COLLABORATION BETWEEN GENERAL PRACTITIONER AND PSYCHIATRIST

By the late Dr Roger Tredgold,*

Consultant Psychiatrist, University College Hospital, London

Most of us pay lip service to the value of this collaboration. Throughout the country, the majority of the patients the psychiatrist sees have been referred by general practitioners, most of whom are in touch with one or more psychiatric clinics. Clearly there is some collaboration; occasional grumbles on either side are dismissed as inevitable because the other is so busy; complaints by the patient, perhaps less occasional, are dismissed because after all they *are* psychiatric patients. But is all as satisfactory as it might be?

It does not in fact need a very detailed scrutiny to discover that the grumbles and complaints are more numerous, more serious and more justified than appears at first sight. Many patients have very considerable justification: many GPs do not refer patients to psychiatrists, for 'what is the good?' and yet they do not know how to treat them themselves; many psychiatrists are exasperated by the delay of the GP in referring patients who could have done better if they had come earlier, or feel that the GP could have done more himself. Each side blames the other for sending so little information, and enjoys backing this up by quoting ludicrous phrases or behaviour to their colleagues (which is about the only pleasure gained by anyone in all this), and real communication, let alone real collaboration, is altogether too uncommon. Both sides are, of course, overworked and too busy to do anything but accept the situation as best they can.

No doubt this has been obvious to many people, and some have had the time or energy to try to improve the situation. The latest attempt was the conference called by the DHSS on 3 October 1975 between representatives of the two Royal Colleges concerned and the Association of Directors of Social Services. This certainly led to frankness. As one Director said, 'the only improvements for the next few years can come from an increase in efficiency or from a reduction in some other services' (*Lancet*, 1975). Psychiatrists blamed their lack of numbers, but with little likelihood of any satisfaction in the state of the economy, and also because it became obvious that the DHSS was not convinced that any increase would help GPs and social workers, GPs wanted a better informal relationship with social workers to deal with the rising tide of psychological problems. And, most important of all 'it was the older and possibly more intractable problems of ignorance and bureaucracy that this conference identified as the real culprits'.

The vital questions, therefore, are—how can ignorance and bureaucracy be overcome, and how can we use the existing resources of staff and money to the better advantage of the patient?

To suggest how any central authority like the DHSS should reduce bureaucracy is, if not a contradiction in terms, beyond the scope of this article. But progress in reducing ignorance and in using our resources better is much more hopeful in many areas where people in the same neighbourhood get to know and use each other better. This means that they must have understood each other's training, skill, experience *and* limitations, avoided provoking insecurity and antagonism by pride and prejudice, and used persuasion, sense and sensibility instead. This means meeting face to face at the start. Many attempts have been made by psychiatrists meeting to this end. Firstly, in one field, our debt to Michael Balint is incalculable. His groups for GPs stimulated many to a new and more comprehensive understanding of their patients, and allowed them to develop their skills in treating them. Such groups go on in many countries under his disciples. Many others who never met him have been profoundly influenced by his book (Balint 1964). Secondly, here and there, 'refresher' courses are run by local psychiatric units for GPs for a week or week-end affording at least opportunities of personal meetings and informal discussions. Thirdly, the teaching programmes in psychiatry of nearly all medical schools have been vastly increased in the last twenty years, and are still improving. More students develop interest and skill. This, of course, has to be at the cost that the psychiatrist himself treats fewer patients, but it is generally worth while. Fourthly, some psychiatrists have tried to get GPs to sit in at their clinics and discuss their own or other patients, or on occasion to obtain clinical assistantships for them. The number who have participated in this way must be very small, and resistances on both sides are obvious. Few GPs visit their patients admitted to psychiatric units—though they would be very welcome to both staff and patients.

* Dr Tredgold's untimely death in December last is deeply regretted.

https://doi.org/10.1192/S0007125076307417 Published online by Cambridge University Press

This failure has led to a fifth attempt. On the principle of Mahomet and the mountain, some psychiatric units have developed a system of visits by one of their staff to the GP's surgery in group practices, to discuss with the GP, and with social workers if possible, particular psychiatric cases, general principles of treatment and the GP's reaction to them. Although this has only been carried out fairly recently, first impressions suggest it is well worth the psychiatrist's time (Holmes, 1975; Grant, 1975). One comment made by the GP to the psychiatrist was revealing—'I find I can say much more to you here in my surgery than if I came up to your hospital', and this from a very experienced doctor who had been present in many of Balint's groups held in this particular hospital. Presumably younger and less confident GPs would feel this even more strongly.

In the same way, groups of social workers in hospital often benefit from discussions with psychiatrists, and this should surely develop more for those working in the district as well.

These practices indicate the value of psychiatrists spending more of their time helping those who are treating the patient, rather than doing so themselves, and the same principle applies to groups of clergy, nurses, probation officers, and members of industrial personnel departments. Perhaps the most effective redeployment of the psychiatric services will be on these lines; and perhaps if this is seen to be effective, the DHSS will be more convinced of the need to increase the number of psychiatrists when finance allows. Such redeployment without an increase would, of course, mean that some individual psychiatric treatment would have to be diminished: and few people would seriously contend that the latter is completely useless and so could be given up without damage to the health of the community.

In any case, once personal contact has been made, it is much easier to write letters that are really useful. At present both GPs and psychiatrists complain that the other does not tell them what they want to know, and unfortunately this is often true, for the simple reason that neither knows what the other wants. Psychiatrists are naturally much helped to hear in the first letter what the GP thinks is wrong, what he has already done about it (if anything) and what the results have been. The GP is curiously shy at telling him. Conversely, the psychiatrist may infuriate the GP either by repeating back to him just what he has been told, as if he had discovered it himself, or by saying very little except recommending some drug 'which should help', and offering to see the patient again if (as often) it does not. If both doctors at least know each other by sight they would have some better chance of helping each other—and the patient. It would be a pity to wait to get to know each other till some long-term research has been put in hand to show (or not to show) that this would be a good thing to do.

References

Balint, M. (1964) *The Doctor, his Patient and the Illness.* Tavistock Publications.

Editorial (1975) *Lancet, ii,* 805.

Grant, D. (1975) Unpublished communication.

Holmes, S. M. (1975) Unpublished communication.

https://doi.org/10.1192/S0007125076307417 Published online by Cambridge University Press