

## Medicare-subsidised mental health-related services

This section presents the number and type of Medicare-subsidised mental health-related services provided by [psychiatrists](#), [general practitioners](#) (GPs), [psychologists](#) and [other allied health professionals](#)—including mental health nurses, occupational therapists, social workers and Aboriginal health workers. These services are defined in the Medicare Benefits Schedule (MBS) and are provided in a range of settings, for example in hospital, consulting rooms, home visits, and over the phone. Information on the characteristics of people who received these services is also presented. For further information on the MBS data, refer to the [Data source](#) section. Additional information on Medicare-subsidised mental health-related services provided by GPs is available in the [Mental health services provided by general practitioners](#) section.

### Key points

- Almost 10 million Medicare-subsidised mental health-related services were provided by psychiatrists, GPs, psychologists and other allied health professionals to over 2 million patients in 2014–15. This represented an average of 5 services per patient over the year.
- GPs provided more services to more patients than the other provider types.
- There has been an average annual increase of 6.0% in the total number of Medicare-subsidised mental health-related services recorded for the 5-year period from 2010–11 to 2014–15. Clinical psychologist services had the highest average annual increase (10%) over the period.
- In 2014–15, Victoria had the highest rate of patients and services at 98 per 1,000 population and 493 per 1,000 population respectively.
- Females were more likely than males to access Medicare-subsidised mental health-related services from psychiatrists (54% were females), general practitioners (62%), clinical psychologists (62%), other psychologists (61%), and other allied health providers (62%).

Data in this section were last updated in April 2016.

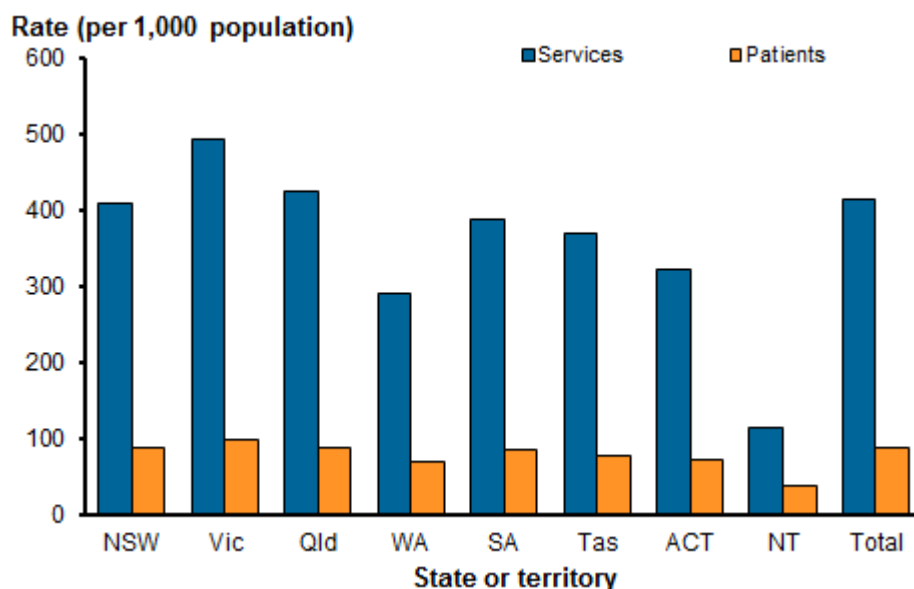
## Service Provision

### Medicare-subsidised mental health-related services by states and territories

There were 9,785,527 Medicare-subsidised mental health-related services reported in 2014–15 for an estimated 2,069,004 patients, an average of 5 services per patient.

Victoria had the highest number of patients and services per 1,000 population (98 and 493 respectively), compared to the national average of 88 patients and 414 services per 1,000 population. The Northern Territory had the lowest rate for both patients and services per 1,000 (39 and 116 per 1,000 respectively) (Figure MBS.1).

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



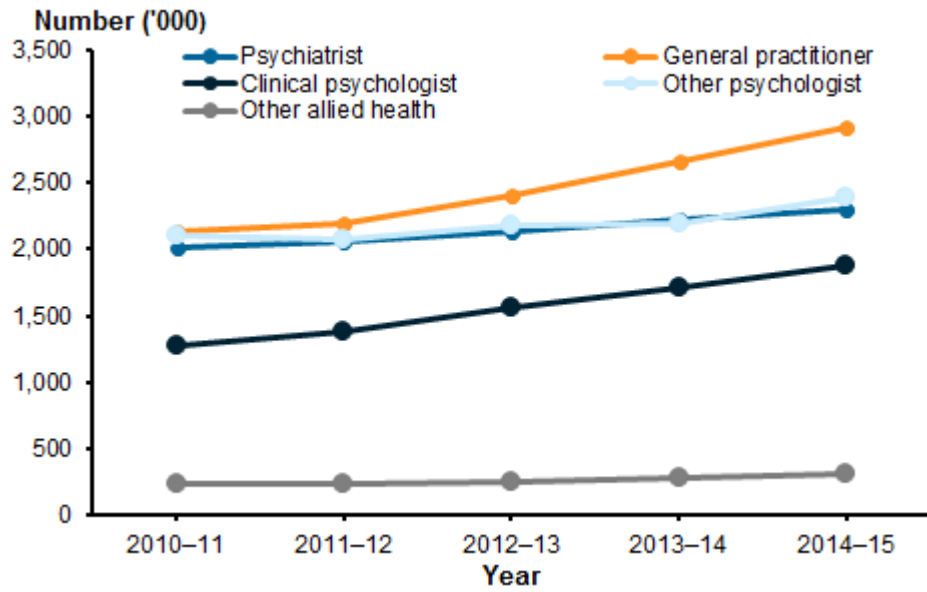
Source: Medicare Benefits Schedule data (Department of Health).

Source data Medicare-subsidised mental health-related services Table MBS.1 & MBS.7 (453KB XLS).

### Medicare-subsidised mental health-related services over time

The total number of Medicare-subsidised mental health-related services increased from 7.7 million services in 2010–11 to 9.8 million services in 2014–15, translating to an average annual increase of 6.0% over the 5-year period. From 2010–11 to 2014–15, clinical psychologist services had the highest average annual increase (10%), followed by GP services (8.2%) and services by other allied health providers (7.8%). The number of subsidised psychiatrists and other psychology services increased at a lower rate over the same period (average annual increase of 3.5% and 3.1% respectively).

Figure MBS.2: Medicare-subsidised mental health-related services, by provider type, 2010–11 to 2014–15



Source: Medicare Benefits Schedule data (Department of Health).  
Source data Medicare-subsidised mental health-related services Table MBS.9 (453KB XLS ).

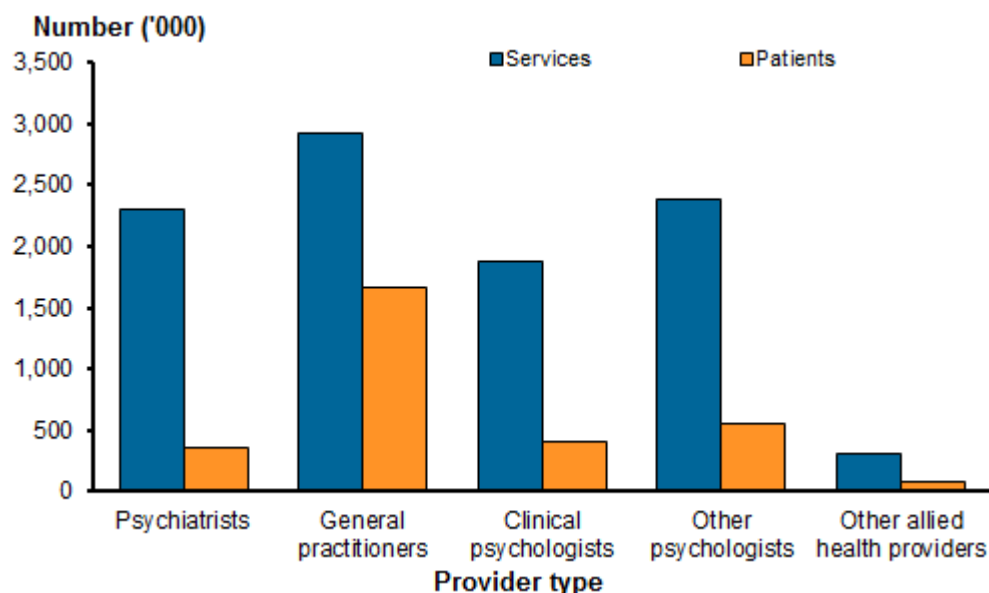
## Patient characteristics

### Medicare-subsidised mental health-related service providers

GPs provided the highest number of Medicare-subsidised mental health-related services (2,917,909 services or 30%), followed by other psychologist services (2,382,654 services or 24%) and psychiatrists (2,302,742 services or 24%) in 2014–15 (Figure MBS.3). Among the 5 Medicare-subsidised mental health-related service provider types, psychiatrists had the highest number of services per patients (6 services per patient).

Most of the Medicare-subsidised psychiatrist services in 2014–15 were attendances provided in consulting rooms (72%), followed by attendances in hospitals (16%). The majority of psychologist services (clinical and other) were provided for Focussed Psychological Strategies (55%). Eight in 10 (80%) of the Medicare-subsidised other allied health services were provided by social workers.

**Figure MBS.3: Medicare-subsidised mental health-related patients and services, by provider type, 2014–15**



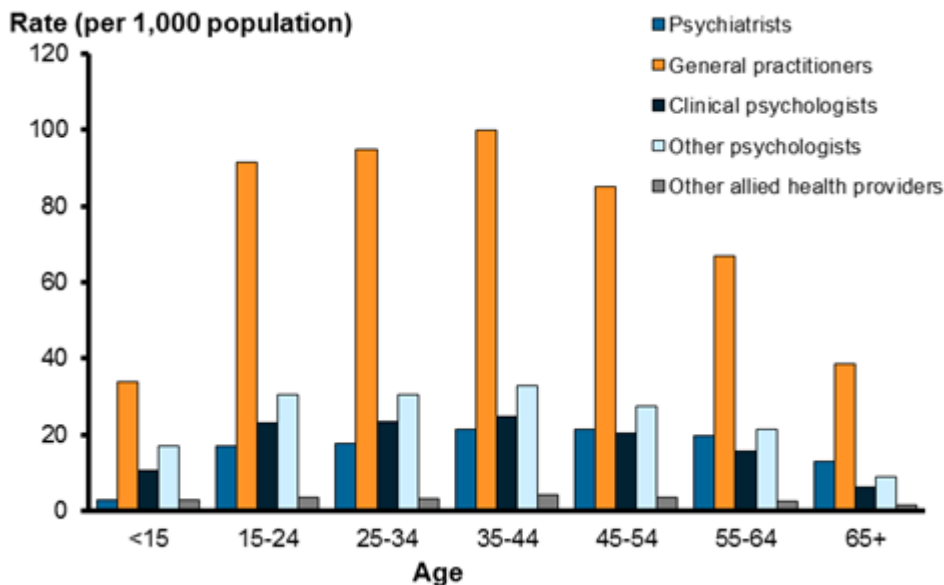
Source: Medicare Benefits Schedule data (Department of Health).

Source data Medicare-subsidised mental health-related services Tables MBS.3 and MBS.10 (453KB XLS).

## Characteristics of people accessing Medicare-subsidised mental health-related services

The rate of patients accessing Medicare-subsidised mental health-related services per 1,000 population was highest for those aged 35–44 in 2014–15. The rate of patients accessing services peaked at this age-group for every provider type reported, except for psychiatrists, where those aged 45–54 had a slightly higher rate of service.

**Figure MBS.4: People receiving Medicare-subsidised mental health-related services by provider type and age group, 2014–15**



Source: Medicare Benefits Schedule data (Department of Health).  
Source data Medicare-subsidised mental health-related services Table MBS.2 (453 KB XLS).

Females were more likely than males to access Medicare-subsidised mental health-related services from psychiatrists (54% were females), general practitioners (62%), clinical psychologists (62%), other psychologists (61%), and other allied health providers (62%).

## Data source

### 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 2014). 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.

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

Provider	Item group	MBS Group & Subgroup	MBS item numbers
Psychiatrists	Initial consultation new patient <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	288, 353, 355, 356, 357, 358, 359 <sup>(b)</sup> , 361 <sup>(b)</sup> , 364, 366, 367, 369, 370
	Case conferencing		855, 857, 858, 861, 864, 866
	Electroconvulsive therapy <sup>(c)</sup>	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) <sup>(d)</sup>	Group A8	289
General practitioners	GP Mental Health Treatment Plan—accredited	Group A20 Subgroup 1	2710 <sup>(a)(f)</sup> , 2715 <sup>(g)</sup> , 2717 <sup>(g)</sup>
	GP Mental Health Treatment Plan—non-accredited	Group A20 Subgroup 1	2700 <sup>(g)</sup> , 2701 <sup>(g)</sup> , 2702 <sup>(e)(f)</sup>
	GP Mental Health Treatment—other	Group A20 Subgroup 1	2712 <sup>(a)</sup> , 2713 <sup>(a)</sup> , 2719 <sup>(g)(h)</sup>

	Focussed Psychological Strategies	Group A20 Subgroup 2	2721, 2723, 2725, 2727
	Family Group Therapy	Group A6	170, 171, 172
	Electroconvulsive therapy <sup>(i)</sup>	Group T10	20104
	3 Step Mental Health Process—general practitioner <sup>(j)</sup>	Group A18 Subgroup 4	2574, 2575, 2577, 2578
	3 Step Mental Health Process—other medical practitioner <sup>(j)</sup>	Group A19 Subgroup 4	2704, 2705, 2707, 2708
Clinical psychologists	Psychological Therapy Services <sup>(a)</sup>	Group M6	80000, 80005, 80010, 80015, 80020
Other psychologists	Enhanced Primary Care	Group M3	10968
	Focussed Psychological Strategies (Allied Mental Health) <sup>(a)</sup>	Group M7	80100, 80105, 80110, 80115, 80120
	Assessment and treatment of PDD <sup>(c)</sup>	Group A10	82000, 82015
	Follow-up allied health service for Indigenous Australians <sup>(k)</sup>	Group M11	81355
Other allied health providers	Enhanced Primary Care—mental health worker	Group M3	10956
	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>(k)</sup>	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 2014. Medicare Benefits Schedule Book, effective 1 November 2014. Canberra: Commonwealth of Australia.



## Key concepts

### Medicare-subsidised mental health-related 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—allied mental health (occupational therapist and social worker items) and enhanced primary care—allied 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 <a href="#">data source</a> 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.
<b>Medicare-subsidised psychiatrist services</b>	<b>Medicare-subsidised psychiatrist services</b> 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 <a href="#">data source</a> 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 <i>Health Insurance Act 1973</i> are eligible to provide services attracting an MBS subsidy.
<b>Medicare-subsidised psychologist services</b>	<b>Medicare-subsidised psychologist services</b> are services provided by psychologists that are rebatable by Medicare through psychological therapy services, focussed psychological strategies and enhanced primary care items. The <a href="#">data source</a> 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.