

NON-PSYCHIATRY CONSULTANT'S ATTITUDE TOWARDS PSYCHIATRY : A STUDY FROM UNIVERSAL COLLEGE OF MEDICAL SCIENCES, NEPAL

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ABSTRACT

INTRODUCTION: Mental Health has been hidden behind the curtain of stigma and discrimination for a long time. Not only the mentally ill, even the mental health professionals are stigmatized. The medical professional's attitude to psychiatry appear to be negative, although the data are dated. Attitude of non-psychiatry consultants towards psychiatry may affect their ability to promote psychiatry as a discipline. The main aim of this study is to study the non-psychiatry consultants' attitude towards psychiatry.

METHODS: It is a hospital based cross-sectional descriptive study of 30 non-psychiatry consultants working in Universal College of Medical Sciences Teaching Hospital, Bhairahawa, Nepal. ATP-30 self report questionnaire was used to collect the data.

RESULTS: Majority of the subjects were male. About 69% of the consultants didn't have any exposure in the psychiatry. However, majority of the consultants had positive attitude towards psychiatry. The mean score for ATP-30 was 110.03.

CONCLUSION: Majority of the consultants had positive attitude towards psychiatry. However some erroneous beliefs are still prevalent among the consultants. The attitude of non-psychiatry consultants directly/indirectly affects the development of psychiatry as a discipline. Further studies of such kind can help to determine whether changes in attitudes towards psychiatry are needed among the non-psychiatry consultants.

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INTRODUCTION

Prevalence of mental illness in Nepal is about 15%.¹ Out of the total patients visiting any OPDs, 21-26% are suffering from some kind of mental illness.² However, total number of patients visiting psychiatry OPDs for treatment is significantly lower than expected. According to the WHO report, psychiatric disorders are now among the top ten causes of economic burden of disease while depression is second in the list.³ In spite of such a great scope, researches have shown a low level of preference for psychiatry as a speciality by medical students.⁴ Only 4-5% of UK graduates make psychiatry as their career choice currently.⁵ This has resulted in consistently lower number of practicing psychiatrist in the world in spite of the growing demand. It could be because of two reasons, firstly because of medical students' misperceptions about psychiatry even before they begin medical school⁶ and secondly, low status when compared with other specialties; seemingly less scientific, stigma, lower consideration among peers, lower financial benefits, and 'bad-mouthing' by medical specialists from other fields.⁷⁻⁹ The medical professional's attitude to psychiatry appears to be negative, although the data are dated.¹⁰ Attitude of non-psychiatry consultants towards psychiatry may affect their ability to promote psychiatry as a discipline. Attitude is defined by Rezler as "an emotionally linked, learnt belief around an object or situation predisposing one to respond in some preferential manner."¹¹ Attitudes are major determinants of behaviour¹², in this regard if we can manipulate the consultants and the future consultants' attitude in a positive way, it might help to encourage students to choose psychiatric as a future career and also promote psychiatry as a discipline.

There is very little in the current world literature with regard to the non-psychiatry consultants' attitude towards psychiatry and none such literature in a developing country like Nepal.

AIM AND OBJECTIVE

The primary aim of this study was to know about non-psychiatry consultants' attitude towards psychiatry.

METHODOLOGY

The ethical approval was obtained from the ethical committee before starting the study. Strict confidentiality of information was maintained and the data was used for research purpose only.

Setting

The study was conducted at Universal College of Medical Sciences-Teaching Hospital (UCMS-TH), Bhairahawa, Nepal. It is a 750 bedded general hospital. It has a well established psychiatry department with 70 in-patient beds. It is one of the largest mental health facility in the country. The

department is training undergraduates from last 14 years and Post-graduates from last four years.

Participants

Participants were the non-psychiatry consultants' of all the clinical departments working in the UCMS-TH fulfilling the inclusion criteria and exclusion criteria.

Instruments

A brief demographic and career was designed to obtain the data about age, sex, current designation, total experience as consultant and experience in psychiatry

Attitude to psychiatry questionnaire (ATP-30) was used to collect the data regarding attitude towards psychiatry. ATP-30 is a 30 item scale developed by Burra et al which examines attitude towards psychiatry on the basis of a 5-point Likert scale (1=strongly agree, 5=strongly disagree). Questions were designed to cover attitude towards mental illness, psychiatric patients, psychiatrist, psychiatric institutions, teaching, knowledge and career choice. Out of total 30 items, 15 were positively phrased and 15 negatively phrased. A total score was calculated by adding all item scores which ranges between 30 and 150. The higher the score, the more favourable the attitude towards psychiatry. A score of 90 indicates a neutral attitude. Score above 90 indicates positive attitude while score below 90 indicates negative attitude.

RESULTS

Out of total 45 non-psychiatry consultants, 30 consultants completed the questionnaire giving a response rate of 66.67%.

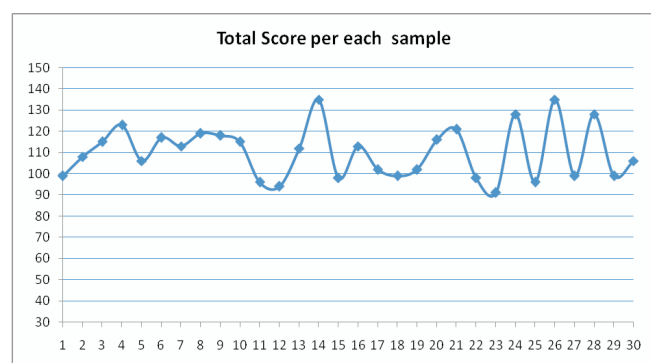
Table 1: Demographic and career data

	Frequency	Percentage (%)
Age, Years		
30-45	17	56.7
45-60	6	20.0
>60	7	23.3
Total	30	100
Gender		
Male	27	90.0
Female	3	10.0
Total	30	100
Current Designation		
Asst. Prof	14	46.7
Assoc. Prof	6	20.0
Professor	10	33.3
Total	30	100
Total Years of experience		
0-10	19	63.3
10-20	8	26.7
>20	3	10.0
Total	30	100
Experience in psychiatry		
Yes	10	33.3
No	20	66.7
Total	30	100

The mean age was 46.46 ± 13.56 . High majority of the consultants were male (90.0%). Looking at the frequency distribution of current designation, 46.7% of the consultants were Assistant Professor while Associate professors and professors constituted 20% and 33.3% respectively. Majority (63.3%) of the consultants had upto 10 years of total experience. Significant majority (66.7%) of the consultants did not have any experience in psychiatry in their medical career.

The analysis of the ATP-30 showed a mean score of 110.03 ± 12.37 (minimum 91, maximum 135). Thus indicating a generally positive attitude towards psychiatry. Total ATP-30 score as per each individual is shown in Figure 1.

Figure 1: Total ATP-30 score of each individual consultant



Analyses of the ATP-30 score showed that Professors had the least mean score (104.9 ± 9.7) as compared to other consultants. Consultants who had a total experience of more than 20 years had the lowest mean ATP-30 Score (104.9 ± 9.7) as compared to others. Analysis of Mean score with respect to experience in psychiatry showed that, consultants having exposure to psychiatry had a higher mean ATP-30 score (118.2 ± 13.6) as compared to those who do not have (105.9 ± 9.7).

There were no significant association between age, gender, designation, total years of experience and ATP-30 scores. However, there was significant association found between experience in psychiatry and total ATP-30 scores ($P=0.008$). Details of the correlation is shown in table 2

Table 2: Relationship between age, gender, designation, total years of experience, experience in psychiatry and ATP-30 score

Item	Total ATP Score	
	Correlation	Sig.
Age	-.245	.192
Gender	.109	.567
Designation & totalscore	-.235	.211
Total Years of Experience	-.148	.434
Experience in Psychiatry	-.475	.008

Some of the items having significant negative responses are shown in table 3.

Table 3: Some items of ATP-30 questionnaire with the responses obtained

Item No.	Questionnaire	Strongly Agree/Agree	Neutral	Strongly Disagree/Disagree
5	Psychiatrists talk a lot but do very Little	11 (36.67%)	4	15
7	At times it is hard to think of psychiatrists equal to other doctors	9 (30.0%)	2	19
22	Psychiatry is so amorphous that it cannot be taught effectively	14 (46.67%)	7	9
26	Psychiatric treatment causes patients to worry about symptoms.	15 (50.0%)	6	9
27	Little that psychiatrist can do for their patients.	9 (30.0%)	6	15
29	Psychiatric hospitals little more than prisons	11 (36.67%)	7	12

DISCUSSION

Mental Health has been hidden behind the curtain of stigma and discrimination for a long time. Not only the mentally ill, even the mental health professionals are stigmatized.¹³

The increasing demand of psychiatrists and psychiatry oriented physicians and surgeons can not be overlooked because of the following reasons: a. Global sociopolitical changes have resulted in significant increase in psychiatric morbidity.¹⁴ b. According to W.H.O report psychiatric disorders are now among the top ten causes of economic burden of diseases while depression alone is second in the list.¹⁵ c. Concern for management of psychological problems in physically ill patients is increasing.¹⁶ d. Literature has shown significant association of psychiatric disorders with physical illness.^{15,17} e. Liaison psychiatry is emerging as a subspecialty.^{16,17}

Till now the supply of the manpower in psychiatry could not keep pace with the demand. It is because less attraction in psychiatry has been observed all over the world. Different perceptions have been reported to be responsible for this image problem. The most reported reasons are stigma, stress, the attitude of non-psychiatric faculty and assumed higher rate of psychiatric morbidity in psychiatrists.¹⁸⁻²³ A study conducted in neighboring country of India in 1988 has also suggested that lack of interest for psychiatry among medical students may be due to insufficient teaching hours, inadequate staff, lack of involvement of senior faculty, absence of provision for examination in the subject, lack of access to audiovisual aids, teaching of psychiatry in mental hospitals and poor planning of curriculum.

The main study finding was that non-psychiatry consultants from UCMS have a positive attitude towards psychiatry. Studies in similar population is not done till date. The mean ATP-30 score (110.03) was consistent with the finding in other studies among General Practitioners, Interns by Thompson C et al, Malhi GS et al, Maidment R et al, McFarland M et al.^{9,10,11} The positive attitude was independent of age, gender, designation and total years of experience. However, there was strong correlation between total score and experience in psychiatry ($p=0.008$). This indicates that even a brief exposure to psychiatry during their medical course/ career is very vital in improving one's attitude towards psychiatry. This finding substantially supports compulsory posting in psychiatry during the medical training so that the attitude towards psychiatry improves and also it helps in dispelling misbeliefs about psychiatry.

It was interesting to know that Professors had lowest mean score (104.9) as compared to other consultants. It might be due to the fact the psychiatry was not that developed in our part of the world during their medical training and also that psychiatry was not a part of the curriculum in the medical training. As expected, consultants who had been exposed to psychiatry for some period of time during their training/career had significantly higher mean score. It warrants that medical professionals has to undergo exposure to psychiatry compulsorily if we want to promote psychiatry as a discipline. The positive attitude seen in the study sample could be because of the well established psychiatry department in the UCMS-TH.

LIMITATIONS OF THE STUDY

The study has some limitations. Firstly, the sample size was small. It was because of lesser number of full-time consultants working in the hospital. Second limitation of the study is that the ATP-30 questionnaire that was used in this study is actually designed for medical students population. However, the tool has been used in study of general practitioners' attitude to psychiatry because this scale attempts to generate a broader opinion on psychiatry as a discipline.

CONCLUSION

Majority of the consultants had positive attitude towards psychiatry. However some erroneous beliefs are still prevalent among the consultants. The attitude of non-psychiatry consultants directly/indirectly affects the development of psychiatry as a discipline. Further studies of such kind in a larger scale can help to determine whether changes in attitudes towards psychiatry are needed among the non-psychiatry consultants.

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