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1-1-2013

What is different in psychiatric practice in developing and developed world? An experiential account from Australia and India

Nagesh Pai

University of Wollongong, nagesh@uow.edu.au

Naveen Chandra

Department of Psychiatry, India

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Recommended Citation

Pai, Nagesh and Chandra, Naveen, "What is different in psychiatric practice in developing and developed world? An experiential account from Australia and India" (2013). *Faculty of Science, Medicine and Health - Papers: part A*. 92.

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What is different in psychiatric practice in developing and developed world? An experiential account from Australia and India

Abstract

Abstract of a paper presented at the 65th Annual National Conference of Indian Psychiatric Society, Bangalor, 10-13 Jan, 2013. This is a narrative account of two psychiatrists (from Wollongong, NSW and Mangalore, India) who swapped their location or practice and reviewed their experiences.

Keywords

psychiatric, different, developing, developed, world, practice, experiential, india, account, australia

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Pai, N. & Chandra, N. (2013). What is different in psychiatric practice in developing and developed world? An experiential account from Australia and India. *India Journal of Psychiatry*, 55 (5 (Suppl.)), S61-S61.

Aims and Objectives: Background: Stereotyped attitude and stigma towards mentally ill patients and their families is fairly prevalent in community but a similar attitude is not expected among healthcare professionals. Aims and objectives: To assess and compare the stereotyped and stigmatizing attitude towards mentally ill and their families among health healthcare professionals. Secondary objective was to compare the effect of professional orientation and length of time in the healthcare field on the above variables.

Methodology: Total of 100 healthcare professionals belonging to a tertiary care centre participated in the study comprising of mental-health professionals, non-mental health professionals and nursing professionals. After taking an informed consent, detailed socio-demographic and professional profile was recorded in a semi-structured proforma. The stereotyped attitude towards mentally ill was assessed using Community Attitudes towards the Mentally Ill scale. The stigmatizing attitude towards the patient and the family was assessed using nine-item Attribution Questionnaire and Family Questionnaire respectively. In order to test the validity of participants' responses, Marlowe-Crowne desirability scale was applied.

Results: Difference in attitude and the level of stigma was found between the three groups. Correlation between professional orientation, length of time in the field and the scale scores was noted. The results will be discussed further in detail during the presentation.

Conclusions: This study provides insight into the attitude of the healthcare professionals towards mentally ill and their family. Besides usual professional training there is need to sensitize all healthcare professionals regarding mental illness.

F. 10.2: What is different in psychiatric practice in developing and developed world? An experiential account from Australia and India

Nagesh Pai, Naveen Chandra

Aims and Objectives: This is a narrative account of two psychiatrists (from Wollongong, NSW and Mangalore, India) who swapped their location of practice and reviewed their experiences.

Methodology: Experiential account of two geographically similar locations are compared after swap and the outcome is being discussed

Results: The rural community seem to relatively accepting of people with mental disorders, perhaps out of necessity because, in rural India, people with mental disorders generally remain within the family and village community due to an absence of viable alternatives. Culture is likely to influence the experience, expression and determinants of stigma, and the effectiveness of different approaches to stigma reduction, and there is an unmet need for further research into this phenomenon in non-western cultures. Even in Australia, considerable socioeconomic and geographic inequities in access to health services exist. Because health care services are not in unlimited supply or ubiquitously available, key challenges of level of service provision, availability, affordability and accessibility of services in addition to sustainability of service provision remain unanswered.

Conclusions: In conclusion, 'No one size fits all' in rural and remote areas. Recruitment and retention in rural and remote areas will remain problematic without all the other service prerequisites in place

F. 10.3: The dummies guide to patient safety and risk management system in psychiatry: Lessons from Australia

Rajeev Jairam, Kim Breckon

Aims and Objectives: Patient safety and risk management is an important part of good mental health management. NSW in Australia has implemented an effective system, the Incident Information Management System (IIMS). Such a system is necessary, especially in large hospitals, as it offers ability to comprehensively manage safety and risk in clinical settings.

Methodology: We describe the mechanics of IIMS from reporting to

action. IIMS data for 2011 from Campbell town Hospital (56 psychiatry beds including 10 adolescent beds) and associated outpatient clinic over a 12 month period were reviewed. Those incidents that needed further investigation via reportable incident briefs (RIBs), adverse event reviews (AERs) and root cause analyses (RCAs) were examined in greater detail.

Results: There were in total 741 IIMS reports in 2011 from Campbell town hospital psychiatry department and 71 reports for the associated out-patient clinic. Of these 45 had a Severity Assessment Code (SAC) of 1 or 2 which merited further investigations. There were 26 AERs and 5 RCAs during this period. We further elaborate these using case examples and present key recommendations from them.

Conclusions: Every psychiatric hospital and unit needs an effective patient safety and risk management system. Investigation of the more serious incidents does generate recommendations which further enhance patient safety. The process of applying such a system is discussed together with its advantages and challenges.

F. 10.4: Ethical perspective of published literature in the Indian Journal of Psychiatry

Rashmita Saha, Suman Kumar Sinha, Dinesh Kumar Sinha

Aims and Objectives: To examine the reporting of written informed consent and ethical approval in the published articles of Indian Journal of Psychiatry (IJP).

Methodology: All the original research articles published in the IJP during the period of 2008-11 were examined to collect data with respect to reporting the ethical aspects of the reported research. The data was tabulated and analyzed using descriptive statistical methods.

Results: Ethical approval was reported in 28.7% of the original articles. Written informed consent is reported in 40.2% of the original articles rest being either not mentioned explicitly or not being informed. Source of funding and conflict of interest is reported in all the articles.

Conclusions: Discussion: The ethical aspects of articles need to be improved while writing the articles. It may help to make it mandatory for authors to explicitly report this for their articles just on the pattern of source of funding and conflict of interest.

F. 10.5: A study of Psychiatrists – Their reasons for choosing psychiatry and the level of stress

Naik Ajit Ramakant, Shilpa A. Adarkari

Aims and Objectives:

1. To study the reasons for taking up psychiatry for post-graduation, among psychiatrists.
2. To study the level of stress amongst them.

Methodology: The study was conducted amongst 100 psychiatrists of a metro city. Those in academic institutes as well as in private practice were included in the study. Permission of the Institutional Review Board was taken. After obtaining the written informed consent, the Psychiatrists were given a semi-structured proforma with questions about the reasons for choosing psychiatry as a career. An abbreviated Maslach Burnout Inventory scale was used to assess the levels of stress in them.

Results: Variety of reasons like "exposure during undergraduate training," "personal experience," "entrance exam results" were obtained. This data and the data about the level of stress were then tabulated and appropriate statistics was applied. The results are discussed.

Conclusions: The conclusions are discussed in paper.

F. 10.6: Trends in scientific research spanning across a decade in two major Psychiatric Journals: A comparative study

Wenona H. Fernandes, Anil Rene, Abhijit Nadkarni, Xiyuan E. Fernandes