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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.

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 and depression. 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.

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 mean age of the sample was 47 years and 56% of respondents were married, 23% were single and 21% were widowed or divorced. The distribution of the socio-economic groups was as follows: upper class (26%), lower class (28%), intermediate class (20%), skilled working class (20%) and lower working class (26%). Statistical comparisons of demographic characteristics of the sample with those of the population from which it was drawn showed no significant differences between gender (x^2=0.27, P > 0.05), marital status (x^2=3.91, P > 0.05), age (x^2=0.49, P > 0.05) and socio-economic status (x^2=1.41, P > 0.05).

The majority of respondents (85%) were either satisfied or very satisfied with the care they received from their general practitioners, with approximately 70% of respondents in two national surveys^4,5 said they would consult their doctor for treatment of depression, despite being unwilling to get help for personal problems. In the U.K., 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 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.

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 answers to questions were not influenced by the wording or order of the questions, only open answer questions were 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 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's correlations for interval scale data.

Almost three-quarters of the sample (72%) said they would not be willing to discuss a personal problem that was not straightforward and the qualities 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 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.

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 deal with family or marital problems, while 32% considered doctors are 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 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).
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.

When probed for their reasons for not consulting their general practitioner about depression, 22% of these respondents cited a reluctance 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, P.A. Beliefs with the care they received from their doctor generally, were also significantly 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 (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 difficulties and personal, or emotional 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 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 in the 1991 study, with 52% saying they would be prepared to consult their general practitioner about depression over the 1991 national survey, whereas 22% said they would consult a psychiatrist for depression and 1% said they would consult a psychologist. However, it would be noted that while 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.

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 a greater rural-rural variation in general practice mix of public and private patients. The fact that many people in the Republic of Ireland pay directly for their medical care, while the majority of British general practitioner 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 public health professional or a psychologist, 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. This urban-rural difference may be explained by the greater availability of mental health professionals in urban areas, it does not shed light on the source of the treatment of depression, whether it be at a 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. Nineteen per cent of respondents had been treated by a mental health professional for an emotional problem in the previous 12 months. 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. Views expressed by many respondents in this present study, when probed for their reasons for not consulting their general practitioner about depression, are perhaps more likely to be at least partly due to their expressed belief that general practitioners are not adequately qualified to deal with such problems.

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

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