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ABSTRACT

Objectives: **To determine the psychological problems the non-psychiatric doctors commonly encounter, the treatment offered and/or referrals made and to determine any obstacles met in providing psychiatric treatment or making referrals.**
Design: **Cross- sectional survey.**
Setting: **Kenyatta National Hospital, Nairobi, Kenya.**
Subjects: **Doctors working at Kenyatta National Hospital.**
Results: **One hundred and thirty (94 males and 36 females) doctors subm [illegible] usable questionnaires. Seventy eight per cent of the respondents were below 35 years and 57 had less than five years experience. The commonest psychiatric disorders seen by doctors were anxiety, depression, psychosomatic disorders and organic psychoses similar to findings in previous prevalence studies. Drugs therapy with anxiolytics antidepressants and antipsychotics were commonly utilised. Brief counselling was the verbal form of treatment most commonly used. Referral to mental health workers was less often done. Obstacles cited by the doctors were the patients' resistance to referral, lack of coordination and insufficient knowledge to treat the disorders.**
Conclusion: **The doctors recognise that psychiatric disorders are common among their patients but they have major obstacles in managing them. These findings are discussed and remedial measures suggested.**

INTRODUCTION

It is well known that the majority of patients with psychological problems are not managed by psychiatrists. Even if every case were to be referred the sheer number would overwhelm the few psychiatrists available. The situation is worse in African countries where the ratio of psychiatrists to the general population is estimated at 1:1,000,000(1). At present, Kenya has a total of about 60 psychiatrists and a population of roughly 30 million. The number of all the registered medical practitioners is about 4,000 countrywide. This figure though much higher than that of psychiatrists is still inadequate. Moreover most of the doctors are located in the urban areas.

Studies done in Kenya and elsewhere(2-5) indicate that approximately 25% of patients attending out-patient departments at the primary health care level may have psychological problems. The majority (87.8%) suffer from neurotic disorders(6). In the same study health workers were able to detect only 33% of the cases. Most of these would remain under the care of non-psychiatric doctors. Moreover, some of the cases may not willingly accept referral due to the stigma or denial of psychological problems.

Acuda(7) noted that as many as 90% of psychiatric patients are under outpatient care and that many of them travelled to Nairobi to see a psychiatrist or to obtain a maintenance prescription. He assumed that was because doctors at the "periphery" were uncertain of the use of psychiatric drugs. Muluka(8) thought that the mentally sick were often treated inadequately by the general physicians.

The mental illnesses can be divided into the chronic and acute cases. The chronic cases include the chronic schizophrenics, epileptics and the mentally retarded with psychological complications. These required long term follow up in the community. Minor psychiatric disorders (previously classified as neurotic disorders) include anxiety, dysthymia, somatoform and psychosomatic disorders. These are quite common in general practice. The co-existence of two or more psychiatric conditions with or without a medical condition is also well documented. Dhadphale(3) in 1984 reviewed 881 patients attending several outpatient clinics in Kenya. The psychiatric morbility was 24.9%. The majority of the patients (24%) had anxiety neurosis, 15% had manic-depressive psychosis, 12.7% were alcoholics while 24.9% had psychiatric morbility with no obvious causes. Overall 57% had neurotic disorders.

In the past decade several important changes have occurred in the organisation of mental health services in Kenya. In 1982, the Kenya government in line with the Alma-Ata declaration(9) incorporated mental health care into the primary health care programmes. This meant that the basic health workers were to cater for the mental health needs of the community alongside other services such as immunisation. The mental health act of 1989(10) allows mental patients to be treated in any hospital or nursing home alongside patients with other mental conditions.

The undergraduate syllabus in medicine at the Nairobi University has also been revised with a greater emphasis on psychiatry and the behavioural sciences as from 1994. In view of these changes and the high prevalence of mental disorders in the community, it is important to have some back information to assist in future planning.

This study therefore aims to assess which psychological problems are perceived by the non-psychiatrist doctors as important, how they deal with them and any obstacles they encounter since the bulk of the mentally ill patients will remain under their care.

MATERIALS AND METHODS

Questionnaires were distributed to all non-psychiatric doctors working at the Kenyatta National Hospital (KNH). The questionnaires consisted of 84 items. The sex, age, marital status, religion and the number of years in medical practice were asked. They were required to indicate the number of patients seen in a day and the most common psychiatric disorders they encountered. They were also asked to indicate the types of treatment they offered and the referrals made. Finally they indicated any obstacles they encountered in handling the patients. Unless they so wished, the doctors name or identities were not to be revealed.

The results were analysed using the Microsoft Excel and the statistical package for social sciences programmes.

RESULTS

A total of 235 doctors working at KNH were given the questionnaire to fill while at their usual work places during the month of August 2000. Those who were too busy to fill the questionnaires right away were left with the questionnaires to be collected later. In some cases several reminders were needed. A total of 130 questionnaires were appropriately filled and were included in the study. Ninety -four male and 36 female doctors responded. Seventy-eight percent of the respondents were below 35 years and only one doctor was above 50 years. Sixty-two (47.7%) of the doctors were non-specialists, 32 (24.6%) worked in the surgical department, 12 (9.2%) in paediatrics, nine (6.9%) in internal medicine, 88 (6.2%) in obstetrics and gynaecology while six (4.6%) were still undergoing internship. The majority 49 (37.7%) were graduates of the Nairobi University and 10 were from Moi University. Not all doctors however indicated where they had graduated. Fifty-seven percent of the doctors had less than five years in medical practice while only 17% had been in practice for more than 10 years. About 80% of the doctors indicated that they saw all types of patients and were not confined to their specialty and about one quarter of the doctors worked in other private hospitals or had their own office practice. Each doctor saw an average of 36 patients per day.

From the list given, the following orders were selected as the most commonly encountered: anxiety and tension states (89.7%), depression (79.2%), psychosomatic disorders (53.9%) and organic psychoses (48.4%).

Table 1

Emotional and psychiatric problems and associated physical illness and conditions seen by non-psychiatric Kenyan doctors
Doctors (n=130) selecting conditions as; (a) four most commonly encountered psychological problems and; (b) six most commonly encountered medical illnesses, diagnoses and medical procedures associated with psychiatric disorders.
**Not all percentages are based on 130 since not all respondents answered all questions*

Condition	No.	%
Psychological problems (emotional and psychiatric problems)		
Anxiety, stress and tension states	113	89.7
Depression	99	79.2
Alcohol and substance abuse	57	45.6
Marital and sexual problems	32	24.8
Psychophysiological and pain disorders(psychosomatic disorders)	69	53.9
Organic brain syndrome and psychoses (including HIV and epilepsy)	62	48.8
Family and child rearing problems	18	14.1
Hypochondriasis	20	15.5
Attempted suicide	25	19.4
Medical illness, diagnoses and medical procedures.		
Chronic pain	114	88.4
Gastrointestinal disorders (excluding cancer)	57	44.2
Ill defined conditions and symptoms	113	87.6
Diseases of musculoskeletal and connective tissue	52	40.3
Cardiovascular diseases	19	14.7
Arthritis	15	11.6
Cancer	60	46.5
HIV	84	65.1
Respiratory disorders (excluding allergies)	12	9.3
Allergies	21	16.3
Other chronic illnesses not listed here	57	44.2
Genitourinary disorders(excluding cancer)	18	14.0
Diabetes	8	6.2
Trauma surgery and other traumatic procedures	30	23.3
Ear nose and throat disorders	8	6.2
Pregnancy	33	25.6

Among the medical illnesses, diagnoses and medical procedures listed, chronic pain (88.4%); symptoms and ill defined conditions (87.6%) and Human Immune Deficiency Virus (HIV) infections (61.5%) were considered by doctors as most often associated with psychiatric disorders. Concerning drug treatment, the most commonly prescribed drug were anxiolytics 56%, antidepresants 50.4% and antipsychotics 41.8%, sedative hypnotics and psychostimulants were rarely used. Among the verbal or behaviour therapy methods only advice, reassurance or supportive problem solving were regularly used by most (71.4%) of the respondents.

Table 2

*Patterns of treatment and referral for emotional and psychiatric problems by non-psychiatric Kenyan doctors Doctors(N =130) reporting usage frequencies**

Type of treatment of referral Drug	Regularly				Infrequently			
	Very frequently (>50% of affected patients)		Frequently (>26-50% of affected patients)		Fairly often (>26-50% of affected patients)		Never or rarely (> 26-50% of affected patients)	
	No	%	No	%	No	%	No	%
Antidepressants (imipramine, amitriptyline)	20	16.8	40	33.6	35	29.4	20	16.8
Antipsychotics (chlorpromazime, haloperidol)	29	26.4	20	15.4	31	28.2	27	24.5
Anxiolytics (diazepam, chlordiazepoxide)	42	36.2	23	19.8	35	30.2	13	11.2
Sedative hynotics (nitrazepam, barbiturates)	7	6.5	15	14.0	34	31.8	48	44.9
Psychostimulants (amphetamines)	-	-	1	1.0	6	5.7	91	86.7
Verbal or behaviour therapy								
Advice, reassurance or supportive problem solving	67	56.3	18	15.1	21	17.6	9	7.6
Behaviour modification	11	10.4	27	25.5	28	26.4	32	30.2
Insight oriented verbal therapy	4	3.8	17	16.3	26	25.0	46	44.2
Make appointments specifically to discuss emotional or psychiatric problems	5	4.8	8	7.6	22	21.0	63	60.0
Offer psychological treatment in the context of medical visits	9	9.6	19	20.2	27	28.7	30	31.9
Clergy, pastoral counsellors or self-help groups	5	5.2	15	15.5	22	22.7	51	52.6
Government mental health institutions	24	23.8	17	16.8	33	32.7	24	23.8
Private psychiatrists	7	6.7	20	19.0	35	33.3	37	35.0
Clinical psychologists	5	5.1	14	14.3	13	13.3	58	59.0
Social workers, nurses or occupational therapists	11	11.1	19	19.2	27	27.3	34	34.0

*Not all percentages are based on 130, since not all respondents answered all questions.

Table 3

Obstacles to providing psychiatric treatment or making referrals for treatment cited by non- psychiatric Kenyan doctors

Obstacle	Doctors (N= 130) Selecting obstacle*	
	No	%
Patients resist referral to mental health specialists	81	64.3
Too little time to treat these disorders myself	81	64.3
Patients resist diagnosis and treatment of psychiatric disorders	53	42.1
Lack of co-ordination and collaboration between those in mental health care and others	62	49.2
I need further training in treating emotional and psychiatric disorders	70	56.0
I have little confidence in the quality of available mental health facilities and specialists	15	12.0
There are too few mental health facilities and specialists to which patients can be referred	50	40.0

*Not all percentages are based on 130, since not all respondents answered all questions

Only 40.6% of the doctors regularly referred the patients to government mental health institutions. The clergy, private psychiatrists, clinical psychologists, social workers, nurses and occupational therapists were even less used. Among the factors recited as obstacles to providing treatment or making referrals, the commonest were patients resisting referral to mental health specialists (64.3%), too little time on the part of the doctors to treat the disorders (64.3%) and lack of enough knowledge to treat emotional and psychiatric disorders (56.0%).

DISCUSSION

The results confirm the finding from other studies(3,5,11,12) that psychiatric disorders are common, particularly anxiety, depression and psychosomatic problems. The organic brain syndromes including psychoses due to HIV also occur in significant amounts. In line with that, the drugs most commonly prescribed are the anxiolytics, antidepressants and antipsychotics.

It is worth noting that whereas 81 (64.4%) of the doctors indicated that the patients resist referral to mental health specialist, only 53 (42.1%) thought that the patients resisted diagnosis and treatment of psychiatric disorders. It would seem that the same treatment if given by non-psychiatrists is more acceptable to the patients. Alternatively, it could be the doctors' misconception that the patients resist referral is self-fulfilling since less than 50% regularly referred the patients for any further help. More work is needed in this area to assess the patients' attitudes.

Fifty six per cent of the doctors indicated that they needed further training in treating psychiatric disorders. It seems that the training currently offered does not equip the doctors with the necessary skills. Perhaps a period of mandatory rotation in psychiatric units for a few weeks during internship could remedy the situation. Alternatively short courses covering the relevant problems should be sponsored by the various hospitals for the doctors. Coordination between the mental health workers and other medical doctors should also be improved. It seems that image-wise the mental health workers are not doing too badly as only 12% of the doctors noted that they had little confidence in them. But still much work remains to be done in making the mental health facilities acceptable, particularly the public ones. It was not possible to make comparisons between the physicians with more experience and those with less experience due to the inadequate numbers. The other shortcoming of the present study is that it was confined only to Kenyatta National Hospital. Wider surveys await further studies.

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