

PSYCHIATRIC MORBIDITY AND REFERRAL IN GENERAL PRACTICE— A SURVEY OF GENERAL PRACTITIONERS IN BANGALORE CITY¹

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SUMMARY

60 General practitioners having M. B., B. S. qualification from all age group practicing in Bangalore city's centrally located locality were personally visited and a specially designed proforma was administered to find out whether they come across Psychiatric patients in their general practice, if yes what percentage of their practice? Whether they referred any cases for Psychiatric consultation, what factors determined their decision to refer a case to the psychiatrist.

9% General practitioners reportedly were seeing Psychiatric cases, on an average 10% of total patients seen by GP's were suffering from Psychiatric illness. 85% GP's had referred cases for Psychiatric consultation and factors which determined GP's decision to refer a case were: Request from patient to see a Specialist, patient was excited and unmanageable, pressure from relatives of patients serious impairment of patients' working capacity, patient finds it more acceptable to be told by a Specialist that he has nervous trouble, lack of emotional support from family of patient. Less commonly given reasons included inability to diagnose a case, for confirmation of diagnosis and treatment, for detailed examination and investigation, for better management, resistant cases and lack of time to deal with Psychiatric problems. These findings have been discussed and their implications in planning further services have been highlighted.

Lin (1970) has observed that "Psychiatry in the Universities of most developing countries is given the lowest priority while it is in these countries in particular that a general practitioner has to shoulder much of mental health responsibility, there being so few psychiatrists".

Gautam (1976) in a comprehensive study of patients presenting with somatic complaints in Psychiatry OPD found that 47% of such patients had sought help from Non-Psychiatric medical services before Psychiatric consultation. The diagnostic break-up of patients presenting with somatic complaints showed that a major percentage of this group of patients was neurotic (88%), 7% were Psychotic and 5% had organic diseases associated with Psychiatric symptoms (Gautam and Kapur, 1977). Carstairs and Kapur (1976) in the Kota study found that 59% of men and precisely same percentage of women belonging

to symptom group had consulted one or more agencies since the onset of symptoms. Further that those with somatic symptoms of psychogenic origin were more likely to consult general practitioner.

Most of the studies conceiving prevalence of psychiatric disorders in general practice have been mainly conducted in the west. For example, Peterson *et al.* (1956) studied 91 general practitioners for a period of 1 week and found a psychiatric morbidity of 3 to 5.3%, Locke *et al.* (1967) studied patients of 79 non psychiatric physicians for a period of one week and found a psychiatric morbidity of 7% in all age groups and 9% in age 15 years and above. Finn and Huston (1966) studied practices of 291 non psychiatric physicians for several months and found psychiatric morbidity rate of 18.5% in all age groups. And, finally Locke *et al.* (1966) surveyed non psychiatric group practices of physicians

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over a period of 3½ months and reported 14.6% patients suffering from psychiatric illness. In India, however, the literature on the subject is scanty. There are studies where prevalence of mental disorders in patients attending rural health clinic (Wig *et al.* 1979) and general hospital out patient services (Naik, 1979) has been reported to be 28.6% and 32.5% respectively. The present study is therefore an attempt in the above direction.

Aim of the study was to find out :

- (a) whether general practitioners come across psychiatric patients in their general practice. If so what percentage of their practice.
- (b) Whether general practitioners refer any case for psychiatric consultation.
- (c) What factors determine the GP's decision to refer a case to the psychiatrist.

MATERIAL AND METHOD

To fulfil these aims it was decided to do a survey of general practitioners. For this purpose a centrally located part of Bangalore city was chosen and a list of general practitioners practicing in the city was obtained from local branch of Indian Medical Association. The names of some general practitioners practicing in this area were not included in this list. A team of investigators walked around the main roads and cross roads and included those general practitioners in the list, whose names were not there. 60 general practitioner having M.B., B.S. qualification and practicing in one geographical area which included thickly populated urban population, were personally visited after fixing up a prior appointment.

RESULTS

The questionnaire administered to the GP's enquired the GP's name, age, sex, qualification, any experience before starting

private practice, years spent in private practice, whether the GP had any formal teaching or training in psychiatry whether he came across any psychiatric case in his general practice and what percentage of his practice was formed of psychiatric cases, whether he referred any case to a psychiatrist in the last one year, if so what factors determined his decision to refer a case to the psychiatrist.

A specially designed proforma was filled up by all the general practitioners.

Characteristics of the sample, are given in Table 1.

TABLE 1—*Characteristics of the sample*
(N=60)

	N	%
<i>Age (in years)—</i>		
Upto 30	16	26.7
31—40	14	23.3
41—50	13	21.7
51 and above	17	28.3
<i>Sex—</i>		
Male	48	80.0
Female	12	20.0
<i>Years in private practice*</i>		
<3	10	16.7
3—6	15	25.0
6—10	9	15.0
above 10	26	43.3
<i>Duration for which GP's had any formal teaching/training in psychiatry.</i>		
Nil	22	36.7
<1 month	21	35.0
1 month	11	18.3
more than 1 month	6	10.0

*All GP's possessed MBBS qualifications.

DISCUSSION

Results of this survey indicate that there is a considerable number of general practitioners—who have not been exposed to any psychiatric teaching or training during their M.B., B.S. course (71.7%), or if they have been it is not sufficient to enable them to handle their patients. Still

98% of general practitioners recognised psychiatric patients (Table-II) in their clinics. 10% of their patients reportedly were suffering from psychiatric ailments. This percentage is a recollection from memory, rather than records, which are more often not kept. Still it is comparable to figures quoted by some western studies (Peterson *et al.* 1956, Locke *et al.* 1967, Fink *et al.* 1969). Analysis of factors which determined the general practitioners' decision

TABLE 2—59 out of 60 GP's (98%) replied that they come across psychiatric patients in their general practice

Percentage of Psychiatric Patients in Total Practice as reported by GP's :	
Mean Percentage	.. 9.90 (10%)
Range	.. 0.25 to 40%
Standard Deviation	.. $\pm 10.64\%$
Standard Error	.. 0.41

TABLE 3—Analysis of Referrals : 51 out of 60 GP's (85%) reportedly had referred cases for psychiatric consultation. Factors which determined GP's decision to refer a case to Psychiatrist

Factor	No. of GP's
1. Request from the patient to see a Specialist ..	22
2. Patient was excited and unmanageable ..	21
3. Pressure from the relatives or patient ..	2
4. Serious impairment of patient's working capacity ..	19
5. Patient finds it more acceptable to be told by a specialist that he has nervous trouble ..	16
6. Lack of emotional support from the family of patient ..	12
7. Other reasons ..	11
—to confirm diagnosis and treatment ..	4
—for detailed examination and investigation ..	2
—resistant cases ..	2
—time does not permit to give Psychiatric counselling ..	1
—for better management ..	1
—when not possible to diagnose a case ..	1

to refer a case to a psychiatrist (Table-III) also indicates that the general practitioners find it difficult to deal with this significant percentage of their patient population, only 12 general practitioners (20%) recognised lack of emotional support with the family of the patient as a reason for referral, while rest of the reasons mainly reveal practitioners' inability to handle the case. Therefore it may be concluded that there is a need for psychiatric training of the present general practitioners and an improvement in psychiatric teaching of undergraduate medical students—the future general practitioners.

REFERENCES

- CARSTAIRS, G. M. AND KAPUR R. L. (1976). 'The Great Universe of Kota'. London. The Hogarth press.
- FINN, R. AND HUSTON, P. E. (1966). Emotional and mental symptoms in private medical practice. *J. Iowa Med. Soc.*, 56, 138.
- GAUTAM, S. (1976). A comprehensive study of patients presenting with somatic symptoms. Dissertation submitted in part fulfilment of Diploma in Psychological Medicine Examination of Bangalore University December, 1976.
- GAUTAM, S. AND KAPUR R. L. (1977). Psychiatric patients with somatic complaints. *Indian J. Psychiat.*, 19(4)75.
- LIN, T. Y. (1970). Demands for Psychiatrists Discussion in the training of Psychiatrists (Eds.). Rusal, GFM and Welton, H. J. *Brit. J. Psychiat.*, Spl. Publ. No. 5.
- LOCKE, B. Z., KRANTY S. AND KRMER, M. (1966). Psychiatric need and demand in a prepaid practice programme. *Amer. J. Public Health*, 56, 895.
- LOCKE, B. Z. FINUCANE D. L. AND HASSLER, P. (1967). Emotionally disturbed patients under care of private non-psychiatric physician. *Psychiatric research report*. 22. American Psychiatric association April, 1967. Washington D.C.
- NAIK, USHA (1979). A Study of depressive disorders in a general hospital out patients service. Presented at National Seminar on depressive illness held at Madurai, March, 1979.
- PETERSON, C. L. ANDREWS L. P., SPAIN R. S., AND GREENBERG B. G. (1956). An analytical study of north Carolina General practice 1953-54. *Journal of Medical Education*, 31, 1.
- WIG, N. N. (1979). Depressive illness in North India. A review of studies done at Post graduate Institute of Medical Education and Research, Chandigarh. Presented at National Seminar on depressive illness held at Madurai, March, 1979.