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Urban Public Attitudes to the treatment of Psychological Problems and Depression in General Practice

Abstract:
A previous national study of public attitudes to depression indicated that only 17% spontaneously mentioned their general practitioner as someone who could help with depression, in contrast to 79% of respondents being willing to consult their G.P. in a similar U.K. survey. The present study undertook to examine the public perception of an urban sample to the treatment of depression in general practice and the factors associated with expressed unwillingness to consult. A random sample from the electoral register was drawn and 54 (89%) of 61 subjects selected were interviewed. While 85% of respondents were satisfied with their general practice care, only 24% to 52%, depending on the context and wording of the question, said that they would seek help from their general practitioner for depression. Factors associated with an expressed reluctance to consult were being male, dissatisfied with general practitioner care and believing that general practitioners were not qualified to treat depression.

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Introduction
Few studies in Ireland have assessed patients satisfaction with their general practitioners and their views on the role of general practitioners in the treatment of psychological problems. The scant available data suggests that a majority of patients are satisfied with the services provided by family doctors. However, more than half would not consult their general practitioner about personal difficulties or marital discord, and a majority (75%) would not consult for depression.

These findings differ strikingly from those reported in the UK,
[1-4] where approximately 70% of respondents in two national surveys
[5,6] said they would consult their doctor for treatment of depression, despite being unwilling to get help from other sources. General practitioners have a central role to play in the treatment of psychological problems and depression, the results of both the Irish and UK studies suggest that this role is often not accurately perceived by the public. The aim of this study was to examine public perceptions of the role of general practitioners in the treatment of psychological problems and depression, and more specifically to identify barriers to seeking treatment from general practitioners for depression.

Methods
A random sample of the public was drawn from the electoral register in the Dublin area and interviews were obtained in 54 (89%) of the 61 subjects selected who were contactable and suitable for interview. In order to ensure that the sample was a representative one of the population of Dublin, a ranking procedure was used. All interviews were conducted in respondents own homes by a research psychologist. The interview schedule contained both open and closed questions designed to elicit respondents views regarding the following areas:

- Satisfaction with general practitioners.
- Qualities respondents considered important in a general practitioner.
- Attitudes to consulting general practitioners for psychological problems, and barriers to consulting for these problems.
- Attitudes to consulting general practitioners for depression and factors affecting willingness to consult for depression.

When enquiring about depression, the respondents were not given a description or definition of depression, as it was their attitude and behavioural response to their perception of depression that was being measured. However, in order to assess their ability to recognise depression, respondents were presented with six case vignettes depicting a girl suffering from mild to more severe depression, without the word depression being used in the depiction. There was a 100% recognition for depression, with 81% of respondents recognising it when it was of a mild or moderate degree.

Statistical analysis was carried out using the S.P.S.S. package. Frequencies were computed for all variables and compared to percentages. Associations between variables were examined using Chi-square statistics for categorical data and Pearsons correlations for interval scale data.

Results
Fifty-four people completed the interview giving a response rate of 89%. Four people were unsuitable for interview because of sensory or cognitive deficits. Fifty-two per cent of the sample were female and 48% were male. The 54 respondents ranged in age from 18 to 65 years and over. The breakdown for age was as follows: 18-27 (28%), 28-39 (20%), 40-51 (19%), 52-66 (15%) and over 65 (18%). Fifty-three per cent of respondents were married, 37% were single, 6% were widowed and 4% were separated or divorced. The distribution of the socio-economic groups was as follows: upper class (17%), lower middle class (20%), skilled working class (20) and lower class (26%). Statistical comparisons of demographic characteristics of the sample with those of the population from which it was drawn show they are not significantly different: gender (X^2=0.27, P > 0.05), marital status (X^2=3.39, P > 0.05), age (X^2=0.94, P > 0.05) and socio-economic status (X^2=4.1, P > 0.05).

The majority of respondents (85%) were either satisfied or very satisfied with the care they received from their general practitioner. However, 43% of the sample said they would look for help from sources other than the doctor if they had a similar problem. 52% of respondents said their doctor was excellent in taking time with the consultation, listening and communicating well with their patients. However, 67% of respondents said they would not be prepared to talk to their general practitioner about a family or marital problem.

Almost three-quarters of the sample (72%) said they would not be willing to discuss a personal problem that was not suffering from depression. Only 6% of respondents said they would not be prepared to discuss their general practitioner about a family or marital problem.

When respondents were asked why they would not consult their doctor about this type of problem 54% expressed the view that general practitioners are not qualified to treat family or marital problems, while 32% considered doctors not qualified to deal with personal problems. Respondents attitudes to consulting their general practitioners for depression were probed, both directly and indirectly, at different stages throughout the interview. In response to the direct question, If you had a constant feeling of depression for about four weeks or longer, would you consult their doctor?, 79% of respondents said they would consult their G.P. in a similar U.K. survey. The present study undertook to examine the public perception of an urban sample to the treatment of depression in general practice and the factors associated with expressed unwillingness to consult. A random sample from the electoral register was drawn and 54 (89%) of 61 subjects selected were interviewed. While 85% of respondents were satisfied with their general practice care, only 24% to 52%, depending on the context and wording of the question, said that they would seek help from their general practitioner for depression. Factors associated with an expressed reluctance to consult were being male, dissatisfied with general practitioner care and believing that general practitioners were not qualified to treat depression.
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When probed for their reasons for not consulting their general practitioner about depression, 22% of these respondents expressed belief that their general practitioner was not adequately qualified to deal with their problem and could offer little help other than medication. Twenty per cent expressed a preference for consulting a mental health professional and a further 20% a desire to deal with the depression themselves.

Other factors were also associated with respondents willingness to consult their general practitioner for depression. Respondents, P.A. Beliefs about Depression, its treatment and the role of the G.P. in an urban Irish sample. M.A. Thesis, University College, Dublin. 1995.

However, the majority of respondents said they would not consult their general practitioner about a personal or marital difficulty, a finding that contrasts with British studies which have reported that people with marital and other personal problems were more likely to approach their general practitioner for help than any other professional. Some differences may also appear to be at least partly due to their expressed belief that general practitioners are not adequately qualified to deal with such problems.

The reasons for the apparent differences in willingness to consult between the British and Irish studies is not clear. It may perhaps be a reflection of the greater availability of ancillary services in British general practice settings such as counsellors, psychologists and practice nurses. There is also the consideration of the different practice mix of public and private patients. The fact that many people in the Republic of Ireland pay directly for their care may have influenced their views on whether or not their general practitioner was the appropriate professional to consult. Consequently, such patients may be more likely to seek and have ready access to mental health professionals. This would appear to find some support in the finding that while 37% of the present sample favoured consulting a psychologist or psychiatrist as someone who could help with depression, a figure more in keeping with the 17% expressed willingness to consult in the 1991 study. Both findings contrast with a recent British survey in which the majority of respondents (79%) said they would consult their general practitioner for depression. 

The results point to an association between other factors and respondents reluctance to consult their general practitioner for depression over the 1991 national survey, with 52% saying they would be prepared to consult their general practitioner for depression in the present study. Further, while 19% of respondents expressed belief that depression was a psychological problem, a finding that contrasts with British studies which have reported that people with emotional or personal problems were more likely to consult their general practitioner for help than any other professional. Some differences may also be attributable to the sample. As respondents in the present study were drawn entirely from an urban sample, they may perhaps have a greater awareness of, and accessibility to, a wide range of mental health professionals for the treatment of depression. The Irish national survey found that 25% of rural dwellers in contrast to 15% of urban dwellers expressed a willingness to consult their general practitioner for depression. While this urban-rural difference may be explained by the greater availability of mental health professionals in urban areas, it does not shed much light on the public of Ireland and the U.K., which would predict a much higher rate of mental health professional consultation in the U.K., where there is a greater percentage of the population resident in urban areas.

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To conclude, the results of this study suggest that there is an urgent need to increase public awareness of the role of the general practitioner in the management and treatment of psychological problems and to encourage people to seek help more readily from the primary care facilities.

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