to Dr Andrew Leech, and our respected GP colleagues,

You recently wrote a letter to psychiatrists.

While I don't speak for all psychiatrists, I have over three decades' experience in the mental health care system — I'd like to capture what many of us are saying from the front line.

I want to start, as have you, with an unequivocal acknowledgment of how valued you are. We see GPs' tireless dedication to your patients and the community. We hear your frustration. We, like you, are alarmed by the escalation of mental health presentations in the community.

People, our patients, are doing it tough.

In your letter, you described calling specialists' offices to advocate for your patients. I'd like to share an experience of my own.

One of my long-term patients and his wife come to see me. He's experiencing episodic severe depressive disorder, with psychotic features.

This means he's having a really tough time. It's also a high-risk condition.

He can't sleep, he's ruminating, he feels helpless and hopeless. He's talking about suicide, which he hasn't voiced before.

His wife is scared. With support, she's been phenomenal at helping him manage his episodes, but she doesn't feel she can keep him [safely].

If they're scared, I'm scared.

In no uncertain terms, this is a mental health emergency, and we organise for her to take him to the ED for admission.

I write a detailed letter, with management recommendations. There's a clear diagnosis, a high risk of suicide, and he needs to be admitted. I share my mobile number for further information.

One hour later I get a call from his wife, and they were driving home after being told he was okay to go home and instructed to follow up with me.

I tell them to turn around and go back. I call the hospital, and speak to the clinical nurse consultant in the ED. I want to know: who saw him? Who did they talk to? What's happening up there?

Despite being a large and busy mental health service, there's no psychiatrist. I was informed he was seen by a junior staff member. As a senior psychiatrist, with considerable experience managing risk, when you refer a seriously unwell patient for admission, you don't expect them to be turned away.

He was admitted. But he shouldn't have been turned away. It shouldn't be this hard to get a patient the help they need.

I've been a psychiatrist for 33 years, and stories like this are getting more and more common.

Psychiatrists – like all medical professions – strive to provide the best possible care for their patients. I can't speak for individual clinicians or services, but recognizing the limits of expertise, capacity, availability and making appropriate referrals are an important part of this in various clinical circumstances.

However, you've touched on something important. When we talk about the 'system', it's not a system. We're talking about people's experience navigating a myriad of disconnected threads. People's journey seeking and receiving care.

When the 'system' is broken, it's the individual patients who feel this most acutely as it gets harder to get help.

The private outpatient system has evolved in a way that lacks coherence and direction.

People do good work, but inefficiency plagues the sector and there is no system to prioritise care to those who most need it. There is a maldistribution of resources across the MBS, and the system lacks capacity for incentivisation or prioritisation.

The complexity and pressure on the system should not be our patients' burden to bear. But it often is.

You speak to GPs, psychiatrists, psychologists, and mental health nurses and while we're diverse in our professions, we're all saying the same thing: the system is broken.

Decades of patchwork funding, fiscal neglect and policy stagnation is fracturing people's trust in the mental health care system.

Multidisciplinary care and access to the right help at the right time is the cornerstone of good patient outcomes. It shouldn't be this hard to refer a patient. It shouldn't be this hard to get a patient help.

Research tells us that prevention and early intervention are the cheapest and most effective forms of mental health treatment at a population level. On an individual level, it's getting enough of the right help, early enough, regardless of the issue. But when you don't have enough practitioners, or the system is too fragmented, it impacts the ability to deliver that.

Yes, we need immediate solutions. Yes, people need help now. But the reality is we need to immediately and sustainably invest in the foundations of the mental health system – its workforce.

From a psychiatry perspective, workforce projections undertaken by the Department of Health predict a significant national shortfall of 125 psychiatrists by 2030. If we don't invest now – today – in our future workforce, we're going to be having this same conversation every year, asking how we can address the mental health crisis immediately.

I don't want to get 10 years down the road, with thousands of Australians unable to get the help they need because we didn't make the necessary investment. The time is now.

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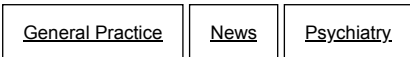
We also need to invest in restructuring the way mental health is funded and delivered, incentivising, prioritising, allowing multidisciplinary care options, allowing psychiatrists to do the work they're best trained to do: assessing and treating those with the most severe mental disorders.

In your letter, you said you're not trying to complain. This is the only point where we disagree. I think you should complain. I think you have the right to be frustrated. I think our patients deserve more than what the system can currently provide.

The next letter we write shouldn't be to each other. It's to the state, territory and federal governments who have been given a lot of the solutions and have the power to fix it.

**Read more:** ['Is psychiatry now a sub-specialised field?': GP asks why his referrals are being rejected](#)

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**Dr Annemie Beck**  
General Practitioner  
ELLENBROOK, WA

Thank you to everyone for bringing this issue to the discussion table. I'm another GP in Perth with an extremely large part of my practice being in the field of psychiatry. I am actively working to be part of the solution, but have hit several walls of bureaucracy. The RACGP was pushing for level 3 mental health GPs in 2019: The idea being similar to GP Obstetricians or GP anesthesiologists. These GPs would be from a cohort with post graduate training in psychiatry (Graduate diploma or Masters degree in Psychiatry) and Medicare would allow for higher rebates than other GPs... [Read more »](#)

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**Dr Bill McNeil OAM**

The system is the consultant's construct. The Psychiatrist's college is an abysmal failure. Can't provide even a band aid workforce. Failure of leadership to cultivate the political relationships necessary to fund adequate federal training positions. The college risks producing only febrile savants obsessed with abstract taxonomy rather than clinical health care professionals. IMHO.

1 Like 17 days ago

Reply



**Dr Alan Wallace**  
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CURRAJONG, QLD