Contributing lives,
thriving communities

# Report of the National Review of Mental Health Programmes and Services

## Volume 4

Supporting Papers

30 November 2014

Australian Government
National Mental Health Commission

## About this Review

This document is Volume 4 of a four-volume report of the National Review of Mental Health Programmes and Services. All volumes can be downloaded from www.mentalhealthcommission.gov.au. A complete list of the Commission's publications is available from our website.

A number of electronic fact sheets and a summary document are available on our website.

The quotes in this publication come from people and organisations in Australia who participated in the Commission's Call for Submission process.

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We also acknowledge the support of Commonwealth agencies and state and territory departments which provided detailed information of funded programmes and services, and shared data and insights into mental health service provision in Australia.

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Throughout this report when we have named people and organisations in quotes or case studies we have gained their prior permission. When people did not respond to our request for permission the quote was de-identified.

## Overview of Volume 4

In arriving at the findings and recommendations of the final report of the National Review of Mental Health Programmes and Services, we took a series of steps in collecting evidence over the course of 2014. This Volume provides more detail about the phases of this stepped approach, and consolidates the data and themes that emerged.

This is not the first Review of a country's mental health system, and it is important to learn from the work that has been completed before us. We examined and analysed a wide range of Australian and international review reports, and found a high level of commonality of themes among the recommendations of 34 reports.

These themes are briefly outlined in **Paper 1,** along with a short history of Australian mental health reform.

After looking to the past, the next phase of analysis involved looking out across the nation to gain a high level overview of current mental health need in the Australian population, and how we are currently responding to that need. This overview is provided in **Paper 2,** showing what we found in terms of demand for and supply of mental health supports, evidence of unmet need, and how governance of mental health support is currently organised.

We then examined patterns of investment in mental health supports by the Commonwealth Government, which are supplied in Volume 1 (Attachment A) of this report.

**Paper 3** presents publicly available state and territory data on expenditure, workforce and occasions of service. The state and territory data (which has been prepared for us by the AIHW) presented in **Paper 4** was only made available to us late in the Review process through the Mental Health Drug and Alcohol Principal Committee.

In **Paper 5**, the Australian Bureau of Statistics presents its initial findings from the *Mental Health Services-Census Data Integration project.* This project, which was sponsored by the Commission, offers unique insights into the characteristics of people accessing mental health services and medication in Australia, developed by linking Census data with Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) administrative information. This paper and data tables are available on the Australian Bureau of Statistics website.

# Paper 1: Learning from history

Ours is not the first review of a country's mental health system, and it is important to learn from the work that has gone before us. We therefore examined and analysed a wide range of Australian and international mental health review reports, and found a high level of commonality of themes among the recommendations of 34 reports. These themes are briefly outlined in Paper 1, along with a short history of Australian mental health reform.

## Mental health reform in Australia

Like most industrialised nations, the history of care for people experiencing mental health problems in Australia is characterised by a long phase of incarceration followed by (more recent) efforts to support the vast majority of people to live in the community. In the early 1960s, a process of deinstitutionalisation began which saw the number of psychiatric beds across Australia decrease rapidly from 30 000 in 1965 to approximately 8 000 in 1993. At the same time, there was only a limited development of the community services required to compensate for the closure of long-stay hospitals.[1]

By the 1980s there was increasing concern that the situation was unacceptable, and that the mental health system (in particular the supports available to people living in the community) had been largely neglected in planning, policy and funding.

The impetus for the development of a national approach to mental health strategy and policy was the Burdekin Report in 1993. This was a national inquiry by the Australian Human Rights and Equal Opportunity Commission into the human rights of people with a mental illness.

The report took into account evidence from other inquiries and concluded that people affected by mental illness were among the most vulnerable and disadvantaged in our society. It also recommended providing Aboriginal and Torres Strait Islander peoples with the training, power and resources needed to determine and deliver mental health strategies within culturally based understandings of mental health.[1]

The Burdekin report outlined that:

- the human rights of individuals affected by mental illness were being ignored or seriously violated
- ignorance and discrimination were widespread
- the problematic consequences of deinstitutionalisation were apparent, with a lack of available community-based supports including accommodation.[1]

### A national approach to mental health strategy

The National Mental Health Strategy has guided mental health reform in Australia since 1992 and is articulated through the following documents:

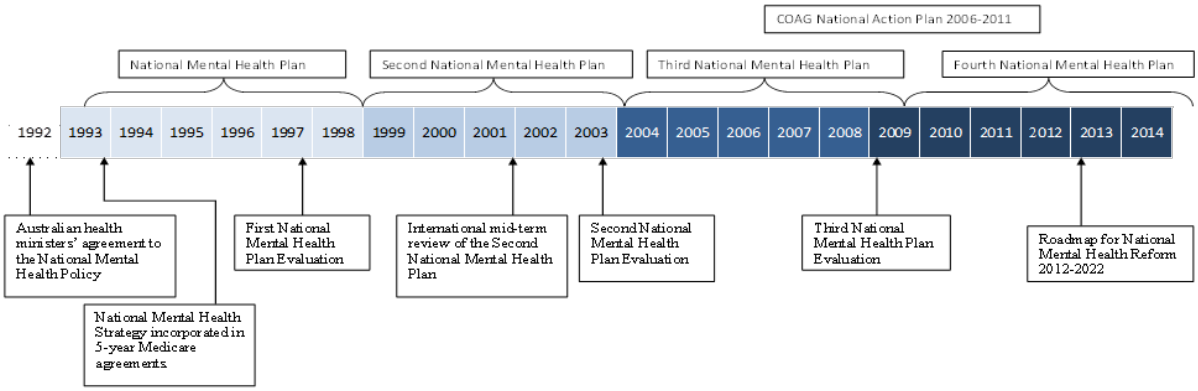
- the 2008 National Mental Health Policy (which provides an overarching framework for the Strategy)[2]
- the National Mental Health Plans through which the National Mental Health Policy is put into action (the current plan, the fourth, runs from 2009 to 2014)[3]
- the Mental Health Statement of Rights and Responsibilities.[4]

While the first plan (1992–1997) emphasised structural changes in where and how mental health services were delivered, subsequent plans have broadened the approach to focus on partnerships between different sectors, the inclusion of promotion, prevention and early intervention, and a greater emphasis on the roles of consumers and carers.

However, these plans, as Federal Health Ministers' documents, have difficulty in getting traction with non-health agencies and sectors, and state/territory governments. There are, however, two further mechanisms for helping to set a unified direction for mental health policy – the National Mental Health Commission and the Council of Australian Governments (COAG).

The National Mental Health Commission was established by the Government in 2012 as an independent executive agency. It reports to the Health Minister, to increase transparency and accountability in the mental health system and provide advice to the Government on achieving better whole-of-life outcomes for people experiencing mental illness and their supporters.

**Figure 1 Timeline showing recent history of mental health reform in Australia**




COAG is the principal forum for bringing Commonwealth and state/territory governments to the same table, and therefore plays a vital role in gaining meaningful nationwide agreement on policy directions.

In 2006 COAG responded to the growing recognition of the significance of mental health issues and the importance of housing, employment, justice, community and disability to maximise treatment outcomes and recovery from mental illness. Through the National Action Plan, across all jurisdictions, 145 measures or modifications to existing programmes were introduced.

COAG released The Roadmap for National Mental Health Reform 2012–2022 on 7 December 2012. This established five broad principles for reform: promote a person-centred approach; improve the mental health and social and emotional wellbeing of all Australians; prevent mental illness; focus on early detection and intervention; and improve access to high-quality services and supports.[2, 3]

The Standing Council on Health (ScoH) reports to COAG and is responsible for the implementation of COAG decisions on mental health reform in recognition of the broad impact that mental health issues have on Australian society.[5]

Milestones of Aboriginal and Torres Strait Islander mental health policy include the 1989 *National Aboriginal Health Strategy,* which defined health for Aboriginal and Torres Strait Islander peoples as 'not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life'.[6]

Also important was the 1991 report of the *Royal Commission into Aboriginal Deaths in Custody,* which drew national attention to the growing problem of suicide and the removal of children from their families.[7]

Perhaps the most significant single advance was the 1995 *Ways Forward* report. This provided the first national analysis of Aboriginal and Torres Strait Islander mental health and emphasised the importance of social and emotional wellbeing.[8] In 1996 the Australian

Government responded with the *Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (1996-2000).*[9]

In 2004 the first *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009* was released. It signalled the growing recognition and legitimacy of the social and emotional wellbeing concept for policy-makers.[10] Action 7 of the *Fourth National Mental Health Plan* (2009–2014) calls for the renewal of the 2004 Framework,[3] and this is currently under way.

## International and Australian mental health system reviews

The Commission undertook a brief web-based search and analysis of mental health system reviews in the international and Australian grey literature. Documents included in the analysis were published by government departments, universities, nongovernment organisations, think-tanks and private consultancies. Based on our web search we selected 17 key Australian reports and 17 reports from other countries for further analysis. Themes commonly emerging in the recommendations of these documents are summarised in the following table.

| Themes | Priorities |
|---|---|
| **Governance** | Collaborative governance mechanisms must be developed at all levels (from national policy making to local delivery level), to span traditional departmental silos and to incorporate the interests of public, private and NGO providers as well as people with lived experience and their supporters<br><br>Leadership must be taken at the level above individual sector and departmental interests<br><br>Local ownership of reform principles, especially by clinicians and community groups, is vital. (This means real thought about how these apply to local circumstances and could be monitored and benchmarked locally)<br><br>Clearer demarcation of responsibilities (delivery, funding) is required between state and federal levels of government |
| **Policy** | Alignment of policies across departmental and jurisdictional boundaries<br><br>Alignment of incentives to keep people out of hospital<br><br>A 'mental health in all policies' approach to be taken across all sectors and levels of government<br><br>Key policy choices which need to be made by governments include:<br><br>Balancing development of low intensity services for large numbers of people with anxiety/depression with the development of high intensity services for small numbers of people with severe and persistent problems<br><br>Balancing investment in youth (where there is greater potential for lifetime benefits) against older people (whose mental capital is substantially under-utilised) |

| Themes | Priorities |
|---|---|
| **Service delivery** | Existing variability of service quality and availability must be tackled through improved access in primary care and other community-based settings<br><br>Co-ordination of care pathways means using a stepped care model across sectors<br><br>Integration of services is needed: between primary and secondary care; between physical and mental health care; between specialist community and crisis/inpatient services<br><br>Many people with chronic mental health difficulties could be successfully managed at a lower level of service intensity and using greater variety of social interventions<br><br>Alternatives to inpatient admission must urgently be developed and evaluated, such as crisis resolution teams and crisis houses<br><br>Successful examples of service delivery are offered in many reports from different perspectives. For governments, successful initiatives are described as those that have good clinical outcomes, improved quality of life, cost outcomes, and perform against social outcomes such as reducing poverty and homelessness. For carers and people with lived experience, access to professional care, being treated with dignity and respect and responding to individual needs are important aspects of service provision. |
| **Consumer orientation and human rights** | Reduction in inequality of access to support, levels of disadvantage and health outcomes must be a central driver of all mental health initiatives and evaluations<br><br>Respect, dignity and human rights including reduced involuntary incarceration, unnecessary hospitalisation and use of seclusion and restraint<br><br>Specific anti-discrimination legislation for mental health problems needs to apply across sectors<br><br>Consumer needs and values-focused outcome measurement<br><br>Empowerment to be involved in decision-making, policy development, service delivery and design |
| **Tackling disadvantage** | In Australia there is insufficient focus in programme evaluation on how successfully interventions are reaching (or appropriate to) disadvantaged groups<br><br>Disadvantage and its persistence needs to be longitudinally tracked nationally |
| **Resources** | Pool funding for mental health support and wellbeing promotion to avoid difficulty of costs and benefits accruing to different sectors |

| Themes | Priorities |
|---|---|
| | Above mechanism would allow funding of outcomes and pathway-focused whole-of-life support packages<br><br>Rebalance towards community and primary care, early intervention, prevention and alternatives to inpatient hospital admission |
| **Workforce** | Up-skilling primary care and a generalist workforce for brief interventions<br><br>Sustainability will require much greater use of the peer and consumer workforce<br><br>Focusing on the wellbeing and morale of mental health professionals<br><br>Role redesign may be required if resources are redirected 'upstream' – for example, specialist mental health professionals may have a dual role as clinicians and as advisers to generalists within an integrated primary/secondary care system |
| **Data/evidence** | A crucial barrier to reform in all countries is the absence of routinely collected outcomes data – or any means of collecting it. Urgent development is required globally, based both on clinical outcomes and on what people with lived experience and supporters find valuable and life-enriching<br><br>Data infrastructure must be developed nationally around electronic care records<br><br>This should provide nationally consistent, fine-grained data on health determinants, prevalence and service utilisation by postcode<br><br>National prevalence studies should determine the extent of each problem and inform policy directions<br><br>There is a lot we don't know about Australian service use and cost, including how much is spent on mental health services, how much is spent on each condition overall and on severe mental illnesses. The true cost of mental illness cannot truly be known or estimated[11, 12]<br><br>There are limited studies into the cost-effectiveness of whole-of life programs or mental health-related programmes and treatments that are inclusive of areas such as housing, education, employment and justice<br><br>What works in terms of policy interventions and reform is not known on a wide scale, and there are few examples of successful whole-system reform |
| **Research** | Prioritisation of translational research in mental health<br><br>Increase funding levels commensurate with burden of disease<br><br>Randomised controlled trials urgently needed to assess effectiveness, especially of social interventions |

| Themes | Priorities |
|---|---|
| | Cross-sector collaboration needed on research<br>Develop evidence base for workplace mental health improvement |
| **Productivity** | Increasing the productivity of the population is the principal economic argument for investing in appropriate and timely support for mental health difficulties and promotion of resilience in the general population. The benefits far outweigh any costs of intervention – the costs of lost productivity amount to twice the costs of direct provision of health and social care<br>Productivity refers both to the potential to improve the productivity (improved outcomes for reduced cost) of the mental health system and to getting people with mental illness back into work to support meaningful lives and reduce benefit costs, absenteeism, presenteeism and early retirement<br>Educating employers and prioritising wellbeing in the workplace to tackle persistent labour market exclusion of people with mental illness<br>The productivity of the mental health system itself can be enhanced through investment in early intervention at all stages of the life course |

## *References*


1. Human Rights and Equal Opportunity Commission. Human rights and mental illness : report of the National Inquiry into the Human Rights of People with Mental Illness Canberra: HREOC, 1993.

2. Australian Health Ministers Conference. National Mental Health Policy 2008. Canberra: Commonwealth of Australia, 2009.

3. Australian Health Ministers Conference. Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014. Canberra: Commonwealth of Australia, 2009.

4. Roughead L. Presentation to Safety and Quality Partnership Standing Committee. 11 July 2014.

5. Council of Australian Governments. The Roadmap for National Mental Health Reform 2012-2022. Canberra: COAG, 2012.

6. National Aboriginal Health Strategy Working Group. A National Aboriginal Health Strategy 1989. Canberra: Department of Health, 1989.

7. AustLII. Royal Commission into Aboriginal Deaths in Custody National Report Volume 4. http://www.austlii.edu.au/au/other/IndigLRes/rciadic/national/vol4/104.html (accessed February 16 2015).

8. Swan P, Raphael B. "Ways forward": national Aboriginal and Torres Strait Islander mental health policy national consultancy report. Canberra, 1995.

9. Office for Aboriginal and Torres Strait Islander Health. Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan 1996–2001. Canberra; 1996.

10. Social Health Reference Group for National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being. Canberra: Australian Health Ministers' Advisory Council, 2004.

11. Medibank and NOUS Group. The Case for Mental Health Reform in Australia: A Review of Expenditure and System Design, 2013.

12. Mendoza J, Bresnan A, Rosenberg S, et al. Obsessive Hope Disorder: Reflections on 30 years of mental health reform in Australia and visions for the future. Summary Report. Caloundra, QLD.: ConNetica, 2013.

# Paper 2: Mental health need and Australia's response

After looking to the past, the next phase of analysis involved looking out across the nation to gain a high-level overview of current mental health need in the Australian population, and how we are currently responding. This overview is provided below, showing what we found in terms of demand for and supply of mental health supports, evidence of unmet need, and how governance of mental health support is currently organised.

# Australia's mental health needs

## Prevalence and burden of disease

It is estimated that 45 per cent of Australians aged 16-85 – that is, 7.3 million people – will experience some form of mental disorder in their lifetime. In the past year alone, one in five Australians have experienced symptoms of a mental health problem.[1]

The most common mental illnesses experienced in Australia among those aged 16-85 are anxiety disorders (experienced by 14.4 per cent during the past 12 months), mood disorders (6.2 per cent), and substance use disorders (5.1 per cent).[1] Less common illnesses involving psychosis tend to have greater impact on many aspects of a person's life and an estimated 64 000 people are in contact with specialised mental health services for psychotic illness nationally each year.[2]

The most recent available estimates show that in 2010 mental illness accounted for about 12.9 per cent of Australia's total burden of disease, which is a combination of premature mortality and years lived with disability.[3] Mental and behavioural health problems are the second-highest cause of healthy years of life lost globally as well as in Australia, accounting for almost one quarter (22.3 per cent) of this total burden.[3] It is estimated that about 327 000 years of healthy life are lost each year in Australia due to mental illness.[4]

The pattern of mental illness for people across their life course is highly variable when compared to many other types of health conditions. While many people recover from a single episode of illness (especially if it was connected to the stress of a particular life event), sometimes mental health problems follow a chronic or episodic course. This means that an individual will have different levels of need for formal and informal support during their lifetime. This also makes early intervention relevant and vital at any age or stage of life.

The statistics represent massive human suffering and a loss of opportunity for those who are unwell and for their families and supporters. The following sections look in more depth at how Australia's response to its population's mental health needs is organised and delivered, and at the evidence of unmet mental health need in the Australian population.

For Aboriginal and Torres Strait Islander peoples, the data suggests an entrenched, perhaps worsening mental health crisis and significantly greater mental health needs than other Australians. In 2012–13, 30 per cent of respondents to the *Australian Aboriginal and Torres Strait Islander Health Survey* over 18 years of age reported high or very high psychological distress levels in the four weeks before the survey interview.[5] That is nearly three times the non-Indigenous rate.[5] In 2004–05, high and very high psychological distress levels were reported by 27 per cent of respondents, suggesting an increase in Aboriginal and Torres Strait Islander psychological distress rates over the past decade.[5]

# Current responses to Australia's mental health needs

## Roles, responsibilities and governance

Although Australian articulation of national mental health policy has been world-leading, the reality of high-quality implementation has not followed.[6] This difficulty with implementation is partly attributed to the divided responsibilities for funding and provision between Commonwealth and state/territory governments as well as between public, private and not-for-profit entities.

States and territories are principally responsible for the provision of specialist mental health services, including inpatient hospital care, community mental health services, and community-based residential care to those with 'low prevalence, high severity' difficulties. Commonwealth funds are mainly dedicated to public mental health initiatives including prevention and promotion, welfare support such as the Disability Support Pension, and universally accessible benefits paid under the Pharmaceutical Benefits Scheme and Medicare Benefits Schedule.

The Commonwealth Government has historically been responsible for setting direction through policy, influencing workforce development and influencing system behaviour via pricing and incentives. More recently the Commonwealth's role has expanded into service provision to target perceived gaps in services, including for primary care level services (via the Mental Health Nurse Incentive Programme), young people's mental health (via headspace), and for disadvantaged groups (via ATAPS Tier 2).

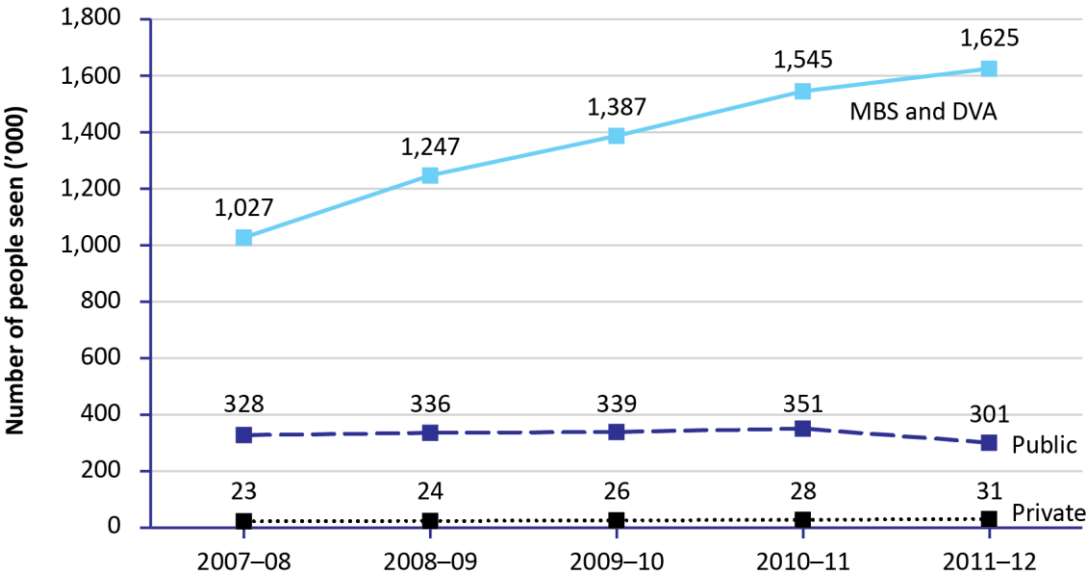
The result of these developments is a fragmented system of governance, complex funding streams and reporting requirements, and siloed provision which is difficult to navigate for those needing help.[7]

## Service provision

People with mental health issues have access to a variety of support services provided by a range of healthcare professionals in a number of settings. Someone with a mental health issue might receive care, for example, from a specialised public or private hospital service, residential mental health service, community mental health care service, private clinical practice and/or a non-government organisation.

Approximately 1.95 million or 9.3 per cent of the population received clinical mental health services in 2011–12, compared with 1.38 million or 6.6 per cent in 2007–08.[8] Approximately 300 000 of the 1.95 million people received mental health treatment from a public provider in 2011–12 (Figure 1).

**Figure 1 Number of people receiving mental health treatment by service type, 2007–08 to 2011–12**




Source: National Health Agreement, Performance Indicator 17

Note: Data for treatment received in public mental health services in 2011-12 does not include Victoria.

There is inherent variability between jurisdictions in the type of mental health services offered, mental health spending and activity. Although the services implemented by states and territories reflect national goals and approaches, their processes have been tailored to meet local requirements and differing models of care adopted by each jurisdiction. Similarly, methods used to count and identify activity also differ between jurisdictions.

The Commission estimates that the Commonwealth Government and the state and territory governments spent a combined total of $13.52 billion on specialised mental health services in 2011–12. While this is an underestimate of the total spending by governments on mental health-related services (it does not include services such as ambulance, police, justice and some housing support), it also includes an estimated $1 billion double count of National Healthcare Agreement/National Health Reform Agreement funds paid by the Commonwealth Government to the states and territories. Of the estimated $13.52 billion, the Australian Government spent $9.02 billion on mental health programmes and services in 2011–12; the remaining $4.5 billion was spent on state and territory specialised mental health services.

## Commonwealth funding and provision

- The Commonwealth Government spent $9.02 billion on mental health programmes in 2011–12. Of this, spending was largest for the Disability Support Pension ($4.410 billion), National Healthcare Agreements ($989.6 million), Carer Payment and Allowance ($862.3 million), Medicare Benefits Schedule ($850.6 million), and the Pharmaceutical Benefits Scheme ($830.4 million).
- According to our analysis of direct and indirect mental health spending, Commonwealth funding of mental health services increased by about 29.2 per cent over the past five years.
- This increase was due in large part to investment in, and uptake of, brief psychological interventions through the Better Access initiative which resulted in an average annual increase in all Medicare subsidised mental health consultations of 8.2 per cent.[9]

- GP visits for mental health problems number roughly 15.8 million per year in Australia, which is about 12 per cent of visits.[10] However, this is likely to be an underestimate because GPs may not code a mental health visit with a mental health-related MBS item.
- Psychiatric medications are responsible for direct Commonwealth health spending on mental illness, and absolute spending rose by 0.5 per cent annually in the five years to 2012–13. However, this represents a decreasing proportion of Commonwealth spending over that period. Approximately 24 million PBS and Repatriation Pharmaceutical Benefits Scheme (RPBS) subsidised prescriptions for mental health related medications were issued during that year, and about 31 million mental health-related medications in total (both subsidised and under co-payment), of which more than 60 per cent were antidepressants.[11]

### State and territory funding and provision

- The largest proportion of state and territory funds for specialised mental health services is spent on inpatient care ($1.9 billion in 2011–12) followed by community mental health care ($1.8 billion).[12]
- The majority of publicly funded mental health beds are now located in psychiatric units or wards as part of public acute hospitals, rather than in standalone psychiatric hospitals. The number of hospital beds dedicated to mental health use has reduced from 45.5 per 100 000 people in 1992–93 to 29.8 per 100 000 in 2011–12. In 2011–12 there was a total of 8781 mental health beds, of which 24 per cent were in the private sector. [12]

### NGO sector provision

- The contribution made by mental health non-government organisations (NGOs) in providing mental health-related services to people living with a mental illness, their families and carers has grown significantly over the past decade.
- NGOs are funded by both the Commonwealth and state and territory governments, with each state and territory commissioning a unique set of programmes and initiatives from NGOs to meet local requirements and service delivery models. This diversity in NGO service delivery, coupled with the absence of a systematic mental health NGO data collection, has resulted in a lack of definitive information regarding the number of NGOs receiving government funding, the amount of funding received and the activities funded.
- In 2009–10 it was estimated that there were 798 'mental health' NGO service providers offering a range of services from face-to-face counselling through to telephone services operating in Australia.[13] However, this investigation did not differentiate between those funded by state and territory and Australian Government funding.
- Analysis undertaken by the Commission found that in 2012–13 the Commonwealth Government Departments of Health, Social Services and The Prime Minister and Cabinet funded 542 NGOs, with a total expenditure of $606 million.
- In 2011–12, the latest data available, mental health NGO funding from state and territory health portfolios was $380 million.[14] This figure is inclusive of all jurisdictional NGO grants for services provided to those with a mental illness dispersed across all areas of social and community care, health promotion, accommodation, vocational, policy and advocacy (not only mental health).

### Private sector provision

- The private sector, funded by either insurance funds, personal funds or through MBS-subsidised items such as psychiatrist and psychologist consultations, plays a significant role in Australia's mental health provision. Eight out of 10 people who received mental health-specific health services received these from the private sector.[15]
- Data on private hospital-based psychiatric services are collected and reported from the Private Mental Health Alliance's Centralised Data Management Service (PMHA-CDMS).
- Nationally, 31 846 patients received specialised psychiatric care from private hospitals which contributed data to the PMHA-CDMS in 2012–13. However, as data is only available for four states and the private hospital model differs between jurisdictions, adequate comparisons between state and territory private mental health services cannot be made.[16]
- The PMHA-CDMS also captures the outcomes of people discharged from private hospital psychiatric units using the Health of the Nation Outcome Scales (HoNOS). Of all private hospital specialised psychiatric care separations, 79.5 per cent had completed HoNOS ratings at both admission and discharge. From these, 72.4 per cent reported a significant improvement following care.[16]
- It is estimated recurrent expenditure by private psychiatric units in 2010–11 was $307 million, an increase of 142 per cent since 1992–93. This increase in expenditure outweighs the increases in beds, patient days and staffing.[15]

**More detail about mental health service investment and provision is given in Volume 1: Attachment A (Commonwealth) and Volume 4: Paper 3 (state and territory).**

## Evidence of unmet need

There are three principal pieces of evidence of unmet mental health need in Australia.

1. Low rates of access to timely and appropriate support.
2. High indirect costs of reduced productivity due to mental illness.
3. Compounding cycles of disadvantage for people experiencing mental illness.

### Low rates of access to timely and appropriate support

There is evidence of low levels of access in the Australian population to timely, appropriate, evidence-based clinical services for mental health problems.

- It is estimated that fewer than half of people experiencing a common mental health problem access treatment for that problem.[17]
- Emergency department (ED) attendances for mental illness have not declined over the past five years, with almost 250 000 attendances during 2011–12.[18] Compared to non-mental health attendances, these were much more likely to be among young and middle-aged people (15-54 years).[18] Such high levels of ED attendances are evidence of failure to provide timely community-based mental health support.
- There is inequitable opportunity to access appropriate clinical support in rural areas and in Indigenous communities. Help-seeking is low among certain populations including those who are homeless, and young men.

## Economic costs of lost productivity

The impact of mental illness is not limited to individuals and families but also to communities and ultimately to Australia's social fabric and economic productivity. Internationally, it has been found that the costs of lost productivity to the economy consistently dwarf the cost of direct service provision by a factor of two to one.[19]

Those with mental health problems experience high levels of unemployment and underemployment; for those with psychotic illness, the unemployment rate is more than five times that of the general population at 27.4 per cent.[2] Australia has one of the lowest employment participation rates for people with a disability anywhere in the developed world.[20]

The costs of human suffering and lost quality of life have not been calculated in Australia but have been estimated in the UK as being roughly equivalent to lost productivity and direct health and social care costs added together.[21]

Psychological illness and stress are now the leading causes of being absent from work – among Australian Public Service employees, for example, there was a 54 per cent increase in mental health-related claims accepted by Comcare between 2006–07 and 2010–11.[22] An upward trend is also evident in the numbers of people claiming the Disability Support Pension (DSP) for a psychological or psychiatric condition, which currently account for 31.2 per cent of DSP grants and which have grown by 20 per cent in the five years to 2012–13 against an overall increase of eight per cent.[23]

## Compounding cycles of disadvantage

Mental illness is not just an economic problem; it also compounds existing social disadvantage and damages chances for social and community participation. Although it can affect any person at any time, at a population level mental illness disproportionately affects those who already experience some level of disadvantage and who are often those with the least access to mental health support.

Those living in rural, regional and remote communities have lower access to support for health problems compared with metropolitan areas. Aboriginal and Torres Strait Islander peoples and those living in socio-economically disadvantaged areas experience high levels of psychological distress. For Aboriginal and Torres Strait Islander peoples, the well-documented poverty and disadvantage in many communities are associated with an underlying burden of mental health problems. Studies indicate that mental health problems and suicide already make significant contributions to the overall health gap.[24] Mental health issues also contribute to unemployment and lower community safety,[25] as well as the high levels of imprisonment of Aboriginal and Torres Strait Islander peoples.

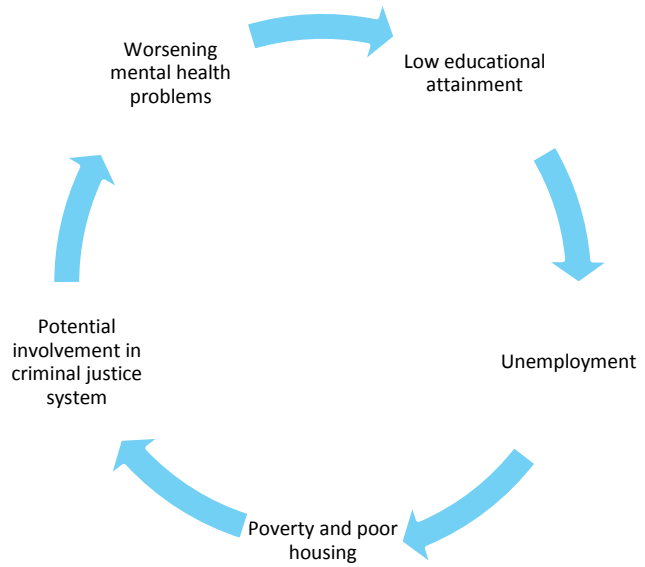
Young people (aged 16-24) and elderly people living in residential care also experience a greater burden of mental illness than working-age adults. [26, 27]

Social disadvantage and mental illness compound and exacerbate each other, creating and accelerating a cycle of disadvantage (see Figure 2).

- Young people experiencing mental health problems are less likely to complete high school and are more likely to fall into NEET (not in employment, education and training) status than their peers.[28, 29]

- In turn this makes unemployment more likely later in life. Unemployment is a psychological stressor which can exacerbate mental health difficulties,[30] but also increases risk of poverty and poor housing, and the cycle of disadvantage accelerates.
- Homelessness, substance abuse and involvement in the criminal justice system are all more likely to happen to those who have mental health problems, while at the same time worsening existing conditions.
- Those with a mental disorder are about 4.5 times as likely as their peers to have ever experienced homelessness,[28] and 23.8 per cent of those accessing Supported Homelessness Services report a current mental health problem.[31]
- Up to 70 per cent of those presenting to specialist mental health services also experience a substance use problem.[32]
- Nearly 40 per cent of people entering prison in 2012 had been previously told by a health professional that they had a mental illness.[33]

**Figure 2 Compounding cycle of disadvantage and mental illness**



## *References*


1. Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing 2007: Summary of Results. Cat. no. 4326.0. Canberra: ABS; 2008.

2. Morgan VA, Waterreus A, Jablensky A, Mackinnon A, McGrath JJ, Carr V, et al. People living with psychotic illness: Report on the second Australian national survey. Canberra: Commonwealth of Australia; 2011.

3. Institute of Health Metrics and Evaluation. Global Burden of Disease Vizualisations. 2013 [cited 2014 19 November]; Available from: http://viz.healthmetricsandevaluation.org/gbd-compare/

4. Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia. Cat. no. PHE 82. Canberra: AIHW; 2007.

5. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13. Cat. No. 4727.0.55.006. Canberra: ABS; 2013.

6. Rosenberg S. True North? Twenty Years of Australian Mental Health Reform. International Journal of Mental Health. 2011; 40(2): 8-24.

7. Whiteford HA, Harris MG, Diminic S. Mental health service system improvement: Translating evidence into policy. Australian and New Zealand Journal of Psychiatry. 2013; 47(8): 703-6.

8. Australian Institute of Health and Welfare. Mental health services in Australia: National Healthcare Agreement Indicators. 2014 [cited 2014 21 November]; Available from: http://mhsa.aihw.gov.au/indicators/mental-health/

9. Australian Institute of Health and Welfare. Mental health services in Australia: Medicare-subsidised mental health-related services. 2014 [cited 2014 21 November]; Available from: http://mhsa.aihw.gov.au/services/medicare/

10. Australian Institute of Health and Welfare. Mental health services in Australia: Mental health-related services provided by general practitioners. 2014 [cited 2014 22 November]; Available from: http://mhsa.aihw.gov.au/services/general-practice/

11. Australian Institute of Health and Welfare. Mental health services in Australia: Mental health workforce. 2014 [cited 2014 13 June]; Available from: http://mhsa.aihw.gov.au/resources/workforce/

12. Australian Institute of Health and Welfare. Mental health services in Australia: Specialised mental health care facilities. 2014 [cited 2014 22 November]; Available from: http://mhsa.aihw.gov.au/resources/facilities/

13. National Health Workforce Planning & Research Collaboration. Mental Health Non-Government Organisation Workforce Project: Final Report. Adelaide: Health Workforce Australia; 2011.

14. Australian Institute of Health and Welfare. Mental health services in Australia: Expenditure on mental health services. 2014 [cited 2014 22 November]; Available from: http://mhsa.aihw.gov.au/resources/expenditure/

15. Department of Health and Ageing. National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011. Canberra: Commonwealth of Australia; 2013.

16. Private Mental Health Alliance. Private Hospital-based Psychiatric Services 1 July 2012 to 30 June 2013: Annual Statistical Report. Canberra: PMHA; 2014.

17. Whiteford HA, Buckingham WJ, Harris MG, Burgess PM, Pirkis JE, Barendregt JJ, et al. Estimating treatment rates for mental disorders in Australia. Australian Health Review. 2014; 38(1): 80-5.

18. Australian Institute of Health and Welfare. Mental health services in Australia: Mental health services provided in emergency departments. 2014 [cited 2014 23 November]; Available from: http://mhsa.aihw.gov.au/services/emergency-departments/over-time/

19. Bloom DE, Cafiero ET, Jané-Llopis E, Abrahams-Gessel S, Bloom LR, Fathima S, et al. The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum; 2011.

20. Organisation for Economic Cooperation and Development. Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries. Paris: OECD; 2010.

21. Centre for Mental Health. Economic and Social Costs of Mental Health Problems in 2009/10. London: Centre for Mental Health; 2010.

22. Comcare. Benefits to business: the evidence for investing in worker health and wellbeing. Canberra: Comcare; 2011.

23. Department of Social Services. Characteristics of Disability Support Pension Recipients: June 2013. Canberra: DSS; 2014.

24. Vos T, Barker B, Stanley L, Lopez A. The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. Brisbane: The University of Queensland; 2007.

25. Australian Government. Indigenous Advancement Strategy. 2014 [cited 2015 February 16]; Available from: http://www.indigenous.gov.au/indigenous-advancement-strategy

26. Australian Institute of Health and Welfare. Young Australians: their health and wellbeing 2011. Cat. No. PHE 140. Canberra: AIHW; 2011.

27. Australian Institute of Health and Welfare. Depression in residential aged care 2008–2012. Cat. no. AGE 73. Canberra: AIHW; 2013.

28. Australian Bureau of Statistics. Analysis of 2007–08 National Health Survey (Unpublished): ABS; 2012.

29. Cornaglia F, Crivellaro E, McNally S. Mental Health and Education Decisions. London: Centre for the Economics of Education. London School of Economics; 2012.

30. Paul K, Moser K. (2009), Unemployment impairs mental health: Meta-analyses. Journal of Vocational Behavior. 2009; 74: 264-82.

31. Australian Institute of Health and Welfare. Mental health services in Australia: Specialist homelessness services. 2014 [cited 2014 16 October]; Available from: http://mhsa.aihw.gov.au/services/specialist-homelessness-services/

32. Deady M, Teeson M, Mills K, Kay-Lambkin F, Baker A, Baillie A, et al. One person, diverse needs: living with mental health and alcohol and drug difficulties. A review of best practice. Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use; 2013.

33. Australian Institute of Health and Welfare. The Health of Australia's prisoners 2012. Cat. no. PHE 170. Canberra: AIHW; 2013. Report No.: 9781742491950 1742491952.

# Paper 3: State and territory mental health activity

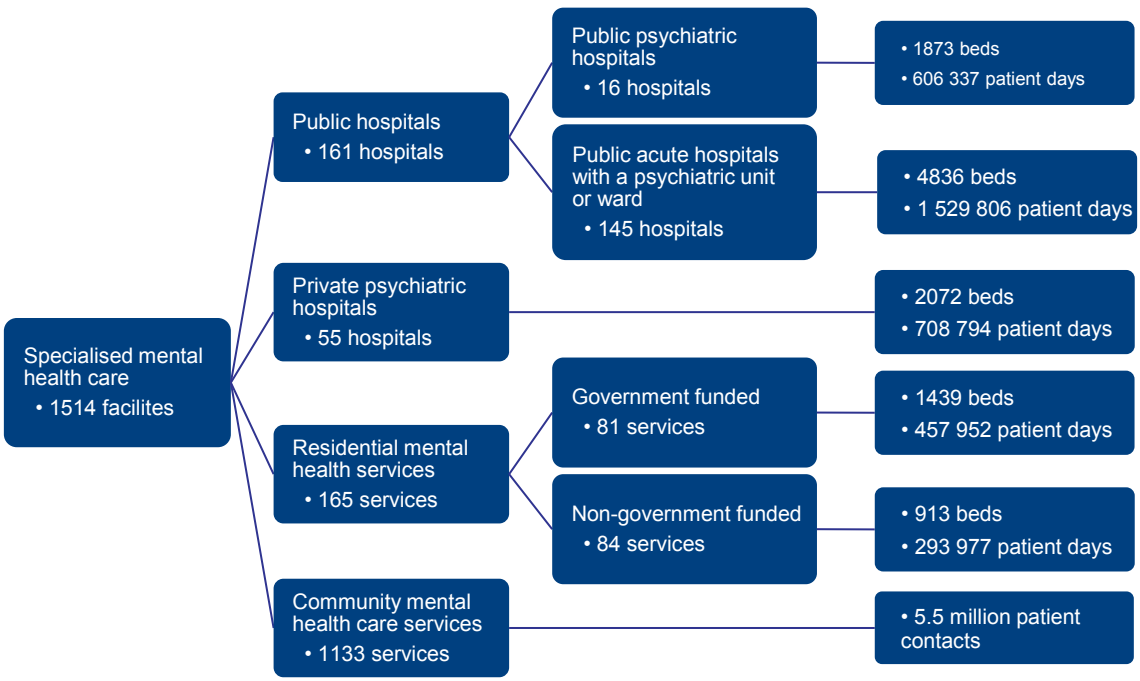
Gaining a comprehensive picture of what is funded and delivered at the state and territory level proved difficult. This paper presents a synopsis of the data about service provision and workforce which was initially made available to us by some states and territories.

## Delivery of state and territory specialised mental health care

Specialised mental health care in Australia is delivered in a range of facilities including public and private psychiatric hospitals, psychiatric units or wards in public and private acute hospitals, community mental health care services and residential mental health services.

In 2011–12 there were 1514 specialised mental health facilities nation-wide, the majority of which were public sector facilities (1459 facilities). There were 6709 public sector specialised mental health hospital beds available in Australia and 2072 beds available in private psychiatric hospitals. There were 2352 residential mental health service beds nationally (Figure 1). In all jurisdictions the majority of public sector specialised mental health facilities were community mental health care services, ranging from 88.1 per cent of services in New South Wales to 45.7 per cent of services in Tasmania.[1]

**Figure 1: Number of specialised mental health care facilities, available beds and activity in Australia, 2011–12**




Source: Mental Health Establishments NMDS

## Types of service delivery

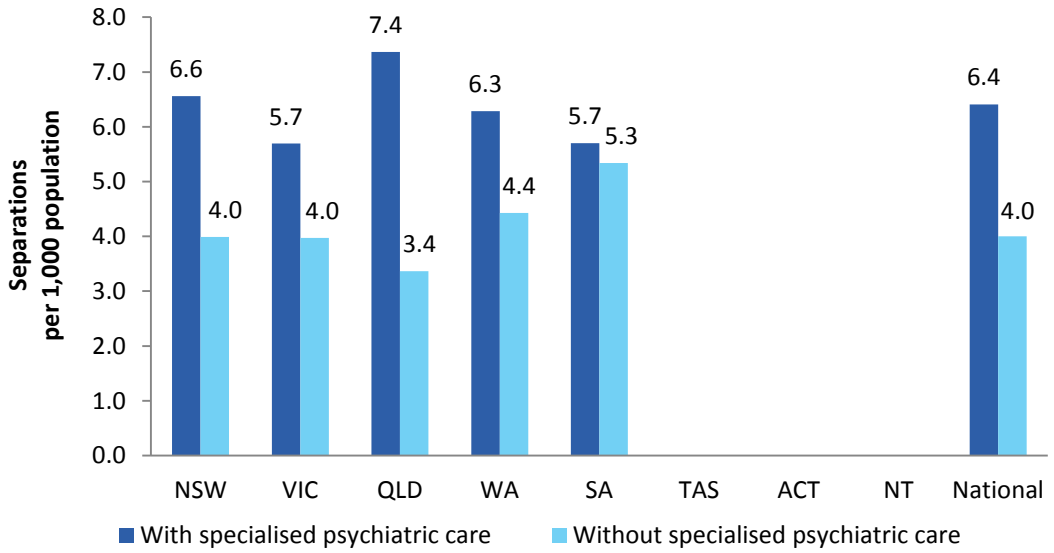
Mental health-related services can be provided by states and territories in a variety of ways including hospitalisation, community-based treatment, residential care and NGO support services.

### Admitted patient care

People with mental health problems may require treatment as an inpatient. This may mean receiving specialised psychiatric care in a psychiatric hospital or at a psychiatric unit within a hospital. People may also be admitted to a general ward where workers are not specifically trained to care for the mentally ill. Under these circumstances, the admissions are classified as without specialised psychiatric care.

In 2012–13 there were 241 389 mental health-related separations in Australian hospitals. Of these, 60.9 per cent received specialised psychiatric care. The rate of separations with specialised psychiatric care varied across jurisdictions from 7.4 separations per 1000 population in Queensland to 5.7 in both Victoria and South Australia. For separations without specialised psychiatric care, South Australia had the highest rate and Queensland the lowest, with 5.3 and 3.4 per 1000 population respectively (Figure 2).[2]

**Figure 2: Rate of mental health-related separations, with and without specialised care, 2012–13**



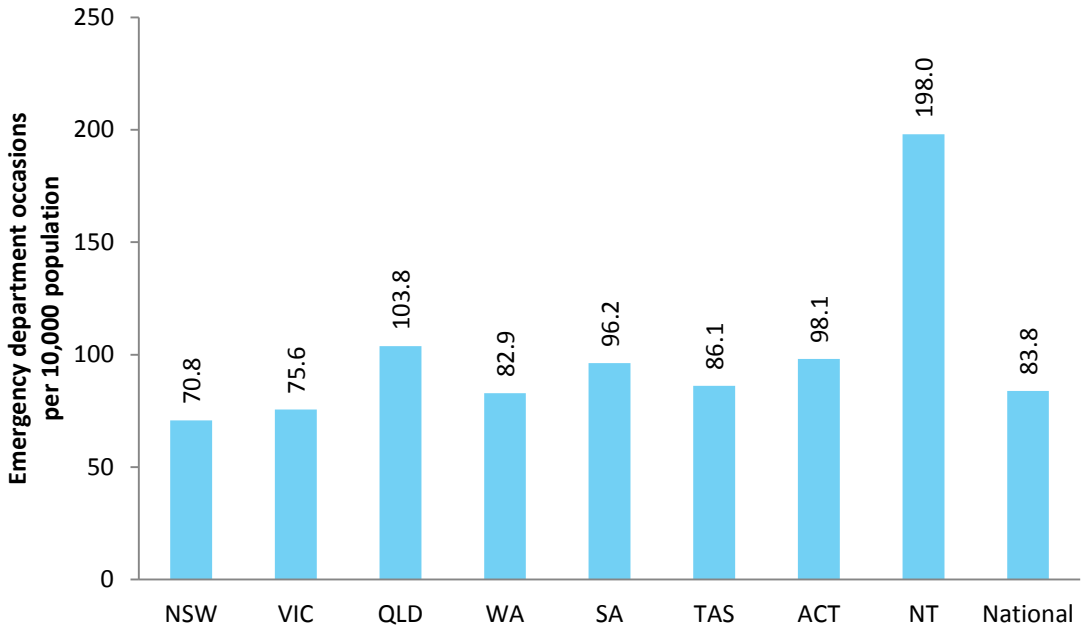

Source: National Hospital Morbidity Database

Note: Tasmania, Northern Territory and Australian Capital Territory hospital figures are not published due to confidentiality reasons. However, the figures are included in the national totals.

## Emergency departments

Hospital emergency departments (EDs) also play a role in treating mental illness and can be the initial point of care for a range of reasons. It is estimated that there were 248 501 mental health-related public hospital ED occasions of service in 2011–12.[3] There was substantial variation between jurisdictions in the rate of emergency department occasions, ranging from 198.0 per 10 000 population in the Northern Territory to 70.8 in New South Wales (Figure 3).[3]

**Figure 3: Mental health-related emergency department occasions in public hospitals, 2011–12**




Source: State and Territory supplied National Non-Admitted Patient Emergency Department Care Database

## Community mental health care

Mental illness is frequently treated in community and hospital-based ambulatory care settings. Collectively, these services are referred to as community mental health care. In 2012–13, approximately 301 000 patients accessed community mental health care services, resulting in over 6.2 million service contacts between these patients and community mental health care service providers. Between 2009–10 and 2012–13, the national rate of community mental health care service contacts has increased. However, this trend should be interpreted with caution as Victorian data is excluded from the national total in 2012–13.[4]

In 2012–13 the rate of community mental health care service contacts varied across jurisdictions, from 698.5 service contacts per 1000 population in the Australian Capital Territory to 255.1 in the Northern Territory (Figure 4).

### Figure 4: Rate of community mental health care service contacts, 2012–13


Source: Community Mental Health Care NMDS

Note: Data were not available for Victoria in 2012–13 due to service level collection gaps resulting from protected industrial action during this period. Industrial action in Tasmania in 2012–13 affected the quality and quantity of Tasmania's community mental health care data and rates are not published for this jurisdiction.

### Residential care

Residential mental health care services provide 24/7 specialised mental health care on an overnight basis in a domestic-like environment. Residential mental health services may include rehabilitation, treatment or extended care.

During 2012–13, Tasmania had the highest rate of episodes of care (20.9 per 10 000 population). This reflects the mental health service profile mix of Tasmania, which has a substantial residential care component. New South Wales had the lowest rate for episodes (0.4 per 10 000 population); again, reflecting the service profile mix for the state (Figure 5).[5]

**Figure 5: Rate of residential mental health care episodes, states and territories, 2012–13**


Source: Residential Mental Health Care NMDS

Note: Queensland does not report any residential mental health services.

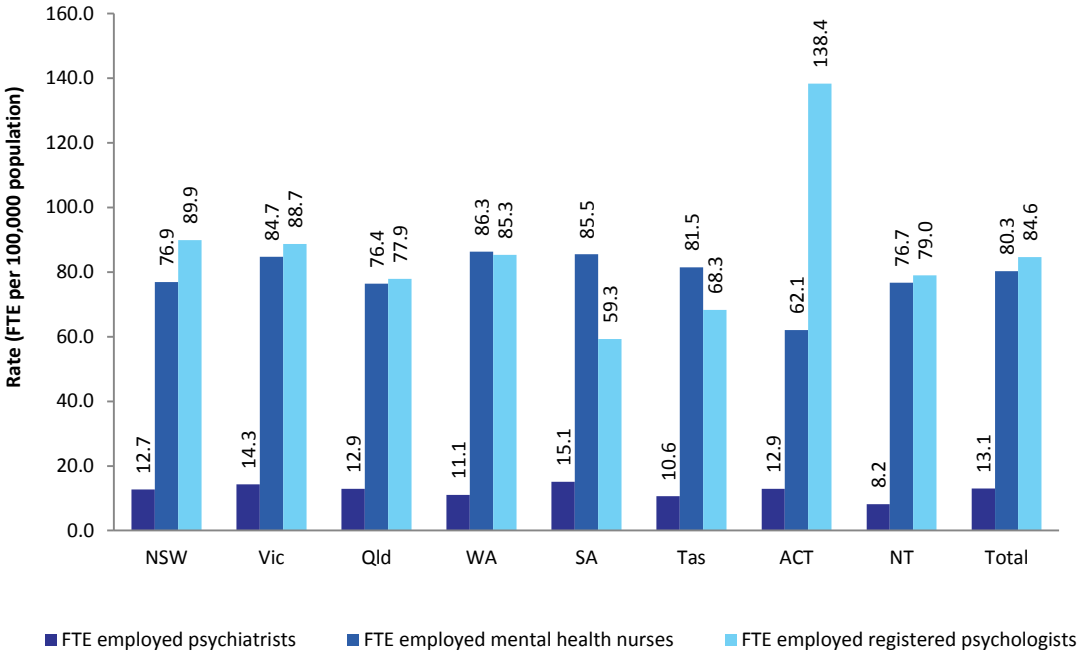
## Who delivers these services?

A range of different health care professionals, including psychiatrists, psychologists, nurses, general practitioners and social workers, provide the various mental health-related support services in Australia. However, workforce data is currently only available for psychiatrists, nurses and registered psychologists who work principally in mental health care and related areas.

In order to enable meaningful comparison, the rate (per 100 000 population) of full-time-equivalent (FTE) figures is used. The FTE measures the number of 38 hour-week workloads completed, regardless of full-time or part-time work.

In all jurisdictions psychiatrists had the lowest rate of employed FTE per 100 000 in 2012, ranging from 8.2 in the Northern Territory to 15.1 in South Australia. The rate of mental health nurses (per 100 000 population) ranged from 62.1 in the Australian Capital Territory, to 86.3 in Western Australia. The rate (per 100 000 population) for registered psychologists ranged from 59.3 in South Australia to 138.4 in the Australian Capital Territory (Figure 6).[6]

**Figure 6: Rate of employed FTE staff by profession type, states and territories, 2012**




Source: National Health Workforce Data Set

### Consumer and carer participation in mental health care

Peer workers are people who have lived experience of mental illness, often directly or within their family, and are employed specifically to share this experience and knowledge to help other people and families experiencing mental ill-health. Peer workers are employed around the country, but in a range of ways.

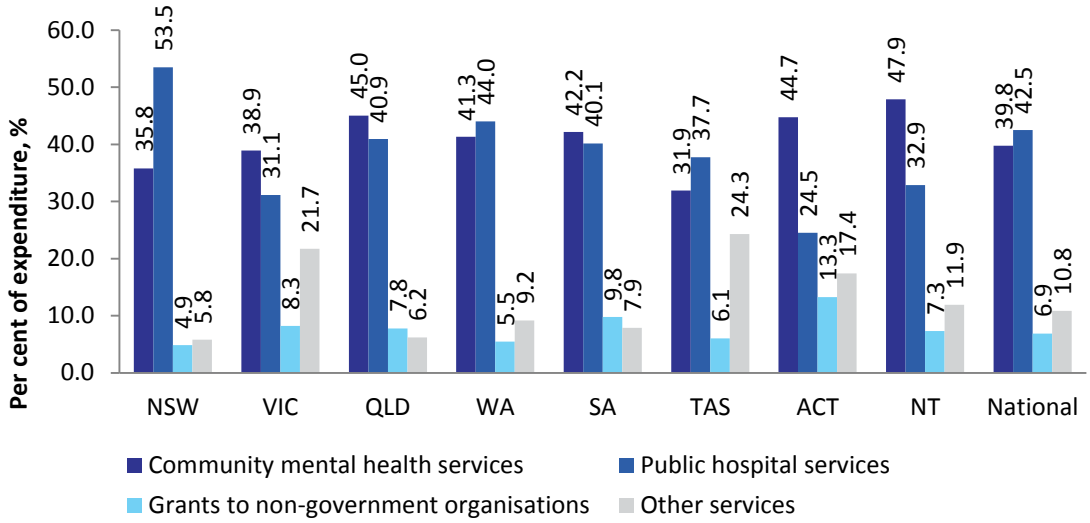
The number of specialised mental health service organisations employing consumer and carer workers has risen by 3.8 and 4.3 per cent respectively from 2007–08 to 2011–12.[1]

In 2011–12 there were 47.5 full-time-equivalent (FTE) peer workers employed for every 10 000 FTE staff in the mental health workforce. Although an increase in employment of carer and consumer workers can be seen across the majority of jurisdictions, the greatest increase can be observed in Tasmania, increasing from 0.5 FTE peer workers per 10 000 FTE in 2007–08 to 32 workers per 10 000 FTE in 2011–12.[1]

## State and territory expenditure

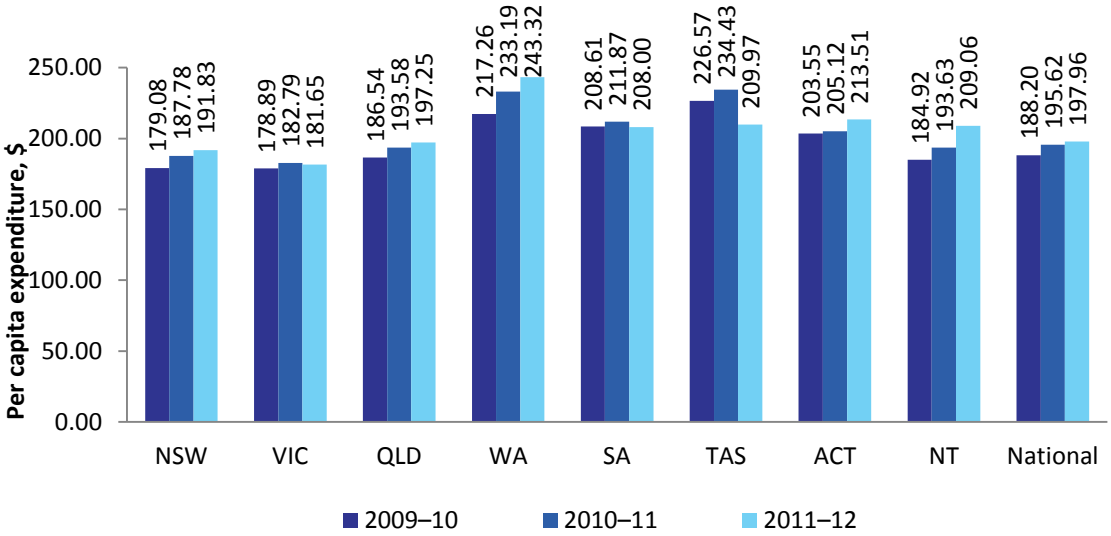
Of state and territory expenditure in 2011–12, the largest proportion was spent on public hospital services for admitted patients ($1.9 billion), followed by community mental health care services ($1.8 billion) (see Figure 7). Across the jurisdictions, per capita expenditure on specialised mental health services ranged from $182 per person in Victoria to $243 per person in Western Australia, compared to a national average of $198 per person (Figure 8). Between 2009–10 and 2011–12 change in per person expenditure varied across jurisdictions, from an annual average decrease of 3.7 per cent in Tasmania to an annual average increase of 6.3 per cent in the Northern Territory; compared to the national average of 2.6 per cent average annual increase.[7]

**Figure 7: Proportion of expenditure, by service type, state and territory specialised mental health services, constant prices, 2011–12**




Source: Mental Health Establishments NMDS

**Figure 8: Per capita expenditure, state and territory specialised mental health services, constant prices, 2009–10 to 2011–12**




Source: Mental Health Establishments NMDS

## How do we know if mental health service activity is making a difference?

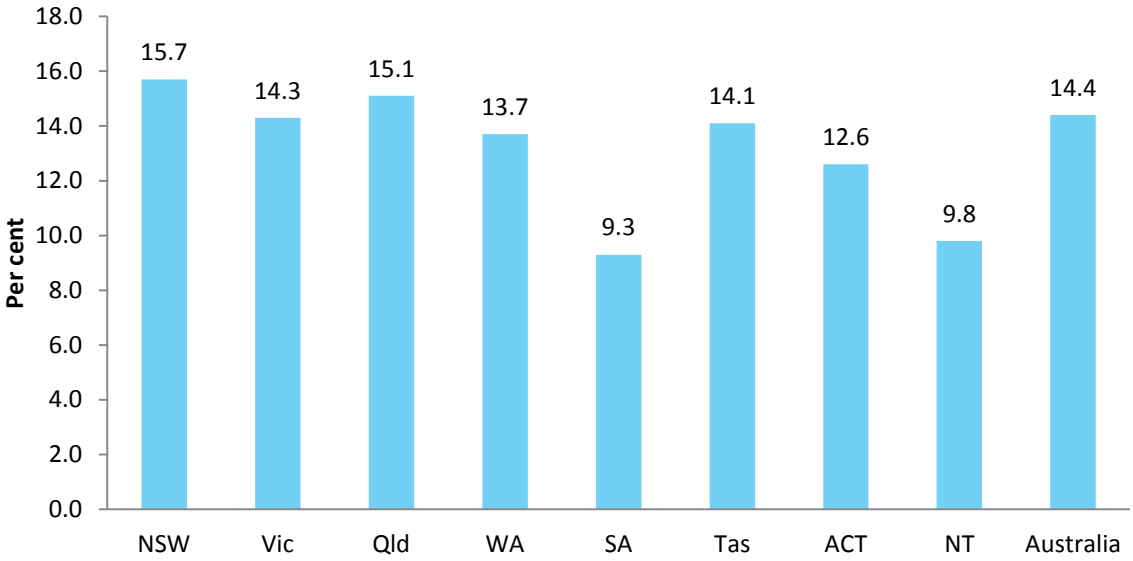
Two outcome orientated national mental health indicator sets from the suite of Mental Health Indicators are typically used to monitor the activity of the Australian mental health sector. The Fourth National Mental Health Plan indicators monitor the mental health sector more generally, while the Mental Health Service KPIs specifically monitor the progress and outcomes of state and territory mental health services. However, not all indicators are able to be reported at this time.

Two example indicators are reported here: MHS KPI 2 - percentage of people readmitted to an acute psychiatric inpatient unit within 28 days of discharge, and MHS KPI 12 - percentage of patients leaving acute inpatient care that are followed up by a community mental health service contact within seven days of discharge.

In 2011–12, the percentage of admissions to state and territory acute psychiatric inpatient units that were followed by a readmission within 28 days was 14.4 per cent nationally (MHS KPI 2). This figure has been stable since 2005–06. Readmission rates are often used as an indicator of mental health system performance. High rates may point to deficiencies in hospital treatment or community follow-up care, or a combination of the two.[8]

Two states had readmission rates lower than 10 per cent in 2011–12: the Northern Territory (9.8 per cent) and South Australia (9.3 per cent) (Figure 9).[9]

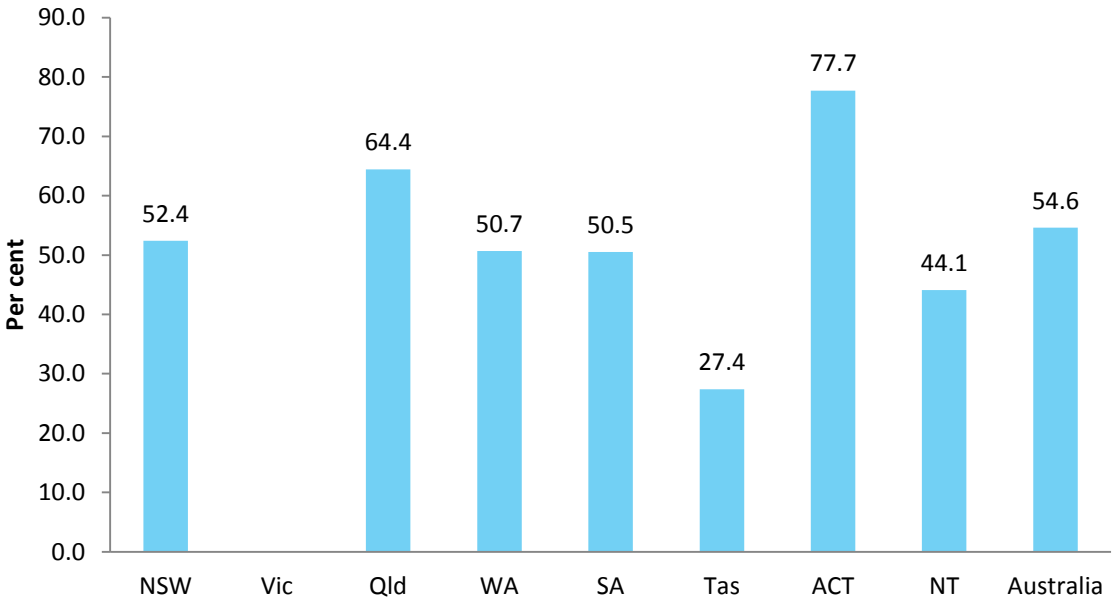
**Figure 9: Proportion of separations with a readmission to an acute psychiatric inpatient unit within 28 days of discharge, 2011–12**




Source: MHS KPI 2

Discharge from hospital is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have a heightened level of vulnerability and, without adequate follow-up, may relapse or be readmitted.[8] In 2011–12, 54.6 per cent of Australian admissions to state and territory acute psychiatric inpatient units were followed by an episode of community care (in the seven days after discharge). This percentage has been improving incrementally since 2005–06. There is substantial variation across jurisdictions, with 2011–12 one week post-discharge follow-up rates ranging from a low of 27.4 per cent in Tasmania to a high of 77.7 per cent in the Australian Capital Territory (Figure 10).[9]

**Figure 10: Proportion of separations from acute inpatient care units that are followed up by a community mental health service contact within 7 days, 2011–12**



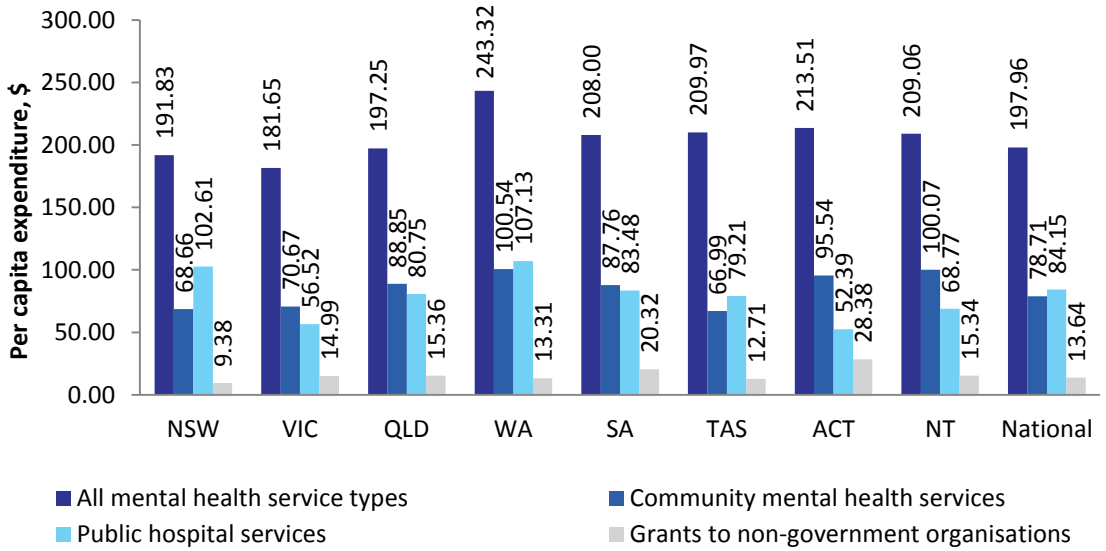

Source: MHS KPI 12

Note: Data are not available for Victoria in 2011–12 due to service level gaps resulting from protected industrial action.

# Additional Summary Data

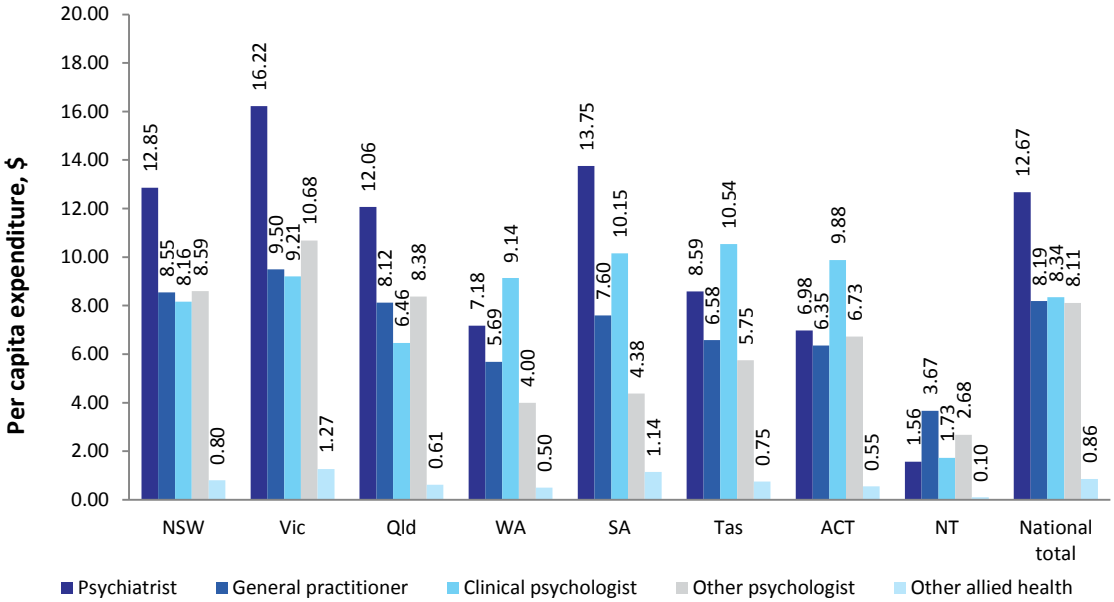
## Expenditure constant prices

### Figure 11: Recurrent expenditure per capita on state and territory specialised mental health services, constant prices, by service type 2011–12



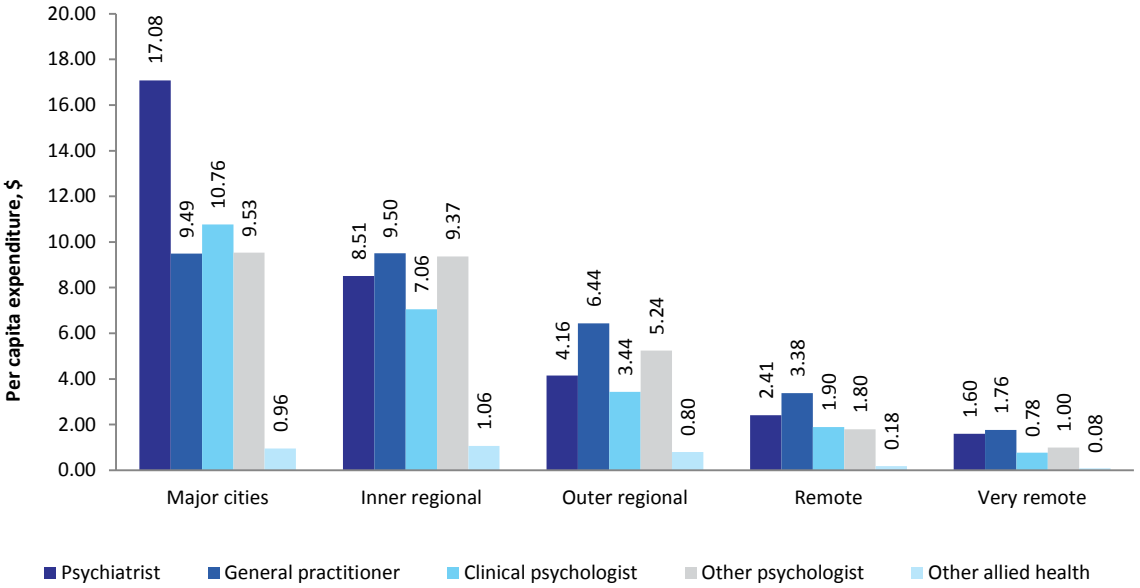

Source: Mental Health Establishments NMDS

### Figure 12: Expenditure on MBS-subsidised mental health services, per capita, constant prices, by practitioner type, 2012–13



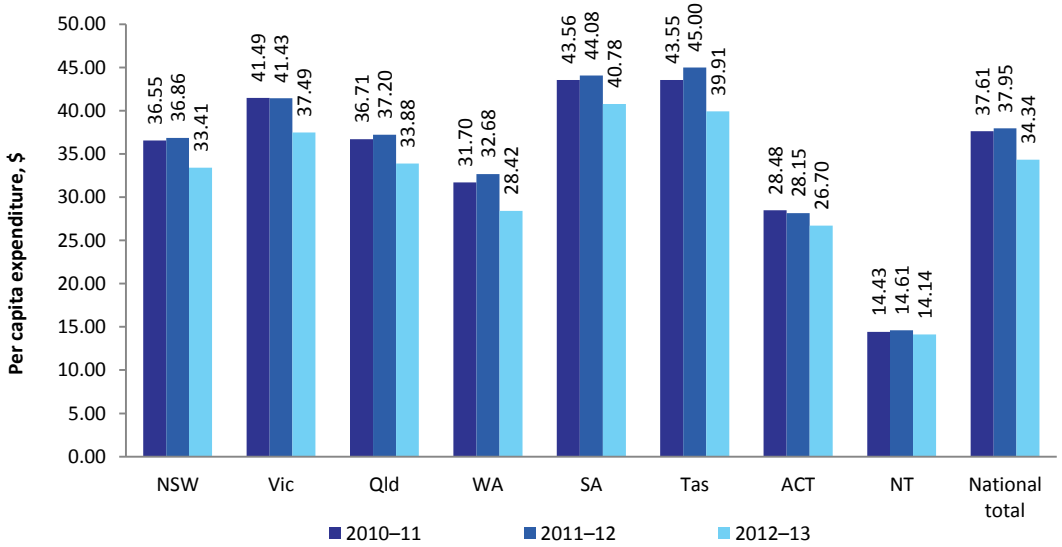

Source: Mental Health Establishments NMDS

**Figure 13: Expenditure on MBS-subsidised mental health services, per capita, constant prices, by practitioner type and remoteness, 2012–13**




Source: Medicare Benefits Schedule data

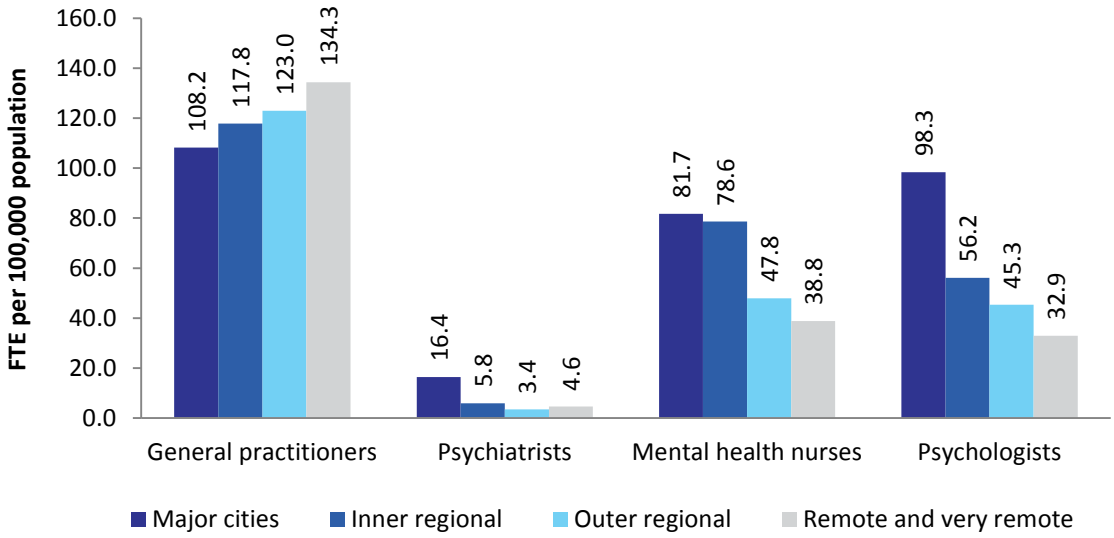
**Figure 14: Expenditure on PBS-subsidised mental health medications, per capita, constant prices, 2010–11 to 2012–13**




Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme

## Workforce

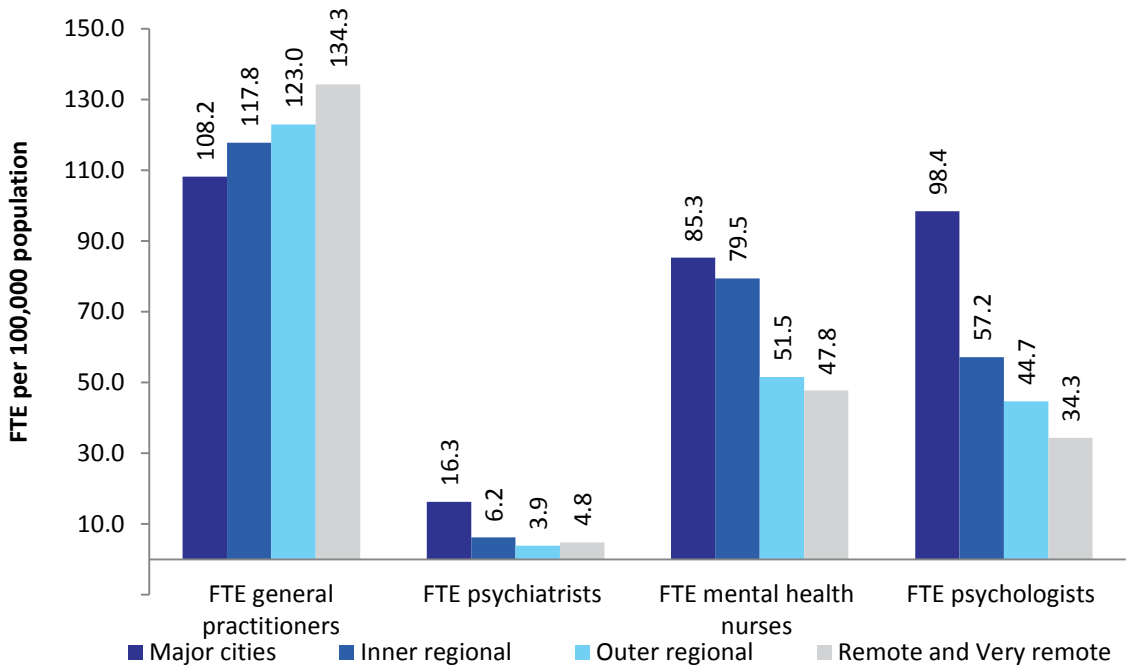
### Figure 15: Employed general practitioners, psychiatrists, psychologists and mental health nurses, FTE per 100 000 population by remoteness, 2011




Source: National Health Workforce Data Set

Note: General practitioners data are 2012 figures; all other workforce categories are 2011 figures.

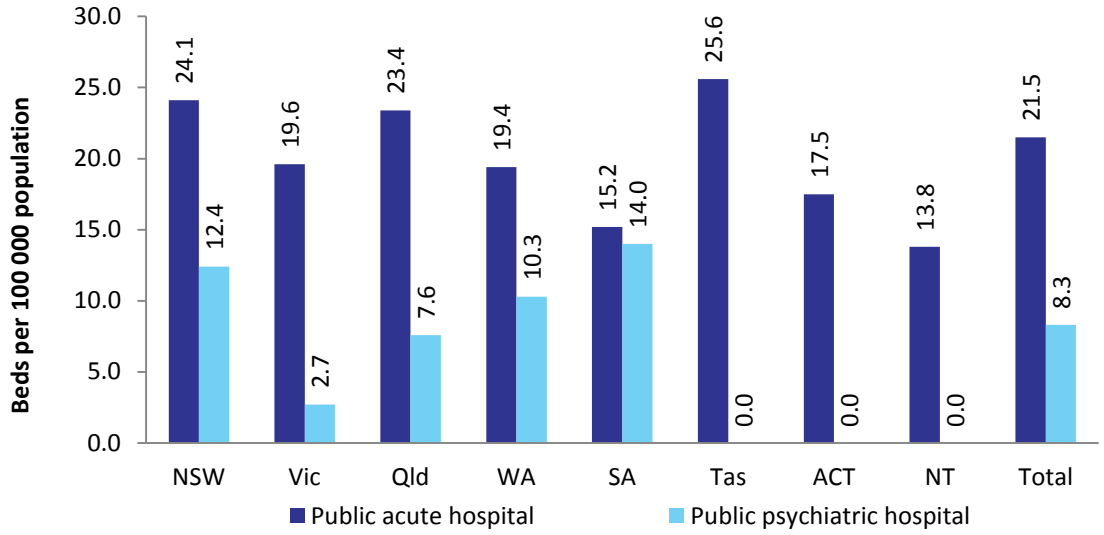
### Figure 16: Employed general practitioners, psychiatrists, psychologists and mental health nurses, FTE per 100 000 population by remoteness, 2012




Source: National Health Workforce Data Set

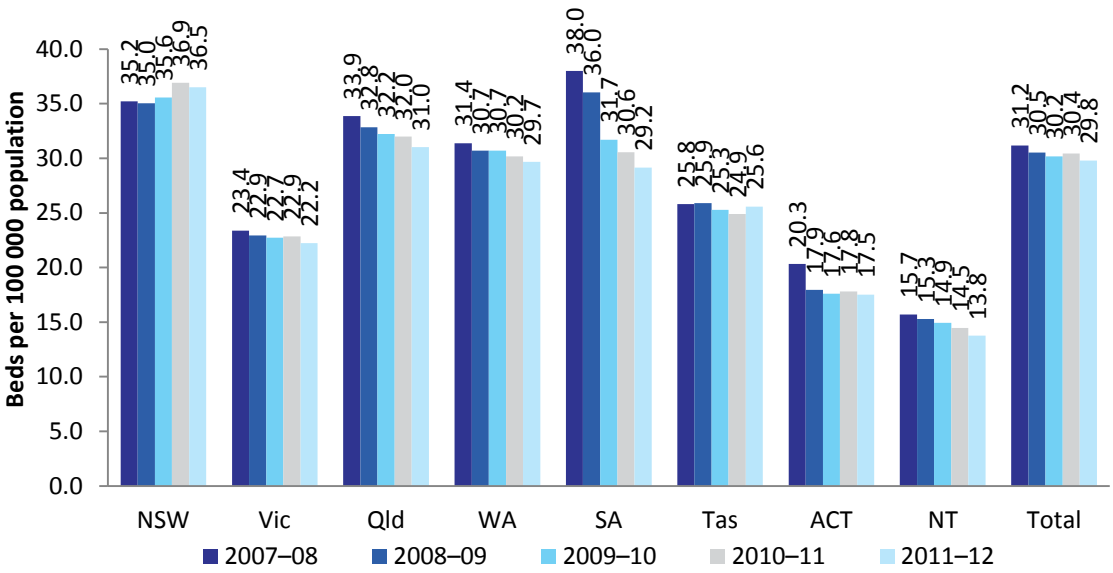
## Services

### Figure 17: Public sector specialised mental health hospital beds per 100 000 population, by hospital type, 2011–12




Source: Mental Health Establishments NMDS

### Figure 18: Public sector specialised mental health hospital beds per 100 000 population, 2007–08 to 2011–12




Source: Mental Health Establishments NMDS

**Table 1: Mental health-related services – 2011–12**

| | NSW | VIC | QLD | WA | SA | Tas. | ACT | NT |
|---|---|---|---|---|---|---|---|---|
| **Hospital Services** | | | | | | | | |
| Total public sector specialised mental health hospital beds (per 100 000 pop) | 36.5 | 22.2 | 31.0 | 29.7 | 29.2 | 25.6 | 17.5 | 13.8 |
| Public acute hospital specialised mental health beds (per 100 000 pop) | 24.1 | 19.6 | 23.4 | 19.4 | 15.2 | 25.6 | 17.5 | 13.8 |
| Public psychiatric hospital specialised mental health beds (per 100 000 pop) | 12.4 | 2.7 | 7.6 | 10.3 | 14.0 | 0.0 | 0.0 | 0.0 |
| Private sector specialised mental health hospital beds (per 100 000 pop) | n.a. | n.a. | n.a. | n.a. | n.a. | n.a. | n.a. | n.a. |
| **Residential mental health services** | | | | | | | | |
| Government-operated service beds (per 100 000 pop) | 1.9 | 19.5 | 0.0 | 0.6 | 6.4 | 11.9 | 8.1 | 0.0 |
| Non-government-operated service beds (per 100 000 pop) | 0.5 | 6.9 | 0.0 | 12.1 | 1.9 | 19.7 | 14.0 | 6.4 |
| **Mental health-related supported housing** | | | | | | | | |
| Supported housing places (per 100 000 pop) | n.a. | 20.8 | 6.3 | 59.1 | 18.2 | 4.5 | 12.9 | 23.6 |

Source: Specialised mental health care facilities section of Mental Health Services in Australia.

Note: n.a. not applicable

### *References*


1. Australian Institute of Health and Welfare. Mental health services in Australia: Specialised mental health care facilities. 2014. http://mhsa.aihw.gov.au/resources/facilities/ (accessed 22 November 2014).

2. Australian Institute of Health and Welfare. Mental health services in Australia: Admitted patient mental health-related care. 2014. http://mhsa.aihw.gov.au/services/admitted-patient/ (accessed 19 November 2014).

3. Australian Institute of Health and Welfare. Mental health services in Australia: Mental health services provided in emergency departments. 2014. http://mhsa.aihw.gov.au/services/emergency-departments/over-time/ (accessed 23 November 2014).

4. Australian Institute of Health and Welfare. Mental health services in Australia: State and territory community mental health care services. 2014. http://mhsa.aihw.gov.au/services/community-care/ (accessed 20 November 2014).

5. Australian Institute of Health and Welfare. Mental health services in Australia: Residential mental health care. 2014. http://mhsa.aihw.gov.au/services/residential-care/ (accessed 20 November 2014).

6. Australian Institute of Health and Welfare. Mental health services in Australia: Mental health workforce. 2014. http://mhsa.aihw.gov.au/resources/workforce/ (accessed 13 June 2014).

7. Australian Institute of Health and Welfare. Mental health services in Australia: Expenditure on mental health services. 2014. http://mhsa.aihw.gov.au/resources/expenditure/ (accessed 22 November 2014).

8. National Mental Health Performance Subcommittee. Key Performance Indicators for Australian Public Mental Health Services. Second Ed. Canberra: NMHPSC, 2011.

9. Australian Institute of Health and Welfare. Mental health services in Australia: Specialist homelessness services. 2014. http://mhsa.aihw.gov.au/services/specialist-homelessness-services/ (accessed 16 October 2014).

# Paper 4: National Mental Health Commission request for ad hoc analysis of the Mental Health Establishments National Minimum Data Set

This paper presents state and territory mental health data prepared by the Australian Institute of Health and Welfare in support of the Review's work. This data was made available to the Commission late in the Review process through the Mental Health Drug and Alcohol Principal Committee, and disaggregates state and territory information by remoteness category.

Australian Government

Australian Institute of Health and Welfare

# National Mental Health Commission request for ad hoc analysis of the Mental Health Establishments National Minimum Data Set

**October 2014**

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# Table of Contents

# 1. Background

The Australian Government has tasked the National Mental Health Commission (NMHC) to conduct a national Review of Mental Health Programmes and Services (The Review).

The Review is examining existing mental health services and programmes across all levels of government, and the private and non-government sectors. The focus of the review will be to assess the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental health issues and their families and other support people to lead a contributing life and to engage productively in the community. The final report will be provided to the Government by 30 November 2014.

In evaluating available mental health data on which to base the Review the NMHC has identified considerable published data on mental health expenditure, facilities and workforce at the jurisdictional level; but note that there is a paucity of data at the sub-jurisdictional level.

# 2. Current activity

In light of this identified data gap, the NMHC approached the Mental Health Drug and Alcohol Principal Committee (MHDAPC) to request approval for an ad hoc sub-jurisdictional analysis of the Mental Health Establishments NMDS (MHE NMDS), to be undertaken by the Australian Institute of Health and Welfare (AIHW).

In response to this request the MHDAPC established a time limited Data Protocol Working Group (DPWG) to assist the NMHC in formulating a data request for consideration, through MHDAPC, by the Australian Health Ministers' Advisory Council (AHMAC).

An initial draft of the populated data request was circulated to the Mental Health Information Strategy Standing Committee (MHISSC) and the Mental Health, Drug and Alcohol Principal Committee (MHDAPC) for consideration and clearance prior to potential provision to the NMHC. Feedback from both MHISSC and MHDAPC have been incorporated.

Seven jurisdictions; New South Wales, Queensland, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory approved the provision of these analysis to the NMHC for the purpose of informing The Review. Data from these seven jurisdictions are included in the main body of this document. Publically available data for the Australian Capital Territory has been collated and included as Appendix 1.

# 3. Methodology and caveats

## Specialised mental health services

Data has been sourced from the National Mental Health Establishments Database (NMHED). Jurisdictions supply these data in accordance with the definitions published in the Mental Health Establishments National Minimum Data Set (MHE NMDS) (see METeOR ID 424725 for the 2011–12 definitions). The scope of the MHE NMDS includes all specialised mental health services managed or funded, partially or fully, by state or territory health authorities. Specialised mental health services are those with the primary function of providing treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.

## Remoteness

The data presented in the following tables is a measure of the distribution of services and does not reflect the residential location of persons accessing the service. Service access data cannot currently be linked to MHE NMDS data. The remoteness allocation of a specialised mental health service is reported by jurisdictions based on the **primary location of the service**, defined by the data element *Geographical Location of Establishment*. More specifically, the ASGC 2010 classification (METeOR 413243) was used for the 2011–12 collection period and ASGC 2006 (METeOR 341798) for the 2007–08 collection period. Data for both years was analysed using concordance files mapped to the 2011 population.

The nature of the ASGC location data mean that some location codes map to more than one remoteness category. Where this was the case, data was apportioned based on the ABS concordance proportions. For example, the code for the Blue Mountains maps to three remoteness categories as follows: Major cities (88.12%), Inner regional (11.83%) and Outer regional (0.05%). Therefore, all data for a service unit with a Blue Mountains ASGC code would be proportionally allocated to the three remoteness categories.

## State-wide services and Rural/remote/regional services

Some jurisdictions have specialised mental health services, in particular those hospital services that are 'state-wide services', that is, they are intended for use by patients/consumer regardless of their usual residential location. Therefore, for some states, the absence of services in a particular remoteness category does not necessarily reflect that services are not available to residents of those remoteness categories. This issue has been highlighted in the caveats to some of the supplied jurisdictional data. This is also a common issue for rural and remote or regional services where one principal service outlet supplies services to a large geographical area.

The issue of state-wide services was examined closely and several options were considered to correct for these effects, including apportioning some specific services pro-rata based on (i) population distributions or (ii) a data request to states/territories on actual service utilisation. However, presenting apportioned data that had been adjusted by assumed or actual access for some service types and in some states only was considered to be more misleading than the data in its current form.

## Aggregate activity data

Aggregate service type activity data are supplied by jurisdictions for a range of purposes in accord with the definitions of the MHE NMDS. Data are used to calculate a variety of measures, for example, average patient day cost. The aggregate patient level activity data included in the data tables are all sourced from the NMHED. The following technical information highlights the potential limitations of this data source.

- Accrued mental health care days for *Public hospital services* are limited to the number of care days provided by specialised mental health care services, that is, psychiatric hospitals and specialised psychiatric wards/units in public acute hospitals. The data will not equal figures reported from the *National hospital morbidity database* due to scope differences between the two collections.
- Accrued mental health care days for *Residential mental health services* comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Therefore, the figures presented will not equate to those reported from the *Residential mental health care database* due to differing collection scopes.
- Community mental health care contacts are the total number of contacts provided by specialised mental health care community (ambulatory) services, as defined by the MHE NMDS. Therefore, figures will not equate to those reported from the *Community mental health care database* due to differing scope.

The *number of separations* for public hospital services and *number of residential episodes* undergo limited scrutiny during the data validation process. Therefore, these data have not been included as part of this data supply as the quality of this data is unclear.

The NMHED does not permit an analysis of patient level activity based on the usual residence of the patient/consumer. Patient level activity data collections provide a more accurate insight into the normal area of residence of people accessing specialised mental health care services.

## Full-time-equivalent (FTE) staff figures

FTE staff figures are not collected at the same level as the location data. Staff numbers are reported across the specialised mental health service organisation, which may have one or more hospitals and/or residential services and/or community mental health care services. Therefore, an apportioning methodology was used to approximate the number of staff working at each geographical location. FTE was apportioned across remoteness categories based on the proportion of the organisation that was assigned to each remoteness area.

## Aggregation of data

The data presented for this ad hoc data request has not been aggregated or supressed with the exception where a state-wide result consisted of a remoteness category with less than 1 hospital bed. Where this occurred, the remoteness categories were combined to assist in interpretation of these data and tables for footnoted accordingly.

When reviewing these data jurisdictions may request additional aggregation or suppression due to data sensitivities.

## Constant prices

Expenditure aggregates in this report are expressed in current prices and/or constant prices. The transformation of current prices to constant prices is termed 'deflation', using price indexes or 'deflators'. There are a variety of deflators that can be used to translate current prices into constant prices. The deflators that were used by AIHW for the various expenditure items are outlined in the table below. For further information on the methodology used to calculate deflators, refer to the technical notes of *Mental health services in Australia*, or Health expenditure Australia 2010–11 (AIHW 2012).

**Table 1: Area of health expenditure, by type of deflator applied.**

| Area of expenditure | Deflator applied |
|---|---|
| Public psychiatric hospitals/acute hospitals with a specialised psychiatric unit or ward | Government final consumption expenditure (GFCE) hospitals and nursing homes[(a)] |
| Community mental health care services | Professional health workers wage rate index |
| Residential mental health services | Professional health workers wage rate index |
| Expenditure on specialised mental health services | Government final consumption expenditure (GFCE) hospitals and nursing homes[(a)] |

a) Australian Bureau of Statistics (unpublished data).

The 2011–12 expenditure data is presented in current prices, that is, no deflator was applied to the data. The 2007–08 expenditure data has been deflated to the 2011–12 data to permit valid comparisons between the two time points.

## Reference

AIHW 2012. Health expenditure Australia 2010–11. Health and welfare expenditure series no. 47. Cat. no. HWE 56. Canberra: AIHW.

# 4. Jurisdictional data

## New South Wales

**Table 2: NSW: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(c)]**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(d)] |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 445,825 | 121,247 | 3,630 | 0 | 0 | 570,701 |
| Community mental health services | 320,674 | 73,739 | 22,273 | 1,961 | 964 | 419,612 |
| Residential mental health services[(g)] | 10,250 | 6,587 | 176 | 0 | 0 | 17,012 |
| **All mental health service types[(d)]** | **776,749** | **201,573** | **26,079** | **1,961** | **964** | **1,007,326** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(d) Totals may not add due to rounding to the nearest $'000.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

**Table 3: NSW: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(d)]**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 88.92 | 90.24 | 8.30 | 0 | 0 | 83.51 |
| Community mental health services | 63.96 | 54.88 | 50.95 | 63.41 | 113.65 | 61.40 |
| Residential mental health services[(g)] | 2.04 | 4.90 | 0.40 | 0 | 0 | 2.49 |
| **All mental health service types[(h)]** | **154.92** | **150.02** | **59.65** | **63.41** | **113.65** | **147.40** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

**Table 4: NSW: Recurrent expenditure[a][b] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[c] |
|---|---|---|---|---|---|---|
| Public hospital services[d][e] | 578,831 | 158,019 | 7,940 | 0 | 0 | 744,790 |
| Community mental health services | 375,845 | 96,079 | 23,801 | 1,296 | 1,312 | 498,333 |
| Residential mental health services[f] | 8,016 | 4,642 | 98 | 0 | 0 | 12,755 |
| **All mental health service types[c]** | **962,692** | **258,740** | **31,839** | **1,296** | **1,312** | **1,255,878** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Totals may not add due to rounding to the nearest $'000.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

**Table 5: NSW: Recurrent expenditure[a][b] ($) per capita[c] on state and territory specialised mental health services, by service type, 2011–12 (current prices)**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[d][e] | 108.54 | 112.61 | 17.92 | 0 | 0 | 103.18 |
| Community mental health services | 70.47 | 68.47 | 53.71 | 42.45 | 155.11 | 69.04 |
| Residential mental health services[f] | 1.50 | 3.31 | 0.22 | 0 | 0 | 1.77 |
| **All mental health service types[g]** | **180.51** | **184.38** | **71.84** | **42.45** | **155.11** | **173.98** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(g) Totals may not add due to rounding.

## Table 6: NSW: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 1,111 | 278 | 11 | 0 | 0 | 1,400 |
| Public psychiatric hospital services | 810 | 214 | 0 | 0 | 0 | 1,024 |
| Residential mental health care services | 157 | 91 | 3 | 0 | 0 | 251 |
| **Total** | **2,078** | **583** | **14** | **0** | **0** | **2,675** |

Notes:
1. Housing and Accommodation Support Initiative (HASI) services provided in New South Wales are considered out-of-scope as residential services according to the Mental Health Establishments NMDS.

## Table 7: NSW: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 1,245 | 483 | 19 | 0 | 0 | 1,747 |
| Public psychiatric hospital services | 844 | 59 | 0 | 0 | 0 | 902 |
| Residential mental health care services | 98 | 76 | 2 | 0 | 0 | 176 |
| **Total** | **2,187** | **618** | **21** | **0** | **0** | **2,825** |

Notes:
1. Housing and Accommodation Support Initiative (HASI) services provided in New South Wales are considered out-of-scope as residential services according to the Mental Health Establishments NMDS.

## Table 8: NSW: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 310.6 | 60.4 | 11.6 | 1.1 | 0.3 | 384.0 |
| Psychiatry registrars and trainees | 329.3 | 38.2 | 4.3 | 0.2 | 0.0 | 372.0 |
| Other medical officers | 73.8 | 5.7 | 0.1 | 0.0 | 0.0 | 79.5 |
| Psychologists | 429.5 | 120.0 | 41.1 | 5.5 | 4.5 | 600.6 |
| Diagnostic and health professionals[(b)] | 776.0 | 132.7 | 27.5 | 0.5 | 0.0 | 936.7 |
| Nurses[(c)] | 3,227.5 | 914.4 | 138.4 | 14.3 | 5.0 | 4,299.6 |
| Carer workers[(d)] | 3.5 | 2.6 | 0.9 | 0.0 | 0.0 | 7.0 |
| Consumer workers[(d)] | 22.0 | 4.3 | 1.5 | 0.1 | 0.0 | 27.9 |
| Other personal care[(e)] | 33.6 | 29.5 | 6.0 | 0.9 | 0.1 | 70.1 |
| Other staffing categories[(f)] | 1,458.7 | 282.2 | 62.6 | 9.9 | 5.2 | 1,818.6 |
| **Total[(a)]** | **6,664.4** | **1,589.9** | **294.0** | **32.5** | **15.1** | **8,595.9** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 9: NSW: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 327.3 | 86.0 | 19.0 | 2.5 | 1.0 | 435.9 |
| Psychiatry registrars and trainees | 387.7 | 46.1 | 3.2 | 0.2 | 0.0 | 437.2 |
| Other medical officers | 60.0 | 25.5 | 6.9 | 0.3 | 0.1 | 92.7 |
| Psychologists | 511.1 | 98.2 | 19.0 | 1.9 | 0.6 | 630.8 |
| Diagnostic and health professionals[(b)] | 838.3 | 216.2 | 55.8 | 5.8 | 2.5 | 1,118.6 |
| Nurses[(c)] | 3,825.6 | 1,092.8 | 182.9 | 18.5 | 7.1 | 5,126.9 |
| Carer workers[(d)] | 11.4 | 2.8 | 1.5 | 0.2 | 0.1 | 15.9 |
| Consumer workers[(d)] | 17.0 | 5.4 | 1.4 | 0.1 | 0.0 | 23.9 |
| Other personal care[(e)] | 18.2 | 35.1 | 4.7 | 0.1 | 0.0 | 58.1 |
| Other staffing categories[(f)] | 1,620.6 | 396.0 | 78.8 | 8.3 | 3.0 | 2,106.8 |
| **Total[(a)]** | **7,617.1** | **2,004.0** | **373.3** | **37.8** | **14.5** | **10,046.7** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 10: NSW: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 629,882 | 146,880 | 3,975 | 0 | 0 | 780,737 |
| Community mental health care contacts[(b)] | 1,954,524 | 242,223 | 43,763 | 1,470 | 755 | 2,242,735 |
| Residential mental health care days[(c)] | 49,753 | 23,976 | 437 | 0 | 0 | 74,166 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Table 11: NSW: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 672,321 | 149,906 | 5,542 | 0 | 0 | 827,770 |
| Community mental health care contacts[(b)] | 1,771,581 | 484,012 | 107,487 | 6,637 | 1,746 | 2,371,462 |
| Residential mental health care days[(c)] | 34,584 | 19,441 | 559 | 0 | 0 | 54,583 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

1. <IMPORTANT note for NSW – AIHW is investigating the increase in Outer regional community mental health care contacts (approx. increase of 63,000 contacts) and the associated change in expenditure (approx $1.5 million). Based on the data presented in this paper, this means that the average cost per contact for Outer regional services has changed from around $508 in 2007–08 to around $221 in 2011–12. This compares with the state-wide average of $187 and $210 respectively. The AIHW will contact NSW Health with a view to undertaking additional analysis regarding these data, however, further review of the data by NSW is indicated in order to understand whether some data should be supressed due to data quality issues. >

# Victoria

### Table 12: VIC: Recurrent expenditure[a][b] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[c]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[d] |
|---|---|---|---|---|---|---|
| Public hospital services[e][f] | 235,941 | 46,084 | 4,737 | 0 | n/a | 286,762 |
| Community mental health services | 253,824 | 81,035 | 9,953 | 192 | n/a | 345,004 |
| Residential mental health services[g] | 114,877 | 33,508 | 823 | 92 | n/a | 149,300 |
| **All mental health service types[d]** | **604,642** | **160,627** | **15,513** | **284** | **n/a** | **781,065** |

n/a Not applicable.

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

d) Totals may not add due to rounding to the nearest $'000.

e) Includes public hospital services managed and operated by private and non-government entities.

f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

### Table 13: VIC: Recurrent expenditure[a][b] ($) per capita[c] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[d]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[e][f] | 60.71 | 45.28 | 19.38 | 0 | n/a | 55.64 |
| Community mental health services | 65.31 | 79.62 | 40.72 | 38.90 | n/a | 66.95 |
| Residential mental health services[g] | 29.56 | 32.92 | 3.37 | 18.50 | n/a | 28.97 |
| **All mental health service types[h]** | **155.58** | **157.82** | **63.47** | **57.41** | **n/a** | **151.56** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

## Table 14: VIC: Recurrent expenditure[a][b] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[c] |
|---|---|---|---|---|---|---|
| Public hospital services[d][e] | 258,536 | 53,482 | 3,372 | 0 | n/a | 315,390 |
| Community mental health services | 293,170 | 86,027 | 14,931 | 233 | n/a | 394,360 |
| Residential mental health services[f] | 127,658 | 35,583 | 814 | 90 | n/a | 164,144 |
| **All mental health service types[c]** | **679,363** | **175,092** | **19,177** | **323** | **n/a** | **873,894** |

n/a Not applicable.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Totals may not add due to rounding to the nearest $'000.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 15: VIC: Recurrent expenditure[a][b] ($) per capita[c] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[d][e] | 61.34 | 49.85 | 13.76 | 0 | n/a | 56.95 |
| Community mental health services | 69.55 | 80.18 | 60.91 | 48.82 | n/a | 71.21 |
| Residential mental health services[f] | 30.29 | 33.16 | 3.32 | 18.86 | n/a | 29.64 |
| **All mental health service types[g]** | **161.18** | **163.19** | **77.99** | **67.68** | **n/a** | **157.80** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(g) Totals may not add due to rounding.

## Table 16: VIC: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 863 | 187 | 12 | 0 | n/a | 1,062 |
| Public psychiatric hospital services | 154 | 0 | 0 | 0 | n/a | 154 |
| Residential mental health care services | 1,127 | 270 | 7 | 1 | n/a | 1,404 |
| **Total** | **2,144** | **457** | **19** | **1** | **n/a** | **2,620** |

n/a Not applicable.

## Table 17: VIC: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 887 | 192 | 12 | 0 | n/a | 1,091 |
| Public psychiatric hospital services | 150 | 0 | 0 | 0 | n/a | 150 |
| Residential mental health care services | 1,193 | 275 | 7 | 1 | n/a | 1,476 |
| **Total** | **2,230** | **467** | **19** | **1** | **n/a** | **2,717** |

n/a Not applicable.

## Table 18: VIC: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 169.4 | 47.8 | 7.2 | 0.2 | 0.0 | 224.6 |
| Psychiatry registrars and trainees | 235.4 | 13.7 | 1.5 | 0.0 | 0.0 | 250.6 |
| Other medical officers | 96.3 | 13.9 | 1.6 | 0.0 | 0.0 | 111.9 |
| Psychologists | 282.3 | 94.8 | 11.9 | 0.7 | 0.0 | 389.6 |
| Diagnostic and health professionals[(b)] | 649.7 | 118.6 | 15.1 | 0.2 | 0.0 | 783.6 |
| Nurses[(c)] | 2,596.1 | 723.3 | 78.9 | 3.3 | 0.0 | 3,401.6 |
| Carer workers[(d)] | 10.8 | 3.9 | 0.8 | 0.0 | 0.0 | 15.5 |
| Consumer workers[(d)] | 11.1 | 5.1 | 3.7 | 0.0 | 0.0 | 20.0 |
| Other personal care[(e)] | 191.2 | 47.4 | 4.8 | 0.1 | 0.0 | 243.4 |
| Other staffing categories[(f)] | 456.2 | 158.1 | 32.0 | 0.2 | 0.0 | 646.5 |
| **Total[(a)]** | **4,698.5** | **1,226.6** | **157.4** | **4.7** | **0.0** | **6,087.3** |

(a) Totals may not add due to rounding.

(b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

(c) Includes registered and enrolled nurses.

(d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

(e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

(f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:

1) Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 19: VIC: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 232.1 | 51.5 | 6.6 | 0.2 | 0.0 | 290.4 |
| Psychiatry registrars and trainees | 280.1 | 14.3 | 1.6 | 0.0 | 0.0 | 296.1 |
| Other medical officers | 83.7 | 12.5 | 1.0 | 0.0 | 0.0 | 97.2 |
| Psychologists | 297.0 | 106.8 | 17.5 | 0.6 | 0.0 | 422.0 |
| Diagnostic and health professionals[(b)] | 733.6 | 143.5 | 16.6 | 0.2 | 0.0 | 893.8 |
| Nurses[(c)] | 2,935.2 | 757.8 | 70.5 | 2.0 | 0.0 | 3,765.4 |
| Carer workers[(d)] | 12.1 | 5.0 | 1.4 | 0.0 | 0.0 | 18.5 |
| Consumer workers[(d)] | 12.1 | 5.8 | 1.1 | 0.0 | 0.0 | 19.1 |
| Other personal care[(e)] | 191.8 | 50.8 | 4.3 | 0.1 | 0.0 | 247.0 |
| Other staffing categories[(f)] | 520.4 | 142.9 | 32.5 | 0.2 | 0.0 | 696.0 |
| **Total[(a)]** | **5,298.2** | **1,290.9** | **153.1** | **3.3** | **0.0** | **6,745.4** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 20: VIC: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 323,754 | 57,990 | 3,771 | 0 | n/a | 385,515 |
| Community mental health care contacts[(b)] | 1,553,678 | 522,233 | 57,518 | 1,229 | n/a | 2,134,658 |
| Residential mental health care days[(c)] | 376,774 | 87,030 | 2,380 | 260 | n/a | 466,445 |

n/a Not applicable.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Table 21: VIC: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 332,545 | 58,453 | 3,843 | 0 | n/a | 394,841 |
| Community mental health care contacts[(b)] | 0 | 0 | 0 | 0 | n/a | 0 |
| Residential mental health care days[(c)] | 386,905 | 85,073 | 2,416 | 261 | n/a | 474,656 |

n/a Not applicable.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care data are not available for Victoria in 2011–12 due to service level collection gaps resulting from protected industrial action during this period.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

# Queensland

### Table 22: QLD: Recurrent expenditure[a][b] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[c]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[d] |
|---|---|---|---|---|---|---|
| Public hospital services[e][f] | 228,002 | 70,744 | 41,155 | 1,042 | 215 | 341,159 |
| Community mental health services | 187,533 | 45,857 | 54,943 | 3,523 | 3,169 | 295,025 |
| Residential mental health services[g] | 0 | 0 | 0 | 0 | 0 | 0 |
| **All mental health service types[d]** | **415,535** | **116,601** | **96,099** | **4,565** | **3,384** | **636,184** |

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

d) Totals may not add due to rounding to the nearest $'000.

e) Includes public hospital services managed and operated by private and non-government entities.

f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

g) Queensland does not fund community residential services, however, it funds a number of extended treatment services, both campus and non-campus based, which provide longer term inpatient treatment and rehabilitation services with a full clinical staffing 24 hours a day seven days a week.

### Table 23: QLD: Recurrent expenditure[a][b] ($) per capita[c] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[d]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[e][f] | 90.28 | 83.89 | 67.36 | 13.76 | 3.88 | 82.99 |
| Community mental health services | 74.26 | 54.38 | 89.93 | 46.49 | 57.16 | 71.76 |
| Residential mental health services[g] | 0 | 0 | 0 | 0 | 0 | 0 |
| **All mental health service types[h]** | **164.53** | **138.26** | **157.29** | **60.24** | **61.04** | **154.75** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

## Table 24: QLD: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(c)] |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | 245,349 | 72,785 | 45,479 | 983 | 254 | 364,851 |
| Community mental health services | 254,846 | 63,399 | 72,310 | 5,899 | 5,009 | 401,463 |
| Residential mental health services[(f)] | 0 | 0 | 0 | 0 | 0 | 0 |
| **All mental health service types[(c)]** | **500,196** | **136,184** | **117,789** | **6,882** | **5,263** | **766,314** |

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Totals may not add due to rounding to the nearest $'000.

d) Includes public hospital services managed and operated by private and non-government entities.

e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

f) Queensland does not fund community residential services, however, it funds a number of extended treatment services, both campus and non-campus based, which provide longer term inpatient treatment and rehabilitation services with a full clinical staffing 24 hours a day seven days a week.

## Table 25: QLD: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 88.58 | 79.95 | 68.91 | 12.58 | 4.35 | 81.50 |
| Community mental health services | 92.00 | 69.64 | 109.56 | 75.49 | 85.82 | 89.68 |
| Residential mental health services[(g)] | 0 | 0 | 0 | 0 | 0 | 0 |
| **All mental health service types[(h)]** | **180.58** | **149.60** | **178.47** | **88.07** | **90.17** | **171.18** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

## Table 26: QLD: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 766 | 128 | 126 | 11 | 2 | 1,033 |
| Public psychiatric hospital services | 192 | 157 | 27 | 0 | 0 | 376 |
| Residential mental health care services[(a)] | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **958** | **285** | **153** | **11** | **2** | **1,409** |

a) Queensland does not fund community-based residential services, but funds both campus and non-campus based extended treatment services.

## Table 27: QLD: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 785 | 132 | 131 | 7 | 2 | 1,057 |
| Public psychiatric hospital services | 162 | 156 | 27 | 0 | 0 | 345 |
| Residential mental health care services[(a)] | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **947** | **288** | **158** | **7** | **2** | **1,402** |

a) Queensland does not fund community-based residential services, but funds both campus and non-campus based extended treatment services.

## Table 28: QLD: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 165.4 | 27.8 | 38.3 | 2.5 | 1.2 | 235.2 |
| Psychiatry registrars and trainees | 182.4 | 23.5 | 24.7 | 1.1 | 0.2 | 231.9 |
| Other medical officers | 11.7 | 10.1 | 13.3 | 1.1 | 0.3 | 36.6 |
| Psychologists | 250.4 | 60.3 | 76.7 | 5.5 | 2.7 | 395.5 |
| Diagnostic and health professionals[(b)] | 405.3 | 79.0 | 108.0 | 9.0 | 8.4 | 609.7 |
| Nurses[(c)] | 1,567.6 | 434.7 | 464.3 | 30.4 | 17.1 | 2,514.1 |
| Carer workers[(d)] | 1.1 | 0.3 | 0.1 | 0.0 | 0.0 | 1.5 |
| Consumer workers[(d)] | 7.2 | 1.0 | 1.4 | 0.1 | 0.0 | 9.7 |
| Other personal care[(e)] | 97.0 | 26.5 | 64.1 | 6.0 | 5.5 | 199.1 |
| Other staffing categories[(f)] | 454.0 | 153.0 | 170.8 | 14.4 | 10.0 | 802.3 |
| **Total[(a)]** | **3,142.2** | **816.2** | **961.7** | **70.1** | **45.5** | **5,035.7** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.
2. Queensland implemented a new methodology to calculate FTE in 2009–10 therefore caution should be exercised when conducting time series analysis.

## Table 29: QLD: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[a] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 198.0 | 36.5 | 42.8 | 3.0 | 1.4 | 281.6 |
| Psychiatry registrars and trainees | 233.2 | 26.8 | 37.7 | 1.6 | 0.1 | 299.5 |
| Other medical officers | 14.7 | 6.9 | 10.9 | 1.2 | 0.2 | 33.8 |
| Psychologists | 264.1 | 65.8 | 96.2 | 7.0 | 6.3 | 439.4 |
| Diagnostic and health professionals[b] | 541.4 | 91.2 | 139.5 | 12.0 | 11.9 | 796.0 |
| Nurses[c] | 1,841.2 | 430.5 | 559.6 | 34.8 | 23.1 | 2,889.2 |
| Carer workers[d] | 5.1 | 0.8 | 0.4 | 0.0 | 0.0 | 6.4 |
| Consumer workers[d] | 11.8 | 3.2 | 3.7 | 0.5 | 0.4 | 19.5 |
| Other personal care[e] | 85.8 | 31.1 | 98.2 | 6.0 | 5.4 | 226.5 |
| Other staffing categories[f] | 501.6 | 140.8 | 199.5 | 14.8 | 14.2 | 870.9 |
| **Total[a]** | **3,696.9** | **833.5** | **1,188.5** | **80.7** | **63.1** | **5,862.8** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.
2. Queensland implemented a new methodology to calculate FTE in 2009–10 therefore caution should be exercised when conducting time series analysis.

## Table 30: QLD: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 297,300 | 91,373 | 48,747 | 2,857 | 755 | 441,032 |
| Community mental health care contacts[(b)] | 759,765 | 220,029 | 146,347 | 7,865 | 6,839 | 1,140,845 |
| Residential mental health care days[(c)] | 0 | 0 | 0 | 0 | 0 | 0 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Queensland does not fund community-based residential services, but funds both campus and non-campus based extended treatment services. Data from these services are included in Hospital days.

## Table 31: QLD: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 291,741 | 95,363 | 49,841 | 2,582 | 741 | 440,267 |
| Community mental health care contacts[(b)] | 789,421 | 224,122 | 156,683 | 13,115 | 12,520 | 1,195,862 |
| Residential mental health care days[(c)] | 0 | 0 | 0 | 0 | 0 | 0 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Queensland does not fund community-based residential services, but funds both campus and non-campus based extended treatment services. Data from these services are included in Hospital days.

## Western Australia

- Caution should be used in interpreting Western Australia data for disaggregation by remoteness as service location does not necessarily reflect the catchment area for that service.

**Table 32: WA: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(c)]**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(d)] |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 194,027 | 6,948 | 4,106 | 0 | 0 | 205,080 |
| Community mental health services | 173,267 | 14,243 | 12,835 | 6,316 | 851 | 207,512 |
| Residential mental health services[(g)] | 9,428 | 423 | 1,010 | 0 | 0 | 10,861 |
| **All mental health service types[(d)]** | **376,722** | **21,615** | **17,951** | **6,316** | **851** | **423,454** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(d) Totals may not add due to rounding to the nearest $'000.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

**Table 33: WA: Recurrent expenditure[(a)(b)] ($) per capita(c) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(d)]**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(f)(g)] | 121.35 | 37.16 | 23.63 | 0 | 0 | 97.37 |
| Community mental health services | 108.36 | 76.18 | 73.86 | 67.25 | 16.19 | 98.53 |
| Residential mental health services[(h)] | 5.90 | 2.26 | 5.81 | 0 | 0 | 5.16 |
| **All mental health service types[(e)]** | **235.61** | **115.60** | **103.30** | **67.25** | **16.19** | **201.06** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Totals may not add due to rounding.

(f) Includes public hospital services managed and operated by private and non-government entities.

(g) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(h) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 34: WA: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(c)] |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 240,685 | 10,064 | 5,250[(d)] | n/a | n/a | 255,999 |
| Community mental health services | 196,406 | 16,368 | 16,199 | 9,993 | 1,286 | 240,252 |
| Residential mental health services[(g)] | 17,807 | 1,905 | 1,844 | 0 | 0 | 21,556 |
| **All mental health service types[(c)]** | **454,898** | **28,337** | **23,293[(c)]** | **9,993** | **1,286** | **517,808** |

n/a Not applicable

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Totals may not add due to rounding to the nearest $'000.

(d) Includes expenditure for public hospital services in remote and very remote areas.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 35: WA: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | 133.81 | 47.71 | 28.87[(f)] | n/a | n/a | 108.78 |
| Community mental health services | 109.19 | 77.59 | 89.08 | 101.06 | 20.40 | 102.09 |
| Residential mental health services[(g)] | 9.90 | 9.03 | 10.14 | 0 | 0 | 9.16 |
| **All mental health service types[(h)]** | **252.91** | **134.33** | **128.09** | **101.6** | **20.40** | **220.02** |

n/a Not applicable

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Includes expenditure for public hospital services in remote and very remote areas.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

## Table 36: WA: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 391 | 18 | 16 | 0 | 0 | 425 |
| Public psychiatric hospital services | 245 | 0 | 0 | 0 | 0 | 245 |
| Residential mental health care services | 90 | 11 | 29 | 0 | 0 | 130 |
| **Total** | **726** | **29** | **45** | **0** | **0** | **800** |

Notes:

1) Caution is required when interpreting Western Australian data. A review of services resulted in the reclassification of beds between the acute and non-acute categories for the 2010–11 collection, to more accurately reflect the function of these services. In addition, data prior to 2010–11 include a small number of emergency department observation beds in one hospital.

## Table 37: WA: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 415 | 31 | 17[(a)] | n/a | n/a | 463 |
| Public psychiatric hospital services | 246 | 0 | 0 | 0 | 0 | 246 |
| Residential mental health care services | 246 | 28 | 29 | 0 | 0 | 303 |
| **Total** | **907** | **59** | **46[(a)]** | **n/a** | **n/a** | **1,012** |

Notes:

n/a Not applicable

a) Includes beds in remote and very remote areas

1. Caution is required when interpreting Western Australian data. A review of services resulted in the reclassification of beds between the acute and non-acute categories for the 2010–11 collection, to more accurately reflect the function of these services. In addition, data prior to 2010–11 include a small number of emergency department observation beds in one hospital.

## Table 38: WA: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[a] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 90.2 | 5.7 | 3.9 | 2.5 | 0.3 | 102.6 |
| Psychiatry registrars and trainees | 98.2 | 1.4 | 1.0 | 0.8 | 0.2 | 101.6 |
| Other medical officers | 69.2 | 6.7 | 0.3 | 0.9 | 0.1 | 77.2 |
| Psychologists | 143.6 | 8.3 | 6.2 | 0.9 | 0.1 | 159.1 |
| Diagnostic and health professionals[b] | 399.4 | 28.0 | 32.6 | 8.7 | 1.2 | 469.9 |
| Nurses[c] | 1,360.5 | 69.5 | 51.9 | 10.7 | 1.3 | 1,493.8 |
| Carer workers[d] | 0.5 | 0.1 | 0.2 | 0.0 | 0.0 | 0.8 |
| Consumer workers[d] | 1.2 | 0.0 | 0.0 | 0.0 | 0.0 | 1.2 |
| Other personal care[e] | 102.5 | 7.2 | 17.9 | 3.8 | 0.2 | 131.6 |
| Other staffing categories[f] | 580.2 | 27.8 | 42.2 | 17.8 | 2.6 | 670.6 |
| **Total[a]** | **2,845.4** | **154.7** | **156.2** | **46.2** | **5.9** | **3,208.3** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff) (METeOR identifier 287611).

c) Includes registered and enrolled nurses

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 39: WA: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[a] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 128.7 | 9.1 | 5.5 | 3.5 | 0.5 | 147.3 |
| Psychiatry registrars and trainees | 108.0 | 2.7 | 3.3 | 1.0 | 0.2 | 115.2 |
| Other medical officers | 78.4 | 8.2 | 0.2 | 0.0 | 0.0 | 86.9 |
| Psychologists | 166.4 | 8.7 | 1.7 | 0.0 | 0.0 | 176.8 |
| Diagnostic and health professionals[b] | 431.6 | 40.7 | 36.9 | 18.7 | 2.2 | 530.1 |
| Nurses[c] | 1,506.1 | 96.8 | 59.0 | 19.2 | 2.7 | 1,683.8 |
| Carer workers[d] | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 |
| Consumer workers[d] | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.0 |
| Other personal care[e] | 228.5 | 16.8 | 28.4 | 1.1 | 0.2 | 275.0 |
| Other staffing categories[f] | 635.8 | 27.8 | 38.0 | 12.9 | 1.7 | 716.2 |
| **Total[a]** | **3,285.6** | **210.9** | **172.9** | **56.6** | **7.5** | **3,733.5** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff) (METeOR identifier 287611).

c) Includes registered and enrolled nurses

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 40: WA: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[a] | 210,466 | 5,101 | 5,012 | 0 | 0 | 220,579 |
| Community mental health care contacts[b] | 465,235 | 49,436 | 38,307 | 13,279 | 1,527 | 567,784 |
| Residential mental health care days[c] | 26,996 | 656 | 2,702 | 0 | 0 | 30,354 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Table 41: WA: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[a] | 222,310 | 8,460 | 4,887[b] | n/a | n/a | 235,657 |
| Community mental health care contacts[c] | 623,844 | 52,187 | 49,709 | 23,576 | 3,103 | 752,419 |
| Residential mental health care days[d] | 81,583 | 10,176 | 9,387 | 6 | 0 | 101,152 |

n/a Not Applicable

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Includes activity occurring in remote and very remote areas

c) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

d) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## South Australia

- Specialised mental health hospital services in South Australia are located in *Major cities* only, however, for acute service access the Rural and Remote Distance Consultation and Emergency Triage and Liaison Service is available 24 hours a day, seven days a week. This service is staffed by mental health clinicians who triage admissions to an inpatient service and provide a comprehensive range of advice and support including access to psychiatrists. The Rural and Remote Service also incorporates a telepsychiatry service which uses video conferencing to enable a person to remain in or close to their own community while receiving psychiatric consultations for initial assessment, discharge planning and ongoing treatment. See South Australian Health, Acute Mental Health Services for more information.
- Locations of SA country-based Child and Adolescent services, historically split into "Northern" and "Southern", have been reported under their respective administrative central office locations both of which are in metropolitan Adelaide.
- Data for community mental health care services in the very remote category reported in 2007–08 were no longer considered in-scope for the MHE NMDS collection in 2011–12 due to a change in the model of care of the service.

## Table 42: SA: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(c)]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(d)] |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 157,416 | 0 | 0 | 0 | 0 | 157,416 |
| Community mental health services | 102,445 | 3,392 | 6,997 | 1,781 | 93 | 114,707 |
| Residential mental health services[(g)] | 7,365 | 0 | 0 | 0 | 0 | 7,365 |
| **All mental health service types[(d)]** | **267,225** | **3,392** | **6,997** | **1,781** | **93** | **279,488** |

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

d) Totals may not add due to rounding to the nearest $'000.

e) Includes public hospital services managed and operated by private and non-government entities.

f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 43: SA: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(d)]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | 137.52 | 0 | 0 | 0 | 0 | 100.23 |
| Community mental health services | 89.50 | 20.48 | 34.72 | 40.10 | 6.48 | 73.03 |
| Residential mental health services[(g)] | 6.43 | 0 | 0 | 0 | 0 | 4.69 |
| **All mental health service types[(h)]** | **233.45** | **20.48** | **34.72** | **40.10** | **6.48** | **177.95** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

## Table 44: SA: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(c)] |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | 137,463 | 0 | 0 | 0 | 0 | 137,463 |
| Community mental health services | 130,943 | 3,121 | 8,931 | 1,512 | 0 | 144,506 |
| Residential mental health services[(f)] | 18,442 | 0 | 0 | 0 | 0 | 18,442 |
| **All mental health service types[(c)]** | **286,847** | **3,121** | **8,931** | **1,512** | **0** | **300,411** |

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Totals may not add due to rounding to the nearest $'000.

d) Includes public hospital services managed and operated by private and non-government entities.

e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 45: SA: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | 114.51 | 0 | 0 | 0 | 0 | 83.84 |
| Community mental health services | 109.08 | 17.59 | 44.26 | 33.48 | 0 | 88.13 |
| Residential mental health services[(f)] | 15.36 | 0 | 0 | 0 | 0 | 11.25 |
| **All mental health service types[(g)]** | **238.94** | **17.59** | **44.26** | **33.48** | **0** | **183.22** |

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(g) Totals may not add due to rounding.

### Table 46: SA: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 243 | 0 | 0 | 0 | 0 | 243 |
| Public psychiatric hospital services | 357 | 0 | 0 | 0 | 0 | 357 |
| Residential mental health care services | 71 | 0 | 0 | 0 | 0 | 71 |
| **Total** | **671** | **0** | **0** | **0** | **0** | **671** |

### Table 47: SA: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | 250 | 0 | 0 | 0 | 0 | 250 |
| Public psychiatric hospital services | 230 | 0 | 0 | 0 | 0 | 230 |
| Residential mental health care services | 138 | 0 | 0 | 0 | 0 | 138 |
| **Total** | **618** | **0** | **0** | **0** | **0** | **618** |

### Table 48: SA: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 96.5 | 0.3 | 0.0 | 0.0 | 0.0 | 96.8 |
| Psychiatry registrars and trainees | 104.2 | 0.0 | 0.0 | 0.0 | 0.0 | 104.2 |
| Other medical officers | 16.8 | 0.0 | 0.0 | 0.0 | 0.0 | 16.8 |
| Psychologists | 105.7 | 1.0 | 1.0 | 2.0 | 0.0 | 109.7 |
| Diagnostic and health professionals[(b)] | 332.4 | 9.4 | 17.5 | 3.4 | 0.6 | 363.4 |
| Nurses[(c)] | 1,187.5 | 15.2 | 32.1 | 7.9 | 0.0 | 1,242.7 |
| Carer workers[(d)] | 1.8 | 0.0 | 0.0 | 0.0 | 0.0 | 1.8 |
| Consumer workers[(d)] | 4.7 | 0.0 | 0.0 | 0.0 | 0.0 | 4.7 |
| Other personal care[(e)] | 14.1 | 3.1 | 5.9 | 0.0 | 0.0 | 23.1 |
| Other staffing categories[(f)] | 469.5 | 5.6 | 5.5 | 3.0 | 0.0 | 483.6 |
| **Total[(a)]** | **2,333.3** | **34.6** | **62.0** | **16.3** | **0.6** | **2,446.8** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1) Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 49: SA: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[a] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | 116.9 | 0.0 | 0.0 | 0.0 | 0.0 | 116.9 |
| Psychiatry registrars and trainees | 101.9 | 0.0 | 0.0 | 0.0 | 0.0 | 101.9 |
| Other medical officers | 5.2 | 0.0 | 0.0 | 0.0 | 0.0 | 5.2 |
| Psychologists | 94.6 | 0.0 | 1.7 | 0.3 | 0.0 | 96.6 |
| Diagnostic and health professionals[b] | 296.5 | 8.7 | 20.4 | 6.3 | 0.0 | 331.8 |
| Nurses[c] | 1,183.4 | 16.2 | 45.3 | 13.5 | 0.0 | 1,258.3 |
| Carer workers[d] | 3.8 | 0.1 | 0.3 | 0.1 | 0.0 | 4.2 |
| Consumer workers[d] | 7.7 | 0.1 | 0.3 | 0.1 | 0.0 | 8.2 |
| Other personal care[e] | 110.7 | 1.7 | 8.1 | 2.0 | 0.0 | 122.5 |
| Other staffing categories[f] | 301.3 | 2.7 | 8.2 | 2.3 | 0.0 | 314.5 |
| **Total[a]** | **2,221.9** | **29.4** | **84.2** | **24.6** | **0.0** | **2,360.1** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 50: SA: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[a] | 197,644 | 0 | 0 | 0 | 0 | 197,644 |
| Community mental health care contacts[b] | 405,839 | 13,476 | 28,571 | 5,207 | 1,187 | 454,280 |
| Residential mental health care days[c] | 17,301 | 0 | 0 | 0 | 0 | 17,301 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Table 51: SA: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | 161,797 | 0 | 0 | 0 | 0 | 161,797 |
| Community mental health care contacts[(b)] | 558,838 | 13,562 | 30,298 | 8,683 | 0 | 611,381 |
| Residential mental health care days[(c)] | 39,809 | 0 | 0 | 0 | 0 | 39,809 |

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Tasmania

- Tasmanian hospital services are mostly located in *Inner regional* and *Outer regional* areas, however, several services, namely the Psychiatric Intensive Care Unit, Roy Fagan Centre and Millbrook Rise, employ a model of care that accepts state-wide admissions. See Tasmanian Department of Health and Human services, Inpatient and Extended Treatment Mental Health Services for more information.
- The remoteness methodology contained in the general 'Methodology and caveats' has been altered for Tasmania with the remote concordance re-mapped to outer or inner regional as appropriate. Inclusion of the remote category inappropriately allocated a small number of resources providing a misleading picture of resource allocation.

## Table 52: TAS: Recurrent expenditure[a][b] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[c]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[d] |
|---|---|---|---|---|---|---|
| Public hospital services[e][f] | n/a | 30,972 | 6,728 | 0 | 0 | 37,700 |
| Community mental health services | n/a | 28,311 | 5,000 | 0 | 0 | 33,311 |
| Residential mental health services[g] | n/a | 21,040 | 1,027 | 0 | 0 | 22,067 |
| **All mental health service types[d]** | **n/a** | **80,323** | **12,755** | **0** | **0** | **93,078** |

n/a Not applicable.

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

d) Totals may not add due to rounding to the nearest $'000.

e) Includes public hospital services managed and operated by private and non-government entities.

f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 53: TAS: Recurrent expenditure[a][b] ($) per capita[c] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[d]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[e][f] | n/a | 96.25 | 41.99 | 0 | 0 | 76.43 |
| Community mental health services | n/a | 87.98 | 31.21 | 0 | 0 | 67.53 |
| Residential mental health services[g] | n/a | 65.38 | 6.41 | 0 | 0 | 44.74 |
| **All mental health service types[h]** | **n/a** | **249.60** | **79.61** | **0** | **0** | **188.70** |

n/a Not applicable.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

## Table 54: TAS: Recurrent expenditure[a][b] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[c] |
|---|---|---|---|---|---|---|
| Public hospital services[d][e] | n/a | 30,187 | 9,956 | 416 | 0 | 40,560 |
| Community mental health services | n/a | 29,469 | 4,767 | 66 | 0 | 34,302 |
| Residential mental health services[f] | n/a | 19,038 | 799 | 0 | 0 | 19,837 |
| **All mental health service types[c]** | **n/a** | **78,695** | **15,522** | **482** | **0** | **94,699** |

n/a Not applicable.

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Totals may not add due to rounding to the nearest $'000.

d) Includes public hospital services managed and operated by private and non-government entities.

e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

## Table 55: TAS: Recurrent expenditure[a][b] ($) per capita[c] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[d][e] | n/a | 90.07 | 60.18 | 49.25 | 0 | 79.30 |
| Community mental health services | n/a | 87.93 | 28.82 | 7.78 | 0 | 67.06 |
| Residential mental health services[f] | n/a | 56.81 | 4.83 | 0 | 0 | 38.78 |
| **All mental health service types[g]** | **n/a** | **234.81** | **93.82** | **57.03** | **0** | **185.15** |

n/a Not applicable.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(g) Totals may not add due to rounding.

### Table 56: TAS: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | n/a | 108 | 20 | 0 | 0 | 128 |
| Public psychiatric hospital services | n/a | 0 | 0 | 0 | 0 | 0 |
| Residential mental health care services | n/a | 161 | 15 | 0 | 0 | 176 |
| **Total** | **n/a** | **269** | **35** | **0** | **0** | **304** |

n/a Not applicable.

### Table 57: TAS: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | n/a | 95 | 34 | 2 | 0 | 131 |
| Public psychiatric hospital services | n/a | 0 | 0 | 0 | 0 | 0 |
| Residential mental health care services | n/a | 147 | 15 | 0 | 0 | 162 |
| **Total** | **n/a** | **242** | **49** | **2** | **0** | **293** |

n/a Not applicable.

## Table 58: TAS: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[a] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | n/a | 22.9 | 4.1 | 0.0 | 0.0 | 27.0 |
| Psychiatry registrars and trainees | n/a | 15.5 | 0.6 | 0.0 | 0.0 | 16.0 |
| Other medical officers | n/a | 0.9 | 0.0 | 0.0 | 0.0 | 0.9 |
| Psychologists | n/a | 20.3 | 4.5 | 0.0 | 0.0 | 24.8 |
| Diagnostic and health professionals[b] | n/a | 55.9 | 12.3 | 0.0 | 0.0 | 68.2 |
| Nurses[c] | n/a | 310.6 | 37.5 | 0.0 | 0.0 | 348.1 |
| Carer workers[d] | n/a | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Consumer workers[d] | n/a | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other personal care[e] | n/a | 134.8 | 19.9 | 0.0 | 0.0 | 154.7 |
| Other staffing categories[f] | n/a | 105.7 | 12.3 | 0.0 | 0.0 | 118.0 |
| **Total[a]** | **n/a** | **666.5** | **91.2** | **0.0** | **0.0** | **757.7** |

n/a Not applicable.

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 59: TAS: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | n/a | 25.1 | 4.6 | 0.1 | 0.0 | 29.8 |
| Psychiatry registrars and trainees | n/a | 13.2 | 2.2 | 0.1 | 0.0 | 15.5 |
| Other medical officers | n/a | 3.7 | 2.0 | 0.0 | 0.0 | 5.7 |
| Psychologists | n/a | 15.0 | 4.8 | 0.1 | 0.0 | 19.9 |
| Diagnostic and health professionals[(b)] | n/a | 59.7 | 14.8 | 0.3 | 0.0 | 74.8 |
| Nurses[(c)] | n/a | 283.0 | 53.2 | 1.2 | 0.0 | 337.5 |
| Carer workers[(d)] | n/a | 0.4 | 0.1 | 0.0 | 0.0 | 0.6 |
| Consumer workers[(d)] | n/a | 1.4 | 0.1 | 0.0 | 0.0 | 1.5 |
| Other personal care[(e)] | n/a | 142.9 | 18.4 | 0.3 | 0.0 | 161.5 |
| Other staffing categories[(f)] | n/a | 82.6 | 16.9 | 0.3 | 0.0 | 99.8 |
| **Total[(a)]** | **n/a** | **627.0** | **117.3** | **2.4** | **0.0** | **746.6** |

n/a Not applicable.

(a) Totals may not add due to rounding.

(b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

(c) Includes registered and enrolled nurses.

(d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

(e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

(f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

## Table 60: TAS: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | n/a | 32,428 | 5,624 | 0 | 0 | 38,052 |
| Community mental health care contacts[(b)] | n/a | 79,143 | 15,306 | 0 | 0 | 94,449 |
| Residential mental health care days[(c)] | n/a | 43,560 | 4,526 | 0 | 0 | 48,086 |

n/a Not applicable.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Table 61: TAS: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | n/a | 30,542 | 11,042 | 575 | 0 | 42,159 |
| Community mental health care contacts[(b)] | n/a | 82,037 | 15,875 | 198 | 0 | 98,109 |
| Residential mental health care days[(c)] | n/a | 45,520 | 3,891 | 0 | 0 | 49,411 |

n/a Not applicable.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope. Industrial action in Tasmania in 2011–12 has affected the quality and quantity of Tasmania's Community mental health care data.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

# Northern Territory

### Table 62: NT: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(c)]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(d)] |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | n/a | n/a | 9,244 | 3,718 | 0 | 12,963 |
| Community mental health services | n/a | n/a | 9,731 | 7,389 | 1,933 | 19,053 |
| Residential mental health services[(g)] | n/a | n/a | 530 | 0 | 0 | 530 |
| **All mental health service types[(d)]** | **n/a** | **n/a** | **19,505** | **11,107** | **1,933** | **32,545** |

n/a Not applicable.

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

d) Totals may not add due to rounding to the nearest $'000.

e) Includes public hospital services managed and operated by private and non-government entities.

f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

Note:

1) The Northern Territory do not have public psychiatric hospitals as defined in the MHE NMDS.

### Table 63: NT: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(d)]

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | n/a | n/a | 79.06 | 81.31 | 0 | 60.64 |
| Community mental health services | n/a | n/a | 83.22 | 161.59 | 37.84 | 89.14 |
| Residential mental health services[(g)] | n/a | n/a | 4.53 | 0 | 0 | 2.48 |
| **All mental health service types[(h)]** | **n/a** | **n/a** | **166.80** | **242.91** | **37.84** | **152.26** |

n/a Not applicable.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

Note:

1) The Northern Territory do not have public psychiatric hospitals as defined in the MHE NMDS.

## Table 64: NT: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(c)] |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | n/a | n/a | 10,639 | 5,365 | 0 | 16,004 |
| Community mental health services | n/a | n/a | 12,797 | 8,184 | 2,306 | 23,287 |
| Residential mental health services[(f)] | n/a | n/a | 1,486 | 0 | 0 | 1,486 |
| **All mental health service types[(c)]** | **n/a** | **n/a** | **24,922** | **13,549** | **2,306** | **40,777** |

n/a Not applicable.

a) Expenditure excludes depreciation.

b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

c) Totals may not add due to rounding to the nearest $'000.

d) Includes public hospital services managed and operated by private and non-government entities.

e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

Note:

1) The Northern Territory do not have public psychiatric hospitals as defined in the MHE NMDS.

## Table 65: NT: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | n/a | n/a | 82.40 | 110.17 | 0 | 69.20 |
| Community mental health services | n/a | n/a | 99.12 | 168.04 | 43.12 | 100.68 |
| Residential mental health services[(f)] | n/a | n/a | 11.51 | 0 | 0 | 6.43 |
| **All mental health service types[(g)]** | **n/a** | **n/a** | **193.03** | **278.22** | **43.12** | **176.30** |

n/a Not applicable.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 30 June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(g) Totals may not add due to rounding.

Note:

1) The Northern Territory do not have public psychiatric hospitals as defined in the MHE NMDS.

## Table 66: NT: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | n/a | n/a | 26 | 8 | 0 | 34 |
| Public psychiatric hospital services | n/a | n/a | 0 | 0 | 0 | 0 |
| Residential mental health care services | n/a | n/a | 5 | 0 | 0 | 5 |
| **Total** | **n/a** | **n/a** | **31** | **8** | **0** | **39** |

n/a Not applicable.

## Table 67: NT: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | n/a | n/a | 26 | 6 | 0 | 32 |
| Public psychiatric hospital services | n/a | n/a | 0 | 0 | 0 | 0 |
| Residential mental health care services | n/a | n/a | 15 | 0 | 0 | 15 |
| **Total** | **n/a** | **n/a** | **41** | **6** | **0** | **47** |

n/a Not applicable.

## Table 68: NT: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | n/a | n/a | 5.2 | 2.4 | 1.1 | 8.7 |
| Psychiatry registrars and trainees | n/a | n/a | 6.4 | 1.4 | 1.0 | 8.8 |
| Other medical officers | n/a | n/a | 2.0 | 2.3 | 0.7 | 5.0 |
| Psychologists | n/a | n/a | 7.2 | 3.7 | 1.6 | 12.5 |
| Diagnostic and health professionals[(b)] | n/a | n/a | 11.4 | 8.7 | 3.0 | 23.2 |
| Nurses[(c)] | n/a | n/a | 60.4 | 28.5 | 12.6 | 101.6 |
| Carer workers[(d)] | n/a | n/a | 0.0 | 0.0 | 0.0 | 0.0 |
| Consumer workers[(d)] | n/a | n/a | 0.0 | 0.0 | 0.0 | 0.0 |
| Other personal care[(e)] | n/a | n/a | 6.3 | 1.0 | 0.5 | 7.8 |
| Other staffing categories[(f)] | n/a | n/a | 12.8 | 8.5 | 3.2 | 24.5 |
| **Total[(a)]** | **n/a** | **n/a** | **111.7** | **56.6** | **23.7** | **192.0** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.
2. Domestic staff FTE figures are not available for the Northern Territory.

## Table 69: NT: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | n/a | n/a | 5.9 | 7.4 | 2.2 | 15.5 |
| Psychiatry registrars and trainees | n/a | n/a | 9.0 | 3.9 | 1.8 | 14.7 |
| Other medical officers | n/a | n/a | 0.8 | 0.1 | 0.1 | 1.0 |
| Psychologists | n/a | n/a | 8.5 | 3.0 | 1.6 | 13.2 |
| Diagnostic and health professionals[(b)] | n/a | n/a | 16.2 | 10.2 | 3.9 | 30.3 |
| Nurses[(c)] | n/a | n/a | 68.2 | 36.0 | 15.0 | 119.3 |
| Carer workers[(d)] | n/a | n/a | 0.0 | 0.0 | 0.0 | 0.0 |
| Consumer workers[(d)] | n/a | n/a | 0.0 | 0.0 | 0.0 | 0.0 |
| Other personal care[(e)] | n/a | n/a | 18.7 | 2.6 | 0.9 | 22.1 |
| Other staffing categories[(f)] | n/a | n/a | 15.2 | 11.0 | 3.9 | 30.1 |
| **Total[(a)]** | **n/a** | **n/a** | **142.5** | **74.3** | **29.3** | **246.1** |

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.
2. Domestic staff FTE figures are not available for the Northern Territory.

## Table 70: NT: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | n/a | n/a | 7,850 | 3,140 | 0 | 10,990 |
| Community mental health care contacts[(b)] | n/a | n/a | 25,484 | 9,929 | 1,428 | 36,841 |
| Residential mental health care days[(c)] | n/a | n/a | 1,737 | 0 | 0 | 1,737 |

n/a Not applicable.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

## Table 71: NT: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | n/a | n/a | 8,617 | 1,872 | 0 | 10,489 |
| Community mental health care contacts[(b)] | n/a | n/a | 30,990 | 15,924 | 1,955 | 48,869 |
| Residential mental health care days[(c)] | n/a | n/a | 4,828 | 0 | 0 | 4,828 |

n/a Not applicable.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) Community mental health care contacts will not equate to those reported from the Community mental health care database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

# Appendix 1

## Australian Capital Territory

The ACT declined to provide data for this report. The data presented here has been sourced from the publically available data published on the *Mental health services in Australia* website: http://mhsa.aihw.gov.au/home/ as requested by the NMHC.

It should be noted that the data presented here were calculated using different methodology to the data presented for the other jurisdictions presented in this report and readers are advised to read associated footnotes and caveats.

**Table 72: ACT: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(c)]**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(d)] |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | n.p. | n.p. | n.p. | n.p. | n.p. | 17,792 |
| Community mental health services | n.p. | n.p. | n.p. | n.p. | n.p. | 30,988 |
| Residential mental health services[(g)] | n.p. | n.p. | n.p. | n.p. | n.p. | 8,477 |
| **All mental health service types[(d)]** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **67,911** |

n.p. Not published.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(d) Totals may not add due to rounding to the nearest $'000.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

Source: National Mental Health Establishments Database.

**Table 73: ACT: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2007–08 (constant prices)[(d)]**

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(e)(f)] | n.p. | n.p. | n.p. | n.p. | n.p. | 51.69 |
| Community mental health services | n.p. | n.p. | n.p. | n.p. | n.p. | 90.04 |
| Residential mental health services[(g)] | n.p. | n.p. | n.p. | n.p. | n.p. | 24.63 |
| **All mental health service types[(h)]** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** |

n.p. Not published.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 31 December 2007.

(d) Constant prices are referenced to 2011–12 and are adjusted for inflation.

(e) Includes public hospital services managed and operated by private and non-government entities.

(f) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(g) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(h) Totals may not add due to rounding.

Source: National Mental Health Establishments Database.

## Table 74: ACT: Recurrent expenditure[(a)(b)] ($'000) on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(c)] |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | n.p. | n.p. | n.p. | n.p. | n.p. | 19,437 |
| Community mental health services | n.p. | n.p. | n.p. | n.p. | n.p. | 35,444 |
| Residential mental health services[(f)] | n.p. | n.p. | n.p. | n.p. | n.p. | 11,014 |
| **All mental health service types[(c)]** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **65,895** |

n.p. Not published.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Totals may not add due to rounding to the nearest $'000.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

Source: National Mental Health Establishments Database.

## Table 75: ACT: Recurrent expenditure[(a)(b)] ($) per capita[(c)] on state and territory specialised mental health services, by service type, 2011–12 (current prices)

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Public hospital services[(d)(e)] | n.p. | n.p. | n.p. | n.p. | n.p. | 52.39 |
| Community mental health services | n.p. | n.p. | n.p. | n.p. | n.p. | 95.54 |
| Residential mental health services[(f)] | n.p. | n.p. | n.p. | n.p. | n.p. | 29.69 |
| **All mental health service types[(g)]** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** |

n.p. Not published.

(a) Expenditure excludes depreciation.

(b) Expenditure excludes grants to non-government organisations and indirect expenditure at the state/territory, region and organisation levels not apportioned to service units.

(c) Crude rate is based on the state and territory estimated resident population by remoteness area as at 31 December June 2011.

(d) Includes public hospital services managed and operated by private and non-government entities.

(e) Public psychiatric hospitals and specialised psychiatric units or wards in public acute hospitals include expenditure on admitted patient services only. Public hospitals outpatient departments are included in community mental health care services.

(f) Residential mental health services include the total operating costs for partially or wholly government funded non-government-operated residential mental health services.

(g) Totals may not add due to rounding.

Source: National Mental Health Establishments Database.

## Table 76: ACT: Number of specialised mental health beds, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | 70 |
| Public psychiatric hospital services | n.p. | n.p. | n.p. | n.p. | n.p. | 0 |
| Residential mental health care services | n.p. | n.p. | n.p. | n.p. | n.p. | 77 |
| **Total** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **147** |

n.p. Not published.

Source: National Mental Health Establishments Database.

## Table 77: ACT: Number of specialised mental health beds, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Specialised psychiatric units or wards in public acute hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | 65 |
| Public psychiatric hospital services | n.p. | n.p. | n.p. | n.p. | n.p. | 0 |
| Residential mental health care services | n.p. | n.p. | n.p. | n.p. | n.p. | 82 |
| **Total** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **147** |

n.p. Not published.

Source: National Mental Health Establishments Database.

## Table 78: ACT: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[(a)] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | n.p. | n.p. | n.p. | n.p. | n.p. | 14.8 |
| Psychiatry registrars and trainees | n.p. | n.p. | n.p. | n.p. | n.p. | 16.5 |
| Other medical officers | n.p. | n.p. | n.p. | n.p. | n.p. | 1.4 |
| Psychologists | n.p. | n.p. | n.p. | n.p. | n.p. | 48.9 |
| Diagnostic and health professionals[(b)] | n.p. | n.p. | n.p. | n.p. | n.p. | 31.5 |
| Nurses[(c)] | n.p. | n.p. | n.p. | n.p. | n.p. | 169.4 |
| Carer workers[(d)] | n.p. | n.p. | n.p. | n.p. | n.p. | 0.0 |
| Consumer workers[(d)] | n.p. | n.p. | n.p. | n.p. | n.p. | 0.0 |
| Other personal care[(e)] | n.p. | n.p. | n.p. | n.p. | n.p. | 32.2 |
| Other staffing categories[(f)] | n.p. | n.p. | n.p. | n.p. | n.p. | 62.3 |
| **Total[(a)]** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **377.0** |

n.p. Not published.

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

Source: National Mental Health Establishments Database.

## Table 79: ACT: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total[a] |
|---|---|---|---|---|---|---|
| Consultant psychiatrists and psychiatrists | n.p. | n.p. | n.p. | n.p. | n.p. | 30.4 |
| Psychiatry registrars and trainees | n.p. | n.p. | n.p. | n.p. | n.p. | 17.2 |
| Other medical officers | n.p. | n.p. | n.p. | n.p. | n.p. | 0.8 |
| Psychologists | n.p. | n.p. | n.p. | n.p. | n.p. | 59.6 |
| Diagnostic and health professionals[b] | n.p. | n.p. | n.p. | n.p. | n.p. | 39.1 |
| Nurses[c] | n.p. | n.p. | n.p. | n.p. | n.p. | 171.9 |
| Carer workers[d] | n.p. | n.p. | n.p. | n.p. | n.p. | 0.0 |
| Consumer workers[d] | n.p. | n.p. | n.p. | n.p. | n.p. | 0.0 |
| Other personal care[e] | n.p. | n.p. | n.p. | n.p. | n.p. | 26.1 |
| Other staffing categories[f] | n.p. | n.p. | n.p. | n.p. | n.p. | 67.6 |
| **Total[a]** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **n.p.** | **412.6** |

n.p. Not published.

a) Totals may not add due to rounding.

b) Diagnostic and health professionals includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians, including Social Workers, Occupational Therapists and others (METeOR identifier 287611).

c) Includes registered and enrolled nurses.

d) The definition of these categories was modified from 'consultants' to 'mental health workers' for the 2010–11 collection, in order to capture a variety of contemporary roles.

e) Other personal care staff includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants of home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR 270171).

f) Other staff includes administrative and clerical and domestic and other staff categories.

Notes:
1. Includes consumer and carer workers and staff employed at a higher organisational level. Excludes staff employed at regional or state level in mental health policy units of the associated relevant health department or equivalent.

Sources: National Mental Health Establishments Database.

## Table 80: ACT: State and territory specialised mental health service activity, by service type, 2007–08

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[a] | n.p. | n.p. | n.p. | n.p. | n.p. | 18,539 |
| Community mental health care contacts[b] | n.p. | n.p. | n.p. | n.p. | n.p. | 207,467 |
| Residential mental health care days[c] | n.p. | n.p. | n.p. | n.p. | n.p. | 24,478 |

n.p. Not published.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) The Community mental health care contacts reported here are sourced from the National Community Mental Health Care Database and are not directly comparable with the results reported for other jurisdictions from the Mental Health Establishment database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

Sources: National Mental Health Establishments Database and National Community Mental Health Care Database.

## Table 81: ACT: State and territory specialised mental health service activity, by service type, 2011–12

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total |
|---|---|---|---|---|---|---|
| Hospital days[(a)] | n.p. | n.p. | n.p. | n.p. | n.p. | 23,163 |
| Community mental health care contacts[(b)] | n.p. | n.p. | n.p. | n.p. | n.p. | 259,346 |
| Residential mental health care days[(c)] | n.p. | n.p. | n.p. | n.p. | n.p. | 27,490 |

n.p. Not published.

a) Hospital days, also known as accrued mental health care days for public hospital services, will not equal figures reported from the National hospital morbidity database due to scope differences between the two collections.

b) The Community mental health care contacts reported here are sourced from the National Community Mental Health Care Database and are not directly comparable with the results reported for other jurisdictions from the Mental Health Establishment database due to differing scope.

c) Residential mental health care days comprises the number of care days provided by all services, including government and non-government operated services, and 24-hour and non-24-hour staffed services. Figures will not equate to those reported from the Residential mental health care database due to differing collection scopes.

Sources: National Mental Health Establishments Database and National Community Mental Health Care Database.

# Paper 5: Characteristics of people using mental health services and prescription medication, 2011

The following paper presents the Australian Bureau of Statistics initial findings of the *Mental Health Services-Census Data Integration project*. This project was sponsored by the Commission to support the Review, and linked Census data with Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) administrative information. This provided the Commission with new insights on the characteristics of people using mental health services and prescription medication, and will inform the development and evaluation of mental health programmes and support services now and into the future. This paper and data tables are available on the Australian Bureau of Statistics website.

Australian Bureau of Statistics

# Characteristics of people using mental health services and prescription medication, 2011

# 4329.0

**Released 28 October 2014**

AUSTRALIAN BUREAU OF STATISTICS

ABS Catalogue No. 4329.0



Produced by the Australian Bureau of Statistics.

## INQUIRIES

For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

# 4329.0 - CHARACTERISTICS OF PEOPLE USING MENTAL HEALTH SERVICES AND PRESCRIPTION MEDICATION, 2011

CONTENTS

## SUMMARY

### Introduction

*The Mental Health Services-Census Data Integration project* brings together for the first time the breadth of the 2011 Census data with administrative information on people accessing subsidised mental health-related Medicare Benefits Schedule (MBS) services and Pharmaceutical Benefits Scheme (PBS) prescription medication.

This project was initiated on behalf of the National Mental Health Commission (NMHC) with the aim of informing the National Review of Mental Health Services and Programmes (the Review). The focus of the Review is to 'assess the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental ill health and their families and other support people to lead a contributing life and to engage productively in the community' (Endnote 1).

Integrating a selected subset of data items from the Medical Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and the 2011 Census of Population and Housing (Census) has greatly increased the power of the data to support analysis of the circumstances and characteristics of people experiencing mental ill-health as they interact with the health care system. *The Mental Health Services-Census Integrated Dataset* includes people who responded to the 2011 Census and those who accessed subsidised mental health-related items listed on the MBS or PBS in 2011. For more information on these datasets, see Explanatory notes.

This project will contribute significantly to the pool of mental health-related data available in Australia to assist in the development and evaluation of mental health programs and support services now and into the future. Questions can be answered about people accessing subsidised mental health-related services and medications with evidence that up until now has not been available. For example, analysis of the integrated data will answer questions about the relationship between mental health-related services, medication use, and key socio-economic information such as education, employment and housing.

The confidentiality of these data are protected by the *Census and Statistics Act (1905)* and the *Privacy Act (1988)*. MBS and PBS information provided by the Department of Health and the Department of Human Services to the ABS is treated in the strictest confidence as is required by the *National Health Act (1953)*, and the *Health Insurance Act (1973)*.

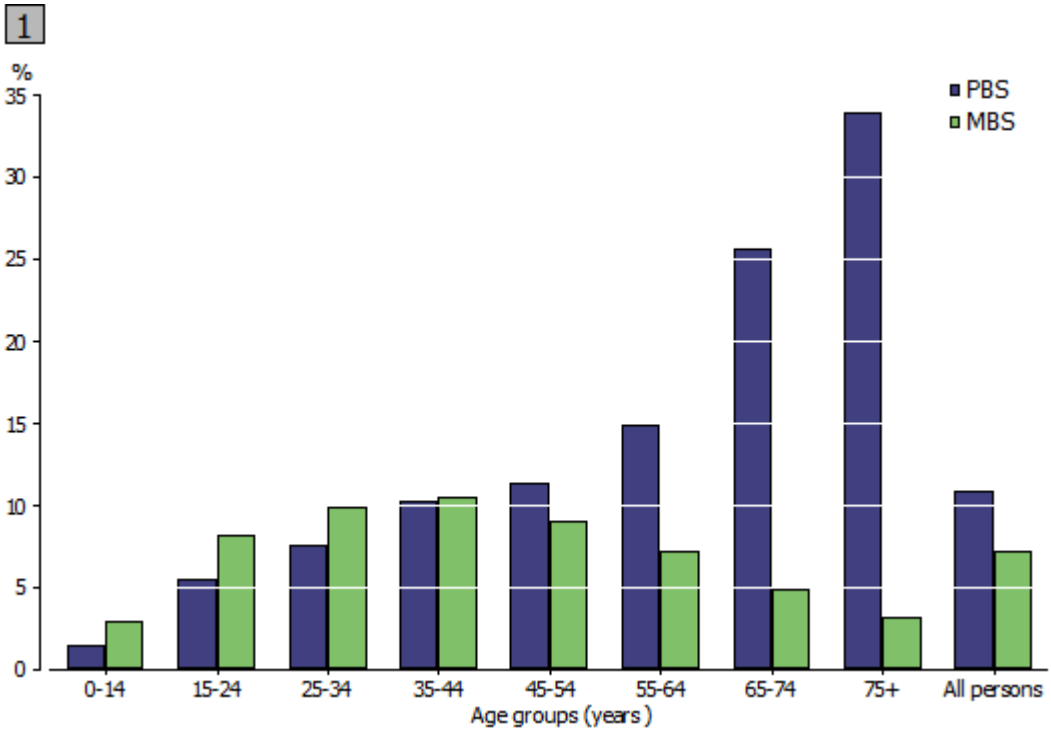
## Overview

Good mental health is a crucial aspect of good general health, and underpins a productive and inclusive society. Mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels (Endnote 2).

The information in this publication relates to people who actually accessed either an MBS mental health-related service or a PBS subsidised medication in 2011. (For more information, please refer to the Explanatory Notes). As the following graph shows, the age structure of these two groups was quite different.

Graph 1 shows the proportion of the population in each age group that accessed a subsidised mental health-related service or medication in 2011.

Graph 1: Proportion of Australian population who accessed subsidised mental health-related MBS services and PBS medication -- 2011, by Age




The proportion of the population accessing PBS subsidised mental health-related prescription medications increased with age, with over one-third (34%) of all people aged 75 years and over accessing one or more of these drugs in 2011. By comparison, a higher proportion of people aged 15-64 years accessed MBS subsidised mental health-related services compared with people younger or older than this age group.

## PEOPLE ACCESSING MBS SUBSIDISED MENTAL HEALTH-RELATED SERVICES IN 2011

In 2011, there were over 1.5 million people who accessed MBS subsidised mental health-related services provided by psychiatrists, general practitioners (GPs), psychologists and other allied health professionals such as mental health nurses, occupational therapists, social workers and Aboriginal health workers.

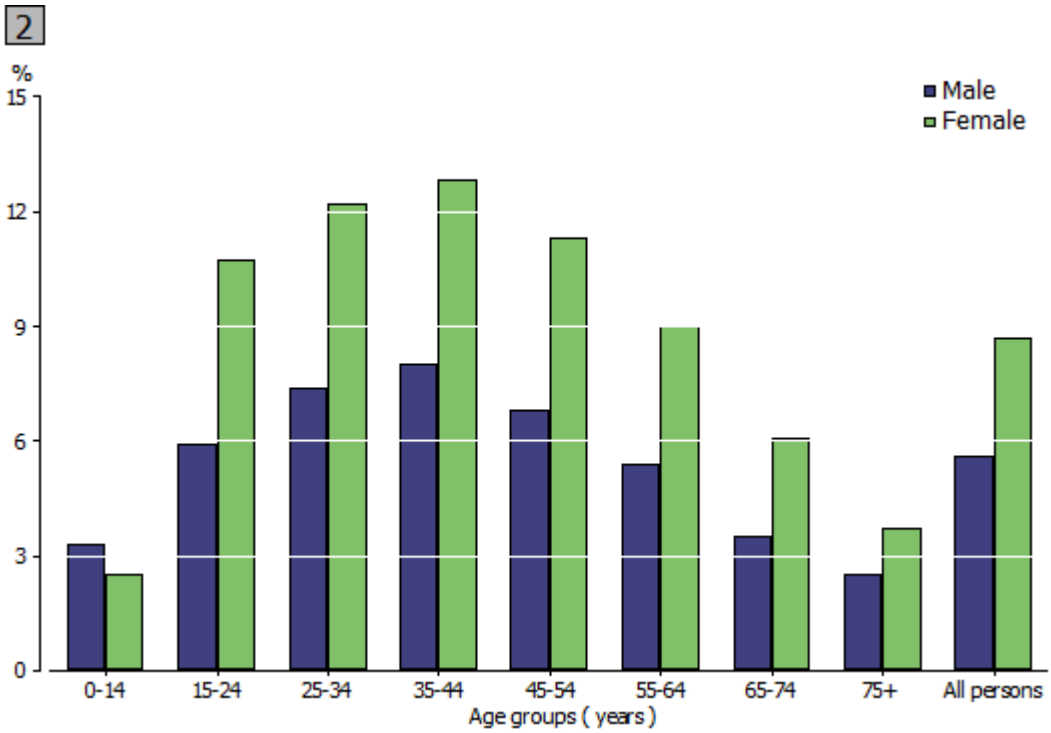
### MBS Demographics

#### Age and Sex

Graph 2 shows the proportion of each age group of males and females in Australia who accessed MBS subsidised mental health-related services in 2011.

Females were more likely to access MBS subsidised mental health-related services than males with around 9% of all Australian females accessing services in 2011 compared with 6% of all males. Overall, a higher proportion of people aged 15-64 years accessed these subsidised mental health-related services compared with people younger or older than this age group.

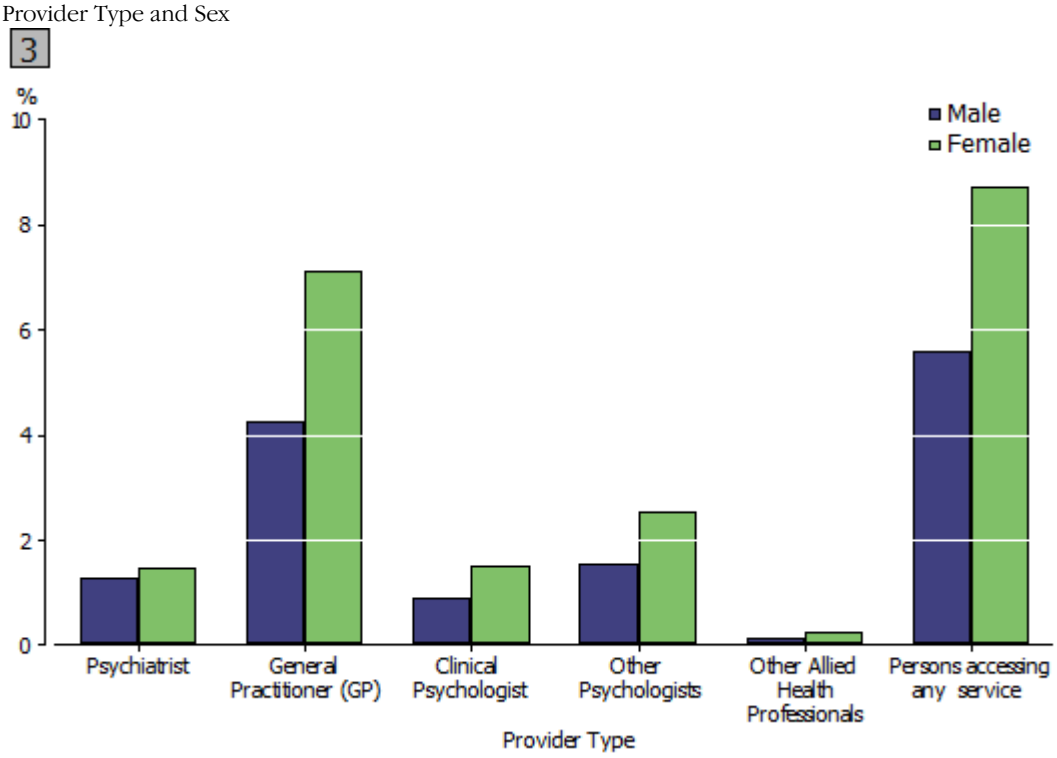
Graph 2: Proportion of Australian population accessing MBS subsidised mental health-related services -- 2011, by Age and Sex



### Provider type

As Graph 3 shows, for both females and males, General Practitioners (GPs) were the most common service provider with over 1.2 million Australians attending a GP in 2011 for a subsidised mental health-related service. Around 7% of all females and 4% of all males attended the GP. Psychologists were the next most common service provider for both females and males (4% of all females and 2.4% of all males).

Graph 3: Proportion of Australian population accessing MBS subsidised mental health-related services -- 2011, by Provider Type and Sex




## State and Regional Differences

In 2011, Victoria, NSW, South Australia and Queensland had similar rates of subsidised mental health-related services (around 7 to 8% of all people in each State). People in Major Cities and Inner Regional areas were more likely to access one of these services than people living outside of these areas. As with the national pattern, GPs were the most common service provider across all of the remoteness areas.

### Socioeconomic Circumstances

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. By using the IRSD from the Census and combining it with the MBS data it is possible to determine the socio-economic patterns amongst those who accessed subsidised mental health-related services.

In 2011, of all people living in the most disadvantaged areas, 6.2% accessed a subsidised mental health-related service from a GP, followed by 2.9% accessing a psychologist and 1.3% accessing a psychiatrist. Of all people living in areas of least disadvantage, 5.2% accessed a subsidised mental health-related service provided by a GP, followed by 3.6% accessing a psychologist and 1.7% accessing a psychiatrist.

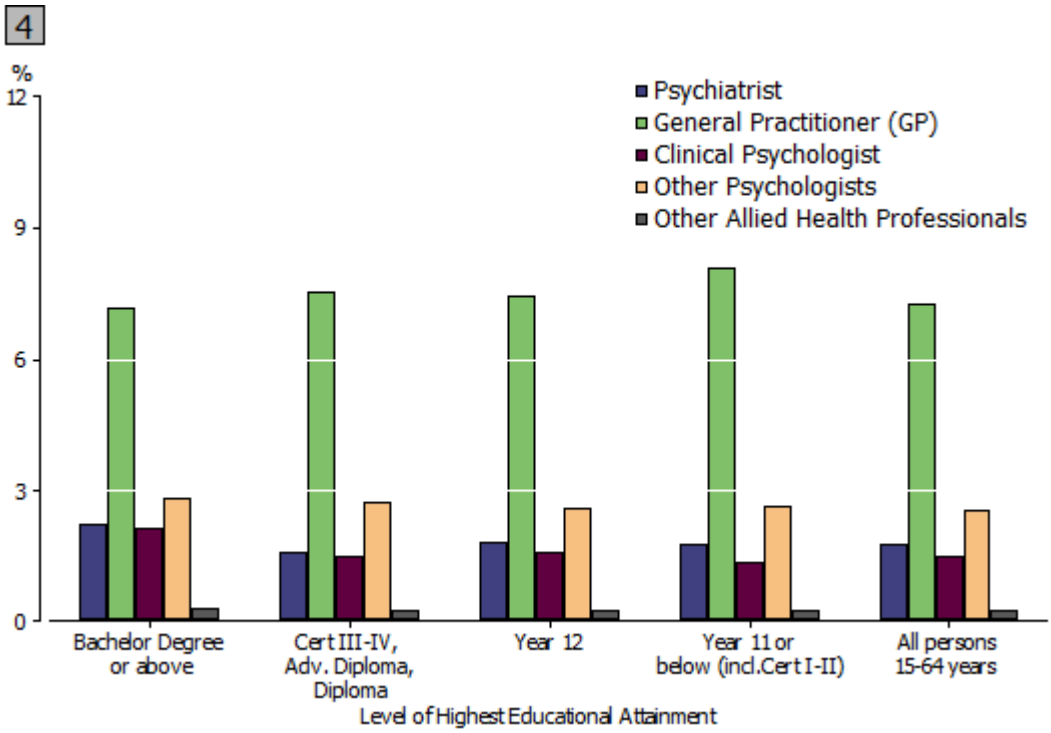
## MBS Work and Education

### Education

Education and training are important means by which individuals can realise their full potential and make positive choices about their wellbeing. Education and training are often essential to gaining paid employment, and can provide the pathway to a rewarding career (Endnote 3).

Overall, there was little difference in the proportion of the population accessing a subsidised mental health-related service in 2011 by highest level of educational attainment. Of the 3 million Australians aged 15-64 years whose highest level of education was a Bachelor degree or higher, 9.5% accessed a subsidised mental health-related service in 2011, with a similar rate (9.8%) for those with Year 11 or below. However, people with a Bachelor degree or higher were more likely to see a clinical psychologist (2.1%) and psychiatrist (2.2%) than people with Year 11 or below (1.3% and 1.7% respectively).

Graph 4: Proportion of Australian population aged 15-64 years accessing MBS subsidised mental health-related services -- 2011, by Level of Highest Educational Attainment and Provider Type



### Employment

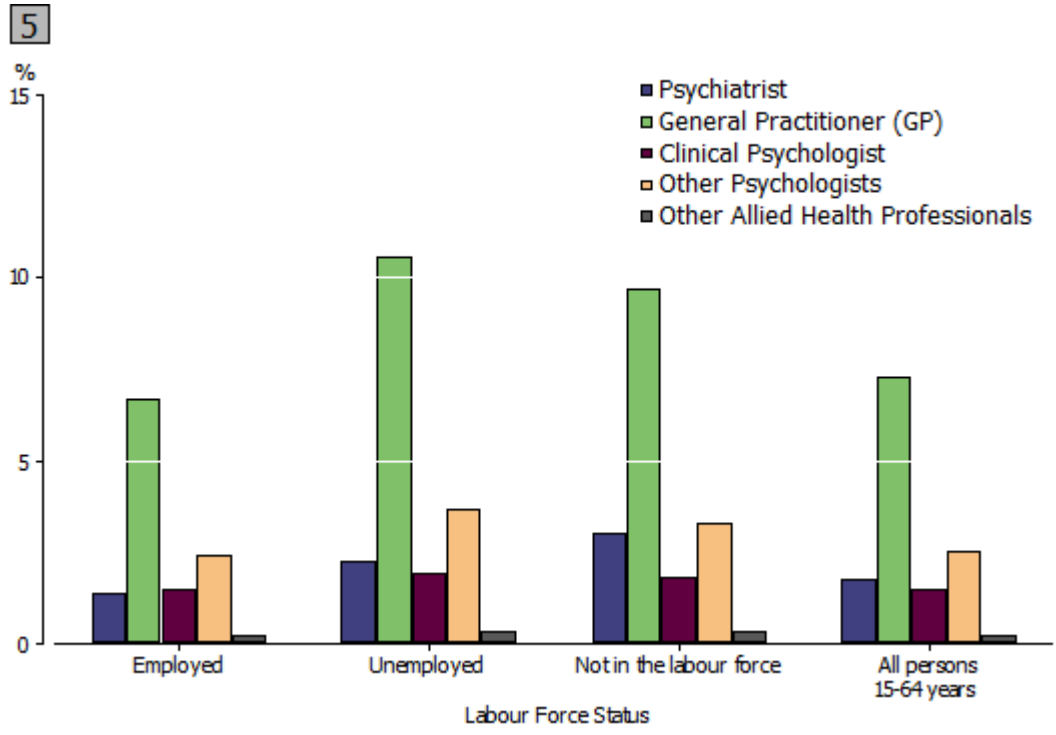
Paid employment is a major source of economic resources and security for most individuals. It allows people to contribute to their community and it can enhance their skills, social networks and identity (Endnote 3).

Generally, participation in the labour force tends to be lower in the teenage years, before rising in the twenties as people complete their educational qualifications and begin a career. The rate for men tends to stay quite high until they reach their late fifties and into their sixties, when many men retire. For women, the labour force participation rate tends to dip during the peak child-bearing years (between 25 and 44 years) (Endnote 4).

In 2011, of all employed Australians aged 15-64 years, 8.2% accessed subsidised mental health-related services, compared with 12.6% of all people who were unemployed and 12.4% of all people who were not in the labour force.

Unemployed people aged 15-64 years were more likely to see a psychiatrist (2.3%) than were employed people (1.4%) within this age group.

Graph 5: Proportion of Australian population aged 15-64 years accessing MBS subsidised mental health-related services -- 2011, by Labour Force Status and Provider Type



## PEOPLE ACCESSING PBS SUBSIDISED MENTAL HEALTH-RELATED PRESCRIPTION MEDICATION IN 2011

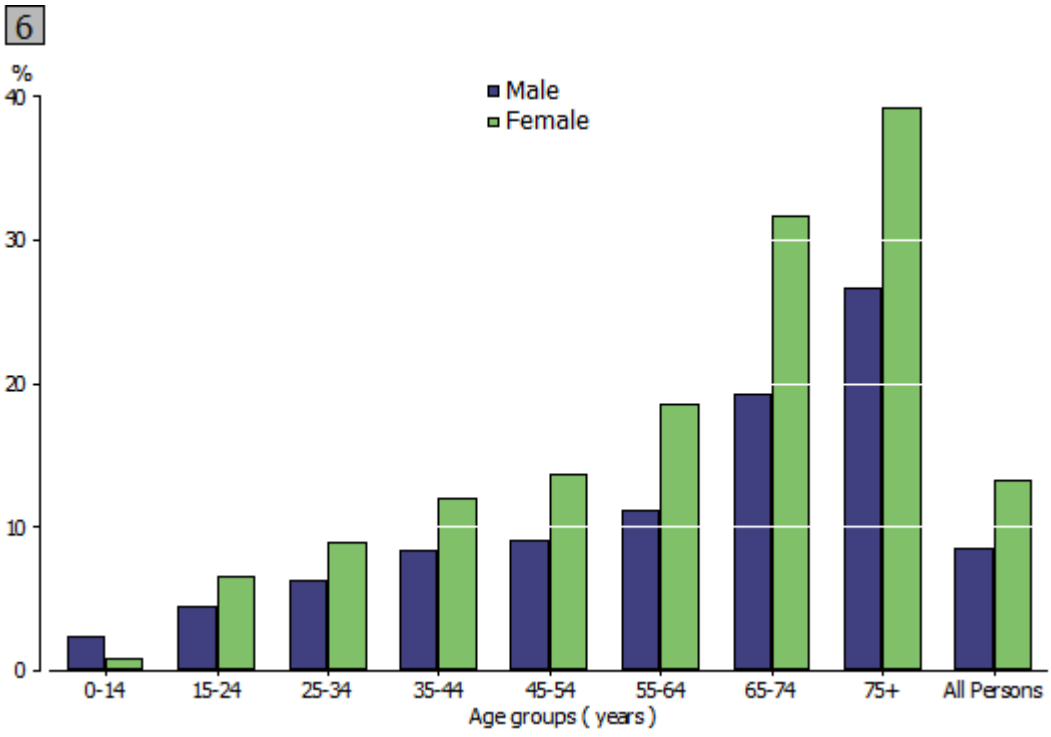
In 2011, there were over 2.3 million people who accessed PBS subsidised mental health-related medications which included: Antipsychotics, Anxiolytics, Hypnotics and Sedatives, Antidepressants and Psychostimulants and Nootropics (please see Explanatory Notes for more details).

### PBS Demographics

#### Age and Sex

In 2011, females were more likely to access PBS subsidised mental health-related medications than males with 13.3% of all Australian females accessing these drugs compared with 8.5% of all males. The proportion of the population accessing these medications increased with increasing age, with over one-third (34%) of all people aged 75 years and over accessing one or more of these drugs in 2011.

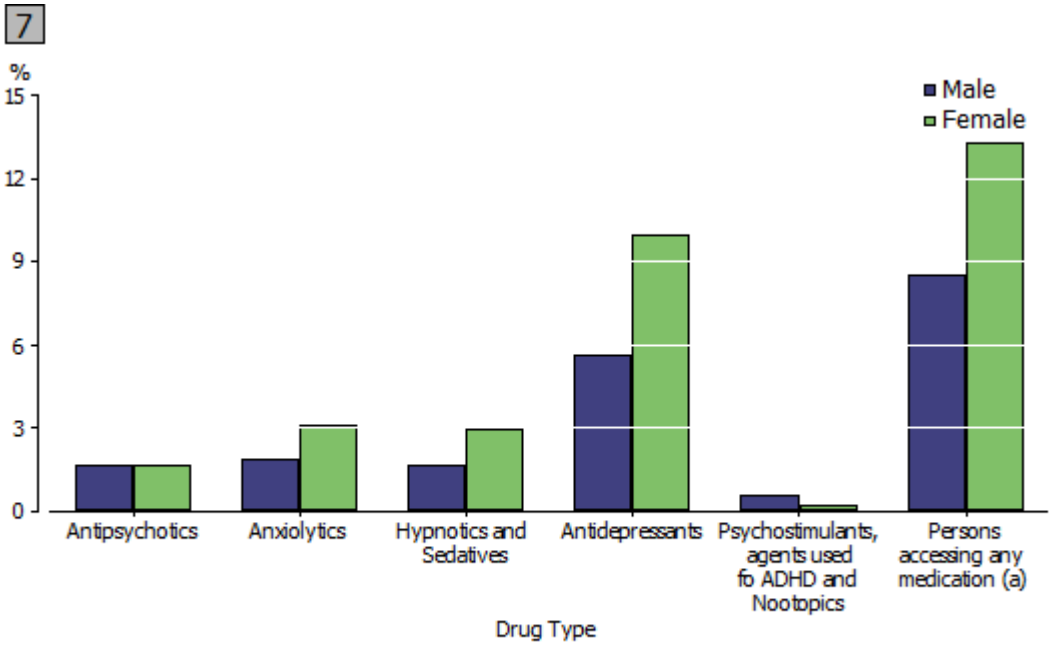
Graph 6: Proportion of Australian population accessing PBS subsidised mental health-related prescription medication -- 2011, by Age and Sex



### Prescription Medication Type

For females, Antidepressants were the most common drug type (around 10% of all females), followed by Anxiolytics (3.1%) and Hypnotics and Sedatives (2.9%). For males, Antidepressants were also the most common type of drug prescribed although the rate was lower than for females (5.6%).

Graph 7: Proportion of Australian population accessing PBS subsidised mental health-related prescription medication -- 2011, by Drug Type and Sex




(a) Propotion of Australian population accessing any PBS subsidised mental health-related medication

### State and Regional Differences

Care must be taken when analysing the differences among states and regions as any differences may reflect the underlying age structure within the geographical area. In general, the populations outside Major Cities such as Inner Regional and Outer Regional areas have older age structures than the Major Cities and Remote/Very Remote areas. Also, the PBS data does not have complete coverage with some groups under-represented, particularly people in the Aboriginal Health Services program. Data for Remote, Very Remote and the Northern Territory are particularly affected (see Explanatory notes for further detail).

In 2011, Tasmania (14.5%) had the highest proportion of the population accessing a PBS subsidised mental health-related prescription medication, reflecting in part the underlying older age structure of the State. Similarly, people living in Inner and Outer regional areas also tend to be older and again these regions had higher proportions of people accessing mental health-related prescription medication (13.5% and 12% respectively) than Major Cities (10.3%) which have a younger age profile.

### Socioeconomic Circumstances

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. By using the IRSD from the Census and combining it with the PBS data it is possible to determine the socio-economic patterns amongst those who use subsidised mental health-related prescription medication.

In 2011, of all people living in the most disadvantaged areas, 15.4% accessed a PBS subsidised mental health-related medication, most commonly Antidepressants (10.8% of all people living in these areas). Of all people living in the least disadvantaged areas, 7.2% accessed a PBS subsidised mental health-related medication, again most commonly Antidepressants (5.2% of all people living in these areas).

## PBS Work and Education

### Education

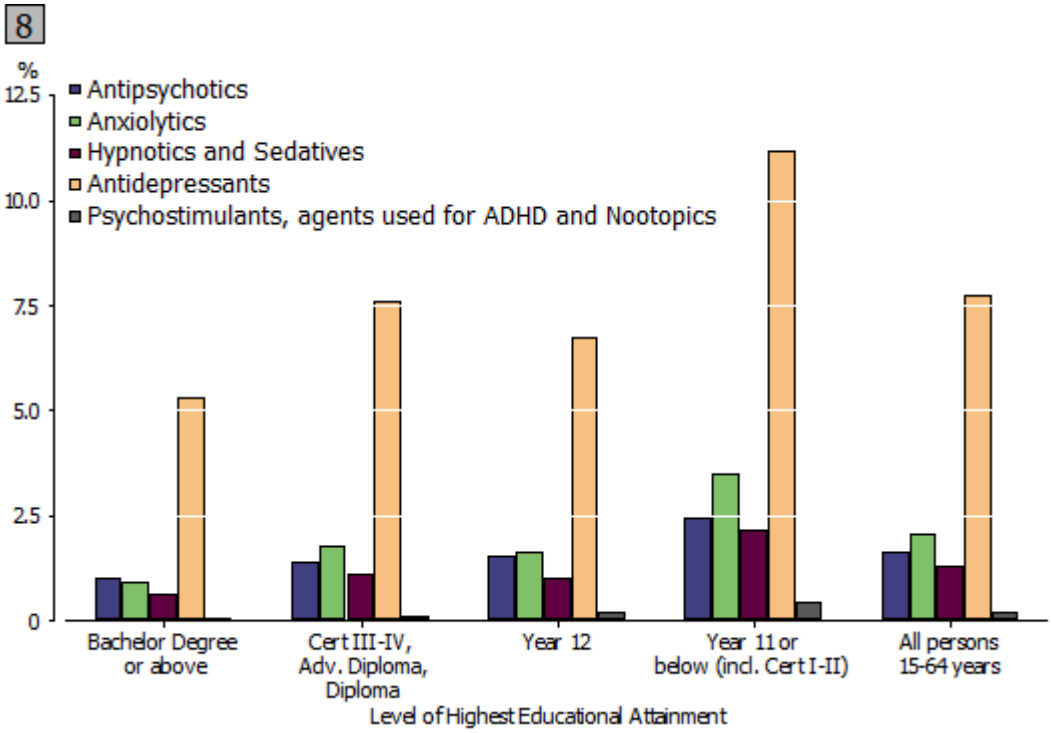
Education and training are important means by which individuals can realise their full potential and make positive choices about their wellbeing. Education and training are often essential to gaining paid employment, and can provide the pathway to a rewarding career (Endnote 3).

Of the 3 million Australians aged 15-64 years whose highest level of education was a Bachelor degree or higher, 6.4% accessed a PBS subsidised mental health-related medication in 2011.

Of the 3.7 million Australians aged 15-64 years whose highest level of education was Year 11 or below, 14.5% accessed a PBS subsidised mental health-related medication in 2011.

Antidepressants were the most commonly used medication across all levels of educational attainment.

Graph 8: Proportion of Australian population aged 15-64 years accessing PBS subsidised mental health-related prescription medication -- 2011, by Level of Highest Educational Attainment and Drug Type



### Employment

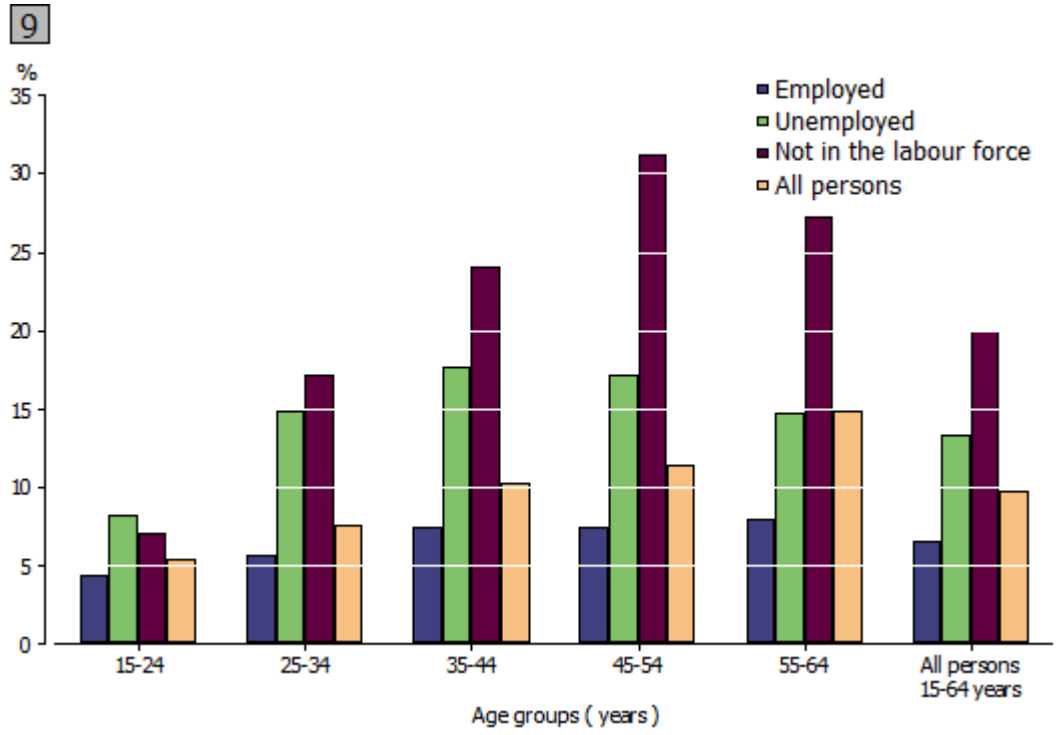
Paid employment is a major source of economic resources and security for most individuals. It allows people to contribute to their community and it can enhance their skills, social networks and identity (Endnote 3).

Generally, participation in the labour force tends to be lower in the teenage years, before rising in the twenties as people complete their educational qualifications and begin a career. The rate for men tends to stay quite high until they reach their late fifties and into their sixties, when many men retire. For women, the labour force participation rate tends to dip during the peak child-bearing years between ages 25 and 44 years (Endnote 4).

In 2011, of all employed Australians aged 15-64 years, 6.6% accessed subsidised mental health- related medications, compared with 13.3% of all people who were unemployed and 20% of all people who were not in the labour force.

In particular, people aged 35 years and over who were not in the labour force were more likely to access a subsidised PBS mental health-related medication than people who were employed or unemployed.

Graph 9: Proportion of Australian population aged 15-64 years accessing PBS subsidised mental health-related prescription medication - 2011, by Age and Labour Force Status



## ENDNOTES

1. National Mental Health Commission, 2014, 'Review of Mental Health Services Programmes', viewed 3 October 2014. <http://www.mentalhealthcommission.gov.au/our-work/review-of-mental-health-services-and-programmes.aspx>

2. Australian Health Ministers, 2009. 'Fourth National Mental Health Plan – an agenda for collaborative government action in mental health 2009-2014', viewed 22 October 2014, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc>

3. Australian Bureau of Statistics, 2001, Measuring Wellbeing: Frameworks for Australian Social Statistics, (ABS cat. no. 4160.0). viewed 8 September 2014, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/17B2622B96E0C1C9CA2571B90011998B?opendocume>

4. Australian Bureau of Statistics, 2008, Australian Social Trends, 2008, (ABS cat no. 4102.0) viewed 22 October 2014, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter7002008>

5. Australian Bureau of Statistics, 2006-2011, Outcomes from Vocational Education and Training in Schools, experimental estimates, Australia, (ABS cat. no. 4260.0, 2011) viewed 22 October 2014, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4260.0Explanatory%20Notes312006-2011?OpenDocument>

6. Department of Human Services, 2014, Medicare Item Reports, viewed 22 October 2014, <https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml>

7. Australian Institute of Health and Welfare, 2012, 'Medicare-subsidised mental health-related services', viewed 13 August 2014, < https://mhsa.aihw.gov.au/services/medicare/>

8. Australian Institute of Health and Welfare, 2014, 'Medicare-subsidised mental health-related prescriptions', viewed 13 August 2014, < https://mhsa.aihw.gov.au/services/medicare/>

9. Department of Veterans' Affairs, 2014 'Repatriation Pharmaceutical Benefits Scheme', viewed 13 August 2014, <http://www.dva.gov.au/service_providers/doctors/Pages/rpbs.aspx>

10. Productivity Commission, 2014, 'Data quality information — Mental health management, chapter 12', Report on Government Services 2014, <http://www.pc.gov.au/__data/assets/pdf_file/0018/132345/rogs-2014-volumee-chapter12.pdf>

11. Australian Institute of Health and Welfare, 2005, 'Rural, regional and remote health Information framework and indicators' viewed 8 September 2014, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459707>

12. Australian Institute of Health and Welfare, Jun 2014, Australia's health 2014, Chapter 5 'Health behaviours and other risks to health: Health in regional and remote areas' viewed 3 August 2014, < http://www.aihw.gov.au/publication-detail/?id=60129547205>

13 Australian Bureau of Statistics, 2012, 'Estimates of Undercount' Census of Population and Housing - Details of Undercount, 2011 (cat. no. 2940.0). viewed 3 August 2014, <http://www.abs.gov.au/ausstats/abs@.nsf/Products/2940.0~2011~Main+Features~Estimates+of+net+undercount?OpenDocument>

# 4329.0 - CHARACTERISTICS OF PEOPLE USING MENTAL HEALTH SERVICES AND PRESCRIPTION MEDICATION, 2011

## ABOUT THIS RELEASE

*The Mental Health Services-Census Data Integration project* used statistical techniques to link person-records from a selected subset of data items from the Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) to the 2011 Census of Population and Housing to create the Mental Health Services-Census Dataset, 2011. This publication provides a cross-section of key results from the linked dataset. It provides an overview of selected social and economic characteristics of people using subsidised mental health-related services and subsidised prescription medication including the type of services or medication these people are accessing.

## EXPLANATORY NOTES

### INTRODUCTION

*The Mental Health Services-Census Data Integration project* combined data from 2011 Census of Population and Housing with a subset of data from the Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS). De-identified transaction information from the MBS and PBS was transformed to person-level information. Probabilistic linkage techniques were used to combine this information with person-records from the Census to create the new dataset.

*The Mental Health Services-Census Integrated Dataset, 2011* comprises persons who accessed subsidised mental health-related MBS services or subsidised PBS prescription medications and responded to the Census in 2011.

### DATA

The data were produced using the following data sources:

a) 2011 Census of Population and Housing

The 2011 Census measured the number and key characteristics of people who were in Australia on Census night 9 August 2011. For information about the 2011 Census please refer to Census 2011 Reference and Information and Census Data Quality on the ABS website.

b) 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 (MBS) which is a listing of the Medicare services subsidised by the Australian Government. The *Mental Health Services-Census Integrated Dataset* includes MBS mental health-related services as defined in Appendix A,

c) Pharmaceutical Benefits Scheme Data

The Department of Human Services provides data on prescriptions funded through the Pharmaceutical Benefits Scheme (PBS) to the Department of Health. The PBS lists all of the medicines available to be dispensed to patients at a Government-subsidised price. The Government is advised by the Pharmaceutical Benefits Advisory Committee (PBAC) regarding which drugs should be listed on the PBS Scheme. The Mental Health Services-Census Integrated Dataset includes those PBS mental health-related medications as defined in Appendix B.

### SCOPE

The scope of the data is restricted to persons who responded to the 2011 Census of Population and Housing AND accessed subsidised mental health-related items listed on the MBS or PBS datasets in 2011 (see Appendix A and B).

The data excludes:

- Persons whose Census record indicated that they were an overseas visitor;
- Persons who were out of the country on Census night; and
- Persons who did not return a Census form.

In addition the data excludes:

- Persons who received services provided by hospital doctors to public patients in public hospitals, or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account;
- The Repatriation Pharmaceutical Benefits Scheme which is subsidised by the Department of Veterans' Affairs;
- Persons who were supplied medications or accessed services only through programs that do not use the Medicare processing system, for example Aboriginal and Torres Strait Islander Health Programmes;
- Persons accessing private prescription drugs, over the counter drugs, drugs that cost less than the co-payment.

These exclusions are discussed further in the Data Quality section.

## LINKAGE RESULTS

At the completion of the linkage process:

- 1,072,284 person-records (69.6%) of the 1,540,836 person-records on the MBS dataset were linked to the 2011 Census; and
- 1,669,278 person-records (70.9%) of the 2,354,118 person-records on the PBS dataset were linked to the 2011 Census.

## METHODOLOGY

### DATA INTEGRATION: OVERVIEW

Statistical data integration involves combining information from different administrative and/or statistical sources to provide new datasets for statistical and research purposes (Endnote 5).

Data linking is a key part of statistical data integration and involves the technical process of combining records from different source datasets using variables that are shared between the sources. Data linkage is typically performed on records that represent individual persons, rather than aggregates. Two common methods used to link records are deterministic and probabilistic linkage. Deterministic linkage links person-records on exact matches using a unique identifier (such as a social security number or a created unique identifier such as a linkage key). Probabilistic linkage links person-records on close matches based on the relative likelihood that two records refer to the same person, using a number of linking variables (such as date of birth, sex, geographic area).

For further information on data integration see Glossary and the National Statistical Service website – Data Integration.

### DATA INTEGRATION METHOD

The Department of Health provided the ABS with de-identified MBS and de-identified PBS data extracts, while the Department of Human Services extracted and provided the associated de-identified demographic data extract on behalf of the Department of Health. This data was de-identified in that it did not include name, address, Medicare Number or Pharmaceutical Benefits number. ABS then transformed this administrative data from transaction-level to person-level.

Data from the 2011 Census, and the transformed MBS and PBS data, were brought together using probabilistic linkage. The variables used to link the MBS and PBS data to the Census were Date of Birth, Sex and Mesh Block. The method involved linking without the use of name and address; this information was destroyed at the end of the 2011 Census processing cycle.

The process also placed importance on accuracy and uniqueness. Only records that matched exactly on the linkage variables and were unique matches were retained. In this linkage project, a unique match was defined as instances where a record on the MBS or PBS file had only one matching record on the Census, and that same Census record does not match to any other record on the MBS or PBS file.

Before records between datasets are compared, the contents of the linking variables of each dataset need to be as consistent as possible to facilitate comparison. This process is known as standardisation. The standardisation procedure for the Mental Health Services-Census Data Integration project included coding imputed and invalid values on the data to a common missing value. These variables included Date of birth, Age, Sex, Mesh Block, Statistical Area Level 1 (SA1) and Postcode.

Table 1 lists the variables used to link in each pass. Each record pair required exact matching of all variables used in the pass in order for a link to be created.

Table 1 Linking variables used for each pass

| | PASS 1 | PASS 2 | PASS 3 | PASS 4 |
|---|---|---|---|---|
| Sex | Y | Y | Y | Y |
| Date of Birth | Y | Y | Y | |
| Age | | | | Y |
| Mesh Block | Y | | | Y |
| SA1 | | Y | | |
| Postcode | | | Y | |

REPRESENTATIVENESS

The linkage rates that were achieved for the MBS and PBS datasets were in line with expected results, and were relatively consistent across most sub-populations -- the exceptions were Northern Territory, Remote, Very Remote, and younger adults, which had lower linkage rates.

LINKAGE ACCURACY

False links can occur during the linkage process because, even when a record pair matches on all linking fields, the records may not actually belong to the same individual. While the methodology is designed to ensure that the majority of links are true some false links will be present within the dataset.

UNLINKED RECORDS

There are three main reasons why records from the MBS and PBS datasets were not linked to a 2011 Census record:

1. Records belonging to the same individual were present in the MBS or PBS dataset and the 2011 Census but these records failed to be linked because they contained missing or inconsistent information in one or more of the datasets.

2. There was no 2011 Census record corresponding to an MBS or PBS record because the person was not counted in the Census.

3. There were more than one Census records that agreed on the same linkage variables – only unique matches were retained.

WEIGHTING

Some groups of records were more likely to link, or conversely less likely to link, than other groups of records. This resulted in over representation of some groups and under representation of others. Records are more difficult to link when a person has poorly reported, poorly coded, missing or non-applicable values for linking variables. The non-random distribution of links has the potential to cause bias.

To compensate for differences in propensity to link, the data were weighted to represent the original MBS or PBS dataset.

Weighting is the process of adjusting a sample to infer results for the relevant population. To do this, a 'weight' is allocated to each sample unit - in this case, persons. The weight can be considered an indication of how many people in the relevant population are represented by each person in the sample.

For this project, estimates were created by weighting the linked records to represent the original MBS or PBS dataset, using: Age group, Sex, State/Territory, Remoteness Area, SEIFA, broad groups for services and medication. For a relatively small number of records some of these variables were imputed for weighting purposes.

## DATA QUALITY

All data collections are subject to sampling and non-sampling error. Non-sampling error may occur in any data collection. Possible sources of non-sampling error include errors in reporting or recording of information, occasional errors in coding and processing data, and errors introduced by the linkage process (discussed above).

A small number of geographies (State and Remoteness Area) were imputed, and a very small number of unusual records were removed prior to linkage.

MBS 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 (MBS) which is a listing of the Medicare services subsidised by the Australian Government.

MBS data includes Medicare-subsidised mental health-related services provided by psychiatrists, general practitioners (GPs), psychologists and other allied health professionals—including mental health nurses, occupational therapists, some social workers, and Aboriginal health workers. These services are defined in the Medicare Benefits Schedule (MBS) (See Appendix A).

Medicare data covers services that are provided out-of-hospital (e.g. in doctors' consulting rooms) as well as in-hospital services provided to private patients whether they are treated in a private or public hospital. The figures do not include services provided to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans Affairs National Treatment Account. The States and Territories are the custodians of public hospital data (Endnote 6).

For further information (Endnote 7).

PBS DATA

The Department of Human Services provides data on prescriptions funded through the Pharmaceutical Benefits Scheme (PBS) to the Department of Health. The PBS lists all of the medicines available to be dispensed to patients at a Government-subsidised price. The Government is advised by the Pharmaceutical Benefits Advisory Committee (PBAC) regarding which drugs should be listed on the PBS Scheme.

PBS data include subsidised prescription medication from the following groups: Antipsychotics, Anxiolytics, Hypnotics and Sedatives, Antidepressants, Psychostimulants, agents used for ADHD and Nootopics
(See Appendix B).

The data refer only to prescriptions scripted by registered medical practitioners who are approved to work within the PBS and to paid services processed from claims presented by approved pharmacists who comply with certain conditions. They exclude adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions (Endnote 8).

The PBS data exclude non-subsidised medications, such as private and over-the-counter medications. Under co-payment prescriptions (where the patient co-payment covers the total costs of the prescribed medication) data are available from mid-2012; and therefore not available for 2011 (Endnote 8).

Data does not include the Repatriation Pharmaceutical Benefits Scheme (RPBS) which is subsidised by the Department of Veterans' Affairs (Endnote 9).

For further information (Endnote 8).

CENSUS

The 2011 Census measured the number and key characteristics of people who were in Australia on Census night 9 August 2011. For information about the 2011 Census please refer to Census 2011 Reference and Information and Census Data Quality on the ABS website.

GEOGRAPHY

The mesh block information used in the linkage process may not be aligned between the MBS and PBS files, and the Census, for a range of reasons, including:

- Differences arising because MBS and PBS mesh block are based on postal address whereas the Census mesh block was based on the usual residential address;

- Persons may have changed their address but not updated their Medicare records.

Medicare claims data used in this dataset are based on the mesh block of the enrolment address of the patient. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received (Endnote 10). The data therefore reflects geographic information about the patient, rather than where they received each service – for example, the data does not show GP services by state, but rather the GP services provided to patients in each state.

REMOTE AREAS

People living in Remote and Very Remote areas of Australia are underrepresented in the data. This may be for a number of reasons including:

- GPs are less likely to charge Medicare in Remote areas (Endnote 11).

- Non-metropolitan hospitals are more likely to admit patients, and people in Remote areas are more likely to attend hospital accident and emergency (A&E) departments for primary care medical consultations than people from Major Cities (Endnote 11). People accessing these hospital services may be public inpatients and therefore not in scope. States and Territories are the custodians for this data and it is not included in the dataset.

- In 2010-11, despite there being more GPs in Remote areas, there were about half the GP services provided per person in Very Remote areas as in Major Cities (Endnote 12).

- The Aboriginal Health Services Program is funded by the PBS however person-level data is not in the PBS processing system. Data from Remote and Very Remote areas, and the data from the Northern Territory are most affected (Endnote 8).

The Census also undercounts the number of people living in some areas of Australia more than others. In 2011, the Northern Territory recorded the highest net undercount rate of all states and territories (6.9%) and showed the largest difference in the net undercount rate between its greater capital city and rest of state region (3.7% and 10.9% respectively) (Endnote 13).

## ACKNOWLEDGEMENT

The ABS acknowledges the continuing support provided by the National Mental Health Commission and the Department of Health for this project. The provision of data by the Department of Health and the Department of Human Services, as well as the funding from the National Mental Health Commission was essential to enable this important work to be undertaken. The enhancement of mental health statistics through data linkage by the ABS would not be possible without their cooperation and support. The ABS also acknowledges the importance of the information provided freely by individuals in the course of the 2011 Census. Census information provided by individuals to the ABS is treated in the strictest confidence as is required by the Census and Statistics Act (1905). MBS and PBS information provided by the Department of Health and the Department of Human Services to the ABS is treated in the strictest confidence as is required by the National Health Act (1953), and the Health Insurance Act (1973).

## GLOSSARY

Apart from the concepts relating to variables originating from the MBS and PBS and data integration, all other terms and definitions relate to Census variables. Explanations have been provided belonormal w, however, the Census Dictionary can be referred to if more detail is required. For more information on MBS and PBS definitions see www.health.gov.au/mbsonline and http://www.pbs.gov.au/pbs/home and http://www.medicareaustralia.gov.au/about/stats/ .

Administrative data

Information that is collected for purposes other than that of a statistical nature. This type of information is often obtained from records or transactional data from government agencies, businesses or non-profit organisations which use the information for the administration of programs, policies or services.

ATC Code

The code allocated by the WHO Collaborating Centre for Drug Statistics Methodology. ATC Name In the Anatomical Therapeutic Chemical (ATC) classification system, the drugs are divided into different groups according to the organ or system on which they act and their chemical, pharmacological and therapeutic properties. For more information see (www.whocc.no/atcddd/).

Data Integration

Statistical data integration involves combining information from different administrative and/or statistical sources to provide new datasets for statistical and research purposes. Further information on data integration is available on the National Statistical Service website – Data Integration.

Data Linkage

Data linking is a key part of statistical data integration and involves the technical process of combining records from different source datasets using variables that are shared between the sources. Data linkage is typically performed on records that represent individual persons, rather than aggregates. Two common methods used to link records are deterministic and probabilistic linkage. Deterministic linkage links person-records on exact matches using a unique identifier (such as a social security number or a created unique identifier such as a linkage key). Probabilistic linkage links person-records on close matches based on the relative likelihood that two records refer to the same person, using a number of linking variables (such as date of birth, sex, geographic area).

Date of service

The date on which the provider performed the service.

Date of supply

This is the date on which the PBS item was supplied.

De-identified data/records

Data that have had any identifiers removed. May also be referred to as unidentified data. The Census, MBS and PBS records used by the ABS for this project were de-identified and did not include person name, address or Medicare number.

Item Category

The Medicare Benefits Schedule (MBS) comprises a hierarchical structure of Categories, Groups, Subgroups and Items numbers, to group similar professional services together.

Medicare Benefits Schedule (MBS)

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 (MBS) which is a listing of the Medicare services subsidised by the Australian Government.

Medicare Item Number

A number that identifies the service provided by the provider as per the Medicare Benefits Schedule.

Mental health-related medications

Mental health-related medications included in this publication were from 5 selected medication groups as classified in the Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2011), namely antipsychotics (code N05A), anxiolytics (code N05B), hypnotics and sedatives (code N05C), antidepressants (code N06A), and psychostimulants and nootropics (code N06B)—prescribed by all medical practitioners (that is, general practitioners (GPs), non-psychiatrist specialists and psychiatrists) (See Appendix B).

Mental health-related services

Mental health-related services include services provided by psychiatrists, general practitioners (GPs), psychologists and other allied health professionals—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 (See Appendix A).

Mesh block

Mesh Blocks are the smallest geographic region in the Australian Statistical Geography Standard (ASGS) and form the basis for the larger regions of the ASGS. There are approximately 347,000 Mesh Blocks covering the whole of Australia without gaps or overlaps. They broadly identify land use such as residential, commercial, agricultural and parks etc.

Mesh Blocks are the building blocks for all the larger regions of the ASGS. As Mesh Blocks are very small they can be combined together to accurately approximate a large range of other statistical regions.

Pharmaceutical Benefits Scheme (PBS)

The Department of Human Services provides data on prescriptions funded through the Pharmaceutical Benefits Scheme (PBS) to the Department of Health. The PBS lists all of the medicines available to be dispensed to patients at a Government-subsidised price. The Government is advised by the Pharmaceutical Benefits Advisory Committee (PBAC) regarding which drugs should be listed on the PBS Scheme.
PBS Item Code

Number which indicates item prescribed as per Schedule of Pharmaceutical Benefits.

Remoteness Area (RA)

Within the Australian Statistical Geography Standard (ASGS), the Remoteness structure comprises six categories, each of which identifies a non-contiguous region in Australia, being a grouping of Statistical Areas Level 1 (SA1s) sharing a particular degree of remoteness. The degrees of remoteness range from 'Major Cities' (highly accessible) to 'Very Remote'.

The degree of remoteness of each SA1 was determined using the Accessibility/Remoteness Index of Australia (ARIA). SA1s have then been grouped into the appropriate category of Remoteness to form non-contiguous areas within each state.

Socio-Economic Indexes for Areas (SEIFA)

Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census. SEIFA 2011 is based on Census 2011 data, and consists of four indexes, each focussing on a different aspect of socio-economic advantage and disadvantage and being a summary of a different subset of Census variables. The Index used in this publication is the Index of Relative Socio-Economic Disadvantage (IRSD).

Statistical Area Level 1 (SA1)

The Statistical Area Level 1 (SA1) is the second smallest geographic area defined in the Australian Statistical Geography Standard (ASGS), the smallest being the Mesh Block. The SA1 has been designed for use in the Census of Population and Housing as the smallest unit for the processing and release of Census data.

## APPENDIX A – MBS ITEMS

| MBS subsidised mental health-related services | | | |
|---|---|---|---|
| | | | |
| 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 | 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—accreditted | Group A20, Subgroup 1 | 2710(a)(f), 2715(g), 2717(g) |
| | GP Mental Health Treatment Plan—non-accreditted(a) | Group A20, Subgroup 1 | 2700(g), 2701(g), 2702(g) |
| | GP Mental Health Treatment Plan—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—GP(j) | Group A18, Subgroup 4 | 2574, 2575, 2577, 2578 |
| | 3 Step Mental Health Process—other | Group A19, Subgroup 4 | 2704, 2705, 2707, 2708 |

| | | | |
|---|---|---|---|
| | medical professional(j) | | |
| 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.

Source: Australian Institute of Health and Welfare, 2014, 'Data Source' , Medicare-subsidised mental health-related services, viewed 13 August 2014, < https://mhsa.aihw.gov.au/services/medicare/data-source/>

## APPENDIX B – PBS ITEMS

| PBS subsidised mental health-related prescription medication | | | |
|---|---|---|---|
| | | | |
| Code | Medication groups | Code | Medication subgroup |
| N05 | Psycholeptics | | |
| | | | |
| N05A | Antipsychotics | N05AA | Phenothiazines with aliphatic side-chain |
| | | N05AB | Phenothiazines with piperazine structure |
| | | N05AC | Phenothiazines with piperidine structure |
| | | N05AD | Butyrophenone derivatives |
| | | N05AE | Indole derivatives |
| | | N05AF | Thioxanthene derivatives |
| | | N05AH | Diazepines, oxazepines, thiazepines and oxepines |
| | | N05AL | Benzamides |
| | | N05AX | Other antipsychotics |
| | | | |
| N05B | Anxiolytics | N05BA | Benzodiazepine derivatives |
| | | | |
| N05C | Hypnotics and Sedatives | N05CD | Benzodiazepine derivatives |
| | | | |
| N06 | Psychoanaleptics | | |
| | | | |
| N06A | Antidepressants | N06AA | Non-selective monoamine reuptake inhibitors |
| | | N06AB | Selective serotonin reuptake inhibitors |
| | | N06AF | Monoamine oxidase inhibitors, non-selective |
| | | N06AG | Monoamine oxidase A inhibitors |
| | | N06AX | Other antidepressants |
| | | | |
| N06B | Psychostimulants, agents used for ADHD and Nootopics | N06BA | Centrally acting sympathomimetics |

Descriptions of Medications

| | |
|---|---|
| **N05 Psycholeptics** | A group of drugs that tranquillises (central nervous system depressants) |
| Antipsychotics (N05A) | Drugs used to treat symptoms of psychosis (a severe mental disorder characterised by loss of contact with reality, delusions and hallucinations), common in conditions such as schizophrenia, mania and delusional disorder. |
| Anxiolytics (N05B) | Drugs prescribed to treat symptoms of anxiety. |
| Hypnotics and sedatives (N05C) | Hypnotic drugs are used to induce sleep and treat severe insomnia.<br>Sedative drugs are prescribed to reduce excitability or anxiety. |
| | |
| **N06 Psychoanaleptics** | A group of drugs that stimulates the mood (central nervous system stimulants) |
| Antidepressants (N06A) | Drugs used to treat the symptoms of clinical depression. |
| Psychostimulants and nootropics (N06B) | Agents used for attention-deficit hyperactivity disorder and to improve impaired cognitive abilities (nootropics). |

Source: Australian Institute of Health and Welfare, 2014, 'Medicare-subsidised mental health-related prescriptions', viewed 13 August 2014, < https://mhsa.aihw.gov.au/services/medicare/>

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