General practitioners and psychiatrists—a new relationship?

The crucial question is not how the general practitioner can fit into the mental health services, but rather how the psychiatrist can collaborate most effectively with primary medical services.

The primary care team is the keystone of community psychiatry.

World Health Organization (1973)

Nervous and mental diseases constitute, in Britain, a public health problem far too great to be handled by the psychiatric specialists alone. This much has been clear since Shepherd et al. *(1966) revealed that general practice is the scene of most consultations for mental or emotional illness.*

Lancet (1974)

The number of persons who consulted their doctor in the course of one year on account of mental disorder was 140 per 1,000 population. Only about one in 20 had been referred to a consultant psychiatrist or to the social services.

Bransby (1974)

ONE of the most interesting trends in general practice during the last few years has been the discussion and use of different models of the doctor-patient relationship. The so-called traditional medical model and the so-called counselling model are often contrasted and in recent years are being tested increasingly in the setting of general practice. This trend is likely to continue.

However, one of the general practitioner's other relationships, the general-practitioner/specialist relationship, has until now received much less attention. The referral system which developed towards the end of the nineteenth century and which became cemented in the early half of the twentieth century has proved one of the greatest boons to British patients and British doctors. By protecting patients from excessive specialist investigation and intervention, and protecting generalists by support from all the specialties, it has become possible for a generalist and specialist practice to advance together—and in partnership. It is no accident that in the countries where the referral system is most securely based generalist practice has advanced most quickly.

However, the generalist-specialist relationship contains a certain tension which recurs continually in the literature, especially of generalists. It varies enormously, of course, as between any two individuals, but the characteristic relationship between the groups does have certain features and these have been best analysed perhaps by Horder (1977) in his penetrating lecture to the Royal College of Physicians of London.

New role for specialists

Given the growing variety of models of the doctor-patient relationship in general practice, is the time now ripe for experiment with different models of the generalist-specialist relationship?

The answer seems to be yes, and in recent years the first tentative steps have been identified by a tiny number of distinguished specialists who have been prepared to review quite radically their traditional role. Among the first were Brook (1967) and Lyons (1969), both of whom reported their work in this *Journal.* More recently Brook (1978), Consultant Psychotherapist at the Tavistock Clinic, has analysed the possibility of a consultative role in the setting of the practice itself in a fascinating review article recently published in *Health Trends.*

Supportive role

The essence of this new idea is that consultants can bring their skills and experience into the practice itself and seek, as a primary objective, to support the primary health care team in caring for the patient rather than taking over the patient in the traditional way in hospital. In mental health, for example, this means a consultant psychiatrist working regularly every week, if not every day, in the practice itself, being available both to general practitioners and to other members of the primary health care team for consultation, seeing several patients in the practice premises, and attending numerous meetings of the primary health care team. The consequences of this arrangement are to model in the practice setting a counselling, consultative relationship which now parallels for the first time the kind of model of the doctor-patient relationship many generalists are seeking.

The first and most important essential is that there is a reduction in the power and authority of the 'expert',

just as in the counselling relationship there is a reduction of the power and authority of the general practitioner. Secondly, there is an increase in both the burden of responsibility and work on all concerned. Just as a counselling interview may demand more of the doctor, and certainly much more of the patient, so the consultative model recommended by Brook would increase the responsibility, the scope, and the work of the primary health care team.

Brook analyses perceptively the four main reasons why general practitioners refer patients to consultant psychiatrists and shows that only two of them are primarily to meet the needs of the patient and that the other two are basically to meet the needs of the general practitioner. By moving into the doctor's own territory, by 'holding his hand' and working with him, this system of care should make it easier for those doctors who have difficulties in coping with patients to improve their skills and should prove a peculiarly potent form of continuing medical education. The stresses on the specialist should not be underestimated and Brook referred to his own need for support, particularly during the initial months of this exciting experiment.

All great revolutions have small beginnings: all great reforms begin by the identification of a problem. The problem of referrals to specialists, and particularly the problem of referring patients by general practitioners to specialists, is intense and continuing. A growing number of general practitioners want to avoid any suggestion of rejecting their patients but may nevertheless be unable to contain them alone in their patients' homes. The addition of an expert and specialist resource in their own practice, working in collaboration rather than in competition, changes the pressures, increases the scope, and almost certainly in the long run will lead to better care for patients.

History

Twenty-five years ago Balint, at the Tavistock Clinic, working with a group of sensitive London general practitioners, introduced a series of new ideas into general practice which have reverberated through the discipline ever since. Could it be that the wheel of history is turning again and that, once more, consultant psychiatrists from the Tavistock Clinic, working with progressive and sensitive general practitioners in London, are pioneering equally exciting changes in the generalist-specialist relationship?

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Dr Donald Irvine

THIS month the Honorary Secretary of the Council of the College, Dr Donald Irvine, retires from office after serving for seven years.

Like many of the founding members of the College, before holding high office within the College he was well grounded in medical affairs through serving on many educational committees and as chairman of his local medical committee.

He became the third Honorary Secretary of Council in his middle thirties which is certainly a record for the Royal College of General Practitioners and may well be a record for any medical Royal College this century. His term of office, in which he has served three Chairmen of Council, has been notable for the prodigious energy which he has brought to the job, his intense loyalty to the College, and his readiness to travel extensively to other faculties. His deep involvement in his practice in the mining village of Ashington, his hard work with his local faculty, and the continuing dialogue he enjoys with vocational trainees have enabled him to speak at college meetings with unusual flair and authority.

One of his great gifts has been his ability to look into the future. Among the many important contributions he has made to general practice, two stand out: his work on the College's evidence to the Royal Commission on the NHS, and his contributions to the various stages of the central organization of vocational training. He is continuing as one of the two secretaries to the Joint Committee on Postgraduate Training for General Practice.

The Officers of Council, Council, and the College as a whole can be thankful that strong local roots produced in Donald Irvine an outstanding Secretary at a critical moment in the development of the College. His achievements have been remarkable and we wish him well in what must surely continue to be a most distinguished career.