

Identifying and managing patients' relationship problems in primary care: The perspective of health professionals and counsellors

Outline

The majority of couples experience difficulties in their relationships, yet few seek help for these problems. Primary health care professionals are in a key position to identify and respond to relationship distress. This study explored the attitudes and experiences of health professionals and counselling services towards managing clients with relationship problems and examined when and how clients are referred for counselling.

Key findings

- Health professionals were regularly exposed to patients' relationship problems. However, these types of difficulties were not addressed routinely or systematically and often would not be revealed by patients for some time. Relationship problems were not felt to be a core concern by health professionals.
- The response to relationship difficulties depended largely on the individual health professional. Most felt comfortable containing minor problems but there was some concern and anxiety about what to do in more serious cases.
- Few direct referrals were made to counsellors. More commonly, health professionals suggested to patients they should contact counselling services, most usually Relate.
- Knowledge of local counselling services and the methods and qualifications of counsellors was very limited and usually obtained unsystematically. Most health professionals would like more information. The provision of additional skills and information might allow health professionals to respond to relationship distress more effectively.
- There was very little contact between health professionals and counsellors. Health professionals rarely knew whether patients had taken up counselling or what the outcome of any attendance had been. Counsellors were generally wary of having contact with health professionals due to reasons of confidentiality. Both parties would generally prefer greater collaboration.

“ I feel it is the role of all health professionals to respond to a client who professes to have relationship difficulties. It is part of holistic care. ”

Practice Nurse

“ I think you've got to be aware that relationship counselling doesn't take priority over the rest of the work that you're doing. I don't mind doing it... but we very often have to move them on... ”

Health Visitor

“ People don't know what we do and I think all the agencies that are involved in these things ought to.. whoever's likely to refer people so that they know more about what we have to offer.. they're more confident in referring people to us. ”

Relate Counsellor

Identifying relationship problems

The nature and extent of relationship distress

Health professionals were very aware of the prevalence of relationship problems and the impact of problems on mental and physical health. However, background circumstances (e.g. financial hardship) were mentioned more frequently than issues directly relating to relationships.

“ Maybe I sometimes don't probe as deeply as I should for relationship problems because I don't feel that I've got the knowledge or the competence to deal with them. ”

Midwife

How relationship problems are disclosed

Only Community Psychiatric Nurses (CPNs) routinely addressed relationship issues. Most commonly, relationship problems were disclosed in response to open questions about patients' general well-being. More direct inquiries may be prompted by the behaviour or appearance of the patient. Only rarely will the client raise the issue without being prompted and this was more likely to be through allusion than a direct disclosure. A number of sessions may therefore be necessary before patients feel able to reveal any problems.

“ These matters do take a long time and when you have so many patients to see that is one factor. If you have more time, you could obviously explore more. ”

GP

Difficulties in identifying relationship problems

Clients who were less open, older, from a different cultural background to the health professional and men were thought to be less likely to disclose relationship problems. The health professional's confidence and experience, available time and rapport with the patient also affected the likelihood of disclosure.

Managing relationship problems

The most common courses of action were to: offer support through listening; offer further sessions or increase visits; provide advice or information; or to consult colleagues for information or advice. Staff felt comfortable dealing with common minor problems but were often anxious about what to do in more serious or complex cases.

Counsellors thought that, depending upon their training and experience, health professionals should be able to give clear advice and information for some relationship and sexual difficulties, practice good listening skills without being judgemental and to encourage communication between partners.

Relationship problems are not a core concern. Health needs are managed as a priority and boundaries are felt necessary to delineate the extent of different professions' involvement. Primary care staff felt well placed to identify relationship problems but lacked confidence about managing them. Most participants had not previously considered many of the issues discussed and this produced a lot of variation in opinion.

“ I do enjoy it. But I'm very wary of not being good enough to offer expert advice if they need it. I think I'm fairly OK with general relationship problems... but I think if you get out of your depth then that's when you need to be aware. ”

District Nurse

Difficulties in managing relationship problems

- multiple agency involvement
- time available
- the health professional's knowledge, views, confidence and experience
- patient reluctance to accept help
- fear of blame or making the situation worse
- language barriers

Referral to counselling services

Direct referral by health professionals to counsellors was rare, except where a base was shared (e.g. a GP practice). The most common action was to suggest a service, usually Relate. Private counsellors were not recommended due to lack of information and concern over standards. Knowledge of available services was obtained unsystematically.

“ • We probably don't know that much actually.
• It's not in our training
• All you know is what you know as in Joe Public. It's not what you're taught.”

Midwives

Difficulties in referral

Factors preventing health staff from making a referral included: lack of familiarity with and perceptions of counselling services; knowledge and self-confidence; and their perceptions of the client (e.g. willingness to attend or suitability for counselling).

Factors thought to influence patient take-up included: public perceptions of and actual waiting times, cost and type of clients accepted; accessibility of services; patient or partner reluctance; stigma; and motivation.

“ I don't feel comfortable in sort of recommending places that I'm not personally aware of.”
Community Psychiatric Nurse

Views on counselling services

Health professionals viewed counselling positively, but it was not necessarily thought to be the most suitable option. Referral choices were mainly dictated by the reputation of and familiarity with a service. Knowledge of services and counsellors' working methods and qualifications was sparse and due largely to chance.

“ I suppose there is that confidentiality barrier there... but it would be nice to know how they're getting on and when they come to see me I can discuss it with them.”

Practice Nurse

Counsellors thought that the lack of widely agreed standards and guidelines was potentially damaging to the reputation and practice of counselling. The time and cost involved also frequently prohibits the evaluation of counselling services beyond the collection of basic information such as the number of clients seen. It was felt to be important to establish some form of accountability in the profession and to ensure that counsellors conform to a minimum standard of competence.

Contact between health professionals and counsellors

Relationships between counsellors and health professionals are extremely varied. The outcome of a referral made by a health professional was rarely known and feedback was not usually expected. Counsellors do not generally provide any feedback to referrers.

Most counsellors will refer clients with physical complaints or mental health problems to the appropriate health service. Many counsellors would like to see changes in their working relationships with other health professionals such as increased understanding of counselling services, better communication, standardisation of the referral process and prioritisation of referrals. Contact with counsellors was thought to be useful for fostering a better understanding of services and improving personal counselling skills.

“ Some health professionals refer relevant cases and provide a good referral letter. Those health professionals understand what I can offer.”
Private Counsellor

Confidentiality is an important concern to counsellors and thought to be essential to the counselling process; health professionals are more used to sharing information with colleagues. Some counselling services do not want direct contact with health professionals. However, the potential benefit of communicating in some instances was acknowledged.

The importance of direct contact was emphasised as a means of promoting services and to dispel any misconceptions about counselling. However, this needs to be an ongoing process, which can be difficult and time consuming.

“ I suppose one of the skills the training gave us was the ability to ask direct questions

- By learning to ask direct questions and pick up on cues you are actually doing a client a benefit by getting there earlier.

”

Health Visitors
(Brief Encounters trained)

“ There is an inherent tension between the client's need to control their own information (confidentiality) and the need for good referrals and feedback.

”

Private Counsellor

Brief Encounters

Staff who had attended the One Plus One Brief Encounters course were more confident about asking direct questions about relationship issues and understanding the limitations of what they could do. The routine nature of the relationship scale, a tool for screening clients for relationship difficulties, was thought to be useful in helping health professionals to identify relationship problems more rapidly and directly.

“ I think if you become a focal point, if someone then has picked on you to help them and you can't come up with the goods, then that's just like shattering to them really.

”

District Nurse

Areas of need

Health professionals thought it would be useful to have information on what counselling services are available and details of their methods and what type of cases might benefit from counselling. This information could then be conveyed to patients more easily. Training may be required to support the distribution of information.

Counsellors believed that health professionals need to be informed about counselling to be able to pass on accurate and relevant information to patients. How information about counselling services could be disseminated was thought to require careful consideration in order to combat some of the misconceptions and to tailor services to ethnic minorities, for example. A uniform system of management and referral was thought to be necessary to achieve more effective management of patients' relationship difficulties. However, any guidelines would need to be tailored to different professional groups' needs.

About the study

“ At the moment, with a lot of the issues around referring, we have to go and find the information out for ourselves. I don't think it should be that way. I think we should have the facts and figures about which are the best, which we should be referring them on to and where they are from.

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Midwife

The research was conducted predominantly in the Sandwell area. In-depth interviews were conducted with District Nurses, Practice Nurses, Community Psychiatric Nurses and GPs. Focus groups were conducted with Health Visitors and Midwives and with Health Visitors in Bexley who had received Brief Encounters training. Agency, private and practice counsellors completed postal questionnaires and informal meetings took place with a number of major counselling organisations.

For further information

Contact Christopher Ayles at One Plus One (ca@oneplusone.org.uk). A working paper on this study is available; call One Plus One or visit the website for ordering details.