

GENERAL PRACTITIONERS AND MENTAL ILLNESS

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SYNOPSIS

This is an impression obtained from 74 doctors doing general practice of their experiences with psychiatric problems. About 60% of the doctors had more than 10% of their patients suffering from psychological illness. Most doctors preferred to treat the neuroses with Librium and Valium and non-suicidal depression with Tricyclic drugs. Almost all doctors had a few cases of impotence and the management was generally correct except that androgen and aphrodisiac were also used. About 40% and 60% of doctors had few cases of opiate and non-opiate addictions a year respectively. The doctors' concept of Psychotherapy was correct but not Schizophrenia. Most doctors, especially those graduated from Singapore and Hong Kong Universities felt that their undergraduate psychiatric education was inadequate.

The object of this study was to try to survey the prevalence and types of mental illness encountered in general practice, the attitude of the general practitioners towards mental illness, and their concept and management of mental illness and the types which they undertake to manage.

In the United Kingdom, a recent estimate based on findings in general practice showed that one-tenth to one-fifth of the total population was mentally ill or emotionally disturbed (Shepherd, Cooper, Brown and Kalton, 1966). However, only a small fraction of patients with these illness was dealt with in the Hospital services and the great majority were either treated in the community or remained untreated. About one-fifth of patients actually attending a family doctor were mentally disturbed (Hewetson, Mc Ewan and Ollendorff, 1963).

It is important to realise that only a minority of patients with emotional illness presented exclusively with psychiatric symptoms. Most have somatic complaints which obscured the underlying psychological disturbance. Often the emotional illness is unrecognised and undiagnosed (Goldberg and Blackwell, 1970). The general practitioner knows the family of his patients and the background of their life best. He is thus usually the best person for evaluating family and social stresses and providing for long term continuity of care of the mentally ill.

This is but a superficial and pilot study. To do a more detailed study the co-operation of general practitioners is needed. It is felt that the studies

of this nature are necessary and useful if we hope to improve the standard of psychiatry in Singapore and to provide a more satisfactory care for the many patients who are mentally ill in the community.

METHOD OF STUDY

In the present survey, questionnaires which were designed by the authors were sent by post to 441 doctors doing private practice and 69 doctors attached to the Government out-patient services. Only doctors who were involved in general practice and not specialist practice were included. The doctors were also asked for certain factual information about themselves: their ages, their year of graduation and their post-graduate experience in psychiatry.

There were replies from a total of 64 doctors in private practice (14.5%) and 10 doctors in government out-patient services (also 14.5%). Some details of the doctors in the sample are given in the table below. The data were obtained from the doctors themselves.

TABLE I

Year of Graduation	No. of General Practitioners	No. of Doctors in Government Out-patient Services
Before 1940	13	—
1940 - 1949	5	—
1950 - 1959	21	—
1960 - 1969	20	7
Unknown	5	3
TOTAL	64	10

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11 doctors in this sample had post-graduate experiences in Psychiatry and 9 doctors had higher qualifications. There were 4 women in the sample (3 from the government out-patient services). 42 doctors graduated from Singapore/Malayan University; 14 from United Kingdom; 9 from Hong Kong, 5 from Australia and 2 from India.

NATURE, EXTENT AND MANAGEMENT OF MENTAL ILLNESS

Question

In your practice estimate the percentage of patients above the age of 15 years attending your clinic suffering from psychological illness?

TABLE II

% of Psychological Illness in the Doctors' Practices	No. of Private Doctors	No. of Doctors in Govt. OPD	Total No. of Doctors in Sample
0 - 4	12	1	13
5 - 9	13	2	15
10 - 19	15	2	17
20 - 29	11	1	12
30 - 39	6	1	7
40 - 49	3	—	3
50 - 59	1	1	2
Unknown	3	2	5
TOTAL	64	10	74

The figures referred to the number of doctors stating the percentage of psychological illness in their practices in one year.

The above table showed that 62% of doctors in the sample stated that in their estimate more than 10% of their patients attending their clinics or practices were suffering from psychological illness. The mean percentage of psychological illness in the doctors' practices in this sample was

14.4%. This was low when compared to the figures obtained from study done in the United Kingdom where one-fifth of patients actually attended a family doctor were mentally ill.

In the detailed breakdown, in the practices of the majority of the doctors, patients suffering from psychosis formed less than 1% of the total number of the patients attended to. And in about 50% of doctors in the sample, neurosis and psychosomatic illness formed more than 10% each of the total number of patients treated.

In this study, it was found that homosexuals did not come to the general practitioners for treatment. In this sample, except for one doctor who saw 20 to 30 cases, 22% of the doctors attended to an average of 2 cases per year. It was also found that 40% of doctors treated an average of 2 cases of opiate addiction and except for two unusual cases, 60% of the doctors treated about an average of 5 cases of non-opiate addiction a year.

MANAGEMENT OF MENTAL ILLNESS

Table III showed that the majority of the doctors in the sample preferred to manage patients suffering from Neurosis. In the drug therapy for neurosis, most doctors used the benzodiazepines: Librium and Valium. Only 3 doctors would consider using barbiturates; 5 doctors, major tranquilisers and 3 doctors, meprobamate. The doctors felt that the period of medication should be for a period of 1 week to 3 months.

In the management of depression, about three-fifths of the doctors preferred to manage their cases and two-fifths would rather refer their depressed patients to the psychiatrist. In depressed patients with suicidal ideas, however, 70% would treat the patients initially and refer the patients to the psychiatrist only when response to their management was unsatisfactory but 28% would rather send their patients to the psychiatrist im-

TABLE III

	Psychotherapy and Drug Therapy	Psychotherapy Only	Drug Therapy Only	Psychotherapy and Drug Therapy and if Unsatisfactory Refer to Psychiatrist	Refer to Psychiatrist
Neurosis	43	6	1	1	8
Depression	28	—	7	2	22
Depression with suicide ideas	1	—	—	42	17
Schizophrenia	1	—	1	34	17
Chronic insomnia	20	—	8	7	20

These figures referred to the number of positive replies given by the doctors.

mediately. 61% of the doctors used tricyclic group of anti-depressant drugs and only 5 doctors considered using mono-amine-oxidase inhibitors (Marplan). 70% of the doctors felt that this medication should be continued for a period of 2 weeks to 6 months.

For Schizophrenia, two-thirds of the doctors in this sample would treat the patients with major tranquillisers: Stelazine, Largactil, Stemetil, Melleril and Sparine. However, only 11 doctors stated that the treatment should be continuous or indefinite and 24 doctors stated that the period of treatment should be from weeks, months to years. One-third of doctors would refer their patients to psychiatrist for specialized treatment.

In the management of chronic insomnia, the favourite hypnotics used by the doctors were Barbiturates (31), Mogadon (25), Mandrax (10), Benzodiazepines (17), Trichloryl (3), Meproamate (2), Doriden and Antihistamine (1 each).

IMPOTENCE

71 doctors in the sample treated a total of 392 patients suffering from impotency in one year. Only 5 doctors did not have patients seeking treatment for impotence.

TABLE IV

No. of impotence cases in 1 year	0	1 - 4	5 - 9	10 - 19	more than 20
No. of doctors reporting	5	39	10	13	4

Impotence is not a problem that can be ignored by the general practitioners as only 5 doctors (of whom 2 were ladies) did not report of patients seeking treatment for this condition during the past one year. As shown in the Table IV, the majority reported of having 1-4 cases of impotence a year.

The treatment of impotence by general practitioners was generally correct except that 37 doctors used androgen and 14 used aphrodisiac. We believe that these drugs have no pharmacological effects on functional impotence and that their actions are totally psychological. 'Masters and Johnson' (1970) believed that wrong attitude and ignorance rather than any mental or physical illness are responsible for most cases of impotence. Short-term educational effort combined with supportive psychotherapy involving both partners was the method of choice in treatment.

PSYCHOTHERAPY

Most doctors have the correct impression of what constituted 'Psychotherapy' namely reassurance, explanation, suggestion, ventilation as well as the more complicated procedures like psycho-analysis and hypnosis.

IMPRESSION OF SCHIZOPHRENIA

TABLE V

Symptoms	Yes	No
Hallucinations	41	—
Being trailed by people	34	3
Being charmed by people	34	5
Disorientated	26	8
Poor memory	16	16
Delirious	9	20

These figures represented the positive or negative answers for diagnosis of Schizophrenia as given by the doctors.

There was a general tendency for doctors to regard the secondary symptoms e.g. hearing of voices, ideas of being charmed or trailed by people as essential features of Schizophrenia. Although these symptoms may lead the doctor to suspect Schizophrenia and eventually elicit other diagnostic features, by themselves they are not diagnostic.

Disorientation, poor memory and delirious state are not symptoms of uncomplicated Schizophrenia, but about half the doctors gave positive answers. These are features of Organic Psychoses although their presence does not rule out Schizophrenia.

PSYCHIATRIC EDUCATION

TABLE VI

Universities	No. of Doctors Who Reported that Undergraduate Psychiatric Education was:	
	Inadequate	Adequate
Singapore/Malayan Hong Kong India	34	8
United Kingdom Australia	9	8
TOTAL	43	16

As can be observed from Table VI, a higher proportion of doctors who graduated from Universities in the United Kingdom and Australia than from Singapore or Hong Kong Universities felt that they had adequate undergraduate psychiatric education.

ACKNOWLEDGEMENTS

The authors wish to thank all the doctors who participated in this survey, without whose co-operation this study would not have materialized.

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