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Assessment of Family Physicians' Knowledge of Social and Community Services

SUMMARY

A survey of 255 family physicians and general practitioners in the Hamilton-Wentworth area, revealed that knowledge of social services and community treatment programs was often poor: 65% of 122 respondents did not know about one or more points of access to social services information, and 26% reported that they knew of appropriate social services for less than half of 13 psychosocial problems commonly encountered in family practice. Although 43% indicated that they preferred to treat patients themselves, 47% agreed that lack of information precluded referral, and 75% agreed that opportunities to increase their knowledge of community services would be helpful. (*Can Fam Physician* 1990; 36:443–447.)

RÉSUMÉ

Dans une étude impliquant 255 médecins de famille et praticiens généraux de la région de Hamilton-Wentworth, 122 répondants ont indiqué que leurs notions en ce qui a trait aux différents services sociaux et programmes thérapeutiques communautaires disponibles étaient souvent minimes. En effet, 65% ne connaissaient pas un ou plus d'un point d'accès aux renseignements sur les services sociaux, et 26% ont révélé qu'ils étaient au courant des services sociaux appropriés pour moins de la moitié des 13 problèmes psychosociaux fréquemment rencontrés en pratique familiale. Même si 43% ont indiqué qu'ils préféraient traiter eux-mêmes les patients, 47% ont avoué que le manque d'informations était le motif pour ne pas référer et 75% ont admis qu'il serait utile de multiplier les occasions pour accroître leurs notions des services communautaires.

Key words: community medicine, family medicine, psychiatry, social work, specialist consultation

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THE PREVALENCE of psychosocial problems in primary care is estimated to be high. Various studies, including several that asked physicians to estimate the burden of psychosocial distress in their own practices, indicate that between 20% and 47% of patients visiting family or general practitioners are suffering from significant emotional or psychological problems.[1–9]

Despite this high prevalence and physicians' apparent awareness of it, the amount of time devoted to treatment of psychosocial problems in daily practice tends to be low; in several surveys, family physicians themselves estimated that they do psychotherapy, counselling, or "therapeutic listening" in less than 5% of all patient visits.[1,10–13] Nor is the disparity between prevalence and treatment accounted for by high referral rates. Studies indicate that family physicians refer an average of only 5% of patients with diagnosed psychosocial problems to any mental health resource[10,12,14,15] and that only 1% of all family physicians' referrals are to non-medical community resources.[16]

There could be many reasons for these low referral rates; lack of time, inadequate community resources, poor previous experience, assumptions about patient wishes, and negative attitudes about referral have all been cited.[5,10,17–19] Few studies have attempted to assess family physicians' knowledge of social services. Among those that we reviewed, all but one[20] focused on knowl-

edge of services appropriate to one specific user group: the elderly,[21–23] the demented,[24] or the mentally retarded.[25] In each of these areas, physicians' knowledge of services was found to be deficient.

Our study was designed to assess family physicians' awareness of a broad range of social and community services in the Hamilton-Wentworth region of Ontario, to document physicians' reasons for not referring patients to these services, and to elicit physicians' responses to proposed methods of improving their knowledge of community resources.

Study Design

The study questionnaire was developed by the authors in consultation with social work and nursing staff members of East Region Mental Health Services, a community mental health centre affiliated with the Department of Psychiatry at McMaster University. The questionnaire was then edited in response to changes suggested by several community family physicians, an academic family physician, and representatives from the Hamilton-Wentworth Regional Health Unit (Public Health) and from Community Information Services (CIS), a non-profit organization that acts as the city's central co-ordinator for information about any of the 350 community programs and social services in Hamilton.

In July 1987, the questionnaire was sent to all 255 physicians listed in the yellow pages of the Hamilton telephone book as "family" or "general" practitioners. Respondents were anonymous.

The questionnaire elicited information in five major areas: physician demographic data, physicians' knowledge of major "access points" to information about community services, physicians' knowledge of community services and problem-oriented programs, physicians' reasons for not referring patients, and physicians' responses to proposed measures to increase their knowledge of community services.

1. Physician demographic data included type of residency, type of practice, and number of years in practice. Physicians were also asked to rate their satisfaction with their current level of information about access to community and social service agencies. A five-point Likert-type scale, ranging from "very satisfied" to "not at all satisfied," was used.

2. Access points to information about community services included: a) a telephone information service operated by CIS that provides free information about local social and community services, b) Public Health's nursing attachment program, which provides physicians with specially trained nurses to advise them on problem cases requiring social and community service referrals, and c) the "Red Book," an annually updated encyclopedia of 350 local social service and community agencies, with descriptions of each service and contact information. This encyclopedia is published by CIS and is available to physicians, service agencies, and individuals at a cost of $20. Physicians were asked whether they were aware of each of these services; possible responses included "yes," "no," and "not sure."

3. Physicians were asked to give a subjective assessment of their own ability to specify a local agency that would deal with each of 13 psychosocial problems commonly encountered in family practice:

- drug or alcohol addiction;
- physical abuse by a spouse or partner;
- parenting difficulties;
- marital problems;
- recent loss of spouse;
- need for emergency welfare;
- adult illiteracy;
- need for vocational rehabilitation in psychiatric patients;
- placement of a senior citizen;
- families of alcoholics who need support;
- families of schizophrenics who need support;
- cancer victims and families who need support; and
- single parents who need support.

The first six topics were chosen on the basis of high representation in a number of studies that reported frequency rates for psychosocial problems in family practice.[5,10,26] The remainder were added because they were judged to be common or particularly problematical in our area. Respondents indicated that they were "aware" of relevant agencies, "not aware," or "not sure."

4. Physicians marked their reasons for not referring patients on a list of possible reasons as follows:

- I lack information on social and community agencies in Hamilton-Wentworth;
- I prefer to treat patients with emotional or psychosocial problems myself;
- my patients prefer to be treated by me rather than be referred to a community service;
- I feel that there are too few community services;
- the waiting lists of many community services are too long; or
- other: (the respondent was asked to specify).

Respondents were asked to indicate their opinion on a five-point Likert-type scale ranging from "strongly agree" to "strongly disagree."

5. Physicians were asked to indicate whether any of the following would make it easier for them to use community services appropriately: a) a central phone number for immediate community services information to be used by physicians only; b) a small, problem-oriented booklet describing key services for psychosocial problems commonly encountered in family practice; and c) greater accessibility of the Public Health Nurse Liaison Program.

Statistical Analysis

Statistical analyses were performed to determine whether specific variables distinguished the family physician who is knowledgeable about social services from his or her less knowledgeable colleagues. Respondents were divided into two groups: those who reported knowing social services for nine or more psychosocial problems (more than the median), designated as "more knowledgeable;" and those who reported knowing social services for eight or fewer psychosocial problems (less than the median), designated as "less knowledgeable."

We then compared the two groups in terms of the following variables: demographic characteristics, reasons for not referring to social services, and knowledge of points of access to information about social services. For quantitative variables, the *t* test for independent samples was used. For qualitative variables, 2 by 2 tables were constructed and analyzed by the χ^2 test. This approach was validated using ANOVA (analysis of variance).

Results

Demographic Data

Of the 255 questionnaires mailed, 122 were returned (48%). Respondents were 101 male and 21 female family

physicians. The length of time the physicians had practised in Hamilton-Wentworth ranged from one to 47 years with a mean of 17 years. They had been practising medicine from four to 53 years, with a mean of 12 years. Forty-seven (39%) had completed a family medicine residency. Twenty-five (20%) received their medical degree from McMaster University in Hamilton, 69 (57%) from another Ontario university, five (4%) from other Canadian universities, two from American schools (2%), and 21 (17%) from schools outside North America. Because the respondents were anonymous, we cannot comment on how representative our sample was.

Satisfaction With Availability of Information

Twenty-one per cent of family physicians marked points 4 and 5 on the Likert scale, indicating that they were dissatisfied with the availability of information about community and social services in the Hamilton-Wentworth region, and an additional 34% marked point 3, suggesting that they were somewhat dissatisfied.

Awareness of Access Points

Twenty-four per cent of physicians were not aware of the Red Book; 65% were not aware of the CIS telephone inquiry service; and 48% were not aware of the Public Health Nurse Liaison Program.

Knowledge of Services and Programs

The number of problem areas for which family physicians knew of appropriate social services varied widely (Figure 1). Three physicians indicated that they knew of no appropriate social services for any of the psychosocial problems; seven knew of services for all 13 psychosocial problem areas; and 26% knew of services for six or fewer problems. The median number of problems for which physicians reported knowing about services was nine.

Table 1 lists the psychosocial problem areas and the number of physicians not aware of community and social service agencies capable of dealing with these problems. For practical purposes, "not sure" responses were considered equivalent to "not aware"; we believed that only physicians with definite knowledge of services would be likely to use them. Some of the more disturbing findings were that 66% of physicians did not know where to get help for patients who are functionally illiterate; 32% were not aware of support groups for the families of alcohol and drug abusers; 37% did not know where to find bereavement counselling; 35% were unaware of resources for single parents; and 23% did not know where to find help for couples in conflict.

Reasons For Non-referral

Forty-seven per cent of physicians agreed that lack of information was a contributing factor in their decision not to refer a patient to community services. Forty-three per cent of physicians indicated that they preferred to treat their patients themselves; and 40% of physicians felt that their patients preferred to be treated by them. Sixteen per cent of physicians believed that there were too few community services available, and 51% indicated that waiting lists were too long. Three physicians volunteered that failure to keep the referring physician informed about progress and outcome was a reason for not referring.

Suggestions for Improvement

Seventy-five per cent of the physicians indicated that a problem-oriented listing of family practice–oriented community services would be helpful. Seventy-two per cent of physicians were in favour of a central phone number for immediate information about social services for family physicians, and 31% indicated that greater involvement with Public Health would be helpful. These groups were not mutually exclusive.

Variables Associated with Greater Knowledge

Because there were so few female physicians in our sample, we eliminated this variable and focused on number of years the physician had lived in Hamilton, number of years practising medicine, and whether he or she had completed a family medicine residency. There was no significant correlation between any of these variables and level of knowledge about social services (Table 2).

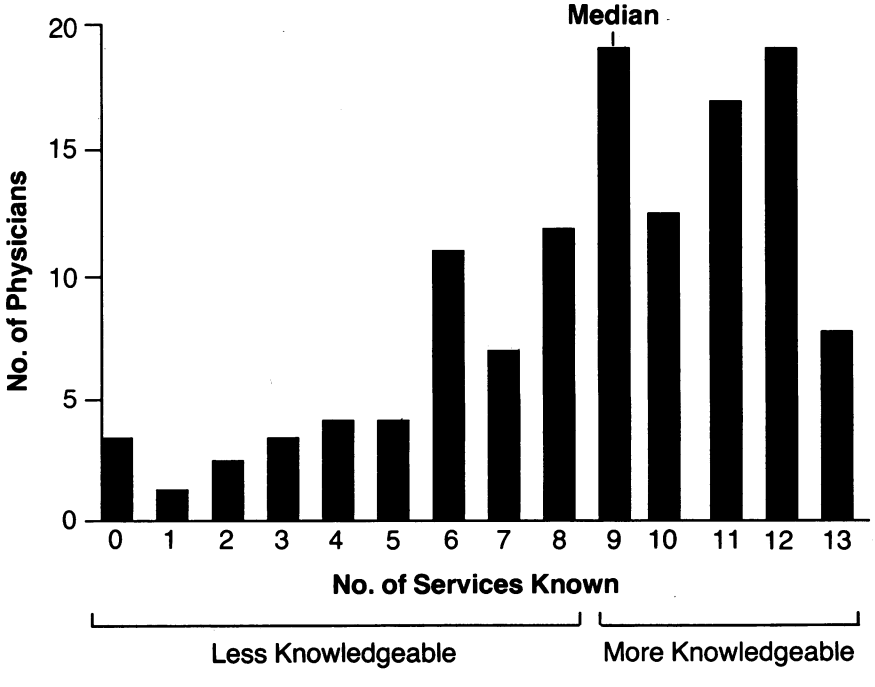
However, when we compared "more knowledgeable" with "less knowledgeable" physicians in terms of their awareness of points of access to social services information, we found that the more knowledgeable group was significantly more likely to own a Red Book, be aware of the CIS phone information service, and know about the Public Health Nurse Liaison Program.

The only reason for not referring to social services that correlated significantly with level of knowledge was the statement: "I lack information on social services."

Discussion

The results of our survey support our impression that physicians in the Ha-

Figure 1
Physicians' Awareness of Social Services



milton-Wentworth region lack information about community and social services and do not know where to get the information they need. It is likely that our sample is skewed in the sense that it probably contains a higher proportion of physicians who are interested in psychosocial issues than exists in the total population surveyed. These self-selected respondents could be more knowledgeable about social services than their peers, and the number of physicians with inadequate knowledge about community resources could thus be greater than our study suggests.

The reasons for this lack of familiarity with resources are unclear. General lack of familiarity with the community does not appear to be an important factor: less than 5% of the respondents were new to the region (<2 years), and 86% had practised in Hamilton for five years or more.

Poor promotion of information about community and social services could be a factor in physicians' lack of knowledge. Budget constraints limit the amount of publicity that can be undertaken by publicly funded agencies, and lack of promotion could be an unofficial method of limiting demands on some resources that are already stretched.

Fifty-one per cent of our respondents indicated that they did not refer patients to social service agencies because of long waiting lists. While this is certainly an ongoing problem with some of the higher profile agencies, many physicians are unaware that these agencies often have priority criteria and that urgent cases are usually seen for an assessment fairly rapidly. This policy often defuses whatever crisis is threatening and gives the individual or family enough support to continue until ongoing treatment begins.

The long waiting lists themselves could also reflect physicians' lack of knowledge about alternative resources, such as specialized counselling and support services, self-help groups, peer group counselling, crisis intervention services, and drop-in centres.

Reluctance to surrender the care of a patient to a third party or the conviction that responsibility for treating psychosocial problems lies with the family physician could account for some physicians' failure to learn about community resources; 43% of the respondents in our study indicated that they prefer to treat their patients themselves. Obviously, family physicians who prefer to treat than to refer their patients should be encouraged to do so, provided that they have appropriate skills. The literature we reviewed, however, suggests that physicians tend not to follow through with psychotherapy or counselling and that a large proportion of patients diagnosed as having psychosocial problems receive medication only or remain untreated.[1,10–16]

It is possible that Hamilton physicians do more psychotherapy, counselling, and "supportive listening" than the family physicians and general practitioners represented by these studies, but we have no evidence to support this supposition. The fact that 75% of the physicians surveyed were in favour of one or more interventions to improve their use of community services suggests that many of the 43% who prefer not to refer are open to change.

Finally, it is probable that some physicians "don't know what they don't know"; 10% of physicians who indicated that they were satisfied with the availability of social service information at the beginning of the questionnaire indicated that they believed they lacked information about these agencies at the end of the questionnaire. In the case of these physicians, the questionnaire itself could have functioned as an educational intervention.

Table 1
Family Physicians' Knowledge About Social Services for Psychosocial Problems

Psychosocial Problem	Family Physicians Unaware of Social Services (%)
Alcoholism or drug addiction	10
Families of substance abusers in need of support	32
Marital problems	23
Problems of single parents	35
Parenting difficulties	21
Death of spouse	37
Family violence	15
Adult illiteracy	66
Need for emergency welfare	42
Senior citizens who need placement	16
Cancer victims and their families in need of support	21
Families of schizophrenics in need of support	32
Psychiatric patients in need of vocational rehabilitation	51

Conclusions

Lack of knowledge about community and social services appears to be an important factor contributing to low referral rates by family physicians. Most of the physicians participating in this study, however, indicated that they would welcome opportunities to learn more about local programs and agencies. We conclude, therefore, that interventions to increase family physicians' knowledge of community and social services can increase use of these services and thereby facilitate management of psychosocial problems in the primary care setting. ■

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Table 2
Factors Associated with Physicians' Knowledge of 9 or More Social Services

Physician Characteristics	Significance (p)
Demographics	
Years in Hamilton	NS
Years practising medicine	NS
Family practice residency	NS
Knowledge of Access to Information	
Ownership of "Red Book"	< 0.001
Aware of Community Information Services Phone Line	< 0.001
Aware of Public Health Nurse Liaison Program	< 0.01
Physicians' Reason(s) for Not Referring	
"I lack information on social services."	< 0.001
"I prefer to treat patients myself."	NS
"My patients prefer to be treated by me."	NS
"Too few community services."	NS
"Waiting lists are too long."	NS

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