

Background

Almost 91 million Americans live in Mental Health Professional Shortage Areas¹, and PCPs supply about half of mental health services². Prior research has demonstrated that physicians frequently hold stigmatized views towards patients with mental illness³. These views can result in a decline in timely, proper diagnosis and treatment and erosion of the physician-patient relationship⁴.

Prior studies examined referral rates based on perceived confidence level, and how confidence relates to amount of recent psychosocial CME.^{5,6} Few studies have examined whether these factors are related to physician stigma toward mental illness.

Aims

Our study had three aims:

1. Compare AMIQ (stigma) ratings and referral rates for anxiety, depression, bipolar, and schizophrenia.
2. Compare AMIQ ratings and self-stated comfort levels with treating mental illness.
3. Compare AMIQ ratings and amount of recent psychosocial CME.

Our predictions:

- Family physicians with higher stigma would
 - Refer to psychiatry more quickly
 - Feel less comfortable treating mental illness
 - Take less psychosocial CME

Methods

We administered an email survey to family physicians via a statewide family medicine association. The survey contained demographic questions and a short stigma questionnaire (Attitudes Towards Mental Illness Questionnaire or AMIQ). Respondents were asked about their comfort level, amount of recent mental health-related CME, and how many medications they would try before referring patients to psychiatry.

Results

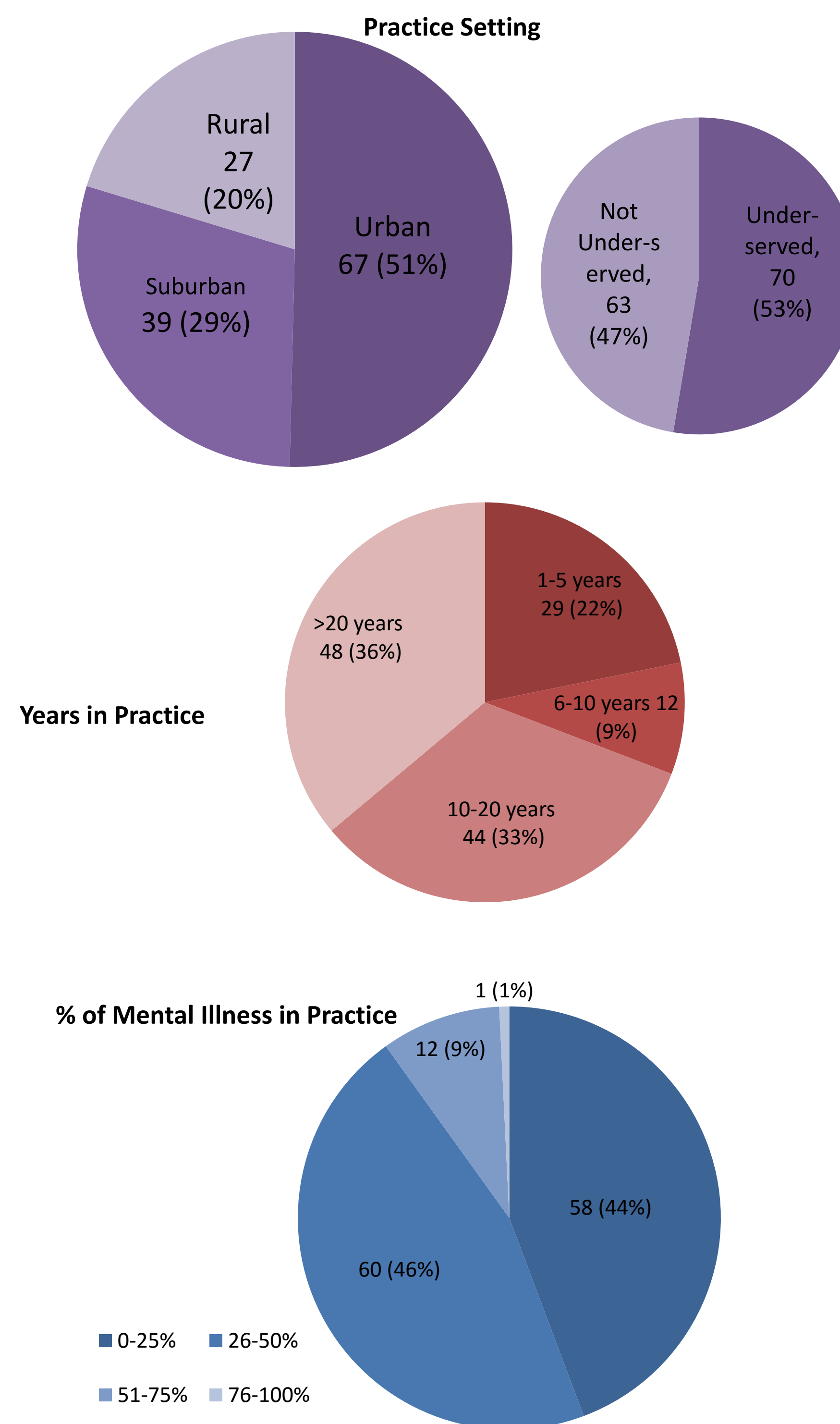


Figure 1: Demographics

Main Results

1. Stigma and referral rates for anxiety were significantly related, but no other mental illnesses (depression, bipolar disorder, or schizophrenia) were significantly related to stigma levels.

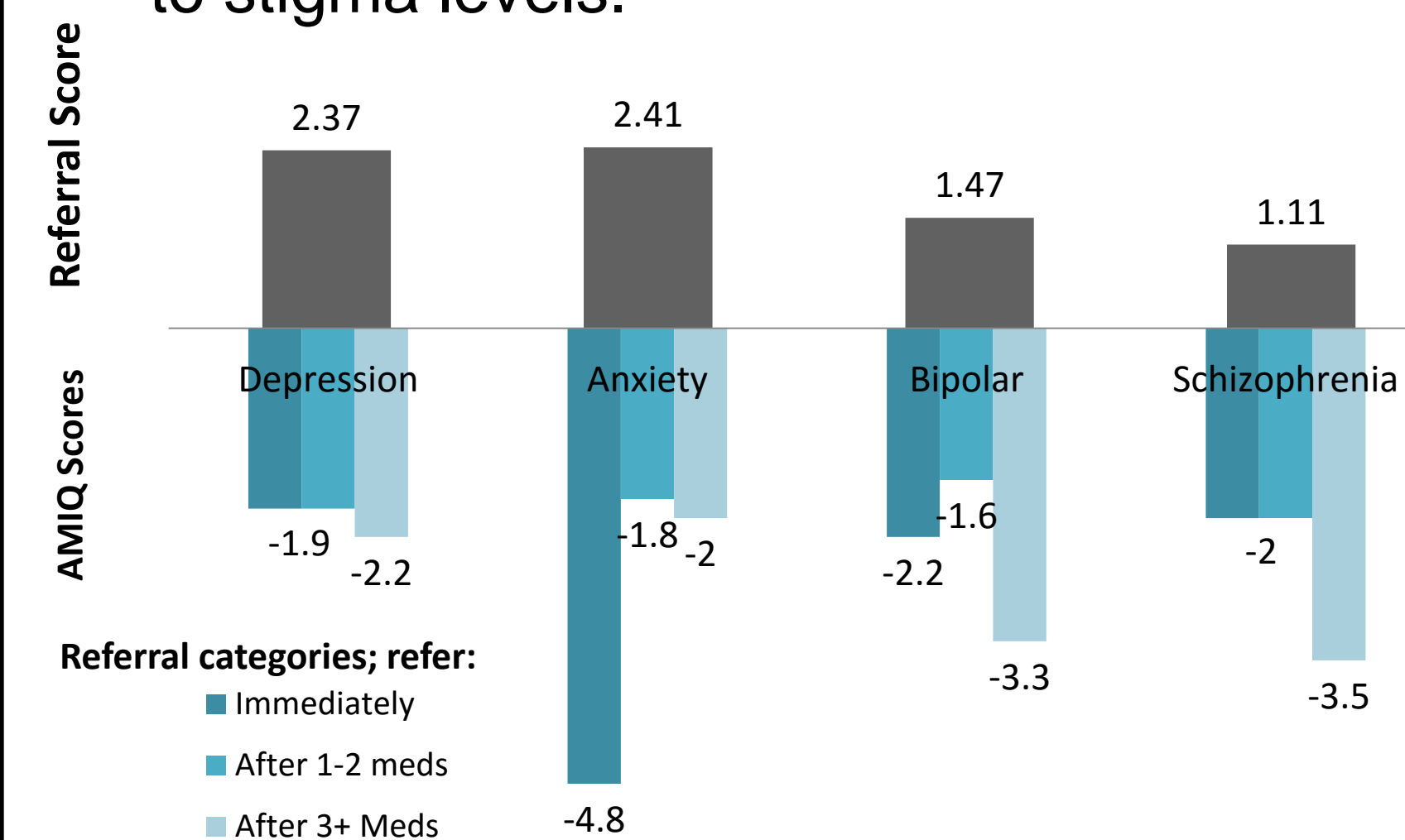


Figure 2: Referral scores (higher scores indicate more medication trials before referring) and referral categories correlated to average AMIQ (stigma) scores

2. There was no significant relationship between stigma levels and comfort levels with treating mental illness.

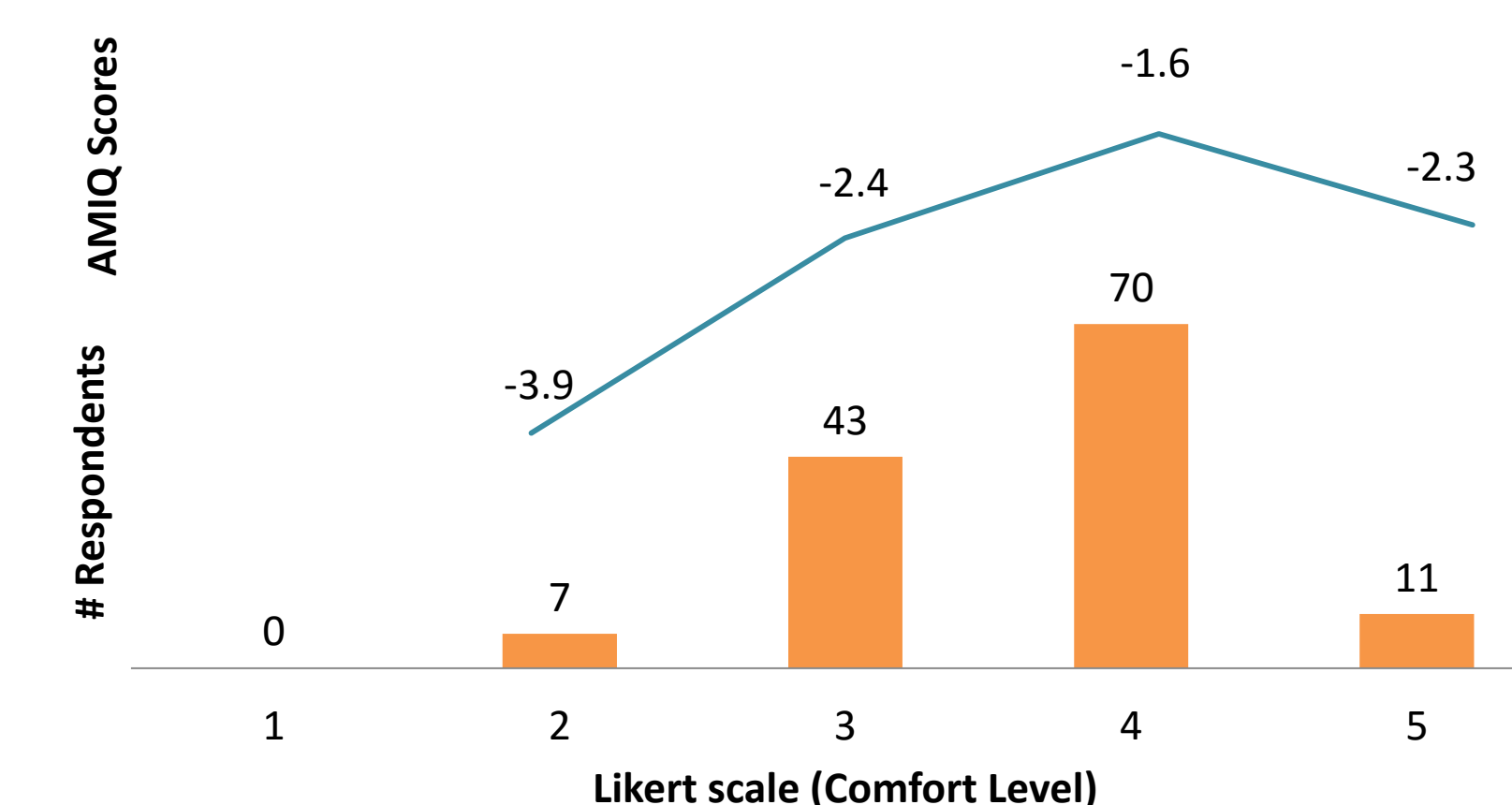


Figure 3: Comfort level (a higher number indicates more comfort) and average AMIQ scores (more negative numbers indicate higher stigma)

3. Lower stigma levels were significantly related with higher levels of recent psychosocial CME.

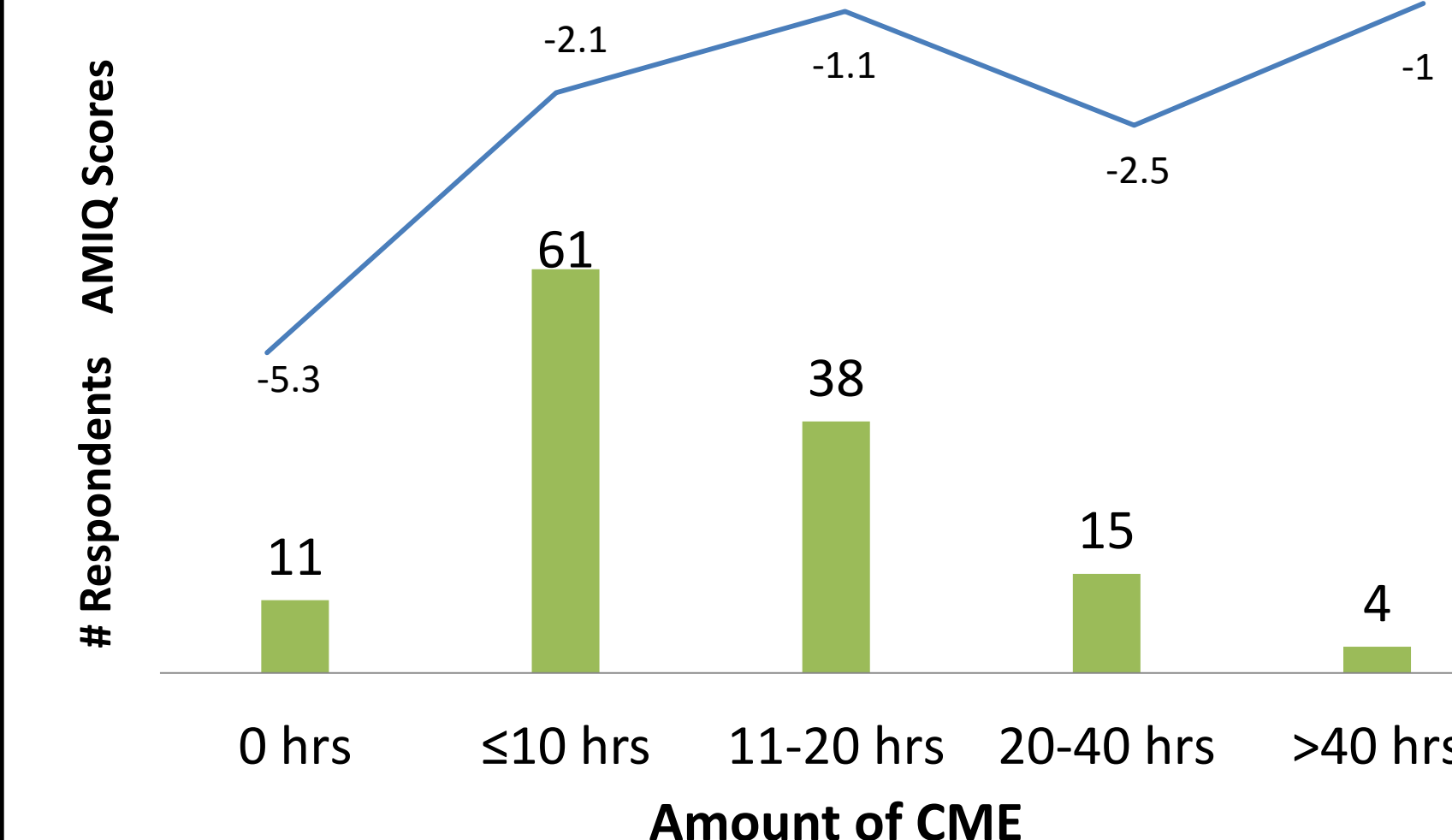


Figure 4: Recent psychosocial CME (last 3 years) and average AMIQ (stigma) scores (more negative numbers indicate higher stigma)

Other Results and Trends

- Physicians' mean overall stigma score was -2.08 (from -10 to +10, with negative numbers indicating higher stigma)
- Family physicians were more likely to treat (vs. refer) anxiety and depression.
- Physicians in underserved areas tended to be younger and more comfortable treating mental illness.
- Stigma increased with years in practice

Discussion and Conclusions

Summary of Results

- Stigma was related to referral rates to psychiatrists for anxious patients only.
- Lower stigma levels were associated with greater amounts of recent psychiatric CME.
- Stigma wasn't related to comfort level treating mental illness.

Limitations

- Geographic constraints (Arizona)
- AMIQ instrument – self-reporting

Importance

- Helped clarify relationship between stigma, referral habits, comfort level, and CME amongst family physicians in Arizona.
- Stigma-reduction training could result in less unnecessary referrals and improved patient care.

References

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