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Title

*South Asian men with long-term conditions, emotional distress and primary care:
A qualitative study*

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context

People with physical-mental comorbidity have a poorer quality of life, worse clinical outcomes and increased mortality than those with physical conditions alone.

Those from some ethnic groups may be less likely to recognise and seek help for symptoms which may represent mental health problems, and are an under-served group within healthcare services. South Asians (SAs) are the largest minority group in the UK, and more likely to have long-term conditions (LTCs) such as diabetes and heart disease. Relationship-based care, defined as “care in which the processes and outcomes of care are enhanced by a high quality relationship between doctor and patient” has a good evidence-base.

Objective

To explore how males of SA origin with LTCs understand, experience and seek help for emotional distress; and the perspectives and experiences of General Practitioners (GPs).

Study Design and Analysis

Semi-structured interviews conducted online and digitally recorded with consent. Thematic analysis undertaken concurrently with iterative modifications of the topic guide.

A patient advisory group of SA males inputted throughout all stages of research.

Setting

UK community settings.

Population Studied

South Asian males with diabetes and/or heart disease; GPs

Intervention/Instrument

N/A

Outcome Measures

Qualitative data: Understanding and experiences of, and help-seeking for, emotional distress; support received and gaps in services; barriers and facilitators to relationship-based care.

Results

Seventeen SA males with LTCs and 18 GPs interviewed.

SA males reported mistrust of GPs and limited continuity of care impacting on help-seeking, GPs identified that they and SA males had differing health beliefs and expectations of management.

Co-navigating conflicting health beliefs, the provision of culturally-sensitive care, continuity of care and community engagement may offer opportunities to achieve relationship-based care.

Conclusions

Relationship-based care offers the potential to improve recognition and management, of emotional distress in SA males and a shared understanding between SAs and GPs.

The research has the potential to influence policy-makers and commissioners about service provision, given the need described by both GPs and SAs with LTCs for culturally-sensitive services. This includes developing cultural health capital by GPs reaching out to underserved communities as a means of building trust.