

6 Medicare-subsidised psychiatrist services

6.1 Introduction

This chapter presents information on *Medicare-subsidised psychiatrist services*. It includes the number and types of services provided and the characteristics of people who received these services. Note that a person may access more than one type of Medicare-subsidised psychiatrist service during the reporting period; each service is counted separately in the counts of services presented in this chapter.

The benefits paid by Medicare are based on the Medicare Benefits Schedule (MBS) (DoHA 2006b). The schedule allocates a unique item number to each medical service, as well as indicating the scheduled payment.

The data presented in this chapter refer to Medicare-subsidised psychiatrist services processed in the 2005–06 financial year; for comparison purposes, data are also presented from 2000–01 to 2004–05. More detailed information on the scope and coverage of the data presented in this chapter is provided in Appendix 1.

Key concepts

Medicare-subsidised psychiatrist services: services provided by a psychiatrist (or, for electroconvulsive therapy, by either a psychiatrist or another medical practitioner) on a fee-for-service basis that are partially or fully funded under the Australian Government's Medicare program and as listed in Table 6.2.

People who access Medicare-subsidised psychiatrist services may have been referred to a psychiatrist by a general practitioner for the specialised management of mental health-related conditions. As described in Chapter 2, 10.2 of every 100 mental health-related problems managed by general practitioners in 2003–04 were managed by a referral being provided, with the most common referral being to a psychiatrist (2.3 per 100 mental health-related problems managed).

The Medicare-subsidised psychiatrist services cover patient attendances (or consultations) provided in different settings as well as other services such as group psychotherapy, case conferencing and electroconvulsive therapy (ECT). The types of services covered in this chapter relate to specific Medicare item codes (as shown in Table 6.2) and as described below.

Attendances: in this chapter, the data on patient attendances have been aggregated according to both duration (for example, 15 minutes or less, 16 to 30 minutes) and setting, including consulting rooms, hospitals and other locations (such as for home visits).

Other services: data are also presented in this chapter on the following services funded under Medicare:

- group psychotherapy;
- interview of a person other than a patient;

- telepsychiatry (that is, use of communications technology in the provision of psychiatric services);
- case conferencing; and
- electroconvulsive therapy.

More details on the specific Medicare items can be found in the *Medicare Benefits Schedule book* (DoHA 2006b). Note that with the exception of ECT (item 14224), only medical practitioners who are recognised as psychiatrists for the purposes of the Health Insurance Act are eligible to claim the Medicare items considered in this chapter.

In addition to the information on the Medicare-subsidised psychiatrist services presented in this chapter, other information pertaining to psychiatrists is included in this report as follows:

- medications prescribed by psychiatrists and subsidised under the PBS/RPBS are outlined in Chapter 11;
- information on the psychiatrist workforce (including both clinical and non-clinical psychiatrists, and salaried and private providers) is presented in Chapter 13; and
- data on expenditure on both Medicare-subsidised psychiatrist services and PBS/RPBS subsidised prescriptions provided by psychiatrists are detailed in Chapter 14.

Note also that some of the services covered in this chapter (such as ECT and in-hospital services) are also included in other parts of this publication.

6.2 People accessing Medicare-subsidised psychiatrist services

Overall, in 2005–06, an estimated 17,920,110 people (or 87.6% of the population) were provided with Medicare-subsidised services, while an estimated 272,259 people (or 1.5% of the population) received Medicare-subsidised psychiatrist services. Thus, on average, around one in every 75 Australians was provided with one or more Medicare-subsidised psychiatrist service in 2005–06.

During this period, 2,015,941 Medicare-subsidised psychiatrist services were provided, giving an average number of services per patient of 7.4 (Table 6.1).

Females utilised the psychiatrist services subsidised through Medicare to a greater extent than males, making up more than half (54.8%) of the patients and averaging 8.2 services each (compared with 6.4 services per male). The number of female patients per 1,000 population (14.5) was also higher than that for males (12.1).

In 2005–06, 45.1% of patients were aged 35 to 54 years and accounted for almost half (47.5%) of all Medicare-subsidised psychiatrist services.

When the size of the population in each jurisdiction is taken into account, people in South Australia and Victoria were relatively more likely than those in other jurisdictions to be provided with a Medicare-subsidised psychiatrist service (16.2 and 15.5 per 1,000 population, respectively) (Table 6.2).

The number of patients that received Medicare-subsidised psychiatrist services was highest in relation to attendances in consulting rooms (261,224 patients), followed by attendances in hospitals (16,474), other services (13,446) and attendances in other locations (3,764).

Table 6.1: People receiving Medicare-subsidised psychiatrist services: patient demographic characteristics and services received, 2005–06

Patient demographics	Number of people ^(a)	Per cent of people ^(b)	Rate (per 1,000 population) ^(c)	Number of services	Per cent of services	Services per person
Age						
Less than 15 years	10,591	3.9	2.7	41,180	2.0	3.9
15–24 years	34,696	12.7	12.2	214,023	10.6	6.2
25–34 years	48,805	17.9	17.0	347,022	17.2	7.1
35–44 years	61,173	22.5	20.3	467,046	23.2	7.6
45–54 years	61,646	22.6	21.9	489,078	24.3	7.9
55–64 years	41,194	15.1	18.5	301,546	15.0	7.3
65+ years	25,487	9.4	9.4	156,046	7.7	6.1
Sex						
Male	123,198	45.3	12.1	793,688	39.4	6.4
Female	149,077	54.8	14.5	1,222,253	60.6	8.2
Total	272,259	100.0	13.3	2,015,941	100.0	7.4

(a) The numbers of patients for each demographic category may exceed the total since people who accessed more than one service in any one year can be recorded within more than one age group and sex.

(b) The percentages shown are calculated as a proportion of the total number of people and will therefore sum to more than 100% (as described in footnote 'a', people can be counted in more than one demographic category).

(c) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2005.

Source: Medicare data (DoHA).

Over the period from 2000–01 to 2005–06, the number of patients provided with Medicare-subsidised psychiatrist services declined from 284,072 to 272,259; this represents an average annual decline of 0.8%. The number of patients per 1,000 population also declined over that period, from 14.7 patients per 1,000 to 13.3 per 1000 (Table 6.3).

There was a decline in the number of patients who had attendances in consulting rooms (an annual average decline of 0.9%) from 2000–01 to 2005–06 and other services (an annual average decline of 3.1%). However, the number of patients who had attendances in hospitals and in other locations increased (0.9% and 6.8%, respectively). Persons who received group psychotherapy accounted for the biggest percentage decrease in the number of people accessing Medicare-subsidised psychiatrist services from 2000–01 to 2005–06 (5.8% average decrease per year).

Table 6.2: People receiving Medicare-subsidised psychiatrist services, by type of service provided, states and territories^(a), 2005–06

MBS item	Service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Patient attendances in consulting room										
300, 310	15 minutes or less	5,871	3,841	2,510	2,159	1,140	380	581	264	16,720
302, 312	16 to 30 minutes	25,425	21,616	17,397	6,705	6,490	1,572	1,631	291	80,954
293, 304, 314	31 to 45 minutes	39,252	37,859	26,784	10,251	12,013	2,756	1,623	323	130,528
306, 316	46 to 75 minutes	50,664	48,169	27,279	9,990	16,081	2,486	1,942	424	156,481
308, 318	Over 75 minutes	7,614	6,225	3,592	2,196	3,459	549	274	31	23,918
291, 319	Selected cases (> 45 minutes)	1,649	834	509	74	479	46	38	2	3,623
<i>Subtotal</i>		<i>86,114</i>	<i>74,725</i>	<i>48,417</i>	<i>19,740</i>	<i>24,505</i>	<i>4,507</i>	<i>3,581</i>	<i>797</i>	<i>261,224</i>
Patient attendances in hospital										
320	15 minutes or less	689	1,141	719	377	227	181	61	3	3,393
322	16 to 30 minutes	2,453	2,672	2,785	1,147	642	445	93	17	10,231
324	31 to 45 minutes	3,519	2,862	2,754	1,250	747	518	105	15	11,734
326	46 to 75 minutes	3,200	2,935	2,284	1,029	695	421	83	13	10,631
328	Over 75 minutes	1,125	959	572	661	211	184	38	3	3,749
<i>Subtotal</i>		<i>4,957</i>	<i>4,197</i>	<i>3,924</i>	<i>1,606</i>	<i>994</i>	<i>659</i>	<i>171</i>	<i>27</i>	<i>16,474</i>
Patient attendances in other locations										
330	15 minutes or less	235	110	34	32	4	1	0	1	417
332	16 to 30 minutes	600	343	52	44	34	6	1	2	1,082
334	31 to 45 minutes	1,069	367	52	40	65	9	0	1	1,603
336	46 to 75 minutes	1,089	401	78	54	98	15	10	3	1,746
338	Over 75 minutes	489	95	30	25	58	2	3	0	702
<i>Subtotal</i>		<i>2,297</i>	<i>903</i>	<i>191</i>	<i>121</i>	<i>210</i>	<i>27</i>	<i>13</i>	<i>6</i>	<i>3,764</i>
Other services										
342, 344, 346	Group psychotherapy	2,381	4,082	575	167	526	283	17	5	8,024
348, 350, 352	Interview with non-patient	864	968	771	527	310	76	54	10	3,578
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	76	29	62	5	2	1	1	6	181
855, 857, 858, 861, 864, 866	Case conferencing	48	182	9	5	129	63	0	0	434
14224	Electroconvulsive therapy ^(b)	559	482	429	183	127	62	17	3	1,861
<i>Subtotal</i>		<i>3,752</i>	<i>5,518</i>	<i>1,775</i>	<i>874</i>	<i>1,042</i>	<i>392</i>	<i>88</i>	<i>23</i>	<i>13,446</i>
Total^(c)		90,682	78,227	50,048	20,238	25,030	4,779	3,678	818	272,259
Rate (per 1,000 population) ^(d)		13.3	15.5	12.5	10.0	16.2	9.8	11.3	4.0	13.3

(a) State and territory is based on the postcode of the mailing address of the patient as recorded by Medicare.

(b) Information for electroconvulsive therapy may include data for services provided by medical practitioners other than psychiatrists.

(c) The numbers of patients will not sum to the total since a patient may receive more than one type of service in more than one state or territory and therefore may be counted in more than one Medicare item group and state or territory.

(d) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2005.

Source: Medicare data (DoHA).

Table 6.3: People receiving Medicare-subsidised psychiatrist services, by type of service provided, 2000–01 to 2005–06

MBS item	Service	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	Average annual change (%)
Patient attendances in consulting room								
300, 310	15 minutes or less	19,455	18,578	17,516	16,974	16,471	16,720	-3.0
302, 312	16 to 30 minutes	89,186	88,707	86,168	83,709	81,967	80,954	-1.9
293, 304, 314	31 to 45 minutes	136,141	135,472	133,831	133,375	132,160	130,528	-0.8
306, 316	46 to 75 minutes	172,934	167,023	161,699	159,593	158,274	156,481	-2.0
308, 318	Over 75 minutes	23,894	22,963	23,091	23,544	23,675	23,918	0.0
291, 319	Selected cases (> 45 minutes)	1,912	1,954	2,042	2,019	1,994	3,623	13.6
<i>Subtotal</i>		<i>272,745</i>	<i>270,071</i>	<i>264,655</i>	<i>262,706</i>	<i>261,714</i>	<i>261,224</i>	<i>-0.9</i>
Patient attendances in hospital								
320	15 minutes or less	4,015	4,057	3,685	3,748	3,407	3,393	-3.3
322	16 to 30 minutes	9,958	10,372	10,397	10,223	9,870	10,231	0.5
324	31 to 45 minutes	10,360	10,849	10,987	11,202	11,157	11,734	2.5
326	46 to 75 minutes	9,428	9,848	9,977	10,054	10,265	10,631	2.4
328	Over 75 minutes	2,900	2,832	2,765	3,261	3,350	3,749	5.3
<i>Subtotal</i>		<i>15,774</i>	<i>15,884</i>	<i>15,807</i>	<i>16,027</i>	<i>15,803</i>	<i>16,474</i>	<i>0.9</i>
Patient attendances in other locations								
330	15 minutes or less	275	322	323	360	361	417	8.7
332	16 to 30 minutes	663	833	904	818	930	1,082	10.3
334	31 to 45 minutes	927	1,099	1,184	1,273	1,401	1,603	11.6
336	46 to 75 minutes	1,212	1,312	1,282	1,496	1,653	1,746	7.6
338	Over 75 minutes	675	706	732	676	763	702	0.8
<i>Subtotal</i>		<i>2,715</i>	<i>3,011</i>	<i>3,103</i>	<i>3,281</i>	<i>3,490</i>	<i>3,764</i>	<i>6.8</i>
Other services								
342, 344, 346	Group psychotherapy	10,816	10,309	9,338	8,353	7,565	8,024	-5.8
348, 350, 352	Interview with non-patient	3,883	3,313	3,364	3,263	3,401	3,578	-1.6
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	0	17	71	115	181	..
855, 857, 858, 861, 864, 866	Case conferencing	0	0	54	189	340	434	..
14224	Electroconvulsive therapy ^(a)	1,476	1,560	1,677	1,631	1,660	1,861	4.7
<i>Subtotal</i>		<i>15,768</i>	<i>14,820</i>	<i>14,086</i>	<i>13,086</i>	<i>12,562</i>	<i>13,446</i>	<i>-3.1</i>
Total^(b)		284,072	281,518	275,637	273,416	272,143	272,259	-0.8
Rate (per 1,000 population) ^(c)		14.7	14.4	14.0	13.7	13.5	13.3	-2.0

(a) Information for electroconvulsive therapy may include data for services provided by medical practitioners other than psychiatrists.

(b) The numbers of patients will not sum to the total since a patient may receive more than one type of service and therefore may be counted in more than one Medicare item group.

(c) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2005.

.. Not applicable.

Source: Medicare data (DoHA).

6.3 Medicare-subsidised psychiatrist services

The previous section of this chapter focused on the number of people who received Medicare-subsidised psychiatrist services. In this section, the focus is on the number of services provided.

The 2,015,941 services that were provided by psychiatrists and subsidised through Medicare in 2005-06 is equivalent to a rate of 98.6 services per 1,000 population (Table 6.4). These services represented 0.8% of all Medicare-subsidised services (247.4 million) and 9.4% of all the Medicare-subsidised specialist attendances (21.3 million) provided in that year.

Most of the Medicare-subsidised psychiatrist services (84.8%) were attendances provided in consulting rooms, followed by attendances in hospitals (11.2%). In 2005-06, 45.2% of the attendances in consulting rooms lasted between 46 and 75 minutes. While 41.1% of services located in the hospital setting lasted between 16 and 30 minutes, over half (56.4%) of the services provided in other locations lasted between 31 and 75 minutes. Group psychotherapy accounted for most of the other services provided (64.6%).

Victoria accounted for the highest proportion of Medicare-subsidised psychiatrist services provided (32.9% or 663,942), as well as the highest rate (131.4 per 1,000 population) among the states and territories (Table 6.4). New South Wales had the second highest proportion of services provided (30.5%). However, when the population size in each jurisdiction is taken into account, there were more Medicare-subsidised psychiatrist services provided in South Australia, Queensland and Tasmania (116.7, 91.5 and 91.0 per 1,000 population, respectively) than in New South Wales (90.4 per 1,000 population). The Northern Territory had the lowest rate, with 21.9 Medicare-subsidised psychiatrist services provided per 1,000 population.

Consistent with the decline in the number of patients provided with Medicare-subsidised psychiatrist services from 2000-01 to 2005-06 (as discussed earlier), the number of services also declined during this period from 2,126,363 to 2,015,941. This equates to an average annual decline of 1.1% (Table 6.5).

Between 2000-01 and 2005-06, there was an increase in patient attendances for psychiatrist services provided in locations other than consulting rooms or hospitals (6.3% increase on average per year) and in hospital (3.7%), while the number of attendances in consulting rooms decreased at an average annual rate of 1.6%. The number of other services, as a group, declined by 1.4% annually, on average, from 2000-01 to 2005-06. In contrast, the number of electroconvulsive therapy services increased over the period from 13,999 to 18,083 (an average annual increase of 5.3%).

Table 6.4: Medicare-subsidised psychiatrist services, by type of service provided, states and territories^(a), 2005-06

MBS item	Service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances in consulting room										
300, 310	15 minutes or less	18,735	9,506	5,496	4,235	2,624	1,700	1,237	1,233	44,766
302, 312	16 to 30 minutes	88,718	79,467	59,747	17,011	19,652	6,344	5,072	1,187	277,198
293, 304, 314	31 to 45 minutes	127,145	155,596	106,836	33,846	42,299	12,852	5,054	899	484,527
306, 316	46 to 75 minutes	251,891	278,666	107,179	33,974	83,175	8,802	7,624	854	772,165
308, 318	Over 75 minutes	14,359	12,939	6,807	2,888	8,070	1,583	536	47	47,229
291, 319	Selected cases (> 45 min)	34,984	29,251	8,363	1,439	7,609	247	1,098	2	82,993
	<i>Subtotal</i>	535,832	565,425	294,428	93,393	163,429	31,528	20,621	4,222	1,708,878
Patient attendances in hospital										
320	15 minutes or less	2,031	5,555	2,112	2,939	868	658	242	5	14,410
322	16 to 30 minutes	13,682	26,901	36,688	7,669	4,322	3,297	252	92	92,903
324	31 to 45 minutes	18,059	18,852	14,564	6,729	3,977	3,774	339	51	66,345
326	46 to 75 minutes	14,293	14,186	6,651	3,823	3,299	1,684	348	23	44,307
328	Over 75 minutes	2,563	2,155	1,004	1,253	514	348	107	9	7,953
	<i>Subtotal</i>	50,628	67,649	61,019	22,413	12,980	9,761	1,288	180	225,918
Patient attendances in other locations										
330	15 minutes or less	547	335	66	132	4	1	0	1	1,086
332	16 to 30 minutes	1,575	1,049	91	146	53	19	1	2	2,936
334	31 to 45 minutes	2,268	968	145	55	110	14	0	1	3,561
336	46 to 75 minutes	2,338	940	296	96	261	26	14	3	3,974
338	Over 75 minutes	1,106	200	92	55	333	9	3	0	1,798
	<i>Subtotal</i>	7,834	3,492	690	484	761	69	18	7	13,355
Other services										
342, 344, 346	Group psychotherapy	14,008	21,625	3,244	1,245	1,209	2,294	163	9	43,797
348, 350, 352	Interview with non-patient	1,169	1,353	1,103	625	413	107	65	10	4,845
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	193	39	102	7	2	4	1	21	369
855, 857, 858, 861, 864, 866	Case conferencing	51	271	10	8	258	98	0	0	696
14224	Electroconvulsive therapy ^(b)	5,291	4,088	5,315	1,436	1,328	455	145	25	18,083
	<i>Subtotal</i>	20,712	27,376	9,774	3,321	3,210	2,958	374	65	67,790
Total		615,006	663,942	365,911	119,611	180,380	44,316	22,301	4,474	2,015,941
	Rate (per 1,000 population) ^(c)	90.4	131.4	91.5	59.0	116.7	91.0	68.3	21.9	98.6

(a) State and territory is based on the postcode of the mailing address of the patient as recorded by Medicare.

(b) Information for electroconvulsive therapy may include data for services provided by medical practitioners other than psychiatrists.

(c) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2005.

Source: Medicare data (DoHA).

Table 6.5: Medicare-subsidised psychiatrist services, by type of service provided, 2000–01 to 2005–06

MBS item	Service	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	Average annual change (%)
Patient attendances in consulting room								
300, 310	15 minutes or less	57,357	54,811	47,939	44,341	43,648	44,766	-4.8
302, 312	16 to 30 minutes	312,246	307,553	296,656	282,098	280,529	277,198	-2.4
293, 304, 314	31 to 45 minutes	485,778	483,954	487,656	492,899	488,545	484,527	-0.1
306, 316	46 to 75 minutes	869,734	842,716	816,480	793,932	779,805	772,165	-2.4
308, 318	Over 75 minutes	45,186	43,149	44,788	44,666	46,807	47,229	0.9
291, 319	Selected cases (> 45 min)	85,401	89,221	87,818	87,536	84,264	82,993	-0.6
	Subtotal	1,855,702	1,821,404	1,781,337	1,745,472	1,723,598	1,708,878	-1.6
Patient attendances in hospital								
320	15 minutes or less	20,364	19,635	17,510	16,480	14,669	14,410	-6.7
322	16 to 30 minutes	78,693	83,191	88,543	87,160	86,910	92,903	3.4
324	31 to 45 minutes	48,256	53,380	56,044	59,345	60,916	66,345	6.6
326	46 to 75 minutes	35,471	36,319	37,765	39,662	40,190	44,307	4.5
328	Over 75 minutes	5,421	5,374	5,183	6,349	6,609	7,953	8
	Subtotal	188,205	197,899	205,045	208,996	209,294	225,918	3.7
Patient attendances in other locations								
330	15 minutes or less	736	1,059	1,076	1,136	1,080	1,086	8.1
332	16 to 30 minutes	1,854	2,657	2,679	2,157	2,451	2,936	9.6
334	31 to 45 minutes	2,600	2,807	3,106	3,062	3,096	3,561	6.5
336	46 to 75 minutes	3,068	3,822	4,179	3,790	3,967	3,974	5.3
338	Over 75 minutes	1,584	2,005	1,788	1,983	1,825	1,798	2.6
	Subtotal	9,842	12,350	12,828	12,128	12,419	13,355	6.3
Other services								
342, 344, 346	Group psychotherapy	53,221	49,138	45,078	41,641	40,611	43,797	-3.8
348, 350, 352	Interview with non-patient	5,394	4,304	4,294	4,301	4,670	4,845	-2.1
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	0	19	177	228	369	..
855, 857, 858, 861, 864, 866	Case conferencing	0	0	62	274	545	696	..
14224	Electroconvulsive therapy ^(a)	13,999	14,937	16,412	15,469	15,853	18,083	5.3
	Subtotal	72,614	68,379	65,865	61,862	61,907	67,790	-1.4
Total		2,126,363	2,100,032	2,065,075	2,028,458	2,007,218	2,015,941	-1.1
Rate (per 1,000 population) ^(b)		110.3	107.5	104.5	101.5	99.3	98.6	-2.2

(a) Information for electroconvulsive therapy may include data for services provided by medical practitioners other than psychiatrists.

(b) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2005.

.. Not applicable.

Source: Medicare data (DoHA).

As noted earlier, the average number of Medicare-subsidised psychiatrist services per patient in 2005–06 was 7.4 (Tables 6.1 and 6.6). This average, however, varies across demographic groups (Table 6.1) and by type of service provided (Table 6.6). The highest average number of services per patient was for attendances in hospital (13.7 services per patient), followed by attendances in consulting rooms (6.5).

Table 6.6: Medicare-subsidised psychiatrist services summary, by Medicare item, 2005–06

Medicare item group	Number of patients^(a)	Number of services	Services per patient
Patient attendances in consulting room	261,224	1,708,878	6.5
Patient attendances in hospital	16,474	225,918	13.7
Patient attendances in other locations	3,764	13,355	3.5
Other services	13,446	67,790	5.0
Total	272,259	2,015,941	7.4

(a) The numbers of patients will not sum to the total as a patient may receive more than one type of service and therefore may be counted in more than one Medicare item group.

Source: Medicare data (DoHA).