

Medicare-subsidised psychiatrist and allied health services

This section presents the number and type of Medicare Benefits Schedule (MBS)-subsidised mental health-related services provided by [psychiatrists](#), [psychologists](#) and [other allied health professionals](#)—mental health nurses, occupational therapists, social workers and Aboriginal health workers. These services are provided in a range of settings, for example in hospital, consulting rooms, home visits, and over the phone. Information on the characteristics of people who received these services is also presented. For further information on the MBS and the medications covered, refer to the [data source](#) section. MBS-subsidised mental health-related services provided by general practitioners are covered in [Section 2](#).

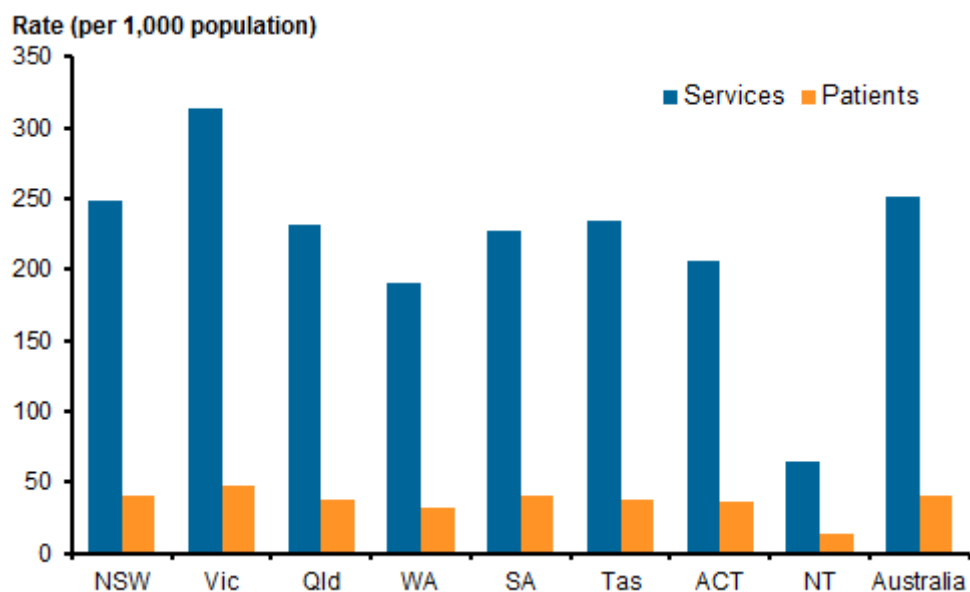
Key points

- Over 5.6 million MBS-subsidised mental health-related services were provided by psychiatrists, psychologists and other allied health professionals to over 916,000 patients in 2010-11.
- Psychologists provided more services to more patients than psychiatrists and other allied health professionals.
- There has been an average annual increase of over 20% in the total number of services recorded between 2006-07 and 2010-11.
- Victoria had the highest number of patients and services per 1,000 population for services in 2010-11.
- Females accessed more services from all three provider types than males.

MBS-subsidised services for states and territories

There were 5,645,724 MBS-subsidised mental health-related services reported in 2010–11 for an estimated 916,719 patients, an average of 6.2 services per patient.

Victoria had the highest number of patients and services per 1,000 population (Figure 6.1). Victoria's rates, at 47.7 and 314.0 respectively, were higher than the national average of 40.8 patients and 251.2 services per 1,000 population. Furthermore, for Victoria, the service/patient ratio (6.6) was higher than the national service/patient ratio (6.2) whereas for all other jurisdictions the ratio was lower. The Northern Territory had the lowest rate for both services (64.2) and patients (13.6 per 1,000 population).

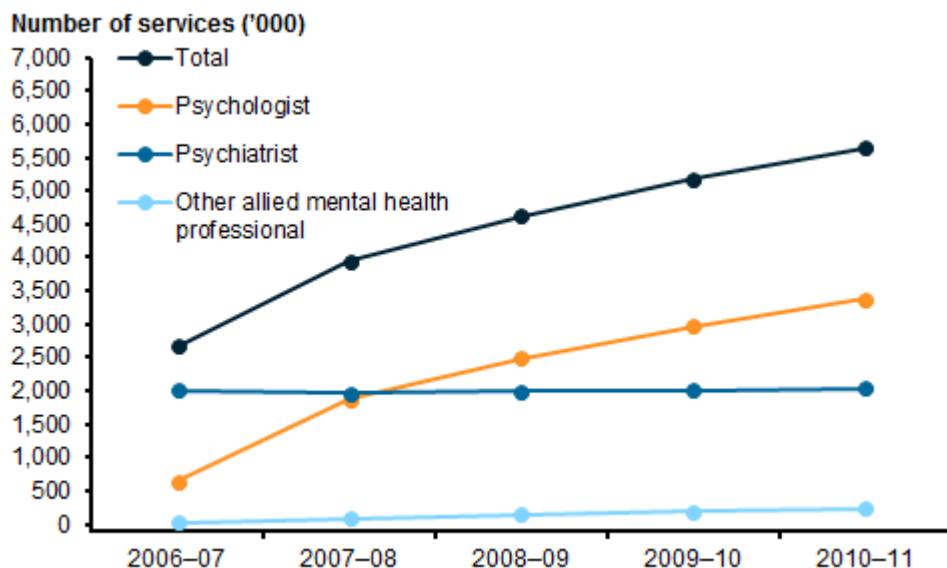


Source: MBS data (DoHA).

Figure 6.1: MBS-subsidised mental health service rates and patient rates, states and territories, 2010–11

MBS-subsidised mental health services over time

There was an average annual increase of 20.5% in the number of MBS-subsidised mental health-related services over the 5-year period to 2010–11 (Figure 6.2). This can be mainly attributed to the implementation of the Better Access initiative in November 2006 which gave patients Medicare subsidised access to psychologists and other allied health providers. There was a 13.7% increase in psychologist services and a 16.1% increase in other allied health mental health services over the last year. However, the number of psychiatrist services has remained relatively steady over the 5-year period.



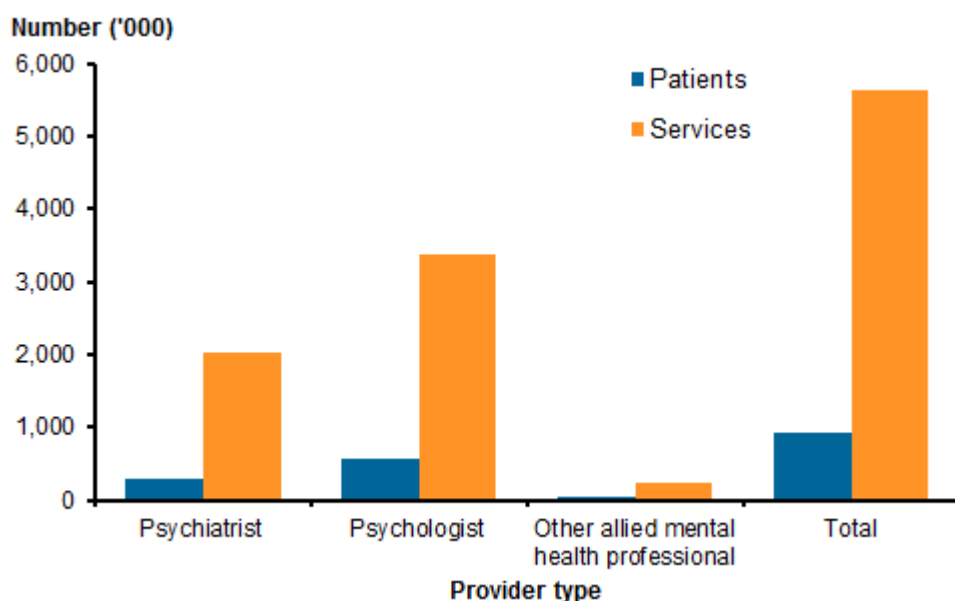
Source: MBS data (DoHA).

Figure 6.2: MBS-subsidised mental health services, by provider type , 2006-07 to 2010-11

MBS-subsidised mental health service providers

Psychologists provided the majority (59.8%) of the MBS-subsidised mental health-related services in 2010–11 (Figure 6.3). Of the three provider types, psychologists reported the highest number of patients and services. However, psychiatrists had the highest ratio of patients to services (7.0).

Most of the MBS-subsidised psychiatrist services in 2010–11 were attendances provided in consulting rooms (79.6%), followed by consultations in hospitals (13.9%). Over 80% of the MBS-subsidised other allied health services were provided by social workers.

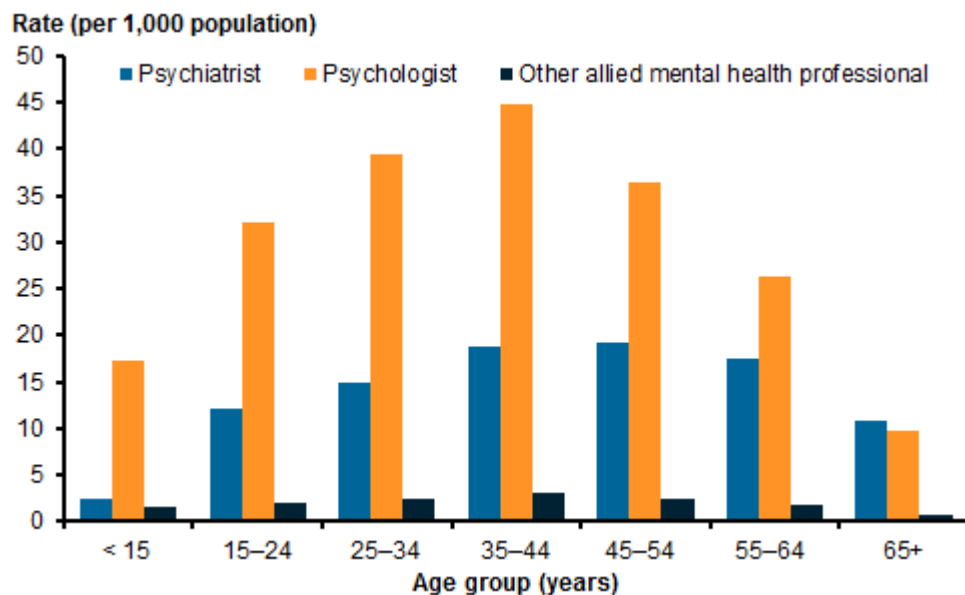


Source: MBS data (DoHA).

Figure 6.3: MBS-subsidised mental health patients and services, by provider type, 2010–11

Characteristics for people accessing MBS-subsidised mental health services

The number of patients accessing psychologists and other allied health services per 1,000 population was highest for those aged 35 to 44 in 2010–11 (Figure 6.4). The only age group that reported a higher patient rate for psychiatrist services compared to psychologist services was the 65 and over age group.



Source: MBS data (DoHA).

Figure 6.4: MBS-subsidised mental health services, patient rates by age group, 2010–11

Females accessed services from all three provider types to a greater extent than males. For other allied mental health services, females comprised almost two-thirds of the patients and accessed services at a rate nearly double that for males.

Data source

Medicare Benefits Schedule data

Medicare Australia collects data on the activity of all providers making claims through the Medicare Benefits Schedule (MBS) and provides this information to DoHA. Information collected includes the type of service provided (MBS item number) and the benefit paid by Medicare Australia for the service. The item number and benefits paid by Medicare Australia are based on the Medicare Benefits Schedule Book (DoHA 2010). Services that are not included in the MBS are not included in the data. The table below lists all MBS items that have been defined as mental health-related.

MBS mental health-related items

Provider	Item group	MBS Group & Subgroup	MBS item numbers
Psychiatrists	Initial consultation new patient—psychiatrist ^(a)	Group A8	296, 297, 299
	Patient attendances—consulting room	Group A8	291 ^(a) , 293 ^(a) , 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319
	Patient attendances—hospital	Group A8	320, 322, 324, 326, 328
	Patient attendances—other locations	Group A8	330, 332, 334, 336, 338
	Group psychotherapy	Group A8	342, 344, 346
	Interview with non-patient	Group A8	348, 350, 352
	Telepsychiatry	Group A8	353, 355, 356, 357, 358, 359 ^(b) , 361 ^(b) , 364, 366, 367, 369, 370
	Case conferencing—psychiatrist		855, 857, 858, 861, 864, 866
	Electroconvulsive therapy	Group T1 Subgroup 13	14224, 20104
	Referred consultation for assessment, diagnosis and development of a treatment and management plan for autism or any other pervasive developmental disorder (PDD)—psychiatrist ^(c)	Group A8	289
General practitioners	GP Mental Health Treatment Plan ^(a)	Group A20 Subgroup 1	2702, 2710, 2712, 2713
	Focussed Psychological Strategies	Group A20 Subgroup 2	2721, 2723, 2725, 2727
	Family Group Therapy	Group A6	170, 171, 172
	3 Step Mental Health Process—GP ^(d)	Group A18 Subgroup 4	2574, 2575, 2577, 2578

	3 Step Mental Health Process —OMP ^(d)	Group A19 Subgroup 4	2704, 2705, 2707, 2708
Psychologists	Enhanced Primary Care —psychologist	Group M3	10968
	Focussed Psychological Strategies (Allied Group M7 Mental Health)—psychologist ^(a)		80100, 80105, 80110, 80115, 80120
	Psychological Therapy Services —clinical psychologist ^(a)	Group M6	80000, 80005, 80010, 80015, 80020
	Assessment and treatment of PDD —psychologist ^(c)	Group A10	82000, 82015
	Follow-up allied health service for Indigenous Australians—psychologist ^(e)	Group M11	81355
Other allied health providers	Enhanced Primary Care — mental health worker	Group M3	10956
	Focussed Psychological Strategies (Allied Group M7 Mental Health)—occupational therapist ^(a)		80125, 80130, 80135, 80140, 80145
	Focussed Psychological Strategies (Allied Group M Mental Health)—social worker ^(a)		80150, 80155, 80160, 80165, 80170
	Follow-up allied health services for Indigenous Australians— mental health worker ^(e)	Group M11	81325

(a) These items were introduced 1 November 2006 except for item 2702 which was introduced 1 January 2010. The item number 2702 was introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to continue to access a higher rebate.

(b) These items were introduced 1 November 2007.

(c) These items were introduced 1 July 2008.

(d) These items were discontinued after 30 April 2007.

(e) These items were introduced 1 November 2008.

The MBS data presented in this report relate to services provided on a fee-for-service basis for which MBS benefits were paid. The year is determined from the date the service was processed by Medicare Australia, rather than the date the service was provided. The state or territory is determined according to the postcode of the patient's mailing address at the time of making the claim. In some cases, this will not be the same as the postcode of the patient's residential address.

Reference

DoHA 2010. Medicare Benefits Schedule Book, effective 1 July 2010. Canberra: Commonwealth of Australia.

Key concepts

Medicare-subsidised psychiatrist and allied health services

Key Concept	Description
MBS-subsidised other allied mental health services	<p>MBS-subsidised other allied mental health services are services provided by other allied mental health professionals such as occupational therapists, social workers and mental health nurses. These services cover focussed psychological strategies—allied mental health (occupational therapist and social worker items) and enhanced primary care—allied health (mental health worker item). Mental health workers include Aboriginal health workers, mental health nurses, occupational therapists and some social workers as well as psychologists. Although some psychologists are covered by this item they cannot be readily separated from the other mental health workers covered so this item is counted under the heading of other allied mental health services. The data source section lists these item groups and MBS item numbers. For Medicare payments to be made on these items the provider (occupational therapist, social worker or other appropriate provider) must be registered with Medicare Australia as meeting the credentialing requirements for provision of the service.</p>
MBS-subsidised psychiatrist services	<p>MBS-subsidised psychiatrist services are services provided by a psychiatrist (or, for electroconvulsive therapy, by either a psychiatrist or another medical practitioner together with an anaesthetist) on a fee-for-service basis that are partially or fully funded under the Australian Government's Medicare program. These services cover patient attendances (or consultations) provided in different settings as well as services such as group psychotherapy, telepsychiatry, case conferences and electroconvulsive therapy. These item groups along with the relevant MBS item numbers are listed in the data source section. Note that for items in the range 291 to 370 (MBS Group A8) and 855 to 866 (Case conference—consultant psychiatrist) only medical practitioners who are recognised as psychiatrists for the purposes of the <i>Health Insurance Act 1973</i> are eligible to provide services attracting an MBS subsidy.</p>
MBS-subsidised psychologist services	<p>MBS-subsidised psychologist services are services provided by psychologists that are rebatable by Medicare through psychological therapy services, focussed psychological strategies and enhanced primary care items. The data source section lists these item groups with the relevant MBS item numbers. For these items to be eligible for Medicare rebates, the provider must meet the following eligibility requirements and be registered with Medicare Australia.</p> <p>Medicare rebates for psychological therapy services are only available for services provided by clinical psychologists who are fully registered in the relevant jurisdiction and are members of, or eligible for membership with, the Australian Psychological Society's College of Clinical Psychologists. Clinical membership is only available for registered psychologists who have completed the standard 4 years of study in psychology and attained an accredited doctorate degree in clinical psychology or master's degree in clinical psychology with 1 year of supervised post-masters clinical psychology experience.</p> <p>Medicare rebates for focussed psychological strategies and enhanced primary care are available for services provided by psychologists who are fully registered in the</p>

relevant jurisdiction regardless of any specialist clinical training. Registered psychologists must complete the standard 4 years of study in psychology with an additional 2 years of supervised practice, postgraduate coursework or a research degree, and meet any other jurisdiction-specific requirement for registration.
