

## Psychiatric Aspects of Clinical Practice among Non-Psychiatric Physicians in Tertiary Teaching Hospital

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### **Abstract**

**Objective:** This study was carried out to know the awareness of non-psychiatric clinicians working in teaching tertiary hospital regarding psychiatric problems in their practice and their reference to psychiatric consulting doctors.

**Methods:** The study population consists of clinicians available in the tertiary hospital. A structured questionnaire was designed for the study consisting of 9 questions. The clinicians were contacted to answer the questions.

**Results:** A total 48 non-psychiatric clinicians participated in the study, 50% of the clinicians felt that their patients have 10-20% have psychiatric disorder. Nearly 75% of the clinicians refer all the patients with psychiatric problems to a psychiatric consultant. 75% of the clinicians are of the opinion that psychological factors were the main cause for the psychiatric morbidity. Majority of the clinicians find psychotropic drugs were useful.

**Conclusion:** Majority of the clinicians underestimated the psychiatric problems and few clinicians figured biochemical changes as the important factor associated with psychiatric morbidity. Most of the clinicians were of the opinion that there is scope for improvement in undergraduate medical curriculum for Psychiatry in India.

**Keywords:** Psychiatry morbidity, tertiary teaching hospital, psychiatric referral, psychiatric education, psychotropic drugs.

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### **I. Introduction**

It is well known that about 15-50 % of population visiting various medical departments suffer from psychological disorders, which is often under diagnosed leading to high number of psychiatric morbidity in general hospital. <sup>1</sup> A study found that at the primary health care level, about 30% of the visiting general population will have mental illness and around one-third of the patient denied in consulting doctor for their illness. Study also noticed that out of patients with mental disorders referred for consultation, only half of them are recognised by physicians. <sup>2</sup> Even in tertiary level hospital also psychiatric consultation is sought for around 2% of admitted patients. <sup>3</sup> As India lacks a robust screening / referral system especially for psychiatric patients the awareness of non-psychiatric clinicians towards psychiatric conditions becomes crucial factor deciding referrals. The amount of awareness of psychiatric illness in patients and their morbidity is determined by the physician knowledge and their attitudes towards referring to consultant. <sup>4</sup>

WHO recommended one psychiatrist for 9000 of general population, but according to 2014 stats released by WHO <sup>11</sup>, 45% of the world's population living in a country where there was less than one psychiatrist to per 1 lakh people and 40% of countries have less than one hospital bed reserved for mental disorders per 10 000 people. In developing countries like India, where limited number of psychiatrist are available, patients with psychiatric illness are usually seen by primary visiting doctors only unlike in developed countries. During under-graduate level, there is minimal exposure for psychiatric conditions which may leads to misdiagnosis of psychiatric problems in medical /surgical patients.

WHO predicts that 1 in 4 people will be having mental illness. Depressive disorders are already the fourth leading cause of the global disease burden. WHO is expecting to rank second by 2020, behind ischaemic heart disease but ahead of all other diseases. The increasing number of mental disorders and the mental health burden will grow overtime unless adequate and immediate actions are taken.

To decrease the number of patients with mental illness, early diagnosis or consultant opinion is required. For future planning of decreasing the number of psychiatric morbidity in population help from other medical department is required. Degree of awareness, attitude towards psychiatry, knowledge about psychotropic drugs and patients referral and their opinion about utilizing psychiatrist to solve the mental problems in non-psychiatric physicians is assessed in this study. The present study also plans to assess the attitude of non-psychiatric physicians about basic psychiatric aspects

## II. Materials And Methods

The study was conducted in teaching tertiary hospital SS Institute of Medical Sciences and Research Centre, Davanagere. A set of questionnaire was prepared for the study consisting of 9 questions. Questions were regarding prevalence of psychiatric problems in clinical practice and reason for referral to psychiatry consultant for the patients' psychiatric problems, opinion about the psychotropic drugs and causative factor for psychiatric morbidity, question regarding the adequate training in the undergraduate level in psychiatry. Questionnaire in an envelope cover were personally given to all the doctors in the hospital.

## III. Results

All of the 48 clinicians who had been contacted answered the questionnaire. The specialities of doctors who participated in study were general medicine (12), general surgery (06), orthopaedics (06), dermatology (06), pulmonary medicine (06) emergency medicine (03), neurology (03) and ENT (06). Table 1 shows clinicians response to prevalence of psychiatric morbidity and important causative factors for the patient problems. Out of 48 doctors 18 (37.5%) feel that prevalence of psychiatric problems in their practice is 0-10% while 50% believed with figure 10-20%. Most of the doctors (75%) of the opinion that psychological factors have an important role in causation of the psychiatric problems, 12 of the 48 doctors contradicts that biochemical changes (12.5%) in brain and poor family supports (12.5%) are the important cause. Grossly 56% clinicians believed that their patient had anxiety and depression as their presenting complaints while 31% clinicians believed somatoform symptoms as their presenting complaints.

Table 2 shows clinicians response to the psychiatric problems. 75% of the doctors referred all the patients with psychiatric illness to the consultant while 12.5% referred only if the patient having behavioural symptoms and 12.5% if it is affecting the physical illness. 81% of the patients listens to the doctor after explanation when they are referred to psychiatrist, while other patients (6%) agrees to consult psychiatrist without hesitation and 12% reject the psychiatry consultation. Doctors opinion about enhancing medical education for undergraduate in the field of psychiatry is shown in Table 3. 100% doctors feel that they would have diagnosed most of the psychiatric problems if they had more exposure in the psychiatry.

Table 4 shows opinion about psychotropic drugs, 39 out of 48 doctors (81%) believes that these drugs are helpful in treating psychiatric problems while 6% feel that these drugs are addictive in nature and 12% believes that these medications are similar to other normal drugs.

**Table 1-** Prevalence, causative factors and common psychiatric disorder

% of patients with psychiatric problems in clinical practice	0-10%	37.5%
	10-20%	50%
	20-30%	6.25
	30-40%	6.25
Cause of psychiatric disorder	Psychological stress	75%
	Biochemical changes in brain	12.5%
	Patients fake their symptoms	00
	Poor family support	12.5%
Most common psychiatric disorder in clinical practice	Anxiety and depression	56%
	Substance use	12%
	Psychosis	00
	Somatoform disorder	31%

**Table 2-** Referral patterns and patients response on referral

Refer the patients with psychiatric problems to psychiatrist	All	75%
	Only if behavioural symptoms are present	12.5%
	Only if affecting physical illness	12.5%
	Only if you are irritated by the patient	00
Patients response on referral to psychiatrist	Agrees without hesitation	6.25%
	Agrees after explanation	81%
	Reluctant to accept	12.75%
	Refuses straight away	00

**Table 3-** Undergraduate exposure and opinion regarding increasing exposure

Minimal exposure in undergraduate level in psychiatry leads to underdiagnoses	Yes	100%
	No	00
Increasing exposure in undergraduate level helps in identifying psychiatric problems	Very useful	43.75%
	Useful	50%
	Minimal useful	6.25%
	Not useful	0

**Table 4**-Opinion about psychotropic drugs

About psychotropic drugs	Helpful	81%
	Addictive	6%
	Hepatotoxic /nephrotoxic	00
	Similar to other medications	12%

#### IV. Discussion

In present study non-psychiatric clinicians working in tertiary teaching hospital underestimated psychiatric morbidity in their patients. Study conducted by R.K.Chadda<sup>5</sup> prevalence of psychiatry conditions in the clinical practice <10% was 46.18% and 10-20% was 38.46% which is different from the results obtained from our study 0-10% prevalence is 37.5% and 10-20% is 50% . Underestimation of psychiatric morbidity by non-psychiatric clinicians remains point of concern in general hospital<sup>6</sup>. Undiagnosed psychiatric morbidity in primary health level and tertiary hospital is responsible for increasing the patient distress and illness and unnecessary investigations<sup>7</sup>. Underdiagnoses is an indirect result of inadequate training in psychiatry in undergraduate level in India<sup>8</sup> ,a need which was felt by most of the clinicians who took part in the study.100% doctors feel they were lagging behind in diagnosing psychiatric disorders due to inadequate exposure to psychiatry in their medical curriculum. When compared to studies done by R.K.Chadda<sup>5</sup> regarding opinion about usefulness in improving undergraduate teaching in psychiatry clinicians response was very useful(29.49%) and useful ( 57.69%) which is less than the results we got in our present work. In our present work 43.75% of doctors opinion very useful that improving helps in proper diagnosis where as 50% feels useful in diagnosing psychiatric problems .

Biochemical changes in the brain have been considered as one of the factors causing psychiatric disorders<sup>9</sup>, but only 12 % of the non- psychiatric clinicians believed in the present work that biochemical changes is responsible for the psychiatric morbidity. Psychological factors have an important role in the genesis and treatment of many physical illness especially psychosomatic disorders<sup>9</sup>. In our study 75% clinicians thought psychological factors is important in genesis of mental illness, while R.K.Chadda<sup>5</sup> in their study empathises the role of psychological factors in psychiatric illness. Psychological factors are important in recovery from illness mainly in chronic diseases, these factors will affect drug compliance and rehabilitative measures . A reassuring and empathic clinician who gives a sympathetic hearing to their patients will get better treatment outcome. To be empathic clinician they should be having knowledge and should be aware of the psychological factors involve in causing the illness. This further necessities the need for augmenting the training in psychiatry in undergraduate medical curriculum in India.

Stigma is point of concern when it comes to psychiatry. A large number (81%) of clinicians feel that their patient consulted psychiatrist after being explained in detail about the illness, this tells us the mood of the community towards psychiatric illness. About 82% clinicians fell that psychotropic drugs are helpful in tackling psychiatry problems

Considering the enormity of psychiatric problems in general clinical practice , there is definite need for improvement in our under graduate medical education in the field of psychiatry in India, since most of the medical colleges in our country offer only 15 days of psychiatry postings, which is grossly insufficient considering the recent increasing psychiatric problems in India <sup>8</sup>.In our present study also all the clinicians of the opinion that they would have been benefitted if their undergraduate training in psychiatry had been better. All the clinicians of the opinion that increasing the exposure to the psychiatry during under graduate level will help in better diagnosing of psychiatry conditions.

The present study raises the question of underestimation of psychiatric problems by non-psychiatric clinicians in their clinical practice and lack of awareness on their part to recognise the role of biochemical changes in brain and role of psychological factors in etiogenesis and management of various psychiatric illness .This necessitates the need to improve undergraduate curriculum in the psychiatry in India .There is also a need to increase public awareness about psychiatry disorders and to correct misconceptions related to psychiatry.

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	Pages	Figures	Tables	Words
Abstract	01	00	00	176
Text	11	00	04	2189

### References

- [1]. Strain, J J. &Taintor, Z (1989) Consultation liaison psychiatry. In Comprehensive Textbook of Psychiatry, Sthed (eds. H.I. Kaplan & B.J. Sadock). pp. 1272- 1279. Baltimore : Williams and Wilkins.
- [2]. Almeeri.S A M Knowledge and attitude of non-psychiatric physicians for management of mental disorders : august 2003.
- [3]. Freyne, A., Buckley, P., Larkin, C & Walsh, N (1992) Consultation liaison psychiatry within the general hospital : referral pattern and management. Irish Medical Journal, 85, 112 – 114
- [4]. Lloyd, G. G. (1993) Psychiatry in general medicine. In companion to Psychiatric Studies, 5th ed (eds. R. E. Kendell& A. K. Zealley) pp.779-792. Edinburgh : Churchill Livingstone.
- [5]. Chadda.R.K and Shome.S Psychiatric aspects of clinical practice in general hospitals: a survey of non-psychiatric clinicians; Indian J. Psychiat., 1996, 38 (2), 86-93.
- [6]. Sensky, T.. (1986) General Hospital Psychiatrist; Too many tasks and too few roles. British Journal of Psychiatry, 148,151-158
- [7]. Z J Lipowski Somatization: the concept and its clinical application:Am J Psychiatry. 1988 Nov;145(11):1358-68
- [8]. Bhaskaran, K. (1990) Editorial: Undergraduate training in psychiatry and behavioural sciences - the need to train the trainers. Indian Journal of Psychiatry, 32, 1 - 3.
- [9]. Bunny William E, Davis John M,MalherbeHansWeil , et al : Biochemical changes in psychotic depression: High Norepinephrine Levels in Psychotic Vs. Neurotic Depression ;*Arch Gen Psychiatry*. 1967;16(4):448-460.
- [10]. Kaplan H.I. & Sadock, B.J. Synopsis of Psychiatry : Behavioural Sciences, Clinical Psychiatry, 11th edpp
- [11]. [http://www.who.int/mental\\_health/en/](http://www.who.int/mental_health/en/)