

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 more specialised services (some of which are described in the Medicare-subsidised mental health-related services section).

This section presents information on mental health-related services provided by GPs. The main data are sourced from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, which provides detailed information about GP [encounters](#) (Britt et al. 2012). This information is enhanced by administrative data on mental health-related Medicare Benefits Schedule (MBS) items provided by GPs. For more details see the [data source](#) section.

Key points

- An estimated 12.3% of GP encounters were mental health-related in 2012–13.
- There has been an annual average increase of 4.7% in the estimated number of mental health-related GP encounters recorded since 2008–09.
- Depression was the most commonly managed problem by a GP in a mental health-related encounter (about one-third of encounters were for this problem, 31.9%).
- The most common management of mental health-related problems was for the GP to prescribe, supply or recommend medication (63.3 per 100 mental health-related problems managed).
- There were 2.4 million Medicare-subsidised mental health-related services provided by GPs in 2012–13.
- Females and those aged 35–44 were the highest consumers of Medicare-subsidised mental health-related GP services.

Overview

An estimated 12.3% of all GP encounters reported in the BEACH survey were [mental health-related encounters](#) in 2012–13. This translates to nearly 16.0 million mental health-related GP encounters (an estimated 692 encounters per 1,000 population).

This section also reviews the use of [mental health-related MBS items](#) by GPs. There were 2.4 million services provided in 2012–13 for those MBS items defined to be mental health-specific, as distinct from general surgery consultations where a [mental health-related problem](#) is [managed](#).

Reference

Britt H, Miller GC, Henderson J, Bayram C, Valenti L, Harrison C, Charles J, Pan Y, Zhang C, Pollack AJ, O'Halloran J 2013. General practice activity in Australia 2012–13. General practice series no.33. Sydney: Sydney University Press.

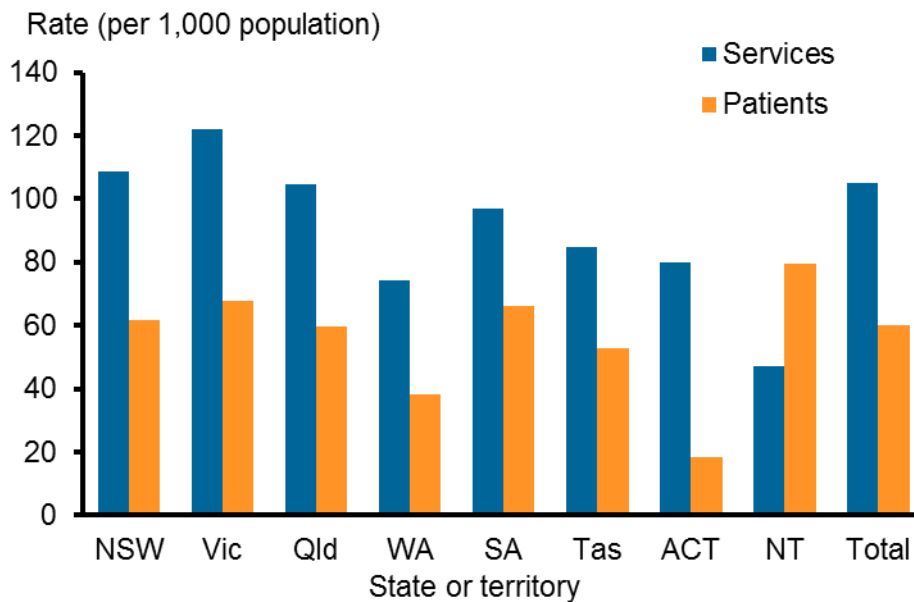
DoHA 2011. Medicare benefits schedule book, effective 1 November 2011. Canberra: Commonwealth of Australia.

Medicare-subsidised mental health-related services in general practice by states and territories

There were 2.4 million Medicare-subsidised mental health-related services provided by GPs to nearly 1.4 million patients in 2012–13. The majority (96.9%) of these services were GP Mental Health Treatment items, including non-accredited plans. The Northern Territory had the highest number of patients per 1,000 population (79.6) and the Australian Capital Territory had the lowest (18.4) (Figure GP.1).

Victoria had the highest service rate (122.2 services per 1,000 population), compared to the national average (105.2). The lowest service rate was observed in the Northern Territory (47.2).

Figure GP.1: Medicare-subsidised mental health-related GP service and patient rates, states and territories, 2012–13



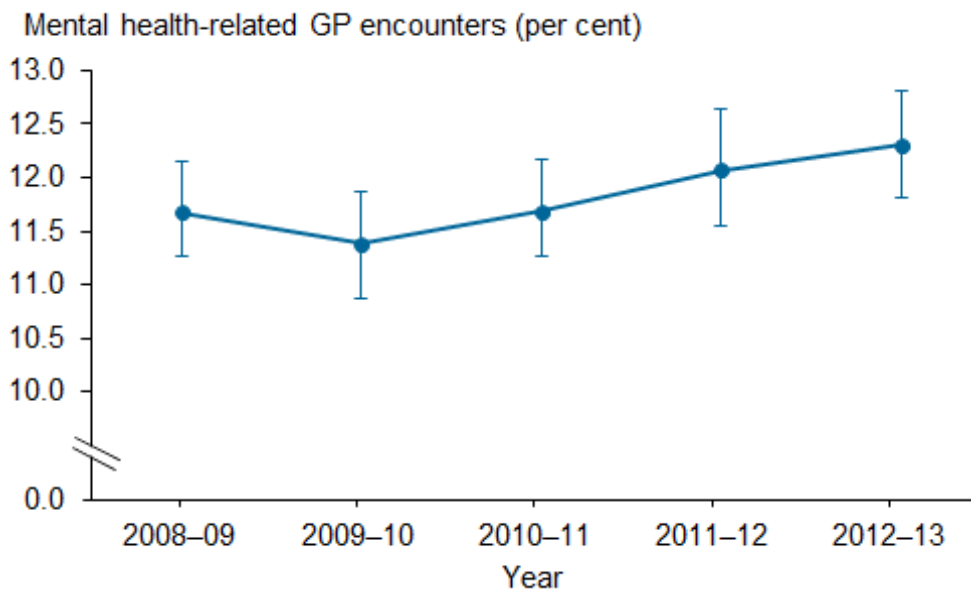
Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.10 (190KB XLS).

Mental health-related care in general practice over time

The estimated number of mental health-related GP encounters increased by an annual average of 4.7% between 2008–09 and 2012–13.

The proportion of all GP encounters that are mental health-related has appeared to increase from 11.7% in 2008–09 to 12.3% in 2012–13 but the increase isn't statistically significant (Figure GP.2).

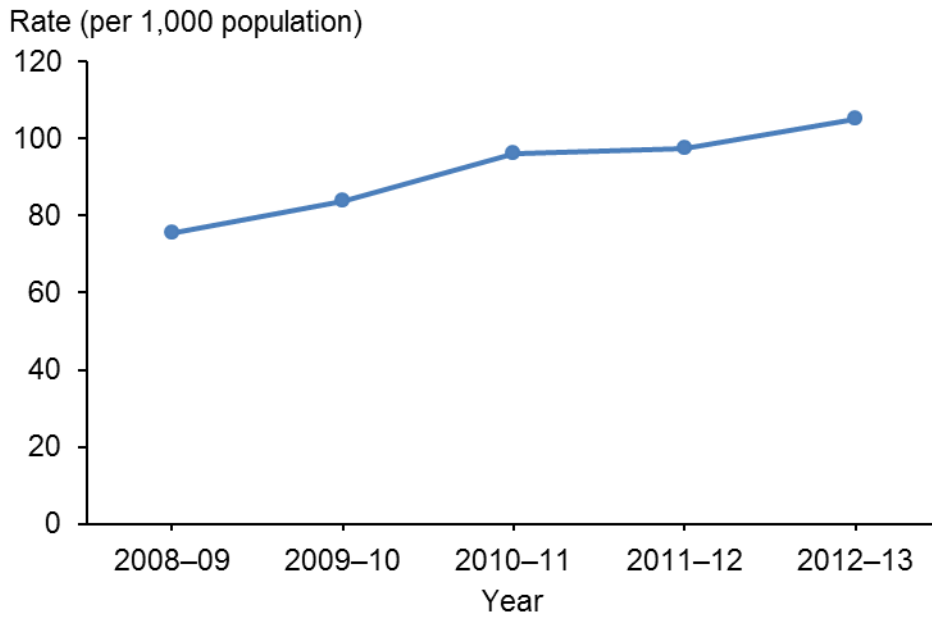
Figure GP.2: Mental health-related GP encounters (per cent), BEACH, 2008–09 to 2012–13



Source: BEACH survey of general practice activity. Source data mental health-related services provided by general practitioners Table GP.1 (190KB XLS)

Since the introduction of the GP Mental Health Care items as part of the Better Access initiative in November 2006, there has been considerable growth in MBS-subsidised specific GP mental health services. Over the 5 years to 2012–13, there has been an average annual growth of 8.6% in the rate of MBS-subsidised mental health-related GP services (Figure GP.3). The year-on-year growth in services per Australian was 7.9% in 2012–13 (to 105.2 per 1,000 population) compared to only 1.4% for the previous year (97.5 per 1,000 population).

Figure GP.3: Medicare-subsidised mental health-related GP service rates, 2008–09 to 2012–13

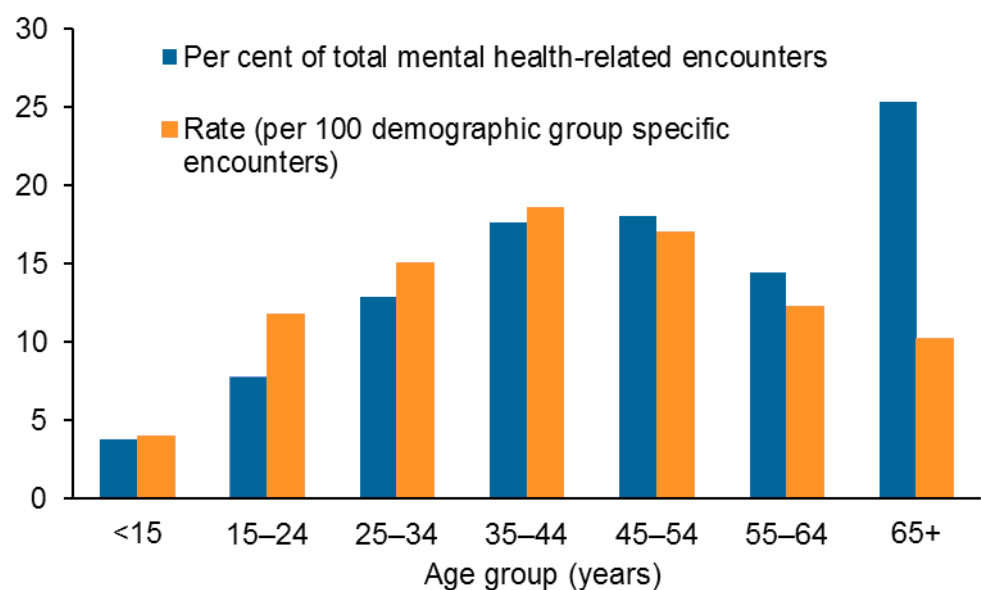


Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.8 (190KB XLS) in the

Characteristics of people accessing mental health-related services in general practice

About one-quarter (25.4%) of mental health-related GP encounters reported in the BEACH survey were for patients aged 65 and over in 2012–13 (Figure GP.4). Those aged 35–44 had the highest rate of encounters of all the age groups (18.6 per 100 encounters).

Figure GP.4: Mental health-related encounters, by age group, BEACH, 2012–13

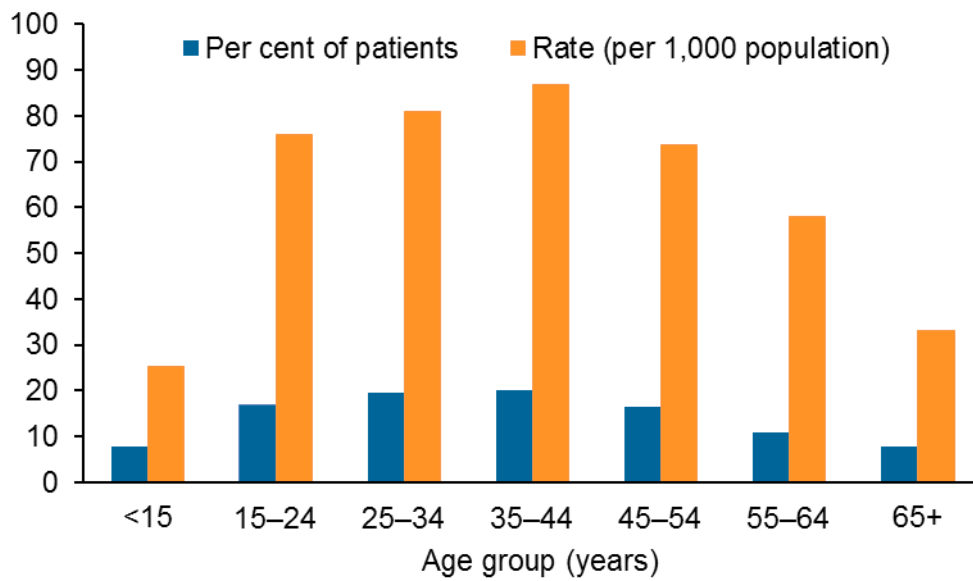


Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.2 (190KB XLS)

The rate of mental health-related GP encounters was higher for non-Indigenous Australians than Indigenous Australians (613.4 and 554.1 per 1,000 population respectively). Those living in *Inner Regional* areas had the highest rate of mental health-related GP encounters (686.6) and *Remote and Very remote* the lowest (295.7). Females had a higher rate of mental health-related GP encounters than males (759.0 and 565.5 per 1,000 population respectively).

Similar to GP encounters, those aged 35–44 had the highest patient rates with 86.8 Medicare-subsidised mental health-related GP services received per 1,000 population (Figure GP.5).

Figure GP.5: Medicare-subsidised mental health-related GP services, patient rates, by age group, 2012–13

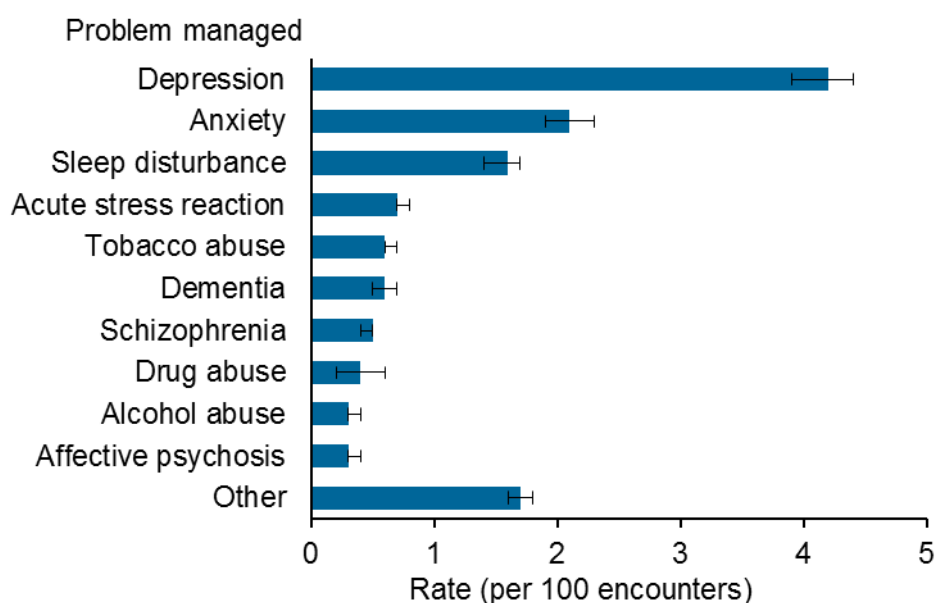


Source: Medicare Benefits Schedule data (Department of Health). Source data Mental health-related services provided by general practitioners Table GP.9 (190KB XLS)

Mental health-related problems encountered in general practice

Depression, anxiety and sleep disturbance were the 3 most frequently managed mental health-related problems in 2012–13, accounting for 60.0% 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, this rate includes encounters with multiple problems managed.

Figure GP.6: The 10 most frequent mental health-related problems managed, BEACH, 2012–13

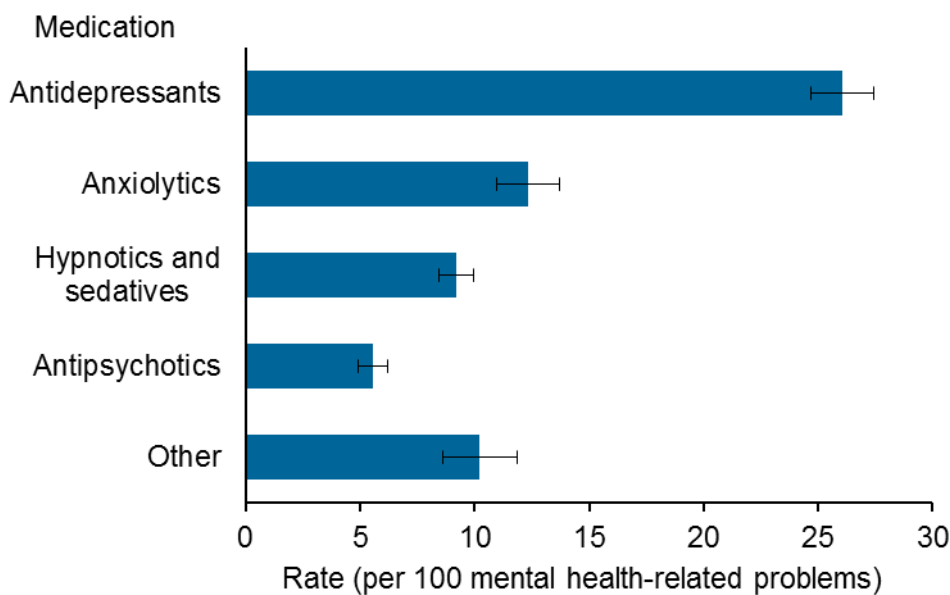


Source: BEACH survey of general practice activity. Source data from Mental health-related services provided by general practitioners Table GP.3 (190KB XLS).

Management of mental health-related problems in general practice

Medication(s) being prescribed, supplied or recommended by a GP was the most common form of management of mental health-related problems (63.3 per 100 mental health-related problems managed). Antidepressants were the most commonly prescribed, recommended or supplied medication (26.1 per 100), followed by anxiolytics (12.3 per 100), and hypnotics and sedatives (9.2 per 100) (Figure GP.7).

Figure GP.7: Most common medications prescribed, recommended or supplied, BEACH, 2012–13



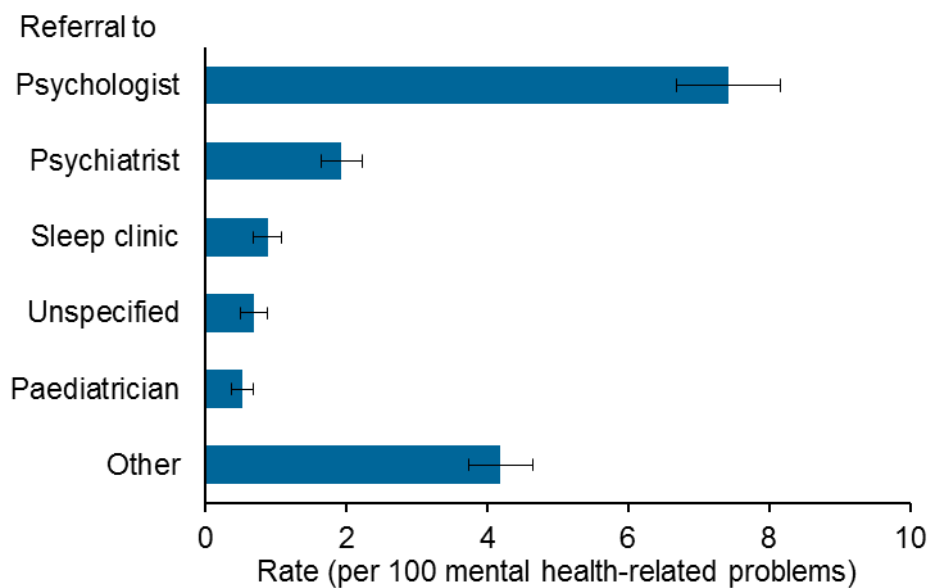
Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.5 (190KB XLS)

The second most common form of management of mental health-related problems was counselling, advice or other treatments provided by a GP (47.3 per 100 mental health-related problems managed) with psychological counselling (23.1 per 100) being the most frequently provided treatment in this category.

Pathology was ordered at a rate of 16.6 tests/test batteries per 100 mental health-related problems managed. The most common pathology tests ordered were for a full blood count (3.3 per 100 mental health-related problems managed), thyroid function (2.4 per 100), and multi-biochemical analysis (1.3 per 100).

Referrals were given at a rate of 15.1 per 100 mental health-related problems managed. The most common referrals given were to psychologists (7.4 per 100) and to psychiatrists (1.9 per 100) (Figure GP.8).

Figure GP.8: Most common referral types for management of mental health-related problems, BEACH, 2012–13



Source: BEACH survey of general practice activity. Source data Mental health-related services provided by general practitioners Table GP.5 (190KB XLS)

Over time, there has been a slight decrease in the rate of medication prescribed, recommended or supplied by GPs, from 66.2 per 100 mental health-related problems in 2008–09 to 63.3 in 2012–13. The rate of counselling, advice or other treatments as a form of management for mental health-related problems has remained stable. Pathology tests and referrals have slightly increased in the same period, from 13.3 and 13.0 respectively in 2008–09 to 16.6 and 15.1 in 2012–13.

Data source

Bettering the Evaluation and Care of Health survey

The BEACH survey of general practice activity for 2012–13 and previous years was conducted by the Family Medicine Research Centre, University of Sydney. For each year's data collection, a random sample of about 1,000 general practitioners (GPs) report details of 100 consecutive GP encounters of all types on structured patient encounter forms. Each form collects information about the consultation (for example, date and type of consultation), the patient (for example, date of birth, sex, and reasons for encounter), the problems managed and the management of each problem (for example, treatment provided, prescriptions and referrals). Data on patient risk factors, health status and GP characteristics are also collected.

The BEACH data presented for 2012–13 mainly relate to 97,800 GP encounters from a sample of 978 GPs over the period from April 2012 to March 2013, inclusive. After post-stratification weighting (to ensure that national general practice activity patterns are reflected) the data include 98,564 (weighted) encounters (Britt et al. 2013).

Additional information on the 2012–13 BEACH survey can be obtained from *General practice activity in Australia 2012–13* (Britt et al. 2013).

Reference

Britt H, Miller GC, Henderson J, Bayram C, Valenti L, Harrison C, Charles J, Pan Y, Zhang C, Pollack AJ, O'Halloran J 2013. *General practice activity in Australia 2012–13*. General practice series no.33. 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 Scheme 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* (DoHA 2011). 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.

DataSource GP.1 Medicare-subsidised mental health-related items

Provider	Item group	MBS Group & Subgroup	MBS item numbers
Psychiatrists	Initial consultation new patient ^(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		855, 857, 858, 861, 864, 866
	Electroconvulsive therapy ^(c)	Group T1 Subgroup 13	14224
	Referred consultation for assessment, diagnosis and development of a treatment and management plan for autism or any other pervasive developmental disorder (PDD) ^(d)	Group A8	289
General practitioners	GP Mental Health Treatment Plan—accredited	Group A20 Subgroup 1	2710 ^{(a)(f)} , 2715 ^(g) , 2717 ^(g)
	GP Mental Health Treatment Plan—non-accredited ^(a)	Group A20 Subgroup 1	2700 ^(g) , 2701 ^(g) , 2702 ^{(e)(f)}
	GP Mental Health Treatment—other	Group A20 Subgroup 1	2712 ^(a) , 2713 ^(a) , 2719 ^{(g)(h)}
	Focussed Psychological Strategies	Group A20 Subgroup 2	2721, 2723, 2725, 2727
	Family Group Therapy	Group A6	170, 171, 172
	Electroconvulsive therapy ⁽ⁱ⁾	Group T10	20104
	3 Step Mental Health Process—general practitioner ^(j)	Group A18 Subgroup 4	2574, 2575, 2577, 2578
	3 Step Mental Health Process—other medical practitioner ^(j)	Group A19 Subgroup 4	2704, 2705, 2707, 2708
Clinical psychologists	Psychological Therapy Services ^(a)	Group M6	80000, 80005, 80010, 80015, 80020
Other psychologists	Enhanced Primary Care	Group M3	10968
	Focussed Psychological Strategies (Allied Mental Health) ^(a)	Group M7	80100, 80105, 80110, 80115, 80120
	Assessment and treatment of PDD ^(c)	Group A10	82000, 82015

	Follow-up allied health service for Indigenous Australians ^(k)	Group M11	81355
Other allied health providers	Enhanced Primary Care—mental health worker	Group M3	10956
	Focussed Psychological Strategies (Allied Mental Health)—occupational therapist ^(a)	Group M7	80125, 80130, 80135, 80140, 80145
	Focussed Psychological Strategies (Allied Mental Health)—social worker ^(a)	Group M	80150, 80155, 80160, 80165, 80170
	Follow-up allied health services for Indigenous Australians—mental health worker ^(k)	Group M11	81325

- (a) Item introduced 1 November 2006.
(b) Item introduced 1 November 2007.
(c) Item may include services provided by medical practitioners other than psychiatrists.
(d) Item introduced 1 July 2008.
(e) Item introduced 1 January 2010.
(f) Item discontinued after 31 October 2011.
(g) Item introduced 1 November 2011.
(h) Item discontinued after 30 April 2012.
(i) Item is for the initiation of anaesthesia for electroconvulsive therapy and includes services provided by medical practitioners other than GPs.
(j) Item discontinued after 30 April 2007.
(k) Item introduced 1 November 2008.

The MBS data presented 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, 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 2011. Medicare Benefits Schedule Book, effective 1 November 2011. 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 or referral) (Britt et al. 2012).
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, 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, 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, designed to improve access to, and better teamwork among, psychiatrists, clinical psychologists, GPs and other allied health professionals, 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 online [data source](#) of the Services provided by general practitioners section.

Other medical practitioners (OMPs)	Other medical practitioners (OMPs) are primary care practitioners who are neither vocationally registered nor training to become vocationally registered.
---	--

Problem managed	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 the problem managed 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 (Britt et al. 2013).
------------------------	--

References

Britt H, Miller GC, Henderson J, Bayram C, Valenti L, Harrison C, Charles J, Pan Y, Zhang C, Pollack AJ, O'Halloran J 2013. General practice activity in Australia 2012–13. General practice series no.33. Sydney: Sydney University Press.