

# Psychological treatment in general practice: its effect on patients and their families

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**SUMMARY.** Rates of consultations and prescriptions for patients referred to clinical psychologists, and for these patients' immediate families, were investigated for three-year periods both before and after referral. Patients and their children consulted more and had more medication prescribed before referral than control groups, this tendency being particularly prevalent in the year before referral. After the contact with the psychologist there was a decrease in all these indices in the short term, and there were long-term decreases in psychotropic drug prescriptions for patients and in both consultations and prescriptions for their children.

## Introduction

OVER the last few years, there have been a number of papers published which have discussed the effects of psychological intervention on individual patients in a general practice setting.<sup>1-6</sup> Koch, for example, investigated the effect of behaviour therapy on 30 patients referred to the clinical psychology service.<sup>4</sup> He showed that patients with psychological problems consulted their general practitioners more frequently than other patients, and received a larger number of psychotropic drug prescriptions.<sup>5</sup> However, the number of psychotropic drug prescriptions written and the number of consultations with the general practitioner decreased by over 50% in the year after psychological intervention compared with the year before such intervention. Ives found that decreases in psychotropic prescriptions and consultations were maintained over the year following contact with a clinical psychologist.<sup>6</sup>

Both of these evaluative studies, however, present certain problems. One is that the rates of consultation and prescription in the year before the general practitioner's decision may be unrepresentative of longer-term rates, or may be atypical for that particular year. One study which investigated longer term usage was performed by Freeman and Button.<sup>7</sup> They found that the higher rates of usage of general practitioner services were in fact short-term and that patients referred to psychologists used the service to a much lesser extent at other times. They concluded that psychological disorders follow a pattern of crisis and remission, and took the view that this detracts from the evidence produced in other studies.

Other problems with these studies include the lack of control groups, as the decrease in usage of the general practice service by patients following contact with a psychologist may have occurred without treatment. Earll and Kinsey<sup>8</sup> tried to overcome this problem by randomly allocating patients to a treatment or control group, and found that, during intervention, the treatment group received fewer psychotropic drug prescriptions than the non-treatment group, but that this difference was not maintained at follow up after seven months.

It is also important to investigate the usage of the general practitioner service by the referred patient's immediate family. There is evidence linking referral to psychiatry of parents with usage

of other hospital services by their children. Bain and Sales for instance, found that there was a link between psychiatry referral for patients and referral to ear, nose and throat clinics for children,<sup>9</sup> and Waydenfield and Waydenfield presented data suggesting a reduction in consultation rates of spouses and children of patients referred for counselling.<sup>10</sup>

The present study attempts to investigate further how patients referred to psychologists, and their immediate families, use the general practitioner's services around the time of their referral. Rates of consultation with general practitioners and of prescribing for patients referred to psychologists were examined for a three-year period before and after contact, in order to look at the long- and short-term effects of this contact. The same indices of usage of the service were examined in the patients' immediate families.

## Method

All referrals to clinical psychologists by general practitioners in one health centre over a nine-month period were studied. Before the study clinical psychologists had been working in the health centre for 18 months, for two sessions per week, providing a service to adult patients only. The health centre contained two practices, one with two general practitioners and a population of 4000 patients, the other with five general practitioners with a population of 8000 patients. During the nine-month period 25 patients were referred to the psychologist, the main diagnoses being anxiety states, phobic states, obsessional states, psychosomatic disorders, and marital and sexual dysfunction.<sup>2</sup> Treatment was predominantly by behavioural psychotherapy. Included in the study were 23 spouses and 41 children of the patients. Each patient, spouse and child was independently matched for age and sex with a control subject who had not been referred to a psychologist (or whose spouse or parent had not been referred), by selecting from the age-sex register a control patient of the same sex whose age was as close as possible to the subject.

For each patient the following data were taken from the medical records for the three years before referral, the period during treatment (average four months) and the three years following discharge: the number of consultations with the general practitioner, the number of psychotropic drug prescriptions and the number of other prescriptions. For the children and spouses of patients referred to the psychologist the measurements were of number of consultations and the total number of prescriptions.

Mixed design analyses of variance were carried out on data for patients, children and spouses to ascertain changes over time in appointments and prescriptions.

## Results

Figure 1 shows that for patients referred to a psychologist the mean number of consultations per month with the general practitioner increased in the year before referral, with the mean numbers of both non-psychotropic drug and psychotropic drug prescriptions per month increasing in the same period. However, the increase in non-psychotropic drug prescriptions occurred before that of psychotropic drug prescriptions. After intervention, the short-term effects of contact were apparent for all the indices, although both number of consultations and psychotropic

© Journal of the Royal College of General Practitioners, 1986, 36, 209-211.

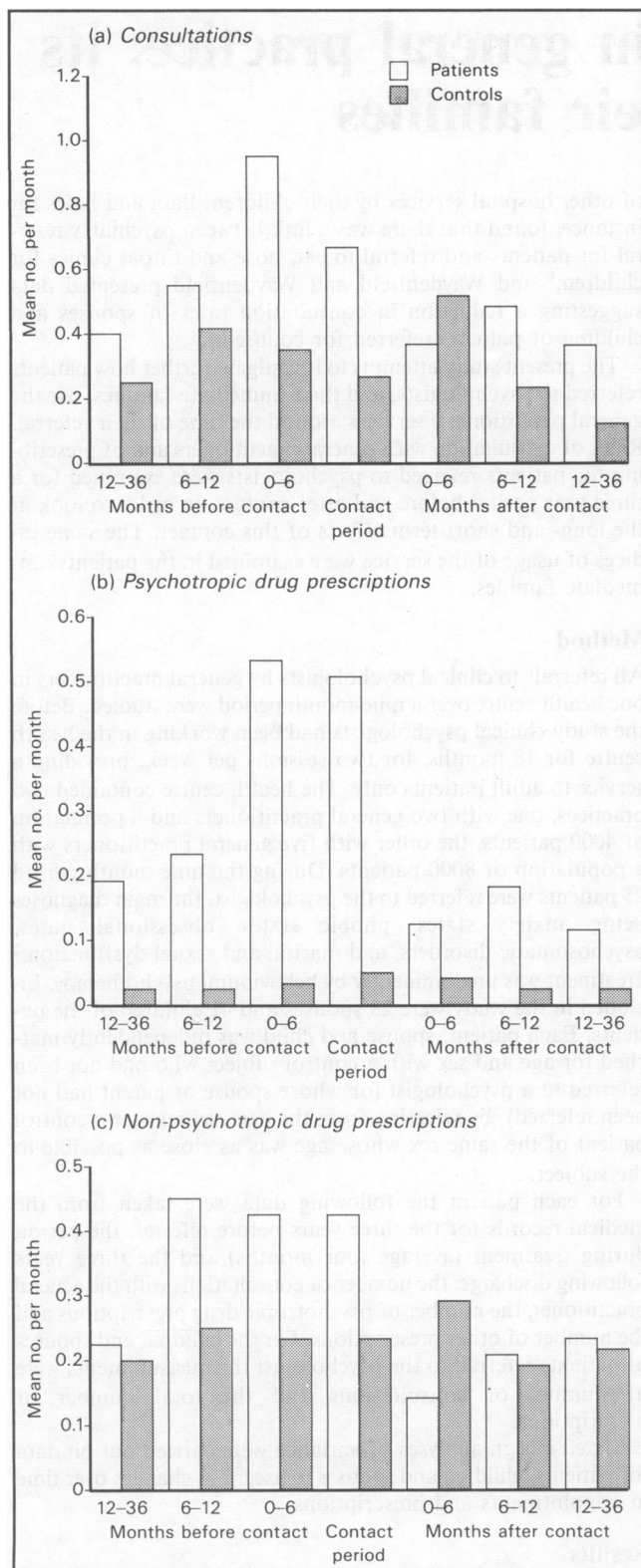


Figure 1. Rates of usage of general practitioner services for patients referred to psychologists and for controls.

drug prescriptions remained at a level higher than controls in the long term. However, patients maintained their reduction in psychotropic medication for the three years after contact. One unexpected result was that for the controls psychotropic medication prescribed increased around the time of the patients' contact with the psychologist, the reason for this finding being unclear.

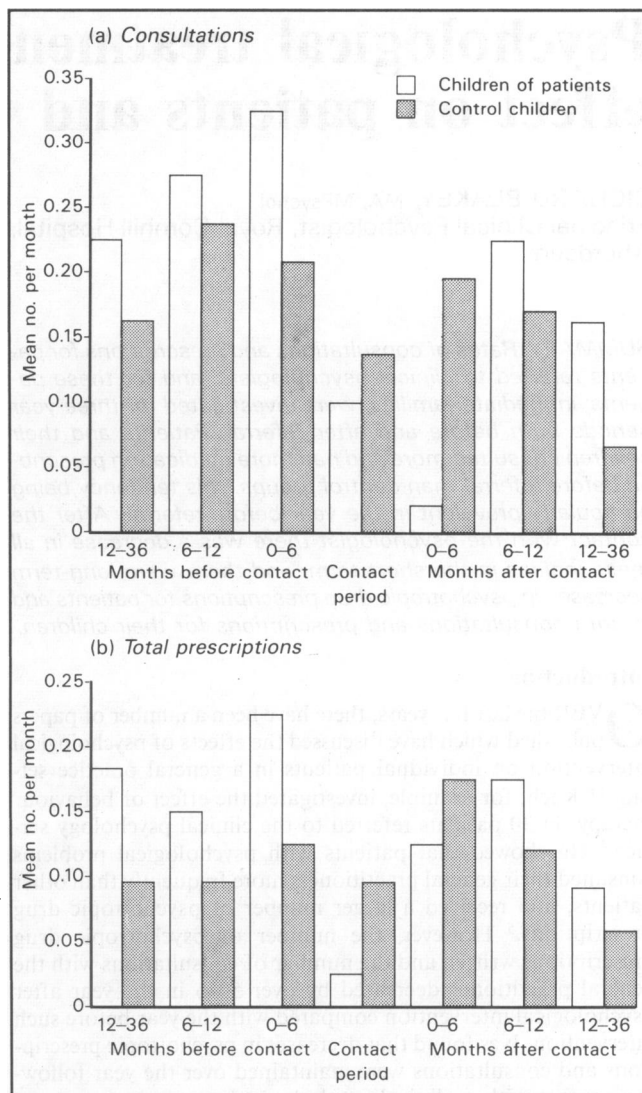


Figure 2. Rates of usage of general practitioner services for the children of patients referred to psychologists and control children.

Data on the children of patients referred to the psychologist are presented in Figure 2. Again both the mean number of consultations and mean number of prescriptions rose in the period immediately before referral, but this rise was not as apparent for prescriptions as for appointments. Both indices were higher than those for control subjects in the long-term prior to referral, but reduced in the long-term after referral to a level similar to the controls.

Data on the spouses of patients referred to the psychologist are presented in Figure 3, and show an increase in usage of the service only in the period surrounding referral of the spouse to the psychologist. Otherwise, usage of the general practitioner service by the spouses of psychological patients was akin to that of control spouses matched for age and sex.

**Discussion**

A number of interesting results are apparent in this study. Both the patients referred and their children used the general practice services more in the year before referral than they did previously, suggesting that some of the rates quoted in previous studies are perhaps only short-term rates. This result is in keeping with those of Freeman and Button.<sup>7</sup> It is apparent too that treated patients use the services more frequently than controls in the three years before referral, so that the problems being dealt with are in fact

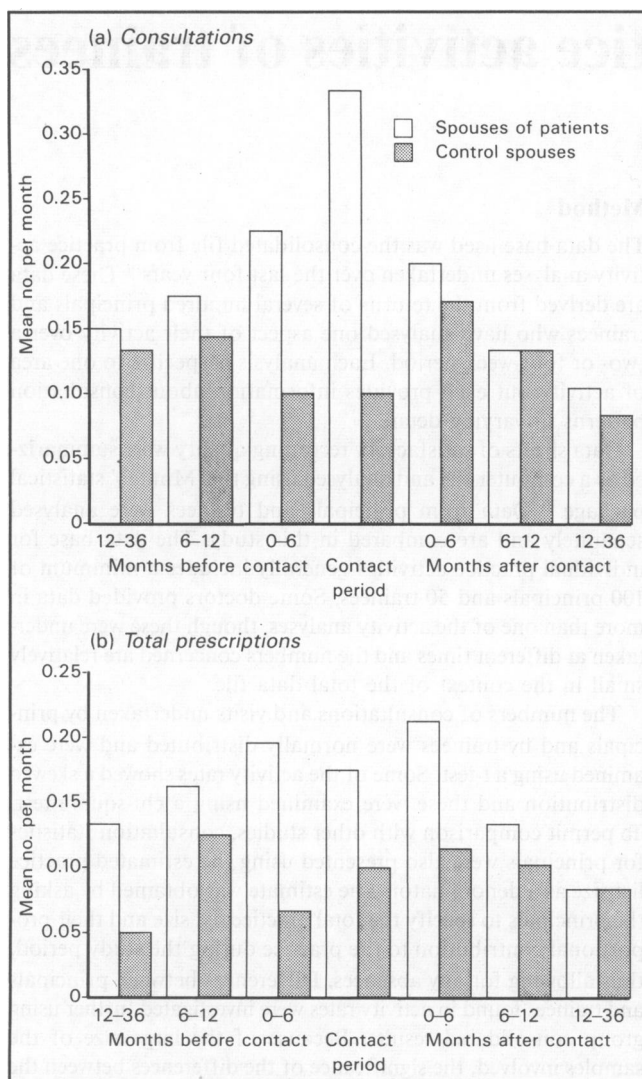


Figure 3. Rates of usage of general practitioner services for the spouses of patients referred to psychologists and control spouses.

long-term problems, and intervention appeared to have a long-term effect at least in reduction of prescriptions for psychotropic drugs.

Hence, although psychological problems did in general show a pattern of crisis and remission, there was still evidence to suggest that the effect of intervention was more than a short-term one, as suggested by both Freeman and Button<sup>7</sup> and by Earll and Kinsey.<sup>8</sup> Some of the present data are particularly interesting in that before referral to the psychologist, prescriptions for non-psychotropic drugs increased before the increase in psychotropic drug prescriptions occurred. One hypothesis is that patients presented with physical complaints before the psychological complaints became apparent.

In relation to this finding the similar pattern in usage of the general practitioner services by the children of psychology patients is of interest. Howie and Bigg commented on family trends in prescribing patterns, comparing psychotropic drug prescriptions for mothers with antibiotic drug prescribing for children.<sup>11</sup> They found that mothers with high rates of psychotropic drug prescriptions had high rates of antibiotics prescribed for acute respiratory illness for their children, but that the peak periods for psychotropic and antibiotic prescribing were different. Indeed, times of high antibiotic use by children coincided with times of relatively low psychotropic drug use for their mothers. In the present study there was evidence that the children of patients attended the general practitioner

more often and obtained more prescriptions than control children in the three years before the parent's referral to the psychologist, and that in the period immediately before referral there was an increase in appointments for these children which was not reflected in a similarly large increase in prescriptions. Why the children of parents with psychological problems attend their general practitioner more often requires further research; it may be for instance that prior to their referral to the psychologist the patients are less able than the controls to deal with minor problems in their children, the problem increasing in the year prior to referral. This would be in keeping with the increase in consultations, but not in prescriptions. An alternative hypothesis is that patients brought along their children's problems before mentioning their own psychological problems, and the evidence is that patients presented with their own physical problems before their psychological ones. A third hypothesis is that while consulting the general practitioner with children's problems, rapport was established and patients could then mention their own problems. It is impossible from the evidence presented here to decide between these hypotheses, as would be the case in any retrospective study.

A number of questions are posed by the findings of this study. First, as patients were referred to the psychologist following a period of high usage of the general practice service, would they have improved anyway? This would require a further controlled study, but some of the data showing patients' psychotropic drug prescriptions and children's appointments and prescriptions in the long-term would seem to indicate some long-term effects of intervention. A second question is whether psychologists could intervene successfully in patients at some point other than that at which the patients had begun to use the service more frequently. This would require earlier identification of patients with psychological problems or some criterion other than referral by a general practitioner. It must also be borne in mind that in this study the general practitioners responded to an increased demand on their services by issuing first more non-psychotropic prescriptions, then more psychotropic prescriptions, and then referring the patient. It would be interesting to discover whether this was a characteristic of general practitioners in this study or whether the result could be replicated elsewhere.

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## Acknowledgements

I would like to acknowledge the help of Drs S.H.W. Duncan, D.G. Millar, F.L.P. Fouin, D.W.L. Richards, C.R.W. Liddell, R.M. Milne and M.A. Bayliss, especially for providing access to patients' records.

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