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General Non-Psychiatric Private Practitioners' Perception and Management Practices of Common Mental Disorders: An Observational Study in Metropolitan City of TamilnaduNisha B^{*1}, S. Prabu Vignesh², Ruma Dutta³, Timsi Jain⁴**Affiliation:** 1Assistant Professor, 2MBBS Student, 3Professor & 4 Professor & Head, Department of Community Medicine, Saveetha Medical College & Hospital**Date of Submission** : 19-11-2019**Date of online Publication** : 26-12-2019**Date of Acceptance** : 15-12-2019**Date of Print Publication** : 31-12-2019***Author for correspondence:** Dr. Nisha. B, Assistant Professor, Department of Community Medicine, Saveetha Medical College and Hospital, Saveetha Nagar, Thandalam, Thiruvallur District, Tamilnadu. Pin code: 602105. E-mail: drnishacm2014@gmail.com**ABSTRACT**

Introduction: According to National Mental Health Survey, India accounts for 10.6% of mental health patients. Distribution of specialist is very meagre, hence general practitioners (GPs) are overburdened. Whereas, GPs traditionally tend to focus only on physical symptoms omitting mental health problems for treating patients. Hence, we attempted to investigate the current psychiatric practice, mental health related perception and management practices among private primary care non-psychiatric practitioners in south Chennai city of Tamilnadu. **Methodology:** Total of 179 GPs were interviewed using semi structured pretested questionnaire. Study subjects were chosen using two stages, one being 'Preparation of List of GPs' and other was 'Selection of study participants using simple random sampling method'. **Result:** Most of them (53%) were practising for less than 10 years. Only 61(34%) received psychiatric training during practising period. While assessing the opinion of non-psychiatric practitioners on psychiatric services available in the city, 173 (97%) of them felt that mental health problems are common, similarly 63% of them were willing to treat psychiatric patients, whereas only 2.7% of them had knowledge on ICD 10 diagnostic criteria for common mental illness. Updating knowledge regularly had significant association with management practices (p value <0.05). **Conclusion:** GPs desired greater support and training to enable them to provide quality mental health care. Continuing Mental health Education to private GPs in India is the need of hour. Furthermore, researches have to be encouraged to identify the appropriate model for upskilling GPs.

Key Words: Mental Health, General Practitioner, psychiatric training, private practitioner, metropolitan**INTRODUCTION**

'Mental health and well-being' across civilisations, have established attention although inconsistently. Public Health emphasis was provided by the revolutionary World Health Report - 2001 titled "Mental health: new hope, new understanding" there has been a rehabilitated exertion to mainstream mental health along with the rising Non-Communicable Disease schema [1]. Integration of Mental health care services with general health care by general practitioners in a decentralised manner had been proposed by World Health Organisation (WHO), according to the report in 2001 [1].

India being the second most populous country in the world which houses the greatest number of patients with any mental disorders, accounting to 10.6% according to National Mental Health Survey 2015 [2]. Distribution of registered psychiatrists in developing countries like India is unfortunately very meagre compared to the other counterparts (characteristically below 0.4 per 100 000 versus 9–25 per 100 000) implying the fact that primary care providers are overburdened with the mental health

care services as well [3]. In literature review, only 18% of the patients with mental disorders were reported to the specialist after being referred by general non-psychiatric practitioners (GPs) [3,4]. Nearly one third to half the mental disorders were supposed to be diagnosed and treated by the general practitioners, but only 10% of these patients were reported by them. Hence the expertise of general physicians in recognition of common mental disorders is an important factor in delivering effective mental health care services in developing countries [5].

The practise of psychiatry is often misjudged as unscientific, not realistic and futile by many GPs, consequently they tend to focus on physical symptoms omitting mental health problems. Hence, GPs' capability to detect, diagnose, and satisfactorily treat patients with mental disorders is repeatedly measured unsatisfactory. [6]. A comparison of research interview results with GPs' detection of mental disorders reveals that 30-70% of GPs' patients go undetected [4]. Therefore, prevails a wide gap between needs of the community in respect to mental

health and available psychiatric services in India. Henceforth, it is important to elicit and explore the opinions of these GPs regarding common psychiatric disorders. Not much work has been done in this regard among private primary care non psychiatric practitioners in a metropolitan city, where more than 70% of health care facilities are private.

With this background, we have attempted to investigate the current psychiatric practice, mental health related perception and management practices among private primary care non-psychiatric practitioners in south Chennai city of Tamilnadu and also to ascertain association between sociodemographic factors and management practices of GPs in regards with mental health disorders.

METHODOLOGY

This is an epidemiological study carried out in South Chennai after obtaining ethical clearance from the Institutional Ethics Committee. A total of 195 non-psychiatric private practitioners were enrolled. This sample size was derived using the prevalence of poor mental health knowledge among GPs in Ludhiana City (79.9%) [7], 95% confidence level and $\pm 5\%$ error including 10% non-response rate.

This study was conducted in two stages for the course of 6 months from January to June 2019. First stage was 'preparing the list of registered private non-psychiatric GPs'. South Chennai city is divided into administrative 5 zones. Among these zones there are 56 ward councils according to the population data from recent census data 2011 [8]. A list of all registered medical GPs practising in each of the wards was prepared, with separate codes assigned to other (ayurvedic, homeopathy, siddha & Unani) care providers, in order to distinguish them from Allopathy practitioners. This created a sampling frame of 5 administrative zones. Preliminary information, such as contact address and telephone numbers, nature and timing of practice were documented for these GPs, enabling us to construct a sampling frame of 353 GPs.

Final stage was "Selection of study participants using simple random sampling method" as a result of which 3 to 4 GPs were enrolled from each ward council, thereby generating a sample of 195 GPs. As part of the study protocol, we made 3 visits to the GPs in case of non-response, despite these efforts we encountered a refusal rate of 9%. Hence, the final sample size is 179 participants.

Data was collected using a detailed semi-structured pretested questionnaire personally by the investigator. Written informed consent from the participants was obtained after explaining the aims and objective of the survey. Questionnaire consisted of four sections; 1) socio-demography and private practice information, 2) training in mental health, 3) knowledge and perceived competency in providing mental health care, and 4) attitudes towards mental health. Data obtained was

entered in Microsoft excel and analysed using SPSS 21.0 version. Descriptive data were tabulated using frequencies and percentages. Secondary analysis was done using chi-square test and p value <0.05 was considered significant.

RESULTS

A total of 175 practitioners were included. Most [106(59%)] of them were in the age group of 30 to 40 years. Male preponderance was present in the current study (66%). Only 5% of GPs were practising other systems of medicine like Ayurveda, Unani and Homeopathy. All others were practising Allopathy system of medicine. More than half of them (53%) were practising for less than 10 years. Almost 84% of them were practising with postgraduate speciality degree. Only 36% had both in and out patient setup but 64% had only outpatient setup for practise. Whereas, 61(34%) received formal psychiatric training during practising period.

While assessing the opinion of non-psychiatric practitioners on psychiatric services available in the city, 173 (97%) of them felt that mental health problems are common, similarly 63% of them were willing to treat psychiatric patients, whereas only 2.7% of them had knowledge on ICD 10 diagnostic criteria for common mental illness. Other self-perceived perception and management practices of GPs are shown in Table 1.

Table 1: General Non-psychiatric Practitioners' Perception and Management Practices

S no	Particulars	Category	N	N%
Opinion of Psychiatric services available in Chennai City				
1	Mental health problems are common	Yes	173	97%
		No	6	3%
2	Main causes of Mental Health Problems	Multiple Factors including Stress	172	96%
		Only Stress	7	4%
3	Whether available services are sufficient for treating patients?	Yes	40	23%
		No	139	77%
4	Are there any trained geriatric psychiatrist available?	Yes	4	2%
		No	175	99%
5	Are there any trained child psychiatrist available?	Yes	65	37%
		No	114	63%
6	Are non-psychiatric practitioners utilising the expert services properly?	Yes	99	55%
		No	80	45%
Management Practises of Mental health disorders by GPs				
7	Whether like to treat mentally ill patients?	Yes	113	63%
		No	66	37%
8	Do you use ICD 10 diagnostic criteria for detecting common mental illness?	Yes	109	60.90%
		No	70	30.10%

9	Is there a need of blood test, ECG, CT etc in establishing or confirming diagnosis?	Yes	117	65%
		No	62	35%
10	How do you treat your patients?	Combination of medications and counselling	177	99%
		By Medication	2	1%
		Antipsychotics	69	39%
11	Medications commonly prescribed	Combination of medicines	108	60%
		Other system of medicines	2	1%
		Always	149	79%
12	Referring patients to psychiatrist when required	Sometimes	9	5%
		Only if unavoidable	29	16%
		Acceptance with reluctance	109	61%
13	Reaction of a patients on being referred to psychiatrist	Refusal to accept	68	38%
		Easy acceptance	2	1%
		Always helpful	164	92%
14	Opinion about usefulness of psychiatric referral?	Helpful	7	4%
		Sometimes	7	4%
		Not sure	8	4%
Self-perceived Perceptions towards Mental Health Disorders of GPs				
15	Do you frequently update your knowledge in Mental health disorders?	Yes	67	37%
		No	112	63%
16	How long do you like to treat the patients yourself before referral?	1 to 6 weeks	85	47%
		Varies from patient to patient	94	53%
17	Medical practitioners need to know more about the psychiatric problems and treatment	Yes	171	96%
		No	8	4%
18	You need to know more about psychiatric illness to treat the same?	Yes	176	98.50%
		No	3	1.50%
19	The Mental health services needs to improve further	Yes	177	99%
		No	2	1%

Association of socio demographic factors with diagnostic and management practices using chi-square tests shows that those who received formal psychiatric training and those were updating knowledge on psychiatric illness by attending continued medical education (CME) were significantly associated with good management practices and other associations are shown in Table 2.

DISCUSSION

The Breach between mental health needs of the communal and the existing mental health services in developing country like India, is very vast [9]. Since the

burden and available specialists are inappropriate, the strong solution to close this gap partially by integrating the specialist based mental health services into primary care by general non-psychiatric practitioners [10]. This study assessed the knowledge, perception and management practices of common mental disorders among GPs in the private health sector, this is the first study from a metropolitan city (Chennai) from South India, where more than 70% of health services are provided by private health sector.

It is evident from the results, that 60.9% of GPs lacked knowledge on internationally recognised (ICD 10) diagnostic criteria for common mental illness and also considerable amount treated the patients without following standard treatment guidelines. Table 1. Similarly, in a study conducted in Bangalore and Ludhiana lacked 71.7% and 79.7% respectively [7,11]. Majority of the GPs had neither received formal psychiatric training nor did they update knowledge by attending CME. These gaps in education and qualifications have allegations in rational use of psychotropic drugs and diagnostic criteria in general private practise and quality mental health care delivery at urban setup.

With respect to referral of psychiatric patients, our study had only 23% who were not willing to refer the patients whereas 66.6% of GPs were reluctant in referring the patients in a study conducted in Ludhiana [7] and 75% were not referring patients in a study conducted by Narang et.al. [12]. Current study evidenced that 38% of patients refused to accept referral, this finding is in accordance with the studies conducted in India [7,13].

As far as medications concerned, almost all the practitioners were prescribing anxiolytics, which is not limited to tablet alprazolam. This irrational use of anti-psychiatric medications by GPs is alarming as a study conducted in Karachi, Pakistan [14] showed that general practitioners who were prescribing psychotropic drugs knew less about adverse effects compared to other medications.

In the current study, undergraduate GPs had significant association with willingness to treat psychiatric patients and were also aware of ICD 10 diagnostic criteria. This fact may be attributed to that postgraduates mainly concentrated in the specialised subjects rather than another domain. Practitioners who received training and updated their knowledge through CMEs had significant associations with willingness to treat, knew diagnostic criteria and referred patients promptly. Hence updating knowledge and training is deemed necessary for proper management of mentally ill patients.

Few limitations in this study should be considered, as this is an opinion study, GPs were asked to fill the responses with respect to their prevailing practise, since it is a self-reported study the assessments may not be precise thoroughly. The primary reason for choosing this design to build the trust and confidence of the GPs to streamline the integration of speciality services with them. The study is comparatively small, as it included only one part of the city due to shortage of logistics. We did not tap data about

Table 2: Association of demographic factors with diagnostic and management practices of General non-psychiatrist practitioner's

Category	Willing to Psychiatric illness	Treat	Knows to treat	Diagnostic Criteria	Willing to treat with both counselling & Medication	Referral of patients to Psychiatrists when needed
	N (%)	p	N (%)	P	N (%)	P
Total	113(63.1)		109(60.9)		174(97.2)	141(78.8)
System						
Allopathy	110(63.2)	0.883	107(61.5)	0.332	171 (98.3)	137(78.7)
Others	3 (60)		2 (40)		3 (60)	4 (80)
Experience						
<10 years	56 (58.9)	0.218	57 (60)	0.794	92 (96.8)	70 (73.7)
>10 years	57 (67.9)		52 (61.9)		82 (97.6)	71 (84.5)
Qualification						
Undergraduate	103 (68.7)	0.001*	98 (65.3)	0.006*	147 (98)	120 (80)
Postgraduate	10 (34.5)		11 (37.9)		27 (93.1)	21 (72.4)
Practice Setup						
Only Outpatient	13 (20)	0.000*	10 (15.4)	0.000*	63 (96.9)	57 (87.7)
Both In & Out	100(87.7)		99 (86.8)		111(97.4)	84 (73.7)
Training						
Received	16 (26.2)	0.000*	13 (21.3)	0.000*	116(98.3)	52 (85.2)
Not received	97 (82.2)		96 (81.4)		58 (95.1)	89 (75.4)
Updating Knowledge						
Updating(CME [‡])	105(93.8)	0.000*	104(92.9)	0.000*	109(97.3)	79 (70.5)
Not Updating	8 (11.9)		5 (7.5)		65 (97)	62 (92.5)

*p value <0.05 is significant using Chi square test

[‡]Continued Medical Education

patients' compliance and satisfaction in treating practitioners, which would have added more information.

Conclusion

In this study, 97% of the GPs supposed that they encounter mentally ill patients frequently in their practise. Also, 60.9% of them lacked knowledge on diagnostic and management criteria of common mental health disorders. Formal training and frequently updating knowledge on Mental health disorders have significant association with management practices. GPs desired greater support and training to enable them to provide quality care. Continuing Mental health Education to private GPs in India is the need of hour. Furthermore, researches have to be fortified to identify the appropriate model for upskilling the GPs.

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