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General practitioners' views of psychological services: a comparison of general practitioners who refer to onsite and offsite services

Rebecca Greenaway
Department of Psychology, Institute of Psychiatry, London, UK

L Fortune
Psychology Division, School of Applied Sciences, University of Wolverhampton, UK

ABSTRACT

Background Changes in NHS policy have resulted in more psychologists working in primary care. However, there are still many general practices that do not have psychologists working onsite. General practitioners (GPs) have an important role in shaping psychological services. The aim of the study was to compare the views of GPs with onsite psychology services with those who refer to offsite psychology services.

Method Views of GPs were gathered by postal questionnaire, which asked about use, views, knowledge and delivery of psychological intervention, as well as communication with psychologists.

Results Overall, the majority of GPs expressed a preference for psychology services to be delivered within GP practices. GPs working in practices with an onsite psychologist were more likely to report that they had received information about the psychology service, talked more frequently with psychologists and found this communication more helpful when compared with GPs who refer to offsite psychology services.

Conclusions There is a preference among the responding GPs for psychology services to be delivered within primary care for common mental health problems. Support is provided for the positive effects of onsite psychology services.

Keywords: GPs' views, primary care, psychology service

Introduction

General Practitioners (GPs) are typically the first point of contact for people with mental health problems accessing services.[1] GPs' referral patterns not only have a significant impact on the care received by individual patients, but also influence the development of mental health services as a whole via their impact on demand for services.[2]

Changes in NHS policy in the past two decades have meant that GPs have an even greater role in determining how adult mental health services are delivered. The 1990 GP contract allowed greater flexibility in the types of professionals who could work within general practices, and made primary care the commissioners of health services. An effect of this has been an increase in the number of mental health workers within the primary care team.[3,4] More recently, the creation of primary care trusts (PCTs) and introduction of practice-based commissioning has led primary care to have more autonomy and responsibility for commissioning of services, leading to an increase in specialist services available in primary care settings.[5] This has resulted in variability across practices in the composition of primary healthcare teams.[6,7]

It has been suggested that providing psychology services within primary care can increase accessibility and user-friendliness.[8] Benefits may include a simplified referral process, a familiar and less-stigmatising venue for the patient, earlier detection of mental health problems, reductions in psychiatric referrals, and informal discussion between GPs and psychologists.[8,9] Studies exploring the opinions of GPs have found they regularly express the wish for more communication with mental health professionals.[10–12] A recent study comparing a hospital-based and a primary care-based psychology service found quicker symptom reduction and greater patient satisfaction in the primary care-based service.[13] One possible reason for this is that greater communication between healthcare professionals in the primary care team can lead to well-informed GPs making more-appropriate referrals.[13]

A study of GPs' views on managing common mental health problems found that GPs wanted better information about available mental health services, easy access to services and regular communication with the professionals to whom they make referrals.[11] They did not like long waiting times, geographical variation in the services available, not knowing the professionals to whom they make referrals, not being informed about patients' treatment following referral, and patients being referred on without consultation. Speculatively, these preferences might be met by providing more mental health workers within general practices.

Possible disadvantages of having onsite mental health workers have also been identified. It has been argued that it might lead to the treatment of individuals with less-severe problems, who may otherwise recover without specialist intervention.[8,14] This could lead to the relative neglect of the more-severely mentally ill who are in greatest need of care.[8,14] Furthermore, there is large variability in the composition of the primary care team across practices, leading to inequalities in service accessibility.[2]

An interview study of GPs' views following the employment of a counsellor in three practices, where there had been no previous practice-based counselling, found benefits that were reported to include: giving patients time to talk, a greater range of treatment options and the possibility of reducing medication.[10] The only disadvantage was the possibility that the introduction of the service would stimulate a demand that could not be met. A similar study exploring the attitudes of GPs to a clinical psychologist joining the staff of a large general practice in Australia found all GPs expressed a preference for the psychologist to be working onsite.[12] GPs expected that the onsite psychologist would benefit themselves and their patients, and there was little change in their views one year later. They rated referrals to the psychologist as helpful to extremely helpful (none chose the option 'not very helpful') and general comments about the service were positive.

Previous studies exploring GPs' views of onsite mental health workers have surveyed GPs from a small number of practices that have recently employed a mental health worker.[10,12] These GPs may represent a biased sample with a particularly positive attitude towards mental health services. Furthermore, the studies have focused on the employment of a single mental health worker; therefore, it is difficult to extrapolate these findings to GPs' views of onsite psychology services in general. The current study will explore the views of GPs from a larger number of practices that have a well-established onsite psychologist compared to GPs in practices that refer to offsite psychology services.

Methods

Participants

Initially, large GP practices (defined as having at least three GPs working within the practice) in the boroughs of Lambeth, Southwark and Lewisham were identified. It was then established which of these practices had onsite psychology services and which referred to offsite primary care psychology services. GP practices that made use of both onsite and offsite primary care psychology services were excluded from the study. Of the practices identified, practice managers were contacted to gain assent for the questionnaires to be sent to GPs at their practices. Following assent, all GPs within the practice were sent a letter inviting them to take part by completing the anonymous questionnaire. Questionnaires were sent to GPs at 23 practices that refer to offsite psychology services (109 questionnaires) and to GPs at 14 practices with onsite psychologists (100 questionnaires). These will be referred to as the offsite and onsite groups respectively.

Questionnaire

A structured questionnaire was designed to answer the following questions:

- Do GPs with onsite psychologists perceive themselves to make greater use of psychology resources when compared to GPs who refer to offsite psychologists?
- Do GPs with onsite psychologists have different views and perceive themselves to have greater knowledge about psychological intervention when

compared to GPs who refer to offsite psychologists?
- Do GPs with onsite psychologists have different views on the best way of delivering psychological services compared to GPs without onsite psychologists?
- Do GPs with onsite psychologists communicate more with psychologists than GPs who refer to offsite psychologists, and do they find this helpful?

The questionnaire was piloted by asking GPs at one practice to complete it while looking out for any errors or ambiguities. The questionnaire involved 28 fixed-choice responses, mainly Likert scale, and space for additional comments.

Administration

The GPs were invited to take part by letter. To encourage a high response rate, practice managers were asked to mention the research during a business meeting. Follow-up letters were sent to GPs who did not return consent forms within three weeks.

Results

Group characteristics

In total, 120 questionnaires were returned (57.4% response rate). In the offsite group there were 60 questionnaires returned (55.0%), 51 of which were positive (46.8%). There were also 60 questionnaires returned (60%) in the onsite group, 58 of which were positive (58%). Table 1 outlines the characteristics of the offsite and onsite groups. Chi-square analysis was used to investigate whether there was a significant association between group and these variables. There was no significant association between group and borough ($\chi^2 = 1.27$, degrees of freedom (df) = 2, $P = 0.530$), group and sex ($\chi^2 = 0.81$, df = 1, $P = 0.368$) or group and years in practice ($\chi^2 = 3.01$, df = 4, $P = 0.556$). An unrelated t test did, however, indicate that GPs from the onsite group worked in larger GP practices than those in the offsite group ($t = -3.66$, df = 107, $P < 0.001$).

Table 1 Characteristics of the respondents and their practices

	Offsite group	Onsite group
n	51	58
Sex (%)		
Female	68.6	60.3
Male	31.4	39.7
Years in general practice (%)		
0–5	34.0	20.7
6–10	14.0	19.0
11–15	10.0	10.3
16–20	12.0	19.0
20+	30.0	31.0
Size of GP practice[a]	6.2	8.1
Borough (%)		
Lambeth	30.6	27.6
Lewisham	22.4	15.5
Southwark	46.9	56.9

[a] Mean number of GPs working within each respondent's practice

Comparison of onsite and offsite groups

Use of psychological interventions

The GPs were asked, how many times a month they refer to a clinical/counselling psychologist or practice counsellor or suggest self-help materials (on the scale, 0–1, 2–3, 4–5 and 6+). There were no significant differences between the two groups on perceived referrals to psychologists or practice counsellors or on suggested use of self-help material ($P > 0.05$).

Views on psychological intervention

The GPs were asked to respond to the following questions: 'In general, how helpful do you think individual psychological intervention is?' (from 1, not at all helpful, to 5, extremely helpful) and 'How interested are you in psychological interventions?' (from 1, not at all interested, to 5, extremely interested). The mean rating for these two questions was 3.94 and 3.58, respectively, for the offsite group and 4.14 and 3.81, respectively, for the onsite group. Although the onsite group scored higher on both of these questions, the group differences did not reach significance ($P > 0$ .05).

Psychological knowledge

GPs were asked how well they feel they understand the distinction between different psychological therapies and between different providers of psychological intervention on a five-point Likert scale (from 1, not at all well, to 5, extremely well). The mean rating

for understanding the distinction between psychological therapies was 3.08 for the offsite group and 3.38 for the onsite group; this difference was not significant ($P = 0.198$). The onsite group did, however, rate themselves significantly higher than the offsite group (2.90 and 3.50, respectively) on their understanding of the distinction between different providers of psychological intervention ($U = 988.0$, two-tailed, $P = 0.003$).

Delivery of psychology services

The GPs were asked where they preferred patients to be seen for psychological therapy for common mental health problems (available responses were GP practice, community mental health team (CMHT), hospital, no preference or other); 81.5% of GPs in the onsite group and 83.3% of GPs in the offsite group responded that they preferred patients to be seen in the GP practice, no GPs responded 'hospital' or 'other'. Chi-square analysis revealed that there was no association between group and preference of psychology service location ($\chi^2 = 1.21$, df = 2, $P = 0.544$); there was a clear preference for GP practice in both groups.

On a five-point Likert scale, GPs were asked to rate how important various factors are when providing a psychology service and when deciding where to refer (ranging from 1, not at all important, to 5, very important). These are listed in Table 2. There were significant group differences for non-stigmatising ($U = 1061.0$, two-tailed, $P = 0.010$), simple referral process ($U = 1010.5$, two-tailed, $P = 0.004$) and clear referral guidelines ($U = 1111.0$, two-tailed, $P = 0.036$). There was a near-significant difference for short waiting list ($U = 1182.5$, two-tailed, $P = 0.065$). GPs from the onsite group place greater importance on psychological services being non-stigmatising; they also place greater importance on simple referral routes and clear referral guidelines. GPs from the offsite group place greater importance on a short waiting list.

Communication with psychologists

The GPs were asked to respond whether they talk to a psychologist about their patients daily, weekly, monthly or less than monthly. The responses of the two groups are shown in Figure 1. GPs who worked in practices with onsite psychologists talked to psychologists more frequently than GPs who referred to offsite psychology services ($U = 678.5$, two-tailed, $P < 0.001$).

The GPs were asked how helpful they found this communication (from 1, not at all helpful, to 5, extremely helpful). The mean ranks were 3.20 and 3.89 for the offsite and onsite groups, respectively. This difference was significant ($U = 655.0$, two-tailed, $P = 0.001$), indicating that GPs in the onsite group found the communication they had with

Table 2 Mean ratings of the importance of different variables in psychology service provision and referral

	Offsite	Onsite	Overall
Providing a service			
Non-stigmatising[a]	4.28	4.61	4.45
Short waiting list	4.49	4.19	4.34
Simple referral process[a]	4.06	4.54	4.30
Convenient location	4.22	4.37	4.30
Regular communication	4.12	4.35	4.24
Clear information on service	4.06	4.35	4.21
Clear referral guidelines[a]	3.92	4.37	4.15
Deciding where to refer			
Quality of service	4.67	4.46	4.57
Type of intervention offered	4.00	4.05	4.03
Specialist knowledge of therapist	3.78	3.67	3.73
Length of intervention offered	3.50	3.46	3.48
Familiarity with the therapist	3.12	3.32	3.22
Advice from mental health worker	3.08	3.28	3.18
Therapist demographics	2.43	2.73	2.58

Ratings are listed in descending order of overall mean rating
[a] Factors rated differently by the onsite and offsite groups at the 0.05 significance level

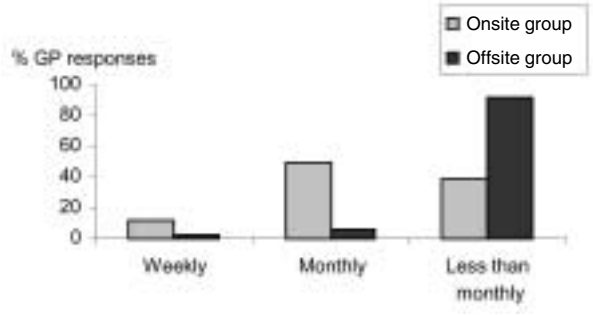

Figure 1 Frequency of verbal communication between psychologists and GPs. NB: no GPs responded daily, therefore this is not included

psychologists more helpful than those in the offsite group.

The GPs were asked to answer 'yes' or 'no' to the two following questions: 'Would you like to have more access to a psychologist to discuss your patients?' and 'Have you been provided with information on making referrals to your local psychology service?'. There was a significant association between group and preference for more access ($\chi^2 = 8.43$, df = 1, $P = 0.004$); 79.6% of GPs in the offsite group responded that they would like more access to a psychologist to discuss their patients, compared to 52.6% of GPs in the onsite group. There was a significant association between group and information received ($\chi^2 = 14.82$, df = 1, $P < 0.001$). In the offsite group, 36.0% of GPs indicated that they had been provided with information on making referrals to their local psychology service, compared to 73.2% of GPs in the onsite group.

Size of practice

As practices in the onsite group tended to be larger, analyses were carried out to investigate the potentially confounding effects of size of practice. There was a negative correlation between size of practice and frequency of talking with psychologists about patients (rho = –0.196, df = 106, $P = 0.042$) and a positive correlation between size of practice and finding communication with psychologists helpful (rho = 0.30, df = 91, $P = 0.004$). Therefore, GPs at larger practices talked with psychologists about their patients more regularly and found this communication more helpful, compared to those at smaller practices. These findings could be due to larger practices being more likely to have an onsite psychologist. Therefore regression analyses were used to look at the independent contribution of size of practice and having a psychologist onsite on frequency and helpfulness of communication.

As the data were highly skewed, the responses were dichotomised into the categories, 'less than monthly' and 'monthly or more frequent'. Binomial logistic regression was used to identify whether size of practice or group (onsite versus offsite) was the best predictor of frequency of verbal communication with psychologists. Group was a significant predictor of reported frequency of verbal communication, with an estimated odds ratio of 0.06 (confidence interval (CI) = 0.02 to 0.19, $P < 0.001$), while size of practice was not ($P > 0.05$). The correlation between size of practice and frequency of verbal communication with psychologists appears to be due to larger practices being more likely to have a psychologist working onsite.

Responses to the question 'in general, how helpful have you found this communication?' were analysed with simple regression using STATA's robust option (because of the limited range of the data). The regression coefficient for group (0.52) was significantly different from zero (CI = 0.10 to 0.95, $P < 0.05$), as was the regression coefficient (0.09) for size (CI = 0.02 to 0.15, $P < 0.05$). This indicates that GPs at larger practices find communication with psychologists more helpful than GPs at smaller practices, independent of whether there is a psychologist working onsite. One possible explanation for this is that GPs who choose to work in practices with a greater number of GPs place greater value on communication or are more effective communicators. The regression analysis also indicates that GPs working at practices with onsite psychologists, compared to those without onsite psychologists, find communication with psychologists more helpful, independent of the size of the practice.

General comments

GPs were asked if they had any additional comments about any of the issues covered. The qualitative data from this section were analysed using thematic content analysis. Of the 109 questionnaires returned, 36 GPs made at least one comment (33.0 %), with 54 individual comments in total. The low response rate indicates that the comments should be interpreted cautiously. Comments were analysed separately for the onsite (see Table 3) and offsite (see Table 4) groups.

In the onsite group the most common responses referred to demand outweighing supply, positive comments about having a psychologist onsite and comments indicating that having a psychologist onsite allows greater communication and support.

The most common comments from GPs in the offsite group concerned long waiting times, psychology access only being available via the CMHT, and services/resources not being available. Inspection of Tables 3 and 4 suggests that the comments from the onsite group were generally more positive than those from the offsite group.

Table 3 Comments from GPs in the onsite group categorised into themes

Theme	Number (%)	Example of response
Demand outweighs supply	4 (18.8)	'There never seems to be enough psychology time for the demand in general practice'
Onsite psychology good	3 (13.6)	'We are very lucky to have an in-house psychologist, which we value immensely'
Onsite psychology allows greater communication and support	3 (13.6)	'Having an in-house service means I can get one-off urgent sessions if needed for patients in crisis and it is very easy to communicate personally with the therapists'
Little awareness of local services outside practice	2 (9.1)	'Only refer in-house – not aware of what other psychology services are available in particular the types of intervention offered'
Onsite psychology more appropriate	2 (9.1)	'Far more appropriate to have psychologist in practice, than external'
Onsite psychology better for patients	2 (9.1)	'In-house psychological services offer a more appropriate, prompt, patient-targeted service. Patients prefer it – it has benefits above and beyond the scope of referrals'
Location preference depends on severity	1 (4.6)	'Location preference depends on severity'
Would like more access to cognitive-behavioural therapy (CBT)	1 (4.6)	'Would be brilliant to have more access to psychology, especially CBT'
Part-time working makes communication difficult	1 (4.6)	'We have an excellent practice-based psychologist but part-time working sometimes make communication difficult'
More information about services outside practice	1 (4.6)	'Would be helpful to have clearer guidelines about other providers outside practice and how to access them'
Onsite is inefficient	1 (4.6)	'I don't think the onsite psychology service is very efficient. The appointments are long, are often not taken up, so actually our psychologist does not get through much of a caseload'
Clear referral guidelines necessary	1 (4.6)	'Clear referral guidelines would be extremely helpful to patient/therapist and doctor to avoid inappropriate referrals and patient frustration'
Total	22 (100)	

Discussion

Limitations of the study

There are certain limitations of this study. The sample size was small, drawn only from GP practices with at least three GPs from three PCTs in South London. The positive response rate (52.2%) was reasonable, given the busy schedules of GPs. However, a questionnaire study investigating GPs' views of NHS changes found that when initial non-responders where followed up personally, they differed from the initial responders in many of their views.[15] Therefore, we cannot generalise the findings of this study to those GPs that did not respond to the questionnaire. Furthermore, the poor response rate to the 'additional comments' section indicates that these must be interpreted particularly cautiously.

Table 4 Comments from GPs in the offsite group categorised into themes

Theme	Number (%)	Example of response
Long waiting times	5 (15.6)	'I would love to be able to refer to psychology but we do not have easy access locally, over 12 month waiting list. Patients get frustrated'
Psychology access is via CMHT	5 (15.6)	'I don't think I have any direct access to psychologists – referrals are usually made through the CMHT where they are assessed first by a team member'
Services unavailable	4 (12.5)	'Psychology service largely unavailable'
Lack of resources	3 (9.4)	'Hugely under-resourced area'
Little awareness of local services	2 (6.3)	'Have little idea of services on offer in my locality'
Location preference depends on severity/patient's preference	2 (6.3)	'Preferred location depends on severity'
Would like more access to CBT	2 (6.3)	'Patients often ask specifically for CBT, and I do feel this offers a better chance of success where more than just support is needed'
Referral difficult	2 (6.3)	'Usually referral [is] difficult'
Choice unavailable	2 (6.3)	'Some of the questions about choice are very hypothetical – i.e. I have no choice'
Importance of communication	2 (6.3)	'Communication is key, both for realistic expectations and appropriate referrals'
Use practice counsellor	2 (6.3)	'I really only use practice counsellor or CMHT'
Waiting times not so important	1 (3.1)	'Waiting time for CBT and more in-depth therapy is not so important as often the patient has been dealing with the problem for a long time already'
Total	32 (100)	

The findings of this study represent the GPs' views and subjective ratings. No objective measures were taken to assess whether GPs were correct in their ratings of their referral rates, knowledge and frequency of communication with psychologists. This should be borne in mind when interpreting the findings.

Comparison of GPs with onsite and offsite psychology services

Some authors have expressed the concern that having accessible psychology services in primary care might lead to 'referral drift'.[8,14] However, the results showed that having an onsite psychologist within the GP practice does not significantly affect GPs' perceived referral rate to psychologists. The effect of an onsite psychologist on GP referrals might be subtler and may not be reflected in the referral rate. It has been suggested that having an onsite psychologist might lead GPs to make more-appropriate referrals (due to greater communication or more available information about the service) and also lead to GPs perceiving the service more personally and thus using it more efficiently.[13]

There were no group differences in GPs' perception of their understanding of the distinction between different therapies. There was, however, a group difference in GPs' perception of their understanding of the distinction between different mental health workers. The concern has been raised, that different mental health workers working in both primary and secondary care may lead to GPs becoming unclear about which service is most suitable.[16] However, the findings here suggest that having a psychologist working onsite in a practice leads to less confusion about the distinction between mental health workers. With the increasing number and variety of mental health workers in primary care, it is important for GPs to be knowledgeable about their

different roles and training.[4,17] An improved understanding of the distinction between different mental health workers may lead to more-appropriate use of available services, as well as better-informed commissioning of services.

GPs from the onsite group placed greater importance on psychological services being non-stigmatising; they also placed greater importance on clear information about the service and simple referral routes. This difference might reflect positive experiences that GPs have had with the onsite psychology service at their practices. GPs from practices that refer to offsite psychology services place greater importance on a short waiting list; this could reflect differences in opinion over waiting lists *per se*, or could reflect the longer waiting lists experienced by these GPs leading to frustration and greater salience of this issue. One of the most common comments by GPs from the offsite group was that the waiting lists were too long, while this was not a comment made by any of the GPs in the onsite group.

Training in disparate models of care may act as a barrier to communication between GPs and psychologists; consequently, factors that increase communication are important for collaborative care.[18] GPs who worked in practices with an onsite psychologist reported that they talked to psychologists about their patients more frequently when compared to GPs who referred to offsite psychology services. More-frequent communication between GPs and psychologists might lead to more-appropriate referrals, greater continuity of patient care, referrals being presented more appropriately to patients, GPs feeling better supported when managing mental health issues and an increase in GPs' psychological knowledge.[13]

The results also indicate that having a psychologist onsite not only increases the frequency of interprofessional communication, but also makes the communication more effective. This could be a result of many factors including increased familiarity or mode of communication (e.g. face to face versus telephone). Communication between GPs and mental health workers has often been criticised in the past.[19,20] Effective communication between GPs and psychologists is vital in managing patients in primary care; therefore, more-helpful communication is an important consequence of onsite psychology services.

GPs from practices that refer to offsite psychology services were more likely to respond yes to the question: 'Would you like to have more access to a psychologist to discuss your patients?' than GPs with psychologists working onsite (80% and 53%, respectively). This indicates that the majority of GPs without psychologists working onsite are receptive to receiving more psychology input. Several GPs from the onsite group who responded 'no' to the question added a comment indicating that they are satisfied with the level of communication they have with the onsite psychologist. This highlights the discrepancy in resource availability across onsite and offsite groups and suggests that onsite psychology services are more accessible to GPs.

GPs at practices with onsite psychologists were more likely to respond yes to the question: 'Have you been provided with information on making referrals to your local psychology service?' than GPs in the offsite group (73% and 36%, respectively). If GPs are provided with information about a psychology service, it might be predicted that they will make more-appropriate referrals and may be better able to provide patients with information about psychology services. The importance of providing information to patients so that they can actively engage in decisions about their health care has been highlighted.[21]

The most common responses from GPs in the onsite group referred to demand outweighing supply, positive comments about having a psychologist onsite and comments indicating that having a psychologist onsite allows greater communication and support. One of the comments from a GP in the onsite group was negative:

> 'I don't think the onsite psychology service is very efficient. The appointments are long, are often not taken up, so actually our psychologist does not get through much of a caseload'

and highlights that the differing caseload and consultation times of GPs and psychologists may cause tensions when working alongside each other. GPs in the offsite group made most comments about long waiting times, psychology access only being available via the CMHT and about services/resources not being available. This led a couple of the GPs to point out that their answers to the questionnaire were somewhat hypothetical because they do not have the choice.

Conclusions

Taken together, the quantitative and qualitative data offer some support for the suggestion that providing psychology services within primary care improves accessibility and user-friendliness by a simplified referral process and informal discussion between GPs and psychologists.[6] Compared to GPs that refer to offsite psychology services, GPs in the onsite group perceived themselves to have a better understanding of the distinction between different mental health providers. They also communicated with psychologists more frequently and they found

this communication more helpful. They were more likely to have received information about their psychology service and were less likely to want more access to a psychologist to discuss their patients.

There was little evidence that there were negative effects for GPs of having a psychologist onsite. Overall the GPs from both groups tended to express positive attitudes about psychological intervention, and a large majority expressed a preference for onsite psychology services. There was no evidence of 'referral drift'.[8] There was, however, evidence of inequality in service accessibility, with some GPs from the offsite group commenting that their only access to psychologists is through the CMHT, that waiting lists are too long and that they have no choice in where their patients are referred for psychological therapy.

This study indicates that GPs are very receptive to having psychology services offered within GP practices. There appear to be many positive and few negative effects of having psychologists working within primary care. This suggests that the trend for psychologists to increasingly work in primary care settings has largely been beneficial for GPs; however, inequalities in availability of psychology services remain. These findings have implications for how psychology services are structured for common mental health problems.

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CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Rebecca Greenaway, Department of Psychology, Institute of Psychiatry, PO Box 78, 3rd Floor Addiction Sciences Building, 4 Windsor Walk, London SE5 8AF, UK. Tel: +44 (0)207 848 0224; fax: +44 (0)207 848 0860; email: Rebecca.greenaway@iop.kcl.ac.uk

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