Original Research Article

Study of mental illness in health care staff in Maharashtra population

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Abstract

Background: Mental illness includes anxiety, depression, mood disorders and psychosis. If these stigmas are associated with health staff it will lead to multiple complications. As medical profession committed to save and protect the life of the patients. **Method:**150 health care staff including paramedical, general practitioners and different specialities were selected for study and their qualitative evaluation was done 19 (Health Care Staff) HCS staff had problem to face the patients and to diagnose, 12 HCS had difficult to explain the patients about their illness and prognosis, 16 HCS had expectation that the psychiatrist to be non-judgemental about their illness, 25 HCS presumed that they were normal, 14 HCS believed there mental illness is unknown to them, 23 HCS felt insight of patient illness, 8 HCS were declined to accept the diagnose of psychiatrist, 28 HCS as administrator failed to recruit efficient staff because of mental disorder, 26 HCS were unsatisfied by treatment and did not reveal the complete illness, 6 HCS revealed their mental illness and maintained distance with psychiatrist hence their mental illness was un-diagnosed. **Conclusion:** This pragmatic approach, to health care staff has proved that stigma is universal and causes discrimination and isolates. The people felt HCS with mental illness should seek psychiatric help and take proper medication to become normal and efficient to treat the patient.
Keywords: HCS = Health care staff, QI= Quality of Illness, Neurotic, paranoid, Maharashtra

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INTRODUCTION

Basically there are two type of psychiatric problems one problems is psychotic disorders which is quite obvious can be assessed by external appearance of the patient like never bothers about his dress, shaving, hygiene, self care, paranoid behavior, quarrel on small matters. Second problem is neurotic the patient appears quite normal well-dressed but always he has abnormal and negative thinking, phobia, night mare, sleep disturbances, social withdrawl, anxiety such patients are called neurotic. If this is with health care staff including paramedicals it leads to many complications. The practice of medicine is a risky business that exposes its practitioners to wide ranging risks to their own health especially mental health. Such risks have been categorised into occupational and individual[1] occupational stress includes high expectations from practitioner by their patients. If medical practitioner has stigma about mental illness he cannot justify his service to respective specialized patients. As doctors being more vulnerable to mental being health problems.[2,3] Such concept about mental health among health staff is described as moral injury[4] because of health staff has inability to do what they know is right for the patient because they are caught in targets, rules and regulations. This can lead to stress and burnout. Perhaps, it is most likely that stressors are multi-factorial in doctors. Medical practitioner suffers from high rates of mental health problems. Such as anxiety, depression, substance misuse andemotional exhaustion and burnout. Hence attempt was made out to evaluate the mental stigma of health staff so that, it will be help for health staff to introspect their mental illness and seek psychiatric help.

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MATERIAL AND METHOD

150 adults HCS between 25 to 50 years of age, both sexes belong to Prakash institute of Medical Sciences of Islampur, district Sangli and nursing homes located Sangli, Miraj(Maharashtra) were studied.

Inclusive Criteria: Health care worker (HCS) having abnormal and suspicious behaviour towards colleagues and patients and family members were selected for study.

Exclusion Criteria: HCS having thyroid disease, Diabetes mellitus and patients already on anti-depressant and antipsychotic medications. Immune compromised HCS were not included in the study.

Method: Every HCS having mental illness were consulted with prior appointment. OMS (opening Mind Scale) questionnaires were askedfor selected patients OMS questionnaire on 5-point scale included, mental illness, and disclosure help seeking and social distance. Seven items (3, 8, 9, 10, 11, 15 and 19) are reverse coded. The minimum score is 20 and maximum score is 100. Higher scores correlate with higher stigma. The scale has Cranach's 2 of 0.77. The participants were followed up for their responses. Five, main questionnaires were as

1 – doctor/Nurse/technician how you interact with patients.
2 – Incase of your own mental illness how you seek help from professional colleagues.
3 – How do you deal with your family members/relatives?
4 – As an administrator how your recruit the employee, extract work from employee.
5 – How interested are you in communicating with psychiatrist and how often you interact with psychiatrist in your working place.

From this quantitative surely diagnosed and treated accordingly as per their interest and interactions.

The duration of study was from April-2020 to May-2021.

Statistical analysis: Social manifestations of HCS was studied quantitatively and qualitatively with respective questionnairesand recorded. The statistical analysis was carried out in SPSS software.

This research paper was approved by Ethical committee of Prakash Institute of Medical sciences and research Islampur – Dist. Sangli, Maharashtra – 415409.

OBSERVATION AND RESULTS

Table 1: Social manifestations of health care staff with mental illness 85 males and 65 females out of them 14 Nurses had 3 qualitative illness, out of 11 technician had 2 qualitative Illness (QI), out of 40 General practitioner 10 health staff had QI,out of 20 obstetrics and Gynaecologist 5 had QI, out of 16 paediatrician 4 had QI, out of 12 general surgeons 3 had QI, out of 16 physicians 4 had QI out of 5 dermatologist 2 had QI, out of 6 Anaesthesiologist 3 had QI, out of 6 ENT surgeon 3 had QI, out of 4 Ophthalmologist 2 had QI.

Table 2: 19 health staff challenge to diagnose and history taking of the patients 12 health care staff had difficulty to explain the patient about their disease, 16 health workers staff (HCS) had expectation from psychiatrist to be non-judgemental, 25 HCS gad presumed they are normal and felt medication is not necessary, 14 HCS felt their mental illness should be disclose before psychiatrist unknown to them, 32 HCS took expert help for their mental illness, 28 HCS were unable to recruit the efficient staff as administrator due to their mental illness, 28 HCS had interactions with psychiatrist and not ready to accept the diagnose of the psychiatrist and because they were unable to explain their episodes of mental illness, 6 HCS 6 HS reported their status of their mental illness but still mention the distance with psychiatrist to conceal the proper symptoms, ethnology of mental illness.

Table 1: Social manifestations of health care staff with mental illness

Gender	Male	85	--
	Female	65	--
Specialization 1	Nurse	14	3
2	Technician	11	2
3	General practitioner	40	10
4	Obstetrics and gynaecologist	20	5
5	Paediatrician	16	4
6	General surgeon	12	3
7	Physician	16	4
8	Dermatologist	05	2
9	Anaesthesiologist	06	3
10	ENT specialist	06	3
11	Ophthalmologist	04	2

QID = Qualitative of mental Illness diagnosed

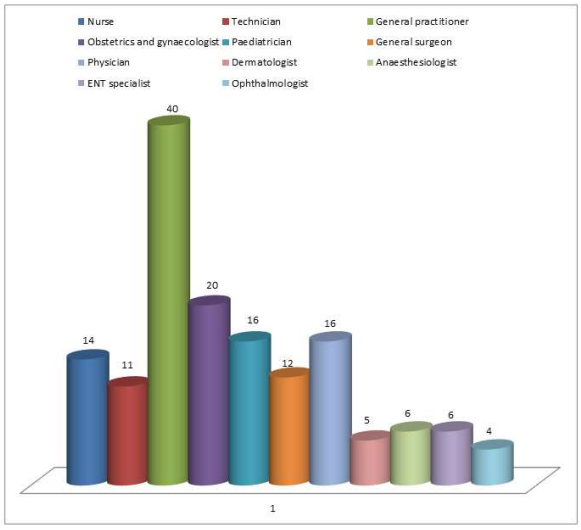

Table 1: Social manifestations of health care staff with mental illness

Table 2: Qualitative study of mental illness in health care staff

Sl No	Subject	Nodes	Frequency	Findings	Illustrations
A	Challenge faced in dealing with mentally ill patents	Diagnose	19	Most of the participants difficulty in diagnosing	Taking history and diagnosing very challenging
		Treating, explaining and referral	12	It was difficult to explain the patient about their mental illness prognosis	Explaining them to meet psychiatrist is very difficult
B	Mental health seeking behaviour	Expectation from Doctor (Psychiatrist)	16	Most of them expected the psychiatrist to be non-judgmental about their illness	Reluctant to seek help from psychiatrist. It he is non-Judgemental then they are willing to treat with psychiatrist
		Modality to treatment	25	Most them have mind-set that they are normal and don't want to take medication	They feel medication is not necessary for their mental illness
		Disclosure	14	Some of them feel their mental health problem unknown to them	They prefer to disclose their mental illness to psychiatrist unknown to them
C	Dealing mental issues among significant persons	Taking expert help	23	Feel the insight illness	Any friends or relative have any mental illness explain the nature of illness and encourage because of own experience
		Acceptance	8	Some of them decline to accept mental illness	Accepting himself is suffering with mental illness is very difficult
D	Being administrator	Recruiting people	28	Most of them feel other have mental illness and hence rejected	Being mental illness they feel majority of them are also mental ill
E	Interaction with psychiatrist	Follow up doubts and clarification	26	There are many difficulties for follow-up clearing the doubts regarding mental illness	Clarifications of mental illness in health care staff is not so easy many major health illness not revealed before psychiatrist
		Liaison issues	6	A few have reported their illness to experts	Working in collaboration with a mental health professional and psychiatrist is still distant reality. The system will not enable smooth liaison. Most of the mental illness remain un-treated

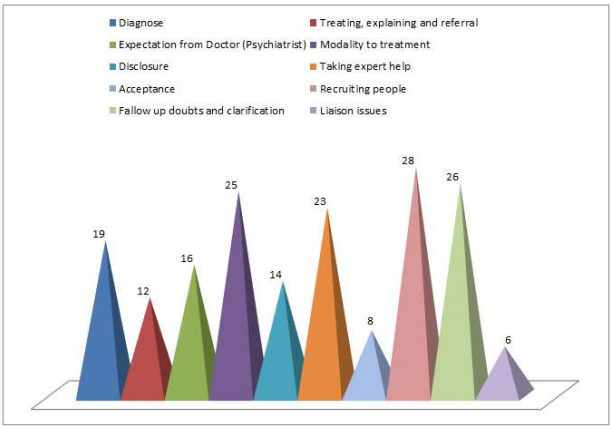

Table 2: Qualitative study of mental illness in health care staff

DISCUSSION

The present study of mental illness in Health care staff in population out 150 HCS 85 were males and 65 were females, out of 45 Nurses – 3 had qualitative mental illness diagnosed (QID), out 11 technician 2 had QID, out of 40 general practitioner, 10 had QID, out of 20 obstetrics and gynaecologist 5 had QID, out of 16 paediatrician 4 had QID, out of 12 general surgeons 3 had QID, out of 16 physician 4 had QID, out of 5 dermatologist 2 had QID, out of 5 anaesthesiologist 3 had QID, out of 6 ENT surgeons 3 had QID, out of 4 ophthalmologist 2 had QID (Table-1). In the qualitative study 19 HCS had problems in dealing with patients and diagnosing, 12 HCS had difficulty in explaining the patients about their illness and prognosis, 16 HCS expected that their psychiatrist to be non-judgemental, 25 HCS presumed that they were normal and do not need any medication, 14 HCS felt their mental illness was unknown to their, 23 HCS felt the insight of patient illness, 8 HCS decline to accept their mental illness, 28 HCS as administrator failed to recruit efficient staff due their mental disturbance, 26 HCS failed to follow up the treatment of psychiatrist and did not reveal their major complications of mental health, 6 HCS reported their illness but maintained distance hence their illness was untreated (Table-2). These findings were more or less in agreement with previous studies.[5,6,7] Stigma is a combination of several independent and interrelated factors. It is co-mixture of emotional, behavioural, and cognitive components leading to cascade of labelling devaluation and discrimination.[8] The process of stigmatization and its consequences in tandem at various levels, personal interpersonal and structural Stigma fosters fear, apprehension and distorted views of mental illness and psychiatrist.[9] The doctors during the detail interview were more concerned about the side effects of the prescription and duration of treatment for every patient. This reflected their poor confidence due to depressive illness. Despite doctors having higher risk and higher rates of mental illness they were reluctant to seek timely professional help. Barriers to timely help seeking include stigma, fears about confidentiality, feelings of guilt and shame, poor insight, anxiety about potential impact on their career, fears about the negative response from colleagues and employees, mistrust of regulatory bodies, lack of awareness about where to get help and so on.[10] Once reputation of any HCS collapses difficult to rebuild, more over recurrence of casualties itself decline the reputation of HCS and profession.

SUMMARY AND CONCLUSION

Health care staffs (medical professionals) are at a high risk of development of mental health problems such as depression, anxiety, stress and substance misuse. Despite of this HCS are reluctant to seek timely and appropriate professional help for their own mental health difficulties. Undetected and un-treated mental health problems often result into considerable negative consequences to the doctor, their family and their patients. Hence it is wise to get timely treatment to avoid undue to complications to HCS and patients as well, because now days patient is a consumer. Any undue, unpredicted complication will end into loss of accumulated wealth and mortality of innocent patients at the cost of reputation.

Limitation of study: AS location of our institution is in remote area hence we had limited number of patients to study.

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