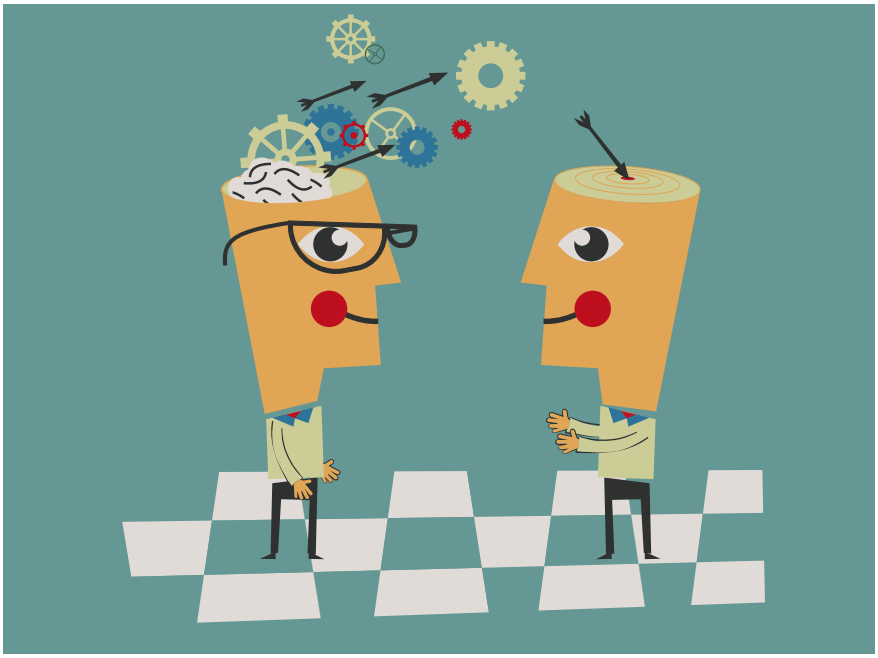
Primary Factors Involved in Referral from General Medical Practitioners to Psychological Therapies

by Donagh Ward

Abstract

GPs are the primary care gatekeepers for health services throughout the world. Many people who go to their primary care doctor present with symptoms of psychological and emotional distress. The presenting rates in primary care of common mental health issues are on the increase globally. This article conducts a systematic and thorough review of the literature written in the past decade on the significant factors which influence a primary care medical practitioner's decision to refer a patient to a psychotherapist.



Introduction

Patients are presenting themselves to primary care providers with psychosocial problems in ever increasing numbers (Schafer et al., 2009). General practice plays a vital role in the detection, assessment and treatment of emotional and psychological health problems, yet less than 10% of those presenting with these issues will be referred to a mental health professional for further treatment (Whitford & Copty, 2005). GPs in the UK have stated a requirement for assistance in treating people who have mental health issues and patients, in turn, are requesting referrals to therapy more frequently than at any other stage in the past (Fakhoury & Wright, 2001).

The past 20 years has seen a steady rise in primary care practitioners referring to psychological therapies (van Orden et al., 2009). The decision-making process underlying referrals from general practice to counselling can be complex (Rushton et al., 2002). Ten main considerations were identified in this research relating to GP factors which influence referral patterns to psychological therapists. A further four considerations were identified relating to patient factors and another two aspects were discovered with regard to GP/counsellor collaboration. The focus of this work examines GP factors.

Decision-making process underlying referrals... Ten main considerations were identified in this research relating to GP factors which influence referral patterns to psychological therapists.

Gatekeeping role

Primary care practitioners are considered to be the 'gatekeepers' to almost all primary and secondary health services (Herrington et al., 2003). Many people visit their doctor because of emotional, psychological or psychosocial issues (Huibers et al., 2007; Walders et al., 2003) and the function provided at primary health care level by GPs is increasingly recognised to play a key role in mental health care (Sigel & Leiper, 2004). Whereas some of these consultations involve relatively minor occurrences of anxiety and depression, a considerable amount involve more persistent and acute difficulties with associated psychosocial, emotional, behavioural, psychological and medical morbidity (Buszewicz et al., 2006).

In Britain more than 50% of patients present purely with somatic symptoms but attribute their physical symptoms to bodily illnesses (Sigel & Leiper, 2004). As 25% - 40% of GP presentations in primary care have a significant psychological element (Bushnell, 2004), the central role that the "family doctor" plays in the identification of people with mental health issues is universally acknowledged (Shield, Campbell, & Rogers, 2003; Sigel & Leiper, 2004). In Ireland 95% of emotional and psychological health problems are supported and treated within general medical practice and less than 5% are referred onto more specialised psychological health services (Whitford & Copty, 2005). In the United Kingdom 9% of patients presenting to their GPs with emotional health issues received a referral to counselling (Fitch et al., 2008). Internationally, GPs provide the majority of treatment for psychological and emotional issues of people in the general population (Bushnell, 2004).

Kierans & Byrne (2010) state that the high volume, varied case-mix, and sometimes complex nature of mild-to-moderate mental health presentations continue to stretch the capacity and competence base of most GPs. Bea & Tesar, (2002) acknowledge that many psychological and emotional issues can be dealt with effectively in the primary care environment as many require either no intervention or are self-limited.

Therapeutic relationship between doctor and patient

Decision-making with regard to referral to psychological therapies is a process that occurs within the context of the doctor/patient relationship and referral decisions can be affected by the nature of this relationship (Knight, 2003). Buszewicz et al. (2006) found preliminary evidence that primary care patients have better clinical outcomes where there is a positive therapeutic relationship with their doctor. In this particular study of patients' experiences in presenting psychological and emotional issues to their GP, the authors reported that all of the patients surveyed remarked on how characteristics of the relationship with their doctor helped or restricted them in opening up about their emotional issues and that this was fundamental to their consultation experience.

Cape (2000) states that a positive collaborative relationship between doctor and patient is beneficial to the patient when disclosing emotional difficulties. Chew-Graham et al. in their 2002 exploration of the management of depression in primary care found that GPs recognise the importance of the therapeutic relationship with their patients and the importance of listening to them when psychosocial issues are presented. However, they qualified this with the problems of accommodating this service within the practical constraints of their workload.

GP training

Research studies investigating the success rates of GPs' recognition of mental health issues in their patients has suggested that, internationally, up to 50% of individuals with emotional or psychological issues who present in primary care do not have their symptoms identified, and this can constrain the optimal delivery of adequate treatment or appropriate referral to a mental health professional (Kessler et al., 2002).

Herrington et al. (2003) state that GPs who have a greater interest in psychiatric disorders, are concerned about the emotional health of their patients and who feel greater responsibility for helping patients to resolve these issues are better able to recognise emotional, behavioural and psychological difficulties.

However, the commonly repeated assertions regarding GPs missing up to half of common psychological issues in their patients has been

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challenged by Bushnell (2004) as an oversimplification. Bushnell's research showed that GPs identified 67.3% of psychological symptoms in the course of a consultation. In a previous review of the existing literature from 2003, Herrington et al. stated that GPs often fail to either inquire into or interpret cues for the presence of anxiety and depression, even though these symptoms may clearly be present.

Bea & Tesar (2002) found that, in general, GPs do not have training or expertise in counselling skills and prescriptions for psychotropic medication is often more widely dispersed than information about counselling and psychotherapy. In addition to this, they say that many of the clinical practice guidelines for GPs in the United States emphasise pharmacologic management of psychological difficulties.

An Irish study into the counselling referral process in primary care methadone treatment found that with regard to GP training, counselling interventions and other psychological management techniques are not covered in general medical training in Ireland (Kenny, 2007). With one exception, all GPs who discussed the topic at interview were of the opinion that their formal training did not give them insight into the role of counselling (ibid).

Access to psychological therapies

For the vast majority of GPs surveyed across all of the literature explored in this study, the main factor which prevents them from referring patients to counselling is the lack of availability or accessibility to appropriate services. (Alexander & Fraser, 2008; Kenny, 2007; Rushton et al., 2002; Ward et al., 2008). Telford et al., (2002) found that speed of response to referral and access to the preferred professional were the two most problematic issues for British GPs when referring to psychological therapy services.

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The subsequent stigmatisation of patients who have emotional, psychological or psychosocial problems in being referred to psychiatry discourages further referrals (Whitford & Copty, 2005). Knight (2003) found that a number of GPs expressed concerns regarding waiting lists and the length of time it can take for individuals to be seen by some therapeutic services. These doctors felt that services need to be accessed within a reasonable timeframe, otherwise when a service is not available when required, it is not subsequently utilised.

However, in a Norwegian study, Mykletun et al., (2010) assert that if a substantially larger number of patients who present to GPs with symptoms of anxiety and depression were to be referred to psychological therapies, the current system would come under too much pressure and collapse. One of the problems of managing treatment of mental health issues in primary healthcare in Great Britain has been the high level of unmet need for psychological therapy, awareness of which has resulted in calls for an improvement in access to psychological treatments for people with common mental health problems (Boardman & Walters, 2009). To counteract this, (Mykletun et al. (2010) refer to an alternative approach to this public health challenge which is being trialled in the UK. The 'Improved Access to Psychological Therapies' (IAPT) project involves the establishment of psychotherapeutic treatment centres across the UK to deliver evidence-based, solution-focussed and low threshold therapies.

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In Ireland, it is hoped that the Counselling in Primary Care (CIPC) service which was launched by the HSE in July 2013 will go some way towards increasing access to counselling for people.

Attitudes towards counselling

GPs can play a considerable role in informing their patients about different types of psychotherapy and helping to find a good match between patient and counsellor is vital to positive outcomes (Bea & Tesar, 2002). Fitch et al., (2008) acknowledge that historically, GP attitudes towards counselling have been considerable barriers to the referral process. These attitudes have included the stigmatisation of those who seek counselling, the failure of various groups of doctors and counsellors to respect each other's work and scepticism amongst GPs about the efficacy of therapy (ibid.).

Telford et al., (2002) found that existing guidance criteria, which recommend that counselling should routinely be considered as a treatment option, are seldom followed by British GPs. Nettleton et al., (2000) found contrasting attitudes of different primary care practitioners towards psychological therapies so that the decision-making process can be quite random as to whether patients with similar issues receive a referral. Raine et al.,

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(2005) in a study on GPs' opinions into access to mental health care found that some GPs interviewed doubted the empirical legitimacy of counselling approaches to mental health and questioned the difference between psychotherapeutic treatments.

Kenny (2007), in undertaking a study on the psychological therapy referral process in primary care methadone treatment in Ireland, found a more positive attitude towards psychological therapies amongst the practitioners interviewed. He states that GPs recognise counselling as an important intervention in the holistic treatment of methadone patients.

Reasons for referral

GPs' referral decisions about psychological therapies and other mental health services appear to be influenced by a range of factors. GPs are more likely to refer 'high risk' patients, such as those who are suicidal, to mental health services, sometimes out of a desire to share responsibility or have another service take over a patient's care (Sigel & Leiper, 2004). Vagholkar et al., (2006) in their Australian research, found that the patients who were referred from general practice to psychological therapies were predominantly female with the majority aged thirty or over, peaking in the thirty-to-forty-nine age range. They go on to state that this is consistent with other Australian research on issues pertaining to psychological and emotional issues which show that such conditions tend to decrease with age, and that females are more likely to present to their GPs with anxiety and depression and they account for the majority of mental health presentations in primary care, while males more commonly present with substance abuse and addiction issues.

It has been found that GPs who work in primary care health centres are more likely to refer people to counselling and that the referral ratio grew in proportion to levels of urbanisation (Herrington et al., 2003; Knight, 2003).

Cape & Parham, (2001) and Kadam et al. (2001) found that depression and anxiety were the most common psychological problems referred by GPs to psychological therapies. They state that relationship difficulties and emotional problems relating to bereavement were rated as more common in patients seen by counsellors, while panic disorder, phobias and obsessive compulsive disorder were rated as more common in patients seen by clinical psychologists. Canadian research into this topic established that younger people were more likely to be referred to mental health specialists but that only a small proportion of patients with a major depressive episode were referred to mental health professionals,

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with a significant proportion not receiving any mental health services (Wang et al., 2003). Kendrick et al., (2005), in a British study of GPs' treatment decisions for patients with depression, found that in phase one of the research the participating GPs diagnosed depression in thirty cases (49%), prescribed psychotropic medication in five (8%), and a referral to a mental health professional in ten (16%). Equivalent data for phase two of the study showed that depression was diagnosed in nine cases (35%), psychotropic medication was prescribed in nine (22%), and referral to psychotherapy was offered in three cases (7%). The authors state that it is noteworthy that depression was not even discussed by GPs in fifty seven of the one hundred and one cases, let alone treatment or referral options offered. Amongst the forty four patients with whom their condition was discussed, fourteen were offered medical intervention, and a referral to psychological therapy was offered to thirteen.

Sensitivity towards psychological issues

Psychological-mindedness amongst GPs is central to therapeutic alliances as it can serve to encourage primary care doctors who, having little prior education in the area, take a keen interest in counselling and psychotherapy (Fitch et al., 2008). A patient may present with physiological, psychological, emotional, behavioural and psychosocial issues or various combinations of these and a GP's sensitivity to this presentation plays a central role for correct diagnosis and subsequent appropriate referral to psychological therapy (Herrington et al., 2003). Further to this, the study found that GPs who did not consider psychological care as falling within their remit tended to refer more people than those who did not and that those GPs who displayed more interest in psychological matters

had a tendency to refer less frequently and offered counselling to their patients themselves. This piece of research also stated that the patients, seen by GPs who assigned greater importance to psychological factors, reported higher satisfaction ratings after consultation (ibid.).

Provision of counselling by the GP

This study has identified that some GPs prefer to provide counselling themselves rather than refer to a psychological therapist. Counselling is frequently used in general practice (King et al., 2002; Knight 2003) with most GPs providing counselling to their patients in the form of general advice (Collins et al., 2006). In the Netherlands, guideline criteria for the treatment of depression advocate the prescription of psychotropic medication and/or various forms of psychological therapy. Where counselling and psychotherapy is required, the primary care doctor can choose to work therapeutically with the patient themselves or refer the person to a mental health professional (Piek et al., 2011). Stavrou et al., (2009) determined that GPs reported some patients felt comfortable with just seeing their doctor and were not seeking further help. The majority of primary care practitioners who participated in a British qualitative study conducted by Cocksedge & May (2006) stated that they had no desire to act as counsellors to their patients and preferred to refer the patient to therapy if possible.

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The role of emotive responses

Sigel & Leiper (2004) suggest that referral decisions are prompted when the relationship with the patient becomes difficult or evokes negative emotional responses in GPs. Nandy et al. (2001) similarly state that some reasons for referral from general practice to psychological therapies include lack of improvement and a poor relationship with the patient, which, in many cases, are accompanied by sentiments of annoyance or anger on the part of the doctor. Nandy et al. found that those GPs who initially contained but then referred after a period of management by themselves alone, the role of feelings as a trigger for referral was often prominent. GPs would use their own feelings (e.g. frustration or irritation) as a gauge that progress was not being made or that they were not the right person to be dealing with this patient.

Herrington et al. (2003) found that GPs who had a tendency to blame patients for causing, overstating or extending their depression, assessed these difficulties less, and were less accurate in identifying psychological or emotional suffering in their patients.

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Workload and time constraints

A significant factor in whether a patient receives a counselling referral relates directly to the GP's workload and limited consultation times. Chew-Graham et al. (2002) found that although in Great Britain there has been an increased awareness on emphasising the identification and diagnosis of depression, it has been said that GPs may be hesitant to enquire about and investigate concerns about their patients' potential mental health problems due to other demands upon their time, coupled with the subsequent emotional burden that they themselves may experience. In Great Britain general practice consultations are shorter by international standards with the mean in the UK being 8.4 minutes, in comparison to 15 minutes in Canada and 21 minutes in Sweden (ibid).

Research from the United States published in 2010 by Anthony et al., explored the factors which are influential in GPs' decisions to refer depressed patients to psychological therapies. The researchers in this study found that 92.5% of the respondents concurred with the statement, "Consideration of psychological problems will require more effort than I have to give", and 50% concurred with the statement, "Investigating psychosocial issues decreases my efficiency".

Knight (2003) found evidence showing that one common reason for GP referral counselling was because of constraints upon of doctor's time which didn't allow them to tend to the more difficult and intractable problems which their patients were experiencing.

Appropriate referrals from general medical practice to psychological therapies are increasing and greater awareness of the referral process from the perspectives of both the patient and the doctor will benefit all of the stakeholders.

Conclusion

There are multiple factors involved in the referral process from general medical practitioners to psychological therapies. Constructive aspects which aid the referral process include a healthy therapeutic alliance between doctor and patient; early recognition of symptoms of mental health issues by the general practitioner; GP time constraints; GP sensitivity towards psychological difficulties; and positive attitudes towards counselling by both doctors and patients.

Negative factors which serve as barriers to the referral process include non-recognition by primary care practitioners of psychological and emotional distress symptoms; an unhealthy doctor/patient relationship; lack of GP education and sensitivity regarding emotional or psychosocial problems; negative attitudes towards counselling by patients and GPs; and difficulty in accessing timely and appropriate psychotherapeutic treatment options.

Access issues are being addressed by initiatives such as the CIPC service here and other barriers to the referral process can be attended to by additional training and education programmes for general practitioners and increased public mental health awareness campaigns. There is a need, in particular, for further research into Irish general practitioners' attitudes and perceptions towards psychological therapies. Appropriate referrals from general medical practice to psychological therapies are increasing and greater awareness of the referral process from the perspectives of both the patient and the doctor will benefit all of the stakeholders and consolidate and increase such referrals into the future.

In view of the fact that the occurrence and presentation of mental health issues is increasing globally, continued research to aid understanding of referral patterns to psychological therapies is essential for the future emotional and psychological well-being of society.

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Erratum: Complete Diagram from 'Developing a Supervision Policy within an Organisation' by Mary Dwyer (Issue 4,Winter 2013):

Program for Developing a Supervision Policy within an Organisation