

## 2 Mental health-related care in general practice

**General practitioners** (GPs) often provide 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 [section 6](#)).

This section presents information on mental health related services provided by GPs. The main data is sourced from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, which provides detailed information about GP **encounters**. More extensive, but less detailed information is provided through Medicare Benefits Schedule (MBS) data. For more information see the [data source](#) section.

### Key points

- In 2009–10, an estimated 11.4% of GP encounters were mental health-related.
- Since 2005–06, there has been an annual average increase of 5.7% in the estimated number of mental health-related GP encounters recorded.
- Depression was the most common problem managed by a GP in a mental health-related encounter.
- The most common management of mental health-related problems was a medication being prescribed, supplied or recommended by the GP.
- Over 1.8 million MBS-subsidised mental health services were provided by GPs and Other Medical Practitioners (OMPs) in 2009–10.
- Females and those aged 35–44 years were the biggest consumers of mental health-specific MBS-subsidised GP services.

## Overview

### Mental health-related encounters

In 2009–10, an estimated 11.4% of all GP encounters reported for the BEACH survey were **mental health-related encounters**. The Medicare items to be claimed indicated that these encounters were most often surgery consultations. A simple extrapolation based on the 116 million unreferral (that is, non-specialist) attendances claimed from Medicare for 2009–10 suggests that there were approximately 13.3 million mental health-related GP encounters which corresponds to an estimated 600 encounters per 1,000 population.

Among these mental health-related consultations, long surgery consultations were twice as common (14.9% compared with an average of 7.8% for all encounters) as were prolonged consultations (1.3% compared with 0.5%) (Britt et al. 2010).

### Mental health-specific Medicare Benefits Schedule items for general practice

This section also reviews the use of **mental health-specific MBS items** by GPs through analysis of both MBS data and BEACH survey data. There were 1.8 million services provided in 2009–10 for those 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 2010) as distinct from general surgery consultations where a **mental health-related problem** is **managed**.

## Additional general practice activity

In addition to the estimated 13.3 million GP encounters where a mental health-related problem was managed, there were an estimated 2.7 million additional encounters in the 2009–10 BEACH survey that did not involve a specific mental health-related problem but where [\*psychologically-related management\*](#) was initiated.

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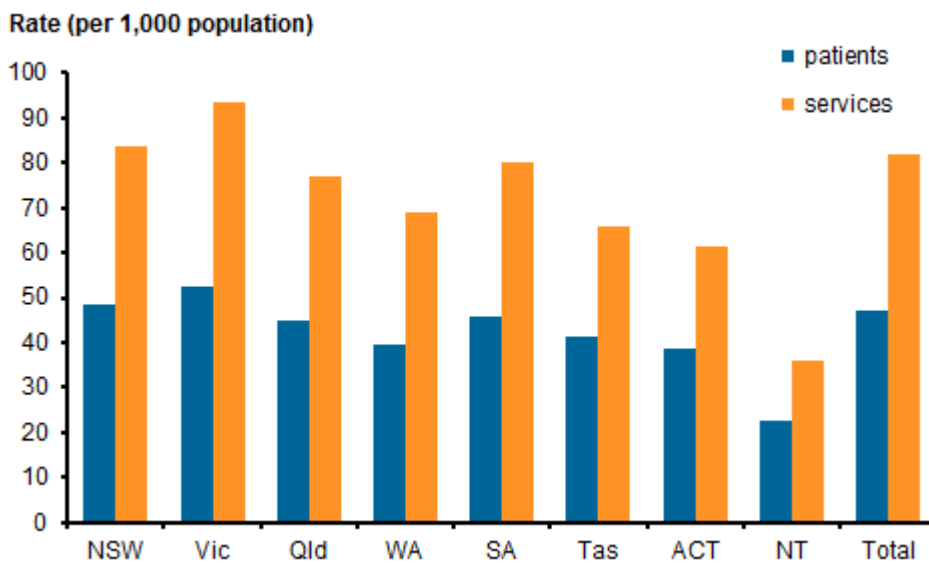
## Reference

Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y, Valenti L, Harrison C, O'Halloran J & Fahridin S 2010. General practice activity in Australia 2009–10. General practice series no. 27. AIHW cat. no. GEP 27. Canberra: Australian Institute of Health and Welfare.

DoHA 2010. Medicare Benefits Schedule Book, effective 1 November 2010. Canberra: Commonwealth of Australia.

## Mental health-related care in general practice by states and territories

There were 1.8 million MBS-subsidised mental health services provided by GPs and [Other Medical Practitioners](#) (OMPs) in 2009–10. The great majority (97.3 %) of these services were for GP Mental Health Care items. Victoria and New South Wales had higher numbers of patients per 1,000 population (52.5 and 48.2 respectively) than the national average (46.9) (Figure 2.1). The highest service rate was for Victoria (93.5 services per 1,000 population), 14% higher than the national average (81.7). The Northern Territory had the lowest service rate (36.2) and the lowest patient rate (22.5).

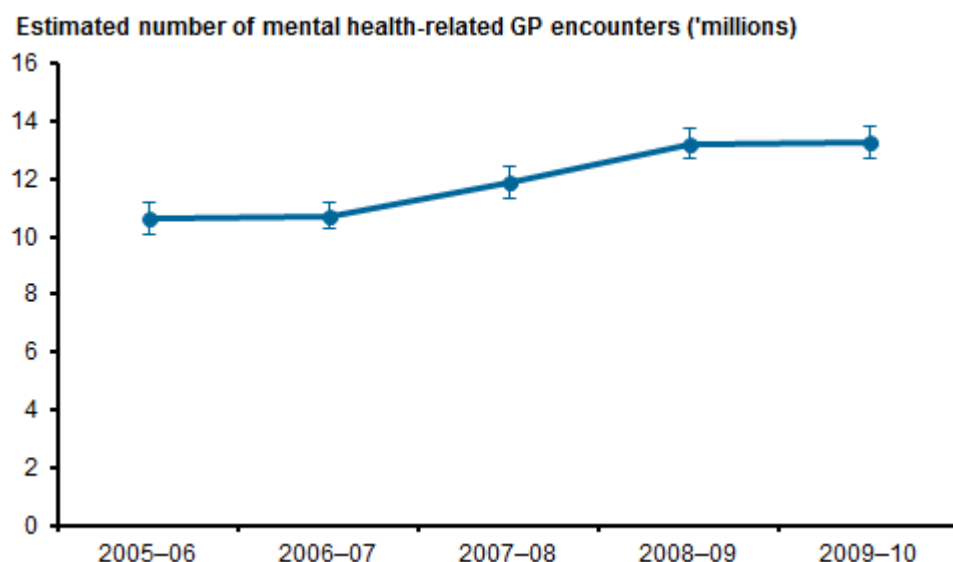


Source: MBS data (DoHA).

**Figure 2.1: MBS-subsidised specific GP mental health services rates and patient rates by states and territories, 2009–10**

## Mental health-related care in general practice over time

The estimated number of mental health-related GP encounters increased by an annual average of 5.7% between 2005–06 and 2009–10. However, the increase was less than 1% from 2008–09 to 2009–10 (Figure 2.2). The proportion of all GP encounters that are mental health-related has increased from 10.5% in 2005–06 to 11.4% in 2009–10.

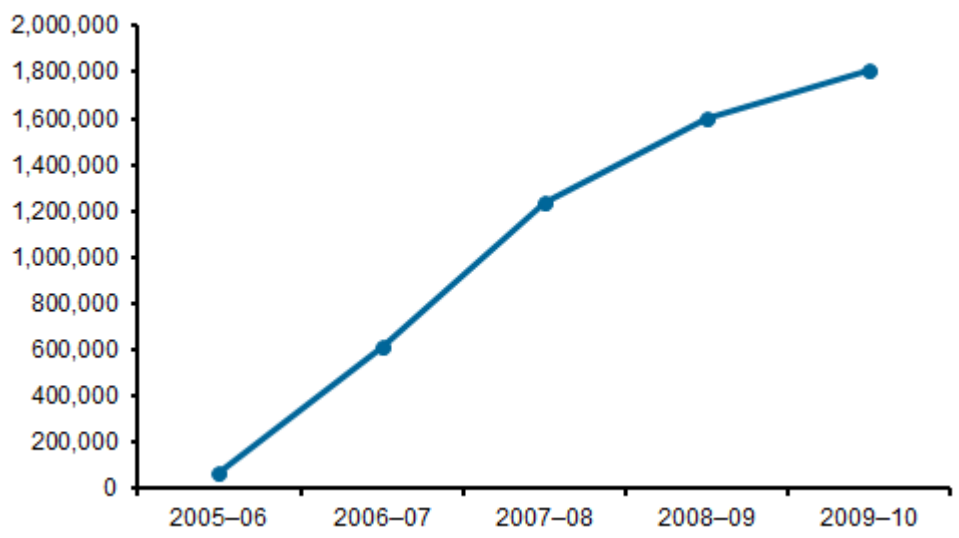


Source: BEACH survey of general practice activity.

**Figure 2.2: Estimated number of mental health-related GP encounters, 2005–06 to 2009–10**

The introduction of the GP Mental Health Care items as part of the Better Access initiatives in November 2006 saw a noticeable growth in MBS-subsidised specific GP/OMP mental health services. Since 2007–08 when the Better Access initiatives were fully operational, the average annual growth rate has been 21% (Figure 2.3).

**MBS-subsidised services**

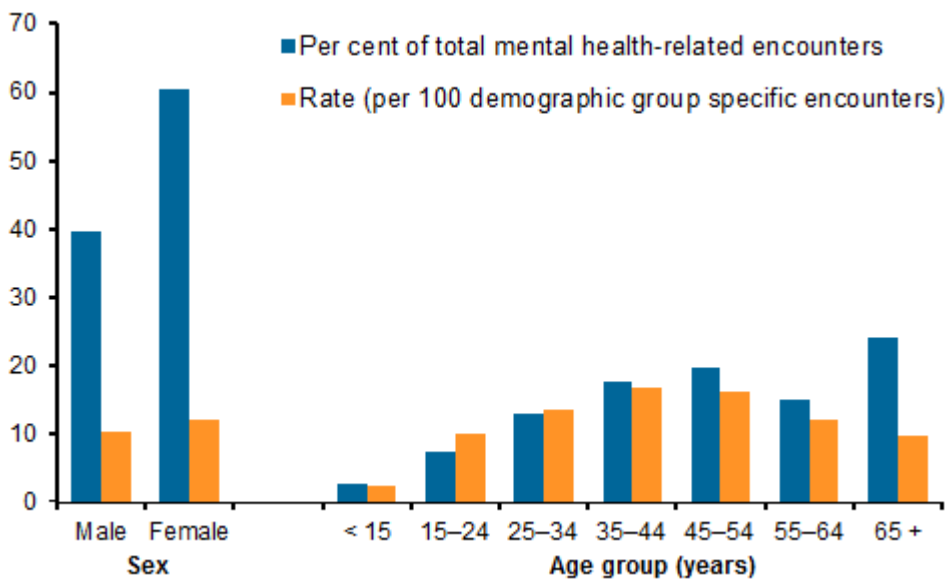


Source: MBS data (DoHA).

**Figure 2.3: MBS-subsidised specific GP/OMP mental health services, 2005-06 to 2009-10**

## Characteristics of mental health-related care patients in general practice

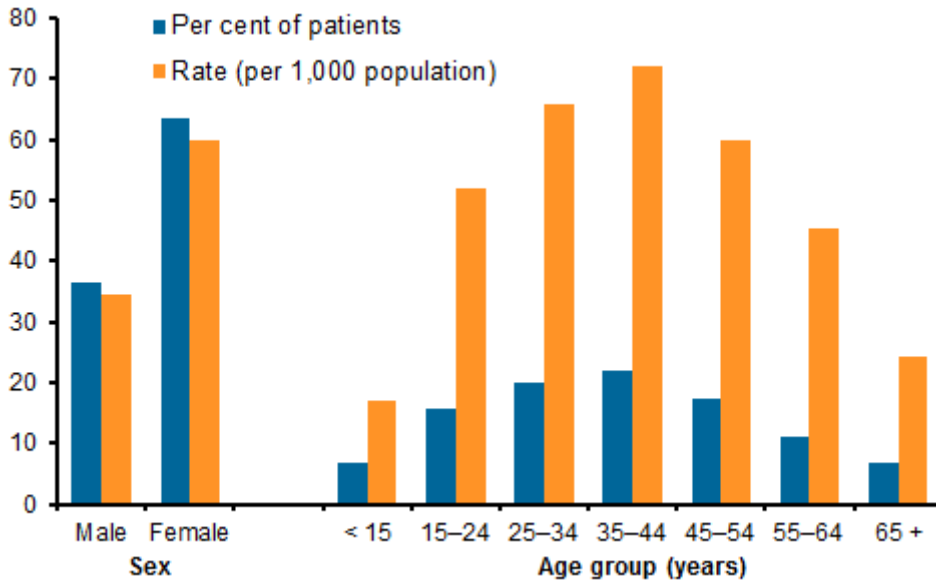
Nearly one in four (24.0%) mental health-related GP encounters were for patients aged 65 years and over in 2009–10 (Figure 2.4). An estimated 12.1% of all female encounters with GPs were mental health-related compared with 10.5% for males. Taking population size and age structure into consideration, there was little difference in the rates for Aboriginal and Torres Strait Islander people and non-Indigenous Australians (545 and 547 per 1,000 population respectively). With respect to place of residence, mental health-related encounters per 1,000 population were highest among those living in *Inner regional* areas (620).



Source: BEACH survey of general practice activity.

**Figure 2.4: Mental health-related encounters, by sex and age groups, BEACH, 2009–10**

In terms of both absolute numbers and population adjusted rates, two groups, females and people aged 35–44 years were the biggest consumers of mental health-specific MBS-subsidised GP services (Figure 2.5).

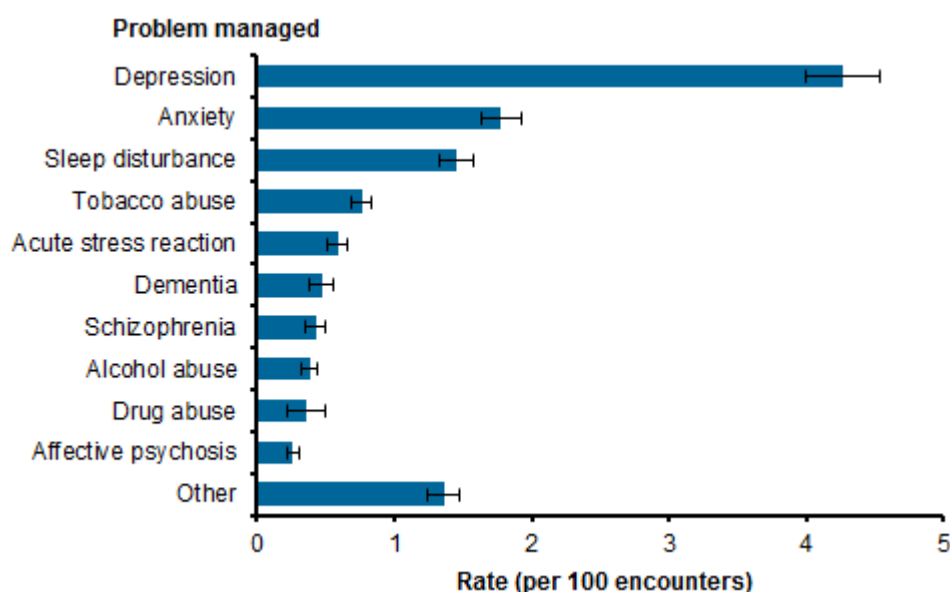


Source: MBS data (DoHA).

**Figure 2.5: MBS-subsidised GP mental health patients, by sex and age groups, 2009–10**

## Mental health-related problems encountered in general practice

In the BEACH 2009–10 survey, mental health-related problems were managed at a rate of 12.1 per 100 encounters, including encounters with multiple problems managed (Britt et al. 2010). *Depression* (ICPC 2 codes P03, P76), *anxiety* (P01, P74) and *sleep disturbance* (P06) were the three most frequently managed mental health-related problems in 2009–10, accounting for over 60% of all mental health-related problems managed (Figure 2.6) and almost 5% of all health problems managed.

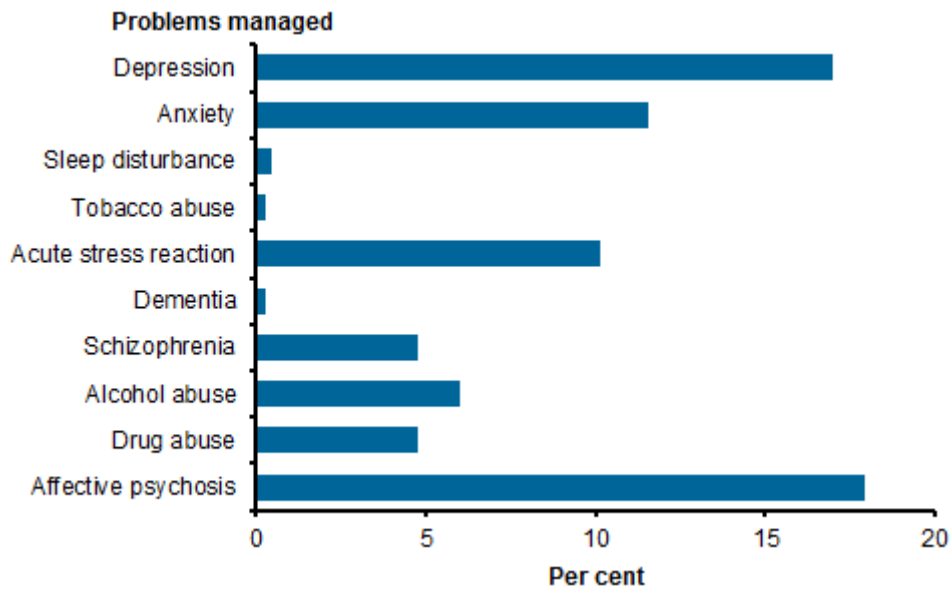


Source: BEACH survey of general practice activity.

**Figure 2.6: The 10 most frequent mental health-related problems managed, BEACH, 2009–10**

The BEACH 2009–10 survey asked the GP to record the MBS items to be claimed for each encounter. Analysis of the data collected for encounters where a mental health-related problem was managed showed that 11.8% of these mental health-related encounters had an MBS item designated specifically as a mental health service recorded. This percentage varied depending on the mental health-related problem being managed. Among the 10 most commonly reported mental health-related problems managed, *depression* and *affective psychosis* had noticeably higher percentages of encounters where a mental health-specific MBS item (GP Mental Health Care and Focussed Psychological Strategies) was recorded. *Sleep disturbance*, *tobacco abuse* and *dementia* had very low percentages of encounters where a mental health-specific MBS item was recorded (Figure 2.7).





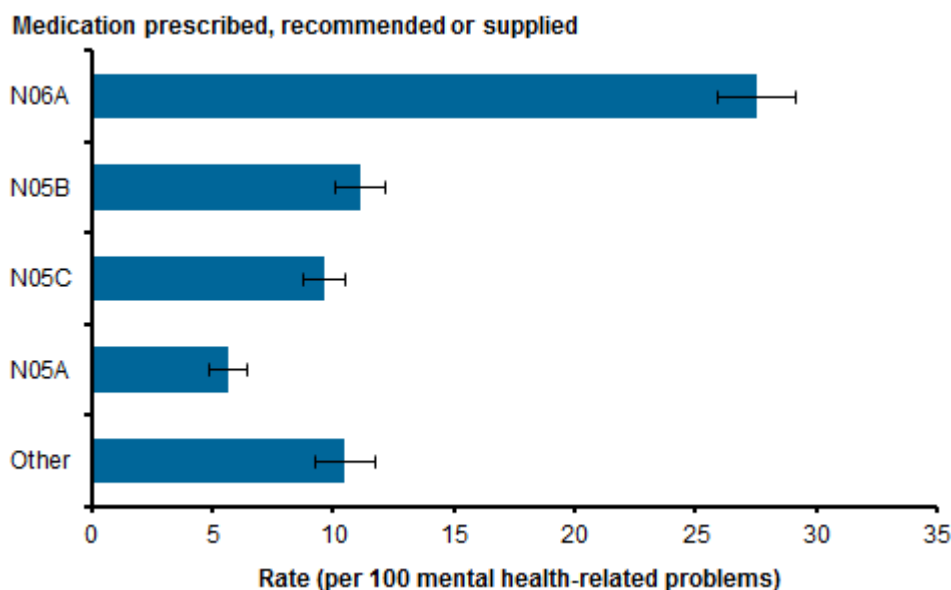
Source: BEACH survey of general practice activity.

**Figure 2.7: Percentage of encounters where mental health-specific MBS items were recorded for the 10 most commonly reported mental health-related problems managed, BEACH, 2009–10**

## Management of mental health-related problems in general practice

The most common management of mental health-related problems was by medication(s) being prescribed, supplied or recommended by the GP (64.4 per 100 mental health-related problems managed).

Antidepressants were the most commonly prescribed, recommended or supplied medication (27.5 per 100), followed by anxiolytics (11.1), and hypnotics and sedatives (9.6) (Figure 2.8).



*Key*

N06A: Antidepressants

N05B: Anxiolytics

N05C: Hypnotics and sedatives

N05A: Antipsychotics

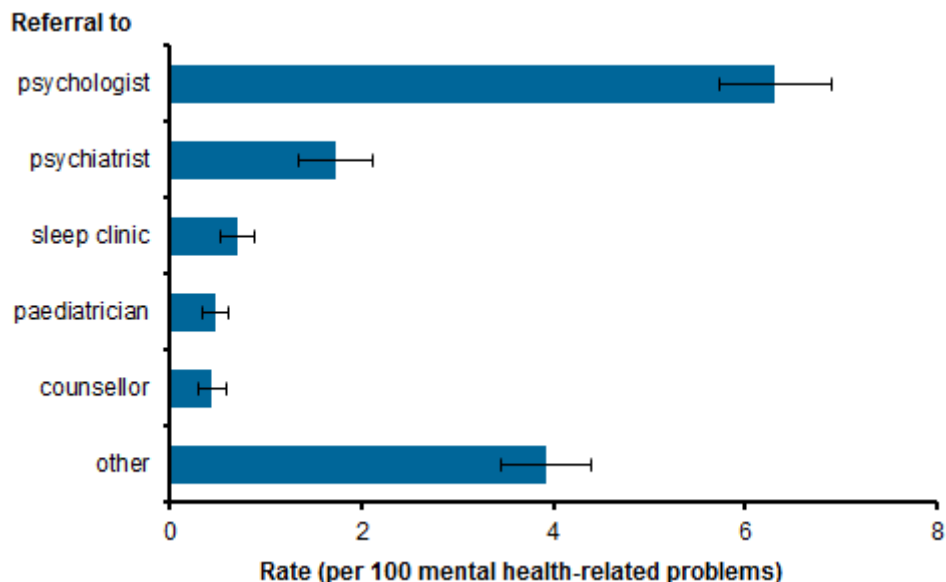
Source: BEACH survey of general practice activity.

**Figure 2.8: Most common medications prescribed, recommended, or supplied for management of mental health-related problems, BEACH, 2009–10**

The second most common form of management was by the GP providing counselling, advice or other treatments (50.1 per 100 mental health-related problems managed) with psychological counselling (27.6 per 100) being most frequently provided.

Pathology was ordered at a rate of 13.9 tests/test batteries per 100 mental health-related problems managed. The most common pathology tests ordered were for full blood count (2.7 per 100 mental health-related problems managed), thyroid function tests (1.8 per 100), and liver function tests (1.3 per 100).

A referral was given at a rate of 13.1 per 100 mental health-related problems managed. The most common referrals given were to psychologists (6.3 per 100) and to psychiatrists (1.7) (Figure 2.9).



Source: BEACH survey of general practice activity.

**Figure 2.9: Most common referral types for management of mental health-related problems, BEACH, 2009–10**

### Additional general practice activity

In addition to the GP encounters where a mental health-related problem was managed, there were an additional 2.7 million encounters that did not involve a specific mental health-related problem but where:

- a 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.

Common presenting problems associated with additional encounters include medication requests or review, pain, hypertension, marital and family problems. More than half of these encounters (55.8%) consisted of a medication being prescribed, recommended or supplied, with antidepressants and anxiolytics being the most common. For 42.1% of these additional encounters, a psychological treatment or counselling most commonly related to smoking and lifestyle was reported. Referrals to psychologists were commonly given for relationship problems.

## Data source

### Bettering the Evaluation and Care of Health survey

The BEACH survey of general practice activity for 2009–10 and previous years was conducted by the Family Medicine Research Centre, University of Sydney in collaboration with the AIHW. For each year's data collection, a random sample of about 1,000 general practitioners (GPs) each 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 mainly relate to 98,800 GP encounters from a sample of 988 GPs over the period from April 2009 to March 2010. This represents about 0.1% of all GP encounters in Australia over that time. After post stratification weighting (to ensure that national general practice activity patterns are reflected) the data include 101,349 (weighted) encounters (Britt et al. 2010).

Additional information on the 2009–10 BEACH survey can be obtained from *General practice activity in Australia 2009–10* (Britt et al. 2010).

### Reference

Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y, Valenti L, Harrison C, O'Halloran J & Fahridin S 2010. General practice activity in Australia 2009–10. General practice series no. 27. AIHW cat. no. GEP 27. Canberra: AIHW.

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### Medicare Benefits Schedule data

Medicare Australia collects data on the activity of all providers making claims through the Medicare Benefits Schedule (MBS) and provides this information to DoHA. Information collected includes the type of service provided (MBS item number) and the benefit paid by Medicare Australia for the service. The item number and benefits paid by Medicare Australia are based on the *Medicare Benefits Schedule Book* (DoHA 2010). 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.

#### MBS mental health-related items

Provider	Item group	MBS Group & Subgroup	MBS item numbers
Psychiatrists	Initial consultation new patient—psychiatrist <sup>(a)</sup>	Group A8	296, 297, 299
	Patient attendances—consulting room	Group A8	291 <sup>(a)</sup> , 293 <sup>(a)</sup> , 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 <sup>(b)</sup> , 361 <sup>(b)</sup> , 364, 366, 367, 369, 370
	Case conferencing—psychiatrist		855, 857, 858, 861, 864, 866
	Electroconvulsive therapy	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)—psychiatrist <sup>(c)</sup>	Group A8	289
General practitioners	GP Mental Health Care <sup>(a)</sup>	Group A20 Subgroup 1	2702, 2710, 2712, 2713
	Focussed Psychological Strategies	Group A20 Subgroup 2	2721, 2723, 2725, 2727
	Family Group Therapy	Group A6	170, 171, 172
	3 Step Mental Health Process —GP <sup>(d)</sup>	Group A18 Subgroup 4	2574, 2575, 2577, 2578
	3 Step Mental Health Process —OMP <sup>(d)</sup>	Group A19 Subgroup 4	2704, 2705, 2707, 2708
Psychologists	Enhanced Primary Care —psychologist	Group M3	10968
	Focussed Psychological Strategies (Allied Mental Health)—psychologist <sup>(a)</sup>	Group M7	80100, 80105, 80110, 80115, 80120
	Psychological Therapy Services — clinical psychologist <sup>(a)</sup>	Group M6	80000, 80005, 80010, 80015, 80020
	Assessment and treatment of PDD —psychologist <sup>(c)</sup>	Group A10	82000, 82015
	Follow-up allied health service for Indigenous Australians—psychologist <sup>(e)</sup>	Group M11	81355
Other allied health	Enhanced Primary Care — mental health worker	Group M3	10956

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providers

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Focussed Psychological Strategies (Allied Mental Health)—occupational therapist <sup>(a)</sup>	Group M7	80125, 80130, 80135, 80140, 80145
Focussed Psychological Strategies (Allied Mental Health)—social worker <sup>(a)</sup>	Group M	80150, 80155, 80160, 80165, 80170
Follow-up allied health services for Indigenous Australians— mental health worker <sup>(e)</sup>	Group M11	81325

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(a) These items introduced 1 November 2006 except for item 2702 which was introduced 1 January 2010.

(b) These items introduced 1 November 2007.

(c) These items introduced 1 July 2008.

(d) These items were discontinued after 30 April 2007.

(e) These items were introduced 1 November 2008.

The MBS data presented in this report 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 Australia, 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 2010. Medicare Benefits Schedule Book, effective 1 November 2010. Canberra: Commonwealth of Australia.

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## Key concepts

### Mental health-related care in general practice

Key Concept	Description
<b>Encounter</b>	<b>Encounter</b> 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, a prescription or referral) (Britt et al. 2010).
<b>General practitioners (GPs)</b>	<b>General practitioners (GPs)</b> 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.
<b>Mental health-related encounters</b>	<b>Mental health-related encounters</b> are those encounters during which at least one mental health-related problem was managed.
<b>Mental health-related problems</b>	<b>Mental health-related problems</b> , for the purposes of this section, are those that are classified in the psychological section (that is, the 'P' section) of the <i>International Classification of Primary Care, 2nd edition (ICPC-2)</i> . A list of the 'P' section codes for problems, which includes alcohol and drug-related problems, is provided in the <a href="#">technical information–classification codes</a> section.
<b>Mental health-specific MBS items</b>	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"><li>○ 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'.</li><li>○ 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.</li><li>○ Since 1 January 2010, the MBS item 2702 was introduced with a lower schedule fee for GPs who have not undertaken accredited Mental Health Skills Training.</li></ul>

The MBS groups, subgroups and item numbers associated with these initiatives are detailed in the [data source](#) section.

<b>Other medical practitioners (OMPs)</b>	<b>Other medical practitioners (OMPs)</b> are primary care practitioners who are neither vocationally registered nor training to become vocationally registered.
<b>Problem managed</b>	<b>Problem managed</b> 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 (Britt et al. 2010).
<b>Psychologically-related management</b>	<p>A <b>psychologically-related management</b> was initiated when:</p> <ul style="list-style-type: none"> <li>○ a treatment, counselling and/or referral classified in the psychological chapter of the ICPC 2 was provided, and/or</li> <li>○ a medication classified in the main psychological groups in the Anatomical Therapeutic Chemical (ATC) classification was prescribed, recommended or supplied.</li> </ul> <p>A list of the 'P' chapter codes for treatments, counselling and referrals and the ATC group codes for medications is provided in the <a href="#">technical information-classification codes</a> section.</p>

## References

Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y, Valenti L, Harrison C, O'Halloran J & Fahridin S 2010. General practice activity in Australia 2009–10. General practice series no. 27. Cat. no. GEP 27. Canberra: AIHW.