General practitioners often used emotional responses for “referrals away” and intellectual decision making for “referrals to” in patients with mild depression and/or anxiety

QUESTION: What are the decision making processes of general practitioners (GPs) for referring patients with mild depression and/or anxiety?

Design
Qualitative study using grounded theory.

Setting
East London and Essex, UK.

Participants
25 GPs who were 30–61 years of age (mean age 44 y, 65% men) were selected using purposive sampling that maximised the variety of GPs with respect to age, sex, country of undergraduate training, employment status (principal, assistant, or locum), area of practice, and interest in mental health.

Methods
2 GPs interviewed participants by asking open ended questions about the interviewees’ management of minor mental illness. Interviews were audiorecorded and transcribed, and the data were analysed using a grounded theory approach to generate explanatory concepts and categories. The process was iterative; after 23 interviews, no new concepts were generated. The findings were presented to 12 GPs to help assess field validity.

Main findings
2 main categories were generated regarding the referral process. Conduits/containers were 2 distinct referral strategies. GPs who deemed that minor mental illness was part of their general practice load used the containment strategy to prevent what they considered an inappropriate burden on other agencies. GPs who used a conduit strategy saw themselves more in a diagnostic (followed by triage) role and felt that these patients were more appropriate burden on other agencies. GPs who used a conduit strategy to prevent what they considered an inappropriate burden on other agencies.

Conclusions
General practitioners who saw patients with mild depression and/or anxiety used a combination of containment (managing it in the general practice) or conduit (referring to a mental health professional) strategies. Emotional responses were prominent in decisions to “refer away,” whereas “referring to” usually involved a more thoughtful, intellectual decision.

COMMENTARY
The study by Nandy et al represents the growing interest in using qualitative research to understand the underlying motivations for medical staff’s decisions and occupational emotional hazards. These concerns are related to burnout, which Maslach defined as “the cost of caring.” It is interesting to recall Balint’s classical concept of the “drug effect” of medical intervention, which is similar to the unspecific factor of all psychotherapies that targets the patient’s need for containment, attention, and being heard.

The “referral away” reaction is similar to the psychoanalytic concept of countertransference (ie, the reactions induced by the patient’s mental illness in the doctor’s mind or behaviour). Dr Breuer sent his famous patient Anna O to his colleague, Dr Sigmund Freud, because he was disturbed by her seductive attitudes. Freud did not “refer away” his patient but, instead, used his own reactions and emotions to better understand her behaviour. Dr Breuer sent his famous patient Anna O to his colleague, Dr Sigmund Freud, because he was disturbed by her seductive attitudes.

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