

# Development and use of a short self-rating instrument to screen for psychosocial disorder

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**SUMMARY.** *This paper describes the preliminary testing and use of a short self-report instrument designed to identify psychosocial disorder. It combines a shortened version of the social problem questionnaire with the 12 item general health questionnaire. In a survey of 100 patients attending a health centre in inner London 46% recorded a psychiatric problem on the general health questionnaire compared with 35% identified by the general practitioner. For social problems 54% of patients assessed themselves as having one or more social problem compared with 23% detected by the general practitioner. The instrument normally takes five to 10 minutes for the patient to complete and thus can be filled out in busy situations such as a general practice surgery or a hospital outpatient department.*

## Introduction

RESEARCH studies and national morbidity statistics all indicate that psychosocial problems form a major part of the general practitioner's workload, with patients with psychological and social problems attending more frequently and taking up a longer time than average.<sup>1,2</sup> In addition, patients in hospital will have psychosocial difficulties which affect the course of their illness and their subsequent recovery.<sup>3</sup>

However, research studies have also indicated that much psychiatric and social disturbance goes unrecognized by the doctor.<sup>4</sup> In 1970, Goldberg and Blackwell coined the term 'hidden psychiatric morbidity' and found that certain patients were distinguished by their attitude to their illness and by usually presenting a physical symptom to their general practitioner.<sup>4</sup> Identification of these patients is crucial as it leads to more appropriate treatment and management. For example, it has been shown that social problems and relationship difficulties play a major role in determining the prognosis of both physical and psychiatric illness,<sup>5,6</sup> while attention to these difficulties may improve clinical outcome.<sup>7,8</sup>

A psychosocial assessment can be carried out by the doctor during the consultation but there is often a need for the use of screening instruments in patients who are reticent, who are newly registered or whom the doctor does not know well. Alternatively, the use of questionnaires can be helpful in a busy outpatient department, when the doctor's time is limited, or to guide the doctor to specific psychosocial areas of concern.

The general health questionnaire is a widely used, self-report screening questionnaire and there are a number of versions of differing length — 60, 30, 28 and 12 items long.<sup>9</sup> It identifies individuals who have a high probability of suffering from psychological illness and its use can assist a doctor in his assessment of patients. The general health questionnaire has been well validated and correlates well with standardized interview assessments conducted by psychiatrists.<sup>10</sup> Few self-report ques-

tionnaires have been developed to measure social adjustment and the majority of instruments have been designed for use in a standardized way by an interviewer. A recent paper describes the construction and use of a 34 item self-rating questionnaire — the social problem questionnaire — in general practice.<sup>11</sup> However, there is often a need for an even shorter instrument which takes only a few minutes to complete, which combines both social and psychological disturbance and which can be filled up in a number of situations, such as a general practitioner's waiting room or a hospital outpatient department. This paper describes the use of an instrument combining a shortened version of the social problem questionnaire with the 12 item general health questionnaire.

## Method

### *Development of the questionnaire*

To assess the patient's social problems the 34 items of the social problem questionnaire were reduced to 20 items (male version) or 21 items (female version) by omitting two sections (problems of living alone and legal problems) where problems were less frequently found in previous studies. In addition, two questions were often condensed into one. For example, the question measuring satisfaction with a housewife's role was incorporated into another question measuring satisfaction with not being in paid employment by adding housewives to the list of people for whom the question was applicable (housewives, retired, unemployed or off sick).

The patient's mental state was assessed by using the 12 item general health questionnaire developed by Goldberg from the 12 'best' items of the 60 item general health questionnaire. The 12 item general health questionnaire has been used in a number of studies<sup>12-17</sup> and a recent comparison shows that it compares well in terms of validity and reliability rates with the longer versions of the questionnaire.<sup>18</sup>

### *Testing the applicability of the instrument*

The three doctors participating in this study work from a modern health centre in inner London. The practice list therefore contains a social mix of poor, badly housed families, affluent middle class families and well off young single people. There is also a high immigrant population with a wide variety of countries of origin.

The author attended a number of morning and evening surgeries and asked patients over 18 years old to fill in the two questionnaires in the reception area while they were waiting to see their doctor. Exclusions included those who were accompanying a child with an appointment or those who had filled up the forms on a previous occasion. Patients were given the opportunity to decline if they wished. The doctors were also given a form to record their assessment of each patient's mental state and the reason for the consultation. This form included a list of social problems which was directly comparable to those included in the shortened social problem questionnaire and the general practitioner was asked to tick all those problems which he or she felt the patient was experiencing. Details from the medical notes were also taken regarding number of attendances in the last year, length of time the patient had been registered with the practice and the patient's age.

## Results

Of the 114 patients asked to fill in the questionnaire, 100 (88%) completed it successfully, two were unwilling to take part, one felt too ill, six had poor or no knowledge of English and five were unable to fill in the form because they did not have the correct glasses with them.

### Characteristics of the patients

Of the attenders 79% were female, 47% were married and 49% were aged 30 years or less. There was a high proportion of patients newly registered with the practice, which was a reflection of the transient nature of the population living in the area. The sample also included a high proportion of frequent attenders, 40% had attended more than six times in the last year and over half of these had visited more than 10 times. The main reasons for the consultation (as assessed by the general practitioner) using a classification system developed by Eastwood and Trevelyan<sup>19</sup> were respiratory (19%), skin (12%), musculoskeletal (11%), pregnancy related (8%), gynaecological (8%) and genitourinary problems (7%). The doctors' assessments indicated that the main reason for attendance was for a psychological or social problem in only 8% of the patients.

### Mental state

The patient's score on the 12 item general health questionnaire was compared with the doctor's assessment. Patients scoring two or more on the 12 items were considered to be general health questionnaire positive and were probable cases of psychiatric morbidity, those scoring one or less were general health ques-

tionnaire negative and were considered probable non-cases. Overall, 46% of the 100 patients were identified as general health questionnaire positive: this included two thirds of the 24 newly registered patients and 40% of the 76 patients registered for one year or more (Table 1). The doctors identified minor psychiatric morbidity in 35% of their patients, 25% of the newly registered patients and 38% of patients registered for one year or more. The results in Table 1 indicate that for the 24 newly registered patients the general health questionnaire was more likely to identify probable cases than the doctor was (16 versus six patients). This was not so apparent with the 76 patients already registered, with whom the general practitioner was more familiar (30 versus 29 patients). In this latter group, 12 patients identified as non-cases by the general health questionnaire were identified as ill by the doctor. This could be because the questionnaire measures recent health over the last few weeks, while a general practitioner is more likely to consider the past history of the patient and health over the last few months.

### Social and relationship difficulties

Thirty-six per cent of patients assessed themselves as having one or two major social and relationship problems and a further 18% felt they had three or more. However, while 54% of the patients identified problems, the general practitioners identified one or more problems in only 23% of their patients. The questionnaire was more likely to detect social difficulties that had not been identified by the doctor in newly registered patients (Table 2). However, the social problem questionnaire still detected some problems unidentified by the doctor on the larger sample of patients already registered. Problems such as housing were

**Table 1.** Comparison of the assessment of mental state for 100 patients (24 newly registered and 76 registered for one year or more) by the 12 item general health questionnaire (GHQ) and by the general practitioner.

GHQ assessment	GP's assessment of mental state						Total
	No disturbance			Some evidence or disturbance			
	Newly registered patients	Patients registered $\geq 1$ yr	Total	Newly registered patients	Patients registered $\geq 1$ yr	Total	
GHQ negative	8	34	42	0	12	12	56
GHQ positive	10	13	23	6	17	23	46
Total	18	47	65	6	29	35	100

**Table 2.** Social problems for 100 patients (24 newly registered and 76 registered for one year or more) identified by the social problem questionnaire (SPQ) only, the general practitioner only or both.

Type of problem	Social problem identified by:					
	SPQ only		GP only		Both SPQ and GP	
	Newly registered patients	Patients registered $\geq 1$ yr	Newly registered patients	Patients registered $\geq 1$ yr	Newly registered patients	Patients registered $\geq 1$ yr
Housing	3	8	0	2	2	8
Work	5	9	0	1	1	3
Finances	5	13	0	1	3	9
Social activities	6	8	0	1	1	4
Marital/sexual partner <sup>a</sup>	9	12	0	1	0	1
Children	0	3	0	2	0	3
Other domestic relationships	1	3	1	0	0	1
Relationships with others (eg extended family)	0	5	0	1	1	3

<sup>a</sup>Includes dissatisfaction with not having a partner for the unattached.

more likely than relationship difficulties to be identified by both doctor and questionnaire, especially marital problems which were more likely to be identified by the questionnaire only.

### Discussion

This self-report instrument was found to be simple to administer and readily acceptable to general practice patients. Out of 114 patients, 88% filled in the questionnaires successfully and only two declined to take part. In addition, the questionnaires could be completed by the patient in the waiting room within a short period of time (five to 10 minutes).

Although this study did not include measures of the validity and reliability of this particular instrument, these have been carried out extensively on the 12 item general health questionnaire<sup>18</sup> and on the longer version of the social problem questionnaire.<sup>11</sup> The shorter version of the social problem questionnaire differs only by the exclusion of a number of domains and by condensing similar questions together. Further studies using the instrument in different settings are in progress.

The two questionnaires may be particularly useful with newly registered patients or those whom the doctor knows little about. Although the instruments are no substitute for a doctor's own personal assessment they can be used as a guideline to point to areas where they may be problems or those which may only emerge on delicate probing by the doctor. The instrument may also be useful with more reticent patients who find it difficult or embarrassing to voice their problems directly to their doctor, particularly problems involving intimate relationships. This instrument may prove valuable as a simple research tool which can be used in a number of settings to estimate the prevalence of problems, to measure change over time or to identify groups of patients with a particular problem.

### References

- Shepherd M, Cooper B, Brown AC, Kalton G. *Psychiatric illness in general practice*. Oxford University Press, 1966.
- Williams P, Clare AW. *Psychosocial disorders in general practice*. London: Academic Press, 1979.
- Nichols KA. *Psychological care in physical illness*. London: Croom Helm, 1984.
- Goldberg DP, Blackwell B. Psychiatric illness in general practice: a detailed study using new methods of case identification. *Br Med J* 1970; 2: 439-443.
- Huxley P, Goldberg DP. Social versus clinical prediction in minor psychiatric disorders. *Psychol Med* 1975; 5: 96-100.
- Jenkins R, Mann AH, Belsey E. The background, design and use of a short interview to assess social stress and support in clinical settings. *Soc Sci Med* 1975; 15E: 195-203.
- Cooper B, Harwin BG, Depla C, Shepherd M. Mental health care in the community: an evaluative study. *Psychol Med* 1975; 5: 372-380.
- Corney RH. The effectiveness of attached social workers in the management of depressed female patients in general practice. *Psychol Med* 1984; monogr suppl 6.
- Goldberg DP. *The detection of psychiatric illness by questionnaire*. Oxford University Press, 1972.
- Goldberg D. *Manual of the general health questionnaire*. Slough: NFER-Nelson, 1978.
- Corney RH, Clare AW. The construction, development and testing of a self-report questionnaire to identify social problems. *Psychol Med* 1985; 15: 637-649.
- Tennant C. The general health questionnaire: a valid index of psychological impairment in an Australian population. *Med J Aust* 1977; 2: 392-394.
- Banks MH. Validation of the general health questionnaire in a young community sample. *Psychol Med* 1983; 13: 349-354.
- Mari JJ, Williams P. A comparison of the validity of two psychiatric screening questionnaires in Brazil using ROC analysis. *Psychol Med* 1985; 15: 651-659.
- Radovanovic A, Eric L, Simic S, Jevremovic I. Smoking, mental health and selected variables among medical students in Belgrade. *Soc Psijijat* 1985; 13: 255-260.
- Shamasundar D, Murphy SK, Prakash DM, et al. Psychiatric morbidity in a general practice in an Indian city. *Br Med J* 1986; 292: 1713-1715.
- Bellantuono C, Fiori R, Zanotelli R, Tansell M. Psychiatric screening in general practice in Italy, study of the GHQ. *Soc Psychiatry* 1987; 22: 113-117.
- Goldberg D, Williams P. *Manual of the general health questionnaire*. 2nd edition. Slough: NFER-Nelson, 1987.
- Eastwood MR, Trevelyan MH. Relationship between physical and psychiatric disorder. *Psychol Med* 1972; 2: 363-372.

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### Appendix 1

Reproduced here are the shortened version of the social problem questionnaire and the 12 item general health questionnaire used in this study. This is the female version; question 5 of the social problem questionnaire is omitted in the male version.

#### Social problem questionnaire

Please underline the most appropriate answer

##### A Housing (everyone answer)

1. How satisfied are you with your present housing?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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2. Do you have any problem with your neighbours?

No problems	Slight problems	Marked problems	Severe problems
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##### B Work (for all those working outside the home)

3. How satisfied are you with your present job

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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4. Do you have problems getting on with any of the people at your work?

No problems	Slight problems	Marked problems	Severe problems
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(For housewives with a job outside the home)

5. How satisfied are you with working and running a home?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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(For those who are not in paid employment: housewives, retired, unemployed or off sick)

6. How satisfied are you with not having a paid job?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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##### C Finances (everyone answer)

7. Do you have any difficulties in meeting bills and other financial commitments?

No difficulties	Slight difficulties	Marked difficulties	Severe difficulties
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8. How satisfied are you with your financial position?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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**D Social contacts and relationships**

9. Do you have any problems getting on with someone who is important to you? (including relatives, in-laws, friends or children over school age but *excluding* spouse or cohabitee)

No problems	Slight problems	Marked problems	Severe problems
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10. How satisfied are you with your social life?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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11. Do you feel lonely?

Never	Sometimes	Often	Always
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12. What is your marital status

Single	Married/cohabiting	Widowed	Separated/divorced
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*(For all those who are married or have a steady relationship)*

13. How satisfied in general are you with your relationship?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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14. Are there any sexual problems in your relationship?

No problems	Slight problems	Marked problems	Severe problems
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15. In the last 6 months, have you been so dissatisfied that you have considered separating from your partner?

No	Sometimes	Often	Yes, planned or recent separation
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*(For all those who are not married or do not have a steady relationship)*

16. How satisfied are you with not having a partner?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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*(For those with children under 18 years)*

17. Do you have any problems with your children at home or at school?

No difficulties	Slight difficulties	Marked difficulties	Severe difficulties
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18. How satisfied do you feel with your relationship with the children?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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*(For all those with other adults living with them, excluding spouse but including children over school age or other relatives)*

19. Do you have any problems with these other adults (including difficulties sharing household tasks?)

No difficulties	Slight difficulties	Marked difficulties	Severe difficulties
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20. How satisfied are you with this arrangement?

Satisfied	Slightly dissatisfied	Markedly dissatisfied	Severely dissatisfied
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**E Other (everyone answer)**

21. Do you have any other problems?

No problems	Slight problems	Marked problems	Severe problems
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If so, please specify .....

.....

.....

**General health questionnaire**

*We should like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks. Please answer all the questions by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.*

Have you recently:

1. Been able to concentrate on whatever you're doing?

Better than usual	Same as usual	Less than usual	Much less than usual
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2. Lost much sleep over worry?

Not at all	No more than usual	Rather more than usual	Much more than usual
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3. Felt that you are playing a useful part in things?

More so than usual	Same as usual	Less useful than usual	Much less useful
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4. Felt capable of making decisions about things?

More so than usual	Same as usual	Less so than usual	Much less capable
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5. Felt constantly under strain?

Not at all	No more than usual	Rather more than usual	Much more than usual
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6. Felt you could not overcome your difficulties?

Not at all	No more than usual	Rather more than usual	Much more than usual
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7. Been able to enjoy your normal day-to-day activities?

More so than usual	Same as usual	Less so than usual	Much less than usual
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8. Been able to face up to your problems?

More so than usual	Same as usual	Less able than usual	Much less able
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9. Been feeling unhappy and depressed?

Not at all	No more than usual	Rather more than usual	Much more than usual
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10. Been losing confidence in yourself?

Not at all	No more than usual	Rather more than usual	Much more than usual
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11. Been thinking of yourself as a worthless person?

Not at all	No more than usual	Rather more than usual	Much more than usual
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12. Been feeling reasonably happy, all things considered?

More so than usual	About same as usual	Less so than usual	Much less than usual
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**Scoring**

For all questions except those concerning marriage a social problem is recognized if the respondent records a marked or severe problem (either of last two columns). For questions 13 to 15, score 0 for satisfied, 1 for slight problem, 2 for marked problem and 3 for severe problem — a total score of 3 or more indicates a marital problem.

For all questions in the general health questionnaire a psychological problem is recognized if the respondent records two or more of either of the last two columns.

The College Press Office is to produce an 'Events Diary'. Its purpose is to coordinate all events being organized by the College at central and local level and also to note events being set up by other organizations.

It is hoped that the Diary will help to avoid duplication of themes and allow organizers to avoid inappropriate clashing of dates which can result in poor attendance.

The Press Office would like to hear from any member who is involved in organizing a study day, conference, etc. Please send details to: Nicola Roberts, RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU.

