

# GENERAL PRACTITIONERS' ATTITUDE TOWARDS PSYCHIATRIC DISORDERS AND PSYCHIATRIC PATIENTS : A SURVEY OF JAIPUR CITY

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*A survey of 40 randomly selected general practitioners was carried out to find out their attitudes towards psychiatric disorders and psychiatric patients by administering a specially designed proforma which recorded sociodemographic characteristics as well as attitudes. Majority of GPs were of the opinion that psychiatric disorders are inherited, can occur in any normal person living under stress, are treatable. They had positive attitude towards psychiatric illness but showed more social distance with mentally ill-person. Results are discussed and their implications are highlighted.*

There is a wide gap between the mental health need of the community and the available psychiatric services in India (Neki, 1973). The psychiatric morbidity among the clients of general practitioners has been reported to be ranging between 10% to 36% (Murthy *et al.*, 1981) and 27% among clients of general hospital outpatients (Murthy and Wig, 1977). In a study of 200 GPs in Bangalore, Shamasunder (1978) reported that 65% GPs found psychiatric morbidity less than 10% in their practice while 24% reported a figure of less than 20%. This reflects the degree to which the GPs are aware about mental illness. Marks (1979) has reported that even in Western Countries a substantial group of psychiatric patients are undetected by the GPs in their clinics.

Serious mental disorder is often a source of fear and by many people its cause is thought to be supernatural. In some cases this leads to rejection of mentally ill persons and in others to a fatalistic attitude. Mental hospitals are seen as custodial institutions where frightening individuals are segregated rather than a place for cure and management. Such attitudes to mental disorders are common not only in general population but also among administrators, planners, politicians and even among health personnels. The GPs and family physicians form an important group whose attitude regarding mental ill-

ness, mentally ill and place of treatment would affect the attitudes of general public and specially of family members of the mentally ill.

In the National Mental Health Programme for India emphasis had been made on orientation of primary health care doctors in mental health and their involvement to achieve the targets of NMHP (NMHP, 1982).

Not much work has been done in India regarding the opinion and attitudes of physicians towards mental illness except a few studies (Princeton, 1954; Gautam, 1974, 1979, 1985; Shamasunder, 1983, 1986, 1989), we thought to undertake the present study with the object of finding out the attitude of the GPs towards (i) psychiatric disorders and (ii) psychiatric patients.

## MATERIAL AND METHODS

### SAMPLE

The sample consisted of 40 male/female general practitioners randomly selected from the 3 colonies of Jaipur city which represent densely populated area as well as comparatively posh colonies.

## METHOD OF STUDY

A list of GPs practicing in the 3 colonies, namely Adarsh Nagar, Janta Colony and Ramganj was prepared from directory of GPs, Jaipur branch of I.M.A. Further the names of GPs who were not members of I.M.A., were also added to the list by screening telephone directory and those GPs who did not fall in both the above categories were discovered by walking across the roads and streets of these three colonies. By this method a complete list of 63 GPs was made. Out of these GPs, 40 practitioners were randomly selected and survey was carried out.

Each of these 40 GPs was contacted either at home or clinic at his convenience and proper rapport was established. All the GPs

were given a specially designed proforma prepared by Gautam (1979) to record the socio-demographic characteristics, qualification, no. of years they have spent in private practice, any exposure to psychiatric training after graduation. All these GPs were administered "Attitude measurement scale for GPs" (Gautam, 1979) to find out their attitudes towards psychiatry and psychiatric patients.

## OBSERVATION AND RESULTS

(Presented in table 1 to 3)

## DISCUSSION

Table 1 shows that GPs included in this study had an age range from 25 to 60 years with a mean age of 35.25 years. Three fourth of them

**Table-1 : Sociodemographic characteristics of general practitioners (N = 40)**

| S.No. | Variables   |            |
|-------|---|------------|
| 1.    | <b>AGE</b>  |            |
|       | Less than 30 years  | 11 (27.5%) |
|       | 31-40 years   | 22 (55%)   |
|       | 41-50 years   | 2 (5%)     |
|       | 51 & above  | 5 (12.5%)  |
| 2.    | <b>SEX</b>  |            |
|       | Male  | 30 (75%)   |
|       | Female  | 10 (25%)   |
| 3.    | <b>YEARS SPENT IN PRIVATE PRACTICE</b>  |            |
|       | Less than 3 years   | 11 (27.5%) |
|       | 3-6 years   | 16 (40%)   |
|       | 7-10 years  | 6 (15%)    |
|       | More than 10 years  | 7 (17.5%)  |
| 4.    | No. of GPs who reported seeing Psychiatric patient in their practice                          | 36(90%)    |
| 5.    | Average percentage of psychiatric patients reported by GPs in their practice                  | (16.35%)   |
| 6.    | Percentage of referrals of psychiatric patients to psychiatrists/psychiatric hospitals by GPs | (77.5%)    |

**Table-2 : Attitude of general practitioners towards psychiatric disorders**

|  | Response  |           |
|--|-----------|-----------|
|  | Yes       | No        |
| <b>I. Etiology</b>   |           |           |
| Psychiatric disorders  |           |           |
| 1. are inherited genetically   | 32(80%)   | 8(20%)    |
| 2. are due to God's punishment for some sin or wrong doing           | 0         | 40(100%)  |
| 3. can occur in a normal person under stress                         | 36(90%)   | 4(10%)    |
| 4. can be caused by abnormal family or society                       | 35(87.5%) | 5(12.5%)  |
| 5. can be caused by poor living conditions                           | 21(52.5%) | 19(47.5%) |
| <b>II. Treatment</b>   |           |           |
| Psychiatric disorders  |           |           |
| 1. are untreatable   | 3(7.5%)   | 37(92.5%) |
| 2. are serious illness   | 26(65%)   | 14(35%)   |
| 3. can be treated by spiritual or traditional faith-healers          | 7(17.5%)  | 33(82.5%) |
| 4. can be improved if patient is left alone & nothing is done to him | 1(2.5%)   | 39(97.5%) |

**Table-3 : General practitioner's attitude towards psychiatric patients**

| S.No. | Question asked   | Response  |           |
|-------|--|-----------|-----------|
|       |  | Yes       | No        |
| 1.    | 1. Do people around mentally ill tend to become odd or strange themselves                                      | 16(40%)   | 24(60%)   |
| 2.    | 2. Would you employ an educated young person recovered from a mental illness as your secretary if a need comes | 22(55%)   | 18(45%)   |
| 3.    | 3. Do you get irritated to see a patient with vague somatic complaints again & again                           | 13(32.5%) | 27(67.5%) |
| 4.    | 4. Is mental illness an illness at all   | 34(85%)   | 6(15%)    |
| 5.    | 5. Would you be against your close relatives marrying a person fully recovered from a mental illness           | 22(55%)   | 18(45%)   |
| 6.    | 6. Would you like to discuss the mental illness of your close relatives with your friends                      | 24(60%)   | 16(40%)   |

were male and had been practicing for an average 5.45 years. 90% of the GPs admitted seeing psychiatric patients in their practice, which is consistent with the findings of various general practice surveys done in America where the rates of individuals practitioners denying to see a psychiatric patients range between 0 to 44%

(Locke *et al.*, 1967). The finding is also in accordance with Gautam (1979) where such response was found in 98.3% of GPs. In the present study 4 GPs reported that they did not come across any psychiatric case in their practice,, which shows their complete ignorance about mental health problems. An average of 16.35% of the

patients attending the GPs clinic have been reported to be suffering from psychiatric illness. In other studies done in India, the psychiatric morbidity among clients of GPs ranged from about 10% (Gautam, 1986) to 36% (Murthy *et al.*, 1981). Regarding referral 77.5% GPs reported they refer the psychiatric cases to psychiatrist or psychiatric hospital. However, the remaining 22.5% might have not referred either because of their inability to recognise a psychiatric case or due to their negative attitude towards psychiatry.

While studying the attitude of the GPs towards etiology of psychiatric disorders, it was found that 80% believed in partial or complete inheritance of psychiatric diseases, 90% accepted role of abnormal family or society in the causation of mental illness and 52.5% of GPs attributed the psychiatric illness to poor living conditions. No one believed that mental illness might be due to God's punishment for some sin or wrong doing. About treatment, 7.5% GPs believed that mental illness were untreatable. Majority (65%) of doctors thought mental illness as a serious illness and 17.5% showed faith in spiritual or traditional faith healers for the treatment of mental illness. Only 2.5% believed in the spontaneous cure of mental illness. Our results confirm the findings of Verghese and Beig (1974) who reported that majority of people have positive attitudes towards mental disease.

While tapping the attitudes of General practitioners towards mental patients, it was found that a little less than half (40%) believed in the fact that people around mentally ill tend to become odd or strange themselves. 55% doctors were quite sympathetic towards rehabilitating the mentally ill persons by giving them a job. Majority (85%) of practitioners recognised mental illness as a disease entity and most of them (67.5%) denied any irritation in seeing a psychiatric patient with vague somatic complaints coming to them frequently. 40% of the GPs refrained from discussing the mental ill-

ness of a close relative or friend with other persons probably because of the social stigma attached to mental disorders. Regarding matrimonial, about half (45%) of the practitioners were against having marital alliance of their family members with the household of a mental patients or patients himself. This can be explained on the basis of the knowledge of GPs about inheritance of mental illness and also the direct experience of handling the mental patients, in which they might have found it very difficult to establish rapport with them or to treat them. This confirms the finding of Murthy and Wig (1977) who reported the frequency of marriage related problem in schizophrenia to be 10 times more than that for the comparable general population. Apart from this, 45% of practitioners were against employing a fully-recovered mentally ill person with them.

In earlier days concept of mental illness was limited to major psychotic disorders. In recent years with the increasing awareness and changing curriculum of undergraduate psychiatry, the concept of mental illness is changing. Mostly when one talks of attitudes towards mentally ill usually attitudes towards psychotic patients are expressed. In the present study, there have been attempts to tap attitudes of doctors' towards neurotic-hypochondrical patients also and the attitude of doctors towards all categories of mental illness have been measured. Therefore the word mental illness in present study implies to all categories of mental illness. However, the authors feel that attitudes towards psychotic and neurotic patients may be different and the global concept of mental illness for attitudinal study may have its own limitations. It may be suggested that the attitudes towards different categories of mental illness may be separately studied.

In the present study attitudes of general practitioners towards various aspects of psychiatric disease and psychiatric patients were found to be positive. There appeared a tendency of social distance with mentally ill person.

Social distance toward mentally ill may be attributed to their knowledge regarding genetics, role of family in genesis of illness, which is evident in the attitudes towards mental illness (table-2). Secondly positive or negative attitudes depend upon how various aspects of mental illness have been perceived by the general practitioners in his sphere of life as well as upon his previous training and knowledge of psychiatry gained during medical training. It has been reported earlier (Gautam, 1979) that attitudes are influenced by training of doctors and knowledge of general practitioners about mental disorders does change their attitudes towards psychiatric illness positively. Attitude towards the patients in the present study were found to be negative in a large number of general practitioners, 60% having social distance, 45% being negative towards their employment, 40% feeling that people around mentally ill tend to become odd or strange themselves (table-3). These findings indicate that in order to have healthy attitudes of physicians there is a need to revise our training programmes and include training in behavioural science in order to equip the physician to deal with 'patients' as a whole and not the 'disease'.

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