

Effectiveness of Brief Psychological Intervention in Managing Common Mental Problems in General Practice

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Abstract

The purpose of this research was to see the effectiveness of brief psychological intervention in managing common mental health problems in general practice. Quasi-experiment with two groups control design with a pretest and post-test measure conducted. 30 general practitioners, 15 each in experimental group and control group were involved in this study. Data collection from 30 General Practitioners practicing at Jalandhar city (Punjab, India) through evaluation of 3000 patients was conducted for the first phase. For second phase, 450 patients, 225 each in Pre and Post test design, was included to obtain data. To study the prevalence and severity of anxiety, depression and somatic symptom disorder, “12-item General Health Questionnaire (GHQ-12 scale) developed by Goldberg and Paul Williams, Generalized Anxiety Disorder Scale-7 (GAD-7 scale) developed by Spitzer, Patient health questionnaire-9 (PHQ-9 Scale) developed by Kroenke and Spitzer and ‘Patient Health Questionnaire-15 (PHQ-15 Scale) developed by Robert Spitzer, Janet Williams, and Kurt Kroenke” were put in use. Paired t test was performed to find out pre and post intervention differences. The results showed that brief psychological intervention had a significant effect as mean scores of anxiety, depression and somatic symptom disorder of experimental group differ significantly from the corresponding mean scores of control group after the intervention, indicating intervention has a significant effect in managing common mental health problems at general practice level.

Keywords: Anxiety, Depression, Somatic symptom disorder, Brief psychological intervention, General practitioners.

INTRODUCTION

Michelson D. et al. (2019) developed psychological intervention under the PRIDE programme which was aimed to form a group of trans-diagnostic psychological interventions in Indian secondary schools. During both the pilot studies, a great demand was noticed and this led to very strict criteria and an improved sensitisation plan. The findings helped to shape intervention as frontline treatment to address psychological problems faced by adolescent falling in low income group.

Seshadri, S. (2019) did a study to assess and know the efficacy of intervention to improve the general health of women. ‘Sudarshan Kriya Yoga’ which is a yogic breathing technique developed by Art of Living was used as an intervention. After the data analyses it was observed that after the intervention, 75% improvement was noticed in the general health of women. This is very significant statistically. The study also highlighted the importance of this low costing yoga-based intervention for improving general health of women.

Fatema K. et al. (2019) did a case study in which patients having somatic symptom disorder were managed with an interventional therapy called, "Acceptance and commitment therapy (ACT)". ACT was found to be beneficial in enhancing global functioning, acceptance, mindfulness abilities, and psychological well-being, as well as reducing somatic symptoms, despair, and anxiety. Some patients' despair, anxiety, and somatic symptoms worsened after three months of follow-up. This preliminary research suggests that ACT is practical and could be used as a therapy option. Somatic Symptom Disorder (SSD) is a public health issue because at least 1/3rd of the symptoms are medically unexplained. Alternative remedies have been developed since standard medical therapy has had minimal success in treating SSD.

Ramanuj & Ferenchick (2019) did research work on interventions, which help the primary care physicians. The study is of the opinion that psychological interventions must make the general practitioners capable enough to diagnose depression accurately, particularly in those settings where treatment and follow-up facility is available. To address the anxiety, breathing exercises are recommended, and for the depression symptoms, scheduling activities are recommended. Mental disorders are serious health issues that are frequently found in general practice. More than eight million doctors' visits for depression are made each year in the United States, with over fifty percent of them occurring in primary care centers (PCCs). Similarly, in United Kingdom, it is estimated that more than one-third of visits to general practitioners (GPs) include a mental health issue, with about 90% of patients getting mental health treatment in primary care setup.

In the rural area of Karnataka (India), Srinivasan et al. (2018) conducted a randomized control experiment on the enhancement of mental health by integration with primary care. According to the study, people suffering from depression and anxiety are frequently underserved in resource-limited settings, such as rural India, due to shame and a lack of educated doctors and resources. The impacts of integrating patients with mental health

problems and chronic illness therapy in primary health care (PHC) settings were investigated in this study, which was conducted in rural India utilizing a collaborative care paradigm for improving depression screening, diagnosis, and treatment.

Patel Vikram, (2010) did a study to find out the major cause of global burden of disease. He concluded that depression and anxiety disorders, which are the commonest form of disorders, are main cause of global burden of disease. As per this study, the frequency of occurrence of all these disorders varies a lot in primary care. This frequency is having the mean value of 20%, and this value comes from the studies of 14 countries. But less than one third of these cases are identified and diagnosed at general practice level. There are lot of studies showing the great efficacy of brief psychological treatments and antidepressant drugs treating common mental disorders, but the data establishing the efficacy of psychological intervention treating the mental disorders is still facing many obstacles. These hindrances include the minimal identification of psychological problems by general practitioners.

Srivastava, K. et al. (2016) concluded that the time has come for the new and novel methods to handle mental health problems because the old strategies aimed to boost mental health have failed during the past six decades or more in developing countries. The wide awareness on mental health is required to end the menace. Along with it some progressive policies by the government which must be based on valid evidence based approaches coupled with engaged media and some vibrant educational approach can work together in dispelling the blight of mental illnesses. Mirosława and Mariusz (2014) studied to analyse up to which level the persons from medical profession like doctors are having knowledge of clinical psychology in their own clinical practice. They very beautifully concluded that performing a medical profession needs thoroughly knowledge of psychology along with academic knowledge of medical profession. It will help a lot in their clinical practice.

Dan MacCarthy et al. (2013) published their study titled, "Mental health practices and attitudes of family physicians can be changed". It stated that In British Columbia, family physicians & medical office employees were trained for "mental health first aid". Over 1400 of the 3300 family physicians in the province had their training. Physicians reported moderate to high success in adopting "self-management tools" into their practices, as well as a positive influence on their patients. The "mental health module" is affecting the way people practice, according to the study's findings. The curriculum included strategies for modifying behavior, which in turn helped to change stigmatized views toward this patient population.

Choudhary and Mishra (2009) investigated the knowledge and practices of general practitioners in the domain of psychiatric issues in the city of Ludhiana. A total of 158 "non-psychiatrist medical practitioners" were included in the study. This study's findings were quite fascinating and pertinent in this case. The majority of general practitioners (79.7%) are unaware of the diagnostic criteria and have not had any training or experience to address mental health disorders. They use their own intuitions to help individuals with mental health issues. Mental health (psychiatric) issues are very common in primary care physicians' practices, according to 71% of them.

Primary care centers are projected as the next frontiers of the clinical psychology (Lary, 2006). This projection is based on the ground that maximum number of patients consults their primary care physicians to seek consultation for their mental health instead of a psychiatric or a psychologist. But it remains the prerogative of the physicians to make the diagnosis correct or incorrect. And very interestingly it has documented that maximum number of primary care physicians or General Practitioners commonly fail to diagnose common psychological problem like anxiety or depression.

Methodology:

Quasi-experiment with two groups control design with a pretest and post-test measure conducted. 30 general practitioners, 15 each in experimental group and control group were involved in this study. "Brief Psychological Intervention" (BPI), developed and validated by this researcher, was delivered to General practitioners of experimental group. Data collection from 30 General Practitioners practicing at Jalandhar city (Punjab, India) through evaluation of 3000 patients was conducted for the first phase. For second phase, 450 patients, 225 each in Pre and Post test design, was included to obtain data. Purposive sampling method was used to get data. The institutional qualified general practitioners, having their own setup, completed at least ten years of clinical practice, and having an average OPD of at least 40 patients on daily basis. Physically fit patients, 18 years or older age group, fit to complete the interview were selected for this study.

INSTRUMENTS

Four diagnostic tools were used in this study. "The 12-item General Health Questionnaire (GHQ-12 scale, developed by Goldberg and Paul Williams, was the first instrument used in this study. Generalized Anxiety Scale (GAD-7), developed by Spitzer, will be used to assess anxiety among the patients. "The patient health questionnaire-9 (PHQ-9 Scale) by Kroenke and Spitzer used to diagnose depression in patients. The Patient Health Questionnaire-15 (PHQ-15 Scale)" was used to assess Somatic symptom disorder (SSD).

Results

The aim of this study was to investigate the effectiveness of "Brief Psychological Intervention" in identifying and managing three most common mental health problems—Anxiety, Depression & Somatic Symptom Disorder—at General Practice level along with investigating relationship among them. Main cause of this research was to check the

effectiveness of the intervention. Paired t Test conducted to find out pre & post intervention differences. As per the methodology adopted, Socio-demographic characteristics of studied subjects (N = 3000) along with GHQ-12 scoring was conducted.

Table 1: Prevalence of non-psychological and psychological patients (N=3000)

N	GHQ-12* Score less than 4	GHQ-12* Score 4 onwards
3000	1453	1547

* “The 12-Item General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988)”

Out of 3000 patients examined, 1547 patients (51.56%) were identified as probable cases, having GHQ score of 4 onwards. 44.41% males (624 out of 1405) and 57.86% females (923 out of 1595) were found out to be GHQ positive cases.

Figure 1: Prevalence of Anxiety, Depression & Somatic symptom disorder (N= 1547)

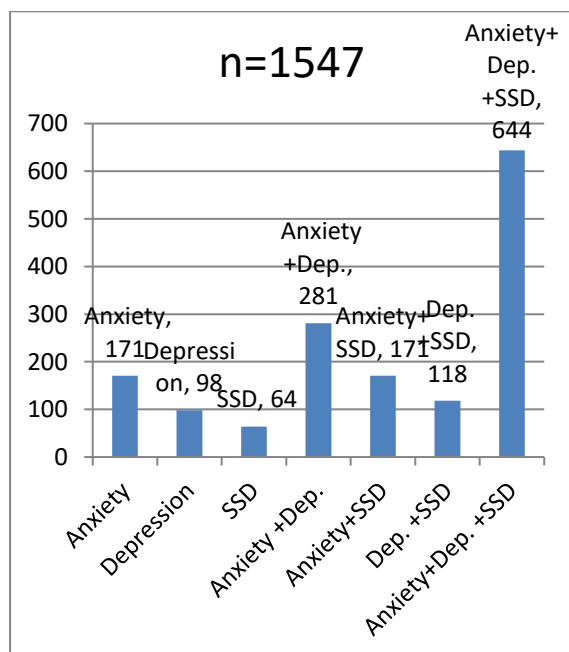
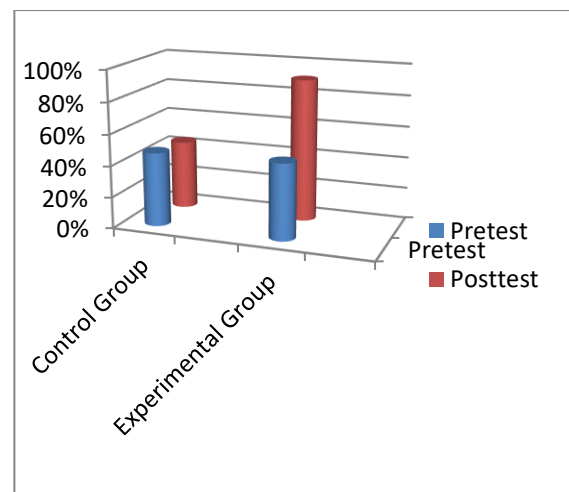


Table 2: Prevalence of Anxiety, Depression and SSD

Variables	Frequency	Percent
Anxiety	1267	42.2
Depression	1141	38.03
Somatic symptom disorder	997	33.23

Out of the 3000 patients examined from the fifteen different OPDs of general practitioners, 1267 patients turned up to be suffering from Anxiety, which means 42.2% of the patients visited to the general practitioners were having anxiety. Total 1141 patients, out of the sample of 3000 patients, were having depression, indicating that 38.03% of the visited patients were having depression at the general practice level. Out of the 3000 patients examined in the OPDs of general practitioners, 997 patients turned up to be suffering from Somatic symptom disorder, which means 33.23% of the patients visited to the general practitioners, were having Somatic symptom disorder.

Figure 2: Control group and experimental group, with regard to general practitioners sensitivity in identifying common mental health problems



The above mentioned data findings clearly show the significant increased level of identification of common mental health problems in experimental group as compared to control group, pre and post intervention.

Table 3: *Mean score of the Experimental Group & Control group after Intervention with regard to Anxiety, Depression & Somatic Symptom Disorder (N = 75 patients)*

		N	Mean	Std. Deviation	Mean Difference	t	Sig.(2-tailed)
GAD7 Score(Anxiety)	Control	75	11.3733	3.46322	4.38667	9.205	.000
	Experimental	75	6.9867	2.24507			
PHQ8 Score (Depression)	Control	75	11.5600	3.75334	3.49333	6.735	.000
	Experimental	75	8.0667	2.46781			
GHQ 15 (Somatic Symptom Disorder)	Control	75	9.8533	3.55913	2.68000	5.442	.000
	Experimental	75	7.1733	2.35023			

Table 3 the mean of control group of anxiety after intervention was 11.3733 whereas the mean score of anxiety in experimental group after intervention was 6.9867. It simply indicates that experimental group after the brief psychological intervention shows significantly improvement in the mean score of anxiety of the subjects. Similar results were witnessed in Depression and somatic symptom disorder. The mean of control group of depression after intervention was 11.5600 whereas the mean score of depression in experimental group after intervention was 8.0667. The mean of control group of somatic symptom disorder after intervention was 9.8533, whereas the mean score of somatic symptom disorder in experimental group after intervention was 7.1733. The result shows that level of anxiety, depression & somatic symptom disorder of experimental group after intervention differ

significantly from the corresponding mean scores of control group.

Thus, it can be concluded from these results that, "There exist a significant difference between experimental and control group after intervention with regard to Anxiety, Depression and Somatic Symptom Disorder among patients at General Practice level."

Discussion

As per table no. 2, prevalence of common mental disorders to the patients approaching general practitioners is 51.56%. This finding resonates with the finding of the report on Mental health into primary care by WHO and World Organization of Family Doctors (Wonca) (2008), stating that mental disorders are found in each and every country, and is as

high as 60% of those approaching PCC are having some mental health issue. The prevalence of psychological disorders is even higher in cardiac OPDs. Verma M. et al. (2019) conducted a study to determine the prevalence of depression and GAD in the senior population with diabetes and/or hypertension, as well as risk factors for psychiatric illness. A total of 320 people took part in the cross-sectional investigation. The findings revealed that GAD was present in up to 38.7% of the population, with 19.7% scoring in the severe range. GAD and depression were detected in 37.8% of the people. Female gender, nuclear family, low-income status, and hypertension, have all been risk factors to depression and GAD. The findings of table no. 2 also gel with findings of Grover et al. (2018), saying that roughly 30% of 1607 participants in a cross-sectional study had depression, as measured by the PHQ-9. The most disturbing conclusion was that 16.7% of these people had suicidal thoughts. According to this survey, a large number of doctors in India suffer from depression, stress, and burnout. These psychological issues are also linked to extended work schedules, unfavorable patient outcomes, and negative interpersonal as well as patient-doctor relationships. Indu et al. (2017) had also shown the similar trend because in his study the total prevalence of depression was found to be 27.2 percent. This study looked at 827 patients who went to their doctor for a non-mental health issue. The study's goal was to see how common depression and previous suicide attempts were among adult outpatients in primary care. The total prevalence of depression was shown to be greater in women, similar to the finding of the present study.

Another study done by Srinivasan et al. (2006) at a primary care center in south India was also having the similar findings. During study 12,886 patients participated in survey under community mental health program, and discovered that “major depressive disorder and dysthymia” were prevalent in 34 percent. Despite the fact that depression may be treated well in primary care centers in 60-80% of instances, only 10 to 25% of people seek

therapy. It's due to a lack of understanding and stigma.

Anseau and Dierick (2004) revealed that there is great prevalence of mental disorder in PCC setups. The threshold psychiatric disorders were detected as high as 42.5 % of all patients. Verma K.K. et al (2001) conducted a study in Bikaner (India) and concluded with the finding that diagnosable psychological illness was found to be widespread (75 percent) among patients attending cardiac outpatient departments. Depressive illness was the most prevalent diagnosis (38.67 percent), followed by panic disorder (38.10 percent). This study aimed to assess ratio of psychiatric morbidity among patients visiting a tertiary care center's cardiology OPD. This was a cross-sectional study and convenient sampling technique was used. The intend of study was to discover prevalence of psychiatric morbidity in patients attending the cardiology OPD. This will aid in the timely diagnosis & treatment of various “non-cardiac psychiatric problems”, thereby lowering mortality, improving quality of life, & hastening recovery of patients having heart ailments.

Results obtained from Table no. 2 also revealed that prevalence of anxiety, depression and somatic symptom disorder is 42%, 38% and 33% respectively. This study has substantiated the results of Verma M. et al. (2019) revealing prevalence of anxiety up to 38.7% and depression in 37.8% of the population. Results from Table no. 4 of this study are also close to the results of Mores. et al. (2015), who concluded their study with the finding that Anxiety was having the prevalence of 37.91% and Depression was seen in 28.30% among the patients visiting primary care centers. These two patients were the common psychosomatic diseases among the participants. Apart from these two the study also highlighted that disturbed sleep (75.83%), acidity (42.08%), headache (33.75%) and backache (28.90%) were also the common presentation among the participants of the study. According to the online article of Mental Health America by Federal de São Paulo, São Paulo (2000) added that about 25 to 30% consultations of a physicians are related to mental disorders only.

Diagnosing a mental disorder patient is a difficult task. Lack of time for the patient and lack of specific skill are considered being the two main reasons for this. Mental disorders are having much prevalence in society and it makes a significant amount of patients a reason to consult their family physicians.

Srivastava, K. et al. (2016) researched to find out that out of all the disease globally, almost 14% diseases are in of neuropsychiatric-disorders. This level of mental problems is most likely less reported for there are many clinical presentations of mental disorders which are being addressed as physical disorders. Mental health is a matter of concern across the globe and India is also progressing very fast to embrace it. If we evaluate developments in sphere of mental health, speed is slow. Hans, Stephan et al. (2003) studied mental disorders in primary care and found that prevalence of depressive disorders had estimated to be around 10 percent of patients visiting PCCs.

Conclusions

In this study, effect of brief psychological intervention on general practitioners in identifying and managing common mental health problems had been studied. It was found brief psychological intervention helped a lot to general practitioners to sharpen their diagnostic and management skills. The results of present study revealed that pre intervention scores of anxiety, depression & somatic system disorder of the experimental & control group were almost having homogeneous values. Among the variables, no significant difference was found in control & experimental group. 3. After the intervention delivered to experimental group, mean score of anxiety, depression & somatic system disorder had shown a significant reduction.

Disclosure Statement

The authors declare that they have no conflicts of interest.

Declarations

It is being certified that there is NO affiliations with or involvement in any organization or

entity with any financial or non - financial interest in the subject matter or materials discussed in this manuscript.

References

- [1] Abdulbari, B., Mohammed Al-Kazaz, Ftouni, D., Munjid Al-Harthy&Elnour E (2013).Diagnostic overlap of depressive, anxiety, stress and somatoform disorders in primary care.Asia-Pacific Psychiatry, 5, 29–38. DOI:10.1111/j.1758-5872.2012.00215.x
- [2] Alexandre,D., Filippou, Paula, A., Braga, Carla, &Andreoli, Sérgio Baxter. (2005). The general practitioner and mental health problems: challenges and strategies for medical education. Sao Paulo Medical Journal, 123(2), 72-76.
- [3] BetulKeles, Niall McCrae &AnnmarieGrealish. (2020). A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents, International Journal of Adolescence and Youth, 25:1, 79-93, DOI: 10.1080/02673843.2019.1590851
- [4] Chaudhary R.K. and B. P. Mishra B.P. (2009).Knowledge and practices of general practitioners regarding psychiatric problems.Ind Psychiatry Journal, 18(1): 22–26. doi: 10.4103/0972-6748.57853
- [5] Chatterton, L., Tarrier, N., & Hall, P. L. (2007).Cognitive therapy for low self-esteem in the treatment of depression in an older adult.Behavioural and Cognitive Psychotherapy, 35, 365–369.
- [6] Colman, I., Ploubidis, G. B., Wadsworth, M. E. (2007). A longitudinal typology of symptoms of depression and anxiety over the life course.BiologicalPsychiatry, 62, 1265-1271.
- [7] Dan Mac Cathie, RivianWeinerman, Liza Kallstrom, Helena Kadlec, Marcus J Hollander, Scott Patten. (2013). Mental Health Practice and Attitudes of Family Physicians Can Be Changed!.The Permanente Journal, 17(3), 14-17. doi: 10.7812/TPP/13-033
- [8] Fatema K., Mahendra P.S. &Santosh K.C. (2019). Acceptance and commitment therapy in patients with somatic symptom

- disorder: A case series. *Indian journal of clinical psychology*, 46:1; 46-51.
- [9] Hassani, S., & Rajab, A. (2012). General communication Eslami, anxiety among EFL students: A case of Iranian students of intensive English programs. *Procedia-Social and Behavioral Sciences*, 66, 410-418.
- [10] James, L.C. (2006). Integrating Clinical Psychology Into Primary Care Settings. *Journal of clinical Psychology*, 62 (10), 1207–1212.
- [11] Kim S.K., Hong J.S., Min K.J. and Han D.H. (2019). Brain Functional Connectivity in Patients With Somatic Symptom Disorder. *Psychosomatic Medicine*, 81, 313-318 DOI: 10.1097/PSY.0000000000000681
- [12] Kirkwood, C. K., & Melton, S. T. (2002). Anxiety disorders. In J. T. Dipro, R. L. Talbert, G. C. Yee, G. R. Matzke, B. G. Wells, L. M. Posey, *Pharmacotherapy: A pathophysiologic approach* (5th ed.). McGraw-Hill.
- [13] Michelson D., Malik K., Krishna M., Sharma R., Mathur S., Bhat B., Parikh R., Roy K., Joshi A., Sahu R., Chilhate, B., Boustani, M., Chorpita, B., Christopher G. & Patel V. (2019). Development of a transdiagnostic, low-intensity, psychological intervention for common adolescent mental health problems in Indian secondary schools. *Behaviour Research and Therapy*, 2019. <https://doi.org/10.1016/j.brat.2019.103439>
- [14] Mirosława Adamus & Mariusz Jaworski.(2014). Psychological knowledge and skills in clinical practice among selected medical professions. *The European Journal of Social and Behavioural Sciences*, 11(4):1602-1611 DOI:10.15405/ejsbs.143
- [15] Patel Vikram (2017) The Healthy Activity Program (HAP), brief psychological treatment for severe depression in primary care. *Lancet* 389: 176–85
- [16] Ramanuj, P.&Ferenchick, E.K. (2019) Depression in primary care: part 1—screening and diagnosis: *BMJ* 2019;365:1794. doi: 10.1136/bmj.1794
- [17] Scarella TM, Laferton JA, Ahern DK, Fallon BA, Barsky A.(2016). The Relationship of Hypochondriasis to Anxiety, Depressive, and Somatoform Disorders. *Psychosomatics*. 57(2):200-207. doi:10.1016/j.psych.2015.10.006
- [18] Singh, O.P., (2018). District Mental Health Program - Need to look into strategies in the era of Mental Health Care Act, 2017 and moving beyond Bellary Model. *Indian J Psychiatry*. 2018; 60(2): 163–164
- [19] Srinivasan, K., Mazur, A., Mony, P.K., Whooley, M. & Srinivasan M.L. et al. (2018) *BMC Family Practice*, 19:158 <https://doi.org/10.1186/s12875-018-0845-z>
- [20] Srinivasan K, Isaacs A, Thomas T, Jayaram G. (2006). Outcomes of common mental disorders in a rural community in South India. *Indian J Social Psych*.22:110 – 5.
- [21] Sheth HC, Gandhi Z, Vankar GK.(2012). Anxiety disorders in ancient Indian literature. *Indian J Psychiatry*,52(3):289-291.)
- [22] Trivedi, J. K., & Gupta, P. K. (2010). An overview of Indian research in anxiety disorders. *Indian Journal of Psychiatry*, 52 (Suppl1), S210–S218. doi.org/10.4103/0019-5545.69234