Consultation pattern of Hong Kong primary care attenders for psychological distress

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KEY MESSAGES

1. About one quarter of primary care attenders have high risk of psychological distress.
2. Among psychologically distressed patients who seek help from health care professionals, half do so with general practitioners / family doctors.
3. Of patients who have experienced psychological distress, nearly 60% have been asked by their regular doctors about psychological problems.
4. Distressed patients treated by general practitioners / family doctors have a longer average consultation time when presenting with psychological problems.
5. Among distressed patients referred to psychiatrists / clinical psychologists, 91.5% follow the referral instruction.

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Introduction

Patients with psychological distress have low rates of help seeking, notwithstanding the high prevalence of common mental disorders such as anxiety and depression.[1] A study reported that 25% to 40% of primary care consultations had a significant psychological component.[2] Some involve minor or self-limiting episodes of anxiety, depression, and adjustment reactions. A substantial number of consultations involve more severe and chronic problems, with associated medical, social, and psychological morbidities.[3]

In Hong Kong, the number of psychiatrists is 4 per 100 000 population. Primary care physicians (PCPs) are expected to play a role in caring for patients with common mental health problems. Nonetheless, PCPs may not be able to identify patients with psychological problems, especially when patients present primarily with physical symptoms and do not mention psychological problems.[4] Delays in, or lack of, seeking help may worsen the psychiatric symptoms and outcomes. In Hong Kong, information is limited about the consultation patterns of primary care attenders for psychological distress including anxiety and depressive symptoms. This study aims to collect such information from primary care attenders.

Methods

A cross-sectional survey was conducted among primary care attenders to collect data on their consultation pattern for psychological distress in the health care system. Ethics approval was 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).

Based on a focus group, individual interviews, and a literature review, a help-seeking preference questionnaire was developed. The questionnaire was pilot-tested for its face and content validity with eight laypeople. All respondents rated most of the items as comprehensible and relevant. Minor modifications were made based on feedback. The revised questionnaire was further tested with 28 patients. The internal consistency (Cronbach's alpha coefficient) of the four sections with 38 items on attitudes was 0.725, showing high internal consistency.

In addition, the Chinese version 12-item General Health Questionnaire[5] (GHQ-12) was used to identify respondents with different degrees of psychological distress. It is a widely used and well-validated screening instrument for psychological distress in primary care. Psychological distress refers to an emotional state characterised with anxiety and/or depressive symptoms.

The target population was Chinese patients aged ≥18 years who attended primary care services. Private and public PCPs were invited to help recruit participants. A random sample was obtained; about half were recruited from private primary care

settings and the other half from public primary care settings. The sample was selected from over 10 districts of Hong Kong.

Without any information about the proportion of primary care attenders with psychological distress who would seek help from PCPs, we made use of the most conservative choice with the proportion being 0.5. To ensure the error would be at most 0.10 with 95% confidence interval, a sample size of 384 was required. According to a World Health Organization study, over 25% of primary care consultations had a significant psychological component.[2] Thus, we needed to sample 1536 (384/0.25) patients.

One out of every three attenders at the clinic waiting area was invited by research assistants to complete the GHQ-12 and the help-seeking preference questionnaire. To encourage response, HK$20 was offered to the respondents as incentive. Participants were free to withdraw at any time. All personal information was kept strictly confidential. Primary care attenders who had significant hearing difficulty, mental retardation, or were unable to communicate in Chinese were excluded. Most participants completed the questionnaire by themselves. For some elderly participants with difficulties in reading, the research assistants helped to administer the questionnaire.

The quantitative data were analysed using JMP (Release 10.0.0). Frequencies and percentages were used to summarise the responses on the question items. Pearson Chi-squared test was used to evaluate the difference in response distributions between groups. A p value of <0.05 was considered statistically significant.

Results

Excluding 22 incomplete interviews, 1626 patients successfully completed questionnaires. The response rate for eligible subjects was 72.3%. Of the 1626 respondents, 847 were recruited from 13 private clinics (52.1%) and 779 (47.9%) from six public clinics. Excluding missing values, our sample consisted of 548 (35.8%) males and 983 (64.2%) females. The age distribution was similar to that of the Hong Kong population in the 2011 Census, despite the smaller group size of people aged ≥70 years. The monthly household income of our sample was also similar to that of 2011 Census. However, our sample had more people with higher education.

Respondents were classified into four GHQ score ranges of 0-1 (n=826, 50.8%), 2-3 (n=359, 22.1%), 4-6 (n=295, 18.2%), and ≥7 (n=145, 8.9%) [Table 1]. Of the respondents, 440 (27.1%) had a cut-off score of ≥4 indicating high to very high risk of psychological distress.

Of the respondents, 650 (40.0%) reported to have had ever experienced psychological distress and 912 (56.1%) had not. The remaining 64 (3.9%) gave uncertain or missing responses. Of the 650 respondents who had ever experienced distress, 384 (59.1%) had been asked by their medical practitioners (whom they usually saw) about psychological problems, and 406 (62.5%) had mentioned psychological problems to their medical practitioners. However, when considering how often they did so, only 182 (28.0%) reported that their medical practitioners sometimes / often asked about psychological problems, and 220 (33.8%) sometimes/ often mentioned psychological problems to their medical practitioners.

TABLE 1. Distribution of General Health Questionnaire score of respondents

Score	Risk	No. (%)
0-1	Low	826 (50.8)
2-3	Moderate	359 (22.1)
4-6	High	295 (18.2)
≥7	Very high	145 (8.9)

Of the 650 respondents with experience of distress, 229 (35.2%) had sought help from health care professionals. Particularly, 114 (17.5%) had been treated by general practitioners (GPs) / family doctors for their distress, and 33 (5.1%) from traditional Chinese medicine practitioners. For the respondents treated by GPs / family doctors, 30.2% were treated by drugs, 17.7% by counselling, and 52.1% by both.

Of the 440 respondents at high or very high risk of distress, 114 (25.9%) had sought help from health care professionals. Particularly, 53 (12.0%) had been treated by GPs / family doctors for their distress, and 19 (4.3%) by traditional Chinese medicine practitioners.

The median consultation time increased from 6-8 minutes for usual consultation (any kind of health problems) to 9-11 minutes when distress had been mentioned to the medical practitioners. For the distressed respondents treated by GPs / family doctors, they had a higher median consultation time for both usual consultation (9-11 min) and consultation with distress mentioned (12-14 min) [Table 2]. The consultation time of the distressed group treated by GPs / family doctors was significantly longer than the other group for both conditions.

Of the 650 respondents with experience of distress, 71 (10.9%) received formal referrals to see psychiatrists / clinical psychologists and 91.5% of them followed the referral instruction, whereas 45 (6.9%) were advised to do so and only 28.9% of them followed the advice.

TABLE 2. Comparison of consultation time between groups for usual consultation and consultation with distress mentioned

Consultation	No. (%)				P value
	<6 min	6-8 min	9-11 min	>11 min	
Usual					0.0003
All (n=1600)	411 (25.7)	620 (38.8)	245 (15.3)	324 (20.2)	
Distressed group treated by general practitioners / family doctors (n=114)	14 (12.3)	40 (35.1)	21 (18.4)	39 (34.2)	
Distress mentioned					0.0038
Distressed group (n=349)	69 (19.8)	85 (24.4)	74 (21.2)	121 (34.7)	
Distressed group treated by general practitioners / family doctors (n=91)	9 (8.9)	16 (15.8)	25 (24.8)	51 (50.5)	

Discussion

Among distressed patients who sought help from health care professionals, about half were treated by GPs / family doctors for their distress. This proportion is lower than that reported in European countries and Australia (65% on average).[6,7]

There are three major observations on the primary care attenders' consultation pattern for psychological distress. First, of the respondents who had ever experienced distress, 59.1% had been asked by their medical practitioners (whom they usually saw) about psychological problems, but only 28.0% reported that their medical practitioners sometimes/often did so. This suggested that the PCPs had a significant but not sufficiently high awareness of patients' distress. Second, the group of distressed patients treated by GPs / family doctors had a longer average consultation time than other respondents for both usual consultation and consultation with distress mentioned. This suggested the importance of the length of consultation time in recognising and managing distress. Third, among the distressed patients who were referred to psychiatrists / clinical psychologists, over 90% followed the referral instruction. However, for those being advised to do so, less than one third followed the advice. This indicated that the doctors should make a formal referral if needed.

Conclusion

Policy makers may take note of the impact of PCPs' awareness of psychological distress, the length of consultation time, and referral approach to enhance the help-seeking rate in primary care settings.

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