

Examining the role of population group membership in primary care patients' and physicians' attitudes towards pharmacological and non-pharmacological approaches for the management of depression and anxiety

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Scientific Background: Research has shown that both Israeli Arabs and Jews born in the former Soviet Union (FSU) report higher levels of distress than Israeli born Jews. Yet, research has shown inequalities in services use. For instance, relative to Jews born in Israel, Jews born in the FSU are more likely to purchase antidepressant or anti-anxiety medications, whereas Israeli Arabs are less likely to purchase the medications. Other studies have shown that Israeli Arabs and Jews born in the FSU are less likely to use formal (paid) services for the management of their mental conditions and more likely to access services in acute situations.

Objectives: To better identify beliefs and attitudes towards mental health as well as perceived facilitators and barriers to services in primary care providers and patients from three population groups: Jews born in Israel, Jews born in FSU, and Israeli Arabs.

Working Hypotheses: Attitudes and beliefs about mental health serve as major barriers or facilitators to the use of pharmacological and non-pharmacological mental health services (including unpaid services) and vary across the three groups. Physicians' attitudes also vary across the three population groups and some may need additional training in the field of mental health.

Methods of Data Collections: In-depth, semi-structured focus group interviews with primary care patients and providers.

Methods of Data Analysis: Focus groups will be coded thematically. Commonalities and differences across interviews will be evaluated and themes will be regrouped to represent major content area.

Uniqueness and Relevance to the National Health Insurance Law: Health-wise, untreated or poorly treated depression or anxiety result in increased morbidity and mortality. Socially, underutilization of psychotropic medications may be due to feelings of alienation or stigma experienced by some groups. On the other hand, use of psychotropic medications may at times, indicate inadequate care alternatives. Finally, financially, inadequate treatment of depression or anxiety results in increased healthcare costs and loss of workdays. **Possible Policy Recommendations:** By gaining an in-depth understanding into beliefs and attitudes regarding pharmacological and non-pharmacological services (including unpaid) for the management of depression and anxiety, we will be able to modify existing services and develop new interventions and educational programs to specifically meet the mental health needs of various population groups in Israeli society. The study may also point to certain groups of physicians that may require additional training and education about various care alternatives available to patients. Such efforts will result in improved services and increased equality of care.