Michael Shepherd, late Professor of Psychiatry at the Institute of Psychiatry in London, pioneered the epidemiologic study of psychiatric disorders among primary care patients. Psychiatric Illness and General Practice, published first in 1966 (1, 2), has become a classic. The extent to which general practitioners recognize and diagnose the psychiatric disorders they encounter, as well as the effectiveness with which they treat these disorders, is now agreed to be a central problem in the public provision of mental health services. How to strengthen the primary care physician in this role is the challenge we now face.

The earliest epidemiologic studies of mental disorder were conducted among institutional populations, where statistics were readily assembled. The data, however, suffered from severe distortions imposed by the many factors that control admission to the hospital. Shepherd recognized that conspicuous psychiatric illness at the level of primary care provided a “middle ground” for psychiatric epidemiology. By virtue of the National Health Service (as it was in the 1960s), the primary care population was representative of those who considered themselves to be ill, and the bulk of disease came within the orbit of the general practitioner. This resolved the vexing problem of case definition in population surveys, because a “case” was operationally defined as a person whose discomfort or dysfunction led him or her to consult a physician.

Shepherd and his colleagues studied a one-in-eight sample of patients attending 46 general practices in London during a period of 1 year. Of the 15,000 patients at risk, about 14% consulted their physicians at least once for a condition diagnosed as entirely or largely psychiatric in nature. More than half of these conditions had been present for a year or more; however, less than 5% of the patients (less than one per 20 patients) had received psychiatric care during the survey year. The findings made it abundantly clear that the overwhelming majority of people suffering from psychological ill health never make contact with psychiatrists or other specialized mental health workers but are seen, diagnosed, and treated, for better or for worse, within the primary health care services. What psychiatrists see in mental health clinics and hospitals is a skewed and unrepresentative sample of psychopathology in the general population.

His findings led Shepherd to a dictum that has become a mantra of psychiatry in public health:

Administrative and medical logic alike therefore suggest that the cardinal requirement for improvement of the mental health services . . . is not a large expansion and proliferation of psychiatric agencies, but rather a strengthening of the family doctor in his therapeutic role. (2, p. 176)

His proposition did not endear him to his psychiatric colleagues in the United Kingdom or the United States. Yet, a decade later, Darrell Regier and his co-workers at the National Institute of Mental Health verified that proposition by demonstrating that primary care is the “de facto mental health system” in the United States (3, 4). The relevance of Shepherd’s work to international health was affirmed by a 14-country World Health Organization study, Mental Illness in General Health Care (5), a book that Michael had the chance to see before his untimely death. His death has impoverished us all.

REFERENCES


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