



Enablers to seeking professional help for psychological distress—a study on Chinese primary care attenders



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ABSTRACT

This study investigated enablers to seeking professional help for psychological distress among Chinese primary care attenders in Hong Kong. Nine focus groups and six individual interviews were conducted among adult patients with/without known distress, significant others of the distressed, and the general public. The identified potential enablers were further investigated in a questionnaire survey with data from 1626 patients. Survey respondents who had sought professional help for distress ($n = 231$) and those without this experience ($n = 1395$) showed similar attitudes to the enabler items. However, the first group had more “strongly agree” responses and their top five enablers were: crisis caused by distress, distress affecting daily life, wanting to treat associated physical symptoms, having trust in doctor, and encouragement by family/friends to seek help. Qualitative interviews found that the patients often somatised distress and they felt comfortable to consult for somatic symptoms. There was strong family involvement in help-seeking whereas the doctors were the authoritative figures to convince the patients for treatment. The findings, in line with Western literature, indicate that crisis and interference in daily life due to distress are the top enablers to seeking professional help. The other three key enablers are likely to be influenced by Chinese culture.

1. Introduction

In recent years, the WHO promotes management of depression and anxiety disorders in primary care settings (World Health Organization, 2008). Although enhanced mental health services in primary care clinics were expected, barriers to help-seeking were reported worldwide. The major barriers included stigma on mental illness, uncertainties in the roles of primary care physician (PCPs) in mental health care, inadequate consultation time, worries about taking psychiatric drugs, under-recognition of the need for help and unaffordable treatment costs (Barney et al., 2006; Biddle et al., 2006; Craske et al., 2005; Peters et al., 2009; Sun et al., 2016; Thornicroft et al., 2017). In help-seeking studies, while the enablers often mirror the barriers (Anderson et al., 2014; Rickwood et al., 2005), there are other important themes which have been little covered by studies on the barriers.

Enablers relating to patients, PCPs and societal factors have been described in the literature. Findings from different countries indicated

that patients with higher severity of mental health problems were more likely to receive treatment (WHO World Mental Health Survey Consortium, 2004). Severity of the symptoms was shown to be the major determinant for mental health patients to contact PCPs in the UK (Bebbington et al., 2000; Meltzer et al., 2003). Although some patients did not reveal their psychological problems to PCPs, they would present somatic symptoms (Tylee et al., 1995). Apart from patients' illness severity, PCPs also played an important role in the help-seeking process. The general public tended to visit PCPs in their initial contact with mental healthcare in the UK and Australia, largely because of the strong gatekeeping role of PCPs in these countries (Gater and Goldberg, 1991; Steel et al., 2006). A qualitative study in the UK found that the motive to care and listen, empathy, continuing relationship, were highly valued components in patients' experiences of PCP consultations for psychological distress (Buszewicz et al., 2006). The long term doctor-patient relationship offered assurance to patients to discuss their problems with the PCPs. Patients might also receive less stigma to consult PCPs instead of psychiatrists (Wittchen et al., 2003; Wun et al., 2011a).

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In addition to clinical factors, social support from family and friends, as well as public education including campaigns on mental health literacy and anti-stigmatization might increase help-seeking intention (Gulliver et al., 2010; Henderson et al., 2017; Rudell et al., 2008; Yap et al., 2012a). However, the association between help-seeking intention and actual help-seeking behaviours was often unclear (Suka et al., 2015; Yap et al., 2012b).

The latest mental morbidity survey in Hong Kong reported that only 26% of individuals with depression and anxiety disorders had sought professional help; around 9% had consulted PCPs (Lam et al., 2015). Hong Kong has a mixed public-private health system (Wun et al., 2011b). Patients can consult private psychiatrists directly without referral by a PCP. However, most patients are referred to public psychiatric services because of the more affordable charges, despite the lengthy waiting time from several months to a year (except urgent cases). Sun et al. (2016) reported the barriers of Chinese primary care attenders in Hong Kong to seeking help for psychological distress (anxiety and/or depressive symptoms). Factor analysis on all barrier items suggested three factors: 1) worries of treatment, 2) uncertainties on PCPs' roles in mental health care, 3) public's limited knowledge on distress and sources of help. In this paper, the research team aims to explore another side of the story - enablers to seeking help for psychological distress. Not only do they complement the findings on the barriers, but also provide straightforward strategies on enhancing help-seeking based on patients' experience.

2. Methods

The study used a combined qualitative and quantitative approach. 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). Written consent was obtained from the participants.

2.1. Qualitative approach

Focus groups and individual interviews were conducted between January and June 2013. Details of the sampling and recruitment have been described elsewhere (Sun et al., 2016). Nine focus groups were held, and each group comprised of five to eight adult participants. We purposively recruited four groups of public/private primary care attenders with/without known psychological distress (each group for one particular characteristic), three groups of general public, and two groups of significant others of distressed patients. Similar compositions were also used in six individual interviews with three distressed participants, two participants without known distress, and one significant other of a distressed patient.

Each focus group interview lasted over one hour, while the individual interviews lasted for 45–60 minutes. The interview questions included participants' views and experience on the enablers to seeking help for psychological distress. The interviews, conducted in Cantonese and audio-recorded, were then transcribed verbatim. Using the content analysis approach described by Hsieh and Shannon (2005), coding categories were inductively derived from the text data. Two investigators coded the data independently and most of the codes were consistent. Inconsistencies were resolved by discussion to reach 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. Details of the sampling and recruitment have been described elsewhere (Sun et al., 2016). A total of 1626 Chinese adults successfully completed the questionnaires. They were recruited from private and public primary care clinics

located in various districts over the Hong Kong territory. One out of every three attenders at the clinic waiting area was invited by research assistants to complete the questionnaire. Most participants completed the questionnaire by themselves. For some elderly participants who had difficulties in reading, the research assistants helped to administer the questionnaire. Subjects who had significant hearing difficulty, intellectual disability or were not able to communicate in Chinese were excluded.

2.2.2. Questionnaires

A help-seeking attitude questionnaire containing questions about enablers (and barriers) was developed based on the themes identified from the qualitative interviews and literature review. The questionnaire was pilot-tested for its face- and content-validity with 8 laymen. Most of the items were rated 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. The questionnaire used a 4-point Likert scale (1-strongly disagree, 2-disagree, 3-agree, 4-strongly agree) for the enabler questions, and dichotomous questions for demographics. The enabler questions included main themes about enabling factors of PCPs, crisis and somatic symptoms perceived by patients, public education and social support.

2.2.3. Statistical analysis

The survey data were analysed using SPSS (Version 24). Pearson Chi-squared test was used to test for the differences in views towards the enabler items between the respondents with help-seeking experience and those without. Mann-Whitney *U* test was used to test for the null hypothesis of equal median for the respondents with help-seeking experience and those without against the alternative that the two population medians are unequal. A *p*-value < 0.05 was considered statistically significant.

3. Results

3.1. Participants recruited

3.1.1. Focus groups and individual interviews

There were 57 participants in the 9 focus groups (5–8 participants per group) with 19 males and 38 females. Their ages ranged from 19–79. Among them, 22.8%, 52.6%, 19.3% had received tertiary, secondary and primary education, respectively while 5.3% received no education. In the individual interviews, there were 3 male and 3 female participants aged 20–70.

3.1.2. Questionnaire survey

Excluding 22 incomplete interviews (major sections unanswered), there was a total of 1626 successfully completed questionnaires. The response rate was 72.3%. Out of the 1626 respondents, 847 were recruited from 13 private clinics (52.1%) and 779 (47.9%) from 6 public clinics. Their age and household income distributions were similar to the Hong Kong population as reported in the 2011 Census. Details of their demographic characteristics have been reported elsewhere (Sun et al., 2016).

3.2. Views of the focus group and individual interview participants

Participants discussed their views on different kinds of enablers to seeking help for psychological distress, especially in primary care settings. The themes of enablers and relevant quotes are summarized in Table 1.

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