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Editorial

Primary Care Psychiatry
Health Services Research is not Enough

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The name of Donald Hicks may be unfamiliar to readers of the *Journal*. A chemical engineer, Hicks was appointed the Director of Scientific Control for the National Coal Board in 1947, where he set up an Operational Research Group, the largest organisation of its type outside the Ministry of Defence. He developed an interest in health problems by virtue of his work as co-director of the Coal Board's pneumoconiosis field research programme. Following retirement in 1967 he determined to extend the principles of operational research from the industrial to the public sector and was given an opportunity to do so by the creation of the unique post of independent consultant on operational research at the Department of Health and Social Security. There he worked on several unpublished reports – on hospital waiting lists, the management of nursing units, and the application of care models for the elderly and the mentally ill – before tackling the issues associated with primary health care.

The outcome in 1976 was a massive volume, *Primary Health Care*, presented in the form of numbered paragraphs favoured by civil servants (Hicks, 1976). An anonymous *Lancet* reviewer, in an appreciative review, wrote that ". . . The book is useful as an almanac of general practice, as a source of references, as a series of succinct reviews of published work, and as a provocative and stimulating book to open at random and read simply for enjoyment" (Anon, 1977). The tribute to a man whom the reviewer termed "a vigorous-minded outsider" made no mention of Hicks' avowed devotion to Marcel Proust's vast novel *À la recherche du temps perdu*, which influenced his ideas and his literary style. Both are to be seen at their best in the chapter on Mental Health at the Level of Primary Care. This contains a detailed account and evaluation of the earlier work carried out at the Institute of Psychiatry by myself and my colleagues which, when I read it, impressed me as the most comprehensive assessment that I had encountered hitherto. It prompted me to wonder whether chemical engineering might not be deemed a basic constituent of psychiatric education and encouraged me to study carefully the rest of the chapter, in conjunction with the associated overview of social work in general practice.

The longest section is directed at the efforts of the late Michael Balint to introduce the psychodynamic dimension into the primary care setting. Hicks' discussion of this controversial topic combines Proustian understanding with the perspective of operational research. His verdict is searchingly sceptical:

> "Interesting as Balint's book, *The Doctor, his Patient and the Illness* is, one is left with the unsatisfactory feeling after reading it that there is no clear statement of a methodology that can be taught with the confidence that the serious and sympathetic student can learn and practice. The whole activity has about it, or so it seems to me, a large element of chance and coincidence and the tricks of the trade appear to be hidden from the uninitiated."

Throughout his review Hicks was concerned to raise the fundamental issue of whether the information on mental disorders available at the primary care level can be subjected to scientific inquiry. He was, in effect, echoing the questions posed by T. H. Pear 20 years earlier, when the potential value of general practice within the framework of the National Health Service first began to attract attention in the 1950s:

> ". . . how far can the general practitioner be rigidly scientific . . . and if he could and did, would he not become the 'medical technician' of whom some doctors disapprove? Who would then deal with the patients' disabilities, inabilities, disorders, as distinct from narrowly defined 'diseases'? And would the patient, *qua patient*, be allowed to be neurotic, or even normally worried or subject to conflicts? Would the average doctor be happy if his 'non-scientific' problems were handed over entirely to almoners, social workers, psychiatric social workers, marriage guidance counsellors, family welfare advisers, poor man's lawyers and specially selected priests?" (Pear, 1955)

The topic assumed some importance with the growing awareness of the sheer size of psychiatric morbidity undetected by the mental health services and of the need to acknowledge the central role of the GP in the detection and management of these disorders. On the basis of our epidemiological findings we had drawn attention to both these points in the 1960s (Shepherd *et al*, 1966). By the mid-1970s the policy-makers started to grasp their implications. Hicks' opinion, that "At the level of primary care

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it looks as if we are only just beginning to understand the nature and magnitude of the problem that confronts the general practitioner and his team", was endorsed and elaborated at a conference held in 1975 under the joint auspices of the Royal College of Psychiatrists, the Royal College of General Practitioners, the Association of Directors of Social Services and the Department of Health and Social Security, when the extra-mural management of psychiatric disorders was discussed at length. Similar conclusions were reached to those of a World Health Organization report at almost the same time:

> "The crucial question is not how the general practitioner can fit into the mental health services but rather how the psychiatrist can collaborate most effectively with primary care medical services and reinforce the effectiveness of the primary physician as a member of the mental health team" (WHO, 1973).

Over the past two decades primary care psychiatry has evolved as a field in its own right, having been extended outside the UK by an increasingly large number of workers from other countries with different systems of medical care (Fuhrer, 1992). The underlying clinical and scientific issues, however, have tended to become subordinate to problems related to professional organisation and the differences that so readily arise in what is essentially an interdisciplinary enterprise. A divergence of approaches within medicine has emerged in respect of the roles played by psychiatrists and GPs, reflecting in some measure the nature of the patient populations concerned. For hospital-based psychiatrists these comprise patients with 'major' mental disorders. Bennett (1973) estimated that a population of 60 000 would yield 1000 psychiatric patients in the care of three psychiatrists, and asserted that family doctors could not give psychiatrists much help, as they were already seeing the bulk of the patients with socio-economic problems.

This somewhat dismissive standpoint has been substantially eroded by the closure of hospital beds and the consequent emphasis on extra-mural facilities. The Report of the Social Services Committee of the House of Commons (1985) concluded that "Community care depends to a large extent on the continuing capacity of GPs to provide primary medical care to mentally disabled people."

The discord is still sharper in respect of the great majority of patients with 'minor' psychiatric disorders who are already in the care of their GPs and rarely make contact with the hospital services. It emerges clearly from the recently published *Psychiatry and General Practice Today* (Pullen *et al*, 1994). More than half the text is allocated to a familiar group of mental disorders from the less familiar framework of general practice. The book's pervasive theme is identified as 'partnership'. The establishment of this partnership takes precedence over any detailed consideration of the function of the non-medical members of the primary care team, with the exception of counsellors. Within this framework there are evident differences between the two partners. The psychiatrists, by and large, view the subject matter in traditional clinico-epidemiological terms. In contrast, the view from general practice is indicated by its senior representative's choice of the four most influential psychiatric volumes to have influenced the field: three of these are Balint's *The Doctor, the Patient and his Illness*, Berne's *Games People Play* and Castelnuovo-Tedesco's *The Twenty-Minute Hour*.

There is virtually no mention of the negative points in regard to counsellors that have been assembled by more critical observers (Harris, 1994). This dichotomy is reflected in an editorial by Salinsky & Jenkins (1994) who state that "The general psychiatric services have little to offer these patients who may feel that they have been stigmatized and their problem inappropriately medicalized by a psychiatric referral." This verdict blatantly ignores the findings of King *et al* (1994) who surveyed several of the more reputable counselling studies to reach the sober conclusion that "only controlled evaluations will provide the unbiased assessment needed for the evaluations of counselling".

Relatively little in the way of scientific inquiry is currently being undertaken (Pullen *et al*, 1994). The basic issues relating to scientific investigation in this context were addressed by Lord Platt 40 years ago in a paper on the theme of 'Opportunities for research in general practice' that exposed the falsity of the division between mechanistic laboratory science and humanistic medicine (Platt, 1953). Two principal points were made. One was the close dependence of such research on medical statistics, a conclusion which coincided with the publication of the initial General Register Office's (1953) studies on general practitioners' records, the precursor of the first National Morbidity Survey. Platt's second point was to emphasise the need for GPs themselves to undertake research on the material arising from their everyday clinical practice. The surface of investigative potential in this sphere has barely been scratched. Health services research, however well conducted, is no substitute for basic information on the aetiology, psychosocial correlates, natural history and responses to treatment of the many psychiatric conditions identified and managed at the level of primary care.

It is surely necessary to challenge a conclusion reached at another joint venture between the two Colleges: "the crying need at present is to apply what we already know rather than to know more what to apply" (Tyrer *et al*, 1993). The time is ripe for Donald Hicks'

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successor to re-assess the situation and provide guidelines for the way ahead.

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