How Family Practice Patients View Their Utilization of Mental Health Services

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This study examines to what extent family practice patients perceive themselves as being willing to seek help for personal problems. The study further explores whether this willingness is related to various demographic characteristics. Finally, it investigates family practice patients' preferences in their choice of a source of help for personal problems. Patients in the waiting room of a private family practice center were approached to participate in the study at random times during one month (n = 145). For each item of a list of common personal problems, patients were asked to judge how likely they would be to seek professional help, their preferred setting for this help, and their preference of a professional provider. Respondents' sex was found to be the only demographic characteristic that affected willingness to seek help. "The family physician's office" and "the family physician" were the preferred choices mainly for personal problems associated with physical manifestations. Other providers were chosen for predominantly social or emotional problems. Most respondents stated that they would be more likely to seek help from a mental health professional who worked along with the family physician than they would be to seek help from a professional housed elsewhere.

There seems to be a growing awareness of the interrelationship between physical and mental health. This recognition is reflected in studies of the identification and treatment of psychosocial problems in primary health care setting.[1-5] It has been noted that emotional problems often present themselves as physical problems, that people with emotional problems use medical facilities more than other people do, and that primary care physicians are often the first professionals contacted by patients with psychosocial problems.

In keeping with this holistic approach to patient care, this paper examines to what extent family practice patients perceive themselves as being willing to seek help for personal problems. The paper further explores whether this willingness to seek help is related to age, sex, ethnic identification, education, method of payment, and previous use of mental health care. Finally, this study investigates family practice patients' preferences in their choices of help for personal problems.

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Several factors are expected to affect an individual's willingness to seek help for personal problems. First, certain demographic characteristics probably affect help-seeking behavior. Kulka et al[6] report that people with higher education are more likely than those with lesser education to define problems as relevant for professional help. Also, more highly educated people may tend to show more help-seeking behavior for achievement-related issues.[7] Age and race seem to be indicators of those who seek help and those who do not.[8]

Sex and age may also affect the type of problems for which people seek help. Gurin et al[7] report that young women tend to seek help for problems such as "spouse," "marriage," and other interpersonal relationship problems. Older women and men tend to be more alike in their help-seeking behavior.

Finally, it seems that patients may be more willing to seek help from particular providers in specific settings. Several studies have pointed to the large number of mental health problems presented in primary care settings and to the tendency of people with these problems to seek help from a primary care provider rather than a specialized mental health facility.[1,7,9,10]

Methods

A questionnaire was distributed to a sample of patients at a family practice center. The family practice center is a private practice composed of an interdisciplinary health team, including physicians, medical students, nurses, a nurse practitioner, a social worker, a nutritionist, and a laboratory technician. This practice originated as a pediatric practice but now draws its patient population of 5,000 people from all ages.

During the month of March 1981 patients in the waiting room were approached at random times by one of the authors. Less than 10 percent of the people requested to participate in the study refused to do so. Of those willing to participate, about 75 percent of the 145 questionnaires were usable.

The questionnaire contained a list of 20 personal problems. These problems were largely selected from Holmes and Rahe's Social Readjustment Rating Scale, which is a list of situations that people have rated as requiring various degrees of readjustment.[11] They represent situations concerned with diverse aspects of a person's life that typically produce varying amounts of anxiety. The patients in this study were first asked to judge, using a five-point Likert scale, how likely they would be to seek professional help for each of these circumstances. Values of 1 (unlikely) to 5 (very likely) were assigned to the responses. In this way, a total score could be obtained for "perceived willingness to seek help."

Next, the respondents were asked, if they were to decide to seek professional help, to which of the following institutions would they prefer to go for each problem: mental health clinic or center, family physician office, social service agency, or mental health professional in his or her private office. The participants were then asked to indicate which professional they perceived to be helpful with each of the problems. Possible choices included the family physician, a social worker, a psychiatrist, a psychologist, or a nurse.

Finally, respondents were asked if they would be "more, the same, or less" likely to seek help from a mental health professional who worked along with the family physician than they would be to seek help from a mental health professional located elsewhere.

It should be noted that all of the questions asked relate to the respondents' perceptions of what they would do if they had a particular problem. It is not known whether their responses are valid indications of what they actually would do when faced with the problem. Thus, the results must be interpreted as people's beliefs about how they would behave under particular circumstances. Such beliefs are not expected to correlate perfectly with actual behavior.

Results

Characteristics of those completing the questionnaire are presented in Table 1. Where comparable data were available on the entire practice population, the data are also presented to assess the representativeness of the sample. It can be seen that this sample contains more women and blacks and is younger than the practice as a whole. This is not surprising given that young mothers

Table 1. Characteristics of Study Sample and Practice Population

Characteristics	Study Sample (%)	Practice Population (%)
Sex*		
Female	80.2	61
Male	19.8	39
Insurance		
Medicare/Medicaid	38.3	38
Group health plan	38.3	34
Blue Cross/Blue Shield		
Other (private)	23.4	28
Race*		
White	21.5	40
Nonwhite	78.4	60
	Age Range (yr)	**Age Range (yr)**
	18-24 32.8	15-24 32.5
	25-30 29.6	25-34 38.5
	31-36 16.0	35-44 13.2
	37-42 12.0	
	43-48 4.8	45-54 7.0
	49-54 1.6	
	55-60 2.4	55.64 3.8
	>60 0.8	≥65 5.0

*Differences between population and sample proportions were significant ($P<.05$) based on the Z test for difference between a population and sample proportion. Differences between population and sample proportions on age could not be assessed statistically because of discrepancies in categories used

visit the practice more frequently with their children. Nevertheless, this bias in the sample does suggest that the results should be interpreted cautiously.

At the time of the survey, most of the patients rated themselves as being in good health, and 63.4 percent were at the practice that day for routine health care. Of the 145 participants, 34.1 percent reported they were there for a sick visit, whereas 2.5 percent were there for another reason. Some (48.0 percent) were there to accompany a family member, 40.5 percent came to seek care for themselves, and 11.5 percent were there for both purposes.

A focus of this study was to examine problems for which people were more likely to seek help and whether this perceived willingness was related to certain demographic characteristics. There were no significant differences in willingness to seek help with respect to age, education, ethnic identification, public or private payment, previous use of mental health care, and marital status. However, women were significantly more willing to seek help than were men ($t = 2.43$, $P = .017$).

Table 2 shows that respondents seem to believe they would be more willing to seek professional help for problems that pose an immediate threat to their physical well-being than for other life events. Examples of the problems that present with immediate threat are suicide, injury or illness, and violence in the family.

Table 3 presents the type of setting in which the respondents would seek help for each problem. The physician's office was the most common

Table 2. Respondents' Degree of Willingness to Seek Professional Help for Selected Problems (%)

Problem*	Definitely Not	Probably Not	Might	Would	Would Definitely
Difficulties getting along with co-workers (n=136)	29.4	36.8	20.6	8.1	5.1
Worried about not being able to sleep (n=138)	13.0	21.8	26.1	23.9	15.2
Thinking about changing jobs (n=138)	47.1	26.8	15.3	4.3	6.5
Difficulty dealing with a family member (n=138)	20.3	25.4	33.3	13.0	8.0
Thinking about suicide (n=138)	7.2	8.0	8.7	9.4	66.7
Considering going back to school (n=136)	38.2	17.6	21.3	8.1	14.8
Problems coping with personal injury or illness (n=137)	8.0	7.3	23.4	24.1	37.2
Death of a family member or friend (n=138)	14.5	14.5	30.4	15.2	25.4
Difficulty with child's behavior (n=139)	11.5	9.3	32.4	24.5	22.3
Difficulty getting along with neighbors (n=138)	38.0	35.8	19.7	3.6	2.9
Problems adjusting to new home (n=138)	42.0	34.1	16.7	5.8	1.4
Feeling sad or depressed (n=138)	14.5	23.2	32.6	19.6	10.1
Violence within family (n=138)	9.4	15.2	27.5	18.8	29.1
Unhappy about job (n=138)	27.5	42.1	20.3	5.8	4.3
Not getting along with spouse (n=139)	9.4	25.2	33.8	15.8	15.8
Son or daughter leaving home (n=137)	20.4	28.5	31.4	10.2	9.5
Pregnancy in immediate family (n=137)	17.5	29.2	24.1	15.3	13.9
Feeling anxious, nervous, tense (n=138)	12.3	15.9	30.4	21.0	20.4
Recent marital separation (n=137)	12.4	20.4	32.8	14.6	19.8
Loss of good friend (n=135)	21.5	37.0	25.9	8.2	7.4

*Numbers differ because of missing data

choice for several specific problems such as "not being able to sleep," "problems coping with personal illness or injury," "feeling sad or depressed," "having difficulty because of a pregnancy in the immediate family," "having trouble with a child's behavior," and "feeling very anxious, tense, or nervous."

Results presented in Table 4, regarding the choice of specific providers, are fairly consistent with the findings presented in Table 3. The family

Table 3. Respondents' Choice of Institution as Source of Help for Selected Problems (%)

Problem*	Mental Health Clinic or Center	Family Physician's Office	Social Service Agency	Mental Health Professional in Private Office	None
Difficulties getting along with co-workers (n=122)	14.8	23.8	38.5	18.0	4.9
Worried about not being able to sleep (n=126)	9.5	75.4	4.0	7.1	4.0
Thinking about changing jobs (n=119)	8.4	19.3	59.7	7.6	5.0
Difficulty dealing with a family member (n=124)	16.1	19.4	36.3	24.2	4.0
Thinking about suicide (n=117)	11.1	29.9	40.2	18.8	0
Considering going back to school (n=118)	4.2	11.9	72.1	5.9	5.9
Problems coping with personal injury or illness (n=126)	10.3	63.5	6.3	15.9	4.0
Death of a family member or friend (n=117)	21.3	27.4	13.7	37.6	0
Difficulty with child's behavior (n=126)	12.7	41.3	26.2	16.7	3.1
Difficulty getting along with neighbors (n=119)	15.2	13.4	50.4	15.1	5.9
Problems adjusting to new home (n=114)	9.6	21.1	49.1	14.1	6.1
Feeling sad or depressed (n=126)	17.5	45.2	6.3	25.4	5.6
Violence within family (n=124)	12.2	25.8	26.6	30.6	4.8
Unhappy about job (n=112)	7.1	16.1	53.6	17.0	6.2
Not getting along with spouse (n=123)	8.9	23.6	30.9	30.9	5.7
Son or daughter leaving home (n=116)	13.8	19.8	37.9	22.4	6.1
Pregnancy in immediate family (n=121)	6.6	48.8	24.0	15.6	5.0
Feeling anxious, nervous, tense (n=125)	9.6	56.8	4.8	23.2	5.6
Recent marital separation (n=122)	11.5	21.3	25.4	35.2	6.6
Loss of good friend (n=120)	16.7	28.3	16.7	32.5	5.8

*Numbers differ because of missing data

physician was the preferred provider for all those situations in which "the physician's office" had been the primary choice, with the exception that the most common provider for "having difficulty with a child's "behavior" was the psychologist. It can be noted that either the family physician or the social worker was the primary choice of provider in 75 percent of the problem situations. The social worker was most frequently chosen for interpersonal problems, such as difficulties in getting along with others or such life transitions as getting a new job.

Table 4. Respondents' Choice of Professional as Source of Help for Selected Problems (%)

Problem*	Family Physician	Social Worker	Psychiatrist	Psychologist	Nurse	None
Difficulties getting along with co-workers (n=101)	5.9	57.4	10.9	14.9	4.0	6.9
Worried about not being able to sleep (n=98)	75.5	2.0	4.1	9.2	3.1	6.1
Thinking about changing jobs (n=105)	7.7	66.7	3.8	13.3	0.9	7.6
Difficulty dealing with a family member (n=93)	14.0	35.4	15.1	29.0	0	6.5
Thinking about suicide (n=89)	16.9	1.1	6.3	11.1	0	7.9
Considering going back to school (n=104)	6.7	77.9	1.0	5.8	0	8.6
Problems coping with personal injury or illness (n=92)	70.7	3.3	6.5	12.0	1.1	6.4
Death of a family member or friend (n=91)	26.4	12.1	19.8	34.1	0	7.6
Difficulty with child's behavior (n=87)	19.5	23.0	12.6	35.6	3.4	5.9
Difficulty getting along with neighbors (n=104)	8.7	51.9	10.6	20.2	1.9	6.7
Problems adjusting to new home (n=99)	12.1	43.4	9.1	26.3	2.0	7.1
Feeling sad or depressed (n=89)	33.7	7.9	21.3	27.0	2.2	7.9
Violence within family (n=87)	18.4	35.7	17.2	18.4	3.4	6.9
Unhappy about job (n=106)	8.5	55.7	5.7	20.8	2.8	6.5
Not getting along with spouse (n=92)	15.2	29.3	17.4	29.4	1.1	7.6
son or daughter leaving home (n=95)	13.7	32.6	14.7	29.5	2.1	7.4
Pregnancy in immediate family (n=96)	42.0	26.0	8.3	13.5	4.1	6.1
Feeling anxious, nervous, tense (n=88)	56.8	1.1	13.6	15.9	4.5	8.1
Recent marital separation (n=91)	14.3	23.1	24.2	26.4	4.4	7.6
Loss of good friend (n=91)	19.8	19.8	14.3	33.0	5.5	7.6

*Numbers differ because only respondents choosing one provider were included in this table

Finally, respondents were asked about their likelihood of seeing a mental health professional who worked with their family physician as opposed to being housed elsewhere. One hundred six (73.1 percent) said they would be "more likely," 34 (23.5 percent) said "the same," and 5 (3.4 percent) replied they would be "less likely" to see this professional in their family physician's office.

Discussion

It is noteworthy that sex was the only demographic characteristic significantly affecting overall willingness to seek help. That women were more willing to seek help is consistent with studies that have found women to be more frequent utilizers of medical and mental health services, further

suggesting that higher utilization may be related to women's tendency to perceive such problems as more serious than men or to women's greater acceptance of receiving assistance from others.

It is important to realize that the majority of the sample did not predict they would seek help unless the situations seemed to present imminent danger to their physical well-being, which may indicate that many individuals would allow other types of situations to deteriorate greatly and affect physical functioning before they seek help. The family physician may need to take the initiative for personal problems for which early intervention is desirable rather than wait for the patient to present the problem.

It is also interesting to observe that most people chose the physician's office and the family physician for those problems with physical manifestations. Choosing the family physician's office for "having difficulty with my child's behavior" may reflect parents initially suspecting a physical basis for behavioral problems in their children.

If patients view providers housed in a physician's office as people who can treat physical discomfort, then perhaps their choice of "physician's office" reveals that they view many psychosocial problems as having physical causes or cures. It must be realized that while a person is experiencing one of the problems listed in the survey, he or she may not be aware of the origin of what is troubling. Instead, the emotional distress may manifest itself in different ways. If the distress should be interpreted in a physical way, this study seems to indicate that people would turn to their family physicians' office for help.

In addition, the majority of the respondents indicated that they would be more likely to seek help from a mental health professional who worked with the family physician rather than one who was housed somewhere else. Yet, it was not the physician or the physician's office that was most often cited as the source of help for the problems listed, indicating the possibility that, although patients are likely to seek help at their physicians' offices, they do not always view the physicians themselves as an appropriate source of help. For emotional problems other collaborating mental health professionals are needed.

There is a need to study further why people choose certain providers and how they discern for which problem to seek professional help. This study suggests the need to educate patients, particularly men, of the role of life events and stress in their overall feelings of well-being. Also, they must be informed of the roles of various health and mental health care providers and the problems for which providers can offer help. If patients are more comfortable presenting personal problems to family physicians, then these physicians must be knowledgeable about recognizing and assessing such problems.

If patients should prefer to see another professional or if problems are severe or prolonged, other mental health professionals besides the family physician should be available to serve the patient as a member of the health team in the primary care setting or on a consultation basis.

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