GPs' referral to mental health care during the past 25 years

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SUMMARY

Previous research has shown that mental disorder in the community has remained fairly constant over the past 30 years. As a result there has been a shift in mental health care from primary care to specialised mental health care. This shift should be visible in higher referral figures from general practice. In this longitudinal analysis of mental health referrals (1971 to 1997), the authors aimed to answer whether these higher referral rates have occurred, whether there are increases in referral for specific groups, and whether the referral pattern has changed. The results demonstrate an increase in referral rate with a factor of 4.5. It is concluded that we are witnessing a pull from mental health care together with a push from general practice, thus reinforcing each other.

Keywords: mental health care; referrals; primary care.

Introduction

HUTSCHEMAEKERS *et al* (1997)[1] concluded, in a historical analysis over the past 30 years, that mental disorder in the community has remained fairly constant; the diagnosis of such morbidity by general practitioners (GPs) has increased from 1965 to 1980 and decreased afterwards; and demand for help in specialised mental care has increased over the whole period. This suggests a shift in mental health care from primary care to specialised mental health care; a shift that should be visible in higher referral figures from general practice.

The aim of this paper was to answer questions such as:

- have these higher referral figures occurred,
- are there increases in referral for specific groups, and
- has the referral pattern changed?

Method

This paper is based on longitudinal data concerning morbidity and referral from the Continuous Morbidity Registration (CMR) Nijmegen.[2] The registration of morbidity and interventions has been continuously executed since 1971 in four general practices (population at risk is approximately 10 000). These practices comprise one urban practice, one suburban practice, and two rural practices. Figures for mental health referrals from 1971 to 1997 were used.

Morbidity in CMR was coded according to the Dutch translation of the British E-list, which was derived from the International Classification of Diseases, 7th edition (ICD-7). All diagnoses regarding ICD-chapters V and XVIII were considered.

The patient's age and sex for each consultation was coded in 2 × 3 age/sex categories: 0 to 14 years of age (youth), 15 to 64 years of age (adults), and 65 years of age and over (elderly).

Referrals analysed in this study are referrals to:

- institution for regional ambulatory health care,
- psychiatric outpatient clinics and freely established psychiatrists,
- freely established psychologists,
- institutions for alcohol and drugs treatment, and
- social work.

The age/sex composition of the population at risk in each year is known, thus providing the opportunity to calculate population-based age- and sex-specific referral figures.

Results

Figure 1 depicts the results from the CMR in a scattergram with trendlines. In the CMR, the number of mental health and social work referrals per 1000 registered patients is given for each year from 1971 till 1996. Both kinds of referrals have clearly increased in these 25 years.

An increase from six out of 1000 mental health referrals in 1971 to 12 out of 1000 in 1996, and the same relative increase from 2.2 per 1000 to 4.8 per 1000 for referrals to social work, can be observed. These outcomes are corroborated by incidental reports in the literature (to be published elsewhere).

Figure 2 represents the proportion of patients with a new psychological diagnosis (the incident cases) that has been referred to social work or a mental health agency. In the introduction to this paper, a decrease in psychological diagnoses made by GPs since 1980 was mentioned. As can be expected, the combination of this trend and the absolute increase of referrals has resulted in a sharper increase of the number of referrals per 1000 new incident psychological disorders than the increase of referrals per 1000 listed patients — from 4% in 1971 to 18% in 1996. The relative increase was greater for mental health care referrals than for social work referrals.

The increase in referrals per 1000 patients can be found in each separate age/sex category. The increase for women is greater (129% increase from 1991 to 1995 in relation to 1971 to 1975) than for men (68% increase). The increase is greatest for adult patients (aged 15 to 64 years) and smallest for children. The differences between age and sex categories[3] remain relatively constant throughout the period of time.

A gradual increase of referral to institutions for ambulatory mental health care can be observed. Referral to social work increases also, but less conspicuously, and referrals to psychiatry and addiction care remain on a rather constant level throughout the years.

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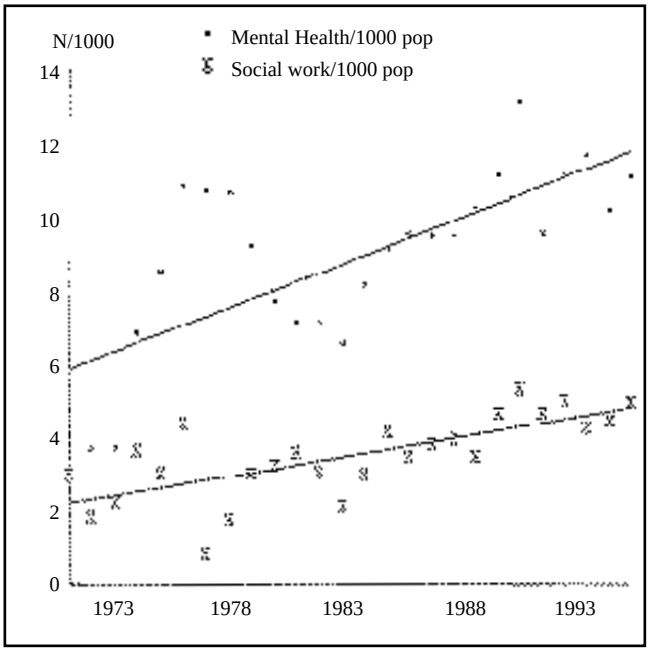

Figure 1. Mental health referral per 1000 patients (1971-1997).

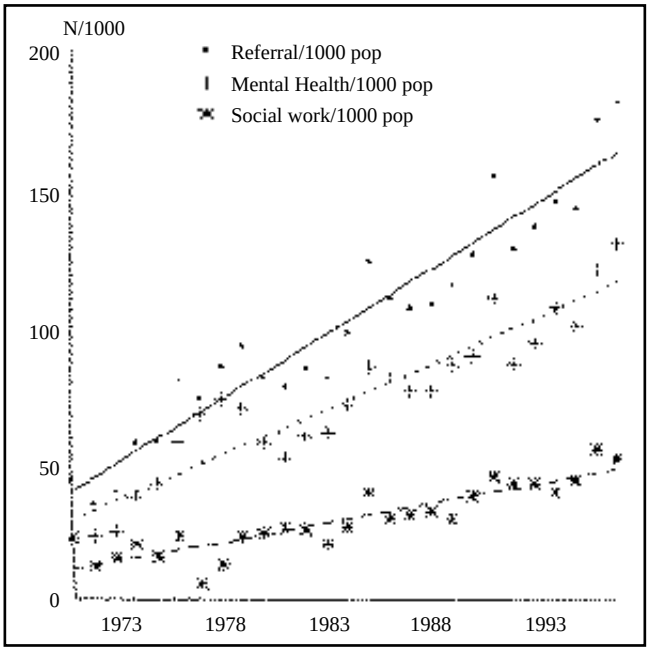

Figure 2. Mental health referral per 1000 new cases (1971-1997).

Discussion

This longitudinal picture is based on a limited number of practices. The correspondence between the trend revealed by this small sample and the trend derived from a number of cross-sectional studies, based on more representative samples, justifies the assumption that the data are indicating developments on a national level. As far as the participants are biased, it would have been a positive bias. If even these highly motivated GPs show an increased referral pattern, this will be the case even more in an average practice.

During the past 25 years, a shift has occurred in the task-division between GPs and more specialised mental health agencies regarding the treatment of mental disorders. GPs in 1997 were more inclined than GPs in 1971 to refer patients with a psychological diagnosis to social work, ambulatory mental health care, psychologists, or psychiatrists. This shift has occurred in a more or less equal degree for younger and older patients, for males and females; referral to institutions for ambulatory mental health care has especially increased.

The decline in psychological diagnoses made by GPs, and hence the increase in referrals per 1000 new cases, might reflect a change in 'fashion'. The high prevalence stems, after all, from the second half of the 'soft' 1970s.

However, together with a decreasing attention for the phenomenon of psychological disturbance, there is a growing tendency, in case of such a diagnosis, to refer. This growing tendency will certainly be promoted by the growing availability of ambulant mental health care (capacity has increased by 70% during the past decade). A growing awareness among GPs of their limitations regarding the treatment of mental disorder might also have contributed to the increased referral numbers. It might also reflect a greater acceptance of mental disturbance and its possibilities of treatment among the general population. The few longitudinal data on mental morbidity in the population do not indicate an increase or a decrease in mental morbidity.[1]

Whatever the cause may be, current policy in the Netherlands to drive back referral numbers to specialised mental health care by only assigning the GP a task to 'guard the entrance to mental health care' is not likely to succeed given these developments. Such a task-assignment will only be successful if the GP is provided with more possibilities to refer at a lower lever of specialty, e.g. social worker or consultant, and with better opportunities for consultation, as is proposed in the model of stepped care.[4]

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