<table>
<thead>
<tr>
<th>Title</th>
<th>Urban public attitudes to the treatment of psychological problems and depression in general practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors(s)</td>
<td>McKeon, Patrick; Gavigan, P.; Carr, Alan</td>
</tr>
<tr>
<td>Publication date</td>
<td>2000</td>
</tr>
<tr>
<td>Publication information</td>
<td>Irish Medical Journal, 93 (7): 200-202</td>
</tr>
<tr>
<td>Publisher</td>
<td>Irish Medical Organisation</td>
</tr>
<tr>
<td>Item record/more information</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, 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.

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

Author: McKeon Patrick, Gavigan P, Carr A

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 study set out to examine public perception of the role of general practitioners in the treatment of psychological problems and depression specifically.

These findings differ strikingly from those reported in the UK where approximately 70% of respondents in two national surveys said they would consult their doctor for treatment of depression, despite being unwilling to get help from family and friends. 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.

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 analysis was not biased, the sample was selected using the method of probability. 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 felt that any preconceived 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 mild to more severe depression, without the word depression being used in the depiction. There was a 70% 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 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, 6% were widowed and 4% were separated or divorced. The distribution of the socio-economic groups was as follows: upper working class (20%), upper middle class (26%), 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 of Dublin a ranking procedure was used.

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 on treatment illness or complaints from sources other than their general practitioner if they felt their general practitioner was not qualified to deal with personal problems. Respondents attitudes to discussing their general practitioner for depression were probed, both directly and indirectly, at different stages throughout the interview. In response to the question: ‘if you felt depressed for about four weeks or longer, would you consult your general practitioner?’, 52% of the sample replied, yes.

However, in response to the more general question, Who could help with depression?, only 30% of respondents suggested a general practitioner and this included 6% who said they would consult their doctor specifically for referral to a mental health professional (Table).

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

When probing for their reasons for not consulting their general practitioner about depression, 22% of these respondents attributed this reluctance to their belief that their general practitioner was not adequately qualified to deal with depression 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 who stated that they had received poor treatment from their doctor in the past (x²=8.67, p<0.01) and those who felt that general practitioners are not adequately qualified to deal with depression, coupled with the belief from their general practitioner were also more likely to consult for depression (r=0.3316, p<0.05). Similarly, respondents who were willing to consult their general practitioner about personal and marital problems were also significantly more likely to consult for depression (r=0.3736, p<0.05).

In addition, males (76%) were significantly more likely than females (60%) 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. 10 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 difficulties and personal, or emotional problems were more likely to approach their general practitioner for help than any other professional. 11 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 partly 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. However, it should be noted that when similarly framed questions to those of the 1991 survey were asked in this present study, only 24% of respondents spontaneously mentioned their general practitioner 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. 6

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 belief in the U.K., which would predict different practice mix of public and private patients. The fact that many people in the Republic of Ireland pay directly for their medical services may also have contributed to some of the differences between the two studies. 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 psychiatrist as someone who could help with depression, only 2% of respondents in the British study would consult a psychiatrist for depression and 1% said they would consult a psychologist. 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 light on why 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.

The results point to an association between other factors and respondents reluctance to consult their general practitioner about depression. This reluctance was found to be significantly associated with the sex of respondents, which was also in line with previous studies, 11 males expressed greater reluctance than females. 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, which would 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. Patricks Hospital,
Dublin 8.
Tel: +353-1-677 5423

References

Respondents Responses to the Question: Who Could Help with Depression?

<table>
<thead>
<tr>
<th>Sources of Help</th>
<th>Suggested by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and Friends</td>
<td>39%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>37%</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>30%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>20%</td>
</tr>
<tr>
<td>Support Group</td>
<td>22%</td>
</tr>
<tr>
<td>Counsellor</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Religious</td>
<td>6%</td>
</tr>
</tbody>
</table>

As respondents could make more than one response, the total response exceeds 100%. The 30% figure for general practitioners includes 6% who would attend solely to seek referral to a mental health professional.

Respondents Responses to the Question: Who Could Help with Depression?

Respondents Responses to the Question: Who Could Help with Depression?

Respondents Responses to the Question: Who Could Help with Depression?