

# **Psychiatric Group Supervision in Family Practice and Concomitant Focus Group Evaluation**

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The learning objectives for the presentation:

1. To present a model intended to increase competence in psychiatry in family practice in a scattered populated area.
2. To present reflections from the project about competence in psychiatry in general practice.
3. To reflect on the use of the focus group approach as an evaluation method for this project.

**INTRODUCTION**

Brief presentation with geographical description of the Hardanger in Norway.

The aim of this project was to try to develop and establish a model intended to increase competence and interest in psychiatry among family practitioners in this region. In 1992 funding from a governmental plan for stimulation of mental health services was used to establish a supervision group.

The group leader was a psychiatrist who had additional competence in group analysis working outside the region. Seven physicians met in the evenings for three hours each month over a period of two years from September 1992 to September 1994. The meetings took place at the health center of two of the participants and were led by the psychiatrist. The meetings were structured with a planned section at the beginning and a more open session at the end.

The conductor presented a planned theme in the first session followed by group discussion and some case presentation. Some of the themes we dealt with were: Depression, including the use of different antidepressants; psychosis and related problems; treatment with neuroleptics, anxiety, cognitive therapy, problems concerning family relations, psychiatric medical history, suicidology, projective identification, transference and countertransference, psychosomatic conditions, personality disorders and group processes. The use of rating scales was also presented (i.e., MADRS and Mini-scid).

**PRESENTATION OF THE FOCUS GROUP METHOD WHICH WAS USED AS EVALUATION METHOD IN THIS PROJECT:**

The focus group method is a qualitative research method based on group interviews. The participants are supposed to have something common regarding the questions to be explored. A structured discussion is supposed to deliver information about a circumscribed set of issues. Focus group approaches are well suited for collecting information about impressions, attitudes, experiences and beliefs of the participants. What is to be presented from the audiotaped material are relatively few main features and trends.

The focus group discussion is led by a moderator. It should also include an assistant whose function shall be to sit on the sideline, taking notes and controlling that the relevant matters are being dealt with. A family physician not belonging to this project participated in the focus group evaluation as moderator. I had the role as assistant. The issues to be discussed had been worked out in cooperation with the moderator. The discussion was tape-recorded. The meetings in June 1993 and September 1994 were defined as focus group meetings. The other meetings were with one exception conducted without evaluation activities.

### **HAD THIS PROJECT LED TO INCREASED COMPETENCE IN PSYCHIATRY AMONG FAMILY PRACTITIONERS? REFLECTION ON COMPETENCE IN PSYCHIATRY AND FAMILY PRACTICE**

The participants reported in the focus group session that the program had delivered a useful updating of psychiatric knowledge for the family physicians. Previous knowledge was activated and psychiatric problems were actualized and discussed.

When increased psychiatric competence was considered and discussed, the most emphasized issue was increased confidence. The participants pointed to the experience of increased ability to observe problems or symptoms as the potential of a psychiatric problem, for instance they felt they gained the ability to recognize early stage depressive patterns behind actual presented problems or symptoms.

One of the physicians described a part of the increased competence as refined common sense - which enabled them to help patients to arrange their lives in better ways.

Several of the group participants emphasized that competence in psychiatry is related to an ability to accept various emotional crisis reactions as they manifest themselves and explain to the patient that reactions like that are not expressions of disease, but rather normal. One of the participants expressed this by quoting a patient: "The most important thing you said to me last time was that I was not ill."

Finally, some participants reported on an increased awareness of the limits of their own competence which resulted in a more refined referral practice. This should also be considered as competence in psychiatry in family practice.

### **DISCUSSION ON THE EVALUATION METHOD USED IN THIS PROJECT**

An advantage with a focus group evaluation approach method like this is that it stimulates the mental readiness to reflect on the given topic. There are, however, only a limited amount of questions which can be illuminated during a brief group discussion. Important matters may be left out if relevant questions are not brought in to the focus group session. In order to promote an open discussion about the program, it is crucial to have another person than the project leader as the moderator.

The fact that the moderator has been together with me in presentation of the results probably has been a certain counterbalance against too much subjectivity. It was also very useful to have the tape recording as the basis for the presentation. It is my impression that it has been an advantage to make the evaluation as a group activity as it gave everybody the same experience

and a possibility to share reflection about something the participants had together. I do also think that a focus group session has a certain educational potential for the participant.

As a final comment I would like to say that this supervision project with the applied evaluation method has been successful and I would not hesitate to recommend other physicians in other regions to do the same.