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The Patient and the First Psychiatric Interview

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SUMMARY This paper presents work that formed the basis of a fourth-year project at Southampton University Medical School. Thirty patients were seen prior to their first psychiatric consultation and asked about their hopes, fears and expectations. Twenty-five were seen subsequently.

The study, which is largely descriptive, shows that many patients have unrealistic expectations about various aspects of the interview, and afterwards many are dissatisfied with its outcome. The paper discusses these findings and makes some tentative recommendations.

Introduction

This paper is based on a study by R.M. for a fourth-year project at Southampton University Medical School. The project forms the bulk of the course work during the fourth year of the medical curriculum, and gives the student some experience of research techniques. We decided to attempt to look at the hopes, fears and expectations of new psychiatric out-patients arriving for their first interview and then find out how things worked out in practice by seeing them afterwards.

Surprisingly little work has been done in this field. Burgess and Harrington (1964), Skuse (1975), and Humphrey (1968) all found a widespread lack of knowledge about a psychiatric clinic, many patients being told little or nothing about what to expect. A study of general practitioner referrals to psychiatrists by Johnson (1973) showed that only one-third expected a cure, 40 per cent expected some definite help, while 17 per cent did not expect a psychiatrist to be able to help at all.

We felt that a more comprehensive picture of patients' attitudes towards various aspects of the psychiatric interview was needed, and the study to be described had just this in mind.

Subjects and Methods

A short pilot study illuminated several problem areas. There were certain practical difficulties involved with sending out letters to new patients, finding a room available for interviews and carrying out home visits by public transport. The interview itself posed a delicate problem of how to combine a therapeutic role with the collection of data. The use of open-ended questions produced varied and interesting responses which were useful in designing the main questionnaire and while some people had difficulty in responding to non-specific questions about their feelings, others saw these questions as an invitation to use the research interview almost as the psychiatric consultation itself.

The results of the pilot study enabled us to design two questionnaires for the main study. The first dealt with details of referral, GP contact, hopes, expectations and fears concerning the first interview, and views on certain forms of psychiatric treatment. Naturally, we did not want to encroach on the psychiatrists' territory by inquiring about clinical details, but we did include a question asking patients how they saw the cause of their problem. The second questionnaire focused on various aspects of the psychiatric interview, whether it had gone as expected and whether patients felt that they had been adequately prepared for the consultation.

We decided to see all new patients living in the Southampton area whose appointments did not coincide with R.M.'s other commitments.

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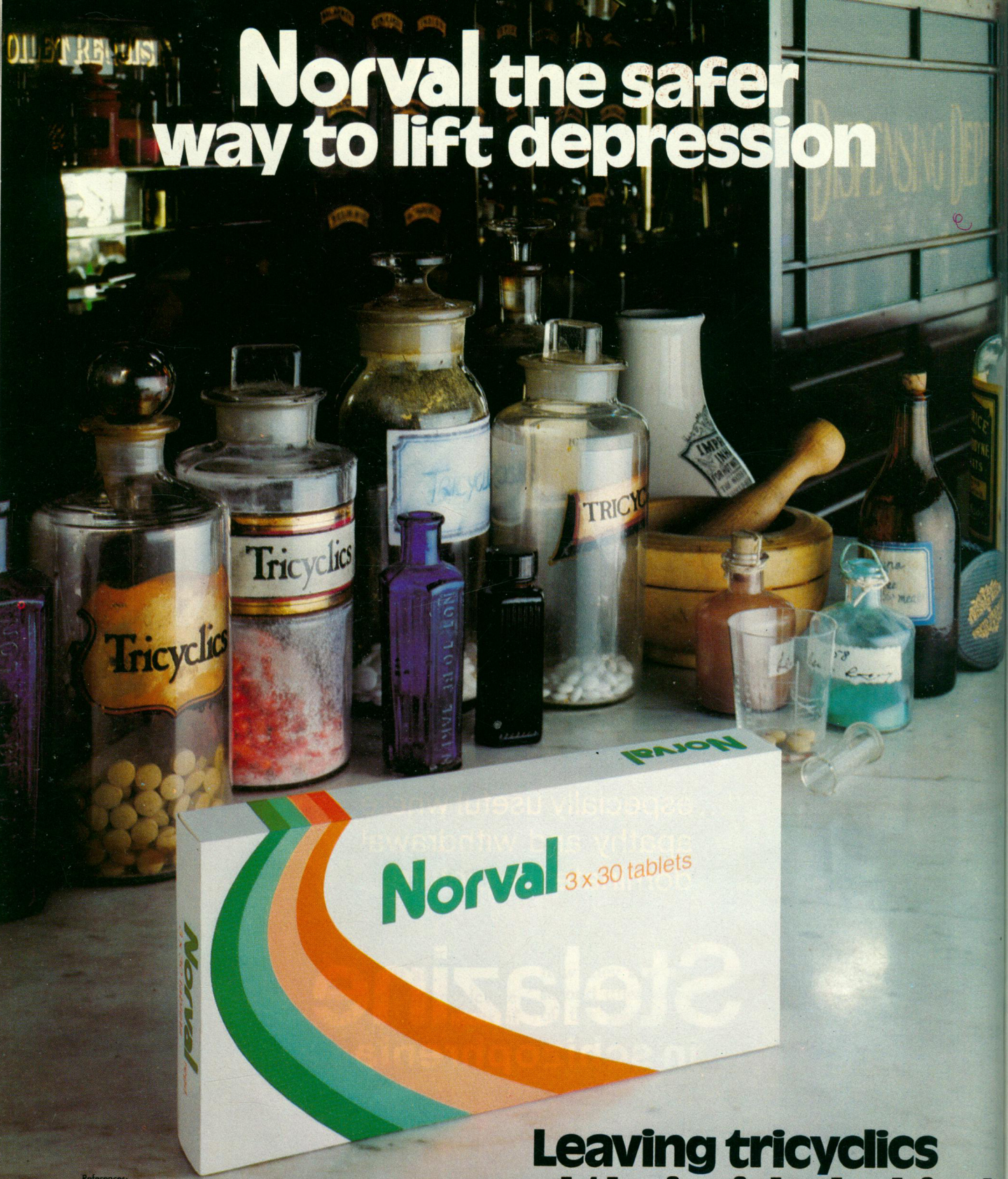

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Patients were asked to come half an hour early for their first appointment. During the interview R.M. arranged if possible, to visit them at home 3 to 7 days later. The interview was semi-structured and tried to facilitate the expression of fears and expectations rather than aiming to conform to a completely standardized procedure. Patients were reassured about confidentiality and were given an opportunity to ask questions at the end.

Thirty of 41 patients circulated (72 per cent) were interviewed before their first appointment with the psychiatrist. Twenty-five patients were seen afterwards, 22 of them at home and 2 at the out-patient department by request. One interview was carried out over the phone because the woman lived some distance away.

Results

Before the interview

Of the 30 people seen, 16 were men and 14 women, all between the ages of 16 and 60 years. Many patients had chronic problems, 20 (67 per cent) having been ill for more than one year and 8 (27 per cent) for more than five years.

The waiting time for appointments was not inconsiderable, 12 people having waited for one month or more and only one person having waited for less than two weeks. Seventeen people said that they felt better at the time of their visit than they had at the time of referral.

Only 5 people (16 per cent) saw their illness in strictly medical terms while 20 (67 per cent) thought it bore some relationship to their life experiences.

The referral and previous GP contact

Eight people suggested their own referral. The GP or another doctor referred the remainder. The word 'psychiatrist' had often not been mentioned at the time of referral, and three people still claimed not to know that they were about to see one.

Although reactions to the referral varied, passive acceptance was the typical response, e.g. 'I didn't mind 'cos the doctor thought it was a good idea', and 'Whatever the doctor says.'

GP contact often seemed disappointing, both in quantity and quality. Ten patients said that they did not find it easy to talk to their doctor, and 6 thought that he did not understand how they felt, e.g. 'He doesn't communicate, I don't know what his real opinion is. He wrote while I was talking to him, but I suppose he was listening.'

Of 26 people who had been prescribed medication for their problems 14 said it had not helped. Several people complained about their doctor wanting to give them tablets, e.g. 'I got the impression he wasn't interested, I wanted help rather than pills.'

Other contact: family/friends

Eighteen people said they had received help from sources other than their doctor, referring in 16 cases to the reassurance or sympathy received from family or friends, and in only two to another professional person.

The fear of stigmatization had made it difficult for several people to talk about their problems. One man, a Headmaster, had not told anybody about his visit to the psychiatrist, fearing compulsory retirement if his colleagues found out. Another three people spoke of their difficulty in having to admit to needing help.

The reactions of family and friends were usually positive, although one woman said a neighbour had told her to pull herself together or she would end up in a mental hospital. One man quoted his wife as saying 'I am pleased because you are potentially a dangerous psychopath.'

Views and expectations concerning treatment

People's expectations of help seemed mixed. Only 14 thought that the psychiatrist would be able to help them, and 6 of these had no idea how. Eighteen people expressed preferences about treatment, but only one wanted tablets, and 14 some form of 'talk therapy'. This ranged from analysis and group therapy to advice and 'someone to talk to'. Two people wanted hypnosis, and one man wanted a 'scheme to relax and help in controlling my attitudes'. Nine people (30 per cent) clearly hoped to gain insight into their problems, expressing this in various ways, e.g. 'I want the psychiatrist to help me to see things that I couldn't see by myself', and 'I want to understand why I feel this way so that I can do something about it.'

A further 13 people were uncertain whether the psychiatrist would be able to help them or not, but many of these added that they hoped he would. Only three people actually said that they thought the psychiatrist would not be able to help them.

Comments about certain treatments revealed many misconceptions and demonstrated the extent to which people's views of psychiatry are influenced by the media. Several people had read magazine articles or seen television programmes about hypnosis, group therapy and psychoanalysis which seemed to have introduced a rather distorted view of the nature of psychiatric treatments. One man, for example, expressed doubts about tablets based on what he knew of the use of drugs on Russian political prisoners. Another man felt that mental hospitals were no good after seeing the film *One Flew over the Cuckoo's Nest!*

Altogether, 17 expressed reservations about taking tablets, mentioning their fears of addiction or of merely covering the illness up. One woman said that she felt like a guinea pig, with the doctor changing drugs until he could find one to suit her.

Six people felt that hypnosis might make it easier for them to 'reveal themselves' to the psychiatrist by helping them to relax and bring back the past. Two people did not believe that hypnosis was possible, while others described it as weird and frightening.

Only one person considered having ECT. Fifteen others were worried about the effects of electrical shocks on the brain, and had seen others after shock treatment and been distressed by the short-term effects.

Attitudes towards mental hospitals were strikingly defensive, many people expressing great reservations about their value. One woman said 'I find them distasteful, I wouldn't even watch a programme about them on TV, they are sad and pathetic!' Others felt that 'people come out worse' and that 'they generate their own illnesses and problems'. One woman said, 'They are badly streamed, so the mildly ill never get better again.'

Only 8 people had heard of day care as a form of psychiatric treatment, and of these 6 felt that it was preferable to in-patient care.

Expectations of the Interview

Many people were apprehensive about their first interview. Thirteen patients thought that they would have to lie on a couch. Two people were worried at the prospect of talking about themselves without any guidance from the psychiatrist, while one man expected the psychiatrist to use a needle to put him to sleep and then 'look at my background'. Another saw the psychiatrist as looking for 'all the sad bits you usually keep to yourself'. Five people were worried about being asked personal questions, and one man said that he was worried that he would not be honest during the interview and would avoid the real problems. Many people expressed a general fear of the unknown.

However, five people said that they felt less worried about coming to see a psychiatrist than they would do about going to see a non-psychiatric medical specialist. Reasons such as 'there is a more relaxed atmosphere here' and 'at the General you never quite know what they might find wrong with you' were given.

After the interview

Patients' reactions

Thirteen patients (52 per cent) said that they had not found it helpful to talk to the psychiatrist and 6 felt that they had not been understood. Twenty mentioned specific aspects of the interview which they found upsetting, ranging from particularly difficult questions to complaints about interruptions or lack of privacy.

Widespread discontent was clearly indicated by the following individual accounts: 'I should have been told why I had these problems, rather than sitting answering questions and then being told to take tablets.' 'I wanted to know what was wrong with me—he just grinned.' 'When he told me I was unhappy but not suffering from psychiatric depression, I felt that I had come to the end of the road.' One woman said the psychiatrist had told her she would always be on tablets, while one man claimed he was told he was wasting the psychiatrist's time. A man who had previously expressed his fear of ECT was 'shattered' when this form of treatment was suggested for him.

Several people felt the psychiatrist was in a hurry or was not interested in them. One woman felt that the psychiatrist jumped to conclusions about her far too quickly, and another felt the psychiatrist was 'sweeping my problem under the carpet'. Surprisingly, despite all these comments only two patients openly admitted being dissatisfied.

Fortunately, there were positive sentiments expressed too. Eleven patients felt either reassured, stimulated to think about their problems or generally relieved that help was near to hand. In two cases the visit to the psychiatrist had helped by making members of the patient's family take his problems more seriously.

Attitudes to the psychiatrist

In the course of both questionnaires, responses to questions revealed a wide range of attitudes to the psychiatrist. For example, when asked if they expected the psychiatrist to be interested in their own views, replies varied from 'yes, that is what they get paid for', to 'no, he will have heard it all before'. While some thought they might disagree with something the psychiatrist said—'yes, if I do I will say so'—others felt it would be impertinent to disagree. Four people said that if they did disagree they would not say so. This distinction between those expecting to take an active role rather than remain in a passive one in their relationship with the psychiatrist is further demonstrated in people's expectations of treatment. Several patients specifically stated that they hoped to be helped to help themselves, whilst others had no idea what treatment they might be offered and assumed without question that treatment was entirely the domain of the psychiatrist.

Patients' recommendations

Several people made suggestions for changes to be made in the Out-patient Department. These included the introduction of a preliminary data-seeking interview to save the psychiatrists' time, and the possibility of a tension-reducing discussion with a nurse.

Over half of those seen after their interview thought they should have been told more about what to expect beforehand. All thought their GP should do this. Comments included 'I was worried for a month wondering what it would be like.' 'My GP could have told me not to worry, I was expecting nervous tests and electric shocks and all sorts of things.' 'The doctor should explain that you don't have to be a "nut case" when he sends you to see a psychiatrist.'

Eleven people said that their interview with R.M. made them feel more relaxed and helped them collect their thoughts together before they went in to see the psychiatrist.

Discussion and Conclusions

One of the most valuable aspects of this project for R.M. was visiting patients at home. Apart from the insights she gained, the patients themselves were clearly grateful that someone should have found the time to visit them at home, despite the support and reassurance that family and friends were in many cases already offering. Some people seemed to experience an extreme sense of isolation, no doubt heightened by the fact that society still stigmatizes mental illness and places tremendous demands on people to cope and not to admit to needing help.

At the same time, many people, especially those with chronic problems which had been treated with limited success by the GP, saw the psychiatrist as a last resort. Although many did not express it directly, it was a firm impression that they invested a great deal of faith in the psychiatrist's ability to help them. Possibly they need this faith to help overcome their shame at the stigma involved. We suggest that factors such as these lead many disenchanted people to deny their dissatisfaction.

There were some suggestions in our study that GPs over-prescribed psychotropic drugs. Most of the patients had been treated with tablets, and over half of them felt they had not benefited. Balint (1964) believed that the major factor causing GPs to prescribe as often as they did was their inability to obtain or offer psychotherapy to their patients. While his suggestions that psychiatrists should train GPs in psychotherapy to remedy this situation may be impracticable at the present time, it seems highly appropriate in view of comments made about the type of help that patients want.

This study has demonstrated how worried many people are about their visit to a psychia-

trist owing to their lack of knowledge about what to expect. Although it is fashionable to talk about the need for better communication, we believe that GPs need to be much more acquainted with the attitudes and practices of their local psychiatrists, so that they can inform and guide patients more usefully at the time of referral. Alternatively, an interview with a non-medical person could be introduced prior to the first psychiatric interview to give people the opportunity to discuss their fears and have any unrealistic expectations corrected. The fact that 11 people found their interview with R.M. of benefit supports this suggestion, though it might be more appropriate to introduce an interview nearer the date of referral. Skuse (1975) showed that such an interview conducted as a home visit significantly reduced the subsequent rate of non-attendance at the first interview.

We were struck by the diversity of hopes and expectations with which people embark on their first visit to the psychiatrist. Psychiatrists themselves also vary in their approaches, but most patients have neither the knowledge nor the means to choose whom they see. It seems clear to us, therefore, that unless the psychiatrist acknowledges his patient's hopes, fears and expectations, the outcome of the interview may well be unsatisfactory.

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