

# *A Counselling Centre and a Psychiatric Out-patient Clinic*

## *A Comparison*

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This paper gives information about people attending a counselling centre and a psychiatric out-patient clinic in London. Data were collected in order to clarify the extent to which the counselling centre deals with people with significant psychiatric morbidity, rather than people with distress and life problems not amounting to illness; and also to define groups in society currently using the counselling services, by systematically recording socio-demographic information about them.

The services studied were the Westminster Pastoral Foundation (WPF) and the psychiatric out-patient clinic of Guy's Hospital, both in London.

### **The settings**

The WPF is a national registered charity, founded in 1969 and now based in Kensington. It provides an extensive counselling service for those with personal or family problems and a wide range of training courses in counselling; more than 500 clients attend the Foundation each week for counselling, which is provided by over 100 counsellors working both full and part-time. Approximately half the counsellors are trainees, the other half are staff counsellors, who have themselves received their training at the Foundation or at psychotherapy institutions elsewhere. All counsellors receive supervision for their work. Co-ordinators and administrative staff facilitate the provision of the counselling and training services.

The clients come from all over London and sometimes farther afield; many are referred by doctors, clergy, social workers and other agencies; others refer themselves by ringing up or writing for an appointment. Services provided include short and long-term individual counselling, family and marital counselling, and group work. The Foundation is not part of the National Health Service, and clients pay according to their means; everyone pays something but nobody is refused help because of a limited ability to pay. This policy is made possible by donations and grants, including one from the DHSS, which supplement earnings from client and training fees.

### *Guy's Hospital*

The Munro Clinic contains the psychiatric out-patient unit at Guy's Hospital. A number of out-patient activities occur at the Munro, most of which are run on a sessional basis by individual consultants and their teams. This study

included patients referred to Professorial Unit consultants (Professor J. P. Watson and Dr B. K. Rosen) who accept referrals from the hospital's local health district and also from a wider geographical area, usually for second opinion or consideration of specialised treatment. Most patients are referred from general practitioners, but some are from other physicians at Guy's or elsewhere, a few are referred by social workers or other agencies, and very few self-referrals are seen.

### **The Procedure**

#### *Westminster Pastoral Foundation*

Two hundred consecutive clients who made intake appointments at the WPF were studied. Twenty-five of these did not attend for the intake session. The remaining 175 were given questionnaires at the end of the session, to be completed in their own time, away from the WPF, and to be returned in the stamped addressed envelope provided. It was emphasised to clients that all information received would be confidential and that they were under no obligation to participate, their response in no way affecting the counselling outcome.

#### *Guy's Hospital*

At Guy's, new patients are usually registered by the receptionist and are then seen at once by a medical student. There is then a wait of approximately half an hour while the student presents the case to the consultant before the consultant interviews the patient. In this project, 100 consecutive new patients were included. Each patient was approached directly by the same member of the research team, a pre-college student. She explained the purpose of the study and gave the patient the three questionnaires to complete; this was usually between seeing student and consultant. Most patients who had not completed the questionnaires during this time stayed after seeing the consultant to do so. A few took the forms home to complete and return in a stamped addressed envelope.

### **Instruments**

Subjects completed these questionnaires:  
A. A *Personal Data Questionnaire* was devised for this project. This included 90 questions in 15 sections, namely age, sex, birthplace; history of father; history of mother; history

of sibling(s); parents' marital status; psychiatric illness in family; details of early life; religious beliefs; education; employment; marital status; children; accommodation; medical history; psychiatric history.

**B. Crown-Crisp Experiential Index (CCEI).** This instrument has 48 questions from which are derived six scales reflecting various aspects of neurotic morbidity: free floating anxiety (FFA); phobic anxiety (PHO); obsessiveness (OBS); somatic (SOM); depression (DEP); hysteria (HYS).

**C. The General Health Questionnaire (GHQ).** The 28-item version of this screening questionnaire was used in this study. In some reports using this method, a score of 5 or more is taken to represent psychiatric 'caseness'. Some have suggested that a score of 12 may give a more accurate estimate of serious psychiatric morbidity. Both criteria were used here.

For the WPF sample, the personal data questionnaire was completed by 76% of subjects, and CCEI and GHQ by 73%. For Guy's subjects, the three forms were completed respectively by 95%, 98% and 96%.

## Results

### 1. Demographic data (see Table I)

In both facilities, a relatively high proportion were divorced, separated or widowed. Educational level was higher in WPF clients, suggesting a more middle-class clientele, but a higher proportion of Guy's clients who were employed were in professional or student work. Religious

interest was also assessed; not surprisingly, it was greater in WPF clients, but there were many without active religious affiliation in both samples. At WPF, 26.6% reported attending a place of worship once a month or more often in the last year, and 28.2% had 'never' attended such a place; at Guy's the corresponding figures were 14.7% and 41.1%.

### 2. Psychiatric history

A substantial number of clients in both samples had recent or earlier contact with psychiatric services. Table II gives details.

TABLE II  
Psychiatric history

	WPF (%)	Guy's (%)
Psychiatric Hospital/Dept contact in past year	18	32.6
Psychotropic medication		
Currently receiving	16	28.4
Received in past	29	21
Never received	55	50.6
Previous psychiatric admissions		
Once	12.9	9.5
Twice or more	8.4	16.9
Never	78.7	73.6
Currently receiving or received psychotherapy	48.9	32.9

TABLE I  
Demographic data

	WPF (%)	Guy's (%)	(1981 Census) Greater London
Gender: Female	67	61	52
Male	33	39	48
Mean Age	36.6	35.2	
British Nationality	92.4	94.9	
Marital Status			
Married	28.6	33.7	46
Unmarried	50.4	46.9	44
Divorced/separated/ widowed	21	19.4	3 (divorced)
Educational level			
Secondary modern	22.2	41.2	
Comprehensive	14.5	31.2	
Public/grammar	63.3	27.6	
Employment			
Working/retired	72.1	61.1	66
Unemployed	27.9	38.9	34
Current Job (if working)			
Professional	48	61.9	
Skilled/housewife	35	26.1	
Semi-skilled	10	10.7	
Unskilled	7	1.3	

### 3. Psychiatric morbidity

CCEI results for the two samples, and for Crisp et al's normative outpatient sample, are in Table III. The results for WPF and Guy's subjects were very similar to one another, and to the normative sample, on all scales except that the Guy's patients scored (not statistically significantly) less on depression. On this measure, therefore, the WPF clients had similar degrees of neurotic distress to psychiatric out-patients.

TABLE III  
Psychiatric morbidity

	WPF n = 129		Guy's n = 98		Crisp et al (1978) n = 780	
	M	SD	M	SD	M	SD
Free floating anxiety	9.5	3.7	10.0	3.9	9.7	3.7
Phobic anxiety	5.2	2.9	5.9	3.5	5.5	3.6
Obsessiveness	7.7	3.5	7.8	3.4	8.5	3.5
Somatic	6.5	3.3	7.6	3.5	7.4	3.4
Depression	7.8	3.0	3.5	3.5	7.4	3.4
Hysteria	7.4	3.2	6.1	3.5	5.9	3.6

TABLE IV  
GHQ results

	WPF	Guy's
GHQ score 0-4	26 (19.8%)	25 (26%)
5+	105 (80.2%)	71 (74%)
GHQ score 0-11	72 (53.3%)	49 (51%)
12+	63 (46.7%)	47 (49%)

## GHQ results in Table IV.

On the 'softer' criterion of caseness (scoring 5+), approximately three quarters of both samples were likely to have diagnosable psychiatric disorder. Taking 12 or more as the caseness criterion, about half of both groups were 'cases'.

## Discussion

These figures suggest the presence of levels of psychiatric morbidity in the WPF clients which were both considerable and similar to those found in psychiatric out-patient clinic attenders. It seems likely that the counselling service was seeing people whose needs were not met by current NHS psychiatric facilities, for people whose needs are so met are unlikely to attend a non-NHS agency. We would argue that the NHS does have a responsibility to provide treatment for people with the levels of psychiatric morbidity found in our WPF samples, and that plans to improve the provision

of counselling in NHS settings should be made. The Westminster Pastoral Foundation has the experience and expertise to contribute significantly to these plans.

The people who in our study sought help from the WPF included more educated and actively religiously involved individuals than our clinic samples but the demographic characteristics of the groups are notable more for their overall similarities than for their minor differences. We infer that the approach of a counselling service like WPF is acceptable to the full range of people likely to attend many psychiatric out-patient clinics.

Needless to say, a description of characteristics of attenders at a counselling service and an out-patient clinic says nothing about the effectiveness of any treatment offered in either setting. However, unless a service is offered, and people at least able to be seen and considered for it, questions of effectiveness do not arise. In most NHS services, including those supposedly relatively well staffed, opportunities for seriously formulated programmes of counselling are available to very few patients. We propose that carefully planned studies of the impact of adding counselling services of the kind offered at WPF to the treatments available in out-patient clinics are urgently needed. The WPF is well placed to take part in such research.

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## New Publications

Laurence Ward, a development officer with the Black and Ethnic Minority Development Team at Mind South East, has compiled a *Directory of Black and Ethnic Community Mental Health Services: Voluntary Sector*. The publication gives details of the different kinds of projects in London, and an overview of the number and kind of services available in the community for mentally ill black people, and for people from ethnic minorities. Copies of the Directory are available from: Mind Mail Order Service, 4th Floor, 24-32 Stephenson Way, London NW1 2HD, price £3.25 including postage and packing. The Directory is also available on floppy disc as a smart database for £10.

Some months ago the Chairmen of the twelve District Health Authorities in inner London commissioned the King's Fund to prepare a report describing the current plans for inner London health services, as envisaged by the strategic plans of the four Thames Regional Health Authorities. The Report *Planned Health Services in London: Back to Back Planning* is available from Roy Carter, King's

Fund Centre, 126 Albert Street, London NW1 7NF, price £2.00.

*Getting Better All the Time?* (KF Project Paper No. 66) is a collection of workshop papers and reports from mental handicap professionals and researchers on achieving, maintaining and improving good quality community services for people with learning difficulties. The collection looks at practical issues and strategies for ensuring quality in residential services (including the private sector and services for people with 'challenging behaviour') in community support services and in planning and developing community mental handicap services generally. It is available from the Publication Sales Department, King's Fund Centre, 126 Albert Street, London NW1 7NF, price £3.00 including postage and packing (discount for bulk orders: 10-19 copies 10%, 20-39 copies 15%, 40 or more 20%). Cheques and postal orders should be made payable to King Edward's Hospital Fund for London.