

# The general practitioner's role in providing mental health services to Australians, 1997 and 2007: findings from the national surveys of mental health and wellbeing

Ruth A Parslow, Virginia Lewis and Geraldine Marsh

Over the past decade, there has been increasing recognition that primary care practitioners, particularly general practitioners, have an important role to play in reducing the burden of common mental disorders in the Australian community.<sup>1-3</sup> Key federal government policy initiatives have focused on improving the quality of mental health care provided in the primary health care sector. The Better Outcomes in Mental Health Care (Better Outcomes) initiative, implemented in 2001, included the Access to Allied Psychological Services (ATAPS) program, which enabled GPs to refer clients to allied health professionals who delivered focused psychological strategies.<sup>4</sup> A second major initiative, the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative, introduced in 2006, allowed GPs to claim Medicare rebates to provide early intervention, assessment and ongoing management of patients with mental disorders. This program also made Medicare rebates available for a limited number of allied mental health services per year.<sup>5</sup> Both initiatives referred to the benefits of GPs undergoing training in mental health skills. The Better Outcomes program strongly recommended that GPs undertake such training, while the Better Access program *required* GPs to undertake a mental health skills program in order to receive higher rebates for their services.<sup>4,5</sup>

It had been hoped, if not expected, that these major initiatives would lead to increased recognition of mental disorders, earlier diagnosis and more effective treatment of mental health problems of individuals presenting for health care in general practice. Evaluation of the ATAPS program concluded that it produced positive results for consumers.<sup>1,6,7</sup> However, early assessments of the Better Access program suggested that this initiative would probably not improve mental health care for people currently not accessing care,<sup>8</sup> and that the program needed to be complemented by greater investment in community-based

## ABSTRACT

**Objectives:** To compare the findings of the 1997 and 2007 Australian national surveys of mental health and wellbeing (NSMHWBs) with respect to the role of general practitioners in providing mental health services.

**Design, setting and participants:** There were 10 641 participants Australia-wide in the 1997 survey and 8841 in the 2007 survey. Data were gathered through face-to-face interviews using a written questionnaire.

**Main outcome measures:** Rates of use of GPs and other health care providers for treatment of mental health problems; levels of met and unmet need for mental health services reported by those accessing GP services.

**Results:** Between 1997 and 2007, the proportion of people accessing any mental health care service within the previous 12 months increased significantly, from 12.4% to 21.4% ( $P < 0.01$ ), although the proportion accessing GP care for mental health problems did not increase. In both surveys, nearly 60% of individuals with self-assessed mental health problems sought no professional help for their problems, although about 80% of these non-users had seen GPs about other matters. The proportions of participants who reported receiving sufficient information, medication and/or therapy for their mental health problem increased significantly over the 10-year period. However, unmet need for information also increased. In both surveys, over 90% of participants aged 60 years or over with self-assessed mental health problems reported obtaining no help for their mental health problem despite seeing a GP for other reasons.

**Conclusion:** Despite a significant rise in the use of mental health services, the role of GPs in providing such services has not increased.

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treatment options, regional support services and programs for targeted populations.<sup>9</sup>

Official evaluations of such programs drew on data collected as part of program implementation, and cannot provide information on participants who were eligible for the program's mental health services but did not access them. The most comprehensive sources of information about mental illness and service use are the two national surveys of mental health and wellbeing (NSMHWBs) conducted by the Australian Bureau of Statistics in 1997 and 2007.<sup>10,11</sup> The period between the two surveys included about 6 years during which Better Outcomes was implemented and the initial months of the Better Access program.

We report the findings of a comparison between the 1997 and 2007 survey data. Our primary hypothesis was that the proportion of Australians with a mental health problem who reported having received

mental health care from GPs would be higher in the 2007 survey than the 1997 survey.

## METHODS

### Participants

In the 1997 NSMHWB,<sup>12,13</sup> about 13 600 private dwellings in all Australian states and territories were approached. From each dwelling, one adult aged 18 years or over was randomly chosen to participate. Of these, 10 641 (78%) were interviewed for the survey. The 2007 survey approached 14 805 people aged 16 and over, of whom 8841 (60%) agreed to be interviewed.<sup>11</sup>

No non-responses were recorded in 1997, but a small proportion of respondents did not complete the latter survey. In 2007, 8373 participants (95%) answered an initial question about their use of GP services in the previous 12 months. Analyses reported

**1 Number (%) of participants who reported visiting general practitioners or other health practitioners for health problems in previous 12 months: comparison of data from 1997 and 2007 national surveys of mental health and wellbeing<sup>10,11</sup>**

	1997	2007	P
Number of respondents answering GP use question	10 641	8373	
Made visits to GP for any health reason	8652 (81.3%)	7334 (87.6%)	<0.01
Obtained mental health care from any practitioner	1321 (12.4%)	1789 (21.4%)	<0.01
Obtained mental health care from:			
GP only	517 (4.9%)	369 (4.4%)	0.04
GP and other health practitioner	464 (4.4%)	422 (5.0%)	<0.01
GP with or without other health practitioner	981 (9.2%)	791 (9.4%)	0.64
Other health practitioner only	340 (3.2%)	998 (11.9%)	<0.01

here are undertaken on these 8373 and subgroups of this number as specified.

## Measurements

### Self-assessed main health problem

In both surveys, drawing on earlier responses, participants were asked to identify which mental or physical health problem they felt was their major problem.

### Service use and mental health needs

In both surveys, respondents were asked whether they had seen particular categories of health care providers for any health reason.<sup>14,15</sup> Those answering affirmatively were then asked if they had consulted that type of practitioner about mental health problems. Categories of health providers specified included GPs, psychiatrists, psychologists, allied health care workers and complementary therapists.

Participants reporting visits were asked about types of help they had received and whether they had received enough of that type of help. Those who reported not receiving that help were asked if they felt they had needed it. Respondents were identified as having “unmet need” if they received insufficient help or if they received no help but considered that they had needed help. In both surveys, participants were asked about three types of help: information about mental health problems, treatments and available services; medicine or tablets; and therapy (including psychotherapy, cognitive behaviour therapy and counselling).<sup>14,15</sup>

## Demographic data

Two demographic measures, age and sex, were used in our analyses. Age ranges covered in the surveys differed ( $\geq 18$  years in 1997 and  $\geq 16$  years in 2007). Thus, in our

analyses examining age groups, participants aged 16 or 17 in the 2007 survey were excluded to ensure comparability of population groups between the two surveys.<sup>11,15</sup>

## Statistical analysis

Data were analysed using SPSS software, version 17.0.14 (SPSS Inc, Chicago, Ill, USA).

## RESULTS

Data on participants obtaining health care from GPs for any reason and those who sought help for mental health problems from GPs and/or other health care providers are presented in Box 1. Between 1997 and 2007, there were significant increases in proportions of participants who reported obtaining GP services for any reason, obtaining mental health care from any practitioner, and obtaining mental health services from health practitioners other than GPs.

In 1997, 1608 participants (15.1%) identified a mental health problem as their major problem compared with 1701 (19.2%) in 2007 ( $P < 0.01$ ).<sup>14,15</sup> Service use or non-use by respondents identifying their main problem to be mental health-related is summarised in Box 2. Between 1997 and 2007, the proportion of respondents who consulted a GP with or without other mental health practitioners for their mental health problem fell from 32.0% to 27.9%, while the proportion who consulted only non-GP practitioners increased from 10.0% to 13.2%. In both surveys, nearly 60% of people with self-assessed mental health problems sought no professional help, although about 80% of these had seen GPs on other matters. In both surveys, over 90% of participants aged 60 years or over with self-assessed mental

health problems obtained no help for their mental health problem despite seeing a GP for other reasons.

Our final analysis concerned participants who reported that they had seen a GP, exclusively or together with other health practitioners, about a mental health problem in the previous year (Box 3). Compared with the 1997 participants, a significantly higher proportion of the 2007 participants reported receiving information (27.5% v 47.9%), medication (63.7% v 75.0%) or some form of therapy (50.2% v 59.7%). Reported unmet need for information increased (19.1% v 24.3%), unmet need for therapy decreased (26.6% v 25.2%), and unmet need for medication remained the same (8.4% v 9.0%). In both surveys, reasons that participants most often gave for not receiving sufficient care were that they preferred to self-manage their mental health problem or that they had asked for such assistance but did not receive it.

Finally, we examined participants who self-identified as having mental health problems, had obtained no mental health services from any practitioners, but did see a GP about other issues (data not shown). In 1997, 32.5% of people in this subgroup reported that they had needed information, medication or therapy. The comparable proportion in 2007 was significantly lower, at 14.1% ( $P < 0.01$ ).

## DISCUSSION

We compared the role of GPs in providing effective mental health care to Australians, as reported in the 1997 and 2007 NSMH-WBs. Initiatives implemented between these two surveys aimed to increase public awareness and recognition of mental health problems<sup>16</sup> and to encourage GPs to take a more proactive role in treating these problems.<sup>4,5</sup> Comparing data from both surveys provides an opportunity to assess the impact of these initiatives on the use of mental health services — in particular, those provided by GPs.

The proportion of Australians who reported obtaining any mental health services increased significantly from 1997 to 2007, but this was largely due to increased use of mental health practitioners other than GPs. The proportion of respondents who saw a GP with or without another health practitioner about mental health problems remained unchanged. This finding suggests that, while Australians' access to allied health care practitioners for mental health care has improved over the period, GPs

## 2 Services obtained from health practitioners in previous 12 months for people nominating mental health as their main problem, in 1997 survey (n = 1608)\* and 2007 survey (n = 1518)\*

	Mental health consultations (MHCs)															
	Total number in this subset		Number (%) of participants* with mental health-related problem				With GP, with or without other mental health practitioners				With other mental health practitioners only		No MHCs		No MHCs, but consulted a GP on other matters	
	1997 (b)	2007 (c)	1997 (d)	2007 (e)	1997 (f)	2007 (g)	1997 (h)	2007 (i)	1997 (j)	2007 (k)	1997 (l)	2007 (m)	1997 (n)	2007 (o)	1997 (p)	2007 (q)
Participants	10 641	8034	1608 (15.1)	1518 (18.9)	514 (32.0)	423 (27.9)	161 (10.0)	200 (13.2)	933 (58.0)	895 (59.0)	750 (80.4)	731 (81.7)				
Men and women																
P					<0.01		<0.01			0.43		0.33				
Men	4 705	3621	624 (13.3)	643 (17.8)	159 (25.5)	127 (19.8)	61 (9.8)	77 (12.0)	404 (64.7)	439 (68.3)	308 (76.2)	332 (75.6)				
P					<0.01		0.09			0.06		0.78				
Women	5 936	4413	984 (16.6)	875 (19.8)	355 (36.1)	296 (33.8)	100 (10.2)	123 (14.1)	529 (53.8)	456 (52.1)	442 (83.6)	399 (87.5)				
P					0.13		<0.01			0.30		0.02				
Age group (years)																
18–30	2 117	1520	428 (20.2)	468 (30.8)	109 (25.5)	103 (22.0)	54 (12.6)	49 (10.5)	265 (61.9)	316 (67.5)	202 (76.2)	256 (81.0)				
P					0.08		0.15			0.01		0.04				
31–45	3 621	2342	640 (17.7)	603 (25.7)	216 (33.8)	194 (32.2)	73 (11.4)	87 (14.4)	351 (54.8)	322 (53.4)	265 (75.5)	259 (80.4)				
P					0.40		<0.01			0.46		0.04				
46–60	2 519	1892	376 (14.9)	312 (16.5)	145 (38.6)	87 (27.9)	28 (7.4)	42 (13.5)	203 (54.0)	183 (58.7)	177 (87.2)	148 (80.9)				
P					<0.01		<0.01			0.06		0.01				
> 60	2 384	2280	164 (6.9)	135 (5.9)	44 (26.8)	39 (28.9)	6 (3.7)	22 (16.3)	114 (69.5)	74 (54.8)	106 (93.0)	68 (91.9)				
P					0.56		<0.01			0.02		0.71				

GP = general practitioner. \* Participants aged  $\geq 18$  years in national surveys of mental health and wellbeing.<sup>10,11</sup>

appear not to have increased their role as direct providers of mental health care. It may be that GPs have referred clients to such practitioners without the referring role being recognised. If so, it would suggest that the partnership of care in this process was not strong and transparent. The proportion of survey participants who obtained no help from service providers remained at about 60% in both surveys, while the fall in use of GP services for mental health problems was matched by an increase in use of other providers.

Given the programs that have been undertaken between 1997 and 2007 to improve the detection and treatment of mental health problems, there was a disappointing lack of change in rates of help-seeking among people whose main health problem was a mental health problem. One reason for this finding may be that advice on mental health problems can now be obtained quickly, privately and cost-free from the internet. In 1997, this source of information was only just developing. The internet is now widely used as a source of health information,<sup>17</sup> even if its quality is often questionable.<sup>18</sup> This factor, and the role of social networking sites, could help explain the drop in the use of formal mental health care by young adults.<sup>19</sup> Information on interventions for some high-prevalence mental health problems is also available online.<sup>20</sup>

In both surveys, a surprisingly high proportion of people receiving no care for their mental health problems saw a GP about other issues. In 2007, one in six respondents who sought no help for mental health problems but did see a GP also reported unmet need for mental health care. Although this proportion has halved since 1997, it is still of concern. Those GP visits may have occurred at a time when help with a mental health problem was not needed, but the question is why mental health problems were not raised then, or additional GP visits made. Reasons for unaddressed needs may come from both sides. People with mental health problems may believe they will be stigmatised if they receive formal treatment of a mental disorder.<sup>21</sup> Researchers reporting similar findings elsewhere have concluded that GPs could play a more proactive role in asking about such problems.<sup>22,23</sup> Realistically, however, GP-initiated questioning about mental health (with its potential to result in unplanned, lengthy consultations) is unlikely to occur regularly, even if better Medicare reimbursement is now available. A

### 3 Met and unmet need reported by participants who consulted a general practitioner with or without other health practitioners about mental health problems in previous 12 months, in 1997 survey (n = 981 [9.2%])\* and 2007 survey (n = 791 [9.4%])\*

Type of mental health help	Year of survey	Number (%) of participants who received:			Main reason for not receiving any or enough of this type of help (%)						
		Any of this type of help	Enough of this type of help	Number (%) with unmet need for this type of help <sup>†</sup>	Didn't know where to get help	Asked for but didn't get help	Were afraid to ask for help	Could not afford it	Thought nothing more could help	Preferred to manage self	Got help from other sources/ don't know
Information <sup>‡</sup>	1997	270 (27.5)	208 (21.2)	187 (19.1)	11.7	21.9	11.2	5.9	14.4	27.8	7.0
	2007	379 (47.9)	288 (36.4)	192 (24.3)	7.8	21.9	11.5	13.0	15.1	23.4	7.3
	P	<0.01	<0.01	<0.01	0.09	0.99	0.9	<0.01	0.95	0.78	0.87
Medicine or tablets	1997	625 (63.7)	567 (57.8)	82 (8.4)	2.4	23.2	17.1	9.8	11.0	31.7	4.9
	2007	593 (75.0)	532 (67.3)	71 (9.0)	1.4	21.1	4.2	9.9	28.2	26.8	8.5
	P	<0.01	<0.01	0.55	0.59	0.68	<0.01	0.99	<0.01	0.37	0.17
Therapy or counselling	1997	492 (50.2)	373 (38.0)	261 (26.6)	10.3	23.0	8.4	11.9	14.6	25.3	6.5
	2007	472 (59.7)	362 (45.8)	199 (25.2)	5.0	17.1	10.0	21.6	12.6	24.6	9.0
	P	<0.01	<0.01	<0.01	0.01	0.05	0.40	<0.01	0.41	0.83	0.15

\* Participants aged  $\geq 18$  years in national surveys of mental health and wellbeing.<sup>10,11</sup> † Includes participants who reported that they had not received any of this type of help, but felt that they had needed it, and those who reported that they had received some but not enough of this type of help. ‡ Information about mental illness, its treatments and available services. ◆

survey of GPs by Richards and colleagues identified various factors hampering their effective management of depression, including inadequate consultation time, insufficient reimbursement, and the limited time available to spend on depression after managing presenting problems.<sup>24</sup>

Compared with participants in the earlier survey, those in the 2007 survey who had seen a GP only or GP and other health practitioners about mental health problems more often reported having received sufficient information, medication or therapy. Despite this, the proportion of this group reporting unmet need for information also increased. This finding could reflect increased awareness of mental health generally and increased expectation of access to information in this high-speed information age. On the other hand, compared with the 1997 group, a slightly lower proportion of the 2007 group reported unmet need for therapy. This is an encouraging result and suggests that the Better Outcomes and Better Access initiatives may have improved Australians' access to this type of care.

A limitation of our analysis was the difference in response rates between the two surveys (78% in 1997 compared with 60% in 2007). Furthermore, all 1997 survey participants responded to all questions, whereas in 2007, some responses were missing. It is

difficult to hypothesise how health service use by non-participants and non-respondents may have differed from use by those whose responses were collected. Nonetheless, it is an important limitation of our study.

Our comparison of Australians' mental health service use in 1997 and 2007 identified changes in the roles of different mental health care providers. Overall, participants are accessing more care from providers other than GPs. Some categories of mental health need are now being better addressed than before, but it is of concern that most people who considered their main problem to be mental health-related continued to obtain no formal care for that problem.

#### COMPETING INTERESTS

None relevant to this article declared (ICJME disclosure forms completed).

#### AUTHOR DETAILS

**Ruth A Parslow**, MPH, PhD, Senior Research Fellow

**Virginia Lewis**, PhD, Director of Research

**Geraldine Marsh**, BEd, GradDipHlth

AdminEduc, Research Fellow

Australian Institute for Primary Care and Ageing, Latrobe University, Melbourne, VIC.

Correspondence: r.parslow@latrobe.edu.au

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