<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Urban public attitudes to the treatment of psychological problems and depression in general practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authors(s)</strong></td>
<td>McKeon, Patrick; Gavigan, P.; Carr, Alan</td>
</tr>
<tr>
<td><strong>Publication date</strong></td>
<td>2000</td>
</tr>
<tr>
<td><strong>Publication information</strong></td>
<td>Irish Medical Journal, 93 (7): 200-202</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>Irish Medical Organisation</td>
</tr>
<tr>
<td><strong>Item record/more information</strong></td>
<td><a href="http://hdl.handle.net/10197/5296">http://hdl.handle.net/10197/5296</a></td>
</tr>
</tbody>
</table>
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. The present study was undertaken to examine the public perception of an urban sample to the treatment of depression in general practice. The study was based on a random sample of the electoral register in the Dublin area. A total of 61 subjects were interviewed. While 85% of respondents were satisfied with their general practice care for depression, 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.

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 good representation of the general population of Dublin, random procedures in the design of the sample 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 consider important in a general practitioner.
• Attitudes to consulting general practitioners for psychological problems and depression, and barriers to consulting for these problems.
• Attitudes to consulting general practitioners for depression and factors affecting willingness to consult for depression.

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%), 52-64 (15%) and over 65 (18%). Fifty-three per cent of respondents were married, 37% were single, 3% were widowed and 4% were separated or divorced. The distribution of the socio-economic groups was as follows: upper class (32%), lower middle class (26%), skilled working class (20%) and lower class (28%).

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 advice about treating illness or complaints from sources other than their general practitioner if they had a health problem.

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

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 and depression specifically. 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 mental illness, despite knowing of the help that is available. The role of the general practitioner in the management 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 the general practitioner in the management of psychological problems and depression, and more specifically to identify barriers to seeking treatment from general practitioners for depression.

When enquiring about depression, the respondents were not given a description or definition of depression, as it was thought that their response 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 through to more severe depression, without the word depression being used in the depiction. There was a 20% 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 converted to percentages. Associations between variables were examined using Chi-square statistics for categorical data and Pearson 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%), 52-64 (15%) and over 65 (18%). Fifty-three per cent of respondents were married, 37% were single, 3% were widowed and 4% were separated or divorced. The distribution of the socio-economic groups was as follows: upper class (32%), lower middle class (26%), skilled working class (20%) and lower class (28%). 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=3.91, P > 0.05), age (x^2=0.94, P > 0.05) and socio-economic status (x^2=0.41, P > 0.55).

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 advice about treating illness or complaints from sources other than their general practitioner if they had a health problem. Seventy (70%) were significantly more likely than females (35%) to say they would look for help from sources other than doctors (x^2=3.76, P<0.01).

Thirty per cent of respondents said that taking time with the consultation, listening and communicating well with their general practitioner was the quality they considered to be most important in a general practitioner. However, 72% of the sample said their doctor was excellent with respect to listening and communicating, while 59% rated their general practitioner as someone who could help with depression, in contrast to 24% 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.
that there was little they could do other than prescribe drugs and that they would be embarrassed to consult about
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. 11

In addition, males (76%) were significantly more likely than females (24%) to say they would not be prepared to consult their general practitioner about depression (x²=12.63, p<0.01) and males (62%) were also significantly more likely than females (38%) to look to family and friends as a source of help for depression (x²=4.07, p<0.05).

Discussion

Attitudes to the care provided by general practitioners in this study were generally positive, with the majority of respondents expressing satisfaction with the consultations with their doctor, a finding consistent with other Irish studies." 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 mental health problems were more likely to approach their general practitioner for help than any other professional." This points to an apparent paradox, since the majority of the sample rated their general practitioner as excellent with respect to listening, communicating and allowing adequate time for the consultation. However, respondents reluctance to consult their general practitioner for such problems would appear to be at least partially due to their expressed belief that general practitioners are not adequately qualified to deal with such problems.

It might appear that respondents in the present study, when asked directly, showed some increase in willingness to consult their general practitioner about depression over the 1991 national survey, with 52% saying they would be prepared to consult their general practitioner about depression when asked directly 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. 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. This points to an apparent paradox, since the majority of the sample rated their general practitioner as excellent with respect to listening, communicating and allowing adequate time for the consultation. However, respondents reluctance to consult their general practitioner for such problems would appear to be at least partially 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 recognition that urban dwellers have a greater awareness of the availability of mental health professionals for the treatment of depression. In the present study, males expressed greater reluctance to consult, although in the present study it is possible that this might be partly accounted for by their stronger preference for family and friends as a source of help for depression. Respondents who were satisfied with the care they received generally from their general practitioner were also more likely to consult for depression. However, since satisfaction with general practitioner care was high, clearly this is only a small part of the picture. Viewed by many respondents, the general practitioners are not adequately qualified to deal with depression, coupled with the belief that there was little they could do other than prescribe drugs and that they would be embarrassed to consult about depression, marital or other personal problems views consistent with the British study, would also explain the reluctance to seek help from their primary care doctor.

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 depression and to encourage people to seek help more readily from the primary care facilities.

Correspondence:

Patrick McKeon,
Depression Research Unit,
St. Patrick's Hospital,
Dublin 8.
Tel: +353-1-677 5423

References