

## Pathways to care for psychological problems in primary care

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Pathways to care for psychological problems have been studied using case note review or a range of structured interviews.<sup>1-4</sup> This makes comparisons between settings difficult. We report the use of a structured interview developed by the World Health Organisation (WHO) to study pathways to primary care for psychological problems in 15 centres in Europe, Asia and the United States.<sup>5</sup> The Pathways to Care Interview (PTCI) has also been used in specialist psychiatric settings in several countries.<sup>6-9</sup>

The WHO study revealed marked differences in pathways to primary care for psychological problems.<sup>5</sup> General practitioners were the first point of contact for over 95% of patients in Great Britain and the Netherlands. Other countries showed a greater diversity of pathways. Irrespective of country, primary care physicians provided 80% of treatment for psychological disorders.

The health care system of these countries is very different from Australia. We explored the feasibility of this method in Australian general practice, using the

same instruments as the WHO study to allow international comparisons.<sup>5</sup>

### Method

Four GPs in Rockingham-Kwinana, a socially deprived, outer metropolitan area of Perth, Western Australia, were recruited through the division of general practice. There were three men and one woman with an average age of 43 years.

We approached all patients over the age of 18 years identified by the researcher and GP as presenting with a psychological problem. The researcher conducted the PTCI to record the interval between first experiencing symptoms and seeking care, and then between first seeking care and being referred to a specialist service. It also records the profession of each person consulted, nature of the main presenting problem and treatment offered. In addition, the researcher administered the 12 item General Health Questionnaire (GHQ-12) to measure the current level of psychological distress.<sup>10</sup> The treating doctor indicated their proposed management and whether the presenting symptom was pre-

dominantly physical, psychiatric, or a combination of the two, using the Physician Encounter Form (PEF).<sup>5</sup>

### Results

We approached 66 subjects of whom 63 (95%) participated. They were predominantly female (64%), married (44%), and unemployed (78%), with a mean age of 46.5 years. The average length of illness was 118 weeks (SD: 180) and the mean GHQ-12 score was 21 (SD: 0.74).

General practitioners were the first point of contact for most, while the remainder were from mental health services (Figure 1). Sixty percent (n=38) had depression, either alone or in combination with anxiety, 35% had anxiety, and 11% had drug or alcohol problems (n=7). Only two had psychosis, the balance being made up of somatic or ill defined symptoms (n=18).

Medication was prescribed for 53 patients (84%); mostly antidepressants (62%), sedatives (19%), and analgesics (3%). Only one patient was on antipsychotics. General practitioners pro-

vided discussion or counselling for 42 (66%) patients, and provided 14 referrals to specialist services, mostly to alcohol and drug services.<sup>6</sup> Another five patients were referred to the community mental health team, and three to private psychiatrists or psychologists. (The region had no private psychiatrist who bulk billed under Medicare.)

Referred patients were significantly younger (mean age = 38.2) than those not referred (mean age = 48.5) ( $p < .05$ ). There were no significant differences in other demographic characteristics, GP factors, diagnosis or GHQ score. Patients who were referred had a significantly longer history of symptoms (mean = 211 weeks) than those who were not referred (mean = 96 weeks) ( $p < .05$ ).

## Discussion

Limitations of this study include sample size and the retrospective nature of the interview that may be subject to recall bias. Insufficient statistical power may explain the lack of association between patient or GP characteristics and interventions or referral to services. The study was restricted to one outer metropolitan area, and the results may not be generalisable to other urban or rural settings. The GPs had access to a consultation liaison service for advice on managing psychiatric problems that may not be common elsewhere.<sup>11</sup>

We have demonstrated the feasibility of using the PTCI in Australia, which allows comparison with data collected using the same methodology in other countries. In Australia, as in the Netherlands and Great Britain, patients first contacted their GP for their psychological problems.<sup>5</sup> In Germany, France, Italy, the United States and Chile, up to 30% of GP attenders have previously seen another doctor about the same problem, usually a specialist or hospital doctor.<sup>5</sup> As in other countries, over half of diagnosed cases were prescribed medica-

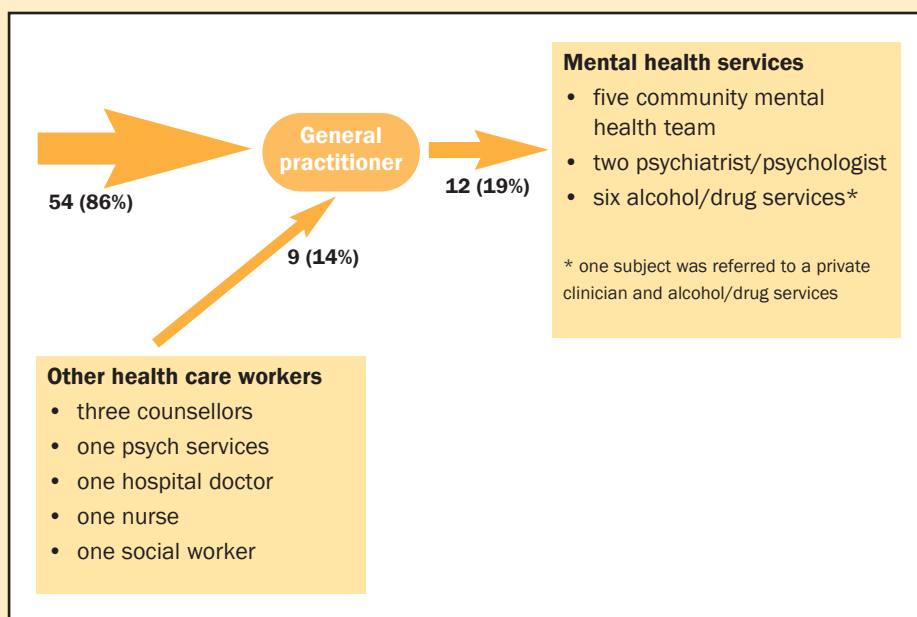


Figure 1. Pathways to psychiatric care

tion (predominantly antidepressants) and two-thirds were offered counselling or discussion. The use of sedatives, analgesics, tonics and vitamins was much lower in Australia than overseas.<sup>5,12</sup> This is encouraging as one of the concerns highlighted by the WHO was the common use of sedatives for depression when patients could be treated with antidepressants.<sup>5,12</sup>

Australian GPs managed the majority of psychological problems, although the referral rate was higher than the 12% reported in the WHO study<sup>5</sup> (possibly because we did not restrict recruitment to new presentations, which might also explain the long duration of symptoms in our sample).


Our findings highlight the importance of alcohol and drug services in helping GPs manage this group of patients. We also note the limited access to private psychiatrists or psychologists in this outer metropolitan area. Access to private psychiatrists who bulk bill, and the allied mental health component of the 'Better Outcome in Mental Health Initiative', might increase the availability of specialist services for socially deprived communities. Conflict of interest: none declared.

## Implications of this study for general practice

- Many methods have been used to study pathways to care for psychological problems making comparisons between settings difficult. This study assesses the feasibility of using a structured instrument developed by the WHO to study pathways to primary care.
- GPs were the first point of contact for 86% of the 63 patients we interviewed. Of the 19% subsequently referred, most were to drug and alcohol services. Only three subjects were referred to private practitioners, none of whom bulk billed.
- This methodology could be used to investigate predictors of pathway duration to reaching care, and any possible effects on outcome, in other urban and rural settings.

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