

2 Mental health-related care in general practice

2.1 Introduction

Non-specialised ambulatory services can be provided to persons with mental health problems by general practitioners (GPs). This chapter presents information on mental health services provided by GPs using data from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity.

2.2 BEACH survey data

The BEACH program is a survey of general practice activity across Australia. The data described in this chapter mainly relate to 100,000 GP *encounters* from a sample of 1,000 GPs over the period from April 2003 to March 2004. The 100,000 encounters represent about 0.11% of all GP encounters over that time. After post-stratification weighting of the data (to ensure that the data reflect national general practice activity patterns), the data include 98,877 encounters (Britt et al. 2004). The survey provides information on the reason that patients visited the GP, the *problems managed*, and the treatments that were provided. Note that while the focus of this report is on the detailed data that are available for 2003–04, some summary data on mental health-related encounters are available for 2004–05. These 2004–05 data, along with data for 2002–01 to 2002–03, are shown in Table 2.1. Further information about this survey and the data can be found in Appendix 1.

Key concepts

Encounter refers to any professional interchange between a patient and a GP; it includes both face-to-face encounters and indirect encounters where there is no face-to-face meeting but where a service is provided (for example, prescription, referral) (Britt et al. 2004).

Problem managed is a statement of the provider's understanding of a health problem presented by a patient, family or community. GPs are instructed to record at the most specific level possible from the information available at the time. It may be limited to the level of symptoms. Up to four problems managed can be recorded per encounter (Britt et al. 2004).

Mental health-related encounters are those encounters during which at least one mental health-related problem was managed.

Mental health-related problems managed, for the purposes of this chapter, are those that are classified in the psychological chapter (that is, the 'P' chapter) of the *International Classification of Primary Care, version 2* (ICPC–2). A list of the 'P' chapter codes for problems, which includes alcohol and drug-related problems, is provided in Appendix 4.

Table 2.1: Mental health-related encounters, BEACH, 2000-01 to 2004-05

	2000-01	2001-02	2002-03	2003-04	2004-05	Annual average change (%) ^(a)
Per cent of total GP encounters that are mental health-related	10.1	10.2	9.8	10.4	10.8	1.7
Estimated number of mental health-related encounters ^(b)	10,111,000	10,004,000	9,335,000	9,828,000	10,221,000	0.3
Lower 95% confidence limit	9,937,000	9,843,000	9,175,000	9,689,000	9,995,000	..
Upper 95% confidence limit	10,273,000	10,154,000	9,484,000	9,957,000	10,431,000	..
Estimated number of mental health-related encounters per 1,000 population ^{(b)(c)}	525	512	473	492	505	-1.0
Lower 95% confidence limit	516	504	464	485	494	..
Upper 95% confidence limit	533	520	480	498	516	..

(a) The confidence intervals suggest that the difference between some of the years is not statistically significant.

(b) The estimated number of encounters is based on the proportion of encounters in the BEACH survey of general practice activity that are mental health-related, multiplied by the total number of GP Medicare services reported by the Department of Health and Ageing (DoHA). Source: Britt et al. 2004.

(c) Crude rate based on the Australian estimated resident population as at 31 December of the reference year.
.. Not applicable.

Source: BEACH survey of general practice activity.

2.3 Mental health-related encounters

In 2004–05, 10.8% of all general practice encounters reported for the BEACH data were considered to be *mental health-related encounters* (Table 2.1). These encounters are defined as those encounters at which a mental health-related problem was managed.

A simple extrapolation based on the 94.7 million non-specialist attendances claimed from Medicare for 2004–05 suggests that there were an estimated 10.2 million mental health-related general practice encounters for 2004–05. This corresponds to an estimated 505 encounters per 1,000 population.

The proportion of encounters considered to be mental health-related has shown an average annual increase of 1.7% between 2000–01 and 2004–05. Over the same period, the estimated number of mental health-related encounters showed an average annual increase of 0.3%. The estimated number of mental health-related encounters per 1,000 population showed an average annual decrease of 1.0%.

Patient demographics

Table 2.2 presents information on mental health-related encounters according to the characteristics of those receiving care. The table shows the percentage of mental health-related encounters for each demographic characteristic, as well as the number of mental health-related encounters per 100 total encounters (that is, both mental health-related and non-mental health-related encounters). In addition, in order to account for differences in the relative size of the respective populations, a rate (per 100,000 population) is provided in the last column of the table. Since the data relate to encounters (rather than persons), the rates provide information on the number of mental health-related encounters relative to the size of the population subgroup.

In 2003–04, more than one in four (27.4%) mental health-related encounters were for patients aged 65 years and over. The data also indicate that when relative population sizes of the age groups are taken into account, this older age group is relatively more likely (that is, 13.2 per 100,000 population) than those in other age groups to have had a mental health-related GP encounter.

There were more mental health-related encounters for female patients than there were for male patients (60.5% and 39.5%, respectively). Similarly, when relative age structures and population sizes are taken into account, there were more mental health-related encounters among the female population than among the male population (58.3 per 100,000 and 40.0 per 100,000, respectively).

The majority of mental health-related encounters were for non-Indigenous Australians (97.9%). However, when relative population sizes and age structures are considered, the rate of mental health-related GP encounters appears to be higher for Indigenous Australians than for non-Indigenous Australians (56.9 and 46.0 per 100,000 population, respectively).

Mental health-related encounters were more common per 100,000 population among people living in Inner regional areas (52.9), followed by those living in Outer regional areas (49.8).

Table 2.2: Patient demographics for mental health-related encounters, BEACH, 2003–04

Patient demographics	Per cent total mental health-related encounters^(a)	Rate (per 100 encounters)	95% LCL	95% UCL	Encounters (per 100,000 population)^(b)
Age					
Less than 15 years	2.0	0.2	0.2	0.2	1.0
15–24 years	8.1	0.8	0.7	0.9	4.0
25–34 years	13.4	1.4	1.2	1.5	7.0
35–44 years	17.6	1.8	1.7	1.9	9.1
45–54 years	17.5	1.8	1.7	1.9	8.8
55–64 years	14.0	1.4	1.3	1.5	6.2
65 years and over	27.4	2.8	2.6	3.0	13.2
Sex					
Male	39.5	4.1	3.8	4.3	40.0
Female	60.5	6.2	5.9	6.5	58.3
Indigenous status^(c)					
Indigenous Australians	2.1	0.2	0.1	0.3	56.9
Other Australians	97.9	9.4	8.9	9.9	46.0
Remoteness area					
Major city	65.1	6.6	6.1	7.1	47.8
Inner regional	22.9	2.3	2.0	2.7	52.9
Outer regional	10.3	1.0	0.8	1.3	49.8
Remote and Very remote	1.7	0.2	0.1	0.4	38.1
Total	100.0	10.4	9.8	10.9	49.9

(a) The percentages shown do not include those encounters for which the demographic information was missing and/or not reported.

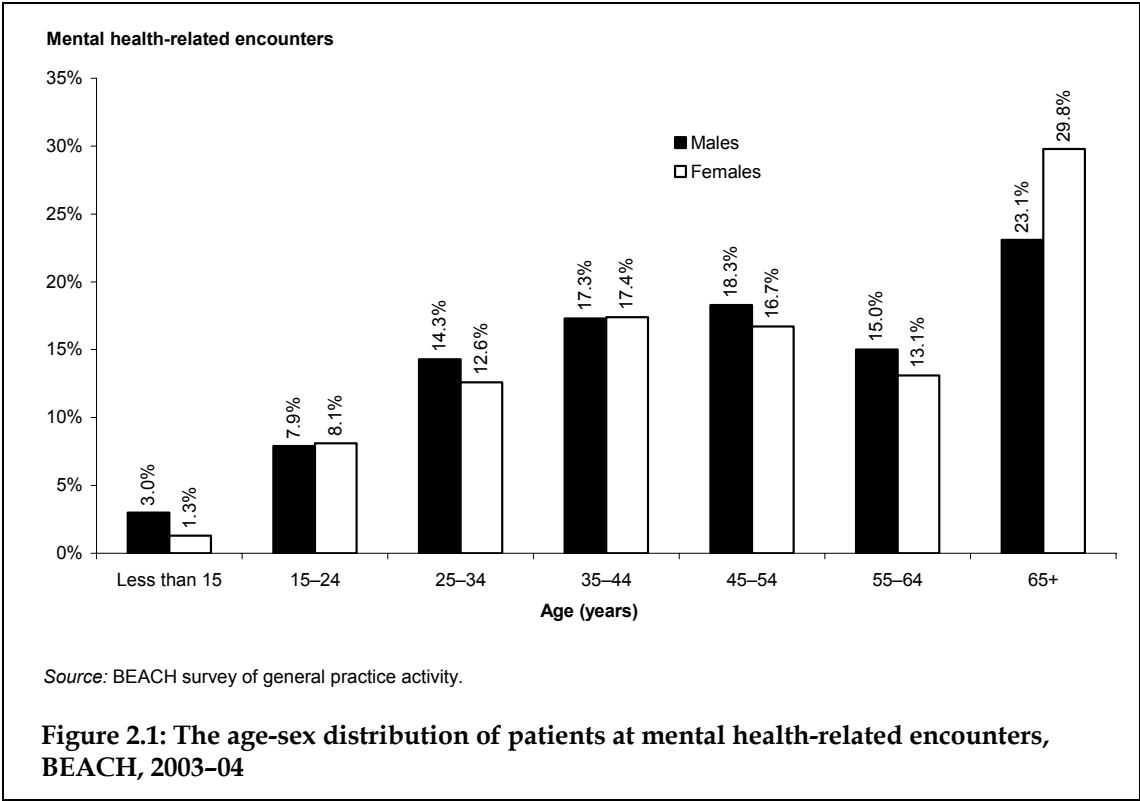
(b) Rates were directly age-standardised, with the exception of age, which is a crude rate, as detailed in Appendix 2.

(c) Information on this data element was missing or not reported for more than 5 per cent of encounters.

Note: LCL—lower confidence limit; UCL—upper confidence limit.

Source: BEACH survey of general practice activity.

Figure 2.1 shows the age-sex distribution of patients at mental health-related encounters. The largest proportion of mental health-related encounters for both males and females were for those aged 65 years and over.



Mental health-related problems managed

In 2003-04, there were 10,716 *mental health-related problems managed* at a rate of 10.8 per 100 encounters. Table 2.3 presents data on the 10 most frequently reported mental health-related problems managed. *Depression* (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem in 2003-04, accounting for 33.7% of all mental health-related problems managed and 2.5% of all problems managed.

Anxiety (P01, P74) was the next most frequently reported mental health-related problem managed (15.8% of all mental health-related problems managed and 1.2% of all problems managed), followed by *sleep disturbance* (P06; 14.9% of all mental health-related problems managed and 1.1% of all problems managed).

Table 2.3: The 10 most frequently mental health-related problems managed, BEACH, 2003–04

ICPC-2 code	Problem managed	Per cent total mental health-related problems	Per cent total problems	Rate (per 100 encounters)	95% LCL	95% UCL
P03, P76	Depression	33.7	2.5	3.6	3.4	3.9
P01, P74	Anxiety	15.8	1.2	1.7	1.6	1.9
P06	Sleep disturbance	14.9	1.1	1.6	1.5	1.7
P02	Acute stress reaction	4.8	0.3	0.4	0.3	0.6
P70	Dementia	4.4	0.3	0.5	0.4	0.5
P19	Drug abuse	4.3	0.2	0.3	0.3	0.4
P72	Schizophrenia	3.9	0.4	0.5	0.5	0.6
P15, P16	Alcohol abuse	2.9	0.2	0.3	0.2	0.3
P17	Tobacco abuse	2.6	0.3	0.5	0.4	0.6
P50	Prescription request/renewal	1.8	0.1	0.1	0.1	0.2
	Other	10.9	0.9	1.2	1.1	1.4
	Total	100.0	7.4	10.8	10.3	11.4

Note: LCL—lower confidence limit; UCL—upper confidence limit.

Source: BEACH survey of general practice activity.

Management of mental health-related problems

Table 2.4 presents the most common types of management reported for mental health-related problems. The most common way in which a mental health-related problem was managed was through a medication being prescribed, supplied or recommended by the GP. Over two-thirds (69.4%) of mental health-related problems managed involved a medication being prescribed, recommended or supplied. Antidepressants were the most commonly prescribed, recommended or supplied medication (27.8 per 100 mental health-related problems managed), followed by anti-anxiety medication (14.2) and sedative hypnotics (13.7).

The second most common form of management was the GP providing a clinical treatment (47.3 per 100 mental health-related problems managed). The most common types of clinical treatments were psychological counselling (25.2 per 100 mental health-related problems managed), the review, change and/or administering of medication (3.4) and psychological advice/education/observation and/or wait (3.0).

A referral was given at a rate of 10.2 per 100 mental health-related problems managed. The most common referrals given were to psychiatrists (2.3 per 100 mental health-related problems managed) and to psychologists (1.6).

Pathology was ordered at a rate of 8.2 tests per 100 mental health-related problems managed. The most common pathology tests ordered were for full blood count (1.7 per 100 mental health-related problems managed), liver function tests (0.9) and thyroid-stimulating hormone tests (0.6).

Table 2.4: Most common types of management of mental health-related problems, BEACH, 2003–04

Type of management		Rate (per 100 mental health- related problems managed)	95% LCL	95% UCL
Medication prescribed, recommended or supplied^(a)		69.4	65.2	73.5
N06A	Antidepressants	27.8	26.0	29.6
N05B	Anti-anxiety	14.2	12.8	15.5
N05C	Sedative hypnotics	13.7	12.6	14.9
N05A	Antipsychotic	5.4	4.8	6.1
	Other	8.3	6.7	9.8
Clinical treatment^(b)		47.3	44.1	50.4
P58001, P58002, P58004–P58007, P58013–P58015, P58018, P58019	Counselling—psychological	25.2	23.2	27.1
A45015, A48003, A48005–A48011	Review/change/administer—medication	3.4	2.8	3.9
P45001, P45002	Advice/education/observe/wait— psychological	3.0	2.5	3.5
P45004, P58008	Counselling/advice/education—smoking	2.1	1.6	2.5
P45005, P58009	Counselling/advice/education—alcohol	1.8	1.5	2.2
	Other	11.8	10.8	12.8
Referral^(b)		10.2	9.1	11.3
P67002	Referral to psychiatrist	2.3	2.0	2.7
P66003	Referral to psychologist	1.6	1.3	2.0
P66006	Referral to drug and alcohol professional	0.7	0.4	0.9
P66005	Referral to mental health team	0.6	0.4	0.8
P66004	Referral to counsellor	0.5	0.3	0.6
	Other	4.5	4.0	5.0
Pathology^(b)		8.2	7.3	9.1
A34011	Test—full blood count	1.7	1.4	1.9
D34008	Test—liver function	0.9	0.7	0.9
T34028	Test—thyroid-stimulating hormone	0.6	0.5	0.8
T34015	Test—thyroid function	0.4	0.3	0.6
A34021	Test—electrolytes and liver function	0.4	0.3	0.5
	Other	4.2	3.7	4.7

(a) Pharmaceuticals prescribed, recommended or supplied by GPs are grouped into Anatomical Therapeutic Chemical (ATC) categories.

(b) Grouped according to ICPC-2 PLUS codes.

Note: LCL—lower confidence limit; UCL—upper confidence limit.

Source: BEACH survey of general practice activity.

2.4 Additional general practice activity

There were 2,253 other general practice encounters which did not involve a mental health-related problem but where:

- a clinical treatment and/or referral that was classified in the psychological chapter of the ICPC-2; and/or
- a medication classified as psychological in the Anatomical Therapeutic Chemical (ATC) classification was prescribed, recommended or supplied (Table 2.5).

A list of the 'P' chapter codes for treatments, referrals and prescriptions is provided in Appendix 4. As these encounters did not include a mental health-related problem managed, they were not classified as mental health-related encounters, as defined earlier in this chapter.

An extrapolation based on the 94.9 million non-specialist attendances claimed from Medicare for 2003-04 suggests that the 2,253 additional encounters in the BEACH data set equate to an estimated 2.1 million additional encounters for 2003-04. In turn, this corresponds to an estimated 109.8 encounters per 1,000 population. Note that the proportion of these additional encounters that would have been related to mental health is unknown; for example, a patient may have been reported as being prescribed a medication classified as 'psychological' for a problem not classified in the psychological ('P') chapter of the ICPC-2.

Table 2.5: Psychological-related activity in other general practice encounters^(a), BEACH, 2003-04

Type of psychological-related activity	Per cent of other encounters
Psychological-related medication prescribed, recommended or supplied only	53.3
Psychological-related clinical treatment only	42.2
Psychological-related referral only	2.5
Psychological-related medication prescribed, recommended or supplied and psychological-related clinical treatment only	1.7
Psychological-related medication prescribed, recommended or supplied and psychological-related referral only	0.1
Psychological-related clinical treatment and referral only	0.1
Psychological-related medication prescribed, recommended or supplied and psychological-related clinical treatment and referral	0.1
Total	100.0
Total (number)	2,253

(a) These encounters did not involve a mental health-related problem managed (i.e., a problem managed that was classified in the psychological chapter of the ICPC-2) but did include either a clinical treatment and/or referral which was classified in the psychological chapter of the ICPC-2, and/or a prescription for medication classified as psychological in the ATC classification.

Source: BEACH survey of general practice activity.

More than half of these additional encounters (1,200 or 53.3%) consisted of a medication being prescribed, recommended or supplied that was classified as psychological in the ATC classification, without the reporting of a psychological problem managed, referral or clinical treatment (as classified according to the ICPC-2). The most common of these medications that were prescribed, recommended or supplied were anti-anxiety medications (37.0%), followed by antidepressants (32.1%). The medications were most commonly prescribed, recommended or supplied for general and unspecified prescription requests and renewals (23.6% of the problems managed), and back symptoms and complaints (13.3%).

For 951 (42.2%) of these additional encounters, a clinical treatment classified as psychological was reported while no psychological problem was managed, no psychological medication

was prescribed, recommended or supplied and no psychological referral was reported. The most common of these clinical treatments were psychological counselling (57.7%) and counselling, advice or education with regards to smoking (12.8%). The clinical treatments were most commonly given for hypertension (12.4% of the problems managed) and bronchitis (7.0%).

For 57 (2.5%) of these encounters, a referral classified as psychological was provided while no psychological problem managed, medication or clinical treatment were reported. The most common of these referrals were referral to a psychologist (34.4%) and referral to a psychiatrist (27.4%). At these encounters, the referrals were most commonly given for relationship problems (13.2% of the problems managed), and general and unspecified pain (9.2%).

At the remaining 45 (2.0%) of these additional encounters, a combination of medications, clinical treatments and/or referrals that were classified as psychological were reported.