Original Research / Orijinal Araştırma

Evaluation of Primary Care Physicians' Approaches to Mental Health and Diseases
Birinci Basamak Hekimlerinin Ruh Sağlığı ve Hastalıklarına Yaklaşımlarının Değerlendirilmesi

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Summary

Objective: Mental disorders are highly prevalent in the general population and associated with low quality of life. Mental disorders in primary care are common but under-recognized and managed suboptimal. This study aims at assessing primary care physicians' approach to mental disorders and related educational needs.

Methods: This cross-sectional study was performed between July 15, 2015 and August 15, 2015. We aimed to reach the whole population without sample selection. A total of 159 physicians working at family medicine centres in the city centre of Denizli were invited and 151 physicians (95%) agreed to participate. Data were collected via face-to-face interviews by using a questionnaire designed by the investigators.

Results: Family physicians stated to believe that approximately 25% of their patients have psychiatric problems but they think to have only diagnosed 4.6% of them. The most common barrier mentioned in diagnosing and treating mental disorders was lack of time. It was observed that family physicians have positive attitudes towards mental disorders. Among patients with a mental disease diagnosed by family physicians, 50% were prescribed drugs and 25% were referred to a psychiatrist. It was noticed that the majority of the family physicians believed to be partially sufficient in the management of mental disorders. Education in mental disorders was stated to be necessary by 78.8% of the physcians.

Conclusion: It was determined that the majority of family physicians found themselves partially competent in the management of mental illnesses, were aware of their deficiencies in terms of mental illnesses, and were open to training. It could be beneficial to provide training in line with the needs of physicians.

Keywords: Primary care, family physicians, approach, mental disorders, management

Özet

Amaç: Ruhsal hastalıklar toplumda sık görülmekte ve düşük yaşam kalitesine neden olmaktadır. Ruhsal hastalıklar birinci basamakta sık görülmelerine karşın tanı ve tedavileri yeterince yapılamamaktadır. Bu çalışmanın amacı birinci basamakta çalışan hekimlerin ruhsal hastalıklara olan yaklaşımlarını değerlendirmek ve bu hekimlerin eğitim gereksinimlerini belirlemektir.

Yöntem: Çalışmamız kesitsel tanımlayıcı bir çalışma olup 17 Temmuz 2015 ile 15 Ağustos 2015 tarihleri arasında yapılmıştır. Örneklem seçimi yapılmadan tüm nüfusa ulaşılması hedeflenmiştir. Denizli il merkezindeki aile sağlığı merkezlerinde çalışmakta olan 159 hekim çalışmaya davet edilmiş olup 151 hekim (%95) çalışmaya katılmayı kabul etmiştir. Veriler araştırmacılar tarafından hazırlanmış olan anketin yüz yüze uygulanması yoluyla elde edilmiştir.

Bulgular: Çalışmamıza katılan aile hekimleri hastalarının yaklaşık %25'inde ruhsal hastalık olduğunu düşündüklerini ancak %4,6'sına tanı koyduklarını belirtmiştir. Ruhsal hastalıkların yönetimde aile hekimlerin çoğunlukla karşılaştıkları engelin zaman yetersizliği olduğu tespit edilmiştir. Aile hekimlerinin ruhsal hastalıklara karşı genelde olumlu tutumlara sahip oldukları görülmüştür. Aile hekimleri ruhsal hastalık tanısı koydukları hastalarının ortalama %50'sine ilaç yazdıklarını %25'ini ise psikiyatriye sevk ettiklerini belirtmişlerdir. Aile hekimlerin çoğunluğunun ruhsal hastalıkların yönetimi konusunda kendilerini kısmen yeterli buldukları tespit edilmiştir. Aile hekimlerin %78,8'i ruhsal hastalıklar konusunda eğitim alma gereksinimi duyduklarını belirtmişlerdir.

Sonuç: Aile hekimlerinin çoğunluğunun ruhsal hastalıkların yönetimi konusunda kendilerini kısmen yeterli buldukları, ruhsal hastalıklar konusunda eksikliklerinin farkında oldukları ve eğitime açık oldukları belirlenmiştir. Hekimlerin ihtiyaçları doğrultusunda eğitim verilmesi faydalı olabilir.

Anahtar kelimeler: Birinci basamak, aile hekimleri, yaklaşım, ruhsal hastalıklar, yönetim

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Introduction

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being.[1] According to the WHO, 20% of the burden of disease in Europe is related to mental health problems and one out of every four people has mental problems at any time during in life.[2] The "Türkiye Mental Health Profile Survey" is an important research conducted with a national sample in Türkiye. In this study, 7479 individuals over the age of 18 were interviewed and 17.2% of them were diagnosed with at least one mental illness according to ICD-10 (the International Classification of Diseases, Tenth Revision). Depression and anxiety disorders were found to be the most common mental disorders and mental illnesses were more common in women than in men.[3]

A document on Mental Health in the United Nations was published with the WHO-WONCA (World Organization of Family Doctors) joint work. It stated that despite the potential for successful treatment of many mental illnesses, few patients receive the necessary treatment. It was stated that adding mental health services to the primary care (PC) system would guarantee that patients who need treatment receive the necessary healthcare .[4] Considering that PC is more accessible in terms of treatment of mental illnesses, it has also been emphasized that the investment to be made here will facilitate access to treatment. On the other hand, the PC physician is more effective in providing care to patients and families in mental illnesses. Family physicians evaluate their patients as a whole with a psychosocial approach. With this family and community-oriented approach, family physicians try to solve the problems of society and families. In a study, it was observed that 92% of patients who were treated for mental illness consulted a family physician at least once.[5] Therefore, most patients with mental illness first consult non-psychiatric physicians, especially primary care physicians. Patients' preferences are influenced by the fact that they think that family physicians have better information about them and will start more appropriate treatment, and that they aim to avoid stigmatization related to mental illness.[6]

Primary care, which is the first entry point of the health system, has an important place in the prevention and treatment of mental illnesses because it is easily accessible and can communicate with more people. Therefore, integration of mental health into primary care is important. In this study, we aimed to determine the approaches of family physicians working in primary care to mental health diseases, the obstacles they encounter in the management of mental health diseases and their educational needs.

Material and Method

Our cross-sectional descriptive study was conducted between July 17, 2015 and August 15, 2015 and it aimed to reach the whole population without sample selection. In total, 151 (95%) of the 159 physicians volunteered to participate in the study from a total of 50 family health centres in Denizli city centre . Data were collected by a questionnaire including 21 closed-ended, open-ended, and Likert-type questions. The first part of the questionnaire included questions about socio-demographic information. Other questions included the number of mental illnesses diagnosed by the physicians, the difficulties they encountered, and how they proceeded with treatment. In addition, there were 4-point Likert-type questions regarding the physicians' self-confidence, psychiatric interviewing, diagnosis, and follow-up of mental illnesses. Data were analysed with SPSS 21 package program (IBM Corp.,Armonk, NY, USA) and $p<0.05$ was considered statistically significant. Ethical approval was granted by the Pamukkale University (PAU) Non-interventional Clinical Research Ethics Committee (date: January 13,2015 / number:01).

Results

Ninety five percent of the family physicians working in Denizli city centre participated in this study, 31.8% (n=48) were female and 68.2% (n=103) were male. The sociodemographic characteristics of the family physicians are shown in Table 1.

Table 1. *Sociodemographic characteristics of the family physicians*

Sociodemographic variables		Female n (%)	Male n (%)	Total n (%)
Age	31-40	15 (31.3)	7 (6.8)	22 (14.6)
	41-50	28 (58.3)	65 (63.1)	93 (61.6)
	51 and above	5 (10.4)	31 (30.1)	36 (23.8)
	Total	48 (100)	103 (100)	151 (100)
Marital status	Married	40 (83.3)	98 (95)	138 (91.4)
	Unmarried	5 (10.4)	2 (2)	7 (4.6)
	Widower	0 (0)	0 (0)	0 (0)
	Divorced	3 (6.3)	3 (3)	6 (4.0)
Medical practice experience	Under 10 years	3 (6.2)	5 (4.9)	8 (5.3)
	11-20 years	26 (54.2)	27 (26.2)	53 (35.1)
	20 years and above	19 (39.6)	71 (68.9)	90 (59.6)
Internship duration at psychiatry clinic?	2 months and under	40 (83.3)	81 (78.6)	121 (80)
	3-4 months	6 (12.5)	18 (17.5)	24 (16)
	5 months and over	2 (4.2)	4 (3.9)	6 (4)
Time adequacy	Yes	12 (25)	32 (31.1)	44 (29.2)
	No	36 (75)	71 (68.9)	107 (70.8)

**frequency analysis*

The average number of patients seen by male and female family physicians in the last month was the same. The family physicians thought that 25% of the patients admitted to them had mental illness on average and there was no significant difference between female and male physicians in terms of mental illness estimates. There also was no significant difference between the female and male family physicians in terms of the rates of diagnosis of depression, anxiety, and attention deficit hyperactivity disorder (ADHD) in the patients they had seen in the last one month (p = 0.880, 0.627, and 0.933, respectively). When the difficulties encountered by the family physicians in the management of mental illnesses were evaluated; 71.1% (n=108) of the physicians stated that they could not allocate enough time to patients, 46.1% (n=70) stated that patients had a fear of social stigmatization, 44.1% (n=67) stated that patients or their relatives rejected the diagnosis, 42.1% (n=64) stated that there was insufficient specialist support, and 31.6% (n=48) stated that there were no guidelines suitable for primary care.

Most of the family physicians stated that they would evaluate patients in terms of mental illness who came to be examined frequently in a short period of time and patients who changed physicians frequently. The majority of the family physicians also stated that they would investigate patients with complaints of physical symptoms that could not be explained by a physical illness in terms of mental illness. Beliefs and attitudes and behaviours of the family physicians about mental illnesses are given in Table 2.

Table 2. *Beliefs and attitudes of the family physicians about mental illnesses*

	Agree	Disagree	No idea
	n (%)	n (%)	n (%)
I check for mental disorder (MD) in patients presenting for examination frequently in a short period of time	138 (90.1)	12 (7.2)	5 (2.6)
I check patients complaining of physical symptoms for MD not explained by a physical illness	149 (98)	3 (2)	0 (0)
I think of MD in patients changing many physicians in a short time	132 (86.8)	14 (9.2)	6 (3.9)
MD medications can cause addiction	12 (7.9)	133 (88.1)	6 (4.0)
MDs do not fully recover	26 (17.1)	119 (78.3)	7 (4.6)
PC physicians should be able to treat the most common MDs	143 (94.1)	8 (5.3)	1 (0.7)
Only psychiatrists must manage MDs	12 (7.9)	132 (86.8)	8 (5.3)
MD risk increases in individuals with chronic diseases	146 (96.1)	4 (3.3)	2 (0.7)
MD is associated with environmental factors	146 (96.1)	4 (2.6)	2 (1.3)

**frequency analysis*

Family physicians stated to believe that 25% of their patients have mental disorders. While 50% of the family physicians' only prescribed drugs, combined medication, and psychotherapy application was 23% and 25% referred them to a psychiatrist. We found that 39.7% of family physicians does not use any depression scale at all. Female family physicians were significantly more likely to use scales than male physicians (p=0.041) and were significantly more likely than the male physicians to apply psychotherapy and drug treatment together (p=0,020). The family physicians' treatment preferences for patients with mental illness are shown in Table 3.

Table 3. *Family physicians' treatment preferences for patients who were thought to have mental illness.*

	Female	**Male**	**Total**	
Physicians' treatment preferences	n=47	n=102	n=149	
	median	median	median	***P***
	(min-max)	(min-max)	(min-max)	value
Just prescribe medicine	30 (0-100)	50 (0-100)	50 (0-100)	0.100
Psychotherapy	0 (0-50)	0 (0-30)	0 (0-50)	0.481
Prescribing medication and psychotherapy	20 (0-80)	7.5 (0-100)	10 (0-100)	0.020
Referral to psychiatry	25 (0-100)	25 (0-100)	25 (0-100)	0.832

*****_Independent samples t-test._
(Two participants who marked more than one option were not included.)

While 71.5% (n=108) of the family physicians did not provide educational material to patients diagnosed with mental illness, the proportion who mostly provided educational material was 1.3% (n=2). It was determined that 51.3% (n=78) of the family physicians mostly gave information about mental illness to the diagnosed patients. The majority of the family the physicians found themselves partially competent in terms of approach to mental illness, psychiatric interview diagnosis, and treatment. 78.8% of the family physicians stated that they would like to receive training on the approach to mental illnesses. The majority wanted to receive this training from a physician who is an academic in psychiatry (55.3% n=84).

Discussion

Family physicians who agreed to participate in our study estimated that 25% of the patients admitted to them in the last month had a mental illness, a number which is in accordance with the literature.[7] On the other hand, a diagnosis of mental illness was only made in 4.6%. In a study where one-year records of physicians in the outpatient clinic book were reviewed and diagnoses of 313139 patients were examined, it was observed that these physicians diagnosed 1-2.3% of the patients with mental illness.[8] In another study, it was found that physicians diagnosed mental illness in 3.7% of the patients admitted in a week at most, but the rate of mental illness in patients admitted was actually 28%.[9] Similar to previous studies, we found the rate of physicians able to diagnose mental illnesses to be very low.[9,10]

Although primary care physicians have an important role in the management of mental illness, it is clearly seen that family physicians suspect mental illness but fail to diagnose most patients. The difficulties and obstacles that may cause this have been the subject of many studies.[11,12,13]

Like the results of previous studies, the majority of primary care physicians (71.1%) in our study stated that they could not spare enough time for their patients.[11,12,13] Difficulties encountered by family physicians were the fear of social stigmatization and refusal of treatment by patients, similar to the results of the study by Shem et al..[14] In a study conducted by Rijswijk et al., rejection of treatment was also a common response among patients.[15]

These results show that there are barriers for family physicians to diagnose and treat medical diseases in primary care. Considering that most of the common mental illnesses in the society can be successfully treated in primary care, primary care physicians should have more responsibility in the control of these illnesses. For this reason, it is necessary to reveal the incapacities encountered in primary care in more detail. However, there are not enough studies on this subject in our country.

In our study, we found that family physicians were generally interested in mental illnesses. Most of the family physicians who participated stated that they believed that common mental illnesses should be treated in primary care, and that the drugs used in treatment were not addictive. These results do not coincide with some previous

studies .[12,16,17,18] In a study by Glasser et al., similar to our study, the majority of the primary care physicians stated that mental illnesses should be treated in primary care.[19]
In the treatment of mental illnesses, the rate of combined medication and psychotherapy was 23%, while the rate of prescribing only medication was higher. We do not know whether this is because physicians consider psychotherapy less effective or if it is due to insufficient knowledge and skills. However, in some studies, most of the physicians stated that they thought that drug treatment was essential.[20,21,22,23] In our study, similar to other studies, the rate of psychotherapy and drug treatment combined with psychotherapy was higher among the female physicians compared to the male physicians.[21] This made us think that female physicians were more interested in psychotherapy. Our study found that 28.6% of the physicians referred their patients. While the referral rate of the physicians was higher in the study conducted by Özmen et al., it overlaps with the results in a study conducted in Istanbul.[17,18] In some studies, primary care physicians stated that only psychiatrists should deal with mental illness.[20,24] In our study, we found that most of the family physicians did not give educational material to the patients they diagnosed but merely informed the patients. The study by Yıldırım et al., provides results similar to our findings.[18] In contrast to our findings, Glasser et al., found that primary care physicians routinely gave educational material to the patients they diagnosed.[19]
In our study, it was found that the family physicians found themselves partially competent in the approach, diagnosis, and treatment of mental illnesses. In a study conducted by Özmen et al., physicians stated that they considered themselves moderately competent.[17] Similarly, in a study conducted by Yıldırım et al., only 19.2% of the family physicians found themselves competent.[18] On the other hand, in studies conducted abroad, physicians were found to be more self-confident.[21,25] This may be due to insufficient implementation of post-graduation trainings in our country. In our study, the fact that most of the family physicians wanted to receive training is both a suggestive and positive finding. Similarly, in studies conducted in Türkiye and abroad, most of the physicians stated that they wanted to receive further education to improve their knowledge and skills.[17,18,13,20]

Conclusion

We found that family physicians suspect patients with mental illness but could not diagnose them. However, we observed that family physicians had a positive attitude towards mental illnesses. We determined that the family physicians were aware of their deficiencies in terms of mental illnesses and were open to training.
As a result of our study, we believe that family physicians have a positive attitude towards mental illnesses, have difficulties in diagnosing and treating MD's and are open to education. Our results may support education programs and new researchers on this topic.

Limitations

Our study had some limitations. The data in this study were obtained through a self-administered questionnaire form and no measurement tool was used to objectively assess the clinical behaviour of physicians. Our questionnaire has no validity and reliability. Our study cannot be generalized to physicians in other regions due to the distribution of sociodemographic information of the physicians. The high response rate (95%), the questionnaire being piloted before and a face-to-face conduction are the strengths in our study.

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