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"Approach": the Harlow mental health information service

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An important emphasis in developing community psychiatric services has been to increase accessibility of psychiatric services to the public (Department of Health, 1989). This might mean not simply informing people about available services but also providing advice about mental illness and where individuals might seek further help, either for themselves or for others about particular problems.

The Mental Health Information Service was set up jointly by the Department of Psychiatry and representatives from local voluntary associations to provide the local community in Harlow with advice and information on any aspect of mental health.

The aim was to provide a relatively informal facility which was independent of existing statutory services. Premises have been loaned from the local branch of Relate and are staffed by two counsellors for two hours every Monday afternoon. No appointments are required and there is no fixed duration of session for attenders.

Counsellors come from a variety of disciplines and include social workers, CPNs, psychiatrists and voluntary workers with access to information regarding other statutory and non-statutory groups and facilities.

Details of the service are given on leaflets and posters which have been distributed throughout the town, in GP surgeries, libraries, DSS offices, as well as in advertisements in local free newspapers.

For each person attending, a form is completed by the counsellor recording basic demographic details (with the individual's consent), as well as information on the presenting problem, help offered and the outcome of the consultation. These data are used for audit and for maintenance of follow-up records, e.g. if an individual returns at a later date and is seen by a different counsellor.

The study

The service began operating in March 1990. Consultation details from all attendances since that date were collected. These have been analysed, and are discussed below. In particular, the problems with which individuals presented are explored in the light of availability of, and satisfaction with, other services.

Findings

In the period from March 1990 to May 1991 inclusive, there were a total of 28 consultations involving 26 individuals, two couples and four follow-up sessions. Just over half of those attending were female (54%) and the age range was wide: 19–74 years (mean 45 years). A minority were in full-time employment (38.5%), and most were married (69.2%).

The most common source of information about the service was from advertisments in the local press (25%). Posters and leaflets were cited in 11%. Other sources included word of mouth and direct referral from GP receptionists and the Well Women Centre.

Individuals are allocated to either a statutory or voluntary counsellor at random. In practice, they are more likely to see a voluntary worker than a member of another discipline as the former are over-represented on the rota; 39.2% were seen by a voluntary worker, compared with 32.1% by a CPN, 21.4% by a social worker and 10.7% by a psychiatrist.

The most common reason for attending was for individuals to obtain advice regarding their own problems (50%). These typically included low mood secondary to bereavement, family discord or social isolation. Lack of support from a spouse or the family was a common finding. Concern about the behaviour of a son or daughter was the primary problem in 39.3% of attenders. In most cases, a psychiatric disorder had not previously been diagnosed and there was often lack of knowledge, and undue anxiety, about mental illness. Worry about a spouse was cited as a reason for attending in 17.9% of cases; marital discord was relatively common as were problems relating to redundancy and established mental illness of a partner. Difficulties in dealing with elderly and infirm parents also provoked a small number of people to seek advice. A certain proportion (25%), however, presented with multiple problems involving both themselves and people close to them.

Despite the severity and multiplicity of the problems encountered, it was interesting to note that a sizeable minority of those attending had no

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current contact with other services (38.5%). Of those regularly seeing their GP at the time (42.3%), just under half were either dissatisfied with the help given, or were reluctant to seek it from their family doctor.

In most cases, outcome and/or suggestions for further action were documented. The variety of problems has been noted. However, referral to psychiatric services or consultation with a GP was deemed to be the appropriate next step in 46% of cases. The offer of a repeat visit to Approach was made in 34.6% of consultations and taken up by half of those individuals. Other suggestions included visiting Social Services or a Well Women Centre, and consulting with MIND, a probation officer, and a vicar.

Comment

It is immediately apparent that there has been, so far, a relatively low attendance rate. It may be that there is little demand for the service or, alternatively, little awareness of its existence. Often, new services like this take some time to become established and well known. This possibility has been addressed by a recent widening of the distribution of leaflets and posters.

It seems that the service has uncovered psychiatric morbidity that had hitherto remained hidden. Individuals have presented with problems that are far from trivial and that in some cases represent the early stages of a treatable mental illness. Questions remain, however, as to the cost-effectiveness of the exercise, particularly when the over-stretched manpower and resources of the NHS are taken into account.

"Approach" has functioned as an alternative screening service in addition to being a source of information and advice. The latter has proved to be of value in itself. A high proportion of attenders come to discuss their problems at Approach because they have been unwilling, or unable, to seek help elsewhere, usually from their family doctor. It is unclear whether this relates to the GPs' perceived lack of sensitivity to social or mental health issues or to the attenders' belief that such problems are outside their doctor's remit. They may simply assume that their GP is unable to spare enough time to listen to all their concerns in detail.

Ultimately, a service must justify its existence by proving its usefulness. The fact that most people requesting help have, so far, attended on just one occasion makes assessing its value difficult. Anecdotal evidence suggests that satisfaction with the service is high among those who come "just to talk". The opportunity to do this may be unavailable elsewhere and so may, perhaps, be the most valuable facility that Approach has to offer.

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