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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 (88%) 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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Methods
A random sample of the public was drawn from the electoral register in the Dublin area and interviews were obtained in 54 (88%) of the 61 subjects selected who were contactable and suitable for interview. In order to ensure that the sample was representative of the socio-economic distribution 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 felt that the 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 through 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 converted 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 (19%), lower middle 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 show they are not significantly different: gender (x^2=0.27, P > 0.5), marital status (x^2=3.91, P > 0.05), age (x^2=5.94, P > 0.05) and socio-economic status (x^2=4.1, P > 0.5).

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 doctors and 22% of these respondents favoured consulting alternative practitioners. Males (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 patient, and the qualities they considered to be most important in a general practitioner. However, 72% of the respondents said their doctor was excellent with respect to listening and communicating, while 59% rated their general practitioner as excellent in taking time with the consultation.

Almost three-quarters of the sample (72%) said they would not be willing to discuss a personal problem that was not strictly medical with their general practitioner. Likewise, 67% of respondents said they would not be prepared to talk to 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 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 their general practitioner and this included 6% who said they would consult their doctor specifically for referral to a psychiatrist. However, in response to the more general question, Who could help with depression?, only 30% of respondents suggested their general practitioner and this included 6% who said they would consult their doctor specifically for referral to a psychiatrist.
When probed for their reasons for not consulting their general practitioner about depression, 22% of these respondents' direct preference would have been 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 another 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 (6%) who felt they had been given the wrong advice by the care they received from their doctor generally, were also significantly more likely to consult for depression (r=0.336, 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=0.373, 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

Atitudes 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 over the 1991 national survey, with 52% saying they would be prepared to consult their general practitioner for depression, a finding consistent with other Irish studies. 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 the general practitioner 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. However, it should be noted that when similarly framed questions to those of the 1991 study were asked in the present study, respondents were asked to which source of help they would more likely turn in each situation. 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 the reasons why the public of Ireland would consult a general practitioner as a source of help, and which would predict a such 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 depression and to encourage people to seek help more readily from the primary care facilities.