



Understanding Psychiatrists' Perceptions Surrounding Psychiatric Genetics and Genetic Counseling Services

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Introduction

- ❖ One in four adults (approximately 61.5 million Americans) experiences mental illness in a given year.¹ Approximately one in 17 adults have a serious mental illness such as schizophrenia, bipolar disorder, or major depression.¹
- ❖ Mental illnesses are highly heritable.²
- ❖ Inaccurate beliefs surrounding the etiology of mental illnesses are common.³ Individuals with mental illness often feel alienated and stigmatized.
- ❖ Past research has shown that psychiatric genetic counseling (PGC) is beneficial for individuals with psychiatric illness.⁶
- ❖ A specialty PGC service was established in 2013 on a private-pay basis in San Francisco, CA, but the majority of local psychiatrists are not yet referring patients.
- ❖ Because psychiatrists are expected to be a major source of referrals for PGC services, it is essential to understand their values and attitudes to help facilitate increased utilization of PGC in the future.

Study Purpose

Use a qualitative, interview-based approach to explore San Francisco area psychiatrists' attitudes and perceptions regarding psychiatric genetics and PGC in order to inform the delivery of this service and the integration of genetic counseling into psychiatric healthcare.

We explored the following issues with study participants through the use of semi-structured telephone interviews:

- ❖ Perceptions of the purpose and content of PGC sessions
- ❖ Understanding of psychiatric genetics and experience with PGC
- ❖ Practical and conceptual facilitators and barriers to referring patients for PGC services
- ❖ Ways in which genetic counselors may become more integrated into the psychiatric healthcare community at large

Methods

- Participant recruitment was targeted to a small population of actively practicing psychiatrists in the San Francisco Bay Area (CA).
- Eligible psychiatrists included those who had previously received information about the local PGC service (run by Carmela Thompson, MS, LCGC), but who had yet to refer a patient for this service.
- With participant consent, each interview was audio-recorded, transcribed verbatim by a trained volunteer, and coded for thematic content using grounded theory analysis, which allowed for novel findings to emerge throughout the analysis process.⁴
- Compensation in the form of a \$10 Starbucks gift card was emailed to each participant after completion of the interview.
- Two members of the research team independently coded the first three interviews. After coding each interview, the coders compared results, discussed discrepancies, and came to a consensus in order to achieve intercoder agreement.

Results

Overall, 41 psychiatrists and psychiatric clinics were invited to participate and 10 agreed (n=10), for a recruitment rate of 25%. Interviews varied between approximately 25 and 60 minutes in length.

Table 1. Participant Demographics

Pp	Age	Sex	Yrs	Ethnicity	Practice type	Pts/mth	Payment	Avg pt SES
1	43	F	12	C	private	43	I	M
2	54	M	24	C	private	25	I	H
3	38	F	7	AfAm	private	100	I	L-H
4	47	M	9	SE-A	private	30	I	M
5	30	M	1	C	academic	50	I	M
6	41	M	8	C	clinic	200	M	L
7	80	M	50	C	private	30	I	M-H
8	51	F	18	C	private	250	I	M
9	38	M	6	C	private	60	I	H
10	36	M	8	C	private	40	I	M

Table 1 Legend. Pp: participant; Yrs: years practicing psychiatry (post-residency); Pts/mth: number of individual patients seen by clinician per month; Payment: most commonly utilized patient payment method (I: insurance; M: MediCal); Avg pt SES: average patient socioeconomic status

Themes and Significant Participant Remarks

1. General lack of knowledge and/or misinformation regarding psychiatric genetics and the perceived utility of PGC services

“My understanding of the services available is that they are few and far between. If you're talking about counseling services, the best that we have in the Bay Area is genetic counseling for family planning” (P#8)

“If they're a kid with depression under the age of 19, we know they've got a risk for bipolar [disorder], and genetics isn't really going to sway that either way. I talk to them about their family history but they've already got the biggest risk factor right there.” (P#1)

“If someone tended to completely describe their psychiatric condition as sort of shrugging their shoulders and saying ‘there's nothing I can do, it's just genetic,’ I might be disinclined to refer them to a genetic counselor that might reinforce that idea.” (P#2)

2. Genetic counselors can contribute significantly to the field of clinical psychiatry

“I feel like it would be very normalizing and educational. That would work with my insight-based approach and I think it would be trying to get at the same thing. Somebody having as much help as they need to understand themselves and whatever disorder they have better.” (P#4)

“I think [having] another member of the team [i.e., a genetic counselor] demonstrates that we're trying to approach this from multiple directions, through multiple levels and approaches of education; that it is a subject matter that really can use an expert.” (P#6)

3. Credibility: the need to establish connections with an academic center, institution, and/or specific psychiatrists

“My bias is you need to [be] tied to a psychiatrist—not to a social worker or a non-psychiatrist—if you're going to put psychiatry there you need to be tied to a psychiatrist in some way.” (P#1)

Discussion

These represent the first qualitative findings about psychiatrists' perceptions and beliefs about psychiatric genetic counseling services in the San Francisco Bay Area.

- ❖ Previous research has shown PGC can produce important positive outcomes for patients, and that people with psychiatric disorders, as well as their families, are interested in PGC. However, ensuring that PGC is made available to patients requires that relevant clinicians are aware of local services, have an accurate understanding of PGC, and see value in how genetic counselors can contribute to patient care. This study provides insight into how psychiatrists perceive and understand psychiatric genetics and PGC. This information can be used to inform genetic counselor approaches to establishing the relationships necessary for generating a referral base for PGC services.
- ❖ Genetic counselors interested in providing PGC services should consider becoming affiliated with an academic center or a larger clinic in which psychiatrists are employed in order to appropriately promote the credibility of PGC services. Along with being affiliated with an institution of some sort, multiple participants suggested that having a good reputation or personal relationship with a psychiatrist goes a long way.
- ❖ GCs need to become immersed in this area of genetic counseling before other health professionals take over and inadvertently promote fatalistic views of the underlying causes of psychiatric illnesses.
- ❖ According to this sample, genetic counselors who showcase the clinical utility of PGC by publishing data, being involved with patient outreach groups, and presenting at psychiatric conferences may have the best chances of establishing working relationships with psychiatrists.

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