

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

- More than 10.6 million Medicare-subsidised mental health-related services were provided by psychiatrists, GPs, psychologists and other allied health professionals to nearly 2.3 million patients in 2015–16, an average of 4.7 services per patient.
- GPs provided more services to more patients than the other provider types.
- The total number of Medicare-subsidised mental health-related services increased by an annual average of 7.6% from 7.9 million services in 2011–12 to 10.6 million in 2015–16.
- In 2015–16, Victoria had the highest rate of patients (105.1 per 1,000 population) and services (525.4 per 1,000 population).
- Patients aged 35–44 accessed Medicare-subsidised mental health-related services at the highest rate among all age groups; 129.9 patients per 1,000 population in 2015–16.
- Females accessed Medicare-subsidised mental health-related services at a rate of around 1.5 times that of males; 545.7 services per 1,000 population, compared to 340.4 for males.

Data in this section were last updated in May 2017.

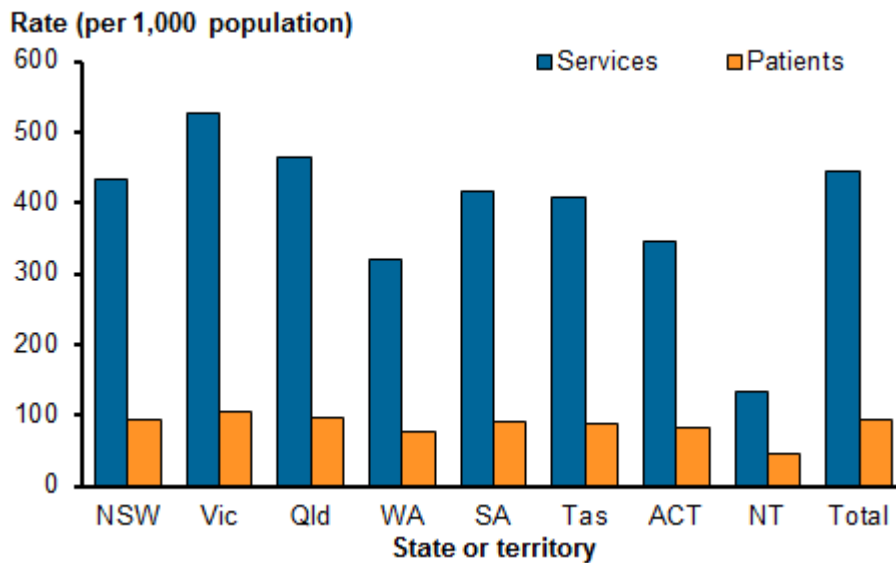
Service provision

States and territories

There were 10,619,261 Medicare-subsidised mental health-related services reported in 2015–16 for an estimated 2,261,759 patients; an average of 4.7 services per patient (tables MBS.1, 7 & 17).

Victoria had the highest number of patients and services per 1,000 population (105.1 and 525.4 respectively), compared to the national averages of 94.5 patients per 1,000 population and 443.6 services per 1,000 population. The Northern Territory had the lowest rate for both patients and services per 1,000 population (44.7 and 132.3 respectively) (Figure MBS.1).

Figure MBS.1: Medicare-subsidised mental health-related service and patient rates, by states and territories, 2015–16



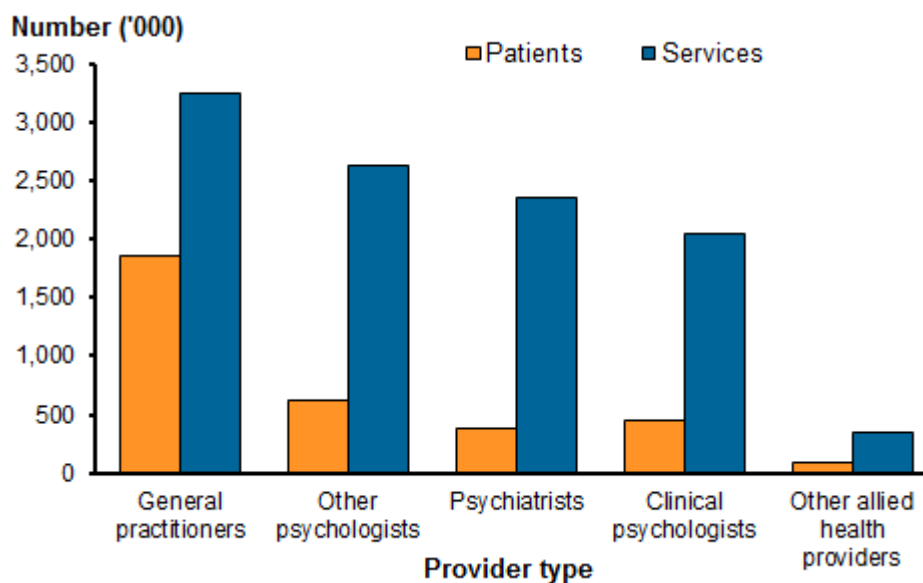
Source: Medicare Benefits Schedule data (Department of Health).

Source data: Medicare-subsidised mental health-related services Table MBS.1 & MBS.7 890 (KB XLS).

Service providers

In 2015–16, GPs provided the highest number of Medicare-subsidised mental health-related services (3,244,789 services or 30.6%), followed by other psychologist services (that is, services provided by psychologists not classified as clinical psychologists) (2,629,005 services or 24.8%) and psychiatrists (2,355,319 services or 22.2%) (Figure MBS.2). Among the Medicare-subsidised mental health-related service provider types, psychiatrists had the highest number of services per patients (6.3 services per patient) (Table MBS.16).

Figure MBS.2: Medicare-subsidised mental health-related patients and services, by provider type, 2015–16



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

Source data: Medicare-subsidised mental health-related services Tables MBS.1 and MBS.7 (890KB XLS).

Most of the Medicare-subsidised psychiatrist services in 2015–16 were attendances provided in consulting rooms (74.2%), followed by attendances in hospitals (17.4%). Eight out of 10 (80.4%) of Medicare-subsidised other allied health services were provided by social workers (Table MBS.7).

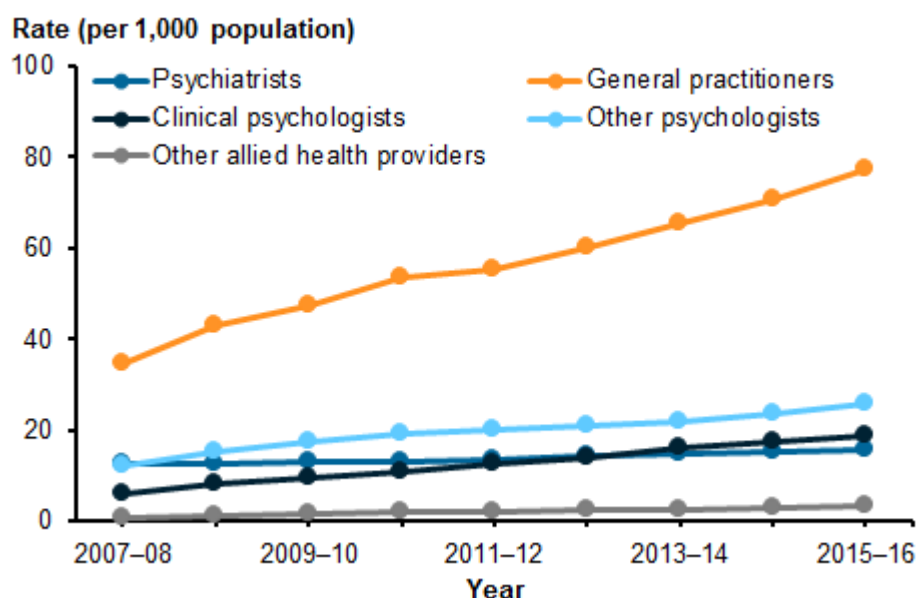
Over time

A range of mental health-related services provided by GPs, psychologists and psychiatrists were introduced to the MBS from 2006 to 2011. These items included, but were not limited to, the GP Mental health treatment plan, psychologist therapy services and psychiatrist attendance services. For more information on the MBS item number changes over time refer to the [data source](#) section.

From 2007–08 to 2015–16, the rate of people receiving Medicare-subsidised mental health-related services from GPs increased (35.0 to 77.8 per 1,000 population), as did the rates for clinical psychologists (6.1 to 18.9) and other psychologists (12.5 to 26.1); rates of people receiving services from psychiatrists was comparatively stable (13.0 to 15.8) (Figure MBS.2). The increases reflect GPs providing more mental health specific Medicare-subsidised services and the introduction of new Medicare-subsidised services.

The total number of Medicare-subsidised mental health-related services increased from 7.9 million services in 2011–12 to 10.6 million services in 2015–16; an average annual increase of 7.6% over the 5-year period. Other allied health services had the highest average annual increase (11.2%), followed by both GP services and clinical psychological services (10.3%) and other psychological services (6.1%). The number of subsidised psychiatrist services increased at a lower rate over the same period (3.4%) (Table MBS.13). Since the introduction of a range of GP specific mental health services in 2007–08, the number of GP Medicare-subsidised mental health services has increased from 1.2 million services in 2007–08 to 3.2 million services in 2015–16 (Table MBS.13).

Figure MBS.3: People receiving Medicare-subsidised mental health-related services, by provider type, 2007–08 to 2015–16



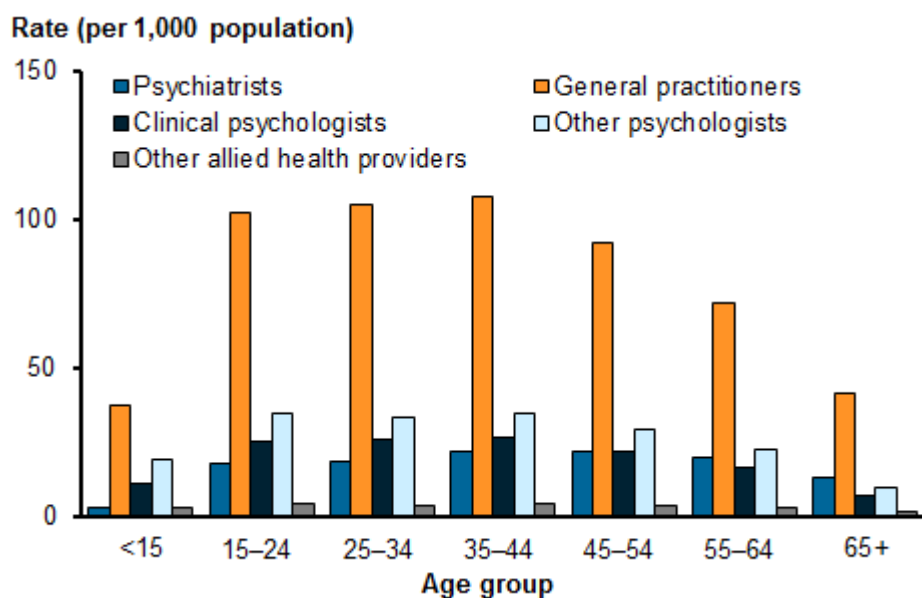
Source: Medicare Benefits Schedule data (Department of Health).

Source data: Medicare-subsidised mental health-related services Table MBS.5 (890KB XLS).

Patient characteristics

In 2015–16, the rate of patients accessing Medicare-subsidised mental health-related services was highest for those aged 35–44 (129.9 per 1,000 population). The rate of patients accessing services peaked at this age-group for every provider type reported, except for other allied health providers, where those aged 15–24 had a slightly higher rate of people accessing services (Figure MBS.4).

Figure MBS.4: People receiving Medicare-subsidised mental health-related services, by provider type and age group, 2015–16

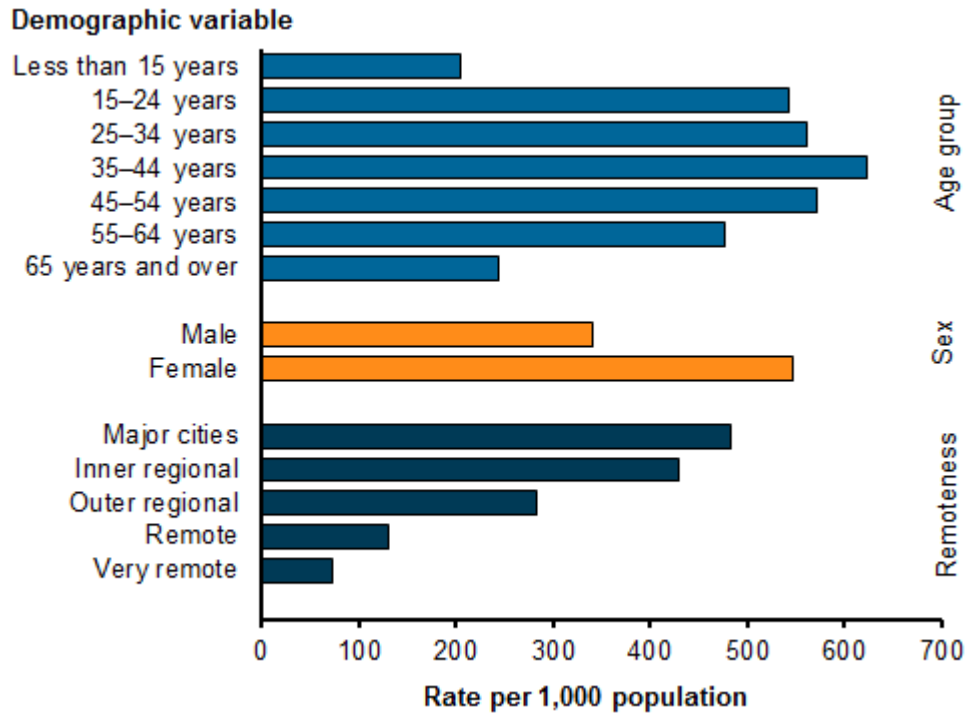


Source: Medicare Benefits Schedule data (Department of Health).

Source data: Medicare-subsidised mental health-related services Table MBS.2 (890KB XLS).

Patients accessing Medicare-subsidised mental health-related services can receive more than 1 service within the reporting period. On average, there were almost 5 services per patient in 2015–16 (Table MBS.17). Patients aged 35–44 years (623.6 services per 1,000) had the highest rate of Medicare-subsidised mental health services, while those aged less than 15 years had the lowest (205.0) (Figure MBS.5) (Table MBS.8). Females received Medicare-subsidised mental health services at around 1.5 times the rate of males (340.4 and 545.7 per 1,000 population respectively). Females accessed Medicare-subsidised mental health-related services from psychiatrists at a higher rate compared to males (118.2 and 78.4 per 1,000 population), GPs (167.5 and 103.3 per 1,000 population), clinical psychologists (107.1 and 62.9 per 1,000 population), other psychologists (134.7 and 84.7 per 1,000 population), and other allied health providers (62.4 and 37.6 per 1,000 population) (Table MBS.8). Patients living in *Major cities* received Medicare-subsidised mental health services at the highest rate at 481.9 per 1,000 population. The rate of services decreased with increasing remoteness; *Inner regional* (428.7 per 1,000 population), *Outer regional* (283.5 per 1,000 population), *Remote* (130.2 per 1,000 population) and *Very remote* (72.8 per 1,000 population) (Figure MBS.5) (Table MBS.8).

Figure MBS.5: Medicare-subsidised mental health-related services contact rates, by remoteness area, sex and age group, 2015–16



Source: Medicare Benefits Schedule data (Department of Health).
 Source data: Medicare-subsidised mental health-related services Table MBS.8 (890KB XLS).

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 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-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 ^(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.

(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. 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.

Reference

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

Key concepts

Medicare-subsidised mental health-related services

Key Concept	Description
Medicare-subsidised general practitioner (GP) services	Medicare-subsidised general practitioner (GP) services 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.
Medicare-subsidised other allied mental health services	Medicare-subsidised other allied mental health services 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	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

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.

