

17 CONSULTATIONS WITH GENERAL PRACTITIONERS

General practitioners play a key role in providing health care to people living with mental illness in the community, including people with psychosis. Given this role, participants were asked to consent to their general practitioner being contacted to provide further information and the majority (95.6%) did so. Information was returned for half (49.2%) of the participants who gave consent.

17.1 Utilisation of general practitioner services

Most participants (88.2%) had seen a general practitioner for some reason in the past year, with half (49.3%) making at least one mental health related visit and 76.3% making at least one physical health related visit. While the average number of visits, if any, was nine, just over one quarter (28.8%) had had 12 or more consultations over the past year.

In terms of the general population, a slightly lower proportion (79.3%) had visited a general practitioner at least once over a 12-month period⁸. The average number of visits was also lower at 5²⁶ and just 8.7% of the general population had had 12 or more consultations over the past year.⁸

One in ten people with psychosis (9.4%) had a general practitioner mental health care plan.

17.2 General practitioner feedback on the health and care of participant-patients

Section 17.2 draws on the additional data provided by general practitioners on 709 participants for whom they provided general practice services, the “participant-patients”.

17.2.1 Length of consultation and consistency of care

General practitioners reported that two thirds (65.4%) of these patients with psychotic illness usually had consultations ranging from 10-19 minutes. Only 1.2% usually had longer consultations of 40 minutes or more (Table 17-1).

The majority of participants (83.2%) saw the same general practitioner at each visit.

Table 17-1. Usual length of consultation in general practice, minutes

Consultation length	Proportion of participant-patients (%)
Less than 10 minutes	10.4
10-19	65.4
20-29	17.8
30-39	3.4
40-49	0.6
50 minutes or more	0.6
Not known	1.8
Total respondents	709

17.2.2 Reasons for visiting the general practitioner

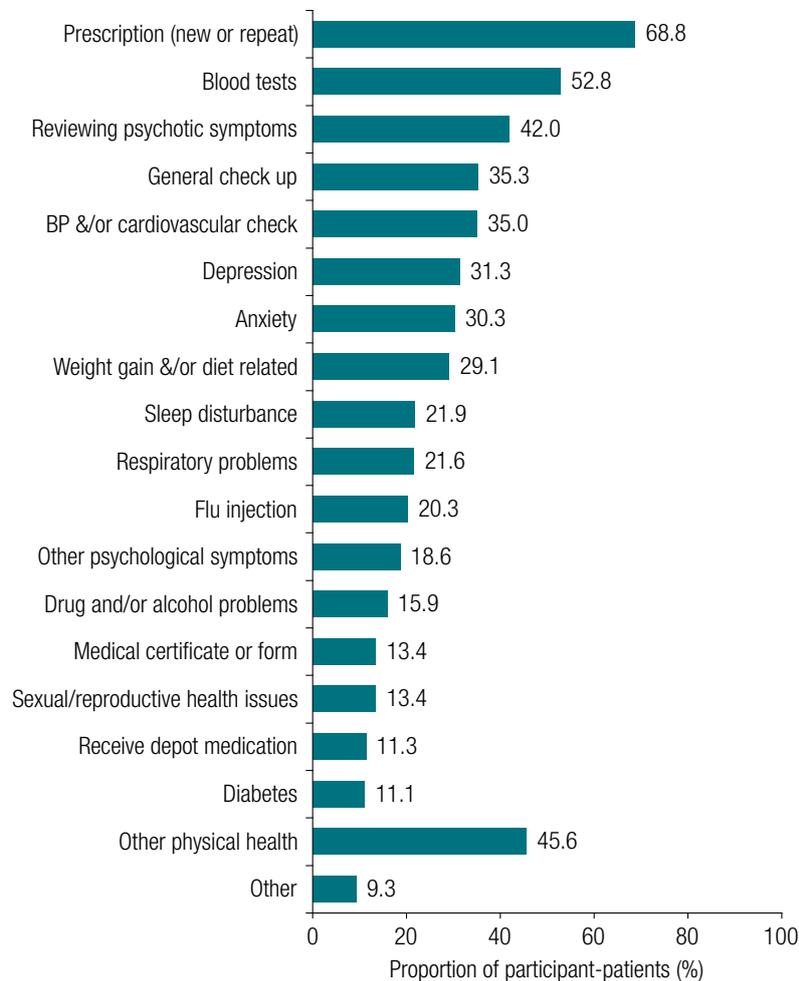
The most common reasons for seeing a general practitioner were for a prescription (68.8%) or a blood test (52.8%), either of which may have been physical or mental health related (Figure 17-1).

Just over one third (35.3%) had had a general health examination and 35.0% had seen their general practitioner for specific cardiovascular-related checks. One in three (29.1%) participants had attended for reasons related to weight gain and diet.

In the previous 12 months, general practitioners had treated one third of participants (32.2%) for metabolic, cardiovascular or kidney disorders and had referred 11.4% for specialist treatment for these conditions.

In terms of mental health related visits, 42.0% had attended to have their psychotic symptoms reviewed, almost one third (31.3%) had attended for depression and a similar proportion (30.3%) had seen their general practitioner for anxiety.

Figure 17-1. Reasons for consultation with general practitioner



17.2.3 Management of patients with psychosis by general practitioners

Just over one quarter (27.6%) of participant-patients had a general practitioner mental health care plan. It should be noted, however, that only one in ten (9.4%) of all participants had a mental health care plan. Females were more likely than males to have a plan (33.5% compared to 23.0% respectively).

Table 17-2. Frequency of review of general practitioner mental health care plans

	Proportion of participant-patients with general practitioner mental health care plan (%)
No set time for review	21.9
Monthly	6.6
Every 3 months	19.4
Every 6 months	29.1
Annually	13.3
Other	6.1
Missing	3.6
Total respondents	196

General practitioners were asked to name the top three difficulties that they faced managing participant-patients within their medical practice (Table 17-3). Among the top difficulties named were treatment non-adherence (22.1%) and non-attendance at appointments (20.7%). Time constraints and lack of feedback from treating mental health service providers were each identified by one-fifth of general practitioners (22.1% and 20.0%, respectively). Two-fifths (44.3%) of general practitioners, however, said they had no difficulties.

Table 17-3. Difficulties identified by general practitioner in managing the participant-patient in the past year

	Proportion of participant-patients (%)
No difficulties	44.3
Participant non-compliance with planned treatment	22.1
Time constraints	22.1
Participant non attendance at scheduled appointments	20.7
Lack of feedback to general practitioner from treating mental health service providers	20.0
General practitioner has difficulty getting access to specialists	15.5
General practitioner lacks of knowledge about/confidence in managing psychosis	7.1
General practitioner has insufficient knowledge of mental health services	4.5
Other	9.6

17.2.4 Challenges for patients with psychosis

When asked to name the top three challenges that participant-patients faced, general practitioners identified social isolation (41.3%), lack of employment (37.7%) and financial problems (37.5%) as key challenges. Uncontrolled symptoms of mental illness were ranked next, at 32.2%. Poor physical health also ranked highly at 30.5% (Table 17-4).

The general practitioner perspective was remarkably similar to that of participants who identified financial problems, loneliness and social isolation, lack of employment, physical health issues and mental health issues in that order, as their top challenges for the coming year (Table 18-5).

Table 17-4. Participant-patient challenges in the past year identified by general practitioners

	Proportion of participant-patients facing challenge (%)
Social isolation/no social networks	41.3
Lack of employment	37.7
Financial problems	37.5
Uncontrolled symptoms of mental illness	32.2
Poor physical health/medication side effects	30.5
Stigma/discrimination	20.5
Lack of suitable housing	11.8
No family or carer	8.6
Inability to access specialised mental health services (including psychiatrists)	5.9
Difficulty getting a medical appointment	3.1
Other	14.5