

# Do GPs use electronic mental health resources?

## A qualitative study

### BACKGROUND

The Better Outcomes in Mental Health Care (BOMHC) initiative encourages general practitioners to use electronic mental health resources (EMHRs) during consultation with patients requiring psychological assistance. However, there is little data on GPs' acceptance and use of EMHRs.

### METHOD

Semistructured interviews were conducted with 27 GPs to determine their attitude toward EMHRs, and their use during consultation with patients.

### RESULTS

Few GPs reported frequently using EMHRs in consultation. Identified barriers to use included lack of familiarity with information technology, and insufficient knowledge of available resources. Identified advantages of electronic resources included high patient acceptance, time efficiency, and improved quality of information.

### DISCUSSION

General practitioners recognise several advantages of utilising electronic resources for managing patients with mental illness. However, GPs are not sufficiently familiar with electronic resources to use them effectively. This could be overcome by education.

**Mental illness affects approximately 20% of the Australian adult population.<sup>1,2</sup> Most people who seek professional help for mental illness will first consult their general practitioner.<sup>1</sup> However, GPs may not always have the time, skills, or information necessary to deliver mental health services.<sup>3-5</sup> Computers have the potential to overcome barriers to delivery of mental health services in general practice.<sup>6</sup>**

Use of computers in Australian general practice for administrative and clinical functions has increased significantly in the past decade.<sup>7-9</sup> Forty-nine to 59% of GPs use the internet to access clinical information, and 38-47% to search for patient education material.<sup>7,9</sup> It is uncertain whether these usage rates apply to clinical functions during consultations, although this is desirable.<sup>10,11</sup>

Barriers to the use of computers in consultations include:

- technical (eg. lack of typing skills, software skills)
- financial (eg. cost of hardware, longer consultations)
- decreased communication (between practice staff, or doctor and patient), and

- psychological (resistance to change).<sup>7</sup>

These barriers may be perceived rather than actual. For example, negative GP or patient perceptions of computer use effects on consultations (other than longer duration, and associated changes in communication styles) have not been found.<sup>10-19</sup> However, more education is required for GPs to use computers effectively and efficiently.<sup>11,17,19-22</sup>

The Better Outcomes in Mental Health Care (BOMHC)<sup>23</sup> initiative encourages GPs to use electronic mental health resources (EMHRs), and to provide focused psychological strategies to patients where appropriate. There are few data on GPs' use of EMHRs.

### Methods

Face-to-face interviews were conducted with 27 GPs (21 women, 6 men) between April 2004 and March 2005 at their practices. Interviewees were participants in a trial of an internet based cognitive behavioural program for panic disorder<sup>24</sup> and were level 2 accredited under the BOMHC initiative.

The interview was semistructured, and asked:

- what proportion of consultations used any electronic

### David Austin

BBus, GradDipPsychStuds, GradDipAppSci, PhD, is a psychologist, and Senior Research Fellow, Department of General Practice, Monash University, Victoria. david.austin@med.monash.edu.au

### Ciaran Pier

BAPsych(Hons), PhD, is a psychologist, and Research Fellow, Department of General Practice, Monash University, Victoria.

### Joanna Mitchell

BA, MAMgt, GradDipPsych, BBSPsych(Hons), MPsychClin, is a psychologist, and Research Fellow, Department of General Practice, Monash University, Victoria.

### Peter Schattner

MD, MMed, FRACGP, is Clinical Associate Professor, Department of General Practice, Monash University, Victoria.

### Victoria Wade

BSc, DipAppPsych, MPsych, BMBS, FRACGP, is Medical Director, South Australia Divisions of General Practice, South Australia.

### David Pierce

MBBS, MGPPsych, MMed, FRACGP, FACPsychMed, is Research Fellow, Department of General Practice, and Rural Clinical School, University of Melbourne, Victoria.

### Brian Klein

BA(Hons), DPsychClin, is a psychologist, and Senior Research Fellow, Department of General Practice, Monash University, Victoria.

health resource

- what proportion of consultations used a EMHR
- perceived advantages of using EMHRs in consultations, and
- perceived disadvantages of using EMHRs in consultations.

Ethical clearance for the study was granted by the Monash University Standing Committee on Ethics in Research Involving Humans.

## Results

Most GPs reported use of electronic health resources during consultations. However, use of EMHRs occurred in only a small proportion of consultations.

Identified advantages and disadvantages of using EMHRs during consultation are listed in *Table 1*.

Caution should be exercised in extrapolating these results to all Australian GPs. The GPs interviewed were selected for their interest in mental health and may not be representative.

## Discussion

General practitioners recognise several advantages to utilising EMHRs during consultations. However, they are not sufficiently familiar with technology, or the electronic resources available, to use them confidently. Some GPs are concerned use of electronic

resources could result in loss of rapport with patients. Some GPs identify no advantages in using EMHRs.

Education could increase and improve GPs' use of information technology, thereby benefiting patients.

## Implications for general practice

- General practitioners rarely use EMHRs in consultation with patients.
- General practitioners regard EMHRs as efficient and up-to-date.
- Lack of confidence and familiarity are major barriers to GP use of EMHRs.
- Education could increase and improve GP use of EMHRs.

## Acknowledgment

The authors acknowledge the original chief investigator of this project, the late Professor Jeff Richards.

## References

1. Andrews G, Hall W, Teeson M, et al. The mental health of Australians. Canberra: Commonwealth Department of Health and Aged Care, 1999.
2. Australian Institute of Health and Welfare. The burden of disease and injury in Australia. Available at [www.aihw.gov.au/publications/health/bdia](http://www.aihw.gov.au/publications/health/bdia) [Accessed May 2005].
3. Hickie I, Davenport T, Naismith S, et al. Treatment of common mental disorders in Australian general practice. *Med J Aust* 2001;175(s25–35).
4. Australian Psychological Society. The role of psychological treatments in managing high prevalence mental health disorders. Melbourne: Australian Psychological Society, 2000.

5. Meadows G, Liaw T, Burgess, et al. Australian general practice and the meeting of needs for mental health care. *Soc Psychiatr Epidemiol* 2001;36:595–603.
6. Christensen H, Griffiths K, Evans K. e-Mental health in Australia: implications of the internet and related technologies for policy. Canberra: Centre for mental health research, Australian National University, 2002.
7. ACNielsen. A study into levels of and attitudes towards information technology in general practice. Commonwealth Department of Health and Family Services, 1998.
8. Western M, Dwan K, Makkai T, Del Mar C, Western J. Measuring IT use in Australian general practice. Department of Health and Aged Care, 2001.
9. Schiller G. Informatics survey of general practice. Adelaide Central and Eastern Divisions of General Practice, 2003.
10. Richards M, Sullivan F, Mitchell E, Ross S. Computer use by general practitioners in Scotland. *Br J Gen Pract* 1998;48:1473–6.
11. Mitchell E, Sullivan F. A descriptive feast but an evaluative famine: systematic review of published articles on primary care computing during 1980–97. *Br Med J* 2001;322:279–8.
12. Bolton P, Usher H, Mira M, Harding L, Prior G. Information technology and general practice: a survey of general practitioner attitudes towards computerisation. *Aust Fam Physician* 1999;28:19–21.
13. Als A. The desktop computer as a magic box: patterns of behaviour connected with the desktop computer: GPs' and patients' perceptions. *Fam Pract* 1997;14:17–23.
14. Brownbridge G, Evans A, Wall T. Effect of computer use in the consultation on the delivery of care. *BMJ* 1985;291:639–42.
15. Cullen R. In search of evidence: family practitioners' use of the internet for clinical information. *J Med Libr Assoc* 2002;90:370–9.
16. Garrison G, Bernard M, Rasmussen N. 21st century health care: the effect of computer use by physicians on patient satisfaction at a family medicine clinic. *Fam Med* 2002;34:362–8.
17. Greatbatch D, Heath C, Campion P, Luff P. How do desktop computers affect the doctor patient interaction? *Fam Pract* 1995;12:32–6.
18. Sullivan F, Mitchell E. Has general practitioner computing made a difference to patient care? A systematic review of published reports. *BMJ* 1995;311:848–52.
19. Verhoeven A, Boerma E, Jong B. Which literature retrieval method is most effective for GPs? *Fam Pract*. 2000;17:30–5.
20. Ahearn M, Kerr S. General practitioners' perceptions of the pharmaceutical decision support tools in their prescribing software. *Med J Aust* 2003;179:34–7.
21. Liaw S, Marty J. Learning to consult with computers. *BMC Med Educ* 2001;35:645–51.
22. Magnus D, Rodgers S, Avery A. GPs' views on computerised drug interaction alerts: questionnaire survey. *J Clin Pharm Ther* 2002;27:377–82.
23. Commonwealth Department of Health and Ageing. Better Outcomes in Mental Health Care initiative. Available at [www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-boimhc-index.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-boimhc-index.htm) [Accessed June 2005].
24. Panic online. Available at [www.med.monash.edu.au/hon-cms/mentalhealth/paniconline](http://www.med.monash.edu.au/hon-cms/mentalhealth/paniconline) [Accessed March 2006].

**Table 1. Advantages and disadvantages of using electronic mental health resources in consultation**

### Advantages

- Efficient (ie. easy to use, saves time)
- Reduces paperwork
- Material is up to date and good quality
- Patients are familiar with electronic media
- Visual medium engages patients

### Disadvantages

- Requires computer skills
- Requires familiarity with resources
- Problematic for patients with English as a second language
- Problematic for use with patients with poor eyesight
- Reduces rapport between GP and patient
- Requires internet access
- Requires high connection speed to internet
- Unacceptable to elderly patients