Mental health care training priorities in general practice

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SUMMARY

Background. *Mental health problems constitute a large part of general practitioners' (GPs') work, for which they may have received little training beyond their undergraduate education. They continue to find themselves criticized in the literature over inadequate recognition and management of these problems. While there is concern about the effectiveness of continuing medical education (CME), educational needs assessment can improve the outcome of CME programmes.*

Aim. *To assess GPs' perceived educational needs regarding mental health problems.*

Method. *A questionnaire was developed, piloted and posted to GPs (n=380) in the Lambeth, Southwark and Lewisham Family Health Services Authority (FHSA) area in south-east Thames. In addition to demographic data, the questionnaire asked practitioners to select from a list of 26 mental health topics those in which they would like further training, their preferred educational formats and timetabling, and willingness to attend for training. Two postal reminders were sent to non-respondents. Data were analysed using SPSS.*

Results. *Altogether, 62% (237/380) of the GPs responded. The range for the number of topics selected was from zero to 26 and the mode was 5. Most frequently selected topics were psychiatric emergencies, somatization, counselling skills, 'heartsink' patients, psychosexual problems and stress management, each of which was chosen by at least 40%. Small group work alone, and allied to a lecture, was rated as the most useful educational format. In all, 74% (175/237) indicated that they would be interested in attending a half-day training course.*

Conclusion. *These results suggest that GPs working in the inner city recognize the importance of improving their skills in the care of mental health problems, and indicate which topics are regarded as the most important and suitable for educational interventions. A needs-led approach to continuing medical education of this kind will help to plan CME programmes relevant to GPs' needs.*

Keywords: educational needs assessment; mental health problems; questionnaire survey.

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Submitted: 2 April 1996; accepted: 11 September 1996.

© *British Journal of General Practice,* 1997, **47,** 225-227.

Introduction

THE *Health of the Nation* document[1] and government legislation on community care[2] have focused the spotlight on the mental health problems of our population. General practitioners (GPs) are responsible for managing the majority of mental health problems in the health service[3,4] and most practitioners attempt to fulfil this role with no more training than they received during undergraduate medical education. There is evidence that both recognition and management of mental disorders could be improved.[3,5,6] The traditional postgraduate educational system, by which practitioners' maintain and update their knowledge and skills, has been criticized for not being effective or relevant to their educational needs. Much of the education on offer does not relate to the day-to-day work of GPs or use GPs' experience as a learning resource, fails to ask GPs what their educational needs are, and does not translate into improved outcomes for patients.[7-9]

A previous survey commissioned by the Lambeth, Southwark and Lewisham Family Health Services Authority (FHSA) showed that 80% of GPs thought that further training in detection, assessment and treatment of mental health problems was a medium to high priority.[10] The aim of this study was to identify GPs' specific educational needs in the area of mental health, as a first stage in developing and evaluating a programme of training packages relevant to those needs.

Method

The study was undertaken in the Lambeth, Southwark and Lewisham FHSA area of south-east London, which is co-terminous with the boroughs of the same names. It has a population of approximately 700 000, 25% of whom belong to ethnic minorities,[11] and has high levels of social deprivation, the third highest in England and Wales (Under Privileged Area (UPA) score 40.69).[12] This population is served by 420 GPs.

A questionnaire was developed in collaboration with several GPs with a special interest in psychological disorders in general practice, and psychiatrists at the Institute of Psychiatry, London, and with reference to the literature.[13,14] A pilot study was undertaken among a random sample of 40 practitioners to assess questionnaire content and acceptability. The questionnaire was modified to remove ambiguity of some questions, and posted to the remaining practitioners (*n*=380). Respondents were asked for demographic details, information about their practice and their length of service. They were asked to indicate, from a list of 26, topics in which they might want training, their preferred educational formats and timings of training, and whether they would be interested in attending a training course. Space was available to suggest additional topics and to comment. To maximize the response rate, the questionnaire was kept as short as possible (three sides of A4 paper), a prepaid envelope was included and non-responders were sent a second questionnaire after three weeks, with a final reminder six weeks after the initial posting. The data were analysed using SPSS.

Results

Response rate and demographic data

A total of 237 completed questionnaires were returned, giving a response rate of 62% (237/380) of GPs, and at least one questionnaire was returned from 65% of the practices.

The demographic structure of the study population is given in Table 1. There was a significant relationship between response rate and a number of GP characteristics. GPs were significantly more likely to respond if they were below rather than above 50 years of age (χ^2 (1) = 21.74, $P<0.0001$), female rather than male (χ^2 (1) =26.25, $P<0.0001$), in partnerships of four or more doctors rather than smaller practices (χ^2 (1) = 28.37, $P<0.0001$), and part-time rather than full-time (χ^2 (1) = 4.01, $P=0.045$).

Seventy-five doctors (32%) had undertaken a hospital psychiatry post, and six (2.5%) had a qualification in psychiatry or psychological medicine.

Mental health topics

The number of topics chosen ranged from 0 to 26; the mode was 5. Those choosing no topics at all ($n=4$) were included in the analysis because the respondents were clear that they had no need of further training in any of the topics included in the questionnaire. The frequency with which individual topics were chosen is shown in Table 2. The three topics selected most frequently were psychiatric emergencies and the Mental Health Act (51% of sample), somatization (48%), and counselling skills (46%). The least frequently selected topics were psychotropic prescribing (23%), bereavement (22%), and mental health promotion (15%).

Cross-tabulation analysis was carried out between sex, number of years in practice, practitioner's age, and all 26 topics. Significant findings at the 5% level included male practitioners being more likely to want to learn about psychosexual problems (66 (52%) versus 34 (31%), χ^2 (1) = 10.72, $P=0.001$) and female practitioners wanting to learn about dementia (53 (48%) versus 43 (34%), χ^2 (1) = 5.02, $P=0.025$) and accessing secondary services (33 (30%) versus 22 (17%), χ^2 (1) = 5.32, $P=0.021$). We accept that these significant findings may have occurred as a result of multiple testing. However, applying the Bonferroni test to detect artefacts of multiple testing, we have most confidence in the significant sex difference in wanting to learn about psychosexual problems. No robust significance levels were found when testing number of years in practice or practitioner age.

Additional topics suggested by respondents included developing strategies for managing psychological consequences of a primarily social problem, obsessive compulsive disorder, personality disorder, cultural issues in mental illness, managing violent patients, and support for GPs.

Educational formats and course timing

The perceived usefulness of various educational formats outside and inside the practice is shown in Table 3. Small group workshops, alone (86%) and combined with lectures (86%), were considered the most useful, followed by lectures (73%). Within the practice, small group work was seen as the most useful (71%). A distance package (35%) and simulated patients (34%) were considered the least useful. No particular formats were selected more frequently when analysed by sex or age.

Midweek afternoons and evenings were the most popular for attending CME activities, with Tuesday (39%) and Thursday (36%) evenings selected most frequently.

Seventy-four per cent (175) of respondents indicated that they would consider attending a half-day training course to develop knowledge and skills in a chosen area of mental health. Eleven per cent (25) would not attend a course and 16% (37) did not answer the question.

Table 1. Demographic characteristics of the population.

	Responders (n=237)		Non-responders (n=143)	
	n	Percentage	n	Percentage
GPs per borough				
Lambeth	91	68	42	32
Southwark	65	54	56	46
Lewisham	81	64	45	36
Male	127	54	114	80
Female	110	46	29	20
Full-time[a,b]	193	83	126	91
Part-time	39	17	13	9
Age (years)[a]				
25–29	2	1	0	0
30–39	86	37	25	18
40–49	88	38	46	34
50–59	43	18	46	34
60–69	13	6	19	14
No. of years as a GP[a,c]				
<5	49	21	NA	NA
5–9	65	28	NA	NA
10–19	78	34	NA	NA
20+	40	17	NA	NA
Number of GPs in practice				
1	27	11	35	25
2–3	62	26	59	41
4–5	96	41	30	21
>5	52	22	19	13

[a]Five cases missing from responders. [b]Four cases missing from non-responders. [c]Seven cases missing from non-responders. NA, not available.

Table 2. Frequencies of topics selected.

	n=237	Percentage
1. Psychiatric emergencies*[a1,b2]	120	51
2. Somatization[a2,b3]	113	48
3. Counselling skills[a3,b4]	108	46
4. 'Heartsink' patients	104	44
5. Psychosexual problems[b1]	100	42
6. Stress management	99	42
7. Dementia[a4]	96	41
8. Anxiety disorders	92	39
9. Cognitive therapy	86	36
10. Depression	84	35
11. Adolescent problems	82	35
12. Long-term mental illness	82	35
13. Assessing suicidal risk	82	35
14. Acute distress reaction	77	32
15. Drug and alcohol addiction	73	31
16. Tiredness	73	31
17. Childhood problems	69	29
18. Sleep problems	66	28
19. Family and marital problems	65	27
20. Behavioural therapy	64	27
21. Eating disorders	64	27
22. ICD10–PHC classification	61	26
23. Accessing services	55	23
24. Psychotropic prescribing	54	23
25. Bereavement	53	22
26. Mental health promotion	35	15

*Including use of the Mental Health Act. [a1–4]Female practitioners' most frequent selections in ranked order. [b1–4]Male practitioners' most frequent selections in ranked order.

Table 3. Perceived usefulness of educational formats (n=237).

	Useful	Not useful	No response
Outside practice			
Lectures	172 (73%)	46 (19%)	19 (8%)
Small group	204 (86%)	16 (7%)	17 (7%)
Lecture and small group	205 (86%)	10 (4%)	22 (9%)
Guideline workshop	145 (61%)	54 (23%)	38 (16%)
Video work	150 (63%)	58 (24%)	29 (12%)
Simulated patient	122 (51%)	80 (34%)	35 (15%)
Inside practice			
Distance package	105 (44%)	84 (35%)	48 (20%)
Guideline workshop	140 (59%)	50 (21%)	47 (20%)
Small group	169 (71%)	34 (14%)	34 (14%)

Discussion

A previous survey by Turton and colleagues[14] to identify mental health training needs drew its sample from 95 FHSA lists. This study is the first attempt to identify the educational needs of GPs regarding mental health problems across one FHSA area in order to generate an education programme based on local needs. Both are efforts to identify educational needs, and suffer from a common problem in that self-report is a potentially biased source of information and can only inform about perceived rather than objective needs. However, self-perceived needs are important because motivation is a key factor in ensuring the success of educational programmes.[15] For this reason, we chose to use a questionnaire survey as the only practical method of surveying such a large number of GPs and gaining their interest.

The response rate of 62% was similar to other questionnaire surveys of GPs.[14] The female principals in the sample constituted a younger age group, were more likely to be in larger group practices and in part-time practice, explaining some of the relationships between demographic variables and response rate. However, there is good agreement between the top four selections made by male and female GPs (three of the topics are the same), suggesting that their perceived educational needs are similar.

The most frequently chosen topics — psychiatric emergencies, somatization, counselling skills, 'heartsink patients' — represent an interesting selection, and perhaps reflects the need to acquire skills rather than knowledge. It would be unwise to attribute reasons to these choices beyond noting that psychotic illnesses have a higher prevalence in urban areas (South East Thames Region has the highest prevalence of functional psychoses, nine per 1000),[16] and that the difficulties in managing patients who somatize psychological disorder or 'heartsink' consultations are important issues in general practice. Counselling is relevant to both the above topics, but has a wider applicability to practice in the management of emotional problems, and has been identified before as a skill many GPs would like to acquire.[14,17]

Half of the topics were selected by more than 33% of respondents, and these include common or difficult problems faced by GPs. The relatively low interest in psychotropic prescribing is a concern given that, for example, antidepressant prescribing does not conform to consensus recommendations.[18] The lowest ranked topic was mental health promotion, possibly reflecting the uncertainties associated with the policy of health promotion.[19]

In comparison with Turton and colleagues' study,[14] we did not ask about practitioners' competence, but offered a wider range of relevant subject areas linked to the development of appropriate training packages. This may explain the higher level of interest among responders in our study to considering further training. Our findings about the usefulness of educational formats is similar to that of Forrest and colleagues,[20] with small group work identified as the most useful.

Our main concern, that practitioners are responsible for managing the spectrum of psychological and psychiatric problems without the necessary skills, is reinforced by GPs' recognition that further training is a priority[10] and their response to this initiative. Continuing medical education has an important role in maintaining and improving standards, and is more likely to be successful if the content is derived from the educational needs of the proposed participants.[15] The next phase of the study will be to develop educational materials informed by practitioners' needs and, we hope, responsive to them.

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Acknowledgements

We would like to thank Drs Scott Weich, Clare Gerada and Mark Ashworth, in particular, and all the general practitioners who participated. This project was funded by a grant from Lambeth, Southwark and Lewisham Family Health Services Authority and the Department of Health.

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