Working with community mental health professionals: a survey among general practitioners

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SUMMARY. Links between general practitioners and mental health professionals, such as counsellors, psychiatrists, community psychiatric nurses, clinical psychologists and social workers, are increasing in number and type. The aim of this survey was to elicit general practitioners' attitudes to these workers, comparing those with a link with a mental health worker and those without. General practitioners in two district health authorities were surveyed and a response rate of 70% was obtained. General practitioners linked to a mental health professional were more likely to have made a referral to that service in the previous three months and, on the whole, were more satisfied with that service. The commonest problem reported by respondents was the length of waiting lists. Regarding liaison with social workers, inadequate feedback and difficulty with contact were the problems mentioned most by doctors. A number of general practitioners expressed a desire for closer contact with all these mental health services. While caution is required in ascribing causality to these relationships, it is clear that a closer working relationship between general practitioners and mental health workers is productive and is valued by general practitioners. The challenge for policy makers is to structure mental health provision in such a way that more general practitioners are able to benefit than at present.

Keywords: community psychiatric services; primary health care team; interprofessional relations; doctors' attitude.

Introduction

LINKS between primary care and mental health workers in the United Kingdom are becoming increasingly common. The primary care team has long been seen by the World Health Organization,[1] the Royal College of General Practitioners[2] and the Royal College of Psychiatrists[3] as being of vital importance in the provision of community mental health care. Recent health policy has reinforced the trend towards primary care,[4] notably through general practitioner budget holding and provisions in the new general practitioner contract for more ancillary staff and health promotion clinics.[5]

A range of mental health workers are involved in primary care: psychiatrists,[6,7] community psychiatric nurses,[8] clinical psychologists,[9,10] counsellors[11] and social workers. A survey published in 1992 demonstrated the strong primary care role of these professionals.[12] The percentage of practices in six district health authorities reporting a link with a mental health worker was community psychiatric nurse 48%, social worker 21%, counsellor 17%, psychiatrist 16% and clinical psychologist 15%.[12] Social work schemes in primary care of all types have declined over the last decade as a result of financial stringencies,[13] but for the other workers listed, evidence points to a growing involvement and interest in primary care.[6,8,10,11]

Studies of general practitioners' attitudes to mental health professionals generally show a high level of support for a primary care orientation. Strathdee reported that general practitioners involved in liaison schemes with psychiatrists were enthusiastic about the benefits, particularly with regard to improvements in three areas: in continuity of care, in access for the client and in general practitioner involvement.[14] A survey of general practitioners in south east Kent found overwhelming support among general practitioners linked with a psychiatrist, and a desire on the part of 91% of those without links to develop them.[15] Similar findings for other workers have been reported, including schemes involving community psychiatric nurses[8] and counsellors.[16] Community clinical psychology services are also well received by general practitioners.[17] Studies looking at the effectiveness of these links have produced equivocal results in terms of clinical outcome but have shown higher levels of client satisfaction.[18]

The implication in the literature is that general practitioners will be more satisfied with a mental health service if a specialist is linked to their practice. It is likely that higher rates of referral and contact will also result from such a link.[19] Clearly, the general practitioner perspective on such links is of great importance in the planning of community mental health services.

A study was therefore undertaken to examine the effect of practice links with mental health professionals on the attitudes of general practitioners towards those professionals.

Method

An initial survey was undertaken of six district health authorities in England and Wales, selected using random number tables. All general practices in these districts were contacted by postal questionnaire and were asked to specify the nature of their links with mental health professionals (no link, shared premises, liaison, attachment, or employment). The information on practice links with mental health workers presented here is taken from answers to this earlier survey, of which 11 were telephone responses.[12] Following the initial survey, general practitioners in two of these health districts were sent postal questionnaires to obtain further details of their contacts with community mental health professionals in the surrounding area. The two districts were selected randomly from two groups — urban and non-urban districts. The urban district is a London district health authority in a deprived inner city area. The non-urban district includes a large town and rural area in south east England. The survey was conducted in July and August 1991.

The questionnaire asked general practitioners to indicate whether they had referred any patients to mental health services in the last three months, the nature of contacts with workers from these services, problems encountered, satisfaction with the various services and whether or not they would like closer links with any of these services in the future. There was also space on the questionnaire for general comments.

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General practitioners who failed to respond to the first questionnaire were sent a further questionnaire and reminder one month later.

The data were analysed using *SPSS/PC+* and compared using the chi square test. General practitioners from the same practice cannot be seen in this instance as truly independent, so for analyses using the chi square statistic, except those relating to the comparison of respondents and non-respondents, the replies of general practitioners from the same practice were also aggregated into a single case representing the means of their responses or a 'consensus' of the general practitioners.[20] Each of the practices included in the survey was categorized according to the mean 'score' for the practice, into one of two categories <0.05 or ≥ 0.05. The analyses comparing practices with links and those without were then performed by individual general practitioner (141 doctors) and by practice (66 practices), and the results of both are shown in the text, as appropriate.

Results

After reminders, a total of 141 of the 201 general practitioners contacted replied, a response rate of 70.1%. The response rate was higher in the non-urban district (83 out of 107, 77.6%) than in the urban district (58 of 94, 61.7%). Practices in the non-urban district were generally larger, only 24.1% of them being single handed, while 41.4% of practices in the urban district were single handed. There was no significant difference between respondents and non-respondents in terms of practice size.

Links with professionals

Formalized links between general practitioners and mental health professionals are shown in Table 1. Links included the employment of a mental health professional for one or more sessions per week, as well as attachment and liaison schemes. In the urban district, 53.4% of responding general practitioners had a link with a psychologist; links with social workers and counsellors were less common. In the non-urban district, 55.4% of the general practitioners had a link with a community psychiatric nurse; links with psychiatrists, psychologists and social workers were less common.

There were some differences between the two districts, for example, satisfaction with social workers was lower in the non-urban district than in the urban district and desire for more contact with psychiatrists was higher in the non-urban district than in the urban district. In general, however, the responses from the two districts were marked more by their similarity than by their differences. The responses from the two districts were therefore combined in order to focus on the relationships between links and referrals, contact and attitudes.

Table 1. General practitioners' links with mental health professionals.

Formalized links[a]	% of GPs: Total (n = 141)	Urban district (n = 58)	Non-urban district (n = 83)
Community psychiatric nurse	*51.1*	*44.8*	*55.4*
Psychologist	*30.5*	*53.4*	*14.5*
Counsellor	*21.3*	*19.0*	*22.9*
Psychiatrist	*17.7*	*34.5*	*6.0*
Social worker[b]	*13.5*	*10.3*	*15.7*

n = number of general practitioners in group. [a]Includes employment of professional for one or more sessions, attachments or liaison schemes. [b]Social workers were not necessarily specifically involved in mental health.

Referral

The general practitioners were asked to indicate if they had made one or more referrals to any of the five groups of professionals in the last three months (Table 2). Except for social workers, whether the general practitioners had referred patients in the last three months was associated with the existence of a link with these professionals, particularly in the case of counsellors, psychologists and community psychiatric nurses. Practices having links with mental health workers were also significantly more likely to have made referrals in the last three months compared with practices which did not have links: referrals to a community psychiatric nurse $\chi^2 = 9.1$, 1 df, $P<0.01$; psychologist $\chi^2 = 14.0$, 1 df, $P<0.001$; and counsellor $\chi^2 = 21.5$, 1 df, $P<0.001$. There were no significant differences between the numbers of referrals to social workers or psychiatrists by either practices or general practitioners having and not having a link with a mental health worker.

Type of contact

The general practitioners were asked about their contact with mental health professionals in the past three months. The percentages of general practitioners who reported a face to face contact (when patients were discussed) with each of the five professional groups in the last three months is shown in Table 2. Face to face contacts were, on the whole, less frequent among professionals who had no formal links with general practitioners, particularly among counsellors and psychologists. However, a link was no guarantee of face to face contact, particularly between social workers and general practitioners.

Written communications were more common than telephone contacts between the 141 general practitioners and psychologists (36.9% reporting written contact versus 10.6% reporting telephone contact), between general practitioners and counsellors (written contact 22.7% versus telephone contact 9.9%) and between general practitioners and psychiatrists (written contact 71.6% versus telephone contact 36.2%). Telephone contact was more commonly used for communication with social workers (written contact 14.9% versus telephone contact 55.3%) and community psychiatric nurses (written contact 32.6% versus telephone contact 57.4%).

Problems encountered

The problems encountered with specialist services by general practitioners were investigated (Table 3). For counselling, psychology and psychiatry services the most commonly reported problem was the length of the waiting list; among problems with community psychiatric nurses difficulty with contact was cited

Table 2. General practitioners with and without links with specialist mental health services reporting referrals and face to face contact with the specialists over the past three months.

	% of GPs reporting			
	Referral to specialist		Face to face contact with specialist	
Mental health worker	Link	No link	Link	No link
CPN (n = 72/69)	*88.9*	*62.3***	*58.3*	*20.3****
Psychologist (n = 43/98)	*88.4*	*35.7****	*69.8*	*7.1****
Counsellor (n = 30/111)	*93.3*	*32.4****	*63.3*	*3.6****
Psychiatrist (n = 25/116)	*96.0*	*79.3*	*40.0*	*11.2****
Social worker (n = 19/122)	*57.9*	*58.2*	*21.1*	*10.7*

n = number of GPs with/without link with a mental health worker. CPN = community psychiatric nurse. χ^2 test: $^{**}P<0.01$, $^{***}P<0.001$.

Table 3. Problems with services reported by general practitioners who did, and who did not, have a link with a mental health worker.

Mental health worker	% of GPs reporting: Long waiting list	Inadequate treatment	Inadequate feedback	Referral difficulties	Contact difficulties
CPN					
Link (n = 72)	15.3	12.5	15.3	2.8	19.4
No link (n = 69)	7.2	7.2	18.8	14.5	20.3
Psychologist					
Link (n = 43)	72.1	2.3	2.3	7.0	2.3
No link (n = 98)	56.1	4.1	4.1	23.5	7.1
Counsellor					
Link (n = 30)	33.3	0	0	3.3	0
No link (n = 111)	18.0	1.8	2.7	8.1	2.7
Psychiatrist					
Link (n = 25)	24.0	20.0	20.0	4.0	16.0
No link (n = 116)	16.4	13.8	10.3	4.3	12.9
Social worker					
Link (n = 19)	5.3	10.5	47.4	10.5	42.1
No link (n = 122)	9.8	12.3	32.8	18.0	27.9

n = number of GPs in group. CPN = community psychiatric nurse.

most frequently; and for social workers inadequate feedback and difficulty with contact were mentioned most frequently. There was no significant difference between the numbers of general practitioners with and without links reporting problems. The nature of the problems reported, however, was slightly different: general practitioners without a link were more likely to mention difficulty with referral, while general practitioners with a link were more likely to mention the problem of a long waiting list, except for those with a link with social workers. While the meaning of difficulties with referral was not specified, responses suggested that this referred to the process of referral.

Satisfaction with service

General practitioners were asked to rate their satisfaction in general with services on a scale from very satisfied, through satisfied, neutral, and dissatisfied, to very dissatisfied or to state if they had no contact with the service. General practitioners without links ticked the no contact column more frequently than those with a link (community psychiatric nurses 13.0% versus 1.4%; social workers 20.5% versus 15.8%; psychologists 37.8% versus 2.3%; counsellors 56.8% versus 10.0%; psychiatrists 11.2% versus 0%). General practitioners not linked to a service were also more likely to give a 'neutral' rating than those with links, except in the case of social workers (community psychiatric nurses 15.9% versus 13.9%; social workers 36.9% versus 52.6%; psychologists 18.4% versus 2.3%; counsellors 22.5% versus 3.3%; and psychiatrists 15.5% versus 12.0%). The percentages of general practitioners with and without links to services who reported being either satisfied or very satisfied with services with whom they considered themselves to be in contact are shown in Table 4. A significantly higher percentage of general practitioners linked to a psychology service were satisfied with the service compared with those who had no links; when compared by practice the differences remained $\chi^2 = 7.5$, 1 df, $P<0.01$). Significant differences were also found for satisfaction with counselling services, but these differences did not quite reach significance when general practitioners were grouped by practice. Fewer general practitioners with links with psychiatry or with social work services were satisfied with the service compared with those without links. Four general practitioners commented that dissatisfaction stemmed from there being insufficient sessions made available by the psychiatrist. Eleven general practitioners commented that individual workers were usually doing an excellent job and that dissatisfaction resulted from overstretched resources and understaffing. With regard to social work services, one general practitioner asked 'Do social workers still exist?'

Desire for closer contact

General practitioners were asked if they would like to be in closer contact with mental health services. Those in practices not linked with a professional were more likely to want closer contact with that service except in the case of psychiatry: psychology 66.3% versus 46.5%, social work 59.8% versus 42.1% and counselling 56.8% versus 23.2%, respectively. The difference was statistically significant for community psychiatric nurses, where 55.1% of general practitioners without a link expressed a desire for closer contact compared with 33.3% of those with a link ($\chi^2 = 5.9$, 1 df, $P<0.05$); when compared by practice the differences remained ($\chi^2 = 4.3$, 1 df, $P<0.05$). Comments included 'We need NHS access to psychologists and counsellors' and 'Medication is inappropriate but in the absence of clinical psychologists and counsellors there is no other treatment'. Con-

Table 4. General practitioners with and without links to mental health workers reporting satisfaction with services with whom they considered themselves to be in contact.

Mental health worker	% of GPs reporting satisfaction[a]: Link	No link
CPN (n = 71/60)	71.8	51.7
Psychologist (n = 42/61)	47.6	21.3**
Counsellor (n = 27/48)	88.9	37.5***
Psychiatrist (n = 25/103)	60.0	66.0
Social worker (n = 16/97)	50.0	51.5

n = total number of GPs with/without link in contact with service. CPN = community psychiatric nurse. [a]Satisfied or very satisfied. χ^2: **$P<0.01$, ***$P<0.001$.

versely, 56.0% of general practitioners with a psychiatrist link wanted closer contact with psychiatry services compared with 32.0% of those who had no link. While this difference was not significant, when compared by practice there was a significant difference ($\chi^2 = 4.6$, 1 df, $P<0.05$).

Discussion

Association does not prove causality and it cannot be stated with certainty that the differences between responding general practitioners are a result of links between practices and the professionals concerned. Also, it is reasonable to suggest that the reason the links came about in the first place was precisely because of the differences in the attitudes and behaviour of general practitioners. However, the high proportion of doctors without links who wanted closer contact with services suggests that the issue is more complicated than simply the disposition of the general practitioners. More detailed studies are necessary to explore these questions further. The aims of the present study were more modest: to see whether there were differences in the behaviour and attitudes of general practitioners in practices linked with mental health professionals and those in practices without such links.

The main finding was that more general practitioners with links referred patients to the service concerned (except social work) compared with those without links, particularly to community psychiatric nurses, counsellors and psychologists. The finding that general practitioners in a practice linked to a psychologist were more likely to have referred patients to psychology services is in contrast to the finding of Kincey and Creed that primary care links did not affect general practitioner referral.[21] Higher referral rates alone, however, cannot be seen as an improvement. The issue of 'appropriate' referrals to specialists has obvious implications for the length of waiting lists.

As general practitioners who considered themselves not to be in contact with services were excluded from calculations of the percentages of those expressing satisfaction or dissatisfaction with services, levels of satisfaction are based on what contact had occurred. General practitioners' satisfaction with psychology, counselling and community psychiatric nurse services was higher among those with a formal link with a worker. Compared by practices, this trend was significant for psychologists and approached significance for counsellors, which may reflect the fact that access to these services is difficult unless linked to the practice, while the other services are more established and accessible at a district level. The fact that general practitioners from practices without a counsellor or psychologist link reported difficulties referring to these services more often than those with a link supports this contention. Interestingly, general practitioners linked to counsellors and psychologists were more likely to mention long waiting lists as a problem than those without links. It may be that once a practice has a link with a psychologist or counsellor, problems result from an excess demand for their services.

The non-significant inverse association between a link with a psychiatrist or a social worker and satisfaction with these services may reflect higher expectations on the part of general practitioners with links or the failure of those links to improve communication. Some general practitioners with links commented that the sessions made available by psychiatrists were insufficient, and general practitioners with a psychiatrist link were more likely to state a desire for closer contact than those without. These point to general practitioners desiring an extension of the service for their patients.Where dissatisfaction was expressed, general practitioners often mentioned that it was caused by lack of resources rather than the work of the professionals themselves.

General practitioners without links were more likely to express a desire for closer contact with services than general practitioners with links, except in the case of psychiatry. This shows strong support for moves by mental health specialists into primary care. The importance of closer links with counsellors and psychologists was stressed by many general practitioners.

Face to face contact was, unsurprisingly, higher where a link existed. It is perhaps more interesting that only a minority of general practitioners reporting a link with a psychiatrist or a social worker had actually seen them in the previous three months; a formal link is no guarantee of contact.

To some extent general practitioners' attitudes to services will depend on the particular nature of a link. For example, there is clearly a difference between a worker who is employed by the practice and one who liaises with the practice. Most of the links with counsellors in this survey involved employment by the practice, often using family health services authority funds available for health promotion clinics.[12] None of the general practitioners employed social workers or community psychiatric nurses and only a few employed a psychiatrist.[12] The high satisfaction scores for linked counsellors may well reflect this difference. An employee is bound to be viewed differently by a general practitioner and it would appear that they are generally seen to be providing a better service. The fact that community psychiatric nurses attracted high satisfaction ratings demonstrates that employment is not the only factor influencing satisfaction.

A number of general practitioners wanted closer links with the five mental health services focused on in this study, in particular with psychologists and social workers. While problems do not disappear when a link is in place, general practitioner satisfaction, the incidence of referrals and face to face contacts are all higher when a link is in place. More research is needed to assess the appropriateness of referrals and the relative costs of specialist primary care links, particularly bearing in mind the benefits of other approaches such as community mental health centres.[22] It is also important to know whether practices with these links provide a better service for the client.

Some hospital based psychiatrists warn that community psychiatric nurses with primary care links may end up treating those labelled as the 'worried well' at the expense of chronically ill psychotic patients.[23] Concerns of this nature are real and there is a pressing need for more work on the roles of different mental health professionals in relation to primary, community and hospital care. It seems likely that mental health services in primary care will expand in the future, a view evidenced by the decision to include community nursing services and all outpatient mental health services in the budget of general practitioner fundholders.[24] However, careful planning and evaluation are essential to ensure that the best possible use is made of the diverse skills on offer in order to help patients with mental health problems.

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