

## PSYCHOLOGICAL CRISIS AND GENERAL PRACTITIONERS

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### SUMMARY

*A study was conducted to ascertain how often GPs encountered patients with psychological crisis and their means of tackling such cases. A questionnaire was administered to 47 GPs attending a training course on drug de-addiction orientation program. It was observed that failure in an examination (22.9%), break up of a love affair (16.8%) and the death of someone very close to the patient (14.9%) were among the common causes precipitating a crisis. Regarding the treatment techniques, reassurance, tranquilizers and referral to a psychiatric set-up were most commonly resorted to. 68.1% of the GPs were not at all satisfied with the treatment administered by them and 78.9% of them felt the need for further training in psychiatry. Implications of these findings are discussed.*

There have been a number of studies on the presence of psychiatric morbidity among patients attended to by general practitioners (GPs), either at their private clinics or at general hospital outpatient departments. Murthy et al (1981) observed the proportion of psychological morbidity among general patients to be between 10 and 36% in the clinic situation, and Murthy and Wing (1977) found this proportion to be around 27% in the OPD set-up; such figures may be as high as 50% (Bagadia et al, 1985; Sen, 1987). It has also been observed that many of these psychiatric cases presenting to GPs went undetected (Nikapota et al, 1981; Goldberg & Blackwell, 1970), while Blacker & Care (1987) referred to the particular difficulties of the GPs in detecting neurotic problems. Moreover, little is known about how GPs tackle such mental disorders (Yager & Wells, 1984).

Considering the paucity of psychiatric services available in this country (Neki, 1973), general practitioners form the most important group of physicians who deal with psychiatric problems. The available literature does not show any study from India where the management of a psychological crisis by a GP has been investigated. This topic is not only important from the patient's treatment point of view, but it also offers scope to assess and enhance the psychiatric awareness of the practicing doctors. Considering all these a study was planned to assess:

- the frequency with which a GP dealt with cases of psychological crisis.
- the common reasons for these crisis situations
- the method used by the GP in tackling the problem.
- the satisfaction obtained from the mode of treatment.
- whether the GPs felt a need for further training in psychiatry.

### MATERIALS & METHODS

For the purpose of the present study the following definition of crisis was used. According to Bancroft and Greenwood (1983), crisis occurs when people are faced with problems which are insurmountable by ordinary methods of coping. Abortive attempts to overcome the problems lead to a state of disorganization and distress, further undermining the individual's ability to cope. They further suggested that the important common problems leading to such a state include loss, change, interpersonal and conflict problems. Keeping these basic ideas in mind,

a questionnaire was prepared after discussing the issue with a number of psychiatrists as well as GPs to suit the present socio-economic and cultural conditions of this country.

This questionnaire was administered to the participants (GPs) undergoing a training program on drug dependence. There were altogether 50 participant doctors in two groups of 25 each. Three of them had previous training in psychiatry and were excluded, bringing the number of participants in the present study to 47. The questionnaire was administered individually; before administration a good rapport was established and issues such as the problems which a GP may face while tackling a psychiatric patient were discussed. It was also explained to them that the purpose of this questionnaire was to assess the areas where more emphasis would be necessary, in the organization of a psychiatry training program for GPs. After this discussion, each doctor participant was provided with a copy of the questionnaire and asked to recollect about patients with psychological crisis that they had encountered in the last one year.

### RESULTS

The total number of GPs included in this study was 47. Out of them 41 (87.2%) were male and 6 (12.8%) were female. Forty three (87.2%) GPs were below the age of 40. Most of them, 44 (93.6%) were practicing in an urban area for more than 3 years. Among the different types of psychological problems presenting with a crisis were: failure in an examination (22.9%), break up of a love affair (16.8%), death of someone very close to the patient (14.9%), severe loss in terms of money, property, job, etc. (13.2%), awareness of the development of an incurable

TABLE 1  
Various Management Techniques used by GPs

Types of Management Techniques	No. of Doctors used
1. Reassurance	39
2. Tranquilizers	14
3. Reassurance with Tranquilizers	40
4. Counselling	13
5. Psychotherapy	4
6. Crisis intervention technique	
7. Referred to General hosp. emergency dept	6
8. Referred to Psychiatry OPD / Psychiatrist	37

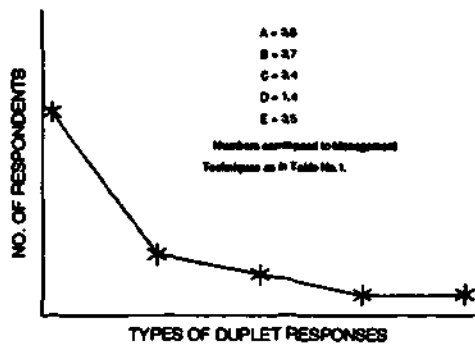


FIGURE 1

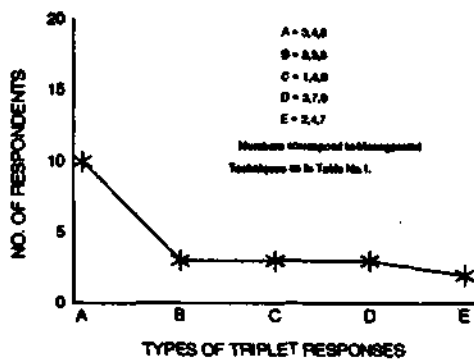


FIGURE 2

illness eg. cancer (11.8%), divorce or serious marital maladjustment (11.6%) and a serious accident to someone very close to the patient (8.9%).

Table 1 shows the various management techniques used by GPs. They often used more than one technique for a particular case. Either two or three responses (management techniques) were commonly chosen from the various techniques as described in Table 1. Details of these duplet and triplet responses are displayed in Figures 1 and 2, respectively. Out of the 47 GPs, 40 had used reassurance and tranquilizers and 37 had referred their patients to psychiatrists or psychiatric setups.

Thirty two (68.1%) GPs were not satisfied with the treatment they had administered; fourteen (29.8%) were satisfied to some extent and only one (2.1%) doctor was quite satisfied with the treatment administered by him. Forty six of the forty seven (97.9%) GPs felt the need for further training in psychiatry.

### DISCUSSION

Spiegel (1979) observed that a GP was more likely to find a family in the midst of a crisis, particularly when the family was undecided about choosing the method of coping. At that time, the family members were willing to

accept intervention. He further observed that a GP was in a unique position as he not only had access to the intimate details of the family's life but also enjoyed a respectable neutral position with regard to the members of the family. Hence, at the time of the crisis, he might be the only person available to the family without having any special alliance with any particular family member.

It has already been noted that GPs tend to miss neurotic problems (Blacker & Care, 1987); as the present paper specifically deals with patients with a psychological crisis, it is probably extremely difficult for a GP to overlook the psychogenic aspect of the illness. How a GP is likely to act in such circumstances may depend mainly on his psychiatric knowledge as well as his attitude towards psychiatric patients. The present study shows that the GPs were more in favor of using tranquilizers i.e., pharmacotherapy rather than psychological treatments like counselling, psychotherapy etc. This may be an area where more emphasis should be given in future training programs. However, 37 out of 47 GPs referred their patients to some psychiatric set-up. Hence it may be concluded that they were well aware of the psychological nature of the problem.

Gupta et al (1992) observed that the GPs had a positive attitude towards psychiatric illness but showed more social distance with mentally ill persons. Shamsundar et al (1983) had successfully trained GPs to deal with psychiatric problems. In the present study, 97.8% of the GPs had felt the need for psychiatric training. This positive attitude along with some training in certain basic psychiatric skills may help GPs considerably in providing services to psychiatric patients, particularly when there is a paucity of psychiatric services in this country.

Among the limitations of the present study are the small sample size; moreover, the GPs had to recollect facts from their memory about psychiatric patients they had treated. However, in spite of these limitations, this is a preliminary step in assessing the psychiatric orientation of GPs and to evaluate future strategies in organizing training programs for them.

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