

## ESSENCE OF A WOMAN

The time has come for me to free myself from this emotional slavery.  
From this invisible but debilitating hold  
that life seems to have over me.  
To banish all negative thoughts  
that only succeeds in creating inner confusion and distractibility.  
I am the essence of woman  
and I have been blessed with the most wondrous gifts  
that life has to offer  
No one can take these away from me,  
regardless of what spiritual violence they may place upon me.

Cut me and I will bleed  
beat me down and I will bruise,  
I am made with mere flesh and blood too.  
Sticks and stones will hurt my bones  
and names will truly harm me.  
I have the foresight to see into the future,  
to a time when certain trivialities  
will no longer matter to me.  
I refuse to give into negative forces,  
that falsely believe they are stronger than me.

I was raised better to lay down and cry,  
Instead I will rise with the sun  
and I will shine  
like a phoenix coming out of the ashes  
I will dust myself free,  
and try over and over again if must be.  
I am a daughter of Jah,  
nothing has ever come easy for me,  
from the moment that Adam took the apple from Eve  
I was damned for all of eternity.

I am the essence of woman,  
all women that have ever been used, abused,  
physically, emotionally,  
humiliated, rejected, betrayed.  
I am all of these,  
but I refuse to bend my head down  
and not look my enemy in the eye,  
nor will I become submissive,  
for such actions do not come natural to me.  
I do not have to shout or be aggressive,  
to put up a worthwhile fight,  
at times silence is the only answer.

As a women born to nurture and create,  
there is nothing that can be done  
to make me eternally bitter or angry.  
For I possess strengths that no-one else can see,  
that have held together nations  
and built holds societies,  
so do not underestimate me,  
after days, months, years, decades,  
of ill-treatment and disrespect,  
I will no longer be held responsible for my actions,  
or easily satisfied.  
There comes a time when the essence of woman,  
has to say enough is enough.

**Kat Francois**

## Curing bad paperwork

**Streamlining the referral process from GPs can significantly improve the patient's journey into drug services, as Dr Adrian Flynn, Dr Rupert White and Dr Omair Khan found out from their recent audit in Cornwall.**

**IN CORNWALL**, as in many parts of the country, the specialist drugs service (CDAT) relies on referrals from general practitioners for clients with drug problems. These referrals relate almost exclusively to heroin injectors.

In an ideal world, the letters that accompany them would contain vital information on, for example, route of use, mental health and physical health needs, that can be used to prioritise the user into treatment, or signpost to non-stat agencies where appropriate.

Unfortunately this was not often the case, and so a few years ago we developed a standardised form that was distributed through the GP surgeries, to help with this process.

In 2006 we conducted an audit to find out to what extent GPs were providing the information that, ideally, we required. It was also carried out to establish whether more information was passed on through typed letters or referral forms, and to find out which system appeared to work best.

Fifty people were selected randomly, whose main cause of concern was illicit substances. We found that GPs preferred to refer 46 patients out of 50 through typed letters, and only four referrals out of 50 were made by using referral forms.

Although there was no difference in demographic information disclosed by the GP (age and sex etc) significantly more information was provided regarding method, frequency, complications and risks of drug use in referral forms, as compared to typed letters.

The insufficient information in the typed letters added to increased workload for the substance misuse team, as 10 per cent of people were being followed up for more information.

After the audit a gentle reminder, in the form of a letter to the practice managers, was sent to improve the quality of information in the letters – and to ask them if possible, to use the referral forms in place of, or in addition to, the letters.

In the re-audit it became evident that the number of referral forms used for referrals increased to 17 out of 50. Although the quality of information had improved generally in letters and forms, the referrals forms still held a significant edge in provision of crucial information.

The purpose of this audit was to improve the GPs' awareness about communication of important parts of information, to provide the best care to the service user and the method of transferring this information in an organised way.

It is reassuring to know that standardised forms can help in this respect, and we would urge teams with similar problems to follow suit. Of course over the next few years, information management within substance misuse will change a great deal and increasingly referrals are made electronically. This will change the media used to make referrals, but it will not change the basic principle that it is important that the links between primary and secondary care are nurtured and, where necessary, improved.

**Dr Adrian Flynn is consultant liaison psychiatrist at Cornwall Partnership Trust; Dr Rupert White is consultant at Cornwall Drug and Alcohol Team; Dr Omair Khan is senior house officer (psychiatry) at Cornwall Partnership Trust.**