

## KNOWLEDGE AND ATTITUDE ABOUT PSYCHIATRIC ILLNESS AMONG INTERNS

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### SUMMARY

58 subjects doing their compulsory rotating internship were evaluated on their knowledge and attitude to psychiatric illness using a multiple choice questionnaire, case history vignettes and an open ended attitude questionnaire. All of them had had a series of lectures and 4 weeks clinical posting 3 years prior to evaluation and weekly clinics for 3 months in the year before.

It is seen that they have an adequate knowledge of the theoretical aspects of psychiatry, including the ability to diagnose. Management skills are not however satisfactory. Psychiatry ranked fifth in the overall order of importance in terms of interest and future applicability, and only 4(6.9%) had heard of the National Mental Health Programme or its objectives.

The results are discussed

It would be unrealistic to try and solve the mental health problems in India with the services of the highly specialised workers. The role that general practitioners and doctors working in Primary Health Care can play is very significant, especially considering their proximity with the community. The National Mental Health Programme has also delineated a significant role for the medical doctor at the Primary Health Centre.

In India, there has been some attempts at training and evaluating the doctors at the Primary Health Centres and the doctors in General Practice (Issac et al., 1982; Gautam, 1985; Shamasundar et al., 1989a). The attitude and perception regarding mental illness has also been studied among medical students (Khandelwal and Workneh, 1986). However, little work has been done to evaluate the effectiveness of training provided to undergraduate in terms of factual knowledge and skills in diagnosing and managing common psychiatric conditions.

The institution where this study was conducted has a 4 week clinical posting for medical students in the 1st clinical

year. Their training consists of a series of lectures, working up cases individually for clinical teaching, and sitting with tutors in groups of 2 and 3 in the OPD to see how patients are managed. This is followed up by weekly clinical teaching for about 3 months in the final year. This compares favourably with the guidelines from the Indian Medical Council which stipulates a 2 week training in Psychiatry during the undergraduate curriculum.

### Materials and Methods

The subjects included all the interns undergoing compulsory rotating internship, who had their undergraduate training at the institution where the study was conducted.

The materials included :

(a) A Multiple Choice Questionnaire : This was derived from the 'Short term training in Mental Health for PHC Medical Officers Assessment Questionnaire (TAQ)' (Issac et al., 1982). For the purpose of the study, this was considered too long and abridged from 60 to 27 questions, and the answers were validated. Each

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question or stem is followed by 5 choices, with one or more correct or wrong answers for each stem. The questionnaire had evaluated areas like phenomenology, psychopharmacology, epilepsy, mental retardation, neurosis, organic psychosis, reactive and the functional psychoses.

(b) **Case Histories Vignettes:** 6 vignettes compiled by the ICMR for the training of general practitioners were taken (Shamasunder et al., 1989b). Of these, one was dropped because of lack of clarity. Another, on delirium, was added and validated. The subjects were evaluated for diagnostic accuracy and management details. The final 6 vignettes were on the following conditions: 1. Grandmal Epilepsy, 2. Hysterical Conversion, 3. Mania, 4. MDP Depression, 5. Schizophrenia, 6. Organic Brain Syndrome (delirium).

(c) **A semi-structured, open-ended questionnaire:** The questions expected the interns to make a global ranking of where psychiatry falls among various medical subjects in terms of interest and importance in future use; to find out the Interns' awareness about the National Mental Health Programme and also specific suggestions to make the undergraduate training in psychiatry more fruitful.

For the purpose of this study, validation of the above tools was done for all these by giving these to 5 psychiatric consultants working in the Department. Details of this exercise is available elsewhere and also with the authors (Kuruvilla, 1989).

## Results

Fifty eight of the sixty one interns doing their compulsory rotating internship could be contacted and included in the study.

Table-I shows the total and subject wise distribution of marks obtained in the

multiple choice questionnaire and the marks at the 25th, 50th & 90th percentile levels. The mean mark was 101 out of a total of 135. The 25th percentile was 93.0 marks and the 50th percentile was 103.0 marks, indicating a uniformly good performance. Also to be noted is that the mean score in each item was quite high and the 25th and 50th percentile close to each other. This trend continues for each of the sub-sections.

The marks obtained in the vignettes are shown in Table II. The performance in this section was poor with the mean of the total marks at 21.02 (35.03%) and the 25th and 50th percentile being 13 and 23 marks respectively. There was a scatter and performance was best for Epilepsy and worst for Delirium.

Table-III shows the diagnostic accuracy and the management details of the various psychiatric conditions in the vignettes. It shows that a good percentage of Interns could diagnose Grand-mal seizures, knew which drug to use and the duration of treatment, though the correct dosage was recalled only by 37.93% of them. Hysterical Conversion was diagnosed correct only by 57% of the Interns and only 48.28% knew that psychotherapy was the mode of treatment. MDP-Mania again was diagnosed correctly by 60% of the sample and the correct drug recalled by 56.9%, but the dosage and duration of treatment was recalled very poorly. Many Interns had written the duration of treatment for Acute Mania as "Life-Long". MDP-Depression and Schizophrenia were diagnosed correctly and the correct drug written by a sizable percentage. However, the dosage and duration of treatment were recalled poorly. Answers about Organic Brain Syndrome were the poorest—the diagnostic accuracy, drug of choice, accuracy in recalling the dosage and duration of treatment of Delirium were all poor.

TABLE 1—Marks obtained in the Training Assessment Questionnaire and its Sub-groups

(A) Showing Mean, Standard Deviation

(B) Percentile Scatter

Group	A (Marks)			B (Percentile)		
	Total	Mean	S. D.	25th	50th	90th
Whole questionnaire	135	101.0	11.88	93.0	103.0	118.0
Phenomenology	15	10.79	2.32	9.0	11.0	13.0
Psychopharmacology	15	9.62	2.41	8.0	10.0	13.0
Epilepsy	20	16.20	2.01	15.5	15.5	19.5
Mental retardation	15	12.22	1.74	11.0	12.0	14.0
Neurosis	25	19.95	3.10	17.5	19.5	23.5
Organic psychosis	10	6.45	2.30	6.0	7.0	9.0
Reactive psychosis	5	3.65	1.06	3.0	4.0	5.0
Mania	10	7.53	1.60	7.0	7.0	10.0
Schizophrenia	10	7.36	2.22	6.0	8.0	10.0

TABLE 2—Marks obtained in the Vignettes

(A) Showing Mean, Standard Deviation

(B) Percentile Scatter

Item	A (Marks)			B (Percentile)		
	Total marks	Mean	S. D.	25th	50th	90th
Vignettes Total	60	21.02	8.93	13	23	33
I Grandmal seizures	10	6.19	2.47	4	7	9
II Hysterical conversion	10	3.78	3.93	0	2	9
III Mania	10	3.02	2.18	1	3	6
IV MDP-Depression	10	3.26	1.94	2	3	7
V Schizophrenia	10	3.25	2.04	2	3	7
VI Organic Brain Syndrome	10	21.02	2.19	0	0	6

TABLE 3—Vignettes—Diagnosis & Treatment Details

Clinical condition	Diagnostic accuracy %	Accuracy in drug/Mode of treatment (%)	Accuracy in dosage	Accuracy in duration of treatment (%)
Grand-Mal seizures	90.4	86.2	37.93	77.59
Hysterical conversion	56.9	48.28	—	—
Mania	60.3	56.90	5.17	17.24
MDP-Depression	81.0	74.14	27.58	13.80
Schizophrenia	81.0	75.47	12.07	5.17
Organic Brain Syndrome	27.6	25.86	5.17	20.69

Attitudes : Psychiatry came 5th among subjects when rated in terms of interest, importance in future use; coming after Medicine, Paediatrics, Obstetrics & Gynaecology and Surgery. 34 out of 58 Interns wanted a brief in-service training as part of their Internship to make the training more fruitful. Only 4 out of the 58 Interns were aware of the National Mental Health Programme and its objectives.

### Discussion

One of the problems in conducting a study like this is the lack of adequate methods of evaluation. It is also speculative as to how far the performance on these tests correlates with clinical practice. The Training Assessment Questionnaires (TAQ) has not been used widely. Another drawback of the TAQ is that there is no standardized scoring key for it. Similar problems exist for the vignettes. For the purpose of this study, validation was done for all these using consultant psychiatrists, and expected answers worked out.

What is obvious from the results of the study is the dissociation between the theoretical knowledge and the practical aspects of management. Like the PHC doctors and GPs (Issac et al., 1982) the Interns in the study have correctly diagnosed and recalled the management details regarding epilepsy. Further, they have shown skills in diagnosing and recalling the correct drugs for conditions like Schizophrenia, MDP-Depression and to a lesser extent MDP-Mania. But the practical details regarding management are poorly answered. Also, their ability to recognise or manage acute delirium is very poor. Non-pharmacological intervention skills are obviously inadequate and may need to be emphasised on during studentship. Having more place for Psychiatry in the Final year exams, both theory and clinical, would to some extent

ensure that undergraduates keep in touch with the subject.

Another possible reason for the poor performance on management skills could be that relatively little attention is paid to the diagnosis and the practical aspects of management of common psychiatric conditions as and when they are met with in other clinical departments, especially in Medicine and Community Health. Our medical colleagues in these specialities possibly have a great role in the further training of medical students and interns, particularly in operationalising these skills.

In short, a three stage intervention may be considered : an adequate psychiatric training to the undergraduate medical student with an emphasis on the diagnosis and treatment of priority mental disorders; a brief training during Internship, preferably in liaison with other departments, emphasising management outside the psychiatric service. Finally an ongoing sensitising programme for our medical colleagues in other departments who may in turn then pass on skills to trainees under their care.

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