ABSTRACT. The pattern of psychiatric consultation in Hong Kong is examined among 226 patients at a public outpatient clinic and 56 patients at a private psychiatric clinic. The approach to psychiatric services is marked by lengthy delay during which patients get help from their family members or close friends. Arrival at the present psychiatric clinic was diverted through other medical resources, primarily Western-style medical services, and to some extent, traditional Chinese medicine. Individual routes were diverse, characterized by frequent switches among resources especially in the private sector. The nature of the patients' presenting complaints as well as the conceptualization of their initial complaints were multi-faceted, including both psychological and somatic factors. The overall consultation pattern of patients in Hong Kong is compared with other studies on Chinese and Western patients. Questions are raised for further analysis.

Psychiatric patients travel through various paths of lay and professional help-seeking before receiving psychiatric treatment. Despite the trend of extending mental health services in the community, few voluntary patients would approach psychiatrists directly for their problems. Patients are filtered through a network of professional referrals in the community even after they have decided to seek some form of professional assistance (Geridine and Bragg 1970; Chrisman 1977). The most prominent figure in the professional network is the general practitioner. The need for interface between general practice and psychiatry has been discussed extensively in Britain (Shepherd et al. 1966; Kaeser and Cooper 1971; Johnson 1973; Williams and Clare 1979; Goldberg and Huxley 1980; Eastman and McPherson 1982). Similar detours have been noted among Chinese psychiatric patients. Lau et al. (1981) noted that between 8% to 20% of the patients attending a general practice in Hong Kong were later identified as depressive cases. In another study, 73% of the Chinese patients attending a psychiatric outpatient clinic have consulted Western-style doctors while 29% have consulted Chinese herbalists prior to their psychiatric consultation (Cheung and Lau 1982).

Lin et al. (1978) described different patterns of referrals to a community mental health team in Vancouver and found that for most ethnic Chinese patients, their pattern was characterized by prolonged family intervention, followed by medical intervention before psychiatric inpatient or outpatient services were reached. However, their sample included only 24 Chinese patients in a Western community. The availability and accessibility of different alternative support systems may be different in a predominantly Chinese society.

In Hong Kong, most psychiatric patients attend public psychiatric services run or subvented by the Government. Psychiatric services are considered specialist services requiring referral first to the Outpatient Clinic whereupon inpatient or outpatient treatment is decided. For emergency cases, admission to
a mental hospital may be channelled through the Emergency Departments of general hospitals. There are altogether six psychiatric outpatient departments in the public sector. In the private sector, patients may approach the psychiatrist directly. At present, about 13 psychiatrists are in private practice. In addition, there are two private hospitals which run part-time psychiatric outpatient clinics. Patients in Hong Kong may and often do switch between public and private medical services.

This paper will present the patterns of psychiatric consultation gathered from Chinese patients attending a public psychiatric outpatient service and a private psychiatric clinic in Hong Kong. Through a detailed interview on the patient's history, information was gathered on his or her complaints, problem manifestation, primary network of support, professional resources, and the sequence of consultation. The overall patterns found at the two clinics will be reported in this preliminary analysis.

METHOD

Subjects

A psychiatric outpatient clinic in a community general hospital and a psychiatrist in private practice participated in this study. All new patients attending either clinic for the first time were interviewed during a six month period in 1982. Nonpsychiatric cases seen by the private psychiatrist were excluded. For a few patients who were unable to complete the interview, additional information was supplemented by the accompanying relative.

A total of 226 cases (41.6% male and 58.4% female) was obtained at the public hospital clinic and 56 cases (42.9% male and 57.1% female) at the private psychiatrist clinic.

Instrument

A structured interview form with standardized procedure was developed by the research team which included psychiatrists from both clinics. The information gathered included demographic background, reasons for the present consultation, history of initial problems and ways of coping, lay resources of help, and professional consultation. Furthermore, a grid was used to outline the sequence of consultation history for each patient from the first professional resource to the present psychiatric consultation. Reasons for consultation, source of referral, duration, services received, and reasons for termination were included.