Mental health-related services provided by general practitioners

General practitioners (GPs) are often the first port of call for people seeking help with 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:

1. Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, which provides detailed information about GP encounters (Britt et al. 2016) based on data collected from a sample of GPs (throughout this section referred to as estimated GP encounters).

2. Mental health-specific Medicare Benefits Schedule (MBS) items provided by GPs (throughout this section referred to as Medicare-subsidised mental health-specific services).

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

Key points

- According to the BEACH data, just under 18.0 million estimated GP encounters were mental health-related in 2015–16, equating to around 12.4% of all GP encounters.
- There has been an annual average increase of 4.7% in the number of estimated GP encounters that were mental health-related since 2011–12.
- Depression was the most commonly managed problem during a mental health-related estimated GP encounter (about one-third, or 32.1%).
- The most common management of mental health-related problems was for the GP to prescribe, supply or recommend medication (61.6 per 100 mental health-related problems managed).
- People aged 65+ had the highest rate of encounters of all the age groups (1,198.2 per 1,000 population), compared to a national rate of 749.9.
- According to the MBS data, there were about 3.2 million Medicare-subsidised mental health-specific services provided by GPs in 2015–16.

Data in this section were last updated in October 2017.

Overview

An estimated 12.4% of all GP encounters reported in the BEACH survey were mental health-related encounters in 2015–16. This translates to almost 18.0 million mental health-related estimated GP encounters, or 749.9 encounters per 1,000 population.

About 3.2 million Medicare-subsidised mental health-specific GP services were provided in 2015–16, or 135.5 services per 1,000 population.
Service provision

States and territories

There were about 3.2 million Medicare-subsidised mental health-specific GP services provided to over 1.8 million patients in 2015–16. Almost all of these services (3,162,000 or 97.5%) were GP Mental Health Treatment Plan items. Victoria had the highest patient rate (86.0 per 1,000 population) and service rate (156.1 per 1,000 population) while the Northern Territory had the lowest patient rate (39.4 per 1,000 population) and service rate (61.3 per 1,000 population) (Figure GP.1).

Figure GP.1: Medicare-subsidised mental health-specific GP services and patients, states and territories, 2015–16

Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.9 (4.20MB XLS).
Over time

The number of estimated GP encounters identified in the BEACH survey as being mental health-related increased by an annual average of 4.7% between 2011–12 and 2015–16. The proportion of all estimated GP encounters that were mental health-related increased from 12.1% in 2011–12 to 12.4% in 2015–16 (Figure GP.2).

Figure GP.2: Estimated GP encounters that were mental health-related (per cent of total GP encounters), BEACH, 2011–12 to 2015–16

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-specific GP services provided, as demonstrated by an average annual growth of 8.6% in the rate of services over the 5 years to 2015–16 (Figure GP.3).
Figure GP.3: Medicare-subsidised mental health-specific GP services, 2011–12 to 2015–16

Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.7 (4.20MB XLS)

Patient characteristics

Demographic characteristics

The 2015–16 BEACH survey indicates that people aged 65+ (1,198.2 per 1,000 population) had the highest rate of mental health-related estimated GP encounters, compared to the general population (749.9) (Figure GP.4).

Figure GP.4: Estimated mental health-related GP encounters, by age group, 2015–16
Females had a higher rate of mental health-related estimated GP encounters than males (860.0 and 625.9 per 1,000 population respectively). After adjusting for differences in age structure between Indigenous and non-Indigenous Australians, the rate of encounters was higher for non-Indigenous Australians than for Indigenous Australians (658.6 and 578.7 per 1,000 population respectively). For remoteness area categories, the rate of encounters was highest for people living in Inner Regional areas (947.5 per 1,000 population) while the rate for people living in Remote and very remote areas was the lowest (339.2).

The MBS contains data on Medicare-subsidised mental health-specific GP activity, which provides a different view to the BEACH survey.

Figure GP.5 shows the age profile of patients who received Medicare-subsidised mental health-specific GP services. In 2015–16, the rate for GP services was 135.5 services per 1,000 population. The rate of services was lowest for those aged less than 15 years (48.4 per 1,000 population). The rate increased with age group, peaking at the 35–44 year age group (195.5 per 1,000 population), then decreased with advancing age.

**Figure GP.5: Medicare-subsidised mental health-specific GP services per 1,000 population, by age group, 2015–16**

In 2015–16, the rate of Medicare-subsidised mental health-specific GP services was higher for females than males (167.5 and 103.3 per 1,000 population, respectively). Those living in Inner Regional areas had the highest rate (146.0 per 1,000 population) while those living in Very Remote areas had the lowest (29.4 per 1,000 population).
**Problems encountered**

The BEACH survey found that Depression, Anxiety and Sleep disturbance were the 3 most frequently GP managed mental health-related problems in 2015–16, accounting for 60.8% of all mental health-related problems managed (Figure GP.6) and 5.1% of all health problems managed. Mental health-related problems were managed at a rate of 13.1 per 100 encounters, including encounters where multiple problems were managed.

**Figure GP.6: Estimated GP encounters for the 10 most frequent mental health-related problems managed, 2015–16**

![Bar Chart](image)

Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.3 (4.20MB XLS).

**Management of problems**

According to the 2015–16 BEACH survey, the most common form of management of mental health related problems was the prescription, supply or recommendation of medications (61.6 per 100 mental health-related problems managed).

Antidepressants were the most commonly prescribed, recommended or supplied medication (27.8), followed by Anxiolytics (9.8), and Hypnotics and Sedatives (9.1) (Figure GP.7).
The second most common form of management of mental health-related problems was counselling, advice or other clinical treatments provided by a GP (49.6 per 100 mental health-related problems managed) with Psychological counselling (22.6) being the most frequently provided treatment in this category.

Referrals were given at a rate of 18.8 per 100 mental health-related problems managed. The most common referrals made by GPs for mental health-related problems were to psychologists (9.3) and to psychiatrists (2.7) (Figure GP.8).
Figure GP.8: Most common referral types for management of mental health-related problems for GP encounters, 2015–16

Referral to

- Psychologist
- Psychiatrist
- Sleep Clinic
- Paediatrician
- Patient Support Group

Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.5 (4.20MB 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 from 1998 to 2016. The 2015–16 BEACH data collection is the last BEACH survey to be conducted.

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 2015–16 relates to 96,500 GP encounters from a sample of 965 GPs over the period from April 2015 to March 2016, inclusive. After post-stratification weighting (to ensure that national general practice activity patterns are reflected) the data include 97,398 (weighted) encounters (Britt et al. 2016).

Additional information on the 2015–16 BEACH survey can be obtained from *General practice activity in Australia 2015–16* (Britt et al. 2016).

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**


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**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 2015). 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-specific are available in the data source section of Medicare-subsidised mental health-services section.

**Reference**


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Australian Institute of Health and Welfare
Mental health services in Australia
## Key concepts

### Mental health-related services provided by general practice

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Encounter</strong></td>
<td><strong>Encounter</strong> 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).</td>
</tr>
<tr>
<td><strong>General practitioners (GPs)</strong></td>
<td>are those medical practitioners who are vocationally registered under Section 3F of the <em>Health Insurance Act 1973</em>, or are Fellows of the Royal Australian College of General Practitioners or trainees for vocational registration.</td>
</tr>
<tr>
<td><strong>Mental health-related encounters</strong></td>
<td>are those encounters during which at least one mental health-related problem was managed.</td>
</tr>
<tr>
<td><strong>Mental health-related problems</strong></td>
<td>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.</td>
</tr>
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</table>

### Mental health-specific 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:

- 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 4 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. Item 2719, an
additional Treatment plan item, was introduced in November 2011. 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