When Should You Send a Psychiatry eConsult?

Practical Guidance from Dr. Jadah Johnson, BSc, MSc, MD, FRCPC

DR. JADAH JOHNSON

Dr. Jadah Johnson joined us for a practical discussion on where psychiatry eConsults can have the greatest impact in primary care. Drawing on her experience across inpatient, emergency, consultation-liaison, addiction, outpatient, and child and adolescent psychiatry, Dr. Johnson explored when to seek psychiatric input, how eConsults can complement in-person referrals, and why psychiatric symptoms should not always be viewed through a purely psychiatric lens.

If You're Wondering Whether to Send an eConsult, Send It

One of Dr. Johnson's clearest messages was that a psychiatry eConsult does not need to be reserved for exceptionally complex cases. Sometimes the greatest value is simply having a second set of eyes on a presentation or management plan.

Certain life transitions are particularly well suited to psychiatric input. Dr. Johnson highlighted:

- Adolescence, where early intervention and lifestyle guidance can have a significant long-term impact.
- Pregnancy and postpartum, where treatment decisions often require individualized risk-benefit discussions.
- Older adulthood, where medical complexity, polypharmacy, psychiatric symptoms, and neurocognitive disorders frequently overlap.

Clinical Pearl

The postpartum period deserves particular attention. Postpartum depression and psychosis may look very different from more typical depressive or psychotic episodes. When something seems unusual, even if it does not initially appear urgent, Dr. Johnson encourages providers to seek input early rather than waiting for safety concerns or hospitalization to arise.

Alēthea

eConsult vs. In-Person Referral Is Not an Either/Or Decision

Dr. Johnson views psychiatric care as a spectrum rather than a choice between eConsult and referral. An eConsult can help a Primary Care Provider determine the initial workup, identify management steps that can begin immediately, and recognize when an in-person psychiatric assessment should be prioritized.

Even when a patient ultimately requires an in-person referral, an eConsult can provide guidance on what to do while the patient waits.

Important red flags include risk of harm to self or others, suicidality, and concerns regarding harm to children or other dependents. However, the presence of risk does not necessarily make an eConsult irrelevant; specialist input may complement appropriate urgent care by supporting risk assessment and safety planning.

Ask: Could Something Medical Be Driving the Psychiatric Presentation?

A central theme of Dr. Johnson's practice is the intersection between internal medicine and psychiatry. Psychiatric symptoms may sometimes be manifestations of, or exacerbated by, underlying medical conditions.

She highlighted autoimmune disease as an important consideration, particularly in inpatient presentations, and discussed her interest in psychiatric manifestations associated with autoimmune illness.

In outpatient practice, the medical contributors worth considering vary across the lifespan:

Adolescents: Sleep deprivation, excessive screen or gaming time, caffeine and other substance use.

Women across reproductive transitions: Consider whether a first episode of depression or anxiety coincides with postpartum or menopausal changes.

Adults: Sleep deserves particular attention. Dr. Johnson noted that she is increasingly identifying obstructive sleep apnea among patients presenting with psychiatric concerns. Iron and B12 deficiencies may also warrant consideration depending on the presentation.

Older adults: New-onset psychosis or depression should prompt consideration of a neurocognitive disorder, including whether dementia could be presenting primarily through psychiatric symptoms.

Practical Approach
Before labelling a new presentation as exclusively psychiatric, step back and consider sleep, substances, medications, nutritional deficiencies, hormonal or life-stage changes, neurocognitive disease, and other medical contributors appropriate to the patient.

Medication Complexity Is a Good Reason to Ask for Help Early

Psychiatry eConsults can be particularly valuable when medication regimens are becoming increasingly complex. Dr. Johnson described seeing patients taking five, six, or seven psychiatric medications and noted that earlier specialist input may help providers navigate these situations before significant polypharmacy develops.

Pregnancy and breastfeeding are another example where broad statements about medication safety may not provide enough information. Patients often need a more nuanced discussion that considers their individual circumstances, treatment goals, risks, and preferences.

Good eConsults Include the PCP's Clinical Impression

More information is not always the same as better information. One thing Dr. Johnson particularly values is the referring provider's **clinical gestalt**.

Because the psychiatrist reviewing an eConsult is not sitting in the room with the patient, the PCP holds information that may be difficult to capture in a checklist. If you wonder whether personality, cognition, stress, or another factor is contributing to the presentation, say so—even when you are uncertain.

That clinical intuition can significantly improve the context available to the consulting psychiatrist.

Lifestyle Guidance Is Part of Psychiatric Treatment

Sleep, cannabis, alcohol, other substances, exercise, caffeine, and other behaviours can meaningfully influence psychiatric symptoms. But Dr. Johnson emphasized that how this information is communicated matters. Rather than simply instructing a patient to change a behaviour, providing evidence, research, guidelines, and educational resources can help patients understand why a recommendation is being made and take greater ownership of their care. She has received positive feedback from both patients and PCPs about this approach.

Specialist Advice Can Build Capacity in Primary Care

For Dr. Johnson, one of the most meaningful aspects of eConsults is their ability to extend psychiatric expertise beyond a single face-to-face encounter. With waits for in-person psychiatric assessment sometimes stretching for months, an eConsult may provide the PCP with enough guidance to begin treatment, or, in some cases, manage the patient without an in-person psychiatric referral.

That impact is reflected in feedback Alethea has received from another physician who regularly consults Dr. Johnson:

"I have found Alethea to be an amazing resource, and it has made a real difference for my patients. The quick responses and excellent management plans have allowed me to manage many patients effectively without them having to wait for a referral.
It has been absolutely invaluable.
I would particularly like to mention Dr. Jadah Johnson, one of the psychiatrists I use regularly. She has been fantastic. I have been able to help so many patients with her guidance, and I genuinely would not have had the same confidence to manage some of these cases without the support provided through Alethea."

KEY TAKEAWAYS

- There is no "bad" psychiatry eConsult. If you would benefit from a second opinion or additional guidance, consider sending one.
- Seek input early during adolescence, pregnancy/postpartum, and older adulthood, when psychiatric, medical, developmental, and medication considerations often intersect.
- Think of eConsult and in-person psychiatry as complementary, not competing pathways.
- Before assuming a presentation is purely psychiatric, consider medical, sleep, substance, nutritional, hormonal, and neurocognitive contributors.
- Consider psychiatric input before medication regimens become increasingly complex.
- Include your clinical impression and intuition in the eConsult—it provides context a remote consultant cannot otherwise observe.
- eConsults can support diagnostic clarification, medication optimization, risk assessment, interim management, and referral decisions, helping PCPs confidently manage appropriate patients while ensuring those who need in-person care are identified.