

Application of Psychiatry Patients to Family Medicine

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Abstract

Original Research Article

Aim: The aim of the study is to evaluate the applications made to family physicians for psychiatric diseases and to make suggestions and inferences based on primary health care services in this direction. **Method:** The study was performed with the patients whom were administered to Bağcılar Education and Research Hospital Psychiatry outpatient clinic for any reason, between the dates 01.09.2017 and 01.10.2017 and a face to face survey. This is an observational, cross-sectional and descriptive study. Statistical analyzes were evaluated using the NCSS (Number Cruncher Statistical System) 2007 Statistical Software (Utah, USA) package program. Chi-square and Fisher reality tests were used in the comparison of the data. The level of statistical significance was evaluated as $p < 0.05$. **Results:** 75.14% (n:143) of the patients in the study were women. On the other hand; 67.63% were married. 61.27% were in primary and lower education group and 68.21% had lower income. For the current psychiatric disorder; 15.61% of those who made the first application to the family physician were in the same position, 37.04% of the patients who went to the family physician were treated and 62.96% were directed to the hospital. 52.60% of the patients were aware of the family physician and 69.94% of those who evaluated the services provided by the primary care doctor as very good-good. **Conclusion:** It was considered that the family health center is a unit that offers a psychiatric approach and attempts related to mental health will increase the awareness of the patients and at the same time primary care applications will increase. It is also apparent that it is a good idea to increase the qualitative qualification of the family physicians on this subject.

Keywords: Disorder, family medicine, psychiatry.

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INTRODUCTION

The number of patients admitted to family health centers due to psychiatric problems is very low. One of the reasons for this decrease is the idea that psychiatric diseases can only be treated by psychiatrists. This thought puts excessive burden on psychiatric outpatient clinics in hospitals and leads to an increase in health expenses.

As the developments in science in the 19th century influenced the field of medicine; it was observed that the studies on the separation of expertise, like psychiatry, started [1, 2]. Although there are those who initially fear that specialization might harm patients; in the first half of the twentieth century, the tendency to specialize was observed to increase rapidly due to the assertion that specialization with the irrepressible pressure of scientific, social and economic factors is an accepted fact. As a result of these

developments, it has been observed that family medicine has improved within the process.

Family physicians are specialists who are trained according to the principles of discipline. They are personal doctors who are responsible for providing comprehensive and continuous care to every individual seeking medical care without discriminating on the basis of age, gender and discomfort.

Family medicine is the first point of encounter with the patient. It establishes a relationship with the patient based on mutual trust and takes responsibility for meeting all health needs. It deals with many areas that overlap with other specialties. They use them in a unique way to provide primary health care. Uses family dynamics, human relations, counseling and psychotherapy [3].

The aim of this study was to evaluate the applications of family medicine before the patients

admitted to the psychiatry outpatient clinic and to determine the awareness of the concept of family medicine expert with the application of family medicine.

MATERIAL AND METHODS

The study was planned as a single center, prospective study. The population of the cross-sectional, descriptive and analytical research was composed of people who applied to polyclinics of Bağcılar Training and Research Hospital Psychiatry Clinic between 01.09.2017–01.10.2017. As of September, the sample size was calculated by the method of sample size estimation in a simple random sample from patients who applied to the outpatient clinics of the Psychiatry Clinic of the Bağcılar Training and Research Hospital. A total of 173 patients who presented to the outpatient clinic for any reason, and

who met the inclusion criteria of the study, were included in the study. Participants were gathered by using face to face questionnaire application method. Verbal and written consent was obtained from all individuals included in the study.

Statistical analysis was performed by NCSS (Number Cruncher Statistical System) 2007 Statistical Software (Utah, USA) package program. Descriptive statistical methods (frequency and percentage distributions) as well as chi-square and Fisher's reality tests were used to evaluate the data. The results were evaluated at statistical level of $p < 0.05$.

RESULTS

The sociodemographic characteristics of the patients are given in the Table-1.

Table-1: Sociodemographic characteristics of patients

		N	%
Age	<23 Age	30	17.34
	24-44 Age	39	22.54
	35-44 Age	49	28.32
	45-59 Age	39	22.54
	>60 Age	16	9.25
Gender	Male	43	24.86
	Female	130	75.14
Marital status	Married	117	67.63
	Single	52	30.06
	Divorced	4	2.31
Education status	Illiterate	14	8.09
	Primary education	92	53.18
	High school	38	21.97
	University	29	16.76
Socio-economic situation	0-1500 TL	118	68.21
	1500-3000 TL	43	24.86
	3000-5000 TL	12	6.94
Social security	No SSI	15	8.67
	SSI	140	80.92
	Pension fund	18	10.40
Job	No job	16	9.25
	Self-employment	24	13.87
	Worker	22	12.72
	Government officer	9	5.20
	Other	102	58.96

The number of applications to the family physician for the current psychiatric disease was 27 (15.61%) while the number of non-applicants was 146

(84.39%). In addition, 62,96% (n:17) of the patients were referred to the hospital while 37,04% (n:10) of the patients were assigned to the hospital (Table-2).

Table-2: Family physician application status of patients

		N	%
The first healthcare provider for your current psychiatric illness	Family Health Center	27	15.61
	Public hospital	32	18.50
	Training and Research Hospital	102	58.96
	University Hospital	2	1.16
	Other organizations	10	5.78
Have you applied to your family doctor for your current psychiatric illness?	No	146	84.39
	Yes	27	15.61
How did your family doctor evaluate you when you applied with this complaint?	Treatment Held	5	18.52
	Treatment held and called for control	5	18.52
	Referred to the hospital	17	62.96

Moreover; reasons for not applying to the family doctor (Table-3) and family physician expertise

and family health center services usage cases were evaluated (Table-4).

Table-3: Reasons for not applying to the family doctor

		N	%
I don't know about family medicine	No	114	77.03
	There is	34	22.97
I don't think the family doctor is enough	No	32	21.62
	There is	116	78.38
I do not think that technical equipment is sufficient in the family health center	No	83	56.08
	There is	65	43.92
I want to be examined by a specialist	No	86	58.11
	There is	62	41.89
I want to be examined in hospital conditions	No	115	77.70
	There is	33	22.30
Other (family physician can not write psychiatric medicine)	No	126	85.14
	There is	22	14.86

Table-4: Family physician expertise and family health center services usage cases

		n	%
Have you ever heard of the definition of 'Family Medicine Specialist'?	No	82	47.40
	Yes	91	52.60
If no; Do you think of going to the Family Medicine Specialist for your current disease?	No	38	45.78
	Yes	45	54.22
How many times did you apply to the family physician with the same complaint?	Never Apply	147	84.97
	1 time	23	13.29
	2 times	3	1.73
How often do you go to the family health center? (Times / month)	I never go	27	15.61
	1 time	99	57.23
	>2 times	47	27.17
Which reason do you apply to the family physician most often? to be treated when I am ill	No	59	40.41
	There is	87	59.59
To print my medication	No	25	17.12
	There is	121	82.88
To print my reported medicines	No	129	88.36
	There is	17	11.64
Drug report to receive / renew	No	138	94.52
	There is	8	5.48
For vaccination services	No	118	80.82
	There is	28	19.18
Other reasons (family planning, etc.)	No	105	71.92
	There is	41	28.08
How do you evaluate all services provided by your family doctor?	Very good	29	16.76
	Good	92	53.18
	Middle	32	18.50
	Bad	17	9.83
	Very bad	3	1.73

A statistically significant difference was observed between the family physician application and the marital status variables for the current psychiatric disease (p:0.035). The number of married patients in the group who applied to the family physician was found to be significantly higher than the group who did not apply.

A statistically significant difference was observed between the family physician application and educational status variable for current psychiatric disease (p:0.022). The educated patients who applied to

the family physician was found to be significantly higher than the noneducated group.

There were statistical differences between the level of family physician application for current psychiatric disease and knowledge about family medicine, thinking that technical equipment is sufficient in family health centers, want to be examined by expert physician, want to be examined in hospital conditions and other variables (p:0.0001 , p:0.0001 , p:0.0001 , p:0.0001 , p:0.0001).

How often do you go to the family physician for the current disease with the family physician for the current psychiatric disease, the family doctor for the same complaint, and the family health center with the same complaint? A statistically significant difference was observed. There were statistical differences between the questions "How often do you go to the family physician and the family health center for your current disease" and the number of times (1 times-2 times) were found to be statistically higher than the group who did not apply ($p:0.027$, $p:0.0001$, $p:0.0001$).

DISCUSSION

It has been reported in several studies, as in the present study, that women seek help rather than men from the psychiatry policlinics [3-5]. It is suggested that this may be due to the fact that women are more likely to have mental problems than men, men may be more likely to deny their problems than women, or be reluctant to seek help. It is also suggested that women are more familiar with the problems of men and therefore they benefit from health services more than men [6, 7].

In the study, 67.63% (n:117) were married, 30.06% (n:52) were single and 2.31% (n:4) were divorced. When the relationship between marital status and psychiatric disorders was examined, mental disorders were more common in married people. However, different results were found in previous studies [1, 3]. Erol *et al.*, found that marital status affected the prevalence of mental disorders in their studies [8]. Considering that two other studies were done in different cities; it was thought that the reason for our low divorce data is due to the social characteristics of the study district.

In the study of Özilice *et al.*, the frequency of referral to the family physician compared to those who were not married was statistically significant [1]. In the study conducted by Gültekin *et al.*, on the same parameters, it was seen that the frequency of using primary care health institutions was statistically higher in married [9]. In the performed study, the presence of the married patient in the group who applied to the family doctor was found to be statistically higher than the group who did not apply (0,035). It was thought that married patients often go to family health centers for different reasons (pregnancy, lohusa, infant vaccination, preventive health services...) and therefore trusts the family physician. On the other hand, it can be said that health care centers have fulfilled an important function by ensuring that women, who are disadvantaged as a result of gender discrimination, have access to health services [9].

In the study, percentage of the university graduates was 16,76% (n:29), high school was 21,97% (n:38), primary school was 53,18% (n:92). According to Turkey Population and Health Survey 2013, percentage

of the educated population was 83% for men and 72% for women [10]. According to the Turkish National Statistical Institution 2013 data, number of the university graduates was explained as 11% (11). Due to regional differences, education levels can be concentrated among certain groups. In the performed study, there was a statistically significant difference between family physician application and educational status variable for current psychiatric disease ($p:0.022$); people were mostly in the primary school education group and the percentage of the university graduates was low.

In the literature; there are some findings that socio-demographic characteristics do not make or create very little difference on attitudes [12].

In the Gültekin's study; percentage of the primary care health center applications was 17,7% and it was compatible with the performed study. As a study conducted in the Netherlands, the first-step application for mental illnesses has again, reported as 16.2% [13]. The patients' choice of primary health care unit as the first referral center was 17.7% in psychiatric disorders and 66.3% in non-psychiatric health problems. This difference was statistically significant. In the mental health profile study performed by Kılıç *et al.*; 39% of the patients was going to a psychiatrist, 33% to other specialists and 21% to the general practitioner for their psychiatric illness [14]. In a study in the east of Turkey, 33% of the applications were found to be in the first step family health centers and 67% were found to be in the second stage hospitals [15]. In a study carried out by Urgan *et al.*; the first place of reference for mental health service was found to be primary health services (4.3%), governmental hospitals (58.7%), and university hospitals (37.0%) [16]. Psychotropic drugs in the United States are often reported by primary care physicians. However, compliance with diagnostic criteria and compliance with treatment are lower in patients seen by primary care physicians [17]. Primary care (health center, family doctor) can be defined as the entry point of patients to the health system [18]. In a study conducted in Kayseri province; it was found that 56.1% of the families preferred the family health center as the first application point to receive health care; and the most preferred reasons were low economic situation, easy access to service and a mild consideration of discomfort [19]. As the primary care physician has an important place in terms of the opportunity to know the disease, the correct treatment and follow-up; it is recommended to develop the screening, diagnosis and management skills of the primary care physicians [20, 21].

Although 85-90% of the problems can be solved in the first step, it is seen that the rates of applying to the first step are quite low. There are studies suggesting that mental health services are not in the expected level for the primary care. Primary care

physicians have a lack of general psychiatric interviewing skills and they thought that these practices increases their workloads [22, 23].

When it was thought that, almost 70% of the patients are happy from the services of the family physicians; psychiatric problems will be overcome by training and informing the family physicians and their patients about psychiatric disorders [24].

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