



General Practitioners and Family Support: Results of 2011 Survey

Where do parents go for support?

Family Lives' works to support 1 million families a year with family and parenting issues. We regularly survey our service users to help inform our service development and the external policy environment. A recurring theme in the surveys we have undertaken over the last few years shows that families are going to universal services, including GPs, with issues common parenting problems.

Family Lives is working with professionals, including GPs, as part the Instructions not Included project, a wider piece of work to increase the accessibility and take up of parenting support, to understand more about their experiences of identifying parenting problems and their confidence in dealing with these issues.

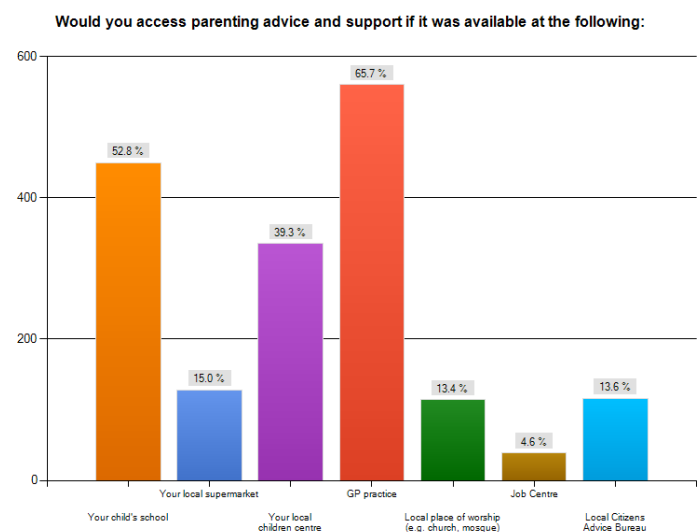
Results from Family Lives' surveys

In September 2011, Family Lives conducted a survey of website users who had experienced aggressive behaviour in their children. When we asked if they had sought help, 56% had, 55% of whom had sought help from their GP. GP was the most popular answer, alongside the child's school.

In the summer of 2011, Family Lives undertook a large survey of over 1000 parents asking a range of questions about modern parenting. 38.6% of respondents had sought help for a common parenting problem. Of those that had sought help 28% had done so from their GP (see Figure 2 overleaf).

Of those who had not sought support, 45% did not know where to find the support they needed. We asked all respondents if they would access parenting support if it was available in a list of settings. The majority of respondents (66%) would be most likely to access parenting advice and support from GP settings:

Figure 1

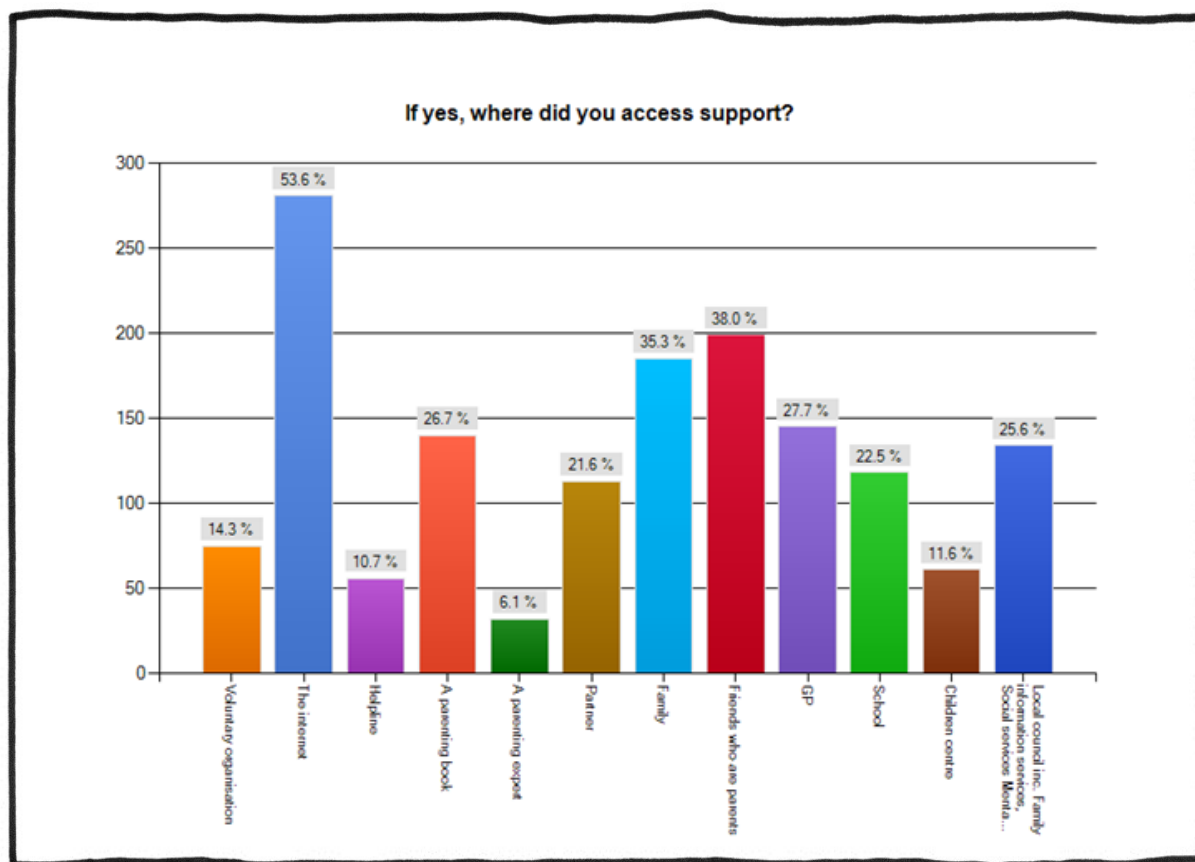


Whilst Figure 2 shows that most people who seek help for parenting problems do so from family and friends, the survey also showed a hunger for more reliable parenting information. 78% of respondents felt that there is too little reliable information about parenting.

Helen's Story: "Family Lives' helpline was recommended to me by my son's GP after he had been (long overdue) diagnosed with ADHD. I live down south as a single parent of four including two teenage boys at home after relocating from Scotland, so have no support - no friends around.

My eldest son was in the middle of dealing with dependency on a class A drug so in all, fairly stressful for me. My phone calls with Family Lives were a god send. I got to talk through my problems with someone had the skills to help ie with advice, someone to listen to you. I felt such a hopeless parent and my support worker made me realise that I was, in fact the opposite and her input gave me confidence in myself."

Figure 2



Survey of GPs

In October 2011, Family Lives commissioned Doctors.net to undertake an omnibus survey of 1001 regionally representative GPs in the UK to find out more about GPs’ experiences of patients’ family and parenting support needs.

Identifying Parenting Problems

Patient caseload with family and parenting problems

When we asked GPs how often they saw patients present at their surgery with family and parenting problems as the primary reason for the consultation, the majority (86%) reported that up to 10 patients per week presented with these issues. 78% of GPs reported that for up to 10 patients a week family and parenting issues were the primary reason for the visit. Only 4% of GPs reported seeing more than 20 patients per week where family and

parenting problems were the primary problem raised in the consultation. This figure was lower than expected and points to a disparity between the high numbers of parents and carers who state that they seek help for issues relating to family and parenting problems from GPs, and the number of GPs who are identifying the need the family and parenting element of their patients’ problems. This is further highlighted by the relatively small difference between the reporting by GPs of the number of parents they see for whom family and parenting is the primary reason for the visit, and the number for whom it is a factor raised in the consultation.

Only 1% of GPs did not think that there was a link between family and parenting problems and the onset of



* Instructions not included

mental health problems such as depression and anxiety in parents. It is clear therefore, from the 95% of GPs who thought that the link was very significant, significant and quite significant, that there is a recognition amongst GPs of the importance of identifying and supporting parents with common family and parenting problems.

Parenting problems GPs commonly identify

- GPs reported that the most common family and parenting issue patients sought support on was the drug and alcohol use of their child.
- Joint second were sleep problems and other. The most common response in “other” was toileting issues and bedwetting, but autism and behavior problems also featured in this category.
- Anxiety, depression and the emotional health of their child was the next most common parenting reason GPs identified patient’s visited them about.

- The eating habits and behaviours of young children was the second least common parenting problem patient’s visited their GP about
- Hyperactive or anti-social behaviour including aggression was the least common parenting problem GPs identified in their surgeries.

Appropriate Referrals to Parenting Support

Where do GPs refer family and parenting problems?

We asked GPs what type of support, advice or treatment they currently offer most frequently to patients with family and parenting needs. Figure 3 shows a breakdown of the methods GPs currently employ to treat patients who present with family and parenting problems

Figure 3

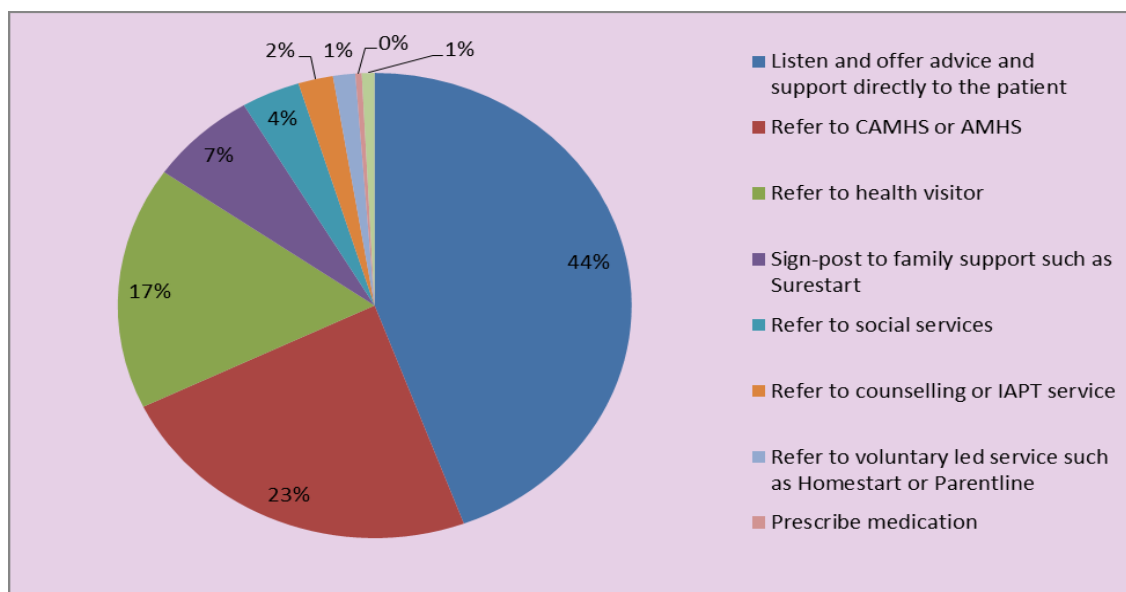


Figure 3 shows that the method of treatment GPs most commonly employ to treat patients who present with family and parenting problems is to listen and offer advice and support directly to the patient. Second most common is a referral to mental health services, followed by a referral to a health visitor. Referrals to social services, family support such as sure start and counseling and IAPT services were also popular. Just 30% of GPs

reported that they refer to voluntary organisations who deliver family support services, such as Home Start and Family Lives’ services. It may be the case that GPs are not referring to these types of services as they are not currently identifying early family and parenting problems for which less intensive and inexpensive interventions are most appropriate.

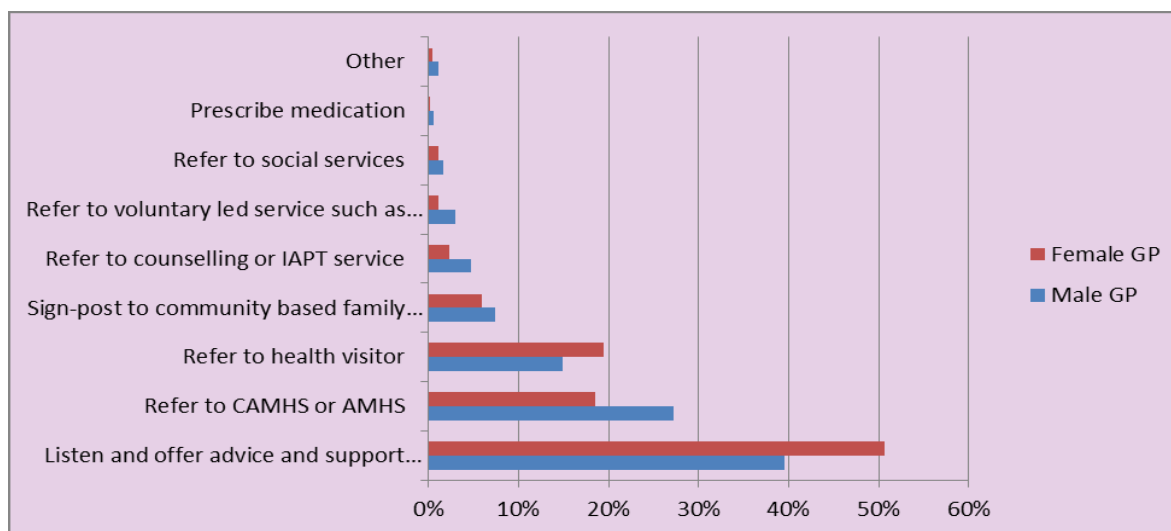


Recommendation

Working to increase GPs’ awareness of the prevalence of family and parenting problems that could be underlying the issues facing their patients will help GPs to identify these problems earlier. If an issue is identified earlier, and a patient is signposted to simple, low cost interventions, this may help prevent a problem from spiraling out of control requiring a more intensive costly intervention.

Figure 4 shows that Male GPs are more likely to report that the most frequent referral they make for family and parenting issues is to prescribe medication than female GPs. In both cases the percentage of GPs for whom this was the most common response was small. Female GPs were much more likely than male GPs to listen and offer advice themselves or refer to a health visitor or voluntary sector led service, whilst Male GPs were more likely to refer to mental health services and social services.

Figure 4



Provision of information

Only 40% of GPs reported that patients had access to information in their practice about locally available family and parenting support, with 31% reporting that they did not have such information available to patients, and a further 19% who did not know whether or not this information was available to patients at their practice. GPs working in rural areas were more likely to make this information available to patients (43%) compared to those in urban areas (38%)

small practices were less likely to be aware of the guidance (52% of single handed GPs unaware and 51% of GPs working in a practice of 2-3 GPs unaware) than those in larger practices (42% of those in practices with more than 6 GPs were unaware of the guidance).

Awareness of NICE Guidance - ADHD and parenting support

NICE guidelines recommend parenting education as the primary clinical intervention in patients who present with ADHD and childhood conduct disorders. We asked GPs if they were aware of this guidance, and a worrying 44% of GPs responded that they were not aware of this guidance, with a further 11% who didn’t know whether or not they were aware of this guidance. Those working in

The National Institute for Clinical Excellence (NICE) has recently reviewed the guidance and behavioural interventions including parenting support remain a critical part of the best practice response. In addition, the Government has recently detailed its plans to extend the Improving Access to Psychological Therapies (IAPT) programme to children and young people. As a result, the Department for Health issued a communique in December 2011 which encouraged GPs and others to revisit this guidance.

Recommendation

The Department for Health and NICE should give thought to how best to ensure that GPs, particularly those in smaller practices, are aware of the guidance



pointing to parenting education as the primary clinical intervention for children with ADHD and conduct disorders.

Conclusion

This report shows that for many families their GP may be the first port of call for family and parenting problems. However, the survey of GPs found that a relatively low number of GPs reported that family and parenting problems are raised as part of their consultations with patients. It also showed that many GPs - 44% - are not aware of NICE Guidelines which state that a parenting support intervention should be the primary clinical intervention when a child presents with ADHD. It is of great concern that many GPs may be missing opportunities to signpost families on for support early, when interventions may be more impactful.

Furthermore GPs are spending an awful lot of their own time trying to advise patients with family and parenting concerns rather than signposting them to more appropriate low cost interventions such as voluntary services.

Recommendation

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Next Steps

Family Lives is working with GPs to produce guidance to help GPs to identify hidden family and parenting problems and refer on to low-cost specialist support. For more information visit <http://familylives.org.uk/professionals/instructions-not-included>