Seeking help for mental health issues in rural South Australia: A mixed methods approach.

Joanne Elizabeth Collins
BA (Hons), B Social Science

Thesis submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy

School of Psychology
The University of Adelaide
December 10
TABLE OF CONTENTS

TABLE OF CONTENTS ........................................................................................................ 2
LIST OF FIGURES ........................................................................................................... 5
LIST OF TABLES .............................................................................................................. 6
DECLARATION .................................................................................................................. 7
ACKNOWLEDGEMENTS ................................................................................................. 8
ABSTRACT .......................................................................................................................... 10

CHAPTER 1- INTRODUCTION AND METHODOLOGICAL RATIONALE...1
  1.1 INTRODUCTION .................................................................................................................. 1
  1.2 BACKGROUND .................................................................................................................... 1
  1.3 MENTAL HEALTH HELP SEEKING .................................................................................. 4
  1.4 THEORETICAL PERSPECTIVE ............................................................................................ 5
  1.5 RATIONALE FOR THE RESEARCH ..................................................................................... 8
  1.6 METHODOLOGICAL FRAMEWORK/RATIONALE FOR MIXED METHODOLOGY ........... 9
    1.6.1 Rationale for using a mixed methodology and debate surrounding the
    qualitative-quantitative dichotomy ................................................................................. 10
    1.6.2 Triangulation ............................................................................................................... 13
    1.6.3 Assessing quality in qualitative research .................................................................... 14
  1.7 SUMMARY AND RESEARCH CONTEXT ............................................................................ 16
  1.8 OVERVIEW OF THE THESIS FORMAT .............................................................................. 17

CHAPTER 2- LITERATURE REVIEW .............................................................................. 20
  2.1 INTRODUCTION AND DESCRIPTIVE EPIDEMIOLOGY .................................................... 20
  2.2 RURALITY ......................................................................................................................... 24
  2.3 HELP-SEEKING ................................................................................................................. 26
  2.4 ACCESS AND UTILISATION ............................................................................................... 28
    2.4.1 Policy and Services ........................................................................................................ 28
  2.5 THEORETICAL FRAMEWORK/ANDERSEN MODEL .......................................................... 31
  2.6 VARIABLES TO EXPLAIN UNDER UTILISATION ............................................................. 39
    2.6.1 Stigma ......................................................................................................................... 40
    2.6.2 Self Reliance ................................................................................................................ 45
    2.6.3 Lack of knowledge/Information ................................................................................... 46
    2.6.4 Psychological Mindedness ......................................................................................... 48
  2.7 GAPS IN THE LITERATURE ............................................................................................... 51
  2.8 OBJECTIVES ..................................................................................................................... 52

CHAPTER 3- STUDY ONE- UNDERSTANDING HELP SEEKING FOR
MENTAL HEALTH IN RURAL SOUTH AUSTRALIA: A THEMATIC
ANALYTICAL STUDY ........................................................................................................ 54
4.7.3 Contact and experience as related to attitudes towards help seeking ... 111

CHAPTER 5- STUDY THREE- QUALITATIVE INVESTIGATION OF OPEN ENDED SURVEY QUESTION ................................................................. 112

5.1 PREFACE ........................................................................................................ 112
5.2 ABSTRACT ..................................................................................................... 114
5.3 INTRODUCTION ........................................................................................... 115
5.4 METHOD ........................................................................................................ 118
  5.4.1 Participants and Sampling Frame ............................................................ 118
  5.4.2 Procedure ................................................................................................ 118
  5.4.3 Data Analysis ........................................................................................ 119
5.5 RESULTS ......................................................................................................... 119
  5.5.1 Thematic analysis..................................................................................... 120
5.6 DISCUSSION ................................................................................................... 132

CHAPTER 6- OVERALL DISCUSSION/META-INFERENCE ....................... 140

6.1 INTRODUCTION ............................................................................................ 140
6.2 OVERVIEW OF THESIS .............................................................................. 141
6.3 TRIANGULATION .......................................................................................... 143
6.4 USING THE ANDERSEN BEHAVIOURAL MODEL TO UNDERSTAND THE FINDINGS WITHIN A THEORETICAL FRAMEWORK ..................................................................... 147
  6.4.1 The present research and the Andersen Behavioural Model................. 147
  6.4.2 Need and enabling factors....................................................................... 148
  6.4.3 Psychosocial/Predisposing factors ........................................................ 150
  6.4.4 Mutability............................................................................................... 151
  6.4.5 Critical evaluation of the utility of Bradley’s adaptation of the Andersen behavioural model .............................................................. 152
6.5 IMPLICATIONS FOR POLICY AND SERVICE ............................................ 155
6.6 STRENGTHS AND LIMITATIONS ................................................................. 157
6.7 FUTURE RESEARCH ..................................................................................... 159
6.8 CONCLUSION ................................................................................................ 160
6.9 POSTSCRIPT ................................................................................................ 160

REFERENCES ..................................................................................................... 161

APPENDICES ..................................................................................................... 170

7.1 APPENDIX A: PUBLISHED PAPER (PREPUBLICATION VERSION)-........... 170
7.2 APPENDIX B: PSYCHOLOGICAL MINDEDNESS SCALE.............................. 170
7.3 APPENDIX C: INTERVIEW SCHEDULE ..................................................... 170
7.4 APPENDIX D: QUESTIONNAIRE ............................................................... 170
List of Figures

Figure 1. Schematics of the mixed methods design used in this thesis..................18
Figure 2. Andersen and Newman’s Original Behavioural Model (1995)...............33
Figure 3. Andersen’s model (adaptation put forward by Bradley et al. (2002))....38
Figure 4. Results represented using the framework of Andersen’s behavioural model.
..........................................................................................................................100
Figure 5. Systemic disgruntlement theme and subthemes.................................121
Figure 6. Awareness theme and sub themes.....................................................125
Figure 7. Locality Issues theme and subthemes................................................128
Figure 8. Non-professional care/alternative care theme and subthemes ............129
Figure 9. Andersen’s model (adapted from the expanded version, Bradley et al.
(2002) applied to main findings from all three studies, within and across
methods..................................................................................................................148
Figure 10. Andersen’s Model with demographics separated out and feedback loops
included, possibility of collapsing enabling and psychosocial factors ........154
List of Tables

Table 1 Sample Description, Services Accessed and Method of Recruitment............ 60
Table 2 Predetermined and Emergent Themes ............................................................ 63
Table 3 Descriptive Statistics....................................................................................... 88
Table 4 Psychosocial and Descriptive Variables Correlation Matrix ..................... 91
Table 5 T-tests to Indicate Significant Predictors of, „Ever Sought Help” and For „Ever Wanted or Needed to Seek Help and Have Not Done So”................. 92
Table 6 Variables Significantly Predicting Help Seeking Intention............................ 94
Table 7 Logistic Regression: Predicting „Ever Sought Help” & „Ever Wanted to Seek Help and Have Not Done So” ................................................................. 96
Table 8 Variables Predicting Positive Attitudes Towards Seeking Professional Help for Mental Health Issues .................................................................................. 97
Table 9 Item Loadings for Exploratory Factor Solution Using Promax rotation, and correlations between factors ................................................................. 107
Table 10 Reasons for Not Feeling Comfortable Discussing Mental Health Issues With GPs ........................................................................................................... 110
Table 11 Reasons for Not Seeking Help When Needed or Wanted ......................... 111
Table 12 Descriptive Statistics for Respondents Versus Non-Respondents.............. 120
Declaration

Name: Joanne Collins  Program: Doctor of Philosophy

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

The author acknowledges that copyright of the published works contained within this thesis (as listed below) resides with the copyright holder(s) of those works. I also give permission for the digital version of my thesis to be made available on the web via the University’s Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.


Signed: _______________________________ Date: ________________
Acknowledgements

There are many people I wish to thank for their help in getting me through this long journey.

First, I would like to thank all my supervisors for their support over the last four years. Special thanks to Deb for all her help and support particularly in the final stages of the write up. Also, special thanks to Lynn Ward who has believed in me and my ability to become a researcher since supervising me in my honours year in 2004. Your encouragement and faith in me has meant more than I can possibly say.

To my office mates Phillip J and Amy who have been on this journey with me from the beginning. Phillip J, thank you for the many encouraging words over the four years, our chats about life and research were always extremely helpful to me. Amy, what a pleasure it has been to share the office with you (just the two of us most of the time too), your encouraging words and just your company in the office have meant a lot to me throughout this journey. Also to Skye for keeping me company in the basement on many a Sunday.

Katie, Ang, Chrisi and Vic, I’m not sure how I will ever thank you for your support through this journey. You four special people have shared with me fun, laughter, encouragement and the occasional bottle of wine when required (!) I feel lucky to have had such a wonderful support crew around me.

All the admin staff especially Jess, Lynda, and Wanda for their support with my many IT and admin questions, and sometimes just a friendly face or encouraging word, all of which have helped to make the journey that little bit easier.

Thank you to Ian Zajac for his help with my many statistical questions, I am forever grateful for your patience and assistance.
Thanks also to the many other people I call friends who also reside in the bowels of the Hughes building, Stuart, Fiona, Ryan, Anthony, Suzie, Brooke, Kathy, Jordan and Victoria, who have all provided moral support, a friendly face, or a lunch date and all of whom have helped to make the PhD experience not only bearable but on many, many occasions, fun!

Also, thanks to Denis, you came into this journey near the end (perhaps the craziest time), but your constant encouragement to keep persevering and to finish this PhD has meant more than you will ever know.

Finally, I would like to thank my wonderful family, Mum, Dad and Emma, who have put up with me unconditionally throughout this roller coaster PhD adventure. You have all been there for me on the good days and the bad, congratulated me on every achievement and encouraged me to keep going on those days when I thought I might never get there (and there have been a few of those!). There are not enough words to describe my thanks.
Abstract

The aim of this thesis was to investigate access to and utilisation of mental health care services in rural areas. Given the drought in Australia and the unique stressors it brings to people living in country areas this research is timely. Specifically, the research aimed to explore how the individual, psycho-social and cultural aspects of rural people and rural locations interact with or influence help seeking behaviours, and more specifically, how aspects of the culture where people live may impact on or impede their seeking help for mental health issues. The aims were addressed using a mixed methodological approach with three separate but related studies: one quantitative and two qualitative. Bradley’s (2002) adaptation of the Andersen behavioural model provided the theoretical model that drove the research questions and its utility in this context was tested.

Study one used sixteen semi structured interviews to address the aims of the study. Participants were recruited via general practice surgeries and via snowballing techniques. Data was analysed using prior-research driven (Boyatzis, 1998) thematic analysis techniques following Braun and Clarke (2006). The second study was a population survey using a representative sample derived from one rural South Australian electorate (N=259). Study three used qualitative data also collected via the population survey. Respondents were asked to comment further on mental health and mental health services in their area, this question was open-ended and respondents could answer in their own words. Ninety nine of the survey respondents (38%) made a written comment, these data were analysed using thematic analysis techniques.

Results of study one revealed that psycho social factors such as stigma were the most important barriers to seeking help. Seven main themes were found: stigma, self-reliance, lack of services, awareness, lack of psychological mindedness, General
Practitioners (GPs) and need for change. Some evidence of psychological mindedness was found but this was not confirmed in study two or three. Indeed study two revealed a negative relationship between psychological mindedness and attitudes towards seeking professional help. Attitudes towards seeking help were the most important factor in help seeking intentions and actual help seeking behaviours. Intentions were predicted by being female and having more positive attitudes towards help seeking. Poor mental health and more positive attitudes were associated with having ever sought help for a mental health issue and those respondents with more positive mental health and more positive attitudes towards seeking help were less likely to have ever wanted or needed to seek help and not done so. More positive attitudes were predicted by being older, perceiving less stigma and having lower psychological mindedness.

Study three had some similar themes to study one, awareness of services, stigma, and non-professional care. Other themes to emerge were locality issues and systemic disgruntlement.

The results of this thesis have shown that attitudes towards help seeking and systemic disgruntlement are the most important and salient issues to rural help seeking behaviour. Stigma is still an important influence on help seeking and psychological mindedness should be further investigated to confirm its impact on help seeking behaviour. The lack of (adequate) services available, as reported by rural people themselves, inevitably contributes to the existing unmet need and has important implications for government policy and service delivery.