Journal of Affective Disorders 196 (2016) 164–170

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

# Barriers of Chinese primary care attenders to seeking help for psychological distress in Hong Kong

Kai Sing Sun [a], Tai Pong Lam [a,*], Kwok Fai Lam [b], Tak Lam Lo [a,c], David Vai Kiong Chao [a,d], Edmund Wing Wo Lam [a]

[a] Department of Family Medicine and Primary Care, The University of Hong Kong, Hong Kong
[b] Department of Statistics and Actuarial Science, The University of Hong Kong, Hong Kong
[c] Kwai Chung Hospital, Hong Kong
[d] Department of Family Medicine and Primary Health Care, United Christian Hospital and Tseung Kwan O Hospital, Hong Kong

ARTICLE INFO

*Article history:*
Received 10 November 2015
Received in revised form
14 January 2016
Accepted 13 February 2016
Available online 17 February 2016

*Keywords:*
Barriers
Chinese
Help-seeking
Primary care
Psychological distress

ABSTRACT

*Background:* Most of the previous studies on help seeking for psychological distress were derived from Western countries. This study investigated the barriers to help-seeking for psychological distress among Chinese primary care attenders in Hong Kong.

*Methods:* Nine focus groups and 6 individual interviews were conducted among Chinese primary care attenders with/without known distress, patients' significant others and the general public. The identified barriers were investigated in a questionnaire survey with data from 1626 primary care attenders recruited from 13 private clinics and 6 public clinics.

*Results:* Worries about side effects of drugs (79.9%, 95% CI:(77.9%, 81.8%)) and drug dependency (74.7%, 95% CI:(72.5%, 76.8%)) were rated as the top barriers in the survey. Qualitative interviews found both worries and actual experience of the side effects of drugs, which weakened patients' trust in the treatment. Factor analysis on all barrier items suggested three factors: 1) worries of treatment, 2) uncertainties on primary care physicians' capacity, 3) public's limited knowledge on distress and sources of help. Distress level, education level and age were associated with factor 1, whereas distress level and healthcare setting were associated with the other two factors. Qualitative interviews revealed that not having a regular primary care physician in the public setting discouraged disclosure of psychological problems.

*Limitations:* The findings were based on self-reported data from the respondents. Hong Kong is influenced by a mixed Chinese and Western culture.

*Conclusions:* Relevant public education in a Chinese context should target at reducing patients' worries of drug treatment and strengthening the image of primary care physicians as a feasible source of help.



## 1. Introduction

In recent years, the WHO has called for integration of mental health into primary care in response to the high prevalence of depression and anxiety disorders (World Health Organization, 2008). International studies showed that 25–40% of primary care consultations had a significant psychological component (Goldberg and Lecrubier, 1995). Some involve relatively minor episodes of anxiety, depression and adjustment reactions. A substantial number involves more severe and chronic conditions, with associated medical, social and psychological morbidities (Ronalds et al., 1997). Psychological distress refers to an emotional state characterised with anxiety and/or depressive symptoms.

Although primary care physicians (PCPs) are expected to facilitate the delivery of mental health services, barriers of help seeking were reported. Some patients assume that PCPs deal exclusively with physical illness and are unable to manage psychological problems (Peters et al., 2009). They may only present the related physical symptoms (Tylee et al., 1995). Some think that a prescription for antidepressants is the most likely consequence of a consultation and want to avoid it (Biddle et al., 2006). Besides, the public's stigma on mental illness is well-known to be a salient attribute of the patients' hesitation to seek help (Barney et al., 2006). In a UK study investigating patients who had not mentioned psychological problems in consultations, 45% gave reasons related to embarrassment or hesitation to trouble the PCP, and 19% were deterred by the PCP's interview behaviours (Cape and

* Correspondence to: 3/F, Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong.
*E-mail address:* tplam@hku.hk (T.P. Lam).

http://dx.doi.org/10.1016/j.jad.2016.02.041
0165-0327/

Mcculloch, 1999). Apart from attitudinal barriers, some structural barriers have been explored. A US survey found that being unable to find out where to go for help (43%), worry about cost (40%), lack of coverage by health plan (35%), and being unable to get a timely appointment (35%) were the common barriers for primary care attenders (Craske et al., 2005). Besides, another UK study reported that nearly half of patients perceived inadequate consultation time as a barrier (Cape and Mcculloch, 1999). Currently, most of the relevant studies are derived from Western countries. For Chinese studies, more emphasis was on help seeking for psychosis in specialist psychiatric settings (Wong, 2007; Tang et al., 2007; Boey, 1998; Zhang et al., 2013). Regarding psychological distress, a public survey involving PCPs as one of the professional help sources found that refusal to recognize the need of help was the major barrier. Other barriers included accessibility and affordability of services, lack of trust on the treatment, embarrassment and stigma (Chen, 2012). It is therefore meaningful to conduct further studies with specific focus on the Chinese patients in primary care settings. Their attitudes may be different from that reported in Western studies. Chinese have been shown to have stronger stigma on mental illnesses and lower acceptance towards psychiatric medications (Furnham and Chan, 2004; Yang et al., 2007; Mohamed et al., 2014).

A recent mental morbidity survey in Hong Kong found that among individuals with depression and anxiety disorders, only 26% had sought any professional help in the past year; less than 10% had consulted PCPs (Lam et al., 2015). Enhanced provision of mental health service is considered important to the future primary care model in Hong Kong. Similar to the US and most Asian countries (Lagomarsino et al., 2009), the health care system in Hong Kong has a mixed mode of public-private financing (Wun et al., 2011). The general public can consult any private specialists without referral by a PCP. About 75% of primary care services are provided by the private sector, and the rest by the heavily subsidized government general outpatient clinics. In contrast, only 30% of the specialist psychiatric services are provided by the private sector. The fees charged range from about HK$500 to $2000 (US$64 to $258) per consultation. Most patients attend public psychiatric services because of the low charges (HK$100 (US$13) per consultation), despite the lengthy waiting time unless it is an urgent case. A formal referral from a physician (including PCPs and other specialists) is mandatory.

Our previous study investigated the barriers of the PCPs in managing mental health patients in Hong Kong (Sun et al., 2015). The barriers perceived by the PCPs included consultation time constraint, insufficient confidence in management, patients' reluctance to accept diagnosis of mental health problems and to be referred to psychiatrists. In the current study, we aimed to investigate further the views of the primary care service users on their barriers to seeking help for psychological distress.

## 2. Methods

A combined qualitative and quantitative approach was adopted. Ethics approvals were obtained from the Institutional Review Board of The University of Hong Kong/Hospital Authority Hong Kong West Cluster (UW 09-326) and the Research Ethics Committee of Kowloon Central Cluster/Kowloon East Cluster (KC/KE-13-0091).

### 2.1. Qualitative approach

Focus groups and individual interviews were conducted from January to June 2013 to explore in-depth opinions of primary care attenders on the study topic. We purposively recruited participants with a wide range of characteristics and experience including those who sought help successfully and those with barriers in doing so. Nine focus groups were held, and each group was comprised of five to eight adult participants (aged 18 or over). The nine focus groups covered public/private primary care clinic patients with/without known psychological distress, general public and significant others of distressed patients. These compositions were also used in six individual interviews which supplemented the focus groups. The recruitment process stopped at the point of data saturation at which repetitive findings were seen over and over again. The primary care attenders were recommended by their doctors to join the study. Invitation letters with reply slips were sent to them through the doctors at both public and private primary care clinics. The significant others of the distressed patients were invited by their doctors or through corresponding organizations, while the general public were invited through community centres. Potential participants who agreed to participate in the interviews were contacted by telephone.

Each focus group interview lasted over one hour, while it was about 45–60 min for individual interviews. The interview questions concerned with participants' views and experience on the barriers to help-seeking for psychologically distress. The interviews, conducted in Cantonese and audio-recorded, were then transcribed verbatim. The accuracy of the transcripts was checked against the audio recordings. Using the content analysis approach described by Hsieh and Shannon (2005), coding categories were inductively derived from the text data. The data were coded independently by two investigators of the research team who are experienced in qualitative research. The coding consistency between the two sets was checked and the majority of the codes were consistent. Inconsistencies were resolved by discussion between the two investigators to reach an agreement for a common theme.

### 2.2. Quantitative approach

#### 2.2.1. Sample

A cross-sectional survey was conducted among primary care attenders between October 2013 and August 2014. The target population was Chinese patients aged 18 or over attending primary care services. A total of 1626 subjects successfully completed the questionnaires, with about half recruited from private primary care and the other half from public primary care settings for comparison purpose. The respondents were sampled from various districts over the Hong Kong territory to cover different demographics of the population. One out of every three attenders at the clinic waiting area was invited by research assistants to complete the questionnaire. Primary care attenders who had significant hearing difficulty, mental retardation or were not able to communicate in Chinese were excluded. Most participants completed the questionnaire by themselves. For some elderly participants who had difficulties in reading, the research assistants helped to administer the questionnaire. To encourage responses, HK$20 (US $2.6) was offered to each respondent as incentive.

#### 2.2.2. Questionnaire

A help seeking attitude questionnaire containing questions about barriers was developed based on the themes identified from the focus group and individual interviews. The questionnaire was pilot-tested for its face- and content-validity with 8 laymen. All subjects rated most of the items as comprehensible and relevant. Minor modifications were made based on the feedbacks. The finalized questionnaire was further tested with 28 patients. A Cronbach's alpha coefficient of 0.725 for the attitude items was achieved based on the pilot sample, which was considered to be sufficient to demonstrate internal consistency. In addition to the