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Title

Relationship Among Cognitions and Intentions to Seek Help for Depression in a Primary Care Setting

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Primary care providers (PCP) are uniquely trained to screen, treat, and act as gatekeepers to additional support for people with depression. Beck's cognitive theory of depression (CTD) provides a framework to explain why individuals with elevated depressive symptoms do not always seek help from a PCP: they may process information differently than non-depressed individuals. Objective: Previous studies focused on help-seeking (HS) from a PCP target individuals already in treatment. Guided by CTD, this study addresses the gap by examining the relationships among cognitions and HS intentions from a PCP (HSI) exclusively in individuals with elevated depressive symptoms not currently HS from a professional. Study Design and Analysis: Secondary data analyses of cross-sectional data collected at baseline from a larger study. Analyses include correlations, PROCESS mediations, and ANOVA. Setting: MTurk cloud research, spring 2019. Population Studied: Adults with a Beck Depression Inventory (BDI-II) score ≥ 14 (i.e. mild depression) who were not HS from a professional. Instrument: Online survey. Outcome Measures: Primary: HSI. Secondary: depressive symptoms, HS cognition scales (HS Attitudes from PCP, HS Outcome Expectancies, & Self-Stigma of Depression), and demographics. Results: 981 participants were prescreened, 154 met inclusion criteria (35.5±11.2 yrs, 57% F, 71% white; 25.8±9.4 BDI-II). Of all participants, 36% did not perceive themselves as "depressed," 47% reported previous HS from a professional, and 9% had strong HSI. BDI-II scores were weakly positively associated with cognitive variables except for HS outcome expectancies (not significant). There was a positive moderate correlation between HSI and HS attitudes; relationships with stigma (negative) and outcome expectancies (positive) were weak. BDI-II scores did not mediate the relationships between HS cognition measures and HSI. No significant differences were found in HSI based on previous HS (p=.06) nor current perceived depression status (p=.13). However, individuals who previously believed they struggled with depression but did not HS significantly differed in HSI from those who had (p=.03); specifically, non-HS were 20% less likely to have positive HSI. Conclusions: The preliminary findings support screening all patients, regardless of previous HS, for depression. Practical ways to improve HS cognitions may include increased attention to nonverbal and verbal language and office signage.