What Do Non-Psychiatric Doctors of Andhra Pradesh Think about Psychiatrists, Psychiatric Medications and Mental Illness? A Cross-Sectional Study

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ABSTRACT

BACKGROUND

Mental and behavioural disorders are prevalent in all societies. The stigma and poor attitude towards mental illness and those with mental illness is well known. Similarly, there also exists poor opinions about psychiatrists and psychiatric medications among people. Non psychiatric doctors act as a bridge between the psychiatrists and mentally ill people. This study was conducted to evaluate the attitudes of non-psychiatric doctors towards psychiatrists, psychiatric medications, and mental illness.

METHODS

The study design was cross sectional, conducted in a town of Andhra Pradesh. A structured proforma was used to capture the sociodemographic details and to measure attitudes towards psychiatrists and psychiatric medications. We used a questionnaire used by Zieger et al. Similarly, to measure the attitudes towards mental illness, belief towards mental illness (BTMI) used by Hirai and Clum was used. The data was analysed using R language, and results obtained were tabulated and discussed. Data was analysed using non parametric tests.

RESULTS

There were no significant negative attitudes of non-psychiatrists towards psychiatrists and mental illness. But we found significant negative attitudes expressed by medical specialists (P = 0.035) and those in academic settings (P = 0.020) towards psychiatric medications. On comparing the other demographic details there were no significant negative attitudes towards psychiatric medications.

CONCLUSIONS

Previous studies have found negative attitudes among non-psychiatrists towards psychiatry, psychiatrists and mental illness. But our study found that there are positive attitudes expressed by non-psychiatric doctors towards psychiatrists and mental illness which is a good sign. We believe this is a changing trend towards positive side when compared to past studies. Future studies should be longitudinal and to keep in focus the new curriculum changes.

KEYWORDS

Attitudes of Health Personnel, Psychiatry, Mental Disorders

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BACKGROUND

Mental and behavioural disorders are prevalent in any society. As per National Mental Health Survey (NMHS) 2015 - 16, 13.7 % was the lifetime prevalence of psychiatric morbidity in India. There exists a treatment gap of 70 % to 92 % for various mental disorders. Based on the NMHS survey, the researchers opined that the various stakeholders should immediately act on it to cover this burden of mental and behavioural disorders.[1]

While there is burden of psychiatric morbidity on one hand there are poor opinions or views related to mental illness and psychiatrists on the other hand. The number of psychiatrists available in different states of India varies from 0.05 to 1.2 per 1 lakh population. The same varies from 1 to 2 per 1 lakh population in developed countries.[1] Studies have highlighted the various reasons for less number of doctors graduating in psychiatry. Many do not consider psychiatry as a rewarding field of specialisation.[2]

Non psychiatric doctors have minimal knowledge about psychiatric medications and mental illness. This is because of less emphasis given to psychiatry during their under graduation. There is little to no emphasis during their post graduate training. Unless a specialist doctor is interested in psychiatry, many may not have good understanding on psychiatric medications and mental illness. This may lead to possessing poor attitudes among them.

We conducted a study among the medical under graduates to evaluate their attitudes towards psychiatrists, psychiatric medications and mental illness. We found negative attitudes among them towards psychiatrists and mental illness. These results made us to explore further into the issue and find out what attitudes would be among the specialist doctors. This study is an attempt to improve our understanding regarding this issue.

Objectives

1. To assess the attitudes of non-psychiatric doctors towards psychiatrists, psychiatric medications and mental illness.
2. To assess negative attitudes; if any towards psychiatrists.
3. To study any association between various socio demographic variables and attitudes.

METHODS

It is a cross sectional study conducted, after obtaining ethics committee approval with the ethical approval number being 127 / 12. 01. 2018, in Konaseema institute of medical sciences and research foundation, Amalapuram, small-town in Andhra Pradesh. The study included all the doctors working in and around the town and medical colleges, those willing to participate and who had done their post-graduation in any specialisation. Those not willing to give consent were not included. Questionnaire was personally handed to the non-psychiatric doctors, they were explained about the intention of the study and consent was obtained for participation. Data collection took place from January to March 2020.

Questionnaire

Socio-demographic details were collected using a semi-structured proforma. We also included some questions related to their attitudes, which were not mentioned in the structured questionnaires.

To measure the attitudes towards psychiatrists and psychiatric medications there were no validated questionnaire. We used the modified version of the validated questionnaire by Gaebal et al.[3] which was used by Zieger et al.[4] in their study done in India. The scale was obtained after contacting with the authors for permission and guidance regarding the usage.

The items in the questionnaire were indicated on a five-point Likert scale ranging from "definitely true" to "definitely not true". The attitudes towards psychiatrists' questionnaire consisted of eight questions and out of which, five were negatively worded, so the values had to be reversed. Similarly, attitudes towards psychiatric medications questionnaire consisted of six questions and of which, two were negatively worded; which were reverse scored. For both the questionnaires, the mean values were to be obtained. A mean value of five indicated highly negative attitudes, whereas a mean value of one indicated highly positive attitudes.

For measuring the attitudes towards mental illness, Belief towards mental illness (BTMI)[5,6] scale was used. This was developed by Hirai and Clum. Permission for use in our study was obtained from the primary author. The scale was already used in India by Yadav et al.[7] in their study. The scale had 21 questions and did not differentiate between psychotic and non-psychotic mental disorders. Questions evaluated the negative beliefs about mental illness. Each question was rated on a Likert scale, graded as 'completely agree' to 'completely disagree' which were scored from zero to five.

Higher mean scores indicated a negative attitude. It had four subscales - dangerousness, social dysfunction, incurability, and embarrassment. For subscales, the questions were clustered, and the mean score were obtained. Dangerousness referred to how dangerous mental illness and mentally ill individuals were. Social dysfunction referred to the problems which the mentally ill faced in a social context. Incurability refers to the understanding of the participant towards the curability of the mental illness.

Statistical Analysis

The data collected was entered in to Microsoft excel sheet. Questionnaires which were not answered / incompletely filled were excluded. A total of 80 participants consented to the study, among them 8 questionnaires had missing data; hence 72 were included in the study. Data was analysed using R language[8] version 4.0.3 with RStudio[9] integrated development environment (IDE). In R language the packages used were 'dplyr'[10] 'summarytools',[11] 'tidyverse'[12] and 'ggplot2'.[13]

It was subjected to analysis based on the study aims and objectives. As the data did not follow normal distribution, non-parametric tests were used for analysis. Descriptive analysis was done to obtain median, percentages and inferential analysis was done using Kruskal-Wallis test and Mann Whitney U test. Mann Whitney U test was used to measure association between two sets of variables and for more than two sets of variables Kruskall-Wallis test was used. The P - value < 0.05 was considered as significant with 95 % confidence intervals.

The data obtained was tabulated and presented in the study. For the ease of analysis, the branches of specialisation have been consolidated in to two major branches as medical and surgical. Medical branches include all the pre-clinical, para clinical, general medicine, paediatrics, and radiology. Surgical branches include ophthalmology, otorhinolaryngology, orthopaedics, obstetrics and gynaecology.

RESULTS

Sl. No.	Variables (N = 72)		Frequency (%)
1	Age (years)	20 to 35	48 (67.6 %)
		36 to 50	16 (22.5 %)
		51 to 65	7 (9.9 %)
2	Gender	Male	47 (65.3 %)
		Female	25 (34.7 %)
3	Religion	Hindu	61 (86.1 %)
		Christian	5 (6.9 %)
		Muslim	5 (6.9 %)
4	Marital status	Married	61 (84.7 %)
		Unmarried	11 (15.3 %)
5	Residence	Rural	17 (23.6 %)
		Urban	55 (76.4 %)
6	Years of experience (years)	< 5	36 (50 %)
		5 to 15	24 (33.3 %)
		> 15	12 (16.7 %)
7	Specialisation	Medical	44 (61.1 %)
		Surgical	28 (38.9 %)
8	Type of practice	Academician	31 (43.1 %)
		Practitioner	27 (37.5 %)
		Both	14 (37.5 %)
9	History of Psychiatric consultation	Yes	8 (11.1 %)
		No	64 (88.9 %)
10	History of Psychiatric illness	Yes	14 (19.4 %)
		No	58 (80.6 %)

Table 1. Sociodemographic Details of the Sample

In the study two thirds of the participants belonged to age group of 20 - 35 years. Males constituted 65 % of the sample. Majority of the participants belonged to Hindu religion (86 %). Eighty-five percent were married. Two thirds belonged to urban background. Half of the sample had less than five years of practice in their respective specialisation. Sixty percent of the participants belonged to medical branches of specialisation. Majority of the participants were primarily academicians (43 %) followed by private practitioners (37 %). Around 20 % had a history of psychiatric illness and among them half had consulted a psychiatrist.

Regarding views on psychiatrist, 35 % felt that psychiatrists were eccentric, 40 % felt that psychiatrists were always pre occupied with thinking something, 40 % felt that psychiatry was portrayed in a negative way in media and 33 % wanted to specialise in psychiatry. The socio demographic details of the participants were compared with the median scores of the attitudes towards psychiatrists. There was no significant association between the various socio demographic details of the participants with the attitudes towards the psychiatrists.

Sl. No.	Variables (N = 72)		Median	P - Value
1	Age (years)	20 to 35	1.927	0.381@
		36 to 50	1.953	
		51 to 65	2.285	
2	Gender	Male	1.750	0.882#
		Female	1.750	
3	Religion	Hindu	1.750	0.195@
		Christian	1.750	
		Muslim	2.625	
4	Marital status	Married	1.750	0.479#
		Unmarried	1.875	
5	Residence	Rural	1.750	0.925#
		Urban	1.875	
6	Years of experience (years)	< 5	1.625	0.108@
		5 to 15	2.187	
		> 15	2.000	
7	Specialisation	Medical	1.812	0.944#
		Surgical	1.750	
8	Type of practice	Academician	1.750	0.657@
		Practitioner	1.812	
		Both	1.875	
9	History of Psychiatric consultation	Yes	1.875	0.721#
		No	1.750	
10	History of Psychiatric illness	Yes	2.062	0.268#
		No	1.750	

Table 2. Comparison of Sociodemographic Variables with the Attitude towards Psychiatrists (Zieger et al.)

Test used: @kruskal-wallis and #Mann Whitney U, *P - value < 0.05 is significant

Sl. No	Variables (N = 72)		Median	P - Value
1	Age (years)	20 to 35	2.000	0.6992@
		36 to 50	1.916	
		51 to 65	2.000	
2	Gender	Male	2.167	0.127#
		Female	2.000	
3	Religion	Hindu	2.000	0.331@
		Christian	2.333	
		Muslim	2.333	
4	Marital status	Married	2.000	0.993#
		Unmarried	2.000	
5	Residence	Rural	2.333	0.431#
		Urban	2.333	
6	Years of experience (years)	< 5	2.167	0.807@
		5 to 15	1.917	
		> 15	2.000	
7	Specialisation	Medical	2.167	0.035#*
		Surgical	1.917	
8	Type of practice	Academician	2.333	0.020*
		Practitioner	2.000	
		Both	1.833	
9	History of Psychiatric consultation	Yes	2.250	0.611#
		No	2.000	
10	History of Psychiatric illness	Yes	2.250	0.487#
		No	2.000	

Table 3. Comparison of Sociodemographic Variables with the Attitude towards Psychiatric Medications (Zieger et al.)

Test used: @kruskal-wallis and #Mann Whitney U,*P - value < 0.05 is significant

The socio demographic details of the participants were compared with the median scores of the attitudes towards psychiatric medications. There is significant association between the branch of specialisation and the type of practice with attitude towards psychiatric medications. Higher scores were seen among the medical branches and those working in the academic type of setting, indicating negative attitudes. There were no other significant association between other variables. The socio demographic details of the participants were compared with the median scores of the attitudes towards mental illness. There was no significant association between the socio demographic variables and the attitude towards mental illness.

Sl. No.	Variables (N = 72)		Median	P - Value
1	Age (years)	20 to 35 36 to 50 51 to 65	2.102 2.486 2.541	0.254[@]
2	Gender	Male Female	2.375 1.815	0.024*
3	Religion	Hindu Christian Muslim	2.154 2.375 2.461	0.335[@]
4	Marital status	Married Unmarried	2.208 2.223	0.266[#]
5	Residence	Rural Urban	2.208 2.252	0.750[#]
6	Years of experience (years)	< 5 5 to 15 > 15	2.154 2.203 2.747	0.203[@]
7	Specialisation	Medical Surgical	2.327 2.077	0.506[#]
8	Type of practice	Academician Practitioner Both	2.336 1.815 2.132	0.296[@]
9	History of Psychiatric consultation	Yes No	2.272 2.215	0.808[#]
10	History of Psychiatric illness	Yes No	2.272 2.215	0.907[#]

Table 4. Comparison of Sociodemographic Variables with the Attitudes and Belief towards Mental Illness (Hirai and Clum)

Test used: [@]kruskal-wallis and [#]Mann Whitney U, *P - value < 0.05 is significant

Variable		Dangerousness		Social dysfunction		Incurability		Embarrassment	
		Median	P - Value	Median	P - Value	Median	P - Value	Median	P - Value
Branch	Medical	2.000	0.754[#]	2.642	0.089[#]	2.583	0.926[#]	2.000	0.953[#]
	Surgical	2.125		2.142		2.583		1.875	

Table 5. Comparison of BTMI Subscales

Tests used: [#]Mann Whitney U, *P - value < 0.05 is significant

Comparison of Subscales of BTMI with the Branch of Specialisation

There was no significant association between the different branches with the various subscales of the BTMI. The median scores in the various subscales were compared with the branches of specialisation. For the ease of comparison, the branches were clubbed into medical and surgical. The overall mean score for the BTMI scale was 2.2 with a standard deviation of 0.8 and for the subscales the mean scores were 2.1, 2.3, 2.5 and 2.0 for dangerousness, social dysfunction, incurability and embarrassment respectively.

DISCUSSION

The study was conducted to explore the opinions of non-psychiatric doctors on psychiatrists, psychiatric medications and mental illness. The liason between various specialisations of doctors plays an important role in influencing the general publics' attitude towards the psychiatry. In a developing country like India, unless the patient is very aggressive / violent, family members do not sought the help of psychiatrist at the first instance. In the majority of the cases the mentally ill patients are seen by a non-psychiatrist and then based on their judgement referred to a psychiatrist. So the attitudes which the non-psychiatric doctors hold plays an important role in managing mentally ill patients directly or indirectly.

Studies were conducted in the past to explore the attitudes of different groups of people. A study was conducted by Tesfamariam et al.[14] among the secondary school students to evaluate their attitude towards mental illness. The mean BTMI score in their sample was 2.47; positive attitudes were seen among those with a relative of mental illness, higher educational level of the students and their fathers. They also found a negative correlation between the attitudes and the average grades of the student. They concluded that students in secondary school had negative attitudes towards mental illness and felt that attitude enhancing programs should be implemented to improve their attitudes. Another study was conducted among university students by Unal et al.[15] they found higher negative attitudes towards mental illness among married students, who had not met anyone with mental illness and among average economic status. They also found students having belief that mentally ill people were dangerous and their interpersonal relations would deteriorate. A study was done by Youssef et al.[16] among the undergraduate students to assess their knowledge and attitudes towards mental illness. They found that their overall knowledge about mental illness was low; attitudes were suggestive of stigmatisation and held negative stereotypes about schizophrenia. A multi centric study was conducted by Zieger et al.[5] among the lay public in India to explore their attitudes. They found strong religious beliefs, lower age and education to be associated with negative attitudes towards psychiatrists and psychiatric medications. They felt that necessary steps must be taken to modify these stigmatising attitudes.

There were also studies conducted on the medical community exploring their attitudes. Stuart et al.[17] did a multisite study on teaching medical faculty. They found that majority have negative opinions on psychiatrists, psychiatry as a branch and mentally ill patients. The participants did not consider psychiatrists as a good role model; mentally ill patients were more emotionally draining and should be treated in specialised hospitals. Another study by Jyothi et al.[18] among the medical and paramedical students found negative attitudes towards mentally ill people. A multi centric study was conducted by Gaebel et al.[4] to assess the stigma and discriminative experiences of psychiatrists. They found 17% of psychiatrists perceived higher stigma compared to general practitioners and also felt that the lay public held negative opinion about their profession. In contrast to these findings Bhugra et al.[19] found that the trainee psychiatry residents, patients and carers had positive attitudes towards the psychiatrists. They felt that the negative attitudes were not universal.

These studies are in contrast to the current study findings. We found positive attitudes among the non-psychiatrists towards psychiatrists and mental illness. There were only negative attitudes among medical branches and academicians towards psychiatric medication. We felt that these may be because of less use of psychiatric medications

among the non-psychiatrists, academicians being less exposed in treating psychiatric patients and the study being conducted in a small town. In the town usually there are less number of doctors and they get together on occasion of religious or family functions or local medical association meetings. These may lead to better knowing of each doctor and during the meet usually some or the other discussion would start related to psychiatry thus increasing the knowledge and understanding. We also did a study[3] with same methodology among the medical students and found that they held negative attitudes towards psychiatrists and mental illness, which tend to decrease as they progressed in their years of under graduate studies, and did not hold negative attitudes towards the psychiatric medications. We felt that many factors could be the reason like less exposure to psychiatry during their under graduate days, less emphasis of psychiatry in their final exams and restricted exposure to mentally ill patients. We also felt that the under graduate curriculum as a contributing factor and probably the new competency based curriculum could make some positive impact. The current study although not done on the same sample but could give some clues that the attitudes do not remain the same and they change for good. These study findings might explain that as the doctors' progress to pursue their higher studies, their attitudes would change towards positive side.

As expressed by the past President of World Psychiatric Association in his editorial comments,[20] the focus should be on passing the positive message to the masses rather than being involved in managing the negative image. Instead of remaining calm about the innumerable possibilities in psychiatry, we need to publicise them and make others aware. The example quoted was when there is 90% cure rate in sexual dysfunction, we do not publicise it. There is also a need to emphasis on the community mental health programs. We feel that as psychiatrists we should indulge in portraying good leadership qualities and strong command over crucial clinical skills. This may help to build a positive image among the future aspirants. Adopting the newer advances in science to diagnose mental illness might help to improve the image among the general public.

CONCLUSIONS

Previous studies have found negative attitudes among non-psychiatrists towards psychiatry, psychiatrists and mental illness. In our study findings, there are positive attitudes expressed by non-psychiatric doctors towards psychiatrists and mental illness which is a good sign. We believe this is a changing trend towards positive side when compared to past studies. Future studies should be longitudinal and keep in focus the new curriculum changes.

Limitations

The study is confined to a small town where every doctor knew each other personally.

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