

Mental health-related services provided by general practitioners

General practitioners (GPs) are often the first port of call for people seeking help when suffering a mental illness. GPs provide a variety of services, including referral of the patient on to specialised services.

This section presents information on mental health-related services provided by GPs, from two data sources:

- i. Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, which provides detailed information about GP **encounters** (Britt et al. 2015) based on data collected from a sample of GPs.
- ii. Specific **mental health-related Medicare Benefits Schedule (MBS) items** provided by GPs (known as Medicare-subsidised mental health-related services).

These two data sources provide complementary insights into mental health-related GP care. Not all mental health-related GP encounters are billed using Medicare Benefits Schedule (MBS) mental health specific item numbers, or subsidised through the MBS. Consequently the estimated number of GP encounters from the BEACH survey are greater than the Medicare-subsidised mental health-related services provided. For more details see the [data source](#) section.

Key points

- According to the BEACH data, an estimated 12.7% of GP encounters were mental health-related in 2014–15.
- There has been an annual average increase of 6.1% in the estimated number of mental health-related GP encounters recorded since 2010–11.
- Depression was the most commonly managed problem by a GP in a mental health-related encounter (about one-third, or 32.8%, of mental health-related encounters were for this problem).
- The most common management of **mental health-related problems** was for the GP to prescribe, supply or recommend medication (63.7 per 100 mental health-related problems managed).
- People aged 35–44 had the highest rate of encounters of all the age groups (18.0 per 100 GP encounters), compared with a total rate of 12.7.
- According to the MBS data, there were about 2.9 million Medicare-subsidised mental health-related services provided by GPs in 2014–15.

Data in this section were last updated in October 2016.

Overview

An estimated 12.7% of all GP encounters reported in the BEACH survey were **mental health-related encounters** in 2014–15. This translates to over 17.6 million mental health-related GP encounters (an estimated 746 encounters per 1,000 population) (Table GP.1).

About 2.9 million Medicare-subsidised mental health-related GP services were provided in 2014–15 (an estimated 123.5 per 1,000 population) (Table GP.8).

Reference

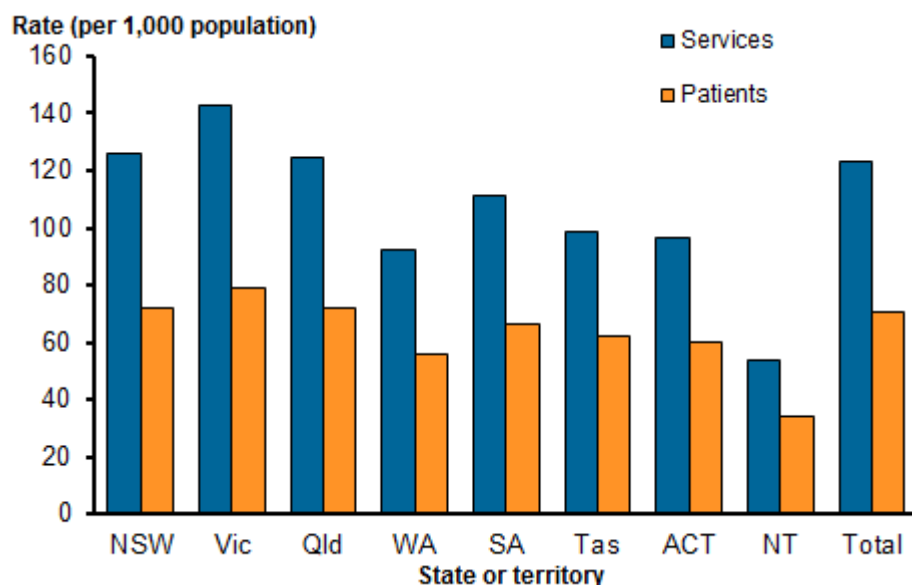
Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L, Wong C, Gordon J, Pollack AJ, Pan Y, Charles J. 2015. General practice activity in Australia 2014–15. General practice series no. 38. Sydney: Sydney University Press.

Service provision

States and territories

There were about 2.9 million Medicare-subsidised mental health-related services provided by GPs to almost 1.7 million patients in 2014–15. Most of these services (97.3%) were GP Mental Health Treatment Plan items. Victoria had the highest patient rate (79.1 per 1,000 population) and service rate (143.1 per 1,000 population) while the Northern Territory had the lowest patient rate (34.3 per 1,000 population) and service rate (54.0 per 1,000 population) (Figure GP.1).

Figure GP.1: Medicare-subsidised mental health-related GP service and patient rates, states and territories, 2014–15



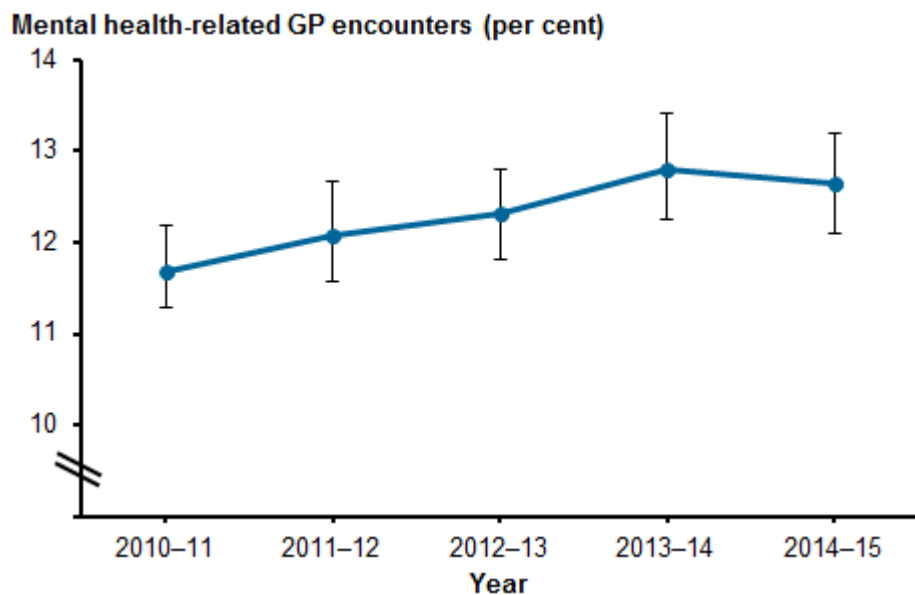
Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.10 (307KB XLS).

Over time

The estimated number of mental health-related GP encounters identified in the BEACH survey increased by an annual average of 6.1% between 2010–11 and 2014–15.

The proportion of all GP encounters that are mental health-related has increased from 11.7% in 2010–11 to 12.7% in 2014–15 (Figure GP.2).

Figure GP.2: Mental health-related GP encounters (per cent of total GP encounters), BEACH, 2010–11 to 2014–15

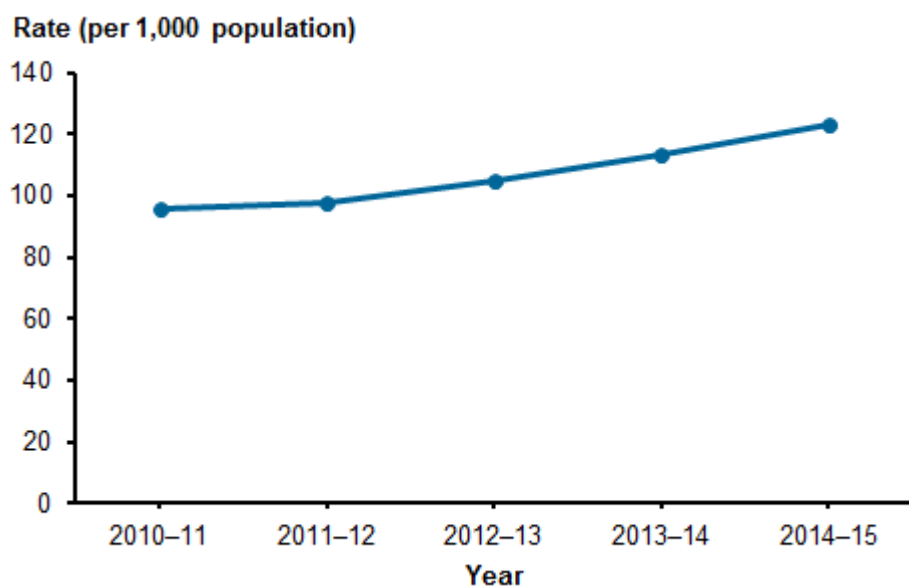


Note: The thin vertical bars are 95% confidence intervals. We can be 95% confident that the true value is within the interval depicted.

Source: BEACH survey of general practice activity. Source data mental health-related services provided by general practitioners Table GP.1 (307KB XLS)

Since the introduction of the GP Mental Health Care items as part of the Better Access initiative in November 2006, there has been steady growth in the number of Medicare-subsidised mental health-related GP services, as demonstrated by an average annual growth of 6.5% in the rate of GP services over the 5 years to 2014–15 (Figure GP.3).

Figure GP.3: Medicare-subsidised mental health-related GP service rates, 2010–11 to 2014–15



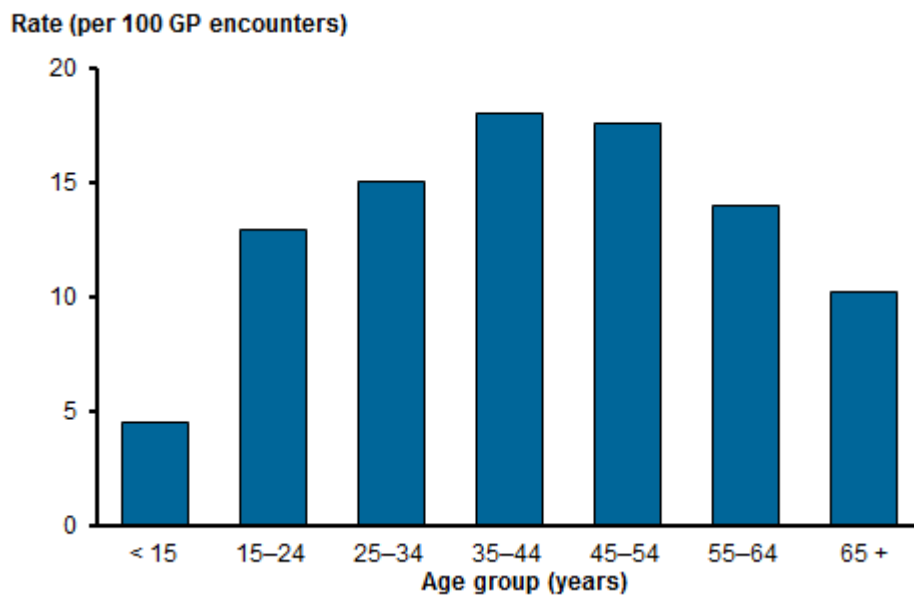
Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.8 (307KB XLS)

Patient characteristics

Demographic characteristics

The BEACH survey data indicate that people aged 35–44 had the highest rate of encounters of all the age groups (18.0 per 100 GP encounters, about 1 in 6 GP encounters; Figure GP.4) compared with a total rate of 12.7.

Figure GP.4: Mental health-related encounters per 100 GP encounters, by age group, 2014–15



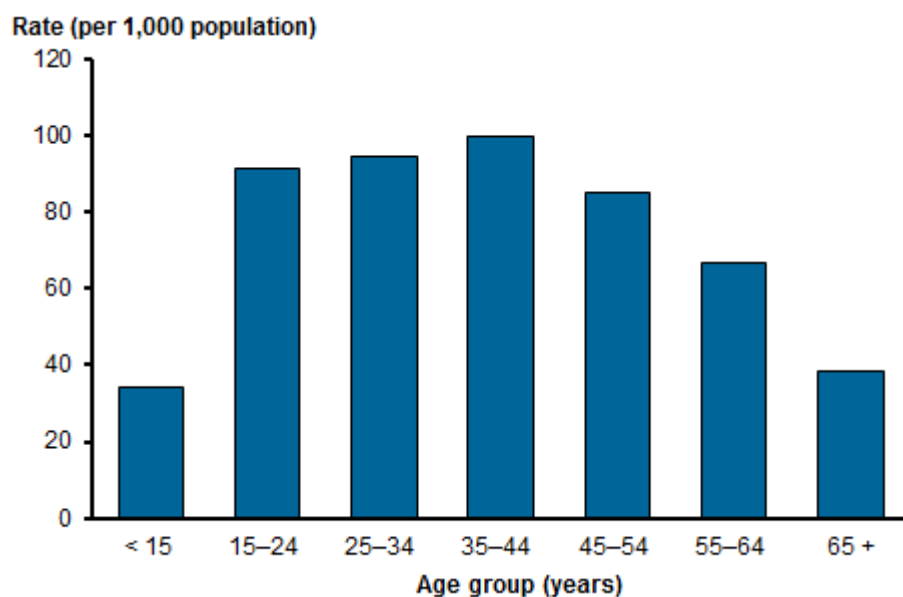
Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.2 (307KB XLS)

In 2014–15, after adjusting for differences in age structure between Indigenous and non-Indigenous Australians, the rate of mental health-related GP encounters was lower for non-Indigenous Australians than for Indigenous Australians (666.6 and 738.3 per 1,000 population respectively).

For remoteness area categories, the rate of mental-health related GP encounters was highest for people living in *Inner Regional* areas (821.4 per 1,000 population) while the rate for people living in *Remote and very remote* areas was the lowest (338.4). Females had a higher rate of mental health-related GP encounters than males (866.4 and 611.4 per 1,000 population respectively) (Table GP.2).

Figure GP.5 shows the age profile of patients who received Medicare-subsidised mental health-related GP services. In 2014–15, the rate of Medicare-subsidised mental health-related GP services was 34.0 per 1,000 population for the youngest group (aged less than 15 years), increased up to those aged 35–44 (100.0 per 1,000 population), then decreased with increasing age.

Figure GP.5: Medicare-subsidised mental health-related GP services per 1,000 population, by age group, 2014–15



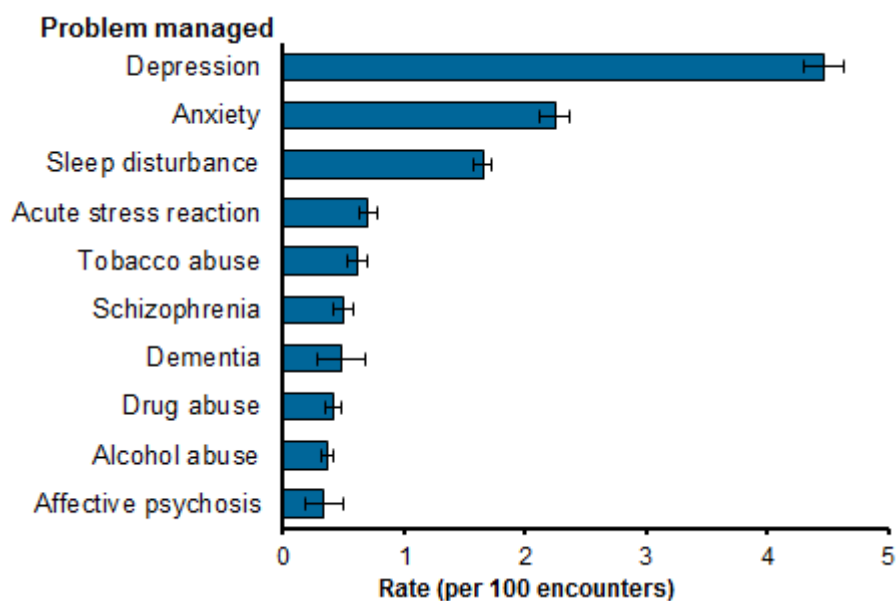
Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.9 (307KB XLS)

In 2014–15, the rate of Medicare-subsidised mental health-related GP services was higher for females than males (153.2 and 93.5 per 1,000 population, respectively). Those living in *Inner Regional* areas had the highest rate (131.9 per 1,000 population) while those living in *Very Remote* areas had the lowest (25.9 per 1,000 population) (Table GP.9).

Problems encountered

The BEACH survey found that Depression, Anxiety and Sleep disturbance were the 3 most frequently managed mental health-related problems in 2014–15, accounting for 61.4% of all mental health-related problems managed (Figure GP.6) and 5.4% of all health problems managed. Mental health-related problems were managed at a rate of 13.6 per 100 encounters, including encounters where multiple problems were managed.

Figure GP.6: The 10 most frequent mental health-related problems managed during a mental health-related GP encounter, 2014–15

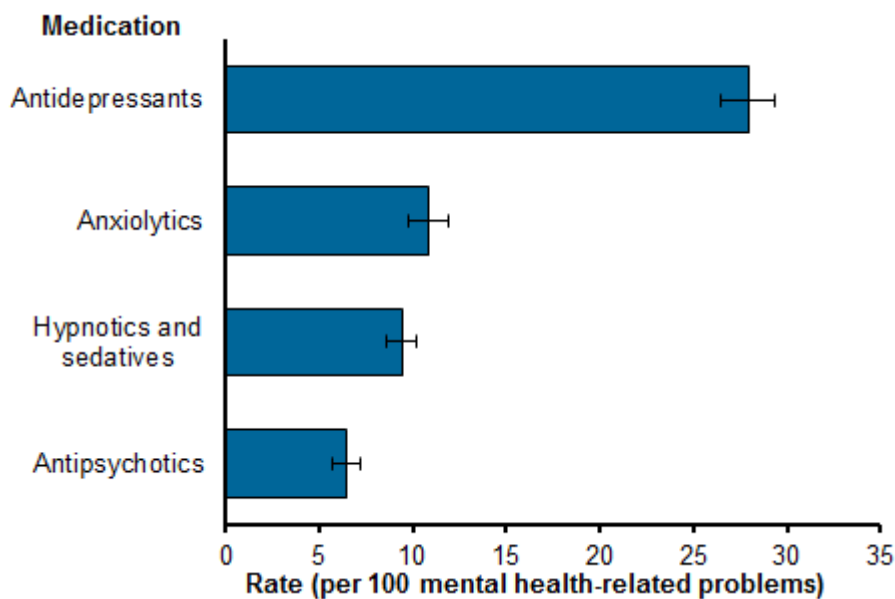


Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.3 (307KB XLS).

Management of problems

Medication(s) being prescribed, supplied or recommended by a GP was the most common form of management of mental health-related problems for BEACH survey GP encounters (63.7 per 100 mental health-related problems managed). Antidepressants were the most commonly prescribed, recommended or supplied medication (27.9 per 100), followed by Anxiolytics (10.8 per 100), and Hypnotics and sedatives (9.4 per 100) (Figure GP.7).

Figure GP.7: Most common medications prescribed, recommended or supplied during mental health-related GP encounters, 2014–15

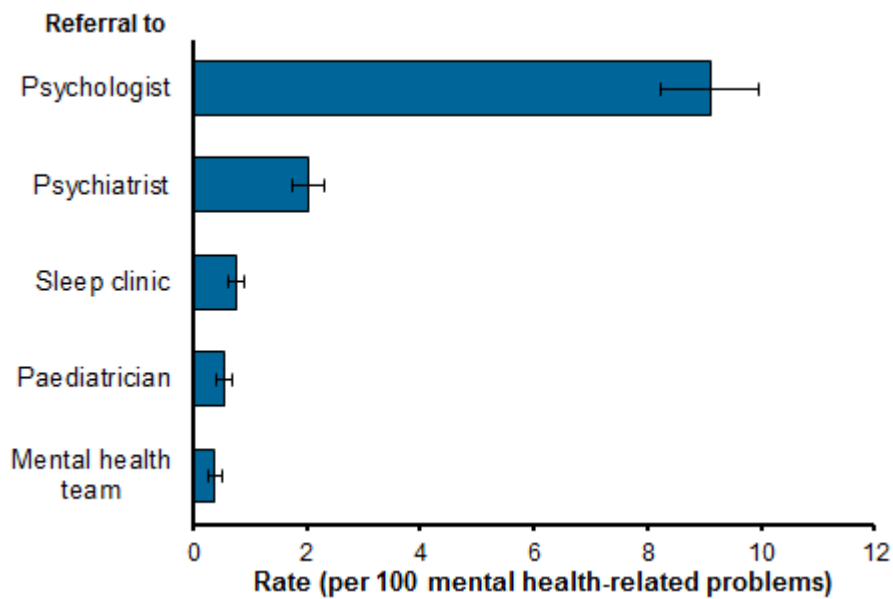


Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.5 (307KB XLS)

The second most common form of management of mental health-related problems was counselling, advice or other clinical treatments provided by a GP (45.3 per 100 mental health-related problems managed) with psychological counselling (21.6 per 100) being the most frequently provided treatment in this category.

Referrals were given at a rate of 16.6 per 100 mental health-related problems managed. The most common referrals given were to psychologists (9.1 per 100) and to psychiatrists (2.0 per 100) (Figure GP.8).

Figure GP.8: Most common referral types for management of mental health-related problems for GP encounters, 2014–15



Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.5 (307KB XLS)

Data source

Bettering the Evaluation and Care of Health survey

The BEACH surveys of general practice activity were conducted by the Family Medicine Research Centre at the University of Sydney. However, the University has recently announced that the 2015-16 BEACH data collection will be the last BEACH survey to be conducted following a review of the survey's funding arrangements.

For each year's data collection, each of a random sample of about 1,000 general practitioners (GPs) report details of 100 consecutive patient encounters on structured patient encounter forms. Each form collects information about the consultation (for example, date and item number(s) charged), the patient (for example, date of birth, sex, and demographics), the problems managed and the management of each problem (for example, clinical and procedural treatments provided, prescriptions and referrals). GP and practice characteristics (for example, GP age, sex and geographical location). Data on patient risk factors, such as height, weight, alcohol consumption and smoking status, are also collected for a subset of the patient encounter forms.

The BEACH data presented for 2014–15 mainly relate to 99,500 GP encounters from a sample of 995 GPs over the period from April 2014 to March 2015, inclusive. After post-stratification weighting (to ensure that national general practice activity patterns are reflected) the data include 98,728 (weighted) encounters (Britt et al. 2015).

Additional information on the 2014–15 BEACH survey can be obtained from *General practice activity in Australia 2014–15* (Britt et al. 2015).

For the purpose of this report, mental health-related GP encounters are defined as those where a mental health-related problem was managed. Mental health-related problems are those that are classified in the psychological chapter (that is, the 'P' chapter) of the International Classification of Primary Care, 2nd edition (ICPC-2). For more detailed information, refer to the online [Technical information](#).

Reference

Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L, Wong C, Gordon J, Pollack AJ, Pan Y, Charles J. 2015. *General practice activity in Australia 2014–15*. General practice series no. 38. Sydney: Sydney University Press.

Medicare Benefits Schedule data

The Department of Human Services collects data on the activity of all persons making claims through the Medicare Benefits Schedule and provides this information to the Department of Health. Information collected includes the type of service provided (MBS item number) and the benefit paid by Medicare for the service. The item numbers and benefits paid by Medicare are based on the *Medicare benefits schedule book* (DoH 2014). Services that are not included in the MBS are not included in the data. The list of all MBS items that have been defined as mental health-related are available in the [data source section](#) of Medicare-subsidised mental health-services section.

Reference

DoH 2014. Medicare Benefits Schedule Book, effective 1 November 2014. Canberra: Commonwealth of Australia.

Key concepts

Mental health-related services provided by general practice

Key Concept	Description
Encounter	Encounter refers to any professional interchange between a patient and a GP; it includes both direct, face-to-face encounters and indirect encounters where there is no face-to-face meeting but where a service is provided (for example, a prescription, referral or case-conference) (Britt et al. 2015).
General practitioners (GPs)	General practitioners (GPs) are those medical practitioners who are vocationally registered under Section 3F of the <i>Health Insurance Act 1973</i> , or are Fellows of the Royal Australian College of General Practitioners or trainees for vocational registration.
Mental health-related encounters	Mental health-related encounters are those encounters during which at least one mental health-related problem was managed.
Mental health-related problems	Mental health-related problems , for the purposes of this section, are those that are classified in the psychological section (that is, the 'P' section) of the International Classification of Primary Care, 2nd edition (ICPC-2). A list of the 'P' section codes for problems, which includes alcohol and drug-related problems, is provided in the online Technical information .
Mental health-related MBS items	Since 2002, several additional items have been included on the MBS to provide support to GPs coordinating the treatment needs of patients with mental health related problems: <ul style="list-style-type: none">• The 2002 Better Outcomes in Mental Health Care initiative was designed to improve community access to quality primary mental health services by providing better education and training for GPs and more support for them from allied health professionals and psychiatrists; and introduced new MBS items for eligible GPs under the headings '3 Step Mental Health Process' and 'Focussed Psychological Strategies'.• The November 2006 Better Access initiative was designed to improve access to, and better teamwork among, psychiatrists, clinical psychologists, GPs and other allied health professionals; and introduced the GP Mental Health Care items as well as psychiatrist and allied health worker MBS items that are linked to these plans.• From 1 January 2010 four new items (items 2700, 2701, 2715 and 2717) were introduced to replace items 2702 and 2710 for the development of a GP Mental Health Treatment Plan. Items 2700 and 2701 have a lower schedule fee for GPs who have not undertaken accredited Mental Health Skills Training. The schedule fees for the review consultation items 2712 and 2713 were reduced. Allied health services were capped at ten services per patient per calendar year, and the provision for an additional six services under exceptional circumstances was removed.

The MBS groups, subgroups and item numbers associated with these initiatives are detailed in the [Data source section of Medicare-subsidised mental health-services section](#).

References

Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L, Wong C, Gordon J, Pollack AJ, Pan Y, Charles J. 2015. General practice activity in Australia 2014–15. General practice series no.38. Sydney: Sydney University Press.