**Presentation title**

Primary care mental health consultation patterns before and during the COVID-19 pandemic

**Explain why your paper is relevant, important and of interest to GP22 participants**

The findings of our study illustrate the initial and longstanding impact of the COVID-19 pandemic on mental health consultations within the Australian Primary Care setting and provide additional data for policymakers to facilitate further examination in continuing MBS subsidisation post-pandemic.

**Take home message**

The distribution of face-to-face and telehealth mental health consultations in primary care have evolved by the change in socio-political landscape and lockdowns following COVID-19.

**Background**

The introduction of telehealth Medicare Benefits Schedule (MBS) item numbers in early March 2020 during the COVID-19 pandemic has shifted mental-health consultations from face-to-face to telehealth. There is a literature gap pertaining to the ongoing trends that extend past the initial ‘first wave’ of the pandemic within an Australian landscape.

**Aim/Objective**

To describe the pattern of mental-health-care consultations and distribution of face-to-face and telehealth consultations in a university-based general practice, according to the change in socio-political landscape and lockdowns. The secondary aim is to explore the effect of age, ethnicity, birth sex and student status on presentation patterns, and symptom severity via K10/DASS21 scores.

**Methods**

Retrospective data was obtained from adults (>18-years) attending a university-based general practice in Sydney, Australia between four time periods: baseline pre-COVID-19 (T1) (1st February 2019 to 8th March 2019); first COVID-19 lockdown (T2) (31st March 2020 to 5th May 2020); second COVID-19 lockdown (T3) (20th August 2021 to 24th September 2021); post COVID-19 lockdown (T4) (1st February 2022 to 8th March 2022). Consultations were defined by mental-health MBS codes (consultations, care-plans, care-plan reviews) for face-to-face, tele-video and telephone consultations. SPSS statistical analysis was performed using Pearson’s chi-square test and two-sample t-test.

**Results**

435 patient records were reviewed (T1: 130 patients, T2: 60, T3: 116, T4: 129). In T1, all mental-health attendances were face-to-face. The percentage of telehealth mental-health attendances were 33.3% in T2; 10.4% in T3; and 22.5% in T4. Females made up the majority of attendances for face-to-face (67.9%), tele-video (81.6%) and telephone (83.3%) attendances. 18–29-year-olds were the majority age demographic for face-to-face (54.6%), tele-video (50.0%) and telephone (38.9%) attendances.

**Conclusion**

Telehealth has emerged as a growing component of mental-health-care delivery in general practice throughout the COVID-19 pandemic.