

# Medicare-subsidised mental health-specific services

Medicare-subsidised mental health-specific services are provided by [psychiatrists](#), [general practitioners \(GPs\)](#), [psychologists](#) and [other allied health professionals](#). The services described here are provided in a range of settings, for example hospitals, consulting rooms, home visits, over the phone, and online videoconferencing as defined in the Medicare Benefits Schedule (MBS). Information on both patient and service provider characteristics are presented and is limited to MBS-subsidised services only. For further information on the MBS data, refer to the data source section on this website. Additional information on Medicare-subsidised mental health-specific services provided by GPs is available in the [General practice](#) section.

## Data downloads

<xls link>

<pdf link>

Data presented covers the time period 1984–85 to 2016–17. This section was last updated in February 2018.

## Key points

**2.4 million Australians** (9.8% of Australians) received Medicare-subsidised mental health-specific services in 2016–17.

**9.8%** of Australians received Medicare-subsidised mental health-specific services in 2016–17, an increase from **5.7%** in 2008–09.

**11.7%** of Australian females accessed Medicare-subsidised mental health-specific services compared to 7.9% of Australian males in 2016–17.

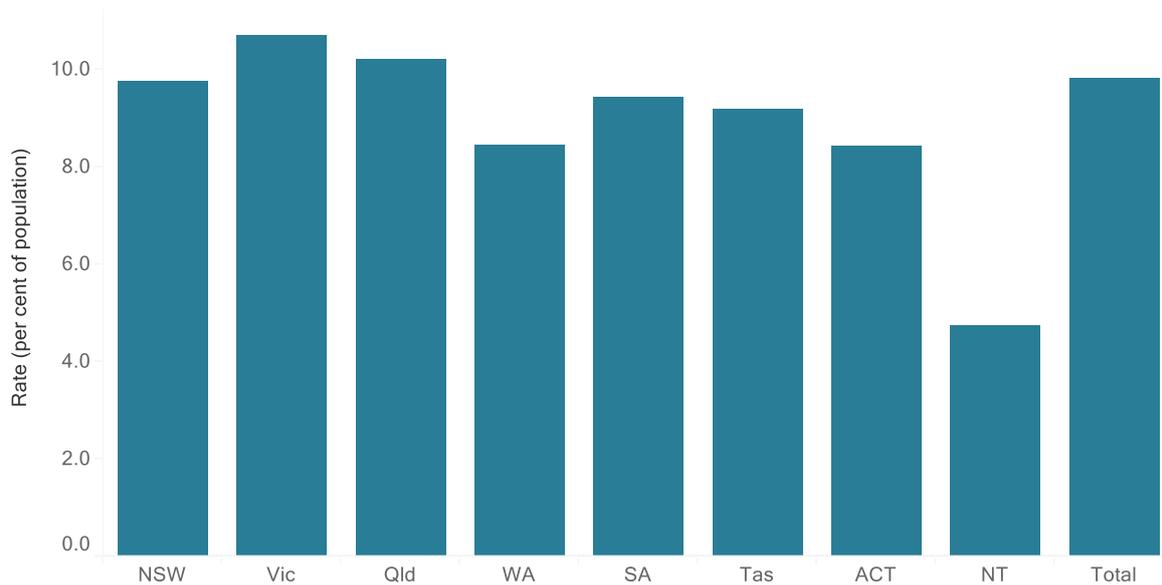
**11.1 million** Medicare-subsidised mental health-specific services were provided by psychiatrists, GPs, psychologists and other allied health professionals in 2016–17.

**GPs** provided the most Medicare-subsidised mental health-specific services during 2016–17.

## People receiving services

In 2016–17, 2.4 million Australians (9.8% of the population) received Medicare-subsidised mental health-specific services. Victoria (10.7% of the Victorian population) had the highest proportion of the population receiving services and the Northern Territory had the lowest (4.7% of the Northern Territory population) (Figure MBS.1).

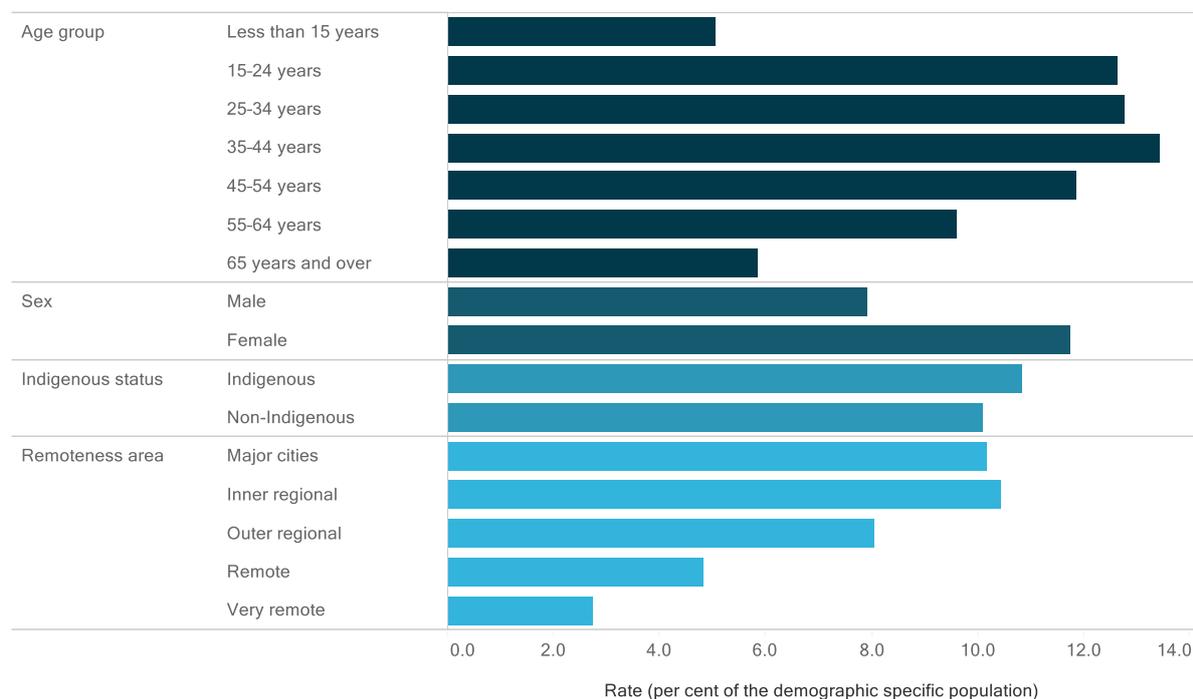
Figure MBS.1. Proportion of people receiving Medicare-subsidised mental health-specific services, by states and territories, 2016-17



Source: Medicare Benefits Schedule data; Table MBS.1.

The highest proportion of people receiving Medicare-subsidised mental health-specific services were aged 35–44 years (13.4% of Australians in this age group), followed by 25–34 years (12.8%) and 15–24 years (12.6%) while the lowest proportion of people were aged less than 15 years (5.1%) (Figure MBS.2). A higher proportion of females (11.7% of the female population) accessed services compared with males (7.9%). The proportion of Indigenous Australians (10.8% of the Indigenous population) receiving services was similar to non-Indigenous Australians (10.1%), noting the data coverage issues relating to the Voluntary Indigenous Identifier (see the [data source](#) section for further information). The proportion of the Australian population receiving services varies according to the remoteness area of patient’s residence. The proportion of people receiving services was similar for inner regional and major city areas (10.4% and 10.2 % respectively), whilst the proportion of patients receiving services decreased with increasing remoteness to 2.8% of people living in very remote areas.

**Figure MBS.2. Proportion of people receiving Medicare-subsidised mental health-specific services, by demographic group, 2016-17**



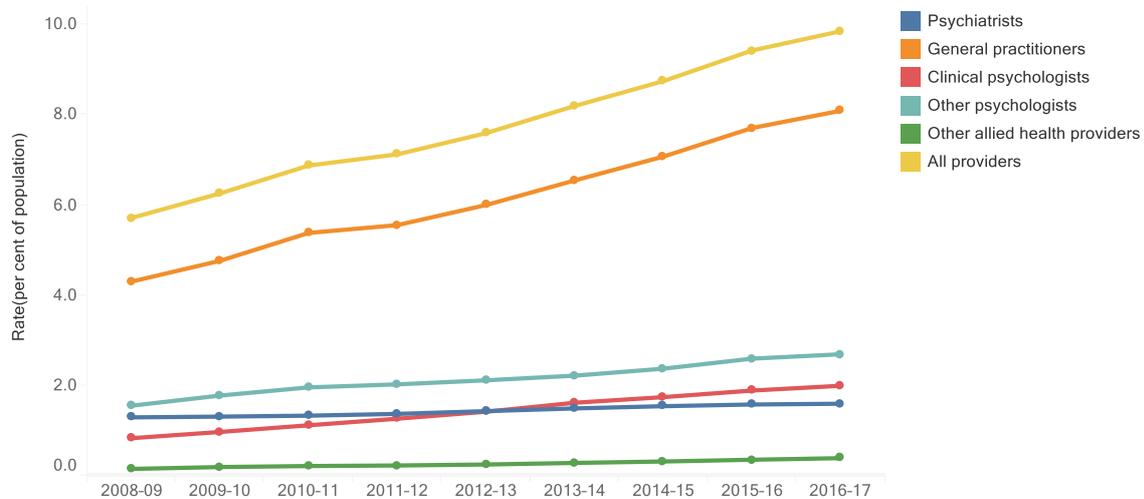
Source: Medicare Benefits Schedule data; Table MBS.2.

In 2016–17, 8.1% of the Australian population received Medicare-subsidised mental health-specific services from a general practitioner (GP), 2.7% from a psychologist (other), 2.0% from a clinical psychologist, 1.6% from a psychiatrist, and 0.4% from an allied health professional, noting that an individual may receive services from more than one provider type. The number of people reported here as receiving services from GPs is limited to services billed against mental health-specific MBS item numbers, which is a sub-component of GP mental health-related activity. It is unclear how many additional people receive GP mental health-related care that is billed as consultation against generic GP MBS item numbers. See the [General practice](#) section for further information.

## Over time

The number of people receiving Medicare-subsidised mental health-specific services increased from 1.2 million (5.7% of Australians) in 2008–09 to 2.4 million (9.8% of Australians) in 2016–17. The growth over this time was mostly due to an increase in the proportion of Australians receiving services from GPs and the psychologists (Figure MBS.3), noting that people may receive services from more than one provider type (that is, the proportions presented in MBS.3 cannot be added to derive the total).

Figure MBS.3. Proportion of people receiving Medicare-subsidised mental health-specific services, by provider type, 2008-09 to 2016-17



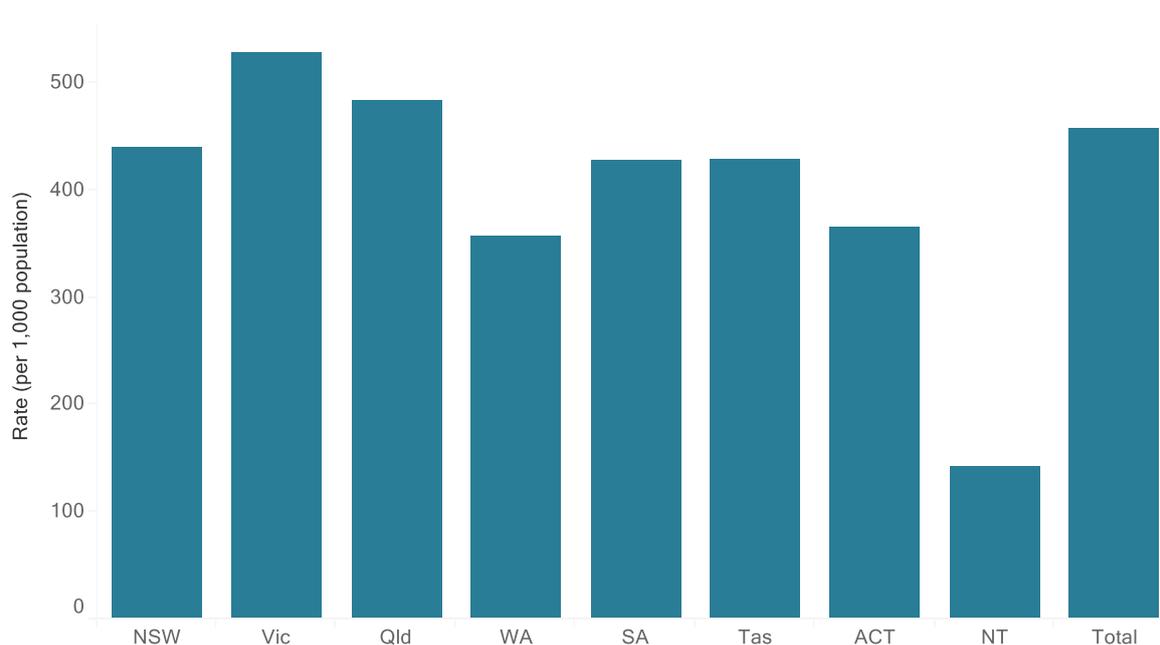
Source: Medicare Benefits Schedule data; Table MBS.4.

# Mental health-specific services

## Services

There were 11.1 million Medicare-subsidised mental health-specific services provided to Australians in 2016–17. Victoria (527.6 services per 1,000 state specific population) had the highest rate of services, and Northern Territory (141.8) had the lowest, compared with the national rate (456.7) (Figure MBS.4).

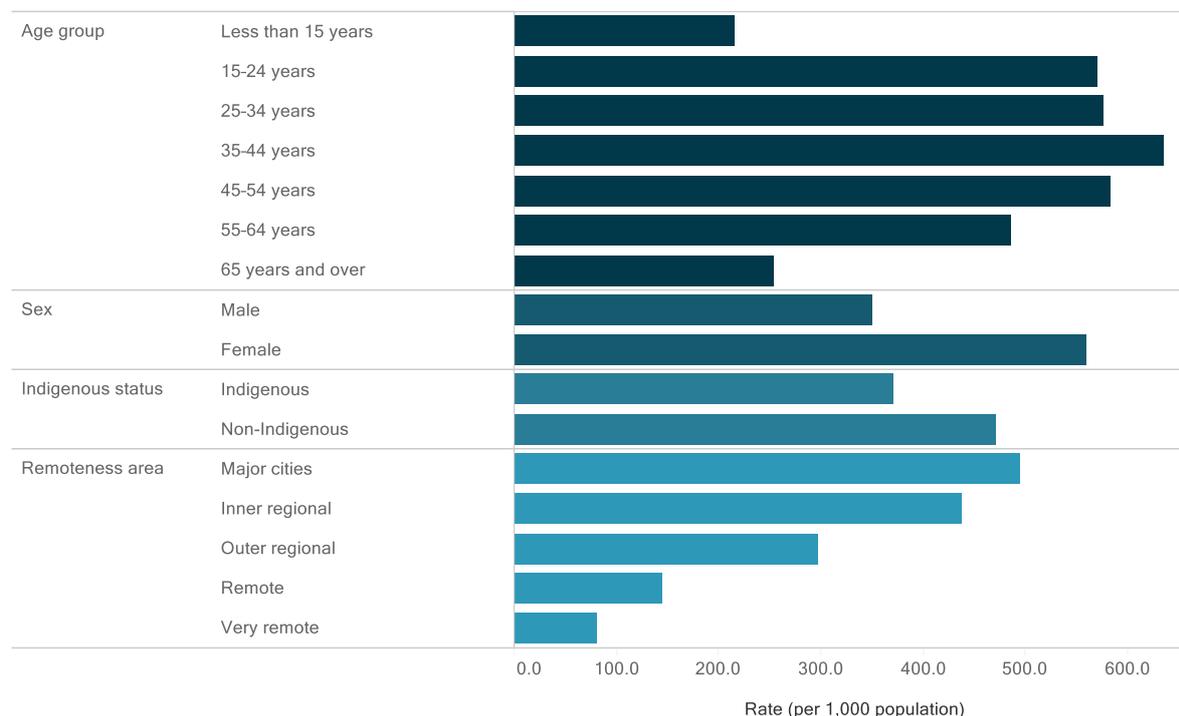
Figure MBS.4. Rate (per 1,000 population) of Medicare-subsidised mental health-specific services, by state and territory, 2016-17



Source: Medicare Benefits Schedule data; Table MBS.8.

Australians aged 35–44 years (635.1 per 1,000 age specific population) had the highest rate of Medicare-subsidised mental health-specific service use across the age range, compared with people aged less than 15 years (215.6) who had the lowest usage rate. Females had a higher rate of service usage than males (560.8 and 350.9 services per 1,000 sex specific population, respectively). Non-Indigenous Australians (472.2 per 1,000 non-Indigenous population) had a higher rate of service usage compared with Indigenous Australians (371.1), noting the data coverage issues relating to the Voluntary Indigenous Identifier (see the Data source section for further information). People who usually live in major city areas had the highest rate of service use (495.3 per 1,000 remoteness area population), with rates decreasing by remoteness (Figure MBS.5).

**Figure MBS.5. Rate (per 1,000 population) of Medicare-subsidised mental health-specific services, by patient demographics, 2016-17**



Source: Medicare Benefits Schedule data; Table MBS.10.

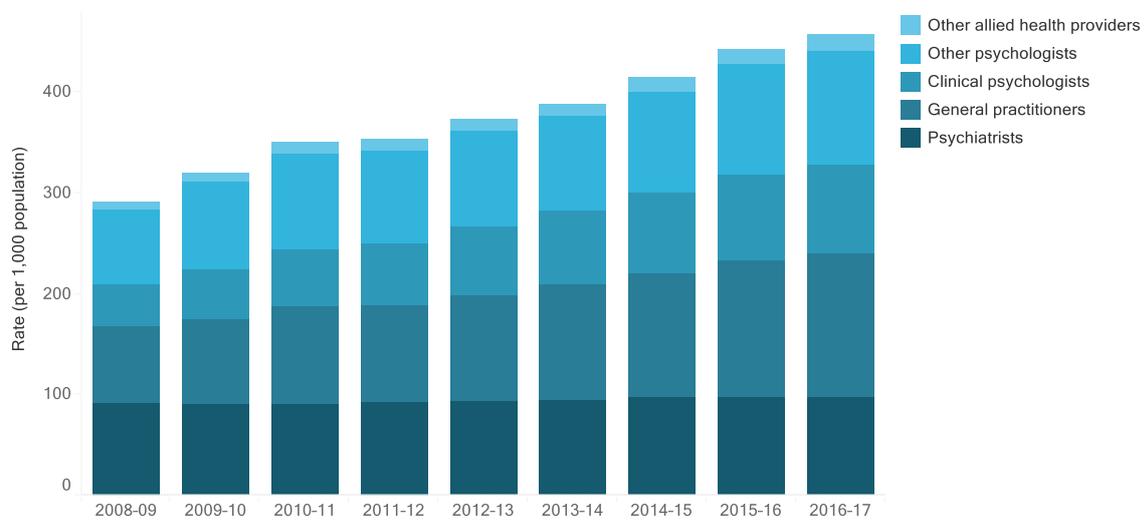
## Average number of services per patient

Patients in the Northern Territory (3.0 services per patient) had the lowest average number of Medicare-subsidised mental health-specific services per patient, compared with the national average of 4.6 services per patient. People aged 55–64 years had the highest average number of services per patient (5.1) among the age groups and patients aged less than 15 years (4.3) had the lowest. Females (4.8) averaged more services per patient than males (4.4), and non-Indigenous people (4.7 services per patient) had a higher average number of services compared with Indigenous people (3.3).

## Over time

The total number of Medicare-subsidised mental-health specific services increased from 6.2 million in 2008–09 to 11.1 million in 2016–17; an increase from 290.1 service per 1,000 population in 2008–09 to 456.7 in 2016–17. The increase in the rate of services was mostly due to increases in services provided by GPs followed by clinical and other psychologists. (See the data source section for further information on the new items were added under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative in 2006–07).

Figure MBS.6. Rate (per 1,000 population) of Medicare-subsidised mental health-specific services, by provider type, 2008-09 to 2016-17



Source: Medicare Benefits Schedule data; Table MBS.12.

## Data source

### Medicare Benefits Schedule data

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. To avoid double counting, patient counts for demographic characteristics (e.g. sex, age, postcode etc.) are derived from the last service processed in the reference period.

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 2015). 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-specific.

#### Data Source MBS.1: Medicare-subsidised mental health-specific items

Provider type	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	288, 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	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. The item is related to 2014 – see footnote (i) for more information.
- (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. The item is associated with item 14224 which means that a single event may be billed as two separated services against both items.
- (j) Item discontinued after 30 April 2007.
- (k) Item introduced 1 November 2008.

### Provider type important notes:

- General practitioners includes services provided by Medical practitioners, including General practitioners, but excluding specialists or consultant physicians.
- Clinical psychologist includes item numbers that can only be claimed by eligible Clinical psychologists.
- Other psychologist includes item numbers that can be claimed by any eligible psychologist, clinical and other. The proportion of activity claimed by against these items by Clinical psychologists has not been estimated in the presented data. That is, the services rendered by Clinical psychologists will be present in both the Clinical psychologist and Other psychologist categories.

### Psychiatrist items—pre 1996

Restructuring of Group A8 items occurred as of 1 November 1996. Item numbers 134, 136, 138, 140 and 142 were discontinued as of 31 Oct 1996. Historical Psychiatrist data includes services claimed against these item numbers.

## Indigenous data

A Voluntary Indigenous Identifier (VII) was introduced into the Medicare database from November 2002. By July 2016 approximately 484,000 people had identified as Aboriginal, Torres Strait Islander, or both (approximately 66% of the estimated Indigenous population). Indigenous rates have been adjusted for under-identification in the Department of Human Services (DHS) VII database. Indigenous rates are therefore modelled and should be interpreted with caution.

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## References

DoHA 2015. Medicare Benefits Schedule Book, effective 01 January 2015. Canberra: Commonwealth of Australia.

Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report: Technical Appendix*, AHMAC, Canberra.

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## Key concepts

### Medicare-subsidised mental health-specific services

Key Concept	Description
<b>Medicare-subsidised general practitioner (GP) services</b>	<b>Medicare-subsidised general practitioner (GP) services</b> are services provided by 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.
<b>Medicare-subsidised other allied mental health services</b>	<b>Medicare-subsidised other allied mental health services</b> 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—alleged mental health (occupational therapist and social worker items) and enhanced primary care—alleged 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.

**Medicare-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 *Health Insurance Act 1973* are eligible to provide services attracting an MBS subsidy.

**Medicare-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.

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.

Medicare rebates for focussed psychological strategies and enhanced primary care are available for services provided by psychologists who are fully registered in the 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.