

UNIT NO. 5

MANAGING PATIENTS WITH MENTAL ILLNESS IN PRIMARY CARE: APPREHENSIONS AND VIEWS OF GENERAL PRACTITIONERS

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ABSTRACT

This study aims to examine the views and perceived limitations on the management of patients with mental illness in the community in a representative sample of general practitioners (GPs) illness. A postal survey was conducted among a random sample of 768 GP clinics in Singapore which yielded a response rate of 62%. About 68% of the respondent GPs indicated that they were managing mentally ill patients at the time of the survey, and anxiety and stress disorders were the most common mental conditions encountered by the GPs in their clinics. Over 90% of the GPs who were managing patients with mental illness felt that these patients were more comfortable receiving treatment from them than from a psychiatrist because of their confidence and familiarity with the GPs who provide accessible, affordable and less stigmatizing care. Serious mental illness like schizophrenia and addictions were regarded as the most difficult psychiatric conditions to manage in a GP setting. Lack of adequate time and support from ancillary healthcare professionals, and need for training in the special medical needs of patients with more serious mental illness were perceived as key challenges in managing patients with mental illness in general practice.

KEYWORDS: General practice, limitations, mental illness, primary care

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INTRODUCTION

Mental disorders are pervasive throughout the world¹. The ensuing morbidity, need for long term care and increased healthcare utilization pose a significant challenge to healthcare systems across the world and exert considerable social burden. With the advancement in knowledge about mental illness, the treatment options and interventions have expanded and so has the focus on deinstitutionalization of services for people with mental illness^{2,3}. Rehabilitation and reintegration of patients to the community has been associated with improved outcomes⁴. As a result, the healthcare clinical and policy context for people with mental illness is changing; there is an increased emphasis on access to care and patients' choice⁵. There has also been a growing recognition of the role of primary care practitioners in management of patients with mental illness given their strategic position in the community which promotes available, accessible, and often less stigmatizing treatment⁶. In a number of countries, there have been concerted efforts towards integrating mental healthcare in primary care with the objective of improving patient outcomes and alleviating the burden on tertiary healthcare systems.

In Singapore, a primary care medical practitioner, commonly known as a general practitioner (GP) is usually a family doctor who is in private practice. GPs constitute an important segment of the multi-skilled primary healthcare workforce that caters to over 80% of all primary medical care in Singapore⁷. Colloquially, in Singapore, a GP Psychiatric Programme was initiated in 2003 with the aim of engaging GPs in the management of stable psychiatric patients in Singapore. The five-year National Mental Health Policy and Blueprint, launched in 2007, aimed at improving the overall mental health of the nation, and among its various initiatives, is the wider engagement of the primary healthcare sector particularly the GPs. The GP Psychiatric Programme has expanded to engage and enlist more GPs, and to "right-site" the care to the community. Critical to the process of developing and implementing further programmes and policies is to obtain information on the current clinical practice, experiences and views of GPs in providing mental healthcare in private practice.

Unfortunately, there is a paucity of such information in the local context and there is no known published information on a national scale. This study was done to address the critical lack of information on the views and apprehensions of GPs in Singapore who are providing healthcare to patients with mental illness in the community setting as well as to assess their interest in attending a training program in psychiatry for GPs.

METHODS

Questionnaire design:

Two focus group discussions were conducted with 16 practicing GPs to ascertain their views on managing patients with mental illness in GP clinics. GPs who participated in the focus group discussions had varying durations of service in general practice and belonged to different age, gender and ethnic groups. This ensured representativeness and collection of rich qualitative information. They were also asked for the difficulties (real and perceived) in managing people with mental illness in their practice. Information collected was reviewed by an expert panel of researchers comprising a psychiatrist, GP, policy maker, sociologist and a survey expert as part of the process in developing a self administered questionnaire for the survey. The questionnaire was pilot-tested on 8 GPs and appropriate revisions were made before the survey.

Sample:

The proportion of GPs interested in training program in psychiatry was assumed to be 20%. The required sample sizes were computed for response rates varying from 50%, 60%, 70%, 80% and 90% with 2% to 5% absolute point precision levels at 95% confidence level. It was anticipated that the response rate would be 50% for the survey and a sample size of 768 was chosen as the number of clinics to be selected for the survey to give a precision of 4% and 95% confidence interval. A list of all GP clinics in Singapore along with their telephone numbers and/or email address was obtained from the Ministry of Health and this served as the sampling frame for the simple random selection of clinics. All GPs in the selected clinics were invited to participate in the study.

Survey Fieldwork:

The survey was conducted over three months between July and September 2007. The questionnaires were mailed in a single wave to the selected clinics in July 2007 along with an invitation letter that explained the purpose, importance and requirements of the survey. GPs were informed to leave the completed questionnaires in with their clinic assistants which were then collected by the research assistants engaged for the study. The anonymous and voluntary nature of the survey was emphasized in the letter, although the GPs were given an option to provide their personal details for future contact. A telephone line was set up to address queries, to make follow-up and reminder calls, and to make arrangements for collection of the survey forms. Information from completed questionnaires was entered in a dataset after ensuring that the personal details provided by GPs were delinked from their responses. Quality of data entry was ensured through 20% double data entry with acceptable error rate of 2%.

Statistical analysis:

Data was analysed using Statistical Package for Social Sciences (SPSS, Chicago IL, USA) version 16.0. Descriptive statistics and frequency distribution were computed for responses to the questionnaire items.

RESULTS

90 clinics out of the 768 selected clinics were found to be specialist clinics upon further contact during fieldwork and excluded from the analysis. Of the remaining 678 clinics, GPs from 477 clinics completed the survey, giving a response rate of 70.4%. The overall response rate was therefore 62.1%. A total of 543 GPs responded from the 477 clinics.

The socio-demographic characteristics of the 543 respondent GPs are presented in Table I. There are predominantly more male GPs (7 males to 3 females), and the mean age of respondents was 47.8 years, and the mean duration of private practice was 18.3 years.

68.6% (n= 372) of the GPs were managing people with mental illness at the time of the survey. The GPs were seeing an average of 6 patients with mental disorders per week which constituted only 4.5% of the total number of patients seen by them per week. Anxiety and stress disorders were the most common types of mental illness encountered by the GPs (Table II).

Among the GPs who were managing people with mental illness, the vast majority (90.7%, n=332) perceived that the patients were more comfortable receiving treatment from them than from a psychiatrist. Most of these GPs (79.8%, n= 297) attributed this to the sense of familiarity that patients have with them. Other reasons are listed in order of frequency in Table III.

Table I: Socio-demographic characteristics of GPs (n= 543)

Mean (SD)	Range	
Age (years)	47.8 (10.6)	26 – 84
Number of years in general practice	18.3 (10.4)	1 – 49
Number of years since graduation	23.2 (10.4)	0 – 55
Variables		% (n)
Gender	Men	70.7 (383)
	Women	29.3 (159)
Ethnic group	Chinese	92.6 (502)
	Malay	1.8 (10)
	Indian	4.1 (22)
	Others	1.5 (8)
Education	MBBS	88.1 (475)
	MBBS + MMed	7.4 (40)
	MBBS + Diploma	2.8 (15)
	Others	1.7 (9)

Table II: Types of mental illness encountered by GPs who were managing mentally ill patients

	% (n)
Anxiety/ Stress Disorders	96.8 (360)
Sleep Disorders	91.7 (341)
Depressive Disorders	77.2 (287)
Mental illness in the Elderly	46.8 (174)
Addiction Disorders	28.5 (106)
Schizophrenia (and related psychosis)	20.7 (77)
Mental illness in Children & Adolescents	18.3 (68)
Eating Disorders	16.4 (61)

Table III: GPs' perceptions on reasons why patients with mental illness preferred seeing them

	% (n)
Patients' familiarity with GP	79.8 (297)
Patients' willingness to confide in GP	44.6 (166)
GPs' familiarity with patients' history	40.6 (151)
Stigma associated with visiting psychiatrist	39.2 (146)
Reasonable consultation fee	20.7 (77)
Patients' confidence in GP's knowledge and experience	20.7 (76)
Convenient location of GP clinic	18.8 (70)
Holistic care from GP	15.3 (57)
Flexible / extended hours of GP consultation	7.5 (28)
Other reasons (past experiences of patients, etc)	0.8 (3)

All GPs - those who were treating patients with mental illness and those who were not - were asked to list the mental disorders that they would be most uncomfortable to manage. Addiction disorders and schizophrenia and related psychoses were deemed to be the most challenging conditions (Table IV). The real and perceived challenges perceived by the GPs in managing patients with mental illness in a GP clinic setting are listed in Table V. Extended consulting hours, the absence of psychotropic medication, and perceived need for additional knowledge in managing such patients were the most common cited difficulties in the management of mentally ill individuals.

DISCUSSION

The present study was carried out in order to provide an understanding of how GPs perceive managing patients with mental illness in their practice. A secondary objective was to get an insight into GPs' perceptions of their own needs

Table IV: Mental illness that GPs find difficult / uncomfortable to manage

	% (n)
Schizophrenia (and related psychosis)	66.3 (360)
Addiction Disorders	64.6 (351)
Mental illness in Children & Adolescents	48.6 (264)
Sleep Disorders	29.5 (160)
Eating Disorders	27.6 (150)
Mental illness in the Elderly	25.2 (137)
Depressive Disorders	21.4 (116)
Anxiety/ Stress Disorders	11.1 (60)

Table V: GPs' perceived difficulties in managing patients with mental illness

	% (n)
Patients with mental illness tend to require more consultation time	72.6 (394)
I do not stock the appropriate medication in the clinic	75.0 (407)
More knowledge is required to manage such patients	65.0 (353)
Lack of support services available for me to manage them	60.6 (329)
I am not comfortable prescribing psychotropic medication	52.9 (287)
They may be violent in their behaviour	41.1 (223)
Low compliance to medications	27.1 (147)
Negative perceptions of other patients, who may avoid my clinic	23.9 (130)
Lack of financial incentive	18.8 (102)
Other reasons	5.7 (31)

while working with these people. The survey questionnaire was developed through qualitative methods which ensured minimum response errors and effective data collection. We achieved a response rate of 62% that fulfilled the statistical requirements and increased generalizability of the findings.

To our knowledge, there have not been any published local findings on the views of GPs in providing mental healthcare in their practice. Literature elsewhere suggests that GPs are willing to take responsibility for physical healthcare⁸ but less so for those with mental illness, particularly those suffering from serious illness^{9,10}. Similar findings were found in this study, with over 65% of GPs surveyed indicating schizophrenia (and associated psychosis) as the more difficult illness to treat in GP clinic setting. Anxiety and sleep disorders were the most frequent illness encountered by GPs in Singapore and these findings are similar to those reported in other countries^{11,12}. Patients' preference of healthcare providers, physicians' confidence and expertise in treating mild mental illness and affordable cost of providing care have been reported as the

factors contributing to the predominance of these disorders found in primary healthcare.

In this study, 65% of the responding GPs expressed a need for more knowledge on managing patients with mental illness, particularly those with more serious conditions such as schizophrenia. This self assessment of the training needs of GPs is crucial to the expansion of mental health services in the community and provision of optimum care to patients. Certain differences in diagnostic accuracy for depression and schizophrenia were observed between psychiatrists and primary health professionals in an earlier study in Singapore¹³ and elsewhere¹⁴ which highlight the importance of further training in any initiative to engage GPs in the care of those with mental illness in the community.

A limitation of the study is that it was based on self-report and thus a social desirability bias cannot be ruled out especially when considering attitudes and perceptions. Notwithstanding this limitation, this study is the first nation-wide survey on a representative sample of practicing GPs in Singapore with a respectable 62% response rate that provide important information on the views of the GPs, an insight into their perceived challenges and needs and an assessment of their interest in improving their management of mentally ill patients.

CONCLUSION

The National Mental Blueprint and Policy recognizes the crucial role that GPs could play in the overall care of those with mental illness. However, certain perceptions and challenges remain and may deter GPs from enlisting in the integrated care model – the proportion of people with mental illness that are being attended to by GPs constitutes a relatively small percentage of their practice. Addressing the training and practice needs (such as providing ancillary support) of GPs is crucial.

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LEARNING POINTS

- **A postal survey was conducted among a random sample of 768 GP clinics in Singapore and the response rate was 62%.**
- **Anxiety and stress disorders were the most common mental conditions encountered by the GPs in their clinics.**
- **Serious mental illness like schizophrenia and addictions were regarded as the most difficult psychiatric conditions to manage in a GP setting.**
- **Lack of adequate time and support from ancillary healthcare professionals, and need for training in the special medical needs of patients with more serious mental illness were perceived as key challenges in managing patients with mental illness in general practice.**