How Do Reasons for Referral and Focus of Intervention Compare?: An Audit of a Primary Care Psychological Therapies Service

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Introduction

Informed by the Matrix (2014) those experiencing common mental health problems (CMHPs) can access psychological interventions through primary care psychological therapy services. There is currently a dearth of literature reporting rates of particular CMHPs, and service user (SU) demographics seen in these services in Scotland. However, within similar services in England Richards and Broglin (2011) calculated three quarters of referrals to be for 'depression' and a quarter 'mixed depression and anxiety'. They recorded a higher frequency of referrals for females (67.5%) than males (32.5%) and another study reported higher rates of referrals for people aged between 18-35 (Baker, 2021).

Aims

This audit sought to gather SU demographic data as well as to understand what reasons for referral the service routinely receive, the foci of interventions and how they compare.

Sample and Method

The sample were the first 294 SUs referred to the service in 2021. Data was collated from referral, assessment and discharge letters. Descriptive statistics were calculated and referral reasons and foci interventions were coded and compared for the sample as a whole as well as subgroups determined by the outcome of the referral e.g. those who 'Completed' therapy.

Key Findings

Referral Reasons and Foci of Intervention

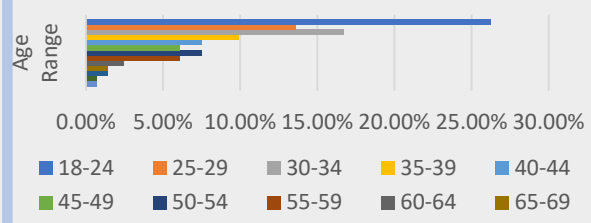
The majority of referral reasons were: 'Low mood and anxiety' (26.19%), 'Anxiety' (17%), 'Low mood' (13.26%) and 'PTSD' (7.82%). The most common foci of interventions were: 'Low mood' (16.1%), GAD (14.9%) and 'Anxiety' (9%).

Referral reasons and foci of intervention for those who engaged with the service were compared and coded as either a 'complete match', 'partial match' or a 'different problem'. As a whole sample each code was assigned around a third of the time. Comparing subgroups, those who 'completed' an intervention were coded as a 'complete match' at a higher frequency (40.3%).

Referral Outcome	Complete Match	Partial Match	Different Problem
Total Sample	30.3%	33%	39.4%
Completed	40.3%	32.5%	25.6%
Dropped Out	30%	36.7%	30%
Discharged After Assessment	38%	0%	62%

Demographic Information

Of the total sample, the majority were female (64.6%), as was found with all subgroups, The greatest disparity was in the 'dropped out' subgroup (F= 73.9%; M=26.1%), and 'completed' (F=68%; M=32%) subgroups. The majority aged between 18-24 (26.19%) followed by 30-34 (16.66%) and 25-29 (13.6%) and for 22.4% a co-occurring difficulty was reported.



For the total sample the majority of reported co-occurring difficulties were: 'physical health problem' (9.9%), substance misuse (4.8%) and complex trauma (3.7%) which was neither the referral reason or focus of intervention. 6.5% of those who 'dropped out' and 5.9% who 'did not opt-in' were reported to have experienced complex trauma, greater percentages than the sample as a whole (3.7%) or the 'completed' subgroup (2%).

Discussion

'Low mood and anxiety' and 'Anxiety' without specifying how anxiety presented were frequent referral reasons making it challenging to triage referrals. It could be that, consistent with England et al (2017), GP's feel unconfident in exploring mental distress with SUs.

The focuses of intervention were inconsistent with a service in England (Richards & Broglin, 2011), which could possibly be affected by differing environmental stressors or diagnostic trends across the UK.

Of SUs seen, for whom there was recorded data, a third had the same referral reason and focus of intervention. This could suggest that the service can predict the kinds of CMHP's they will work with from the referral information around a third of the time.

The results of this audit were consistent with data from Baker (2021) which also found two thirds of SU's to be female and the majority aged between 18-35 as well as the over 65's being underrepresented. However, compared to Baker (2021) fewer physical health problems were recorded. This may be related to the methodological process and could be under representative.

'Complex trauma' was reported at a higher frequency within the subgroups 'did not opt-in' and 'dropped out' than 'completed;. This is consistent with Kantor et al (2018) and may suggest that such SUs find it more challenging to start or engage in psychological therapy.

Limitations This audit is limited by missing data and the limited breadth of demographic data collected

Conclusions and Recommendations

The most frequent referral reasons: 'Low mood and anxiety', 'Anxiety' and 'Low mood'. Most frequent foci of interventions: 'Low mood', 'GAD' and 'Anxiety'' and these factors matched around a third of the time suggesting referral information is a poor indicator of what clinicians will work on. As such, support for referrers could be considered.

Possible barriers to engagement were observed: having experience complex trauma, being male and being over 65 years. For these reasons targeted SU communication could be considered.

References

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