



GP attitudes towards screening and treating mental and substance use disorders in primary care.

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“GP attitudes towards screening and treating youth mental health and substance use disorders in primary care.”



Dorothy Leahy, Davina Swan, Elisabeth Schaffalitzky, Bobby Smyth, Jean Saunders, David Meagher, Patrick Ryan & Walter Cullen



Why youth mental health?



- ❑ Youth mental / substance use disorders largest disease burden (Patel et al. 2007)
- ❑ ‘Treating youth mental health is a best buy’ (McGorry et al. 2007)
- ❑ Low GP detection rates for youth mental health problems (Hickie et al. 2007; Ozer et al. 2009)
- ❑ GP related barriers to addressing youth mental health (Cullen et al. 2012)
- ❑ Benefits of training GPs in screening and treatment (Sanci et al. 2000; Asarnow et al. 2005; 2009)

Mental Health in Primary Care Research Group



- ❑ Discussion paper - role of the GP (Cullen et al. 2012)
- ❑ Cross-sectional studies in general practice – youth mental health in socioeconomically disadvantaged areas (Connolly et al. 2012; Healy et al. 2013)
- ❑ Qualitative studies - healthcare professionals and young people / barriers and enablers to early intervention (Leahy et al. 2013; Schaffalitzky et al. 2014)
- ❑ Delphi study / GP master class - development of an educational intervention for GPs (Schaffalitzky et al. 2014)

Research Aims



- ❑ The cross-sectional study aimed to examine the role of the GP in addressing mental and substance use problems in young people
- ❑ Other objectives were to:
 - ❑ Determine current practice in identification and treatment
 - ❑ Examine factors associated with screening, brief intervention and referral

Method



- ❑ A national random sample of GPs (n=363; 14%); identified from the Irish Medical Directory 2013 / 2014
- ❑ 183 GPs returned the questionnaire (50% response rate)
- ❑ Data analysis:
 - ❑ Descriptive data: frequency tests, cross-tabulations and independent samples t-tests
 - ❑ Categorical variables: chi-squared tests
 - ❑ Logistic regression: determine the main predictors of screening, referral and brief / psychotherapeutic interventions

Method



- ❑ Questionnaire design informed by:
 - ❑ International studies (Jaruseviciene et al. 2012; Stensrud et al. 2012)
 - ❑ Previous work by the *Mental Health in Primary Care Research Group*
 - ❑ Reviewed by the Project Steering Group, research colleagues and CSTAR
- ❑ Key variables included in questionnaire:
 - ❑ Demography
 - ❑ Strategies to address youth mental health problems
 - ❑ Training
 - ❑ Barriers and enablers to effective care of people with mental health problems
 - ❑ Attitudes towards working with youth mental health problems and incorporating interventions in general practice

Study Sample



Characteristic	(N)	No. / (%)
Age range	(170)	
• <35 years		8 (5)
• (35–49)		64 (37)
• (50+)		98 (56)
Gender	(161)	
• Males		82 (47)
• Females		79 (45)
Number of years post GP training	(152)	22
No. of doctors in practice	(168)	3 (mean)
GMS list size	(154)	1390 (mean)
Type of practice	(170)	
• Private		13 (7)
• Mixed		153 (87)
• GMS		4 (2)
Location of practice	(172)	
• Rural		41 (23)
• Urban		70 (40)
• Mixed		61 (35)

Multivariate analysis - Screening



Factor	N	%	OR	95% CI	P-value
No. of years since completing GP training (>20 years)					
Mental disorders	65	55	0.10	(0.02-0.41)	.002*
Substance use	55	53	0.03	(0.00-0.29)	.002*
Counselling for GMS patients (Yes)					
Mental disorders	98	82	0.27	(0.08-0.85)	.026*
Substance use	86	83	0.15	(0.03-0.60)	.008*
Barrier education & training to treating mental disorders					
Important	39	33	.025	(0.09-0.70)	.008*
Confidence to treat substance use disorders					
Agree	19	18	9.98	(2.32-42.80)	.002*

Multivariate analysis– Brief Interventions



Factor	N	%	OR	95% CI	P-value
CBT / Counselling services at practice (Yes)					
Mental disorders	29	21	2.92	(1.19-7.18)	.019*
Counselling / Age (50+)					
Mental disorders	70	56	4.32	(1.89-9.50)	0.001*
Substance use disorders	77	56	5.19	(2.43-11.05)	0.001*
Counselling / Postgrad training satisfaction (CAMHS / Yes)					
Mental disorders	25	20	3.96	(1.06-14.75)	.040*
Counselling / CME (Yes)					
Substance use disorders	77	56	2.45	(1.15-5.22)	.020*
Web-based interventions / No. of years since completing GP training (>20)					
Mental disorders	81	59	0.15	(0.03-0.64)	0.10*
Web-based interventions / Postgrad training satisfaction / substance use (Yes)					
Substance use disorders	35	23	6.33	(1.43-28.01)	.015*

Multivariate analysis - Referral

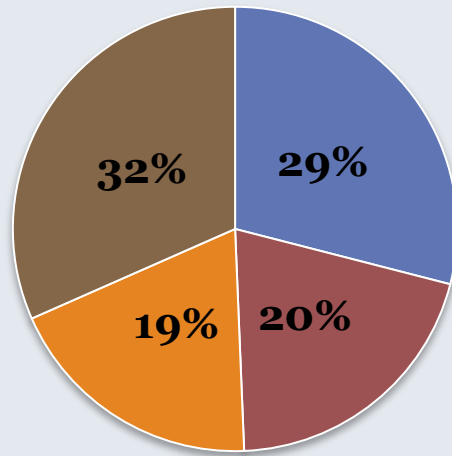


Factor	N	%	OR	95% CI	P-value
Practice location (Mixed)					
Moderate mental disorders	46	33	5.16	(1.62-16.41)	.005*
Moderate substance use	47	32	7.78	(2.33-25.69)	.001*
Counselling services at practice (Yes)					
Moderate substance use	29	19	0.29	(0.11-0.76)	.012*
Barrier education & training to treating mental disorders					
Important	44	32	3.28	(1.107-9.74)	.032*
Postgrad training satisfaction CAMHS (Yes)					
Moderate substance use disorders	29	80	0.37	(0.14-0.95)	.040*

Key Barriers and Interventions



- ❑ Key barriers to addressing mental and substance use disorders:
 - ❑ Attitude of the patient (49% / 58%) / family (26% / 26%)
 - ❑ Lack of specialist staff in the practice (26% / 29%)
 - ❑ Lack of time (26% / 29%)
 - ❑ Poor service availability (28% / 25%)
- ❑ Key interventions to address youth mental health problems in general practice



- Access to services
- Time and space for youth issues
- Definition of interventions for primary care
- Access to a youth worker

Conclusions



- ❑ GP/ primary care is central to early intervention for youth mental health (McGorry et al. 2007; Roberts et al. 2012; 2014)
- ❑ Methodological limitations: sample size, limited demographic variation, self selection and social desirability
- ❑ System issues: limited resources (e.g. lack of available GPs and inadequate training in youth mental health)
- ❑ Strengthens need for further training for GPs, interagency collaboration and additional resources

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