APPENDIX: Sampling

The sample was constructed by interviewing consecutive patients who were screened by a short questionnaire in order to select those who meet the study criteria (aged 25-75 and having visited the clinic at least once during the year prior to the interview). Respondents were recruited by specially trained interviewers. The full nature of the study was explained to the respondents and only those who signed informed consent forms (77% of those eligible) were included. Patients were interviewed at home in Hebrew or Russian, according to respondents' request.

APPENDIX: Instruments

The Brief Symptom Inventory (BSI)-18 (a shortened version of the BSI), a self-report scale for identifying psychological distress, includes subscales for somatization, depression, and anxiety, as well as an overall index, the GSI. The BSI-18 internal consistency estimates are quite satisfactory (1). Cronbach's alpha in our study was .88. The score is obtained by converting total scores on each of the scales into t-scores, based on Israeli normative data from the community (2). A t-score of 63 or higher on the GSI or at least on two of the three subscales indicates psychological distress.

The Composite International Diagnostic Interview - Short Form (CIDI-SF), a diagnostic instrument developed by the WHO specifically for obtaining mental health diagnoses in epidemiological studies (3). This instrument diagnosed patients with depression or anxiety (general anxiety, panic disorder or obsessive compulsive disorder -OCD). The CIDI-SF algorithm gives a precise cut-off point for a diagnosis of general anxiety. As for depression, panic disorder and OCD, it provides the probability of a diagnosis for different scores. In our study, a score of 4-7 defines a diagnosis of depression (probability of 81-91%); for panic disorder, a score of 3-6 is required (probability of 87-100%) and for OCD, a score of 3 (probability of 84%). In the analyses, we also defined a four-category variable of psychiatric diagnosis (neither depression nor anxiety; only anxiety; only depression; both depression and anxiety).

References

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APPENDIX: Predictors of the attitude towards getting treatment from a mental health professional (multinomial logistic regression)

		Attitude towards getting treatment from a mental health professional								
	Likelihood Ratio Tests	Positive vs. Negative[1]			Uncertain vs. Negative[1]			Uncertain vs. Positive[2]		
Variables in the model	P[3]	O.R.[4]	95% C.I.[5]	P	O.R.[4]	95% C.I.[5]	P	O.R.[4]	95% C.I.[5]	P
Female (reference: Male)	.013	1.95	1.25-3.04	.003	1.75	1.10-2.77	.018	.90	.64-1.25	ns
Place of Birth (reference: Former Soviet Union)	.001									
Middle East		3.22	1.27-8.17	.014	.93	.35-2.44	ns	.29	.15-.57	<.001
North Africa		1.77	.81-3.86	ns	.88	.40-1.93	ns	.50	.28-.88	.016
Western Countries[6]		3.07	1.34-7.03	.008	.94	.40-2.20	ns	.31	.17-.55	<.001
Israel		2.63	1.24-5.58	.012	1.32	.62-2.80	ns	.50	.30-.83	.007
Age (years) (reference: 65-75)	<.001									
25-34		1.92	.83-4.42	ns	1.20	.52-2.77	ns	.63	.36-1.09	ns
35-44		2.27	1.07-4.81	.032	.66	.30-1.44	ns	.29	.17-.51	<.001
45-54		3.53	1.75-7.11	<.001	1.27	.62-2.60	ns	.36	.22-.58	<.001
55-64		2.31	1.25-4.27	.007	.83	.44-1.57	ns	.36	.23-.57	<.001
Education (years) (reference:0-8)	.028									
9-12		1.45	.83-2.55	ns	1.22	.68-2.18	ns	.62	.38-1.02	ns
13+		2.81	1.42-5.57	.003	1.75	.87-3.55	ns	.84	.54-1.31	ns
Religious Observance (reference: Ultra-Orthodox)	.001									
Secular		7.38	2.62-20.81	<.001	1.90	.73-4.96	ns	.26	.11-.61	.002
Traditional/Observant		5.97	2.22-16.07	<.001	2.07	.84-5.08	ns	.35	.15-.81	.014
Modern-Orthodox		3.90	1.37-11.09	.011	1.09	.41-2.90	ns	.28	.11-.70	.006
Subjective Psychological Distress - No (reference: Yes)	.016	.82	.37-1.82	ns	2.15	.85-5.42	ns	2.61	1.29-5.28	.008

-2 Log Likelihood=944.185, N=867, χ^2= 120.16, df=30, p<.001, Pseudo R^2 Nagelkerke =.152

[1]Negative is the reference category of the dependent variable, attitude towards getting treatment from a mental health professional

[2]Positive is the reference category of the dependent variable, attitude towards getting treatment from a mental health professional

[3]The significance is for the chi-square statistic which is the difference in -2 log-likelihoods between the final model and a reduced model. The reduced model is formed by omitting an effect from the final model. The null hypothesis is that all parameters of that effect are 0.

[4]O.R.: odds ratio

[5]95% C.I.: 95% confidence interval of odds ratio

[6]Western Countries were defined as Europe (except the Former Soviet Union), North America and South Africa

APPENDIX: Predictors of the influence of the primary care physician on the patients' attitude towards getting treatment from a mental health professional among patients who initially had an 'uncertain' or 'negative' attitude (logistic regression)

	Positive influence vs. no influence[1]		
Variables in the model	O.R.[2]	95% C.I.[3]	P
Place of Birth (reference: Middle East)			.001
Former Soviet Union	6.84	1.86-25.10	.004
North Africa	5.12	1.42-18.47	.013
Western Countries[4]	9.96	2.62-37.84	.001
Israeli born	3.10	.87-11.02	ns
Psychiatric Diagnosis (4 categories) (reference: Neither Depression nor Anxiety[5])			.022
Only Anxiety[5]	.40	.13-1.22	ns
Only Depression	1.53	.76-3.09	ns
Both Depression and Anxiety[5]	2.71	1.16-6.31	.021
A priori attitude towards getting treatment from a mental health professional - Uncertain (reference: Negative)	2.62	1.48-4.61	.001

[1]No influence - remains with an uncertain or negative attitude towards getting treatment from a mental health professional is the reference category of the dependent variable

[2]O.R.: odds ratio

[3]95% C.I. of O.R.: 95% confidence interval of odds ratio

[4]Western Countries were defined as Europe (except the Former Soviet Union), North America and South Africa

[5]Anxiety (General anxiety, Panic attacks, Obsessive-compulsive disorder)