

# A survey of professional help sought by patients for psychosocial problems

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**SUMMARY.** A sample of patients aged 25–75 years was drawn from one general practice. The patients were sent a postal questionnaire to ascertain whether they had had a personal or emotional problem in the last 10 years and whom they had confided in. Of the 396 respondents 281 (71%) admitted to having had such a problem. It was found that significantly more women than men had had a problem. Of these 281 individuals, 94% had confided in someone, mainly friends and relatives, 47% had consulted one or more professionals or agencies and 37% had confided in their general practitioner. Although the majority had found the contact with the agency or professional helpful, those with depression/anxiety or problems following a bereavement were less likely to feel that they had been helped. The provision of practical advice, sympathy and support were most often mentioned as being helpful. This study demonstrates the important role of the general practitioner in the management and treatment of psychosocial problems.

## Introduction

GENERAL practice surveys and morbidity statistics indicate that minor mental disorders and psychosocial problems place a heavy burden on primary care; up to one third of all patients consulting their general practitioners are seeking help for the emotional distress associated with a physical disease, or for a 'life problem' reflecting an underlying psychosocial problem rather than an organic complaint.<sup>1-3</sup> The role of social workers in helping with these problems and the overlap between their clients and those of the primary care team has been documented.<sup>4</sup> However, little is known of the use of other agencies by individuals with these types of problems and whether there is any overlap between the patients seen by these agencies and those seen by the primary care team. There is also little information on the prevalence of these problems and how many are discussed with individuals outside the patient's personal network of friends and relatives.

This study aimed to determine the types of psychosocial problems experienced by patients, the use they had made of professionals and agencies and how helpful they had found this contact.

## Method

The study was carried out in one general practice, situated in a pleasant suburb of an outer London borough. The area is predominantly middle class with many homes occupied by commuters to the city.

Patients were selected from the practice age-sex register at 10 yearly intervals starting at the age of 25 years and continuing to 75 years. All patients of the particular age were selected. The patients were sent a questionnaire with a covering letter from

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the practice and those who failed to reply were sent a second letter and questionnaire three weeks later.

The questionnaire asked patients if they had discussed a personal or emotional problem with someone in the past 10 years. They were given a few examples of problems, including problems with their marriage or another relationship, a bereavement, child behaviour problems and feelings of depression or anxiety. They were given a list of confidants and advisors, including family and friends, and were asked to indicate those they had confided in. They could tick as many boxes as appropriate or a box specifying that they had not had a problem of this nature in the last 10 years. Patients were asked to specify the number of visits they had made to each agency or professional or the number of sessions they had attended (1–2, 3–5 or 6+). They were also asked to give a brief description of the problem they had discussed with the professional or agency. Finally, patients were asked whether the professional contact had been helpful. They were given a number of categories to tick specifying ways in which the contact was helpful. They were given the opportunity to provide this more detailed information on two professionals.

Differences between the sexes and age groups were analysed using chi squared statistics.

## Results

Questionnaires were sent to 319 women and 250 men. Forty two questionnaires were returned by the post office because the patient had moved or died. Replies were received from 230 of the remaining 290 women (response rate 79%) and 166 of the remaining 237 men (response rate 70%). The highest rate of response was obtained from subjects aged 65 or 75 years (108/126, 86%) and the lowest from those aged 25 or 35 years (149/225, 66%).

Sixty three of the men (38%) and 52 of the women (23%) indicated that they had not had a personal or emotional problem in the last 10 years. This difference between the sexes was statistically significant ( $\chi^2 = 11.01$ ,  $df = 1$ ,  $P < 0.001$ ). The age distribution of those who had had a problem is shown in Table 1. A high proportion of women of all ages admitted to having had a problem in the past 10 years while older men were less likely than younger men to admit to having had a problem.

The following analysis applies to the 281 patients who considered that they had had a personal or emotional problem in the past 10 years.

**Table 1.** Percentage of patients who had had a problem in the past 10 years.

Age (years)	Number of patients with problem (% of total in group)	
	Men	Women
25	22 (68.8)	32 (84.2)
35	21 (63.6)	39 (84.8)
45	21 (70.0)	25 (78.1)
55	19 (76.0)	34 (65.4)
65	8 (38.1)	31 (81.6)
75	12 (48.0)	17 (70.8)
Total	103 (62.0)	178 (77.4)

### Discussion about a personal problem

The lay confidants, professionals and agencies that patients had discussed their problem with are shown in Table 2. Women were significantly more likely than men to confide in others ( $\chi^2 = 16.3$ ,  $df = 1$ ,  $P < 0.001$ ). While there were no major differences between the sexes in frequency of confiding in friends or relatives, women were significantly more likely than men to confide in their general practitioner ( $\chi^2 = 6.73$ ,  $df = 1$ ,  $P < 0.01$ ) or health visitor ( $\chi^2 = 4.35$ ,  $df = 1$ ,  $P < 0.05$ ). High proportions of all age groups confided in friends or relatives but the highest proportions were in the youngest age group, the 25 year olds — 91% of men and 94% of women in this group confided in their friends or relatives. Few subjects confided in professionals only and not family or friends (8% of men and 12% of women), while 48% of men and 47% of women confided in friends or family only. However, in the younger age groups, lay confidants were a more important resource, with few consulting professionals (30% of 25 year olds versus 49% of patients aged 65 years or older).

Of the 40 men who confided in a professional or agency, 40% contacted only one, 43% contacted two and 17% contacted three or more. Of the 91 women who confided in a professional or agency, 36% contacted one, 37% contacted two and 27% contacted three or more.

Table 2 shows that general practitioners were more likely to be consulted than any other professional, with 43% of women and 27% of men with problems confiding in them. The doctor

**Table 2.** Confidants and advisors with whom patients discussed a personal problem (patients could indicate more than one category).

Discussed problem with:	% of patients	
	Men (n = 103)	Women (n = 178)
Family/friends	78.6	86.5
GP	27.2	42.7
Health visitor	2.9	9.6
Social worker	6.8	7.3
Psychiatrist/child psychiatrist	6.8	8.4
Psychologist	4.9	5.1
Medical specialist	6.8	2.8
Analyst/counsellor	5.8	6.2
Nurse or doctor at work	5.8	3.4
Priest	5.8	6.7
Citizens Advice Bureau	3.9	5.1
Samaritans	1.9	2.8
Homoeopath	1.0	2.8
Other <sup>a</sup>	1.9	5.1
No one	13.6	1.7

n = total number of patients. <sup>a</sup> Includes hypnotist and faith healer.

was significantly more likely to be a confidant among the older age groups (55 years and over) than the younger (48% versus 29%,  $\chi^2 = 10.9$ ,  $df = 1$ ,  $P < 0.001$ ), particularly among the men (44% versus 17%,  $\chi^2 = 8.5$ ,  $df = 1$ ,  $P < 0.01$ ).

In general, psychiatrists, medical specialists and the Citizens Advice Bureau were contacted for one session only. Psychotherapists and analysts, on the other hand, were usually seen for six or more sessions. Other workers, including general practitioners, health visitors and social workers were usually seen more than once. Twenty one per cent of those contacting a health visitor, 28% of those seeing a general practitioner and 60% of those seeing a social worker had seen them more than six times for the same problem.

### Problems discussed with professional or agency

Table 3 shows the types of problems for which patients had sought professional help. The most common problem was depression or anxiety, mentioned by all age groups. Help for practical problems such as housing, work and financial difficulties and after a bereavement was also sought by all age groups. Seeking help for emotional difficulties arising out of illness and for problems with children was most common in those aged 35 to 55 years (14/19 and 18/23, respectively). Marital problems were also mentioned by all age groups but particularly by the 55 year old age group (5/14). Women were more likely to mention all types of problems than men, with the exception of emotional problems arising out of chronic illness, mentioned by 10 men and nine women.

Although the majority of respondents with each type of problem had found the contact with the agency or professional helpful, those with depression/anxiety or who had suffered a bereavement were the least likely to feel that they had been helped (Table 3).

The number of professionals or agencies contacted depended on the type of problem. Most patients seeking help for marital problems contacted only one agency (12/14, 86%), usually their general practitioner (10/14, 71%). Similarly, 10 of those with practical problems (77%) and six of those who specified a bereavement (30%) contacted only one agency. However, eight of those with child care problems (35%) had discussed them with more than one agency as had 21 of those specifying depression or anxiety (40%) and 13 of those who had a problem with managing physical illness either in themselves or their family (68%).

General practitioners were contacted for every type of problem and in order of frequency these were: depression/anxiety, bereavement, coping with chronic illness, marital problems, problems with children and practical problems. Social workers and counsellors were also contacted for numerous types of problems,

**Table 3.** Types of problem for which professional help was sought and perceived helpfulness of this contact.

Type of problem	Number of patients describing problems	Number of patients indicating helpfulness	Percentage of patients finding:		
			All agencies involved helpful	Some agencies helpful	No agency helpful
Depression/anxiety	52	44	79.5	6.8	13.6
Problems with children	23	20	70.0	25.0	5.0
Bereavement	20	16	87.5	0	12.5
Coping with chronic illness in self or family	19	18	83.3	16.7	0
Marital	14	11	90.9	9.1	0
Housing/financial/legal/work	13	13	76.9	15.4	7.7
Other problem	2	1	0	0	100.0

including emotional problems arising from illness. Medical specialists were normally contacted for problems related to illness while the Citizens Advice Bureau was contacted predominantly for practical problems. Individuals suffering bereavement, depression/anxiety and problems related to illness visited a range of agencies.

### Helpfulness of professional contact

Table 4 indicates the patients' perceptions of whether professional contact had been helpful. Most patients had found the professional helpful (86%). Women were slightly more likely to regard the contact as unhelpful or to have mixed feelings about it than men (16% versus 11%) as were those aged 45 years or less (22/87, 25% versus 2/60, 3%).

Table 5 indicates patients' perceptions of the types of help given. Practical advice, sympathy/support and someone to listen were the most frequently mentioned types of help.

**Table 4.** Perceived helpfulness of professional contact.

	Percentage of patients finding contact:		
	Helpful	Unhelpful	Mixed
GP ( <i>n</i> = 61)	95.1	3.3	1.6
Health visitor/nurse or doctor at work/medical specialist ( <i>n</i> = 20)	75.0	15.0	10.0
Social worker ( <i>n</i> = 11)	81.8	9.1	9.1
Psychiatrist/psychologist/counsellor/analyst ( <i>n</i> = 30)	73.3	16.7	10.0
Other <sup>a</sup> ( <i>n</i> = 33)	87.9	9.1	3.0

*n* = total number of patients describing helpfulness of professional contact.

<sup>a</sup> Includes priest, Citizens Advice Bureau, Samaritans, homoeopath, hypnotist, faith healer.

### Discussion

The results of this study are from one general practice and thus the characteristics of the locality and patients on the register will affect the outcome. Prosperous areas surrounding London, such as this, where a large number of alternative medical practitioners are based may show increased rates in the use of these practitioners. The fact that the study emanated from a general practice may also have biased the patients' responses.

Many studies have revealed that women report various symptoms more often than men, and that they utilize health and social services more<sup>5,6</sup> but neither of these phenomena is necessarily related to higher rates of sickness among women. In addition, the same factors which may lead to greater propensity to seek

help may distort measures of population health; for examples, propensity to disclose psychological problems will affect morbidity counts as well as help-seeking behaviour.<sup>5</sup>

This study was dependent on the willingness of the individual to admit to having had personal or emotional problems. The results also depend on an individual's threshold for what actually constitutes a problem. Thus, the sex difference found could be due to a difference in self disclosure or threshold level rather than actual morbidity rates. Of those who admitted to having problems, a higher proportion of women than men discussed their problems with professionals. This also demonstrates a greater propensity for self disclosure among women.

Kahusin<sup>7</sup> considered that help seeking behaviour had a number of discrete phases, with the decision to seek professional help following on from the exposure of the problem to friends and relatives. The results of this study support this model, showing that few people confide in professionals only. Among the younger age groups, family and friends were an even more important resource.

This study found that the general practitioner was the professional most often contacted. Few studies have examined help seeking behaviour, apart from one which examined social networks among relatives and friends.<sup>8</sup> However, studies of people with marital difficulties have indicated that they are more likely to approach their general practitioner for help than any other professional.<sup>9-11</sup> There are probably a number of reasons why people are most likely to confide in their family doctor. General practitioners are usually familiar to the patient, readily available, accessible and there is little stigma attached to visiting the surgery. In addition, individuals may consult their general practitioner with a medical problem and subsequent discussion can lead to disclosure of the psychosocial problem.

Of those individuals who did contact a professional or agency, their subjective perceptions of the help received were generally positive. This was particularly so for general practitioners, 95% of the respondents perceiving them as helpful. Large proportions of patients indicated that the practical advice, emotional support and sympathy provided by the general practitioner were helpful, as was having someone to listen to them. In addition, many felt that the contact had helped them understand themselves a little better.

Younger patients were on the whole more dissatisfied than older patients and it is possible that their dissatisfaction may be due to higher expectations. However, it might also be due to the types of problems experienced by younger people — practical problems, problems with children, and depression and anxiety were some of the problems least likely to be helped. It is difficult to ascertain why patients with bereavement problems felt that they had not been helped. Future research projects

**Table 5.** Types of help given (patients could indicate more than one category).

	Percentage of patients reporting type of help					
	Practical advice	Sympathy/support	Someone to listen	Helped understanding	Helped relationships	Other help <sup>a</sup>
GP ( <i>n</i> = 61)	54.1	55.7	34.4	19.7	1.6	4.9
Health visitor/nurse or doctor at work/medical specialist ( <i>n</i> = 20)	40.0	35.0	20.0	15.0	0	0
Social worker ( <i>n</i> = 10)	80.0	30.0	20.0	10.0	10.0	0
Psychiatrist/psychologist/counsellor/analyst ( <i>n</i> = 30)	36.7	46.7	43.3	50.0	10.0	3.3
Other <sup>b</sup> ( <i>n</i> = 33)	48.5	45.5	39.4	24.2	6.1	15.2

*n* = total number of patients describing type of help given. <sup>a</sup> Includes medication given by the GP and homoeopath, psychotherapy by the counsellor and prayer by the priest. <sup>b</sup> Includes priest, Citizens Advice Bureau, Samaritans, homoeopath, hypnotist and faith healer.

should aim to ascertain the views of patients with these problems in order to determine what they regard as most helpful.

In conclusion, the results of this survey further emphasize the important role of the general practitioner, who is often the professional approached by the patient and whose response may determine future help seeking and confiding behaviour in the patient. The skills of the general practitioner in identifying, responding, showing empathy and giving support are therefore crucial. The general practitioner's knowledge of local facilities and practitioners is also vital as he or she is in the best position to refer on or to involve other agencies where necessary. The finding that social workers and counsellors were often contacted for emotional problems arising from illness endorses the need for interprofessional collaboration with social and voluntary agencies.

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## RCGP

### Information Technology Centre



The Centre aims to provide general practitioners with experience and practical advice on computers and computer software. This can range from specialized general practice systems to general business applications. Some specialist systems are maintained within the Centre and demonstrations can be arranged upon request. The Centre also organizes monthly computer appreciation courses which are open to general practitioners and their practice staff.

*Information Technology Manager:* Mike Hodgkinson, RCGP, 14 Princes Gate, London SW7 1PU. Telephone 071-581 3232.

## RCGP

### Scientific Foundation Board



## RESEARCH FUNDING

Applications are now being received for grants for research in or relating to general medical practice, for consideration at the November 1990 meeting of the Scientific Foundation Board. In addition to its general fund the Board also administers specific funds including the Windebank Fund for specific research into diabetes.

The Scientific Foundation Board's definition of research is catholic and includes educational research, observational as well as experimental studies, and accepts the methodologies of social science as valid. It is not in a position to fund educational activities.

If the study involves any intervention or raises issues of confidentiality it is wise to obtain advance approval from an appropriate research ethics committee otherwise a decision to award a grant may be conditional upon such approval.

Studies which do not, in the opinion of the Board, offer a reasonable chance of answering the question posed will be rejected. It may sometimes be useful to seek expert advice on protocol design before submitting an application.

Care should be taken to ensure that costs are accurately forecast and that matters such as inflation and salary increases are included.

The annual sum of money available is not large by absolute standards and grant applications for sums in excess of £15 000 for any one year are unlikely to be considered.

Application forms are obtainable from the Secretary of the Board at: The Clinical and Research Division, 14 Princes Gate, London SW7 1PU. *The closing date for receipt of completed applications is 28 September 1990;* any forms received after that date will, unfortunately, be ineligible for consideration.

## RCGP

### Clinical and Research Division



## DIABETES: DO YOU CARE?

### The RCGP/Lilly Diabetes Facilitators Project

After a successful pilot run in the North of England, the Clinical and Research Division was able to continue the project in the Northern Ireland and Wessex Faculties. The Division now seeks to continue the project in a further College Faculty commencing 1 January 1991. The project provides two facilitators, a general practitioner and a practice nurse over a period of 12 months, to help and advise practices wishing to extend the services offered to their diabetic patients.

The grant of £15 000 will provide the successful Faculty with sufficient funding to allow the facilitators to devote up to 40 days (80 sessions) to the project, plus an allowance to cover travelling expenses and secretarial and administrative costs.

All Faculties of the College that have not yet participated in the project are invited to take part in the competition. Faculties wishing to compete for the project must send their completed application form to Dr Colin Waite, c/o Clinical and Research Division, RCGP, 14 Princes Gate, London SW7 1PU, by 12 November 1990.

Members or Fellows of the College with a special interest in diabetes who would be interested in participating in the project, should contact their local Faculty Honorary Secretary who will be able to provide them with the necessary details.