**Background**

Patients with mental health issues have poorer morbidity and mortality outcomes1, and may experience barriers accessing general practice care2. Mental health issues may be under-recognised and under-treated in general practice3.

**Aims**

To investigate the attitudes of patients with severe and persistent mental illness in relation to general practice care.

**Method**

Patients attending psychiatric outpatient clinics were invited to complete a brief survey which included participant demographics, Likert scale items and free text sections. Participants rated the importance of previously identified barriers to accessing GPs, and satisfaction with general practice care. Sample proportions were used to describe participant responses; group and variable relationships were analysed using Pearson correlations, chi-square and t tests.

**Results**

82 participants (48.8% female, 47.6% male, age range 18-65) completed surveys. Seventy participants (85.4%) had a regular GP; 81 participants (98.8%) had visited a GP at least once in the last 12 months (27 participants (33 %) more than 10 times). Seventy-two participants (88%) agreed or strongly agreed that they were satisfied with the care from GPs. Fewer than 50% of participants agreed that any of the previously identified barriers were important. Participants were more likely to experience GP care positively if they had a regular GP (p= 0.002) or general practice (p= 0.003),and be satisfied with GP care if they believed that their GPs cared about them (p< 0.001) and understood what they go through (p< 0.001). More participants agreed that GPs focus enough on their physical health (95%) than on their mental health (76%).

**Conclusion**

Attendance and satisfaction with GP care appears to be high, especially in patients with regular GPs who are perceived as caring and understanding. Previously identified barriers may be less important than expected. Patients may prefer GPs to play more active roles in their mental health care. These findings warrant further exploration.

**References**

1. Whiteford HA, Degenhardt L, Rehm J, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet*. 2013;382:1575–86.

2. McCabe, MP & Leas, L. A qualitative study of primary health care access, barriers and satisfaction among people with mental illness. Psychology, Health and Medicine 2008; 13(3): 303-312

3. Hickie IB. Primary care psychiatry is not specialist psychiatry in general practice. *Medical Journal of Australia* 1999; 170:171–173.