Psychiatric intervention in primary care for mothers whose schoolchildren have psychiatric disorder

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SUMMARY

Background. *Psychiatric disorder in schoolchildren has been linked to increased general practice attendance rates. This increase may, in part, be a result of maternal stress focused on the disturbed child, and of a decrease in confidence in parenting.*

Aim. *A study was undertaken to pilot the feasibility of a single session, psychiatric intervention in primary care for mothers of disturbed children and to examine uptake rates and reported immediate and long-term effects.*

Method. *Single psychiatric sessions by a child psychiatrist in general practice were offered to mothers of 26 schoolchildren. The schoolchildren (age range 7–12 years, mean nine years) were frequent attenders in general practice with physical symptoms, and were identified from research interviews carried out with a parent (usually their mother) as psychiatrically disordered. The main outcome measures were the mothers' ratings of helpfulness of the intervention; degree of behavioural, emotional or health problems in their children and confidence in managing them; the Rutter A parental behaviour questionnaire; and children's yearly general practice attendance rates.*

Results. *Sixteen mothers (62%) who were offered appointments attended for the intervention. Nine of the 14 who responded at three-month follow up (64%) reported that the intervention had been markedly or extremely helpful. The main areas of perceived improvement at both three months and at 18–24 months were in the child's behaviour, emotional and health problems, and in the mother's confidence in dealing with these. Mothers also found the specific advice discussed and the ability to talk to somebody about the problems helpful. Mothers were less likely to find the intervention extremely or markedly useful where the child had had previous psychiatric intervention. The mean yearly attendance rate for the whole group of 23 children (data missing for three) decreased from 6.5 consultations before the intervention to 2.8 afterwards; there was a non-significant trend for the drop in attendance to be more marked in the group whose mothers attended the intervention and who felt helped by it, than among the group of children whose mothers only reported finding the intervention slightly useful.*

Conclusion. *Standardized child psychiatric interventions which may be used in the primary care setting appear acceptable and may be helpful to mothers in addressing psychiatric disorders associated with somatic presentation in their schoolchildren.*

Keywords: psychiatric disorders; children; mothers; mother child relationship; mothers' attitudes.

Introduction

ALTHOUGH most children consulting general practitioners attend with physical symptoms, a number present with psychological problems. It has now been established that psychiatric disorder is an associated or background factor in about a quarter of consecutive schoolchildren attendances in primary care[1,2] and that it is linked with increased attendance rates.[3] The increased attendance is thought to be mediated in part at last by maternal stress specially focused on the disturbed child, and by decreased confidence in parenting.[1]

A study was undertaken in 1989–90 to pilot the feasibility, uptake rates and immediate and longer term effects of a single session, standardized psychiatric intervention in primary care for mothers of children with psychiatric disorder. The session aimed to discuss the psychiatric issues and convey the necessary encouragement, empathy and behavioural advice[4-6] to help mothers become more confident and less stressed in the handling of their children.

Method

Children were eligible for the study if they were aged between seven and 12 years, defined as frequent surgery attenders at one of two general practices in the Manchester area (they had attended four or more times in the year prior to the study[3]) and had psychiatric disorder. The presence of psychiatric disorder had been identified from research psychiatric interviews carried out with a parent (usually their mother) by F B.[3] To quantify the degree of symptomatology the Rutter A parental behaviour questionnaire was used.[7] The mothers completed the general health questionnaire[8] as a measure of psychiatric morbidity in the mothers themselves. Information was gathered on social stress, and support available to the mother, as well as attitudes to parenting. Mothers of children with identified psychiatric disorders were asked by F B if they wished to participate in the intervention study.

The intervention was carried out by a child psychiatrist at the surgery. It was planned to last for one hour, and was divided into three stages: general exploration of the problem; discussion of strategies for dealing with the identified problem following behavioural strategies outlined in a booklet prepared for the project (available from M G); and summing up. After the session a letter was sent to the mother summarizing the meeting and a copy was also sent to the general practitioner.

At the beginning of the therapeutic session the mother was asked to complete a questionnaire designed for the study, enquir-

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ing about her expectations on the usefulness of the meeting, the severity of the child's behaviour, emotional and health problems, and the degree of concern about these problems and her confidence in managing them. Each of these items was scored on a four-point scale. This questionnaire and the Rutter A parental behaviour questionnaire (modified to enquire about three-month periods rather than a year) were completed again by each mother through postal follow ups three months and between 18 and 24 months following the intervention. Additional information was obtained from the three-month follow-up questionnaire on the mother's perceptions on the usefulness of the intervention. A reminder letter was sent to non-respondents two months after the initial mailing. Child attendance rates in the year following the intervention for all children whose mothers were offered the intervention were obtained from scrutiny of the practice notes.

In the analysis of data statistical tests were used as appropriate and when the size of the samples warranted their use.

Results

Mothers of 109 children who were frequent attenders had been interviewed[3] using the research psychiatric interviews.[7] These identified 29 of their children as having psychiatric disorder. Three of these children were excluded from the intervention study as two were receiving psychiatric treatment and the third mother was illiterate, making the questionnaire filling impracticable. As a result 26 qualified for the intervention study. Among these 26 children (16 males, 10 females) the most common *International classification of diseases* (ninth revision) diagnoses were emotional disorder (present in 12 children) and conduct disorder (eight children).[9] Attention deficit disorder was present in three children and adjustment disorder with emotional symptomatology in two. One child suffered from autism.

Sixteen of the 26 mothers offered appointments (mothers of 11 boys and five girls) attended for the intervention. The age range of these children was seven to 12 years, mean age nine years, standard deviation 1.8 years. Of the 10 mothers who did not attend, two refused and eight failed to respond to two invitations. Of the 16 mothers who attended for the intervention, follow-up outcome information was obtained from 14 at three months and from 11 at 18–24 months. Attendance for the intervention was not related to age of the child, previous psychiatric contact or frequency of attendance at the surgery. There were non-significant differentiating trends indicative of better child and family function in the attendance group.

Of the 14 mothers who returned the questionnaires at the three-month follow up, nine reported finding the intervention markedly or extremely useful. The main improvement areas reported by these mothers were in the child's behaviour, emotional and health problems (six mothers) in maternal confidence (five) and in maternal concern (three). Eight of these nine mothers responded to the 18–24 month follow-up questionnaire. Main improvement areas were in the child's behaviour, emotional and health problems (four mothers), in maternal confidence (six) and in maternal concern (three). Five mothers reported finding that the intervention had been slightly useful at three-month follow up; three of these mothers responded at 18–24 month follow up. The main improvement areas reported by these mothers at the first and second follow up were in the child's behaviour, emotional and health problems (one mother and one mother, respectively), in maternal confidence (one and one) and in maternal concern (one and two).

Mothers were also asked to indicate which aspect of the intervention they found most helpful. All the nine mothers who had reported finding the intervention markedly or extremely useful had found being able to talk about the problems and the specific advice discussed helpful; seven showed appreciation for having been able to talk to someone who understood, and they felt reassured about the problems. Understanding the problem better and the letter summarizing the meeting were each found useful by three mothers.

Factors associated with mothers reporting finding the intervention markedly or extremely useful and mothers reporting finding the intervention slightly useful are shown in Table 1. Age, sex, broad diagnostic grouping, maternal employment and general health questionnaire scores did not differentiate between the two groups. The only significant difference was in a child's previous contact with psychiatric services (Table 1). There was a non-significant differentiating trend indicative of better adjustment among mothers finding the intervention markedly or extremely useful compared with those finding it slightly useful (these children had lower mean initial child behavioural rating scores on the Rutter A parental behaviour questionnaire). There were also non-significant trends for children of mothers who found the intervention extremely or markedly useful to have had a higher mean number of surgery consultations before and after the intervention, for their mothers to have higher mean stress scores, to have lower mean psychosocial support scores and to be more likely to expect a good outcome from the intervention compared with mothers finding the intervention slightly useful.

Information on clinic attendance in the year following the intervention was available for 23 children who had been identified as having a psychiatric disorder (three had moved from the surgery). The mean annual attendance rate for these 23 children dropped from 6.5 consultations before the intervention to 2.8 following it. The mean attendance rate fell by 4.2 visits in the year following the intervention compared with the year before the intervention among children whose mothers reported having found the intervention markedly or extremely useful (Table 1). The rate fell by 3.1 visits among those whose mothers reported the intervention to have been slightly useful (Table 1). Although the difference between the two groups was marked, it was not significant.

Table 1. Child-related and parent-related factors among mothers finding the intervention markedly or extremely useful and those finding it slightly useful: three-month follow up.

Factor	Mothers finding intervention	
	Markedly/extremely useful (n = 9)	Slightly useful (n = 5)
Child related		
Mean (SD) Rutter questionnaire score	14.9 (4.4)	24.2 (9.9)
No. of children with previous psychiatric contact	0	4*
Mean no. (SD) of consultations in year before intervention	7.1 (2.5)	5.4 (1.5)
Mean no. (SD) of consultations in year after intervention	2.9 (2.1)	2.3 (0.8)
Parent related		
Mean (SD) psychosocial stress score[a]	9.6 (3.6)	8.0 (4.5)
Mean (SD) psychosocial support score[a]	16.7 (4.1)	18.2 (2.7)
No. of mothers expecting good outcome from intervention	6	2

n = number of mothers. SD = standard deviation. [a]Based on information gained at interview with mother about social stress and support. Fisher's exact test: *P<0.05.

Discussion

Of mothers of children who were frequent attenders in primary care with physical symptoms and who were also psychiatrically disordered, 62% attended for a single psychiatric counselling interview at the surgery. It proved possible to structure the intervention so as to develop a model that perhaps could be adapted for use by primary care workers; a study would need to be undertaken to evaluate this. Sixty four per cent of the 14 mothers who attended and who responded at three months found the intervention useful, with beneficial effects being maintained at longer term follow up.

General practitioners will not be able routinely to devote one hour to this purpose but they may be able to spread such a process over a number of consultations to provide, as in the present study, empathic encouragement and specific advice to mothers[6] to improve the mothers' confidence in dealing with their child's problems. It would be useful to evaluate this in a further study.

Poor response to the intervention was associated with previous psychiatric contact. Families who had more intensive input in the past might have found the input too cursory, and the child's difficulties might also have been more complex. A single intervention of this kind seems more likely to be of benefit for children with less severe disorders. It was intended that the intervention would facilitate further work at the surgery, rather than cure the child's disorder. A different and more intensive approach is required to achieve full symptom resolution.

The results of the pilot intervention are sufficiently encouraging to suggest that the primary care setting may be an appropriate one for helping many mothers of children with associated physical and psychiatric symptomatology become more confident in their parenting and make these problems more manageable. Future research is, however, required to confirm and expand these findings. This could also usefully address the effects of primary care workers using interventions of this kind as part of routine work at the surgery and the possible impact of this on childhood psychiatric disorder.

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