

Mental health in general practice: assessment of current state and future needs

Mimi Copty, David L Whitford

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Abstract

Objectives: To determine the extent of mental health services provided in the community in one Irish health board area. To examine the influence of postgraduate mental health training of GPs on provision of mental health services.

Method: Questionnaire and focus group methods were employed to determine views on mental health service provision. Data analysis was with parametric and non-parametric tests of association including student's *t* and chi-squared tests. Thematic analysis of the focus groups was carried out.

Results: Twenty-five per cent of patients attending general practice have mental health problems and over 95% of these problems are dealt with in primary care. Only 32% of GPs had received postgraduate training in psychological therapies. GPs with postgraduate training in psychological therapies were more likely to estimate a higher proportion of their patient population with mental health problems and less likely to refer to psychiatric services. A need for support from other health care professionals in primary care was also identified.

Conclusion: The majority of patients with mental health problems are treated in primary care. Further training of GPs and increased resources would improve mental health care in primary care and lead to fewer referrals to psychiatric services.

Key words: General practice; Primary care; Mental health; Psychiatric services; Training.

Background

National and international reports have recommended a shift of mental health services from hospital to the community, increased provision of mental health services in primary care, a greater integration of mental health services and provision of a comprehensive mental health service.¹⁻³

Although the majority of mental health problems are dealt with in primary care⁴ there is evidence that some general practitioners (GPs) have insufficient psychiatric training^{5,6} and that the desired integration of mental health services has not been fully achieved.⁷ Urban Ireland has been found to have

the highest prevalence of depressive disorder in Europe⁸ and would therefore merit an advanced system of community mental health services.

This study set out to determine the extent of mental health services provided in the community in one health board area of Ireland and to examine the potential for future provision of mental health services in the community setting.

Method

This study was conducted in the area covered by the South Western Area Health Board (SWAHB) in 2003. The SWAHB serves a population of 580,000 people. Services are provided by 362 GPs and 30 psychiatrists to this population.

The views of GPs and psychiatrists on primary care mental health services were elicited through questionnaires. The questionnaires were developed utilising the study objectives, previous literature and personal experience. Input was obtained from a steering group consisting of primary care and mental health service providers.

The questionnaire was subsequently piloted among GPs at a conference on suicide prevention, following which appropriate changes were made. The final version of the GP questionnaire included questions on GP demographics, provision of mental health services in general practice and GP perceptions of mental health services. This was mailed to the 362 GPs in the SWAHB area. Two reminders were sent to non-responders. A similar questionnaire for psychiatrists was developed and mailed to 30 psychiatrists, followed by telephone reminders to non-responders.

Data analysis was with SPSS v11.0 using parametric and non-parametric tests of association including Student's *t* and chi-squared tests. $P < 0.05$ was taken as significant.

The questionnaire survey was followed by three focus groups to further explore issues around the delivery of mental health services. The focus group participants were, respectively, five GPs, eight service users and eight mental health service providers (psychologists, social workers, counsellors and occupational therapists). Thematic analysis of the focus groups was carried out.

Results

A total of 231 GPs returned questionnaires (64% response rate). Responders were representative of the GP population in the SWAHB in terms of age and gender (*Table 1*). Of the psychiatrists, 23 returned questionnaires (77% response rate).

Current management in general practice

GP estimates of the proportion of their patients with mental health problems ranged from 1% to 90% with half of the responding GPs estimating in the range 15%-32%. The

*Mimi Copty, MHSA, BA, Project Director, Mental Health in Primary Care, Irish College of General Practitioners, 4-5 Lincoln Place, Dublin 2, Ireland. David L Whitford, MA, MD, Senior Lecturer in General Practice, Department of General Practice, Royal College of Surgeons in Ireland, Dublin 2, Ireland.

*Correspondence

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Table 1: Characteristics of GP responders to questionnaire

Characteristic		Number (%)	Non-responders
Practice situation	Urban	156 (71%)	
	Rural	16 (7%)	
	Mixed urban/rural	47 (21%)	
Practice population	Private	43 (23%)	
	GMS	35 (18%)	
	Mixed private/GMS	112 (59%)	
Practice size	Single-handed	79 (36%)	
	2-4 GPs	121 (55%)	
	5-8 GPs	19 (9%)	
Gender of GP*	Male	153 (70%)	78 (62%)
	Female	67 (30%)	48 (38%)
Age of GP**	26-35	24 (11%)	13 (12%)
	36-45	60 (28%)	24 (22%)
	46-55	77 (35%)	37 (34%)
	56-65	48 (22%)	30 (27%)
	>65 years	9 (4%)	6 (5%)

* Gender responder vs non-responder $\chi^2 = 1.78$, 1df, $p = 0.18$
 ** Age responder vs non-responder $\chi^2 = 2.16$, 4df, $p = 0.71$

mean estimate of the proportion of patients with mental health problems was 25.1% (95% CI 22.9% - 27.3%). The problems encountered were broken down in terms of anxiety disorders (49%), depression (24%), emotional difficulties (20%) and others (7% – including psychotic disorders, eating disorders and substance abuse).

GP estimates of the proportion of patients referred to a mental health specialist ranged from 0.1% - 40% with half of the responding GPs estimating in the range 1% - 5%. The mean estimate for proportion referred was 4.3% (95% CI 3.5% - 5.0%). The primary reason for referral was deemed to be the severity of the condition by 48% of GPs, failure to respond to treatment by 28% of GPs, access to therapies not available in general practice by 10% of GPs, advice on treatment by 7% of GPs and other reasons by 7% of GPs. GPs in the focus group also mentioned patient characteristics and pressure from patients or families as a reason for referral:

"Only if somebody is very severely depressed and not responding to medication, or suicidal, or if you feel you're not getting anywhere with them. But that would be very infrequent." (GP)

"Emotional cases who have all sorts of other things going on – family rows – they are difficult to manage." (GP)

"Sometimes you're just bullied into referring." (GP)

Psychiatrists indicated that the most common conditions referred to them by GPs were depression (67%), anxiety disorders (19%), emotional problems (9%) and psychotic disorders (5%). Of psychiatrists, 74% indicated that they regarded depression, anxiety and emotional problems as conditions that could be treated within primary care if given adequate resources. Psychiatrist estimates of the proportion of patients referred by GPs who should be treated within primary care ranged from 10% - 85% with half of the responding psychiatrists estimating in the range 27 - 55%.

Table 2: Proportion of GPs who would treat mental health problems in general practice if adequate support was available (n = 231)

Mental health condition	Proportion of GPs
Anxiety disorder	80%
Emotional difficulties	72%
Depression	69%
Eating disorder	38%
Substance abuse	35%
Psychotic disorders	18%

The mean estimate for proportion of patients not needing referral was 44.4% (95% CI 33.5% - 55.4%).

Resources for the community

Many GPs felt that they could treat more patients with mental health problems if they had access to increased support in primary care (Table 2). GPs in the focus group raised lack of time as a major issue in treating mental health problems without extra support:

"We're all busy and we can't give them the time they need." (GP)

Service users in the focus group endorsed this:

"It's easy to talk to my doctor but she only has 15 minutes." (Service user)

Of GPs, 119 indicated the type of support they felt was required in primary care; 84 (72%) GPs would like counselors in primary care, 15 (13%) psychologists, five (4%) community psychiatric nurses, and nine (6%) other mental health workers. Only six (5%) GPs indicated that they would like more community psychiatrists.

"At the moment I'm referring to a psychiatrist, not because I particularly want the psychiatrist to see them, but because psychiatrists are the only gatekeepers in this area." (GP)

However, some of the psychologists and social workers in the focus group felt the present referral structure through a local mental health team was best, with the psychiatrist acting as gatekeeper to their services. One reason for this was their lack of time to deal with an increased workload.

"The non-medical professions are very under-represented in the multidisciplinary teams. The workload is too big – one therapist or social worker for a sector of 40,000 population. It's not realistic." (Social worker)

The psychiatrists were asked which areas they would prioritise for improvement in the delivery of mental health services in primary care. Improved communication, shared care and training for GPs all ranked highly.

Training in general practice

Only 32% of general practitioners had received postgraduate training in psychiatry or psychological therapies. GPs who had received postgraduate psychiatric training reported a higher proportion of their patients with mental health problems ($t = 2.2$, $df 202$, $p = 0.03$) and were less likely to refer to psychiatric services ($t = 2.1$, $df 202$, $p = 0.036$). They were more likely than GPs without postgraduate training to report emotional difficulties as the most prevalent mental health condition seen in general practice ($\chi^2 = 13.8$, $df = 3$, $p = 0.003$) and less likely to report depression as the most prevalent mental health condition ($\chi^2 = 12.9$, $df = 3$, $p = 0.005$). Only 11/215 (5%) of GPs chose further training of

GPs in mental health as the area of mental health services they would most like to improve. However, 48% of psychiatrists saw training for GPs as a high priority for improvement. The lack of skills in interviewing, counselling and cognitive behavioural therapy among GPs emerged in the focus groups:

"Some of the skills that would help people with mental health problems, such as cognitive behavioural therapy and so on, I don't think most GPs have those skills." (GP)

"GPs are not trained for psychiatric illness but just for general practice." (Service user)

"It's very hard to talk about but I thought the GP should have been more trained than me." (Service user)

An even more basic requirement was provision of appropriate information to GPs.

"I think the GP needs to know what's available and what isn't available." (Social worker)

Discussion

This study was the first of its kind undertaken in Ireland to determine the extent of mental health services provided in the community by GPs and to ascertain how these services might best be developed in the future. We have shown that mental health problems are common in general practice, affecting approximately 25% of patients seen by GPs and that over 95% of these patients are cared for in general practice.

We have also shown that GPs with postgraduate training in psychological therapies are more likely to identify a greater proportion of their patients as having mental health problems and less likely to refer patients to psychiatric services. However, this study indicates that training of GPs in mental health may be inadequate and that resources needed to cope with mental health problems in primary care are insufficient.

Comparison with previous literature

Much of the previous literature concerning the management of mental health problems in general practice is old and based in the United Kingdom. However, the estimate in this study of a mean of 4.3% of patients being referred is in line with those studies,^{4,9} indicating that over 95% of mental health problems are managed in primary care. The wide variation in psychiatric referrals between GPs noted in this study has also been reported previously.¹⁰

Psychiatrists were of the opinion that nearly half of the patients being referred to them could be adequately managed in primary care. This could be related to a lack of understanding on the part of psychiatrists of reasons for referral, the lack of resources in general practice or poor referral habits of GPs. Improved liaison and shared education between GPs and psychiatrists has been shown to improve functional outcomes.¹¹ Further development of this liaison and shared educational pathways in training may reduce unnecessary referrals and increase the understanding of psychiatrists towards referrals.

The psychiatrists were also of the opinion that further training in mental health for GPs was a high priority, but this opinion was not widely shared among the GPs. It is clear from previous studies that lack of training of GPs in psychological therapies is a major obstacle to the adequate provision of mental health services in primary care.^{5,6,12,13} Only 32% of GPs in this study had received postgraduate mental health training. However we have shown that postgraduate

training of GPs in psychological therapies was associated with improved detection and reduced referral of mental health problems, providing further support for the provision of improved training for GPs in the detection and management of general practice mental health problems and in short contact psychological therapies.

Strengths and weaknesses of this study

The strength of this study is in the use of both quantitative and qualitative methods in examining the views of GPs, psychiatrists, professions allied to medicine and service users. There was a good response rate to the questionnaire surveys of GPs and psychiatrists. However, there are a number of limitations of the study. Non-responders among GPs may be less interested in mental health problems and a responder bias may be present, leading to a possible overestimate of responsibility for mental health problems in general practice and an underestimate of referrals. In addition, this study has looked at only one health board area and may not be representative of all GPs in Ireland.

Recommendations for future research and development

The finding that the majority of patients with mental health problems are dealt with in primary care, but that training of GPs and provision of resources is not optimal raises concerns as to the quality of care being delivered to patients with mental health problems. It is of note that there is a dearth of training opportunities for GPs in Ireland in psychological therapies. Previous studies have shown that GPs recognise the importance of improving their skills in the care of mental health problems,¹³ that there is considerable potential to improve the skills of GPs,⁵ and that ongoing interactive and contextually relevant training can improve the knowledge, skills and attitudes of GPs caring for people with mental illness.⁵

Increased provision of high quality training for GPs and other members of the primary health care team should be made available in Ireland, with the aim of improving the detection and care of mental health problems and reducing unnecessary referrals to secondary care. However, this will not be fully achieved until increased numbers of counsellors, psychologists and community psychiatric nurses are provided within the primary care setting. This would serve both to relieve the burden on GPs and to improve access to therapy for patients.

There is also a need for increased research into alternative methods of providing psychiatric services within primary care in order to develop optimal models of care. In particular, the provision of counsellors, psychologists, social workers and community psychiatric nurses in the primary care setting needs further evaluation to establish its effectiveness.

Conclusion

Our study shows that mental health problems are common and mainly dealt with in primary care, but the resources and training to provide high quality care for patients with mental health problems are not widely available in primary care. Improved counselling and support services in primary care, coupled with high quality training of GPs in psychological therapies should be a priority for the improvement of mental health services in Ireland.

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Declaration of Interest: None

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