

PSYCHIATRIC TRAINING AND ITS PRACTICE: A SURVEY OF 86 PRACTITIONERS

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SUMMARY

86 private practitioners were surveyed about the total prevalence of psychiatric morbidity in their practice. An assessment was made about their undergraduate psychiatric training and its current utility. Significance of the findings have been discussed.

Introduction

There is a considerable evidence at present that a sizable part of the population (10.40%) who seek help in general health services do not have any physical illness but have emotional disorders (Gardner 1970, Shepherd 1976, Murthy et al. 1981). These patients often present in the form of somatic symptoms (Spaulding 1975, Prakash et al 1978 and Murthy et al. 1981). Role of general practitioners in delivery of mental health care has been well emphasized (Jayaram 1972, Wig et al. 1977). Although studies frequently express negative opinions about the relevance of psychiatry as future careers of undergraduates (Zimet 1975, Kaufman 1970), Castelnuovo-Tedesco (1967) noted that the postgraduate courses in psychiatry for general practitioners have become more popular and suggested that part of the reason is that physicians are finding that training they received in medical school did not equip them with the knowledge or skills they need to deal with emotional problems of their patients.

Present study was conducted to make an assessment of the common psychiatric problems in non-psychiatric private practice and to evaluate undergraduate psychiatry training received by practi-

tioners and its utility in their clinical practice.

Material and Methods

A questionnaire was especially designed for this study. All doctors of Ludhiana city, who were on visiting list of Mess. Ricketts and Coleman, and Mess. Torrents were approached by their respective medical representatives to cooperate for this study. A total number of eighty six doctors were covered for the present work.

Table 1
Sociodemographic variables of Doctors

Sex:	No	%
Male	79	91.9
Female	7	8.1
Age in Years:		
20-29 yrs.	8	9.3
30-39 yrs	52	60.5
40-49 yrs	19	22.1
50 & Above	7	8.1
Qualifications:		
1. M.B.B.S.	40	46.5
2. M.D.	33	38.4
3. M.S.	13	15.1
Nature of Practice:		
1. General	40	46.5
2. Specialist	46	53.5

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Results and Discussion

Table 1 shows that out of 86 doctors 79 were males and 7 were females. More than half of them belonged to the age group of 30-39 years. Forty (46.51%) graduates were doing general practice and 46 (53.48%) postgraduates were doing practice in their concerned speciality.

It has been consistently reported in the literature that a large number of patients who go to the practitioners do not have any physical illness. Table 2 shows that in the case of 86 doctors 1-25% of their total patients did not have any physical illness and in another 9 doctors these figures were as high as 25-50%. In a study of adult patients visiting their family physicians, Gardner (1970) observed that emotional disorders ranged from 12 to 15%. Similarly in a British Survey Shepherd (1976) found that 109 patients out of every 1009 who consulted general practitioners suffered from one or other psychiatric disturbances. In a study done in a large Canadian hospital (Spaulding 1975) it was reported that as many as 30% of inpatients had a psychiatric disorder and the patients had presented with physical complaints. Murthy et al. (1981) while doing the first

Table 2
Prevalence of Psychological Problems

% of Patients	General Practitioners (Gps)	Specialists (Sps)
1-5	10 (25)	16 (34.7)
6-10	11 (27.5)	7 (15.2)
11-15	7 (17.5)	7 (15.2)
16-20	2 (5)	4 (8.6)
21-25	5 (12.5)	7 (15.2)
26-30	0	0
31-35	2 (5)	1 (2.2)
36-40	0	1 (2.2)
41-45	0	0
46-50	1 (2.5)	2 (4.3)
50 & Above	2 (5)	1 (2.2)

study regarding the psychiatric morbidity in general practice found that 30% of the patients attending general practitioners had psychiatric morbidity.

Table 3 shows the nature of the psychological problems that were seen in the practice during last one week. Anxiety and depression were most commonly seen followed by somatic symptoms and hysteria in that order. Psychosexual problems and drug dependence were also seen both by Gps and Sps. There were very few patients with psychosis in both these groups, it is quite understandable since recognition of psychosis is quite easy for the patient's family and they try to take a patient to a place where services of mental health professionals are available and also it is difficult for a practitioner to attend a psychotic patient in a busy clinic.

Table 3
Nature of Psychological Problems in last one week

Nature of Problem	General Practitioners (Gps) (No.40) %	Specialists (Sps) (No.46) %
Anxiety	37 (92.5)	42 (91.3)
Depression	28 (70)	33 (71.7)
Hysteria	15 (37.5)	20 (43.4)
Physical Complaints of non organic origin	16 (40)	23 (50)
Psycho-sexual problems	14 (35)	22 (47.8)
Drug Dependence	9 (22.5)	12 (26.1)
Any Other	4 (10)	9 (19.6)
None of Above	2 (5)	4 (8.7)

Out of psychotropic drugs anti-anxiety and anti-depressants were being commonly used by the practitioners. They were using low dose of anti-psychotics for treating anxiety symptoms. Lithium was not used by any of the doctors in the last one week (Table 4).

Table 4
Drugs used during last one week

Types of Drugs	General Practitioners (No. 40) %	Specialists (No. 46) %
Anti depressants	37 (92.5)	41 (89.1)
Anti-anxiety	36 (90)	32 (69.6)
Anti-Psychotics	16 (40)	16 (34.8)
Any Other	0	0
None of the Above	0	3 (6.5)

Table 5 shows that about 75% of the psychiatric doctors had referred patients in the last six months for psychiatric consultation. Referral was commonly sought only when the practitioners did not find any pathology after investigating a patient or when a diagnosed case of psychiatric illness could not be managed by them.

Table 5
Psychiatric consultation in the last six months

	General Practitioners (No. 40) %	Specialists (Sps) (No. 46) %
Yes	29 (72.5)	36 (78.3)
No	11 (27.5)	10 (21.7)

We have also studied attitude of doctors towards psychiatry training and practice. About 85% of Gps & Sps had received clinical training in psychiatry in MBBS and a higher number had received theory lectures, but the majority among them felt that they were not sufficiently trained to handle the psychiatric problems which they were facing in the practice (Table 6). In a similar survey of 813 family physicians Fisher et al. (1973) found that 46% of 390 respondents were dissatisfied with their own competence to treat the psychiatric illnesses; only 10% considered their training very good in relation to their present practice of medicine.

Although students do not express a positive attitude about psychiatry for their future careers (Zimet 1975 Kaufman 1970), but when they start doing practice they find quite difficult to handle the psychiatric problem which constitutes a major part of their practice. It has been made sufficiently clear by our results where majority of practitioners felt that psychiatric cases were increasing in their clinical practice and considered the future scope of psychiatric practice in India as good or very good (Table 6) About 95% Gps and 78% Sps. expressed their desire to learn more about management of psychiatric cases in their practice.

Conclusion

Results of the present study strongly suggest that the kind of training we are giving to the undergraduates is not sufficient to train them to manage the psychiatric problems they face in the clinical practice. Presently required efforts are not being made towards the training of the practitioners. We should start for them short term training programmes in all the medical colleges. Psychiatrists should liberally contribute in various journals and the scientific literature about the various aspects of the psychiatric problems in the non-psychiatry practice.

We feel that the present 15 days clinical posting of medical students during 2nd Professional of MBBS is not sufficient to learn the basic fundamentals of psychiatry. At this stage medical students are not well prepared to grasp the psychological model of a disease. They should be posted in psychiatry in the final year for a minimum period of two months.

It is our experience and is also shared by other medical colleagues that medical students do not take subjects like psychiatry, dermatology, dentistry, radiol-

Table 6
Attitude towards Psychiatry Training and Practice

	General Practitioners (No. 40) %	Specialists (No. 46) %
1. Are Psychiatric cases increasing in the clinical practice?		
a. Yes	39 (97.5)	40 (86.9)
b. No	1 (2.5)	6 (13.1)
2. Did you receive clinical training in psychiatry in MBBS?		
a. Yes	34 (85)	39 (84.8)
b. No	6 (15)	7 (15.2)
3. Did you have theory lectures in Psychiatry in M.B.B.S.?		
a. Yes	40 (100)	43 (93.5)
b. No	0	3 (6.5)
4. Do you feel that you were sufficiently trained to handle present psychiatric cases in your practice?		
a. Yes	12 (30)	15 (32.6)
b. No	28 (70)	31 (67.4)
5. Do you want to learn more about Psychiatry?		
a. Yes	38 (95)	36 (78.3)
b. No	2 (5)	10 (21.7)
6. What is future scope of Psychiatry Practice in India?		
a. Very Good	19 (47.5)	30 (65.2)
b. Good	19 (47.5)	15 (32.6)
c. Same as Present	2 (5)	1 (2.2)

ogy and orthopaedics seriously, since they do not take examination in them. So, unless the Medical Council recommends an examination in psychiatry, students would not take a keen interest in this important clinical speciality.

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