

2 Mental health-related care in general practice

2.1 Introduction

This chapter presents information on mental health-related services provided by *general practitioners* (GPs) using data from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity and *Medicare Benefits Schedule* (MBS) processing data.

2.2 Bettering the Evaluation and Care of Health survey data

The BEACH program is a survey of general practice activity across Australia. The data described in this chapter mainly relate to 95,300 GP *encounters* from a sample of 953 GPs over the period from April 2007 to March 2008, as this is the most recent data period available. This is described as BEACH 2007–08 in the remainder of this chapter. Note that this differs from the majority of chapters in this publication, which focus on 2006–07 data.

The GP encounters covered by the survey represent about 0.1% of all GP encounters over that time. After post-stratification weighting (to ensure that national general practice activity patterns are reflected) the data include 95,898 encounters (Britt et al. 2008). The survey provides information on the reasons that patients visited the GP, the *problems managed*, and the types of management that were provided for each problem.

Further information about this survey and the data can be found in Appendix 1.

Key concepts

General practitioners (GPs) are those medical practitioners who are vocationally registered with Medicare Australia or Fellows of the Royal Australian College of General Practitioners (RACGP) or trainees for vocational registration.

Other medical practitioners (OMPs) are primary care practitioners who are not vocationally registered or training to become vocationally registered.

Encounter 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, prescription, referral) (Britt et al. 2008).

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 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. 2008).

Mental health-related encounters are those encounters during which at least one mental health-related problem was managed.

Mental health-related problems managed, for the purposes of this chapter, are those that are classified in the psychological chapter (that is, the 'P' chapter) of the *International Classification of Primary Care, version 2* (ICPC-2). A list of the 'P' chapter codes for problems, which includes alcohol and drug-related problems, is provided in Appendix 4.

Table 2.1: Mental health-related encounters, BEACH, 2003-04 to 2007-08

	2003-04	2004-05	2005-06	2006-07	2007-08	Annual average change (per cent) ^(a)
Per cent of total GP encounters that are mental health-related	10.4	10.8	10.5	10.4	10.8	1.1
Estimated number of mental health-related encounters ^(b)	9,974,000	10,591,000	10,624,000	10,713,000	11,862,000	4.4
Lower 95% confidence limit	9,516,000	10,067,000	10,074,000	10,261,000	11,280,000	..
Upper 95% confidence limit	10,433,000	11,117,000	11,174,000	11,165,000	12,375,000	..
Estimated number of mental health-related encounters per 1,000 population ^{(b)(c)}	498	523	517	514	560	3.0
Lower 95% confidence limit	475	497	490	492	533	..
Upper 95% confidence limit	521	549	553	535	584	..

(a) The confidence intervals suggest that the difference between some of the years is not statistically significant.

(b) The estimated number of encounters is based on the proportion of encounters in the BEACH survey of general practice activity that are mental health-related, multiplied by the total number of Medicare services for Non-Referral (GP) Attendances (excluding Practice Nurse Items) as reported by the Department of Health and Ageing (DoHA 2008b).

(c) Crude rate based on the Australian estimated resident population as at 31 December of the reference year.

.. Not applicable.

Source: BEACH survey of general practice activity.

2.3 Mental health-related encounters

In 2007–08, 10.8% of all GP encounters reported for the BEACH data were *mental health-related encounters* (Table 2.1). These are defined as those encounters at which a *mental health-related problem* was managed. Note that in terms of the *Medicare Benefits Schedule* (MBS) these encounters were most often recorded as surgery consultations (over 90% of all encounters for which an MBS item was recorded – see Table 2.7). The MBS mental health items claimable by GPs, introduced on 1 November 2006 as part of the *Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule* initiative (item nos. 2710, 2712, 2713), represented 6.6% of MBS items recorded for mental health-related encounters in the 2007–08 BEACH survey. A further 0.15% were other mental health-specific MBS items. Section 2.5 includes a discussion of the encounters where these MBS mental health items were recorded compared to other mental health-related encounters.

A simple extrapolation based on the 109.5 million unreferral (that is, non-specialist) attendances claimed from Medicare for 2007–08 suggests that there were an estimated 11.9 million mental health-related GP encounters for 2007–08. This corresponds to an estimated 560 encounters per 1,000 population, up from the 514 encounters per 1,000 population estimated in 2006–07.

The proportion of encounters that were mental health-related from the BEACH data showed an average annual increase of 1.1% between 2003–04 and 2007–08. Over the same period, the estimated total number of mental health-related GP encounters in Australia showed an average annual increase of 4.4% and the number per 1,000 population showed an average annual increase of 3.0%.

Patient demographics

Table 2.2 presents information on mental health-related encounters according to the characteristics of those receiving care. The table shows the proportion of mental health-related encounters for each demographic characteristic, as well as the number of mental health-related encounters per 100 total encounters (that is, both mental health-related and non-mental health-related encounters) for that demographic subgroup. In addition, in order to account for differences in the relative size of the respective populations, a rate (per 1,000 population) is provided in the last column of the table. Since the data relate to encounters (rather than persons), the rates provide information on the number of mental health-related encounters relative to the size of the population subgroup.

In 2007–08, nearly one in four (24.6%) mental health-related encounters were for patients aged 65 years and over. This age group had an estimated 1,033 mental health-related encounters per 1,000 population during the 2007–08 survey period, a much higher rate than any other age group. However, as a proportion of all GP encounters for the age group, those aged 65 years and over had fewer mental health-related GP encounters than any other age group between 25 and 64 years.

There were more mental health-related encounters for female patients than there were for male patients (59.8% and 40.2%, respectively). However, allowing for the higher rate of GP attendances for females, the difference between the genders was not as marked – an estimated 11.4% of all female encounters with GPs were mental health-related compared to 10.2% for males.

The great majority of mental health-related encounters were for non-Indigenous Australians (99.0%) and indeed, when relative population sizes and age structures were considered, Aboriginal and Torres Strait Islander Australians (311 per 1,000 population) had fewer mental health-related encounters than did non-Indigenous Australians (540 per 1,000 population). Whereas in 2006–07 a higher proportion of GP encounters for Aboriginal and Torres Strait Islander Australians were mental health-related (17.6% versus 10.6% for non-Indigenous Australians) the proportions recorded in 2007–08 were almost identical (11.1% versus 11.0%).

Mental health-related encounters were highest per 1,000 population among those living within *Major cities* (561), increasing from the rate reported in 2006–07 (515). The lowest encounter rates were among those in *Remote and very remote* areas (274), a decrease from 2006–07 (315).

Table 2.2: Patient demographics for mental health-related encounters, BEACH 2007–08

Patient demographics	Per cent of total mental health-related encounters ^(a)	Rate (per 100 demographic group specific encounters)	95% LCL	95% UCL	Estimated encounters (per 1,000 population) ^(b)
Age					
Less than 15 years	2.4	2.2	1.9	2.5	69
15–24 years	7.5	8.6	7.8	9.5	300
25–34 years	14.4	13.7	12.6	14.8	575
35–44 years	17.6	15.7	14.6	16.8	666
45–54 years	18.7	14.5	13.6	15.5	750
55–64 years	14.8	11.3	10.6	12.1	733
65 years and over	24.6	9.8	9.1	10.4	1,033
Sex					
Male	40.2	10.2	9.5	10.8	439
Female	59.8	11.4	10.9	11.9	617
Indigenous status^(c)					
Indigenous Australians	1.0	11.1	8.2	14.0	311
Non-Indigenous Australians	99.0	11.0	10.5	11.6	540
Remoteness area					
Major cities	72.2	10.6	10.0	11.2	561
Inner regional	18.5	12.0	11.0	13.1	501
Outer regional	8.2	10.9	9.6	12.2	468
Remote and very remote	1.1	9.5	6.6	12.4	274
Total	100.0	10.8	10.3	11.3	560

(a) The percentages shown do not include those encounters for which the demographic information was missing and/or not reported.

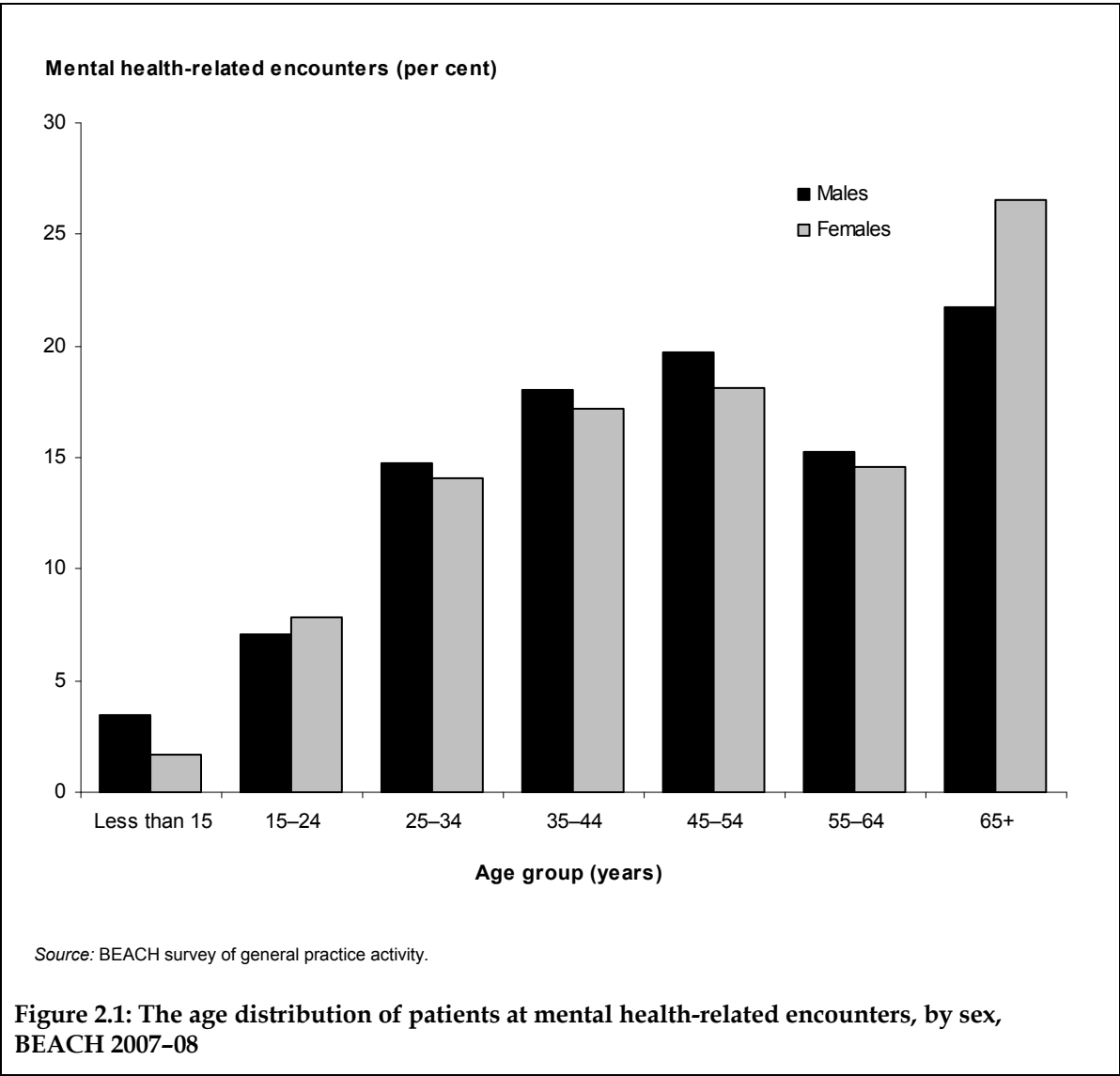
(b) Estimated encounter rates were directly age-standardised, with the exception of age, which is a crude rate, as detailed in Appendix 2.

(c) Information on this data element was missing or not reported for more than 5 per cent of encounters.

Note: LCL—lower confidence limit; UCL—upper confidence limit.

Source: BEACH survey of general practice activity.

Figure 2.1 shows the age distribution of patients at mental health-related encounters by sex. The largest proportion of mental health-related encounters for both males and females were for those aged 65 years and over, especially for females.



Mental health-related problems managed

In the BEACH 2007-08 survey, *mental health-related problems managed* occurred at a rate of 10.8 per 100 encounters (Table 2.1). Table 2.3 presents data on the 10 most frequently reported mental health-related problems managed. *Depression* (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem in 2007-08, accounting for 34.7% of all mental health-related problems managed and 2.6% of all health problems managed.

Anxiety (P01, P74) was the next most frequently reported mental health-related problem managed (15.4% of all mental health-related problems managed and 1.2% of all problems managed), followed by *sleep disturbance* (P06; 14.1% of all mental health-related problems managed and 1.1% of all problems managed).

Table 2.3: The 10 most frequent mental health-related problems managed, BEACH 2007–08

ICPC-2 code	Problem managed	Per cent of total mental health-related problems	Per cent of total problems	Rate (per 100 encounters)	95% LCL	95% UCL
P03, P76	Depression	34.7	2.6	4.0	3.8	4.2
P01, P74	Anxiety	15.4	1.2	1.8	1.6	1.9
P06	Sleep disturbance	14.1	1.1	1.6	1.5	1.7
P02	Acute stress reaction	5.2	0.4	0.6	0.5	0.7
P72	Schizophrenia	4.3	0.3	0.5	0.4	0.6
P70	Dementia	3.8	0.3	0.4	0.3	0.5
P19	Drug abuse	3.8	0.3	0.4	0.3	0.6
P17	Tobacco abuse	3.6	0.3	0.4	0.3	0.5
P15, P16	Alcohol abuse	2.9	0.2	0.3	0.3	0.4
P73	Affective psychosis	1.8	0.1	0.2	0.2	0.2
	Other	10.6	0.8	1.2	1.1	1.3
	Total	100.0	7.6	11.5	10.9	12.0

Note: LCL—lower confidence limit; UCL—upper confidence limit.

Source: BEACH survey of general practice activity.

Management of mental health-related problems

Table 2.4 presents the most common types of management reported for mental health-related problems. The most common way in which a mental health-related problem was managed was through a medication being prescribed, supplied or recommended by the GP – almost two-thirds of problems were handled in this way (65.2 per 100 mental health-related problems managed). Antidepressants were the most commonly prescribed, recommended or supplied medication (26.7 per 100), followed by anxiolytics (13.1) and hypnotics and sedatives (11.9).

The second most common form of management was the GP providing counselling or advice (47.5 per 100 mental health-related problems managed). This form of management occurred significantly more often than was the case in the 2006–07 BEACH survey when the rate was 42.8 per 100 (95% Confidence interval (CI): 40.4–45.2). By far the most common of these treatments was psychological counselling (26.8 per 100 mental health-related problems managed, about the same as the previous year's rate of 24.7 per 100).

Pathology was ordered at a rate of 13.7 tests 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), liver function tests (1.5) and thyroid-stimulating hormone tests (1.0).

A referral was given at a rate of 12.1 per 100 mental health-related problems managed. The most common referrals given were to psychologists (5.5 per 100 mental health-related problems managed) and to psychiatrists (1.9 per 100). While the rate of referrals to psychiatrists was unchanged from the previous year, the rate of referral to psychologists was significantly higher than 2006–07 when the rate was 3.6 per 100 (95% CI: 3.1–4.1), continuing the trend evident since 2005–06 when the rate was 1.6 per 100 (95% CI: 1.3–2.0). This may have been influenced by the introduction of new Medicare items in November 2006 covering attendances by psychologists, part of the *Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule* initiative.

Table 2.4: Most common types of management of mental health-related problems, BEACH 2007–08

Type of management		Rate (per 100 mental health-related problems)	95% LCL	95% UCL	Rate for 2006–07 BEACH survey
Medication prescribed, recommended or supplied^(a)					
N06A	Antidepressants	26.7	25.2	28.2	26.9
N05B	Anxiolytics	13.1	11.7	14.5	13.7
N05C	Hypnotics and sedatives	11.9	11.0	12.8	13.0
N05A	Antipsychotics	5.5	4.7	6.3	5.0
	Other	8.0	6.8	9.2	8.1
Total		65.2	63.0	67.3	66.7
Treatments, including counselling^(b)					
P58001, P58002, P58004–P58007, P58013–P58015, P58018, P58019	Counselling—psychological	26.8	25.0	28.6	24.7
P45001, P45002	Advice/education/observe/wait—psychological	3.5	2.7	4.3	2.5
P45004, P58008	Counselling/advice/education—smoking	2.5	2.1	3.0	2.6
P45005, P58009	Counselling/advice/education—alcohol	1.8	1.5	2.1	1.7
P45007, P58011, P58017	Counselling/advice/education—stress management, relaxation	1.6	1.3	1.9	2.2
	Other	11.3	10.3	12.2	9.2
Total		47.5	45.2	49.8	42.8
Pathology^(b)					
A34011	Test—full blood count	2.7	2.3	3.0	3.1
D34008	Test—liver function	1.5	1.2	1.8	1.4
T34028	Test—thyroid-stimulating hormone	1.0	0.8	1.2	1.3
T34015	Test—thyroid function	0.7	0.5	0.9	0.7
A34021	Test—electrolytes and liver function	0.6	0.5	0.8	0.7
	Other	7.3	6.4	8.2	7.9
Total		13.7	12.2	15.3	15.2
Referral^(b)					
P66003	Referral to psychologist	5.5	4.9	6.2	3.6
P67002	Referral to psychiatrist	1.9	1.5	2.2	1.9
P67006	Referral to sleep clinic	0.6	0.4	0.8	0.5
A67004	Referral to paediatrician	0.5	0.3	0.7	0.6
P66006	Referral to drug and alcohol professional	0.5	0.3	0.6	0.4
	Other	3.6	3.2	4.0	3.7
Total		12.1	11.1	13.0	10.9

(a) Pharmaceuticals prescribed, recommended or supplied by GPs are grouped into Anatomical Therapeutic Chemical (ATC) categories.

(b) Grouped according to ICPC-2 PLUS codes.

Note: LCL—lower confidence limit; UCL—upper confidence limit.

Source: BEACH survey of general practice activity.

2.4 Additional general practice activity

In addition to the 10.8 per 100 GP encounters where a mental health-related problem was managed, there were 2.1 per 100 total GP encounters in the 2007–08 BEACH survey which 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 (Table 2.5).

A list of the 'P' chapter codes for treatments, counselling and referrals and the ATC group codes for medications is provided in Appendix 4. As these encounters did not involve a specific mental health-related problem managed, they were not classified as mental health-related encounters, as defined earlier in this chapter. Often, however, these encounters involved a generic request for a prescription or a referral as the 'problem' managed by the GP. Sometimes they related to problems with relationships or other life issues which resulted in psychological management by the GP. The encounter was almost always recorded as a surgery consultation in terms of MBS items; a mental health-specific MBS item was recorded for less than 1% of encounters.

An extrapolation based on the 109.5 million non-specialist attendances claimed from Medicare for 2007–08 suggests that these additional encounters in the BEACH 2007–08 data set equate to an estimated 2.4 million additional encounters for 2007–08. In turn, this corresponds to an estimated 111 encounters per 1,000 population. Note that the extent of mental health-relatedness of these additional encounters is unknown.

Table 2.5: Psychologically-related activity in other^(a) general practice encounters, BEACH 2007–08

Type of psychologically-related activity			Encounters with psychologically-related activity	
Psychologically-related medication	Psychologically-related management ^(b)	Psychologically-related referral	Number per 100 encounters	Per cent
✓			1.1	50.4
	✓		1.0	44.9
		✓	0.1	3.2
✓	✓		0.0	1.1
✓		✓	0.0	0.1
	✓	✓	0.0	0.2
✓	✓	✓	0.0	0.0
Subtotal medications			1.1	51.7
	Subtotal management		1.0	46.3
		Subtotal referrals	0.1	3.6
Total psychologically-related activity in other^(a) general practice encounters^(c)			2.1	100.0

(a) These encounters did not involve a specific mental health-related problem managed (i.e., a problem managed that was classified in the psychological chapter of the ICPC-2) but did include either a clinical treatment and/or referral which was classified in the psychological chapter of the ICPC-2, and/or a prescription for medication classified as psychological in the ATC classification.

(b) Management covers treatments, including counselling.

(c) The subtotals do not add to the total due to row counts appearing in more than one subtotal.

Source: BEACH survey of general practice activity.

More than half of these additional encounters (51.7%) consisted of a medication being prescribed, recommended or supplied that was classified in the main psychological groups in the ATC classification, without the reporting of a specific psychological problem managed. The most common of these medications were antidepressants (36.5%), followed by anxiolytics (35.9%). The medications were most commonly prescribed, recommended or supplied for general and unspecified prescription requests and renewals (29.3% of the problems managed for this group of additional encounters) and back symptoms and complaints (7.9%).

For 46.3% of these additional encounters, a treatment or counselling classified as psychological was reported. The most common type of management was counselling, advice or education with regard to lifestyle (37.2%) and counselling, advice or education with regard to smoking (29.2%). This management was most commonly provided for hypertension (13.8% of the problems managed for this group of additional encounters).

For 3.6% of the additional encounters, a referral classified as psychological was provided. The most common of these referrals were referral to a psychologist (49.4%), referral to a sleep clinic (18.9%) and referral to a counsellor (14.2%). At these encounters, the referrals were most commonly given for marital and relationship problems (16.1% of the problems managed for this group of additional encounters).

As was the case for the management of mental health-related problems, there was less use of psychologically-related medication by GPs in 2007–08 and more use of psychologically-related management activities and referrals than was the case in 2006–07.

2.5 Mental health-specific Medicare Benefits

Schedule items for general practice

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* (BOIMHC) 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 to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule* initiative, designed to improve access to, and better teamwork between psychiatrists, clinical psychologists, GPs and other allied health professionals, introduced the *GP Mental Health Care Plan* as well as psychiatrist and allied health worker MBS items which are linked to these plans.

The MBS groups, subgroups and item numbers associated with these initiatives are detailed in Appendix 1.

This section reviews the use of these MBS items by GPs through analysis of both MBS data and BEACH survey data. The tables in this section show the numbers of patients and/or services for each of the main groups of MBS-subsidised specific mental health services provided by GPs and *other medical practitioners* (OMPs). These are 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 2007) as distinct

from general surgery consultations where a mental health-related problem is managed (see Key concepts).

There were 1,220,873 MBS-subsidised mental health services provided by GPs and OMPs in 2007–08 (Table 2.6), more than double the number for the previous year. The great majority (97%) of these services were for the preparation or review of *GP Mental Health Care Plans*. The *3 Step Mental Health Process* item groups were phased out following the introduction of the new *GP Mental Health Care Plan* items on 1 November 2006 and ceased after 30 April 2007. In the remainder of this chapter which focuses on data for 2007–08, no further references will be made to *3 Step Mental Health Process* items or OMPs.

Table 2.6: MBS-subsidised specific GP/OMP mental health services, by item group of service provided, 2003–04 to 2007–08

Item group ^(a)	2003–04	2004–05	2005–06	2006–07	2007–08
GP Mental Health Care Plans	^(b) 546,515	1,183,690
Focussed Psychological Strategies	17,523	25,450	30,261	36,779	37,133
3 Step Mental Health Process—GPs	13,411	16,099	25,005	15,535	^(c) 53
3 Step Mental Health Process—OMPs	958	1,049	917	508	^(c) –3
Total	31,892	42,598	56,183	599,337	1,220,873

(a) See the *Medicare Benefits Schedule* data section of Appendix 1 for a listing of these item groups.

(b) Introduced from 1 November 2006.

(c) The *3 Step Mental Health Process* items ceased after 30 April 2007. The figures appearing for these item groups in 2007–08 represent delayed processing of previously provided items. The negative value for the OMP item group is due to adjustments by Medicare Australia of previously processed claims.

.. Not applicable.

Source: MBS data (DoHA).

The BEACH 2007–08 survey required the GP to record the MBS item for each encounter. Analysis of the data collected for encounters where a mental health-related problem was managed showed that in almost 90% of these encounters the MBS item recorded was for some form of consultation (Table 2.7). For 7.8% of these encounters, an MBS item designated specifically as a mental health service was recorded.

For mental health-related GP encounters, recording of mental health-specific MBS items (*GP Mental Health Care Plans* and *Focussed Psychological Strategies*) varied by the type of problem being managed as shown in Figure 2.2. The mental health-specific MBS items tended to be recorded comparatively more for depressive disorders and comparatively less for conditions such as sleep disturbance, dementia and drug, tobacco and alcohol abuse.

Table 2.7: Selected^(a) MBS items recorded for mental health-related encounters, BEACH 2007–08

Rank	MBS Item No.	Item description	Per cent of mental health-related encounters	
			Item	Cumulative
1	23	Surgery consultation—level 'B' (standard)	62.9	62.9
2	36	Surgery consultation—level 'C' (long)	17.7	80.6
3	2710	GP Mental Health Care Plan—preparation	3.4	84.0
4	2713	GP Mental Health Care Plan—surgery consultation	3.3	87.3
5	35	Consultation at a residential aged care facility—level 'B'	2.4	89.6
6	44	Surgery consultation—level 'D' (prolonged)	1.9	91.6
7	3	Surgery consultation—level 'A' (short)	1.0	92.6
8	25	Consultation at an institution other than a hospital or residential aged care facility—level 'B'	1.0	93.6
9	2712	GP Mental Health Care Plan—review	1.0	94.6
10	5020	Surgery consultation—after hours—level 'B'	0.9	95.6
11	24	Home visit—level 'B'	0.8	96.3
12	721	GP management plan—preparation	0.4	96.7
23	2725	Focussed Psychological Strategies—surgery consultation (extended)	0.1	98.5
31	2721	Focussed Psychological Strategies—surgery consultation	0.1	99.2
<i>Subtotal—Better Access items introduced 1 November 2006^(b)</i>			7.7	..
<i>Subtotal—BOIMHC items introduced in 2002^(b)</i>			0.2	..
Total mental health specific items			7.8	..
Total all items			100.0	100.0

(a) Top 12 and then other mental health-specific items.

(b) See the *Medicare Benefits Schedule* data section of Appendix 1 for a listing of these items.

.. Not applicable.

Source: BEACH survey of general practice activity.

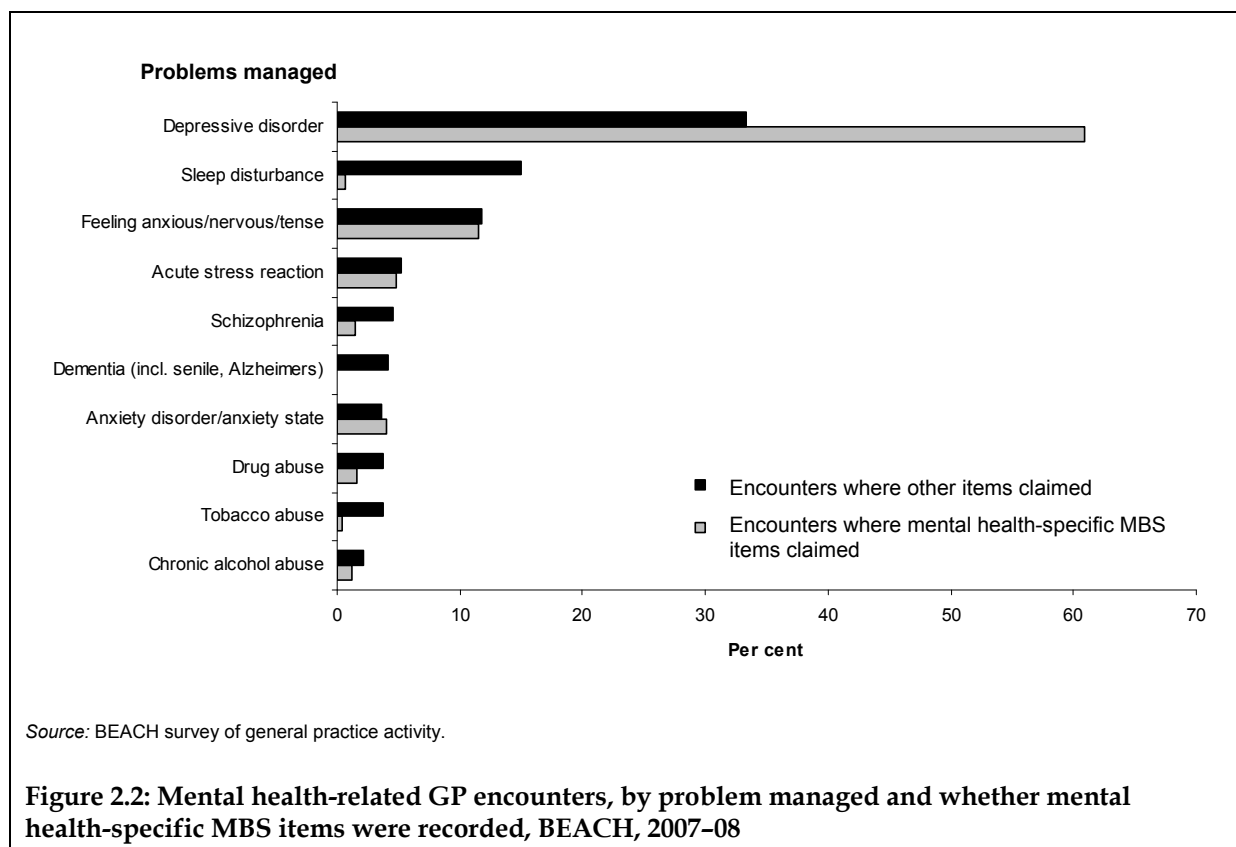


Table 2.8 shows the demographic and geographic distribution of patients in receipt of mental health-specific GP MBS items. In terms of both absolute numbers and population adjusted rates, females and persons aged 35-44 years were the biggest consumers of these services. The majority of consumers of these services were resident in *Major cities*, however, once population size was taken into account, residents of *Inner regional* areas had higher rates of usage.

Figure 2.3 shows rates of usage by remoteness area for *GP Mental Health Care Plan* items. These items constitute well over 90% of mental health-specific GP items (Table 2.9). The figure shows a concentration of utilisation of *GP Mental Health Care Plan* items in *Major cities* and *Inner regional* areas.

Table 2.9 shows that, allowing for state and territory population size, the rate of provision of MBS-subsidised mental health-specific services provided by GPs was highest in Victoria (66.0 per 1,000) and lowest in the Northern Territory (23.6 per 1,000). New South Wales also had a relatively high rate (60.8 per 1,000).

Table 2.8: People receiving MBS-subsidised GP mental health services: patient demographic characteristics and services received, 2007–08

Patient demographics	Number of patients ^(a)	Per cent of patients	Rate (per 1,000 population) ^(b)	Number of services ^(c)	Per cent of services	Services per patient
Age						
Less than 15 years	39,851	5.5	9.7	47,980	3.9	1.2
15–24 years	111,134	15.4	37.7	171,217	14.0	1.5
25–34 years	156,595	21.7	53.4	259,339	21.2	1.7
35–44 years	169,283	23.5	54.7	290,101	23.8	1.7
45–54 years	133,285	18.5	45.4	232,023	19.0	1.7
55–64 years	79,475	11.0	33.5	138,032	11.3	1.7
65+ years	47,167	6.5	16.9	82,131	6.7	1.7
Sex						
Male	254,925	35.3	24.8	427,715	35.0	1.7
Female	466,393	64.7	45.1	793,108	65.0	1.7
Remoteness area						
Major cities	503,087	69.7	34.0	853,612	69.9	1.7
Inner regional	162,581	22.5	40.7	270,100	22.1	1.7
Outer regional	54,702	7.6	28.2	87,067	7.1	1.6
Remote	5,116	0.7	15.8	7,733	0.6	1.5
Very remote	1,474	0.2	8.8	2,222	0.2	1.5
Total GP items	721,318	100.0	34.1	1,220,823	100.0	1.7

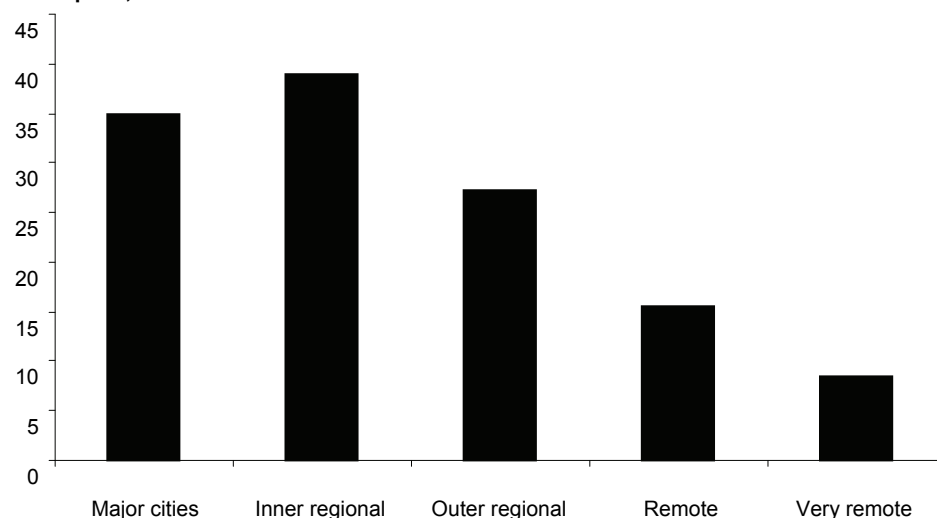
(a) The number of patients for each demographic variable may not sum to the total since a patient may receive a service in more than one age group or in more than one geographic area in the course of the year but will be counted only once in the total.

(b) Rates were directly age-standardised, with the exception of age, which is a crude rate, as detailed in Appendix 2.

(c) The number of services for each demographic variable may not sum to the total due to omitted unknown/migratory data.

Source: MBS data (DoHA).

Items per 1,000



(a) Crude rates based on the preliminary Australian estimated resident population by Australian Standard Geographical Classification Remoteness Area (ABS 2007a) as at 31 December 2006.

Source: MBS data (DoHA).

Figure 2.3: MBS-subsidised GP Mental Health Care Plans per 1,000 population, by remoteness area, 2007-08

Table 2.9: MBS-subsidised specific GP mental health services, numbers of patients and services provided, by item group^(a), states and territories^(b), 2007-08

Item group ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of patients									
GP Mental Health Care Plans	247,925	199,595	130,438	62,880	48,755	15,066	9,975	3,175	715,983
Focussed Psychological Strategies	5,411	4,044	2,567	772	1,374	190	168	31	14,527
Total patients^(c)	250,039	200,861	131,392	63,208	49,270	15,179	10,031	3,182	721,318
Rate (per 1,000 population) ^{(c)(d)}	36.1	38.3	31.1	29.7	30.9	30.6	29.4	14.6	34.1
Number of services									
GP Mental Health Care Plans	407,865	335,835	209,549	106,349	80,756	23,307	14,934	5,095	1,183,690
Focussed Psychological Strategies	13,254	10,350	7,051	1,474	4,168	414	376	46	37,133
Total services	421,119	346,185	216,600	107,823	84,924	23,721	15,310	5,141	1,220,823
Rate (per 1,000 population) ^(d)	60.8	66.0	51.2	50.6	53.3	47.8	44.9	23.6	57.6

(a) See the *Medicare Benefits Schedule* data section of Appendix 1 for a listing of these item groups.

(b) State and territory is based on the postcode of the mailing address of the patient as recorded by Medicare Australia.

(c) The number of patients may not sum to the total as a patient may receive services from more than one item group in more than one state or territory and therefore may be counted in more than one MBS item group and state or territory.

(d) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2007.

Source: MBS data (DoHA).