Original article

THE CONFIDENCE LEVEL OF GENERAL PRACTITIONERS IN PSYCHIATRIC WORK IN COMMUNITY HOSPITALS; PERSPECTIVES OF PRACTITIONERS, ADMINISTRATORS, AND THE MEDICAL COUNCIL

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Abstract

Quality assurance is important for the development of current teaching and learning methods. A good curriculum is one that is suitable for certain circumstances or true application. Evaluation of confidence level in psychiatric work done by general practitioners (GPs), based on the requirement of the medical council and needs of community hospital directors will help us to develop and evaluate a curriculum of psychiatry for medical students.

Objectives

This study was done in order to ascertain the confidence level in psychiatric work done by GPs in community hospitals according to the requirement of the medical council and the needs of community hospital directors, and to examine the problems and needs of psychiatry services in the community.

Methods

Two questionnaires for community hospital directors and GPs were compiled and put on trial with family medicine residents and GPs who worked in Maharaj Nakorn Chiang Mai Hospital. The questionnaires were then improved and distributed to target groups in 600 hospitals (out of 800 hospitals nationwide).

Results

The questionnaires were returned from 258 hospitals (43%), with 243 cases being community hospital directors and 557 GPs. The study found that 88.9% of cases provided psychiatric services in community hospitals of which most, included general services (67.1%). When compared with other services, 0-30% of the patients needed psychiatric attention. Diseases or mental health problems found most during 2005 were substance related problems and anxiety disorder, which comprised between 26-50 cases of year, and patients with schizophrenia and other psychotic disorders, consisted between 11-25 cases for the same period. GPs in community hospitals had confidence in providing care and treatment as well as advice in line with the requirement of the medical council and community hospital directors.

Discussion

GPs in community hospitals have confidence in providing psychiatric care, treatment and counseling in a way that satisfies the medical council and hospital executives to a certain degree, especially with regard to illnesses most commonly found. However, they have less confidence than the required level for anxiety disorders, substance use disorders and child psychiatric problems such as developmental disorder, learning problems, and personality disorder. To meet the requirement of the medical council and hospital executives, the content of the psychiatric curriculum for medical student should be improved in these areas.

Keywords: psychiatry, general practice, community hospital
A survey of psychiatric practice in primary care settings found that about 30% of the patients had comorbid physical illness and psychiatric disorders, and approximately 10% had psychiatric disorders without comorbidity with the doctors who worked in community hospitals having a moderate confidence level in psychiatric diagnosis.\(^1\)\(^,\)\(^2\) Thailand has few psychiatrists, therefore, patients need to be treated by GPs. In western countries, psychiatry is one of the main fields (evaluated by the period of learning requirement) along with internal medicine and surgery. Since Thailand has needs in many different fields, and psychiatry is considered a second priority, medical students have only 4-10 weeks as a clinical psychiatry learning period. The medical council has set the standard for their practitioners by including the knowledge of psychiatry.

This research aimed to discover the psychiatric knowledge of GPs, who graduated from different institutes and worked in community hospitals, by indirectly asking about their confidence in doing a psychiatric service revealing the psychiatric services in the community and ascertaining the GP knowledge level required by the community hospital director.

Confidence evaluation of psychiatric knowledge in GPs who graduated from Chiang Mai University and other institutes, based on the requirement of the medical council, will lead to an improvement in teaching and learning psychiatry.

This study was performed in order to discover the confidence level of GPs in doing psychiatric work in community hospitals compared with the requirement of the medical council. Other objectives were finding out the confidence level of GPs, who graduated from Chiang Mai University and other institutes in Thailand, in doing psychiatric work, examining the psychiatric services needed by the community hospital directors, and comparing the level of GPs confidence, needs of the community hospital directors and minimum requirements defined by the Thai Medical council.

**Research methodology**

Sample of the study were GPs who have graduated with a Medical Degree from 2000 to the present and are working in community hospitals nationwide, and Directors of the community hospitals nationwide.

Instruments were 2 sets of questionnaires drafted with consideration for the medical council requirement for GPs. The first set for GPs included five aspects detailed as follows:

1) Aspect 1: To obtain general information about the respondents such as sex, age, institutes of graduation, year of graduation, and so on,
2) Aspect 2: To inquire about psychiatric problems found in the Administrative year. The respondents had the chance to answer according to the frequency of problems,
3) Aspect 3: To evaluate the confidence level of GPs who provide care and treatment, divided into five levels based on the requirement of the medical council,
4) Aspect 4: To ascertain the confidence level in prescribing psychiatric medication, psychosocial treatment and mental problem prevention in the community.
5) Aspect 5. To inquire about mental problems in the community (not the people who come for services at the hospitals), possibilities in holding short-term psychiatric training and interest in further psychiatric training.

The second set for hospital executives (directors) included four aspects detailed as follows:

1) Aspect 1: The obtain general information about the executives such as sex, age, work experience in community hospitals, work
experience as executives, information concerning the hospital such as number of hospital beds, psychiatric services provided by the hospital, and the general profile of the patients who require psychiatric services, 2) Aspect 2: To inquire about the frequency of various kinds of psychiatric problems. The respondents had the choice of answering according to the frequency of problems, 3) Aspect 3: To inquire about the needs of the executives in the capacity of GPs handling psychiatric problems. Each problem consisted of five levels based on the requirement of the medical council for general practitioners, and 4) Aspect 4. To evaluate psychiatric problems in communities and rank them in order.

The questionnaires were prepared and tested among GPs who worked in Maharaj Nakorn Chiangmai hospital. The questionnaires were then revised and improved. After that, they were sent out to the hospitals, which comprised 600 randomly selected from 800 community hospitals. (names and addresses supplied from the Ministry of Public Health). The returned questionnaires were collected and assessed. For questionnaires not returned within a month, a telephone call was made to the community hospital concerned as a reminder and inquiry asking whether the hospital received the document or not.

Method of data analysis

The data were analyzed to find the level of confidence in treating different types of patients. The prediction of the chances of an additional study related to psychiatry was determined by percentage. The confidence levels in psychiatric work carried out by physicians who graduated from different institutes were compared by Kruskal-Wallis test. The weaknesses of physicians in psychiatric knowledge (less confidence in doing psychiatric work) was determined by Dunn’s Method.

Result

The questionnaires were sent to 600 community hospitals and 258 returned an equal proportion of 43.7%, with 243 respondents being executives and 557 GPs.

The director of community hospitals

Out of 243 executives, 209 were male, 33 female, and 1 did not specify gender, (86.4% male and 13.6% female). Their average age was 36.17 years old. The executives graduated primarily from 1. Mahidol University, 2. Chulalongkorn University, 3. Khon Kaen University, 4. Chiang Mai University, and 5. Songklanakarin University. The average number of years experience as executives was 7.6 years. The amount of work experience in community hospitals was 10.56 years on average. Most of the executives worked in thirty bed hospitals, which mostly employed 3 doctors per hospital (Table 1 and 2).

Psychiatric services available in community hospitals

An 88.9% of community hospitals provided psychiatric services, which were mostly included in general services (67.1%). There were 71 hospitals (32.9%) that separated the
psychiatric from general services.

The hospital executives found that patients who needed their service most in 1 year were those related to substance problems and anxiety disorders, which numbered about 26-50 cases a year. Other services included treatment for schizophrenia and other psychotic disorders; and these averaged about 11-25 cases a year.

**GPs working in the community hospitals**

There were 557 respondents; 275 male (49.4%) and 282 female (50.6%). The respondents graduated primarily from 1. Siriraj Hospital, 2. Khon Kaen University, 3. Chiang Mai University, 4. Chulalongkorn University, and 5. Ramathibodi Hospital (Table 3 and 4).

**Confidence levels of GPs in providing various treatment and counseling**

It was found that the physicians in the community hospitals had confidence in giving prescriptions for anxiolytic, antidepressant, antipsychotic drugs at a medium level. Prescriptions for mood stabilizers and supportive psychotherapy were at a lower level.

The GPs in the community hospitals had confidence in giving counseling regarding child rearing, sex education and drug problems at a medium level.

**Confidence levels in providing various treatment for psychiatric problems**

<table>
<thead>
<tr>
<th>Prescription for psychiatric disorders</th>
<th>Levels of confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiolytic drugs</td>
<td>medium</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>medium</td>
</tr>
<tr>
<td>Antipsychotic drugs</td>
<td>medium</td>
</tr>
<tr>
<td>Mood stabilizers</td>
<td>low</td>
</tr>
<tr>
<td>Supportive psychotherapy</td>
<td>low</td>
</tr>
</tbody>
</table>

**Psychiatric counseling on:**

- Child rearing                         medium
- Sex education                         medium
- Substance abuse                       medium

**Mental health promotion**

- low

**Differences in terms of confidence of GPs who graduated from different institutes**

The Kruskal Wallis Test was used to analyze the data. It was found that physicians who graduated from different institutes had differ-
The confidence of GPs in psychiatric work

Differences in confidence at a P-value < 0.05 in 7 activities. Dunn’s Method was then used to see the differences between various topics, as shown in Table 5. When analyzed by Dunn’s Method at E < 0.05, it was found that the physicians who graduated from different institutes

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**Table 4.** The Confidence level of general practitioners in psychiatric work in community hospitals; perspectives of practitioners, administrators, and the medical council.

<table>
<thead>
<tr>
<th>Psychiatric disorders</th>
<th>Requirement of the directors</th>
<th>Requirement of medical council</th>
<th>Confidence of GPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance related disorders</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>2. Anxiety disorder</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>3. Somatoform disorder</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4. Organic Mental Disorder eg. Delirium, dementia</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>5. Schizophrenia</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>6. Mood disorder</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>7. Sleep disorder</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>8. Eating disorder, sexual dysfunction</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>9. Personality disorder</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>10. Developmental disorder</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>11. Learning problems</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>12. Mental disorder in physical illness</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

*meaning of confidence level
- 1 = can refer;
- 2 = can diagnose;
- 3 = can diagnose, give initial treatment and refer;
- 4 = can diagnosis and treat;
- 5 = can diagnosis, treat, rehabilitate and prevent.

**Table 5.** Differences in terms of confidence of GPs who graduated from different institutes

<table>
<thead>
<tr>
<th>Activities</th>
<th>P(kw)</th>
<th>Institutes</th>
<th>P(Dunn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manage of organic mental disorder patients</td>
<td>0.045</td>
<td>CU – SK</td>
<td>0.061</td>
</tr>
<tr>
<td>2. Management of eating disorder, sexual dysfunction patients</td>
<td>0.037</td>
<td>KKK – SK</td>
<td>0.032</td>
</tr>
<tr>
<td>3. Manage learning problems</td>
<td>0.038</td>
<td>KKK – BKK</td>
<td>0.007</td>
</tr>
<tr>
<td>4. Prescribed to stabilize moods</td>
<td>0.000</td>
<td>KKK – SR</td>
<td>0.005</td>
</tr>
<tr>
<td>5. Give Supportive psychotherapy</td>
<td>0.003</td>
<td>RAMA – TU</td>
<td>0.071</td>
</tr>
<tr>
<td>6. Give Child rearing counseling</td>
<td>0.01</td>
<td>RAMA – RS</td>
<td>0.082</td>
</tr>
</tbody>
</table>

Note: CU = Chulalongkorn; SR = Srinij; KW = Kruskal Willis Test; SK = Songklanakarin
CMU = Chiang Mai; Dunn = Dunn’s Method; KKK = Khon kaen; RAMA = Ramathibodi; BKK = Bangkok (Vachira); TU = Thammasart; RS = Rungsit
had significant differences in confidence levels when providing psychiatric treatment the following fields.

- When asked about treatment for eating disorders and sexual dysfunction, the physicians who graduated from Khon Kaen University had significantly stronger confidence than those who graduated from Songkla Nakarin University.
- When asked about treatment provided for learning disorders, the physicians who graduated from Khon Kaen University had significantly stronger confidence than those who graduated from Bangkok (Vachira Hospital).
- When asked about using mood stabilizers, the physicians who graduated from Khon Kaen University and Chiang Mai University had significantly stronger confidence than those who graduated from Siriraj Hospital.
- When asked about child rearing counseling, the physicians who graduated from Chulalongkorn University and Ramathibodi Hospital had significantly stronger confidence that those who graduated from Rangsit University.

Discussion

GPs who work in community hospitals have confidence in providing treatment to psychiatric patients, as required by the medical council and hospital executives, to a certain degree, especially in illnesses most commonly found. However, it was also observed that regarding anxiety and substance use disorders the medical council and hospital director require GPs to provide highly skilled care. A sit happens, the GPs confidence level in providing psychiatric treatment in these two fields still does not meet the medical council and the hospital directors expectations.

Physicians still have problems regarding lack of confidence in child psychiatric cases such as child development, learning disorder, and personality disorders. A rare problem is eating disorder, and a common one sexual dysfunction, but as patients seldom come of treatment of these problems GPs still do not meet the confidence level expected by the medical council and hospital executives. All of these findings can help us to develop a psychiatry curriculum for GPs that focuses on the area of more or less confidence, especially in anxiety disorders and child psychiatry. Also, there is a need to increase time in the psychiatry curriculum.

There are 3 areas of treatment where the medical council and hospital executives have different requirements, those being in treatment for anxiety disorders, alcoholism or substance use, and mental problems in physically ill patients. Even though the medical council and the hospital executives possess different needs for anxiety disorder, they still have the same direction, which requires high skill in treating patients. However, for substance related disorders, alcoholism and mental problems in physically ill patients, the physician, medical council and hospital executives have substantially different needs. For substance use disorders or alcoholism, GPs have confidence in treating patients up to the the hospital executives requirement, which is at the medium level, whereas, the requirement of the medical council is at a high level. The community hospital executives might consider that community hospitals should be able to manage at a certain level so that some patients can be refered to other specific institutes. The Ministry of Public Health should set a clear direction as to which level the community hospitals should be able to manage, and the universities should provide more time to enhance the capability and confidence of GPs in the psychiatric field.
Mental problems in physical illness are very often found, but as hospitals have many responsibilities, especially in physical illness treatment, mental problems might be underestimated (the hospital executives found that 1-10 cases had such a problem) resulting in a lower requirement in this area.

The confidence levels of GPs who graduated from different institutes were mostly equal. However, there were some areas where they differed when compare head to head, as shown in the results. This will help us to learn from each institute and improve the teaching method and curriculum.

There were some strength and weakness of this study. It not only focused on GPs and the medical council, but also the director of community hospitals who understands the need of community well being. Some institutes involved have produced medical students only and the numbers are small, resulting in few sample subjects. This research was aimed to measure the levels of confidence, and not the real capacity of physicians.

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ชวานันท์ ชาญศิลป์, พ.บ.
ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่

บทคัดย่อ

วัตถุประสงค์ ทราบความมั่นใจในการทำงานด้านจิตเวชศาสตร์ของแพทย์เวชปฏิบัติทั่วไปในโรงพยาบาลชุมชน เบื้องต้นเพื่อกำหนดจุดพิจารณาที่จะพัฒนาด้านจิตเวชศาสตร์ในโรงพยาบาลชุมชน และความต้องการผู้บริหารโรงพยาบาลชุมชน รวมทั้งทราบลักษณะและความต้องการกิจกรรมจิตเวชในชุมชน

วิธีการดำเนินการ จัดทำแบบสอบถาม 2 ชุดสำหรับผู้บริหารและแพทย์เวชปฏิบัติทั่วไป โดยคลิปป้าแบบแบบสอบถามในแพทย์เวชปฏิบัติทั่วไปในโรงพยาบาลชุมชนเชียงใหม่ ปรับปรุงแบบสอบถามและจัดส่งแบบสอบถามไปยังกลุ่มตัวอย่าง โรงพยาบาลชุมชน 600 โรงพยาบาล (จากทั้งหมด 800 โรงพยาบาลทั่วประเทศ)

ผลการศึกษา ได้รับแบบสอบถามกลับคืนจาก 258 โรงพยาบาล คิดเป็นร้อยละ 43 เป็นผู้บริหาร 243 ราย และแพทย์ในโรงพยาบาลชุมชน 557 ราย พบว่าร้อยละ 88.9 มีบริการด้านจิตเวชในโรงพยาบาลชุมชน โดยสามารถจะรูปคู่ในการบริการทั่วไป (98.9 ร้อยละ 67.1) เมื่อเปรียบเทียบกับการบริการทั่วไปนั้น พบว่ามีความต้องการบริการทางจิตเวชศาสตร์ในร้อยละ 0-30 โรคหรือปัญหาด้านสุขภาพจิตของผู้บริการโรงพยาบาล พบว่ามีผู้มีสุขภาพดีมีการบริการทั่วไปที่สูงในร้อยละ 1 ที่คิด พบภัยรีส สารเสพติดและโรคอ่อนของผลิตผลต่างๆ ศูนย์บริการ 26-50 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 25-30 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 11-25 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 7-11 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 2-5 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 2-5 รายเป็นโรงพยาบาลที่สูงกว่า

สรุปและวิเคราะห์ แพทย์ทั่วไปที่ปฏิบัติงานในโรงพยาบาลชุมชน มีความมั่นใจในการดูแลรักษาผู้ป่วยจิตเวชตลอดจนให้คำแนะนำทางจิตเวชโดยทั่วไปตามที่แพทยสภาและผู้บริหารของโรงพยาบาลต้องการระดับหนึ่ง โดยเฉพาะในโรงพยาบาลที่สูงกว่าร้อยละ 0-30 โรคหรือปัญหาด้านสุขภาพจิตของผู้บริการทั่วไป ที่ร้อยละ 50-60 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 40-50 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 30-40 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 20-30 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 10-20 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 5-10 รายเป็นโรงพยาบาลที่สูงกว่า ที่ร้อยละ 2-5 รายเป็นโรงพยาบาลที่สูงกว่า

คำสำคัญ: จิตเวช, แพทย์เวชปฏิบัติทั่วไป, โรงพยาบาลชุมชน

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