

2 Mental health-related care in general practice

2.1 Introduction

This chapter presents information on mental health-related services provided by general practitioners (GPs) using data from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity and Medicare Benefits Schedule (MBS) processing data.

2.2 Bettering the Evaluation and Care of Health survey data

The BEACH program is a survey of general practice activity across Australia. The data described in this chapter mainly relate to 93,000 GP *encounters* from a sample of 930 GPs between April 2006 and March 2007, as this is the most recent data period available. This is described as BEACH, 2006–07 in the remainder of this chapter. Note that this differs from the majority of chapters in this publication which focus on 2005–06 data.

The GP encounters covered by the survey represent about 0.1% of all GP encounters over that time. After post-stratification weighting (to ensure that national general practice activity patterns are reflected) the data include 91,805 encounters (Britt et al. 2008). The survey provides information on the reasons that patients visited the GP, the *problems managed*, and the types of management that were provided for each problem.

Further information about this survey and the data can be found in Appendix 1.

Key concepts

General practitioners (GPs) are those medical practitioners who are vocationally registered with Medicare Australia or Fellows of the Royal Australian College of General Practitioners or trainees for vocational registration.

Other medical practitioners are primary care practitioners who are not vocationally registered or training to become vocationally registered.

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 or referral) (AIHW: Britt et al. 2008).

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 (AIHW: Britt et al. 2008).

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, 2002-03 to 2006-07

	2002-03	2003-04	2004-05	2005-06	2006-07	Annual average change (per cent) ^(a)
Per cent of total GP encounters that are mental health-related	9.8	10.4	10.8	10.5	10.4	1.2
Estimated number of mental health-related encounters ^(b)	9,467,000	9,974,000	10,591,000	10,624,000	10,713,000	2.5
95% lower confidence limit	9,024,000	9,516,000	10,067,000	10,074,000	10,261,000	..
95% upper confidence limit	9,909,000	10,433,000	11,117,000	11,174,000	11,165,000	..
Estimated number of mental health-related encounters per 1,000 population ^{(b),(c)}	479	498	523	517	514	1.4
95% lower confidence limit	456	475	497	490	492	..
95% upper confidence limit	501	521	549	553	535	..

(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 Medicare services for non-referred (GP) attendances (excluding practice nurse items), as reported by the Department of Health and Ageing (DoHA 2007b).

(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 2006–07, 10.4% of all GP encounters reported for the BEACH data were *mental health-related encounters* (Table 2.1). These are defined as those encounters at which a mental health-related problem was managed. Note that in terms of the MBS these encounters were most often recorded as surgery consultations (over 90% of all encounters for which an MBS item was recorded). The MBS mental health items claimable by GPs introduced on 1 November 2006 as part of the Better Access to Psychiatrists, Psychologists and GPs through the MBS initiative (item nos. 2710, 2712, 2713) represented 2% of MBS items recorded for mental health-related encounters in the 2006–07 BEACH survey. A further 0.2% were other mental health-specific MBS items. Section 2.5 includes a discussion of the encounters where these new MBS mental health items were recorded compared with other mental health-related encounters.

A simple extrapolation based on the 103.4 million unreferral (that is, non-specialist) attendances claimed from Medicare for 2006–07 suggests that there were an estimated 10.7 million mental health-related GP encounters for 2006–07. This corresponds to an estimated 514 encounters per 1,000 population (Table 2.1).

The proportion of encounters that were mental health-related from the BEACH data has shown an average annual increase of 1.2% between 2002–03 and 2006–07. Over the same period, the estimated total number of mental health-related GP encounters in Australia showed an average annual increase of 2.5% and the number per 1,000 population showed an average annual increase of 1.4%.

Patient demographics

Table 2.2 presents information on mental health-related encounters according to the characteristics of those receiving care. The table shows the proportion 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) for that demographic subgroup. In addition, to account for differences in the relative size of the respective populations, a rate (per 1,000 population) is provided in the last column of the table. As 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 2006–07, more than one in four (26.8%) mental health-related encounters were for patients aged 65 years and over. This age group had an estimated 1,071 mental health-related encounters per 1,000 population during the 2006–07 survey period, a much higher rate than any other age group. However, as a proportion of all GP encounters for the age group, those aged 65 years and over had fewer mental health-related GP encounters than other age groups between 25 and 65 years.

There were more mental health-related encounters for female patients than there were for male patients (60.2% and 39.8%, respectively). However, allowing for the higher rate of GP attendances for females, the difference between the genders was not as marked – an estimated 11.1% of all female encounters with GPs were mental health-related compared with 9.4% for males.

The great majority of mental health-related encounters were for non-Indigenous Australians (98.4%). However, when relative population sizes and age structures are considered, the rate

of mental health-related GP encounters for Aboriginal and Torres Strait Islander peoples (479 per 1,000 population) was about the same as that for non-Indigenous Australians (468 per 1,000 population). Indigenous Australians had a higher proportion of mental health-related GP encounters than non-Indigenous Australians (17.6% versus 10.6%).

Similarly, while mental health-related encounters were more numerous among people living in major cities, once population sizes and age structures were taken into account the differences between the remoteness areas were less pronounced.

Table 2.2: Patient demographics for mental health-related encounters, BEACH, 2006–07

Patient demographics	Per cent of total mental health-related encounters ^(a)	Rate (per 100 demographic group-specific encounters)	95% lower confidence limit	95% upper confidence limit	Estimated encounters per 1,000 population ^(b)
Age (years)					
Less than 15	2.6	2.4	2.0	2.7	69
15–24	7.0	8.0	7.3	8.8	263
25–34	13.5	12.8	11.8	13.8	496
35–44	17.4	14.7	13.7	15.6	606
45–54	18.0	13.5	12.6	14.3	677
55–64	14.6	10.6	9.9	11.3	698
65+	26.8	9.9	9.4	10.5	1,071
Sex					
Male	39.8	9.4	8.9	9.9	414
Female	60.2	11.1	10.6	11.6	587
Indigenous status^(c)					
Indigenous Australians	1.6	17.6	13.5	21.6	479
Non-Indigenous	98.4	10.6	10.1	11.1	468
Remoteness area					
Major cities	68.3	10.1	9.6	10.7	515
Inner regional	21.0	11.2	10.4	11.9	491
Outer regional	9.3	10.6	9.6	11.7	456
Remote and Very remote	1.4	9.9	7.9	11.8	315
Total	100.0	10.4	9.9	10.8	514

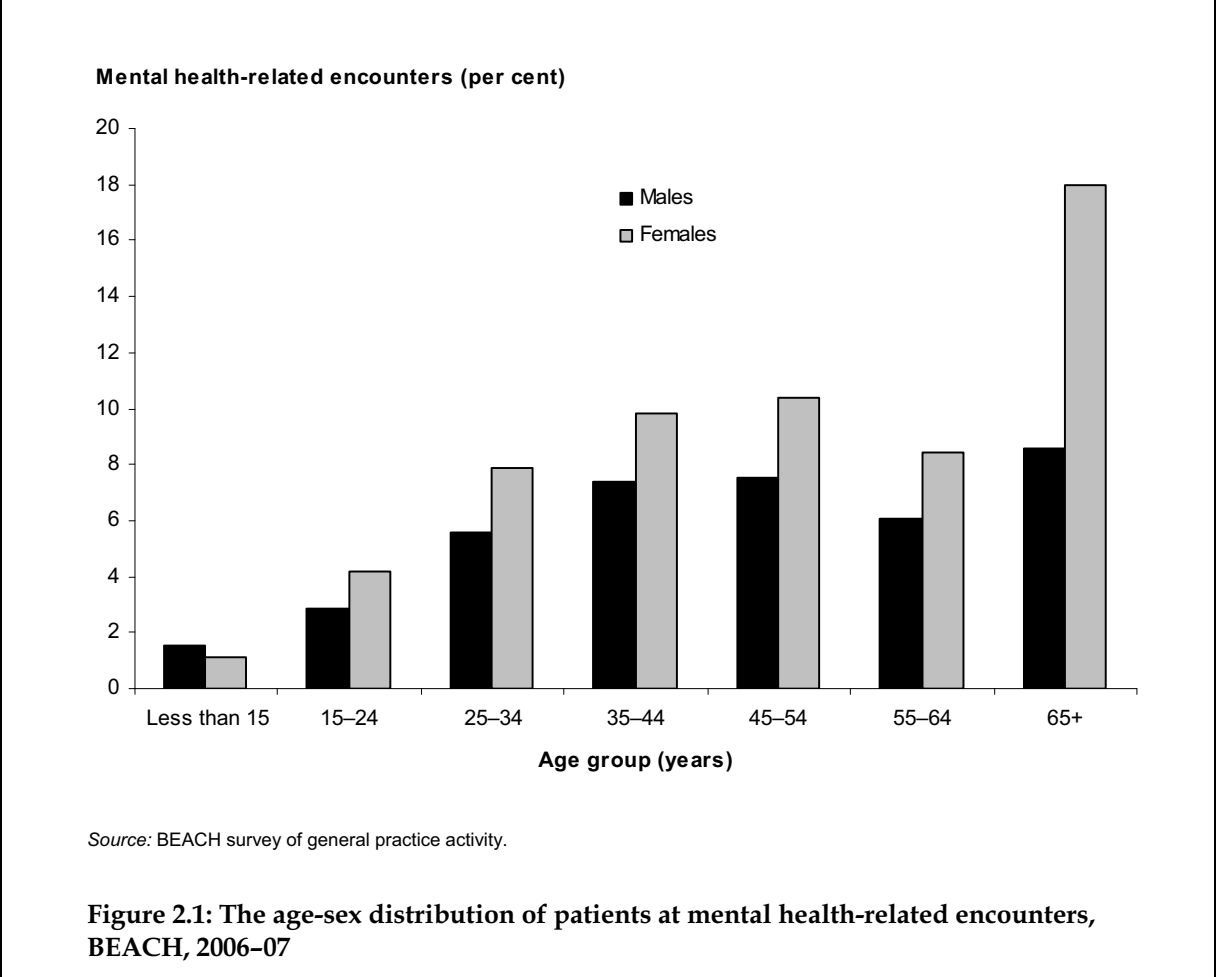
(a) The percentages shown do not include those encounters for which the demographic information was missing and/or not reported.

(b) Estimated encounter 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% of encounters.

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, especially for females. Consideration of the data in this chart should take into account the larger population of females compared with males in those aged 65 years and over, and the predominance of female patients in GP encounters. The rates presented in Table 2.2 take into account these factors.



Mental health-related problems managed

In the 2006-07 BEACH survey, *mental health-related problems* were managed at a rate of 10.9 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 2006-07, accounting for 33.6% of all mental health-related problems managed, and 2.5% of all health problems managed.

Anxiety (P01, P74) was the next most frequently reported mental health-related problem managed (15.9% of all mental health-related problems managed and 1.2% of all problems managed), followed by *Sleep disturbance* (P06; 14.3% of all mental health-related problems managed and 1.1% of all problems managed).

Table 2.3: The 10 most frequent mental health-related problems managed, BEACH, 2006–07

ICPC-2 code	Problem managed	Per cent of total mental health-related problems	Per cent of total problems	Rate (per 100 encounters)	95% lower confidence limit	95% upper confidence limit
P03, P76	Depression	33.6	2.5	3.7	3.5	3.8
P01, P74	Anxiety	15.9	1.2	1.7	1.6	1.8
P06	Sleep disturbance	14.3	1.1	1.6	1.4	1.7
P02	Acute stress reaction	5.5	0.4	0.6	0.5	0.7
P70	Dementia	4.2	0.3	0.5	0.4	0.5
P72	Schizophrenia	3.9	0.3	0.4	0.4	0.5
P19	Drug abuse	3.4	0.3	0.4	0.3	0.5
P17	Tobacco abuse	3.2	0.2	0.3	0.3	0.4
P15, P16	Alcohol abuse	2.7	0.2	0.3	0.3	0.3
P73	Affective psychosis	1.7	0.1	0.2	0.2	0.2
	Other	11.7	0.9	1.3	1.2	1.4
	Total	100.0	7.4	10.9	10.5	11.4

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: two-thirds were handled in this way. Antidepressants were the most commonly prescribed, recommended or supplied medication (26.9 per 100 mental health-related problems managed), followed by anxiolytics (13.7) and hypnotics and sedatives (13.0).

The second most common form of management was the GP providing a procedure, other treatment or counselling (42.8 per 100 mental health-related problems managed). By far the most common of these was psychological counselling (24.7 per 100 mental health-related problems managed).

Pathology was ordered at a rate of 15.2 tests per 100 mental health-related problems managed. The most common pathology tests ordered were for full blood count (3.1 per 100 mental health-related problems managed), liver function tests (1.4) and thyroid-stimulating hormone tests (1.3).

A referral was given at a rate of 10.9 per 100 mental health-related problems managed. The most common referrals given were to psychologists (3.6 per 100 mental health-related problems managed) and to psychiatrists (1.9). This pattern of referrals has reversed since data from the 2003–04 survey were analysed (AIHW 2007e). Previously, the rate of referrals to psychiatrists was 2.3 per 100 (lower confidence limit 2.0, upper confidence limit 2.7) compared with 1.6 per 100 (lower confidence limit 1.3, upper confidence limit 2.0) referred to psychologists. This turnaround may have been influenced by the introduction of new Medicare items in November 2006 covering attendances by psychologists, part of the Better Access to Psychiatrists, Psychologists and GPs through the MBS initiative.

Table 2.4: Most common types of management of mental health-related problems, BEACH, 2006–07

Type of management		Rate (per 100 mental health-related problems)	95% lower confidence limit	95% upper confidence limit	Rate for 2003–04 BEACH survey
Medication prescribed, recommended or supplied^(a)		66.7	64.6	68.8	69.4
N06A	Antidepressants	26.9	25.5	28.3	27.8
N05B	Anxiolytics	13.7	12.5	14.9	14.2
N05C	Hypnotics and sedatives	13.0	12.0	13.9	13.7
N05A	Antipsychotics	5.0	4.4	5.6	5.4
	Other	8.1	7.1	9.2	8.3
Procedures, other treatment, counselling^(b)		42.8	40.4	45.2	47.3
P58001, P58002, P58004–P58007, P58013–P58015, P58018, P58019	Counselling – psychological	24.7	23.1	26.4	25.2
P45004, P58008	Counselling/advice/education – smoking	2.6	2.1	3.1	2.1
P45001, P45002	Advice/education/observe/wait – psychological	2.5	1.9	3.0	3.0
P45007, P58011, P58017	Counselling/advice/education – stress management, relaxation	2.2	1.7	2.6	..
P45005, P58009	Counselling/advice/education – alcohol	1.7	1.4	2.0	1.8
A45015, A48003, A48005–A48011	Review/change/administer – medication	..	..	..	3.4
	Other	9.2	8.3	10	11.8
Pathology^(b)		15.2	13.4	17	8.2
A34011	Test – full blood count	3.1	2.7	3.5	1.7
D34008	Test – liver function	1.4	1.2	1.7	0.9
T34028	Test – thyroid-stimulating hormone	1.3	1.1	1.6	0.6
T34015	Test – thyroid function	0.7	0.5	1	0.4
A34010	Test – electrolytes/urea/creatinine	0.7	0.5	0.9	..
A34021	Test – electrolytes and liver function	..	..	..	0.4
	Other	7.9	6.9	8.8	4.2
Referral^(b)		10.9	9.9	11.8	10.2
P66003	Referral to psychologist	3.6	3.1	4.1	1.6
P67002	Referral to psychiatrist	1.9	1.6	2.3	2.3
A67004	Referral to paediatrician	0.6	0.4	0.8	..
A68011	Referral (unspecified)	0.5	0.3	0.7	..
P67006	Referral to sleep clinic	0.5	0.3	0.7	..
P66006	Referral to drug and alcohol professional	..	..	..	0.7
P66005	Referral to mental health team	..	..	..	0.6
P66004	Referral to counsellor	..	..	..	0.5
	Other	3.7	3.2	4.2	4.2

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

(b) Grouped according to ICD-10 PLUS codes (see Appendix 3 for more information).

.. Not applicable.

Source: BEACH survey of general practice activity.

2.4 Additional general practice activity

In addition to the 10.9 per 100 GP encounters where a mental health-related problem was managed, there were 2.3 per 100 total GP encounters in the 2006–07 BEACH survey which did not involve a specific mental health-related problem but where:

- a management procedure, treatment, counselling and/or referral classified in the psychological chapter of the ICPC-2 was provided; and/or,
- a medication classified in the main psychological groups in the Anatomical Therapeutic Chemical (ATC) classification was prescribed, recommended or supplied (Table 2.5).

A list of the 'P' chapter codes for procedures, treatments, counselling and referrals and the ATC group codes for medications is provided in Appendix 4. As these encounters did not involve a specific mental health-related problem managed, they were not classified as mental health-related encounters, as defined earlier in this chapter. Often, however, these encounters involved a generic request for a prescription or a referral. Sometimes they related to problems with relationships or other life issues which resulted in psychological management by the GP. Almost invariably the encounter was recorded simply as a surgery consultation in terms of MBS items; in only three encounters was a new mental health-specific MBS item recorded.

An extrapolation based on the 103.4 million non-specialist attendances claimed from Medicare for 2006–07 suggests that these additional encounters in the BEACH data set equate to an estimated 2.3 million additional encounters for 2006–07. In turn, this corresponds to an estimated 112 encounters per 1,000 population. Note that how much these additional encounters are related to mental health is unknown.

Table 2.5: Psychologically-related activity in other^(a) general practice encounters, BEACH, 2006–07

Psychologically-related medication	Type of psychologically-related activity		Per cent of other encounters with psychologically-related activity
	Psychologically-related management ^(b)	Psychologically-related referral	
✓			57.3
	✓		37.8
		✓	2.8
✓	✓		1.4
✓		✓	0.3
	✓	✓	0.3
✓	✓	✓	0.0
<i>Subtotal medications</i>			59.1
<i>Subtotal management</i>			39.5
<i>Subtotal referrals</i>			3.4
Total psychologically-related activity in other^(a) general practice encounters^(c)			100.0

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

(b) Management covers procedures, other treatments and counselling.

(c) The subtotals do not add to the total due to row counts appearing in more than one subtotal.

Source: BEACH survey of general practice activity.

More than half of these additional encounters (59.1%) consisted of a medication being prescribed, recommended or supplied that was classified in the main psychological groups in the ATC classification, without the reporting of a specific psychological problem managed. The most common of these medications were antidepressants (35.4%), followed by anxiolytics (33.5%). The medications were most commonly prescribed, recommended or supplied for general and unspecified prescription requests and renewals (30.7% of the problems managed for this group of additional encounters) and back symptoms and complaints (7%).

For 39.5% of these additional encounters, a procedure, treatment or counselling classified as psychological was reported. The most common type of management was counselling, advice or education with regard to lifestyle (35.2%) and counselling, advice or education with regard to smoking (26.2%). This management was most commonly provided for hypertension (11.9% of the problems managed for this group of additional encounters).

For 3.4% of the additional encounters, a referral classified as psychological was provided. The most common of these referrals were referral to a psychologist (46.9%), a psychiatrist (19.5%) and a sleep clinic (14.8%). At these encounters, the referrals were most commonly given for marital and relationship problems (17.8% of the problems managed for this group of additional encounters).

2.5 Mental health-specific Medicare Benefits

Schedule items for general practice

Since 2002 several additional items have been included on the MBS to support GPs coordinating the treatment needs of patients with mental health-related problems:

- The 2002 Better Outcomes in Mental Health Care initiative, designed to improve community access to quality primary mental health services by providing better education and training for GPs and more support from allied health professionals and psychiatrists, introduced new MBS items for eligible GPs under the headings 3 Step Mental Health Process and Focused Psychological Strategies.
- The 2006 Better Access to Psychiatrists, Psychologists and GPs through the MBS initiative, designed to improve access to, and better teamwork between, psychiatrists, clinical psychologists, GPs and other allied health professionals, introduced GP Mental Health Care Plans as well as psychiatrist and allied health worker items which are linked to these plans.

The MBS groups, subgroups and item numbers associated with these initiatives are detailed in Appendix 1.

This section reviews the use of these MBS items by GPs through analysis of both MBS data and BEACH survey data. The tables in this section show the numbers of patients and/or services for each of the main groups of MBS-subsidised specific mental health services provided by GPs and other medical practitioners (OMPs). These are MBS items that 'define services for which Medicare rebates are payable where GPs undertake early intervention, assessment and management of patients with mental disorders' (DoHA 2007a) as distinct from general surgery consultations where a mental health-related problem is managed (see Key concepts).

There were 599,337 MBS-subsidised mental health services provided by GPs and OMPs in 2006–07 (Table 2.6). The great majority (91%) of these services were for the preparation or review of GP Mental Health Care Plans. This group of items was only introduced on

1 November 2006 so the 546,515 claims do not relate to a full year. The other GP/OMP MBS items shown in Table 2.6 are all for the full financial year 2006–07.

Table 2.6: MBS-subsidised specific GP/OMP mental health services, by item group of service provided, 2002–03 to 2006–07

Item group ^(a)	2002–03	2003–04	2004–05	2005–06	2006–07
GP Mental Health Care Plans	..	..	..	..	546,515
Focussed Psychological Strategies	2,779	17,523	25,450	30,261	36,779
3 Step Mental Health – GPs	7,479	13,411	16,099	25,005	15,535
3 Step Mental Health – OMPs	406	958	1,049	917	508
Total	10,664	31,892	42,598	56,183	599,337

(a) See the Medicare Benefits Schedule data section of Appendix 1 for a listing of these item groups.

.. Not applicable.

Source: Medicare Benefits Schedule data (DoHA).

The BEACH survey asks GPs to record an MBS item for each encounter. Analysis of the data collected for encounters where a mental health-related problem was managed (or a psychologically-related management procedure, treatment, counselling, referral or medication was provided, even though another type of problem was managed) showed that in over 90% of these encounters the MBS item recorded was for some form of surgery consultation (Table 2.7). For 2.2% of these encounters an MBS item designated specifically as a mental health service was recorded.

The mental health-specific GP items introduced on 1 November 2006 as part of the Better Access to Psychiatrists, Psychologists and GPs through the MBS initiative (items 2710, 2712 and 2713) accounted for 0.3% of MBS items recorded for BEACH, 2006–07 across all encounters. Converted to a population estimate, this suggests that these items were billed for around 244,000 GP encounters from November 2006 to March 2007 when the BEACH survey year concluded. The 95% confidence interval on this estimate ranges from 178,000 to 310,000. Medicare Australia data indicate that 301,000 claims for these items were processed in this period, so the BEACH estimate is consistent with the MBS administrative data.

The analysis of BEACH survey data earlier in this chapter showed that GPs had an estimated 10.7 million encounters in 2006–07 where at least one mental health-related problem was managed, plus another 2.3 million (estimated) additional encounters where a psychologically-related management procedure, treatment, counselling, referral or medication was provided. Given the compatibility of the BEACH estimates with the MBS administrative data demonstrated above, the 0.6 million MBS-subsidised specific mental health services provided by GPs and OMPs in 2006–07 (Table 2.6) can be subtracted from these estimates, to indicate that there were over 12 million estimated GP mental health-related encounters that did not result in claims for mental health-specific MBS items.

Table 2.7: Selected^(a) MBS items recorded for mental health-related encounters, BEACH, 2006–07

Rank	MBS item number	Item description	Per cent of total MBS items for mental health-related encounters	
			Item	Cumulative
1	23	Surgery consultation – level 'B' (standard)	67.9	67.9
2	36	Surgery consultation – level 'C' (long)	20	87.9
3	35	Consultation at a residential aged care facility – level 'B'	2.5	90.4
4	44	Surgery consultation – level 'D' (prolonged)	2.2	92.6
5	2710	GP mental health care plan – preparation	1.2	93.8
6	24	Home visit – level 'B'	0.9	94.6
7	3	Surgery consultation – level 'A' (short)	0.8	95.5
8	2713	GP mental health care plan – surgery consultation	0.7	96.2
9	5020	Surgery consultation – after hours – level 'B'	0.6	96.8
10	721	GP management plan – preparation	0.4	97.1
11	25	Consultation at an institution other than a hospital or residential aged care facility – level 'B'	0.3	97.5
12	33	Consultation at a hospital – level 'B'	0.2	97.7
17	2574	Completion of the 3 Step Mental Health Process – surgery consultation – level 'C'	0.1	98.5
21	2712	GP mental health care plan – review	0.1	98.9
32	2721	Focussed psychological strategies – surgery consultation	0.04	99.5
35	2725	Focussed psychological strategies – surgery consultation (extended)	0.03	99.6
41	2577	Completion of the 3 Step Mental Health Process – surgery consultation – level 'D'	0.02	99.8
Subtotal – Better Access items introduced 1 November 2006^(b)			2	..
Subtotal – Better Outcomes in Mental Health Care items introduced in 2002^(b)			0.2	..

(a) Top 12, plus items which were part of the 2002 and 2006 initiatives.

(b) See the Medicare Benefits Schedule data section of Appendix 1 for a listing of these items.

.. Not applicable.

Source: BEACH survey of general practice activity.

For those GP encounters where the new Better Access to Psychiatrists, Psychologists and GPs through the MBS items were recorded, the 'P' code problems managed were distributed as shown in Figure 2.2. For comparison, Figure 2.2 also shows the distribution of 'P' code problems managed where an MBS item other than one of the new mental health-specific items was recorded. The new items tended to be recorded comparatively more for depressive and anxiety disorders and affective psychosis, and comparatively less for conditions such as sleep disturbance, dementia and tobacco abuse.

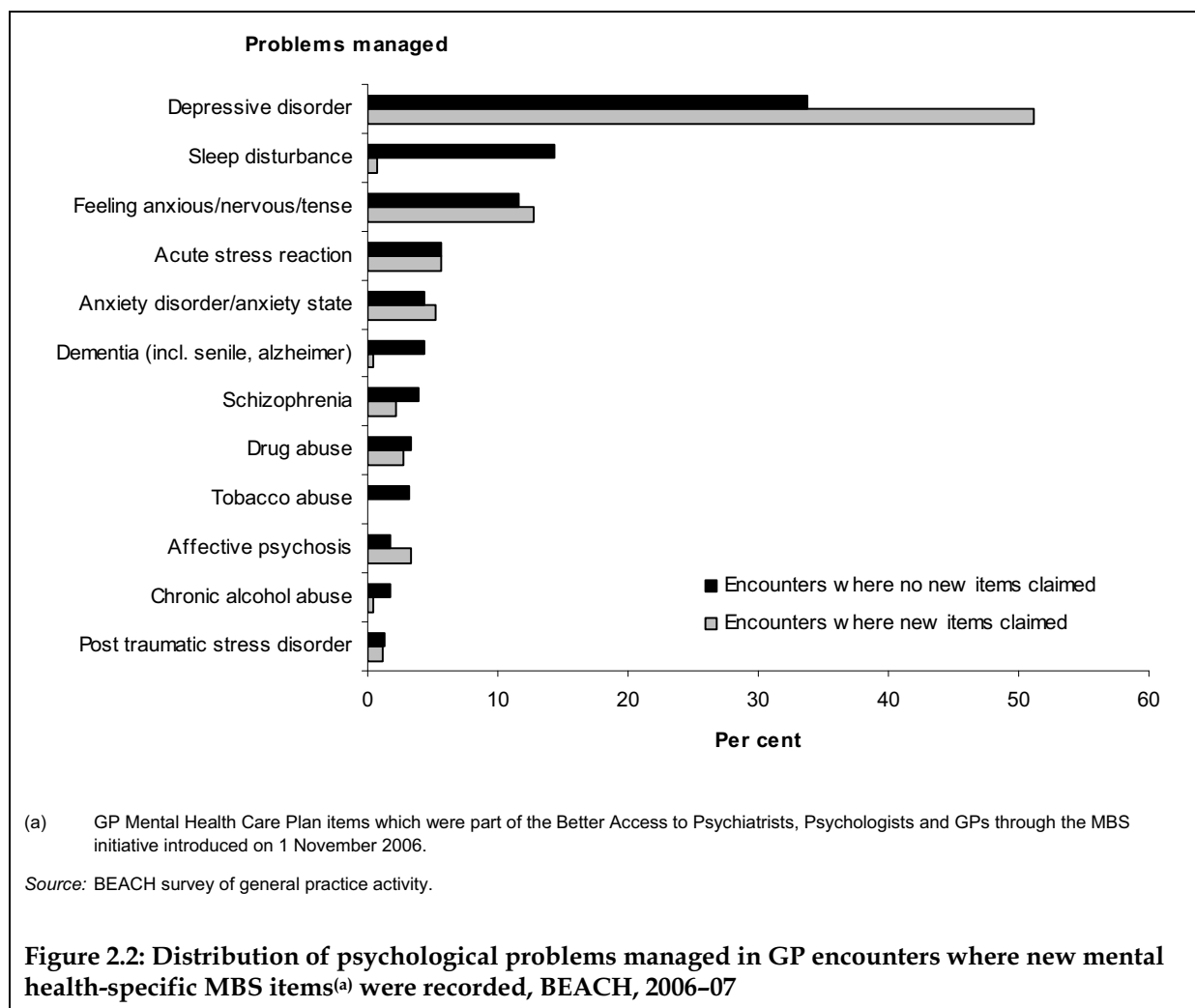


Table 2.8 shows the demographic and geographic distribution of patients in receipt of mental health-specific GP and OMP MBS items. In terms of both absolute numbers and population-adjusted rates, females and people aged 35–44 years were the biggest consumers of these services. Females received nearly twice as many of these services as males. The majority of consumers of these services were resident in major cities, however once population size was taken into account, residents of inner regional, outer regional and remote areas all had higher rates of usage.

The geographical distribution for each of the component item groups making up the mental health-specific GP and OMP MBS items can be seen in Table 2.9. While the number of patients and services is greatest in major cities for each item group, the rate of usage by residents of major cities is actually lower than that for the other regions (except for very remote in the case of GP Mental Health Care Plans which is well below all other regions).

Table 2.10 shows that allowing for state/territory population size, the rate of MBS-subsidised specific mental health services provided by GPs and OMPs was highest in Victoria (33.4 per 1,000) and lowest in the Northern Territory (12.1 per 1,000). New South Wales also has a relatively high rate (30.7 per 1000) and there is a significant positive correlation between these rates and the state/territory population size.

Table 2.8: People receiving MBS-subsidised GP/OMP services: patient demographic characteristics and services received, 2006–07(a)

Patient demographics	Number of patients ^(b)	Per cent of patients	Rate (per 1,000 population) ^(c)	Number of services ^(b)	Per cent of services	Services per patient
Age (years)						
Less than 15	17,325	4.4	4.3	20,071	3.3	1.2
15–24	58,534	14.9	20.2	85,096	14.2	1.5
25–34	85,967	21.8	29.6	130,393	21.8	1.5
35–44	91,856	23.3	29.9	142,875	23.8	1.6
45–54	71,945	18.3	24.9	113,982	19	1.6
55–64	42,743	10.9	18.6	67,536	11.3	1.6
65+	25,146	6.4	9.2	39,384	6.6	1.6
Sex						
Male	135,515	34.4	13.1	206,361	34.4	1.5
Female	258,001	65.6	24.6	392,976	65.6	1.5
Remoteness area						
Major cities	248,953	63.3	17.6	380,159	63.4	1.5
Inner regional	92,330	23.5	22.6	141,801	23.7	1.5
Outer regional	41,376	10.5	21.1	61,734	10.3	1.5
Remote	6,701	1.7	21	9,506	1.6	1.4
Very remote	1,752	0.4	10.3	2,594	0.4	1.5
Total GP/OMP items^(b)	393,516	100	19	599,337	100	1.5

(a) GP Mental Health Care Plan items were introduced on 1 November 2006 so data are not for a full year.

(b) The numbers of patients and services for each demographic variable may not sum to the total due to omitted unknown/migratory data.

(c) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2006.

Source: Medicare Benefits Schedule data (DoHA).

Table 2.9: People receiving MBS-subsidised GP/OMP mental health services: patient area of residence and services received, by remoteness area and by item group^(a), 2006–07^(b)

Patient area of residence	Number of patients ^(c)	Per cent of patients	Rate (per 1,000 population) ^(d)	Number of services ^(c)	Per cent of services	Services per patient
GP Mental Health Care Plans						
Major cities	237,987	63.5	16.8	347,535	63.6	1.5
Inner regional	87,897	23.4	21.5	129,277	23.7	1.5
Outer regional	38,793	10.3	19.8	55,580	10.2	1.4
Remote	6,294	1.7	19.7	8,545	1.6	1.4
Very remote	1,584	0.4	9.3	2,296	0.4	1.4
Total^(c)	372,709	100	18.1	546,515	100	1.5
Focussed Psychological Strategies						
Major cities	9,567	62.8	0.7	23,310	63.4	2.4
Inner regional	3,422	22.5	0.8	8,408	22.9	2.5
Outer regional	1,751	11.5	0.9	4,003	10.9	2.3
Remote	338	2.2	1.1	717	1.9	2.1
Very remote	82	0.5	0.5	160	0.4	2
Total^(c)	15,112	100	0.7	36,779	100	2.4
3 Step Mental Health – GPs						
Major cities	9,013	58	0.6	9,016	58	1
Inner regional	3,972	25.6	1	3,972	25.6	1
Outer regional	2,088	13.4	1.1	2,088	13.4	1
Remote	244	1.6	0.8	244	1.6	1
Very remote	135	0.9	0.8	135	0.9	1
Total^(c)	15,535	100	0.8	15,535	100	1
3 Step Mental Health – OMPs						
Major cities	323	63.6	0	323	63.6	1
Inner regional	130	25.6	0	130	25.6	1
Outer regional	45	8.9	0	45	8.9	1
Remote	8	1.6	0	8	1.6	1
Very remote	1	0.2	0	1	0.2	1
Total^(c)	508	100	0	508	100	1

(a) See the Medicare Benefits Schedule data section of Appendix 1 for a listing of these item groups.

(b) GP Mental Health Care Plan items were introduced on 1 November 2006 so data are not for a full year.

(c) The numbers of patients and services may not sum to the total due to omitted unknown/migratory data.

(d) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2006.

Source: Medicare Benefits Schedule data (DoHA).

Table 2.10: MBS-subsidised specific GP/OMP mental health services, numbers of patients and services provided, by item group^(a), states and territories^(b), 2006–07

Provider	Item group ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General Practitioners	GP Mental Health Care Plans	130,499	107,212	65,309	31,820	23,673	8,035	5,199	1,535	372,709
	Focussed Psychological Strategies	5,653	4,015	2,991	903	1,174	271	94	48	15,112
	3 Step Mental Health – GPs	5,968	3,979	2,368	1,449	1,226	253	202	93	15,535
	3 Step Mental Health – OMPs	150	221	74	24	34	5	0	0	508
Total GP/OMP patients^(c)	138,313	112,382	68,726	33,476	25,293	8,369	8,369	5,352	1,605	393,516
Rate (per 1,000 population) ^{(c)(d)}	20.2	21.8	16.6	16.1	16.1	17	15.9	7.6	18.9	
General Practitioners	GP Mental Health Care Plans	190,522	158,775	93,489	48,171	34,973	11,232	6,965	2,388	546,515
	Focussed Psychological Strategies	13,892	9,442	7,637	1,750	3,262	557	151	88	36,779
	3 Step Mental Health – GPs	5,973	3,977	2,367	1,445	1,225	253	202	93	15,535
	3 Step Mental Health – OMPs	150	221	74	24	34	5	0	0	508
Total GP/OMP services^(c)	210,537	172,415	103,567	51,390	39,494	12,047	7,318	2,569	599,337	
Rate (per 1,000 population) ^{(c)(d)}	30.7	33.4	25.1	24.7	25.1	24.5	21.8	12.1	28.7	

(a) See the Medicare Benefits Schedule data section of Appendix 1 for a listing of these item groups.

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

(c) The numbers of patients may not sum to the total, as a patient may receive services from more than one item group in more than one state or territory and therefore may be counted in more than one MBS item group and state or territory.

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

Source: Medicare Benefits Schedule data (DoHA).