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PSYCHIATRIC ASPECTS OF CLINICAL PRACTIVE IN GENERAL HOSPITALS: A SURVEY OF NON-PSY CHIATRIC CLINICIANS

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ABSTRACT

The present work was carried out to study the awareness of non-psychiatric clinicians working in a teaching general hospital about the frequency of psychiatric morbidity in their clinical practice, their utilization of psychiatric consultation services, and opinion about utility of liaison psychiatry in general hospitals. A substantial proportion of doctors underestimated the psychiatric morbidity especially about unexplained physical symptoms and specific depressive symptoms in their patients. Psychiatric consultation services were not sufficiently utilised by a large number of clinicians. Most of them felt the need to improve upon undergraduate medical education in psychiatry in India as well as a desire to have consultation - liaison psychiatric units in India.

Key words: Psychiatric morbidity, general hospital, consulltation-liaison psychiatry, psychiatric referral, psychiatric education.

INTRODUCTION

It is now well established that around 15-50% of patients attending various medical care settings suffer from psychological disturbances which often remain unrecognized leading to unnecessary hardship on the part of patients (Strain & Taintor, 1989). Despite such a high figure of psychiatric morbidity in medical-surgical settings in general hospitals, only a small percentage of patients are referred to psychiatrists. Even in teaching hospitals, psychiatric consultation is sought in approximately 2% of the admitted patients (Freyne et al, 1985; Malhotra, 1984; Sensky, 1986, Strain & Taintor 1989). Degree of awareness of clinicians about psychiatric morbidity in their patients and their attitudes towards psychiatry are of significant importance in deciding whether a particular patient needs a psychiatric consultation or not (Lloyd, 1993; Mayou & Smith, 1986).

In India though many general hospital psychiatry units are functioning for nearly 40 years, because of the limited number of psychiatrists, patients with psychiatric problems in medical/ surgical practice are more likely to be seen by their primary clinicians, compared with that in Western countries (Malhotra, 1984; Wig, 1978). An inadequate training in psychiatry at undergraduate level is responsible for quite a number of missed diagnoses of psychiatric problems in medical /surgical patients (Bhaskaran, 1992; Sharma, 1984). Till date, formal consultation liaison (C-L) psychiatric units are almost nonexistent in India (Malhotra, 1984). For future planning of psychiatric and C - L psychiatric services in general hospitals, it is important to know the degree of awareness of clinicians in different specialities about the psychiatric disorders in their patients, their attitudes towards psychiatry and psychiatric referral, their expectations from the psychiatrist, and their opinion about utility of the psychiatrist in general hospitals. The present study addresses these questions.

MATERIAL AND METHODS

The study was carried out in Department of Psychiatry, University college of Medical Science and Teg Bahadur Hospital, Delhi. A structured questionaire was designed for the study. The questionaire consisted of 14 items, divisible into three groups. The first group consisted of five items referring to the frequency of psychiatric morbididy and some common psychiatric symptoms in clinical practice, opinion of clinicians regarding physical /reactive/ unexplained

causation of psychiatric morbidity, and role of psychological factors in causation of physical illness. The second group consisted of seven items, covering different aspects of psychiatric referral such as frequency of referral sought by clinicians in their patients having psychiatric disturbance, their views about usefulness of the psychiatric referral and feedback from patients. There were also items about whether they informed their patients about their being referred to the psychiatrist; what were the reactions of patients to such advice; and whether the patient actually reached the psychiatrist or not. The third group of items consisting of two items referred to the opinion of clinicians about adequacy of undergraduate training in psychiatry in India and about utility of developing C -L psychiatry units in India.

Numbered questionnaires in an envelope were personally given to all the clinicians (excluding the psychiatrists) in the hospital. An attempt was made to contact all the postgraduate clinicians but some could not be contacted due to shift duties or being on long leave. Clinicians who could be contacted included 63 consultants and 59 senior residents, forming 95.31% of the total hospital strength. The subjects were asked to return the filled up questionnaire to the department of psychiatry in the sealed envelope. They were also asked to record their comments, if any, and to mention their speciality. There were 128 clinicians in the hospital staff at the time of study (excluding the junior residents, postgraduate students and the doctors on exclusive administrative duties), out of whom 6 could not be contacted despite 3 repeated attempts. The doctors were contacted again if they did not return the questionnaire within one week and one more such request (3 requests in total) were made to return the filled up questionnaire.

RESULTS

Out of 122 clinicians who could be contacted, 78 clinicians returned the questionnaire, forming response rate of 63.93%.

TABLE -I

Psychiatric Disorders seen by the Clinicians in Clinical Practice(n=78)

Items		Clinicians's Response (in percentage)
Percentage of patients in clinical practice with psychiatric disorders	<10%	46.18
	10-20%	38.46
	20.40%	10.26
	>40%	5.13
Percentage of patients having psychiatric symptoms secondary to physical illness	<25%	47.44%
	25-50%	24.36
	50-75%	15.38
	>75%	12.82
Percentage of patients in whom psychological factors are responsible for physical illness	<10%	43.59
	10-20%	38.46
	20-40%	12.82
	>40%	1.28
Percentage of patients with no physical illness and only psychiatric disorder	<10%	61.54
	10-20%	25.64
	20-40%	8.97
	>40%	1.28*
Specific psychiatric symptoms		
Anxiety	<10%	25.64
	10-20%	34.62
	20-40%	20.51
	>40%	19.23
Sadness	<10%	50.00
	10-20%	25.64
	20-40%	16.67
	>40%	3.85
Lack of interest	<10%	53.88
	10-20%	25.64
	20-40%	10.26
	>40%	3.85
Loss of appetite	<10%	46.15
	10-20%	20.52
	20-40%	25.64
	>40%	6.41*
Grossly abnormal behaviour	<10%	84.62
	10-20%	8.97
	20.40%	1.28
	>40%	0.00*
Unexplained physical symptoms	<10%	52.56
	10-20%	30.77
	20-40%	8.97
	>40%	1.28*

* Total is not 100, because there were some missing responses

The specialities of the doctors who participated in the study were internal medicine (15), general surgery (16), dermatology (4), paediatrics (9), gynaecology and obstetrics (9), orthopaedics (7),opthalmology (7), anaesthesia and critical care (7) and dentistry (4).

Table I shows clinicians' responses to items related to prevalence of psychatric morbidity in their patients and its probable casuation. Thirty six out of 78 (46%) doctors believed that frequency of patients with psychiatric disorders in their clinical practice was less than 10% whereas 38% of them put this fugure at 10-20%. Forty seven percent doctors stated that only in less than 25% of their patients with psychiatric disturbances, these were secondary to physical illness. Another 24% put this figure at 25 - 50%. According to most (82%) of the doctors, psychological factors had an aetiological role to play in less than 20% of the physical illness. Patients having only psychiatric disorders and no physical abnormality formed less than 20% of clinical practice of most (87%) of the study sample. Upto 20% of their patients had anxiety, sadness and lack of interest as the presenting symptoms according to more than 60% doctors. However, 83% of the sample believed that patients with unexplained physical symptoms formed less than 20% of their clientele. Grossly abhormal behaviour was seen in less than 10% patients according to most (85%) of the doctors who participated in the study.

Responses of clinicians to items related to psychiatric referral are shown in table 2. Sixty percent clinicians said that they sought psychiatric referral only in less than 25% of their patients with psychiatric problems. Two third of clinicians requested psychiatric referral when they thought that their patient would benefit from it, whereas 29% requested it when they found their patients overcomplaining/over reacting to the symptoms. Sixty one percent of the doctors said they informed these patients about psychiatric referral, whereas 33% said that they informed the attendants but not the patient about psychiatric referral. Three percent of the doctors neither told the patient nor the relation about the psychiatric referral, and just wrote on the prescription advising the patient to consult the particular doctor. According to nearly half of the clinicians, the patients accepted their advice about psychiatric referral willingly, though all of them did not reach the psychiatrist. Forty five percent doctors said that their patients accepted the advice about psychiatric referral with reluctance. The patients refused to comply with the advice about psychiatric referral according to 8% of clinicians.

TABLE 2

Experiences of Clinicians with Psychiatric Referral (n=78)

Items		Clinicians Response (in percentage)
Frequency of psychiatric referral sought in patients with psychiatric problems	75-100%	14.10
	50-75%	10.26
	25-50%	15.38
	<25%	60.26
Reasons for referring	Patient overcomplaining / over reaching to physical symptoms	29.49
	Patient would benefit from psychiatric treatment	66.67
	Non-cooperative/undisciplined patient	2.56*
Whether inform the patient or the attendent about psychiatric referral	patient	61.54
	Attendent	37.18*
Reaction of the patient on being referred to a psychiatrist	Accepts	37.18
	Complies with reluctance	48.72
	Refuses but continues	5.13
	Leaves treatment	3.85
Frequency of patients consulting the psyciatrist on being referred by you	<25%	19.23
	25-50%	16.67
	50-75%	23.08
	>75%	34.62*
Opinion about usefulness of psychiatric referral	Very helpful	14.10
	Helpful	75.64
	Not helpful	2.56
	Countertherapeutic	1.28*
Frequency of feedback from the patient following psychiatric referral	<25%	38.46
	25-50%	17.95
	50-75%	16.67
	>75%	21.79*

Tota is not100,because therewere some missing responses

TABLE 3

Clinicians' Opinion about Undergraduate Training in Psychiatry and Introduction of C-L Psychiatry in General Hospitals (n=78)

Items	Utility	Clinicians' Responses (in %)
Opinion about usefulness of improving the undergraduate training in psychiatry	Very Useful	29.49
	Useful	57.69
	Minor effects	10.26
	Not useful	00.00
Opinion about introduction of C L psychiatric units in general hospitals	Very useful	33.33
	Useful	57.69
	Not Useful	6.41
	Contertherapeutic/ harmful	1.28'

'Total is not 100, because there were some missing responses.

When the clinicians were asked about their views about how frequently their patients reached the psychiatrist, 35% believed that their patients reached the psychiatrist on more than 75% occasions, whereas 19% put this figure at less than 25% of referrals. Most (90%) found psychiatric referral helpful for their patients. According to 38% of clinicians, less than 25% of their patients came with feedback after psychiatric referral, whereas 21% said that most of their (>75%) patients came with feedback after psychiatric referral. (Table 2)

Clinicians ' opinion about improvement in undergraduate medical education in psychiatry and utility of C - L psychiatric units is shown in Table3. Most (87%) of the doctors believed that they would have been helped if their undergraduate medical training in psychiatry would have been better. Ninety one percent felt that development of C - L psychiatric units would definitely be of help in improving the care of patients with psychiatric problems in non-psychiatric units in general hospitals.

In addition, some of the clinicians commented about need for public education and increasing the public awareness about psychiatric disorders to correct the wrong notions or misconceptions about psychiatry. Concerns were also expressed by some about excessive use of drugs by psychiatrists and less reliance on psychological methods of teatment. Some doctors said that they had to be overcautious while referring their patients to the psychiatrist due to stigma attached to psychiatry. There were also suggestions to start joint clinics with psychiatry.

DISCUSSION

To the best of our knowledge, the present work is the first of its kind in India. We received a response rate of 63% which is satisfactory compared with that of 41%,62% and 88% reported in some works of smiilar kind (Fauman 1981, 1983; Mayou & Smith, 1986).

In the present study, a substantial proportion of non-psychiatric clinicians working in a teaching general hospital grossly underestimated psychiatric morbidity in their patients. This underestimation was especially regarding unexplained physical symptoms and specific depresive symptoms, such as sadness, lack of interest and even decreased appeitite. Underestimation of psychiatric morbidity in nonpsychiatric clinics remains the most important problem in general hospital psychiatry needing intervention on the part of health planners and medical educationists (Sensky, 1986). Undiagnosed psychiatric morbidity both in primary care settings as well as in general hospital settings (both outpatient and inpatient) is responsible for prolonging the patient's distress and illness, unnecessary investigation and hence increasing the health care costs (Lipowski, 1988). This is an indirect result of inadequate training in psychiatry in undergraduate medical curriculam in India (Bhaskaran, 1990; Sharma, 1984), a need which was felt by most of the clinicians who took part in the study. Unexplained physical symptoms which often are an indicator of underlying anxie-

ty or depressive disorders, form the major proportion of the hidden psychiatric modbidity. In the present study' more than half of the clinicians put the figure of unexplained physical symptoms at less than 10%. It is possible on a large number of occasions to recognize the hidden anxiety or depressive disorder provided the treating clinician is aware of this possibility and looks for the specific signs or symptoms of anxiety and depression.

Psychological factors have an important role to play in the genesis and treatment of many physical illnesses especially the psychosomatic disorders (Kalplan & Sadock 1991). In the present study, most of the clinicians did not think psychological factors to be of much importance in genesis of physical illness.

However, psychological factors are important in recovery from a number of illnesses especially the chronic ones since these can affect the drug compliance and rehabilitative measures. A reassuring and empathic clinician who gives a sympathetic hearing to his patients always gets a better treatment outcome. Readjustment following major surgeries like amputation, mastectomy and hysterectomy, renal failure or in situations invloving life long treatment such as juvenile diabetes mellitus, needs psychotherapeutic management in addition to the routine medical care (Milano & Kornfeld, 1980). Most of such cases can be dealt by the treating clinician, provided he is aware of the psychological reactions which usually occur in such situation (Lloyd, 1993). This further necessitates the need for augmenting the training in psychiatry in undergraduate medical curriculum in India.

A large number of clinicians in the present study admitted that they sought psychiatric referral in less than 25% of their patients with psychiatric problems. The finding correlates well with earlier reported rates of psychiatric referrals forming just 2% of the total hospital admissions (Freyne et al, 1992; Malhotra, 1984; sensky, 1986; Strain &Taintor, 1989). The reasons for this may be that the treating doctor finds himself confident in dealing with the problem or doubts that the psychiatrist may be able to offer anything worthwhile in the management. The latter is unlikely since most of the doctors in the study stated that they found the psychiatric consultation in their patients to be helpful or very helpful. Stigma attached to psychiatry or doubts as to whether the patient would accept the offer of psychiatric consultation could be other reasons, since nearly half of the clinicians said that their patients accepted their advice regarding psychiatric referral with reluctance, and in some cases the patients refused psychiatric referral. Another reason may have been of frequent absense of feedback from the patients referred to the psychiatrist, since more than half of the clinicians in the present work commented that they received feedback only in less than half of cased following psychiatric referral. Somewhat similar reasons have been described in earlier literature (Pullen,1993). On the contrary, nearly one third of the doctors stated that their patients followed their advice regarding psychiatric referral on more than 7 5% of occasions. It is possible that acceptance of psychiatric referral and further feedback depend on seniority of the clinician seeking referral.

Considering the enormity of psychiatric problems in general clinical practice, there is a definite need to improve undergraduate medical education in psychiatry in India, since at most of the medical colleges in India, undergraduate medical education is limited to 10 -15 lectures and about 15 days clinical posting (Bhaskaran, 1990; Sharma, 1984), which is grossly insufficient considering that psychiatric disorders are quite common in clinical practice. This step is necessary to improve the psychiatric care provided by the treating clinician. In the present work also, most of the clinicians felt that they would have been benefitted if their undergraduate training in psychiarty had been better.

There is also need to develop formal C - L psychiatry units in general hospitals in India. Ninety one percent of clinicians in the present

study expresses that these would be quite useful in the current context. In fact a number of clinicians expressed desire for liaison work with psychiatrists in day to day clinical practice. Psychosocial interventions are well known to reduce the length of hospital stay in medical - surgical inpatients, and hence also reduce the health care costs (Levitan & Kornfeld, 1981; Mumford et al ;1984). When we come to see the realities in India, we have limited number of psychiatrists. Psychiatric manpower for development of C -L psychiatric units may not be adequate, but a better liaison with some regular interdepartmental clinical teaching programmes or weekly combined rounds of one psychiatrist each with different major specialities atleast in big general hospitals can be started.

To conclude, the prresent work raises the question of underestimation of psychiatric morbidity by a substantial number of non-psyschiatric clinicians in their day to day clinical practice and lack of awareness on their part to recognize the role of psychological factors in etiogenesis and management of various illnesses. This necessitates the need to improve upon undergraduate medical education in psychiatry in India and also to develop liaison psychiatric services in India. There is also a need to increase public awareness about psychiatric disorders and to correct misconceptions related to psychiatry.

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