

2 Ambulatory mental health care

This chapter describes the activity of health care services that provide ambulatory mental health care and the characteristics of their clients and patients. It presents the available data on the mental health and related care provided by general practitioners, private psychiatrists, public and private hospital-based non-admitted patient mental health services, public community-based mental health services and CSDA-funded non-residential disability support services.

The use of the term 'ambulatory' in this report refers to services that are delivered to clients or patients in non-residential and non-admitted patient care settings. Information on same day separations for patients admitted to hospital is presented in Chapter 3 with information on community residential and admitted patient care.

Overview

A summary of the available data on the number of services and the services per 1,000 population for each ambulatory service provider type is presented in Table 2.1. It needs to be noted that the data collections for different health service providers employ different definitions of what constitutes a service contact or event.

For NPHED data, it also needs to be noted that jurisdictions employ differing definitions of what constitutes a non-admitted patient occasion of service. For this reason, interpretation of these comparative data must be undertaken with caution. Chapter 1 and Box 2.1 include more detailed presentation of the definitions used for each data source and notes on interpretation. Box 3.2 on Chapter 3 also provides relevant information relating to variations in admission practices, that can affect reports of non-admitted patient services.

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently utilised by people for mental problems (ABS 1998b). According to the BEACH survey data, 9.9% of general practice encounters involved the management of at least one mental health-related problem. A simple extrapolation based on the 101.5 million unreferred attendances claimed from Medicare for 1999–00 suggests that there were about 10.0 million attendances in which general practitioners managed mental health-related problems. This corresponds to over 500 attendances per 1,000 population.

Medicare, NPHED and PHEC data indicate that specialised mental health care in ambulatory care settings is frequently accessed through private psychiatrist services (112.0 services per 1,000 population) and public acute care hospitals (114.7 occasions of service per 1,000 population). The role of private hospitals in the provision of ambulatory mental health care was relatively small at 1.1 occasions of service per 1,000 population.

Data from the ABS National Survey of Mental Health and Wellbeing also indicate that community-based mental health services were utilised by a sizeable proportion of people with a mental health disorder (ABS 1998b). There are no national data for 1999–00 available on ambulatory services provided in the public community mental health care sector, although patient-level data will be available in the future (Appendix 1). The absence of data on these services represents a major gap in the information presented in this chapter.

CSDA-funded disability support services also provide mental health and behavioural disorder-related ambulatory care in the form of support services for people with mental health and behavioural-related disabilities. There are national snapshot data available from the CSDA MDS collection on the characteristics of these services and their clients. Unfortunately, there is no agreed process for translating the snapshot data into information on annual service provision.

Mental health care in general practice

The ABS National Survey of Mental Health and Wellbeing reported that over 29% of adults with mental disorders had visited a general practitioner for a mental health-related problem within the 12 months before the 1997 survey (ABS 1998a). This section examines data from the BEACH survey and the DHA's PBS data collections on the mental health-related care and medication provided by general practitioners.

Bettering the Evaluation and Care of Health survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 general practitioners – patient encounters each year. The data for 1999–00, used in this report, included a total of 104,856 encounters weighted to reflect national general practice activity patterns.

For this report, mental health-related problems and mental health-related reasons for encounter (RFE) were defined as those coded in the *psychological* chapter of ICPC-2, which includes alcohol and other drug-related problems/RFEs (see Appendix 2). A brief summary of the characteristics of the BEACH study can be found in Chapter 1 of this publication. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 1999–00* (Britt et al. 2000).

Reasons for encounter

For each encounter, the general practitioner could record up to three patient RFEs. RFEs are those concerns and expectations that patients bring to the doctor, which may be in the form of symptoms and complaints or requests for services or treatment.

Overall, there were 155,690 RFEs reported at a rate of 148.5 per 100 encounters (Britt et al. 2000). Of these, 7,531 RFEs (4.8% of all RFEs) were mental health-related, reported at a rate of 7.2 per 100 encounters (Table 2.2). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

There were fewer encounters with one or more mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Table 2.3). Patients aged 25–44 years accounted for 36.0% of encounters with one or more mental health-related RFEs.

Problems managed

The problem managed is a formal statement of the general practitioner's understanding of a health problem presented by the patient, which may at times be limited to the level of

presenting symptoms. For each patient encounter up to four problems could be recorded by the general practitioner.

Overall, there were 153,857 problems managed in the 1999–00 BEACH survey at a rate of 146.7 per 100 encounters (Britt et al. 2000). General practitioners in the survey managed 11,025 mental health-related problems (7.2% of all problems managed) at a rate of 10.5 per 100 encounters (Table 2.4). Depression (P03, P76) was the most frequently managed mental health-related problem, accounting for 32.6% of all mental health-related problems managed and 2.3% of all problems managed. The problems of anxiety (P01, P74, 16.6% of all mental health-related problems managed) and sleep disturbance (P06, 14.7% of all mental health-related problems managed) were the next most frequently managed mental health-related problems.

Patients aged 25–44 years accounted for 33.1% of encounters with one or more mental health-related problems (Table 2.5). There were more encounters with one or more mental health-related problems for female patients for all age groups, except for patients under the age of 15 years.

Referrals

In addition to providing primary health care for people with mental problems, general practice also plays an important role in referral to specialised mental health care. For every problem managed, general practitioners, could record up to two referrals, including referrals to medical specialists, allied health professionals, and hospitals. The total number of referrals recorded was 11,760, made at a rate of 11.2 per 100 encounters (Britt et al. 2000).

There were 935 referrals made for patients with a mental health-related problem, made at a rate of 8.5 per 100 mental health-related problems (Table 2.6). This represented 7.9% of all referrals recorded. Most of the referrals were to a private psychiatrist (at a rate of 2.2 per 100 mental health-related problems), or a psychologist (at a rate of 1.1 per 100 mental health-related problems).

Table 2.7 presents the number of referrals by sex made for the most frequently managed mental health-related problems. Hyperkinetic disorder (P81) had the highest rate of referral to other professionals (57.1 referrals per 100 hyperkinetic disorder problems). Child/adolescent behaviour complaint (P22, P23) had the next most frequent rate of referral to other professionals (45.5 referrals per 100 child/adolescent behaviour complaint problems).

Clinical treatments for mental health-related problems

For each problem managed, general practitioners could record up to two non-pharmacological treatments provided. These could be clinical treatments (e.g. advice, counselling) or procedural treatments (e.g. removal of sutures, application/removal of plaster).

A total of 48,194 non-pharmacological treatments were recorded for all encounters. Of these, 35,107 or 72.8% were clinical treatments. Table 2.8 presents the number and type of clinical treatments administered by general practitioners for mental health-related problems. A total of 5,122 treatments, 14.6% of all clinical treatments, were reported as treatment for mental health-related problems (at a rate of 46.5 per 100 mental health-related problems).

Table 2.9 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided in the management of acute stress reaction (P02) were recorded at a rate of 75.7 per 100 acute stress reaction-related problems managed. The clinical treatment of post-traumatic stress

disorder (P82) was recorded at a rate of 72.3 per 100 post-traumatic stress disorder-related problems managed.

Medications for mental health-related problems

For each problem managed, the survey form allowed the recording of up to four medications that could be prescribed, recommended for 'over-the-counter' purchase or supplied by the general practitioner. Pharmaceutical data in the BEACH survey are coded and classified according to the Coding Atlas for Pharmaceutical Substances and the Anatomical Therapeutic Chemical (ATC) classification. Further information on these can be found in *General Practice Activity in Australia 1999–00* (Britt et al. 2000).

In the BEACH survey, a total of 115,432 medications were prescribed, recommended or supplied by general practitioners at a rate of 110 per 100 encounters (Britt et al. 2000). There was a total of 7,672 medications for mental health-related problems at a rate of 69.6 medications per 100 mental health-related problems (Table 2.10). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (ATC code N06A, 25.7 medications per 100 mental health-related problems), followed by anti-anxiety medications (N05B, 14.8) and sedative hypnotics (N05C, 14.4). Temazepam and Sertraline were the most frequently reported generic medications for mental health-related problems, being prescribed at a rate of 10.8 and 6.9 per 100 mental health-related problems, respectively.

Affective psychoses (P73) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by general practitioners (109.2 medications per 100 affective psychoses problems) (Table 2.11). Medication was next most frequently prescribed, recommended or supplied for schizophrenia (P72, at a rate of 103.2 medications per 100 schizophrenia problems).

Table 2.12 presents data from the PBS on the number of prescriptions for mental health-related medications by general practitioners. PBS medication data are classified using the ATC classification. Mental health-related medications for the purpose of this report were defined using the ATC codes for antipsychotic (ATC code N05A), anxiolytic (N05B), hypnotic and sedative (N05C) and antidepressant (N06A) medications.

According to the PBS data for 1999–00, general practitioners prescribed a total of 13.0 million mental health-related medications. The majority of the PBS-reimbursed scripts were for antidepressant medication (6.5 million or 50.5%). Tasmania (854.6) and South Australia (813.3) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory was the lowest, with 212.3 scripts per 1,000 population for 1999–00.

Referrals to private psychiatrists

There were 231 mental health-related problems referred to private psychiatrists, at a rate of 2.1 per 100 mental health-related problems (Table 2.13). Of these mental health-related problems referred, the majority had depression recorded as the problem managed (52.4% of all mental health-related problems referred to a private psychiatrist). Schizophrenia was the mental health-related problem most frequently referred to a private psychiatrist (5.0 referrals per 100 schizophrenia problems managed).

Private psychiatrist services

During 1999–00, private psychiatrists provided over 2.1 million services that were funded through Medicare (Table 2.14). This represented approximately 1% of total Medicare-funded services (209.6 million) and 11.1% of all specialist attendances (18.9 million) for 1999–00. Of these services, 87.8% were patient attendances in psychiatrist consulting rooms. The number of private psychiatrist services per 100,000 population was highest in Victoria and South Australia and lowest for the Northern Territory. The number of services provided for female patients (1,294,405) was greater than that for male patients (825,407), particularly in the 35–44 years age group (Table 2.15).

Table 2.16 presents data from the PBS on the number of prescriptions for mental health-related medication prescribed by private psychiatrists. PBS medication data are classified using the ATC classification. Refer to Appendix 2 for the ATC codes used to define mental health-related medications.

Private psychiatrists prescribed over 1.3 million mental health-related medications during 1999–00. Most of these PBS-reimbursed scripts were for antidepressant (0.9 million or 64.6%) and antipsychotic (0.3 million or 20.3%) medication. South Australia (92.7 scripts) and Victoria (87.9 scripts) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 12.7 scripts per 1,000 population.

Hospital-based mental health care for non-admitted patients

Interpretation of the data on mental health-related non-admitted patient occasions of service supplied to National Public Hospitals Establishments Database (NPHEd) for public acute care and public psychiatric hospitals should be undertaken with care (see Box 2.1).

Box 2.1: Non-admitted patient occasions of service

There is variation among States and Territories in the way in which occasions of service are defined, classified (as mental health or other types of services) and counted. There are also differences in admission practices and the provision of community-based, mental health care for non-admitted patients among States and Territories and therefore the types and volume of care provided by hospital-based non-admitted patient services. The structure of jurisdiction organisational arrangements can also impact on these data. In some jurisdictions the mental health-related occasions of services reported for hospitals may include community-based service contacts that are reported by hospitals on behalf of the community-based services operating under their management. In addition, data were only provided for public psychiatric hospitals by New South Wales and Queensland.

More detail on the data collection issues for the non-admitted patient occasions of service data for public acute care and public psychiatric hospital can be found in Australian Hospital Statistics 1999–00. The implementation and refinement of the NMDS – Community Mental Health Care will eventually replace the NPHEd as a source of data on hospital-based mental health care for non-admitted patients (see Appendix 1).

The existing data, however, do provide an indication of the volume and type of services that are provided by public hospitals. According to data supplied to the NPHEd for 1999–00, public acute hospitals (and services managed by public acute hospitals) provided 2.15 million mental health-related individual occasions of service (Table 2.17). In addition to

services provided to individuals, public acute hospitals provided 37,400 mental health-related group sessions (7.9% of the total sessions). This accounted for 6.2% and 7.9% of all public acute hospital individual occasions of service and group sessions, respectively.

A total of 369,732 individual occasions of service and 297,687 group sessions were recorded for public psychiatric hospitals in New South Wales and Queensland. These were the only two jurisdictions for which these data were supplied to the NPHEd for 1999–00.

During 1999–00, seventeen private acute care and psychiatric hospitals in Australia provided non-admitted patient services from designated psychiatric or mental health units such as specialist psychiatric outpatient services (ABS 2001). Data from the ABS PHEC indicates that these designated units in private acute care and psychiatric hospitals provided approximately 44,600 individual occasions of service. Of these occasions of services, 12,106 were provided by private psychiatric hospitals (Table 2.17). Private psychiatric hospitals also provided 3,815 group sessions during 1999–00.

Commonwealth/State Disability Agreement-funded mental health-related non-residential care provided by disability support services

Data on non-residential disability support services have been included in this report as the mental health-related care provided by these services may, to varying extents, be used to substitute for, or supplement, other forms of community- or hospital-based mental health-related non-residential care.

CSDA-funded disability support services provide a broad range of non-residential services for people with mental health-related disabilities. These services include accommodation support, community support, community access, respite and employment support services. The data presented here exclude residential care services such as group homes but include accommodation support services that operate a drop-in style support.

The scope of the CSDA MDS collection includes all psychiatric and mental health-related disability support services that receive CSDA funds. Some psychiatric and mental health-related disability support services have different sources of funding and do not report to the CSDA MDS collection. For this reason, the information presented in this section must be interpreted with caution as it does not include all psychiatric and mental health-related disability support services and the proportion of these services receiving CSDA funding differs between States and Territories. These variations in coverage are outlined in the data sources section of Chapter 1.

Data are available from the CSDA MDS collection on the clients of these service types on a snapshot day each year. The disability support services data are presented on services received by clients with psychiatric primary disabilities. The term 'primary disability' refers to the disability category identified by the client or carer as the disability most affecting their everyday life. The 'psychiatric' primary disability category includes data from the category of the same name in the CSDA MDS collection. Refer to Box 2.2 for further information on CSDA MDS collection disability groups.

There were 5,291 non-residential care services provided to clients with psychiatric primary disabilities (Table 2.18). The majority of services were provided to male clients and those in the 25–34 years age group. Employment disability support services were the non-residential care service type most frequently received by clients with psychiatric primary disabilities

(30.8%) (Table 2.19). Respite services were the service type least often received (2.4%). Victorian disability support services reported the largest number of services for clients with psychiatric disability (1,218 or 65.3%).

Box 2.2: Disability groups

The disability support services data presented in this report relate to the CSDA MDS psychiatric disability group. The CSDA MDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation, and reflect those disabilities identified as significant in the CSDA. They are not the same as groupings in the ICD-10-AM classification, which are generally based on health conditions. The specification of the CSDA MDS disability groups arose from terminology commonly used by service providers and was formulated specifically for the CSDA collection.

In this report, data have been presented for clients with psychiatric primary disabilities. The primary disability groups for developmental delay, autism, intellectual, and specific learning/attention deficit disorder were not included. It could be argued that these primary disability groups correspond to sections of the ICD-10-AM Mental and behavioural disorders chapter (such as Mental retardation (F70–79)), used to define, in part, mental health-related admitted patient care for this report. However, services for clients with these disabilities are not usually regarded as mental health-related care.

Comparison between the data presented using the psychiatric CSDA MDS disability group and ICD-10-AM needs to be approached with caution given the differences in the underlying concepts and grouping used. Refer to the National Community Services Data Dictionary for additional detail on the CSDA MDS disability groups (AIHW 2000c).

The majority of services were for clients that were Australian-born (4,276 or 80.8%). Non-residential care services for clients born in other English-speaking and non-English-speaking countries made up 1.3% of the total services for clients with psychiatric primary disability (Table 2.20). On the snapshot day, 144 CSDA-funded non-residential services were delivered to clients identified as being of Aboriginal or Torres Strait Islander origin or both (Table 2.21). This was 2.7% of all services for clients with a psychiatric primary disability.

Table 2.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 1999–00

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems^(a)									
Estimated number of attendances	3,531,000	2,627,000	1,785,000	818,000	828,000	296,000	116,000	43,000	9,999,000
Lower 95% confidence limit	3,159,000	2,294,000	1,585,000	673,000	678,000	212,000	65,000	18,000	9,431,000
Upper 95% confidence limit	3,903,000	2,960,000	1,985,000	963,000	977,000	380,000	167,000	68,000	10,578,000
Estimated number or attendances per 1,000 population ^(b)	552.0	558.1	509.0	440.3	554.9	628.2	376.2	222.7	528.1
Lower 95% confidence limit	493.9	487.4	451.8	362.1	454.6	449.2	211.7	93.2	498.1
Upper 95% confidence limit	610.1	628.8	566.1	518.6	654.7	807.1	539.7	351.8	558.7
Medicare-funded psychiatrist services^(c)									
Services	679,804	687,774	361,784	116,038	204,247	43,576	21,537	5,052	2,119,812
Per 1,000 population	106.3	146.1	103.2	62.5	136.9	92.6	69.6	26.2	112.0
Hospital-based non-admitted patient mental health care									
Public psychiatric hospitals ^(d)									
Individual occasions of service	288,700	n.a.	81,032	n.a.	n.a.	n.a.	..	..	n.a.
Group sessions	294,894	n.a.	2,793	n.a.	n.a.	n.a.	..	..	n.a.
Individual occasions of services per 1,000 population ^(b)	44.9	n.a.	22.9	n.a.	n.a.	n.a.	..	..	n.a.
Group sessions per 1,000 population ^(b)	45.8	n.a.	0.8	n.a.	n.a.	n.a.	..	..	n.a.
Private psychiatric hospitals ^(e)									
Individual occasions of service	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,106
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,815
Individual occasions of services per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.6
Group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	<0.1

(continued)

Table 2.1 (continued): Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 1999–00

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital-based non-admitted patient mental health care									
Public acute hospitals ^(d)									
Individual occasions of services	1,075,174	857,983	106,632	80,108	18,083	1,069	7,160	..	2,146,209
Group sessions	31,944	n.a.	1,704	42	665	n.a.	3,088	..	37,443
Individual occasions of services per 1,000 population ^(b)	167.0	182.3	30.2	42.8	12.1	2.3	23.1	..	112.7
Group sessions per 1,000 population ^(b)	5.0	n.a.	0.5	0.0	0.4	n.a.	10.0	..	2.0
Public community mental health care^(f)									
Individual services	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Individual services per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(a) Based on BEACH data.

(b) Rates are crude rates based on 31 December 1999 estimated resident population.

(c) Medicare data supplied by DHA.

(d) Data drawn from NPHEd. These data are likely to be affected by variation among the States and Territories in the definitions of occasions of service, and the extent to which ambulatory mental health care services are provided by non-hospital establishments. A proportion of the occasions of service may be community-based service contacts, but are reported by the hospital on behalf of the community-based services operating under their management. Refer to Boxes 2.1 and 3.2 for further information. The reported WA data are likely to be an under-estimate of mental health-related non-admitted occasions of service.

(e) PHEC data provided by ABS.

(f) National data on most public community-based mental health care are not available for 1999–00.

n.a. Not available.

.. Not applicable.

Source: BEACH, DHA, NPHEd, PHEC.

Table 2.2: Most frequently reported mental health-related patient reasons for encounter by patient sex (per cent), BEACH, 1999-00

Reason for encounter		Number	% total RFEs (N=155,690)	Rate per 100 encounters (N=104,856)		
ICPC-2 code	Description			95% LCL	95% UCL	
Male						
P03, P76	Depression	611	0.9	1.4	1.3	1.5
P06	Sleep disturbance	541	0.8	1.2	1.1	1.3
P01, P74	Anxiety	366	0.6	0.8	0.7	0.9
P19	Drug abuse	209	0.3	0.5	0.3	0.7
P02	Acute stress reaction	191	0.3	0.4	0.4	0.5
P50	Prescription request/renewal	184	0.3	0.4	0.4	0.5
P15, P16	Alcohol abuse	114	0.2	0.3	0.2	0.3
P20	Memory disturbance	65	0.1	0.1	0.1	0.2
	Total	3,007	4.6	6.8	6.5	7.1
Female						
P03, P76	Depression	1,151	1.3	1.9	1.8	2.1
P06	Sleep disturbance	722	0.8	1.2	1.1	1.3
P01, P74	Anxiety	648	0.7	1.1	1.0	1.2
P02	Acute stress reaction	400	0.4	0.7	0.6	0.8
P50	Prescription request/renewal	376	0.4	0.6	0.6	0.7
P29	Unspecified psychological complaint	95	0.1	0.2	0.1	0.2
P19	Drug abuse	93	0.1	0.2	<0.1	0.3
P70	Dementia	74	0.1	0.1	0.1	0.2
	Total	4,424	5.0	7.5	7.2	7.7
Total^(a)						
P03, P76	Depression	1,793	1.2	1.7	1.6	1.8
P06	Sleep disturbance	1,270	0.8	1.2	1.1	1.3
P01, P74	Anxiety	1,026	0.7	1.0	0.9	1.1
P02	Acute stress reaction	598	0.4	0.6	0.5	0.6
P50	Prescription request/renewal	566	0.4	0.5	0.5	0.6
P19	Drug abuse	308	0.2	0.3	0.1	0.4
P15, P16	Alcohol abuse	160	0.1	0.2	0.1	0.2
P29	Unspecified psychological complaint	140	0.1	0.1	0.1	0.2
	Total	7,531	4.8	7.2	6.9	7.5

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.3: Encounters with one or more mental health-related reasons for encounter by sex and age group of patient (per cent), BEACH, 1999-00

Age group	Male	Female	Total^(a)
< 5 years	1.1	0.6	1.8
5-14 years	1.1	0.6	1.8
15-24 years	4.1	4.8	9.0
25-44 years	14.5	20.8	36.0
45-64 years	11.7	17.1	29.0
65-74 years	3.5	6.6	10.2
75+ years	3.5	7.7	11.3
Not reported	0.3	0.5	0.9
Total	39.9	58.7	100.0

(a) Total includes sex not stated.

Table 2.4: Most frequently reported mental health problems managed by patient sex, BEACH, 1999–00

Mental health-related problem				Rate per 100 encounters		
ICPC-2 code	Description	Number	% total problems (N=153,857)	(N=104,856)	95% LCL	95% UCL
Male						
P03, P76	Depression	1,157	1.8	2.6	2.4	2.8
P06	Sleep disturbance	657	1.0	1.5	1.3	1.6
P01, P74	Anxiety	605	0.9	1.4	1.2	1.5
P19	Drug abuse	406	0.6	0.9	0.6	1.3
P15, P16	Alcohol abuse	232	0.4	0.5	0.5	0.6
P72	Schizophrenia	199	0.3	0.4	0.4	0.5
P02	Acute stress reaction	186	0.3	0.4	0.3	0.5
P70	Dementia	118	0.2	0.3	0.2	0.3
	Other	485	0.8	1.1	1.0	1.2
	Total	4,344	6.8	9.8	6.5	7.1
Female						
P03, P76	Depression	2,385	2.7	4.0	3.8	4.3
P01, P74	Anxiety	1,195	1.4	2.0	1.9	2.2
P06	Sleep disturbance	952	1.1	1.6	1.5	1.7
P02	Acute stress reaction	406	0.5	0.7	0.6	0.8
P70	Dementia	289	0.3	0.5	0.4	0.6
P19	Drug abuse	260	0.3	0.4	0.3	0.6
P72	Schizophrenia	175	0.2	0.3	0.3	0.3
P15, P16	Alcohol abuse	104	0.1	0.2	0.1	0.2
	Other	574	0.6	1.0	0.9	1.0
	Total	6,537	7.4	11.0	4.8	5.3
Total^(a)						
P03, P76	Depression	3,595	2.3	3.4	3.2	3.6
P01, P74	Anxiety	1,825	1.2	1.7	1.6	1.9
P06	Sleep disturbance	1,620	1.1	1.5	1.4	1.7
P19	Drug abuse	672	0.4	0.6	0.4	0.9
P02	Acute stress reaction	603	0.4	0.6	0.5	0.6
P70	Dementia	412	0.3	0.4	0.3	0.4
P72	Schizophrenia	376	0.2	0.4	0.3	0.4
P15, P16	Alcohol abuse	338	0.2	0.3	0.3	0.4
	Other	1,082	0.7	1.0	1.0	1.1
	Total	11,025	7.2	10.5	10.1	10.9

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.5: Encounters with one or more mental health-related problems managed by patient age group and sex (per cent), BEACH 1999-00

Age group	Male	Female	Total^(a)
< 5 years	0.4	0.4	0.8
5-14 years	1.0	0.5	1.5
15-24 years	3.5	4.4	8.1
25-44 years	13.7	18.8	33.1
45-64 years	11.7	16.9	28.9
65-74 years	4.2	7.5	11.8
75+ years	4.3	10.6	15.0
Not reported	0.3	0.4	0.8
Total	39.3	59.4	100.0

(a) Total includes sex not stated.

Table 2.6: Referrals for mental health-related problems, BEACH, 1999–00

Type of referral		Number	Per cent total referrals (N=11,760)	Rate per 100 mental health-related problems (N=11,025)		
ICPC-2-PLUS code	Description			95% LCL	95% UCL	
P67002	Referral to psychiatrist (private)	242	2.1	2.2	2.0	2.4
P66003	Referral to psychologist	126	1.1	1.1	1.0	1.3
P66006	Referral to drug & alcohol treatment	73	0.6	0.7	0.5	0.9
A68001	Referral to health professional	52	0.4	0.5	0.4	0.6
A67004	Referral to paediatrician	50	0.4	0.5	0.4	0.6
P66004	Referral to counsellor	35	0.3	0.3	0.2	0.4
A67010	Referral to hospital	34	0.3	0.3	0.2	0.4
A67001	Referral to specialist	29	0.2	0.3	0.2	0.3
K68003	Referral for ECG	22	0.2	0.2	0.1	0.3
P66005	Referral to mental health team	18	0.1	0.2	0.1	0.2
R67002	Referral to respiratory physician	17	0.1	0.2	0.1	0.2
N67002	Referral to neurologist	17	0.1	0.2	0.1	0.2
A68005	Referral to aged care assessment	15	0.1	0.1	0.1	0.2
H67002	Referral to ENT	13	0.1	0.1	0.1	0.2
A67006	Referral to geriatrician	11	0.1	0.1	0.1	0.1
A66007	Referral to rehabilitation	11	0.1	0.1	0.1	0.1
P67004	Referral to psychiatrist (clinic)	10	0.1	0.1	0.1	0.1
A67012	Referral to clinic/centre	10	0.1	0.1	<0.1	0.1
Z66008	Referral to social worker	10	0.1	0.1	0.1	0.1
A67002	Referral to physician	10	0.1	0.1	<0.1	0.2
	Other	131	1.1	1.2	1.0	1.3
	Total	935	7.9	8.5	7.9	9.1

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit; ECG – Electrocardiogram; ENT – Ear, nose and throat.

Table 2.7: The most frequently referred mental health-related problems by patient sex, BEACH, 1999–00

Problem		Number of referrals	Per cent of all referrals (N=11,760)	Referrals per 100 of these problems	95% LCL	95% UCL
ICPC-2 code	Description					
Male						
P03, P76	Depression	110	2.1	9.5	7.6	11.4
P06	Sleep disturbance	51	1.0	7.8	5.6	10.1
P19	Drug abuse	48	0.9	11.9	7.3	16.5
P81	Hyperkinetic disorder	43	0.8	59.6	47.3	72.0
P15, P16	Alcohol abuse	33	0.6	14.4	10.3	18.4
P22, P23	Child/adolescent behaviour complaint	27	0.5	53.7	32.5	74.9
P02	Acute stress reaction	24	0.5	12.8	7.4	18.3
P70	Dementia	21	0.4	17.6	13.6	21.5
P01, P74	Anxiety	19	0.4	3.1	2.4	3.8
P72	Schizophrenia	18	0.4	9.2	6.3	12.0
	Other	76	1.5	14.9	11.6	18.3
	Total	470	9.1	11.2	10.2	12.2
Female						
P03, P76	Depression	155	2.4	6.5	5.6	7.4
P01, P74	Anxiety	62	1.0	5.2	4.0	6.4
P02	Acute stress reaction	36	0.6	13.9	7.3	20.5
P70	Dementia	27	0.4	9.3	6.7	11.9
P19	Drug abuse	27	0.4	10.2	5.8	14.7
P06	Sleep disturbance	23	0.4	2.4	1.6	3.2
P72	Schizophrenia	12	0.2	7.0	4.6	9.3
P22, P23	Child/adolescent behaviour complaint	12	0.2	33.6	19.0	48.2
P81	Hyperkinetic disorder	11	0.2	47.1	24.6	69.6
P15, P16	Alcohol abuse	8	0.1	7.5	3.5	11.6
	Other	75	1.2	11.2	8.9	13.5
	Total	447	6.9	7.0	6.4	10.9
Total^(a)						
P03, P76	Depression	270	2.3	7.5	6.6	8.4
P01, P74	Anxiety	84	0.7	4.6	3.7	5.5
P19	Drug abuse	77	0.7	11.4	7.2	15.5
P06	Sleep disturbance	74	0.6	4.6	3.6	5.6
P02	Acute stress reaction	60	0.5	10.0	6.7	13.2
P81	Hyperkinetic disorder	54	0.5	57.1	46.0	68.1
P70	Dementia	48	0.4	11.5	8.7	14.3
P15, P16	Alcohol abuse	43	0.4	12.6	9.6	15.5
P22, P23	Child/adolescent behaviour complaint	39	0.3	45.5	31.6	59.4
P72	Schizophrenia	30	0.3	8.1	6.4	9.7
	Other	156	1.3	14.8	12.1	17.4
	Total	935	7.9	8.5	7.9	9.1

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.8: Clinical treatments provided for mental health-related problems by general practitioners, BEACH, 1999–00

ICPC-2-PLUS code	Clinical treatment	Number	Per cent of total clinical treatments (N=35,102)	Rate per 100 mental health-related problems (N=11,025)	95% LCL	95% UCL
P45001, P45002, P58004–P58006	Psychological	2,628	7.5	23.8	22.4	25.3
P45006, P58010	Counselling/advice/education—drugs	384	1.1	3.5	1.4	5.5
P58003	Counselling—individual	267	0.8	2.4	2.0	2.8
P45005, P58009	Counselling/advice/education—alcohol	205	0.6	1.9	1.6	2.1
P58008, P45004	Counselling/advice/education—smoking	174	0.5	1.6	1.4	1.8
A45015	Advice/education—medication	144	0.4	1.3	1.1	1.5
P58017	Counselling—stress management	137	0.4	1.2	1.0	1.5
A45016	Advice/education—treatment	136	0.4	1.2	1.1	1.4
A58010	Reassurance/support	132	0.4	1.2	1.0	1.4
P45007, P58011	Counselling/advice/education—relaxation	75	0.2	0.7	0.5	0.8
A45008, P58012	Counselling/advice/education—lifestyle	66	0.2	0.6	0.4	0.8
A48006	Decreased drug dosage	52	0.1	0.5	0.3	0.6
P58007	Counselling—bereavement	49	0.1	0.4	0.4	0.5
P58002	Psychotherapy	40	0.1	0.4	0.2	0.5
	Other	633	1.8	5.7	5.4	6.1
	Total	5,122	14.6	46.5	43.5	49.4

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.9: The mental health-related problems most frequently managed by general practitioner clinical treatments by patient sex, BEACH, 1999–00

Problem		Number of treatments	Per cent total clinical treatments (N=48,193)	Clinical treatments per 100 of these problems	95% LCL	95% UCL
ICPC-2 code	Description					
Male						
P03, P76	Depression	580	4.0	50.2	45.1	55.3
P19	Drug abuse	306	2.1	75.2	37.6	112.8
P01, P74	Anxiety	276	1.9	45.7	38.7	52.7
P06	Sleep disturbance	161	1.1	24.5	20.1	28.9
P15, P16	Alcohol abuse	150	1.0	64.9	55.0	74.8
P02	Acute stress reaction	123	0.8	65.9	49.5	82.3
P17	Tobacco abuse	73	0.5	68.9	54.7	83.1
P82	Post-traumatic stress disorder	51	0.3	70.1	35.7	104.4
P72	Schizophrenia	37	0.3	18.4	14.1	22.6
P70	Dementia	34	0.2	28.7	19.7	37.7
	Other	251	1.7	55.5	50.7	60.2
	Total	2,041	14.0	48.7	44.4	53.0
Female						
P03, P76	Depression	1,204	5.9	50.5	46.0	55.0
P01, P74	Anxiety	601	3.0	50.3	45.7	55.0
P02	Acute stress reaction	325	1.6	80.0	70.1	90.0
P06	Sleep disturbance	185	0.9	19.5	16.8	22.1
P19	Drug abuse	163	0.8	62.7	25.5	99.8
P17	Tobacco abuse	83	0.4	80.5	64.8	96.1
P15, P16	Alcohol abuse	75	0.4	71.9	58.3	85.4
P70	Dementia	65	0.3	22.4	17.8	27.0
P72	Schizophrenia	43	0.2	24.4	17.7	31.1
P82	Post-traumatic stress disorder	29	0.1	76.2	32.1	120.4
	Other	248	1.2	55.9	49.7	62.2
	Total	2,997	14.9	47.6	44.9	50.2
Total^(a)						
P03, P76	Depression	1,813	5.2	50.4	46.2	54.6
P01, P74	Anxiety	888	2.5	48.7	44.0	53.4
P19	Drug abuse	471	1.3	70.1	32.7	107.5
P02	Acute stress reaction	456	1.3	75.7	65.9	85.5
P06	Sleep disturbance	347	1.0	21.4	18.6	24.3
P15, P16	Alcohol abuse	228	0.6	67.3	58.6	76.0
P17	Tobacco abuse	156	0.4	74.6	63.4	85.8
P70	Dementia	100	0.3	24.2	19.3	29.1
P82	Post-traumatic stress disorder	81	0.2	72.3	35.8	108.8
P72	Schizophrenia	79	0.2	21.0	16.8	25.3
	Other	503	1.4	54.9	50.9	59.0
	Total	5,122	14.6	46.5	43.5	49.4

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.10: Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems by drug group and generic drug name by patient sex, BEACH, 1999–00

Drug group and generic drugs	Number	Per cent of scripts (N=115,425)	Rate per 100 mental health- related problems (N=11,025)		
			95% LCL	95% UCL	
Male					
N06A Antidepressants	937	1.9	21.6	20.0	23.2
Sertraline	254	0.5	5.9	5.2	6.5
Paroxetine	128	0.3	3.0	2.6	3.3
Moclobemide	91	0.2	2.1	1.7	2.5
Fluoxetine HCl	81	0.2	1.9	1.5	2.2
Citalopram	75	0.2	1.7	1.5	2.0
Dothiepin	69	0.1	1.6	1.3	1.8
N05B Anti-anxiety	645	1.3	14.8	13.6	16.1
Diazepam	350	0.7	8.1	7.1	9.0
Oxazepam	249	0.5	5.7	5.1	6.4
N05C Sedative hypnotics	618	1.3	14.2	12.7	15.7
Temazepam	475	1.0	10.9	9.7	12.2
Nitrazepam	110	0.2	2.5	2.2	2.9
N05A Antipsychotic	296	0.6	6.8	6.1	7.6
Other	537	1.1	12.4	8.9	15.8
Total	3,033	6.2	69.8	65.1	74.5
Female					
N06A Antidepressants	1,853	2.8	28.3	26.6	30.1
Sertraline	501	0.8	7.7	7.0	8.3
Paroxetine	308	0.5	4.7	4.2	5.2
Dothiepin	177	0.3	2.7	2.4	3.0
Moclobemide	138	0.2	2.1	1.8	2.4
Citalopram	136	0.2	2.1	1.7	2.4
Fluoxetine HCl	129	0.2	2.0	1.7	2.2
N05B Anti-anxiety	964	1.5	14.7	13.7	15.8
Diazepam	355	0.5	5.4	4.9	6.0
Oxazepam	470	0.7	7.2	6.6	7.8
N05C Sedative hypnotics	953	1.5	14.6	13.5	15.6
Temazepam	702	1.1	10.7	9.9	11.6
Nitrazepam	198	0.3	3.0	2.7	3.4
N05A Antipsychotic	304	0.5	4.7	4.3	5.1
Other	472	0.7	7.2	5.7	8.7
Total	4,546	6.9	69.5	66.3	72.8

(continued)

Table 2.10 (continued): Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems by drug group and generic drug name by patient sex, BEACH, 1999-00

Drug group and generic drugs	Number	Per cent of scripts (N=115,425)	Rate per 100 mental health- related problems (N=11,025)		
			95% LCL	95% UCL	
Total^(a)					
N06A Antidepressants	2,828	2.4	25.7	24.1	27.2
Sertraline	766	0.7	6.9	6.4	7.5
Paroxetine	441	0.4	4.0	3.6	4.4
Dothiepin	250	0.2	2.3	2.0	2.5
Moclobemide	232	0.2	2.1	1.9	2.3
Fluoxetine HCl	214	0.2	1.9	1.7	2.2
Citalopram	213	0.2	1.9	1.6	2.2
N05B Anti-anxiety	1,629	1.4	14.8	13.7	15.8
Diazepam	711	0.6	6.4	5.7	7.2
Oxazepam	732	0.6	6.6	6.1	7.2
N05C Sedative hypnotics	1,584	1.4	14.4	13.3	15.5
Temazepam	1,185	1.0	10.8	9.9	11.6
Nitrazepam	310	0.3	2.8	2.5	3.1
N05A Antipsychotic	609	0.5	5.5	5.1	5.9
Other	1,022	0.9	9.3	7.0	11.5
Total	7,672	6.6	69.6	66.1	73.1

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.11: The mental health-related problems for which medications were most frequently prescribed, supplied or recommended by patient sex, BEACH, 1999–00

Problem		Number of medications	Per cent of medications (N=115,425)	Medications per 100 of these problems	95% LCL	95% UCL
ICPC-2 code	Description					
Male						
P03, P76	Depression	928	1.9	80.3	73.1	87.4
P06	Sleep disturbance	556	1.1	84.7	73.6	95.7
P01, P74	Anxiety	484	1.0	80.0	70.1	89.9
P19	Drug abuse	330	0.7	81.3	43.8	118.8
P72	Schizophrenia	201	0.4	101.3	87.0	115.6
P15, P16	Alcohol abuse	78	0.2	33.5	26.8	40.1
P70	Dementia	49	0.1	41.3	31.6	51.1
P73	Affective psychosis	42	0.1	87.7	65.8	109.6
P02	Acute stress reaction	41	0.1	22.2	17.3	27.1
P50	Medication, treatment procedure	28	0.1	96.1	63.5	128.7
	Other	296	0.6	53.4	46.8	59.9
	Total	3,033	6.2	69.8	65.1	74.5
Female						
P03, P76	Depression	1,864	2.8	78.1	72.5	83.8
P06	Sleep disturbance	872	1.3	91.7	83.1	100.2
P01, P74	Anxiety	814	1.2	68.2	61.8	74.6
P19	Drug abuse	222	0.3	85.5	47.8	123.1
P72	Schizophrenia	182	0.3	104.3	87.3	121.3
P02	Acute stress reaction	103	0.2	25.3	20.6	30.0
P73	Affective psychosis	73	0.1	127.8	72.3	183.2
P50	Medication, treatment procedure	71	0.1	104.4	79.3	129.5
P70	Dementia	58	0.1	20.1	16.3	23.9
P15, P16	Alcohol abuse	23	<0.1	22.5	15.6	29.5
	Other	263	0.4	57.4	50.9	63.9
	Total	4,546	6.9	69.5	66.3	72.8
Total^(a)						
P03, P76	Depression	2,829	2.5	78.7	73.3	84.1
P06	Sleep disturbance	1,439	1.2	88.8	80.1	97.5
P01, P74	Anxiety	1,316	1.1	72.1	65.0	79.2
P19	Drug abuse	559	0.5	83.2	45.6	120.9
P72	Schizophrenia	388	0.3	103.2	90.7	115.7
P02	Acute stress reaction	145	0.1	24.0	20.5	27.6
P73	Affective psychosis	118	0.1	109.2	77.8	140.6
P70	Dementia	107	0.1	26.0	21.9	30.1
P15, P16	Alcohol abuse	101	0.1	29.9	24.6	35.2
P50	Medication, treatment procedure	100	0.1	102.4	82.4	122.5
	Other	570	0.5	55.3	50.5	60.2
	Total	7,672	6.6	69.6	66.1	73.1

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.12: Pharmaceutical Benefits Schedule-funded mental health-related prescriptions by general practitioners by mental health-related Anatomical Therapeutic Chemical groups, States and Territories,^(a) 1999–00

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(b)
N05A	Antipsychotics	258,146	230,665	141,571	62,182	88,472	19,219	7,799	2,515	813,337
N05B	Anxiolytics	855,909	732,668	539,360	206,745	257,031	102,236	25,281	6,283	2,727,718
N05C	Hypnotics & sedatives	940,277	775,284	492,708	289,077	270,441	84,922	26,701	7,404	2,888,933
N06A	Antidepressants	2,038,180	1,591,293	1,333,216	651,785	597,860	195,983	109,391	24,717	6,549,455
	Total mental health-related prescriptions ('000)	4,092,512	3,329,910	2,506,855	1,209,789	1,213,804	402,360	169,172	40,919	12,979,443
	Per 1,000 population	639.8	707.3	714.8	651.3	813.3	854.6	547.0	212.3	685.5

(a) State/Territory is determined according to the address of the pharmacy supplying the item.

(b) Includes State or Territory unknown.

Table 2.13: Mental health-related problems most frequently referred by general practitioners to psychiatrists by patient sex, BEACH, 1999-00

Problem		Number of problems referred	Per cent total problems (N=153,857)	Problems referred per 100 of these problems		
ICPC-2 code	Description			95% LCL	95% UCL	
Males						
P03, P76	Depression	58	0.1	5.0	4.0	6.0
P72	Schizophrenia	11	<0.1	5.4	3.4	7.5
P02	Acute stress reaction	8	<0.1	4.1	0.1	8.1
P82	Post-traumatic stress disorder	7	<0.1	9.9	2.0	17.9
P81	Hyperkinetic disorder	6	<0.1	1.5	0.7	2.3
	Other	26	<0.1	1.2	0.8	1.6
	Total	116	0.2	2.7	2.3	3.0
Females						
P03, P76	Depression	60	0.1	2.5	2.1	3.0
P01, P74	Anxiety	8	<0.1	0.7	0.2	1.1
P72	Schizophrenia	8	<0.1	4.6	2.6	6.7
P73	Affective psychosis	7	<0.1	12.0	4.4	19.7
P98	Psychoses not otherwise specified	6	<0.1	2.2	0.7	3.6
	Other	22	<0.1	1.0	0.7	1.2
	Total	111	0.1	1.7	1.5	1.9
Total^(a)						
P03, P76	Depression	121	0.1	3.4	2.8	3.9
P72	Schizophrenia	19	<0.1	5.0	3.8	6.2
P01, P74	Anxiety	12	<0.1	0.7	0.4	1.0
P82	Post-traumatic stress disorder	10	<0.1	1.5	0.7	2.4
P73	Affective psychosis	8	<0.1	1.4	0.6	2.2
	Other	60	<0.1	1.7	1.3	2.1
	Total	231	0.2	2.1	1.9	2.3

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.14: Private psychiatrist services funded through Medicare by schedule item and patient sex, States and Territories, 1999-00

Code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances		Males								
Consulting rooms										
300, 310	15 minutes or less	21,348	5,218	4,211	1,791	1,345	328	n.p	n.p	35,512
302, 312	16 to 30 minutes	53,209	39,424	30,546	8,734	11,602	3,698	n.p	n.p	149,567
304, 314	31 to 45 minutes	61,887	60,654	37,420	11,712	18,376	6,469	n.p	n.p	198,703
306, 316	46 to 75 minutes	114,483	110,847	42,658	16,165	35,204	4,198	n.p	n.p	327,191
308, 318	Over 75 minutes	6,062	3,892	3,394	1,333	2,184	613	n.p	n.p	17,989
319	Selected cases (> 45 mins)	7,341	5,992	1,604	315	1,815	9	n.p	n.p	17,110
	<i>Total</i>	<i>264,330</i>	<i>226,027</i>	<i>119,833</i>	<i>40,050</i>	<i>70,526</i>	<i>15,315</i>	<i>n.p</i>	<i>n.p</i>	<i>746,072</i>
Hospital										
320	15 minutes or less	702	1,869	824	448	673	171	n.p	n.p	4,738
322	16 to 30 minutes	3,456	3,868	6,674	2,107	2,515	373	n.p	n.p	19,181
324	31 to 45 minutes	3,603	2,644	2,494	1,172	1,178	443	n.p	n.p	11,733
326	46 to 75 minutes	2,989	2,111	1,053	716	705	384	n.p	n.p	8,073
328	Over 75 minutes	442	252	148	125	125	43	n.p	n.p	1,159
	<i>Total</i>	<i>11,192</i>	<i>10,744</i>	<i>11,193</i>	<i>4,568</i>	<i>5,196</i>	<i>1,414</i>	<i>n.p</i>	<i>n.p</i>	<i>44,884</i>
Other location										
330	15 minutes or less	274	6	n.p	n.p.	n.p	n.p	n.p	n.p	293
332	16 to 30 minutes	287	135	67	12	29	6	n.p	n.p	538
334	31 to 45 minutes	255	599	35	n.p	89	8	n.p	n.p	993
336	46 to 75 minutes	477	402	22	22	64	8	n.p	n.p	998
338	Over 75 minutes	593	76	n.p	n.p	n.p	n.p	n.p	n.p	699
	<i>Total</i>	<i>1,886</i>	<i>1,218</i>	<i>132</i>	<i>46</i>	<i>200</i>	<i>25</i>	<i>n.p</i>	<i>n.p</i>	<i>3,521</i>
Other services										
342, 344, 346	Group psychotherapy	6,445	15,141	1,434	809	1,235	267	n.p	n.p	25,389
348, 350, 352	Interview with non-patient	663	502	491	369	198	100	n.p	n.p	2354
14224	Electroconvulsive therapy ^(a)	665	863	865	196	359	159	n.p	n.p	3,187
	<i>Total</i>	<i>7,773</i>	<i>16,506</i>	<i>2,790</i>	<i>1,374</i>	<i>1,792</i>	<i>526</i>	<i>n.p</i>	<i>n.p</i>	<i>30,930</i>
Total services		285,181	254,495	133,948	46,038	77,714	17,280	n.p	n.p	825,407
Per 1,000 population		89.7	109.3	76.3	49.2	105.3	74.5	n.p	n.p	87.6

(continued)

Table 2.14 (continued): Private psychiatrist services funded through Medicare by schedule item and patient sex, States and Territories, 1999-00

Code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances		Females								
Consulting rooms										
300, 310	15 minutes or less	13,535	6,037	3,937	1,346	1,454	312	n.p	n.p	27,989
302, 312	16 to 30 minutes	50,335	46,109	38,372	10,243	13,408	4,180	n.p	n.p	165,604
304, 314	31 to 45 minutes	72,319	90,526	58,373	15,785	26,766	8,677	n.p	n.p	275,919
306, 316	46 to 75 minutes	184,177	194,989	76,168	25,045	58,529	6,349	n.p	n.p	550,890
308, 318	Over 75 minutes	7,898	6,653	4,679	1,800	3,026	1,254	n.p	n.p	25,865
319	Selected cases (> 45 mins)	24,853	26,066	8,007	924	7,507	753	n.p	n.p	68,486
	<i>Total</i>	<i>353,117</i>	<i>370,380</i>	<i>189,536</i>	<i>55,143</i>	<i>110,690</i>	<i>21,525</i>	<i>n.p</i>	<i>n.p</i>	<i>1,114,753</i>
Hospital										
320	15 minutes or less	2,027	5,966	2,568	1,675	1,213	415	n.p	n.p	13,991
322	16 to 30 minutes	8,999	13,744	18,173	5,625	6,589	1,142	n.p	n.p	54,767
324	31 to 45 minutes	8,602	9,628	7,253	3,248	3,113	1,206	n.p	n.p	33,436
326	46 to 75 minutes	7,513	7,955	3,735	1,986	2,108	919	n.p	n.p	24,496
328	Over 75 minutes	1,550	696	731	273	252	112	n.p	n.p	3,657
	<i>Total</i>	<i>28,691</i>	<i>37,989</i>	<i>32,460</i>	<i>12,807</i>	<i>13,275</i>	<i>3,794</i>	<i>n.p</i>	<i>n.p</i>	<i>130,347</i>
Other location										
330	15 minutes or less	174	45	9	n.p	n.p	n.p	n.p	n.p	317
332	16 to 30 minutes	277	310	21	276	41	18	n.p	n.p	953
334	31 to 45 minutes	344	893	37	25	94	23	n.p	n.p	1,425
336	46 to 75 minutes	556	912	71	55	286	61	n.p	n.p	1,946
338	Over 75 minutes	764	108	17	n.p	n.p	n.p	n.p	n.p	931
	<i>Total</i>	<i>2,115</i>	<i>2,268</i>	<i>155</i>	<i>443</i>	<i>452</i>	<i>106</i>	<i>n.p</i>	<i>n.p</i>	<i>5,572</i>
Other services										
342, 344, 346	Group psychotherapy	7,646	19,273	2,623	734	1,236	402	n.p	n.p	31,973
348, 350, 352	Interview with non-patient	1150	570	478	331	170	116	n.p	n.p	2836
14224	Electroconvulsive therapy ^(a)	1,904	2,799	2,584	542	710	353	n.p	n.p	8,924
	<i>Total</i>	<i>10,700</i>	<i>22,642</i>	<i>5,685</i>	<i>1,607</i>	<i>2,116</i>	<i>871</i>	<i>n.p</i>	<i>n.p</i>	<i>43,733</i>
Total services		394,623	433,279	227,836	70,000	126,533	26,296	n.p	n.p	1,294,405
Per 1,000 population		122.6	182.1	130.1	75.9	167.7	110.1	n.p	n.p	136.1

(a) The data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

Source: DHA.

Table 2.15: Private psychiatrist services funded through Medicare by schedule item, patient sex and age group, Australia, 1999–00

Code	Description	Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Patient attendances		Males							
Consulting rooms									
300, 310	15 minutes or less	837	3,582	8,648	10,442	7,234	3,347	1,422	35,512
302, 312	16 to 30 minutes	4,734	15,667	30,561	38,090	33,549	18,032	8,934	149,567
304, 314	31 to 45 minutes	7,925	22,583	38,417	47,646	46,794	24,571	10,765	198,703
306, 316	46 to 75 minutes	16,977	34,545	65,870	89,372	79,882	30,627	9,918	327,191
308, 318	Over 75 minutes	1,721	2,564	3,144	4,109	4,246	1,589	615	17,989
319	Selected cases (> 45 mins)	600	1,472	4,656	5,311	3,716	1,254	101	17,110
	<i>Total</i>	<i>32,794</i>	<i>80,413</i>	<i>151,296</i>	<i>194,970</i>	<i>175,421</i>	<i>79,420</i>	<i>31,755</i>	<i>746,072</i>
Hospital									
320	15 minutes or less	13	468	526	501	961	763	1,506	4,738
322	16 to 30 minutes	114	2,525	2,071	2,779	4,718	2,835	4,139	19,181
324	31 to 45 minutes	51	1,777	1,336	2,044	2,827	1,660	2,038	11,733
326	46 to 75 minutes	104	1,459	1,171	1,333	1,769	969	1,268	8,073
328	Over 75 minutes	8	228	163	174	261	105	220	1,159
	<i>Total</i>	<i>290</i>	<i>6,457</i>	<i>5,267</i>	<i>6,831</i>	<i>10,536</i>	<i>6,332</i>	<i>9,171</i>	<i>44,884</i>
Other location									
330	15 minutes or less	n.p	n.p	17	45	76	76	75	293
332	16 to 30 minutes	n.p	n.p	70	78	82	87	189	538
334	31 to 45 minutes	7	69	107	169	255	131	255	993
336	46 to 75 minutes	26	119	135	175	209	158	176	998
338	Over 75 minutes	27	82	86	124	161	121	98	699
	<i>Total</i>	<i>62</i>	<i>304</i>	<i>415</i>	<i>591</i>	<i>783</i>	<i>573</i>	<i>793</i>	<i>3,521</i>
Other services									
342, 344, 346	Group psychotherapy	2,502	1,838	3,526	7,342	7,737	1,943	501	25,389
348, 350, 352	Interview with non-patient	n.p.	n.p.	287	293	306	164	396	2,354
14224	Electroconvulsive therapy ^(a)	n.p.	n.p.	323	619	805	477	852	3,187
	<i>Total</i>	<i>2,859</i>	<i>2,499</i>	<i>4,136</i>	<i>8,254</i>	<i>8,848</i>	<i>2,584</i>	<i>1,749</i>	<i>30,930</i>
Total services		36,005	89,673	161,114	210,646	195,588	88,909	43,468	825,407
Per 1,000 population		17.9	65.3	111.7	144.5	153.3	105.2	42.6	87.6

(continued)

Table 2.15 (continued): Private psychiatrist services funded through Medicare by schedule item, patient sex and age group, Australia, 1999–00

Code	Description	Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Patient attendances		Females							
Consulting rooms									
300, 310	15 minutes or less	330	2,471	5,829	7,732	5,924	3,175	2,528	27,989
302, 312	16 to 30 minutes	2,167	13,788	29,511	40,138	38,703	22,111	19,186	165,604
304, 314	31 to 45 minutes	3,625	28,198	53,505	72,307	64,770	31,715	21,799	275,919
306, 316	46 to 75 minutes	9,043	56,133	120,808	159,686	137,401	48,284	19,535	550,890
308, 318	Over 75 minutes	691	3,090	4,897	6,798	6,619	2,340	1,430	25,865
319	Selected cases (> 45 mins)	336	4,043	15,400	23,666	20,193	4,709	139	68,486
	<i>Total</i>	<i>16,192</i>	<i>107,723</i>	<i>229,950</i>	<i>310,327</i>	<i>273,610</i>	<i>112,334</i>	<i>64,617</i>	<i>1,114,753</i>
Hospital									
320	15 minutes or less	55	1,378	1,747	2,395	3,141	1,909	3,366	13,991
322	16 to 30 minutes	176	7,020	7,204	9,573	11,477	6,428	12,889	54,767
324	31 to 45 minutes	134	3,904	5,488	7,405	7,240	3,701	5,564	33,436
326	46 to 75 minutes	207	3,355	4,368	5,974	4,698	2,217	3,677	24,496
328	Over 75 minutes	34	617	610	725	875	263	533	3,657
	<i>Total</i>	<i>606</i>	<i>16,274</i>	<i>19,417</i>	<i>26,072</i>	<i>27,431</i>	<i>14,518</i>	<i>26,029</i>	<i>130,347</i>
Other location									
330	15 minutes or less	n.p.	n.p.	6	40	51	56	164	317
332	16 to 30 minutes	n.p.	n.p.	33	99	112	139	553	953
334	31 to 45 minutes	n.p.	n.p.	126	179	250	140	662	1,425
336	46 to 75 minutes	8	95	220	353	495	261	514	1,946
338	Over 75 minutes	12	58	58	228	235	144	196	931
	<i>Total</i>	<i>25</i>	<i>233</i>	<i>443</i>	<i>899</i>	<i>1,143</i>	<i>740</i>	<i>2,089</i>	<i>5,572</i>
Other services									
342, 344, 346	Group psychotherapy	2,071	2,783	5,247	10,786	8,214	2,183	689	31,973
348, 350, 352	Interview with non-patient	160	486	210	236	212	125	483	1,912
14224	Electroconvulsive therapy ^(a)	200	678	323	404	353	204	674	2836
	<i>Total</i>	<i>2,271</i>	<i>4,026</i>	<i>6,528</i>	<i>13,016</i>	<i>10,653</i>	<i>3,341</i>	<i>3,898</i>	<i>43,733</i>
Total services		19,094	128,256	256,338	350,314	312,837	130,933	96,633	1,294,405
Per 1,000 population		10.0	97.8	178.1	239.3	249.3	157.9	74.2	136.1

(a) The data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

n.p. Not published.

Source: DHA.

Table 2.16: Pharmaceutical Benefit Scheme-funded mental health-related prescriptions by private psychiatrists, by mental health-related Anatomical Therapeutic Chemical group, States and Territories,^(a) 1999–00

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(b)
N05A	Antipsychotics	89,766	80,848	44,091	13,231	28,418	3,932	5,647	635	270,032
N05B	Anxiolytics	35,511	48,068	22,157	5,179	12,873	5,185	1,003	171	130,890
N05C	Hypnotics & sedatives	16,714	24,653	13,053	3,915	7,990	2,858	540	145	70,502
N06A	Antidepressants	257,752	260,255	153,930	60,162	89,095	17,922	12,851	1,492	858,663
Total mental health-related prescriptions		399,743	413,824	233,231	82,487	138,376	29,897	20,041	2,443	1,330,087
Per 1,000 population		62.5	87.9	66.5	44.4	92.7	63.5	64.8	12.7	70.2

(a) State/Territory is determined according to the address of the pharmacy supplying the item.

(b) Includes State or Territory unknown.

Table 2.17: Mental health-related non-admitted patient occasions of service, by type of non-admitted patient care, public acute care and psychiatric hospitals, States and Territories, 1999–00

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals ^(a)									
Individual occasions of service	1,075,174	857,983	106,632	80,108	18,083	1,069	7,160	..	2,146,209
Group sessions	31,944	n.a.	1,704	42	665	n.a.	3,088	..	37,443
Public psychiatric hospitals ^(a)									
Emergency & outpatient individual occasions of service	27,477	n.a.	12,137	n.a.	n.a.	n.a.	..	..	n.a.
Emergency & outpatient group sessions	3,097	n.a.	1,824	n.a.	n.a.	n.a.	..	..	n.a.
Outreach/community individual occasions of service	261,223	n.a.	68,895	n.a.	n.a.	n.a.	..	..	n.a.
Outreach/community group sessions	291,797	n.a.	969	n.a.	n.a.	n.a.	..	..	n.a.
Private psychiatric hospitals ^(b)									
Individual occasions of service	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	21,106
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,815

(a) Data drawn from NPHEd. These data are likely to be affected by variation among the States and Territories in the definitions of occasions of service, and the extent to which ambulatory mental health care services are provided by non-hospital establishments. A proportion of the occasions of service may be community-based service contacts, but are reported by the hospital on behalf of the community-based services operating under their management. The reported WA data for public hospitals are likely to be an under-estimate of mental health-related non-admitted occasions of service. Refer to Boxes 2.1 and 3.2 for further information.

(b) PHEC data provided by ABS.

n.a. not available.

.. not applicable.

Table 2.18: Commonwealth/State Disability Agreement-funded non-residential^(a) disability support services received by clients with a psychiatric primary disability on a snapshot day, by age group and sex, Australia, 2000

Sex	Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Males	18	291	772	827	561	221	70	3,020
Females	12	209	456	573	435	177	62	2,268
Total^(b)	30	500	1,229	1,400	996	399	132	5,291

(a) Includes non-residential accommodation support, community access, community support, respite and employment support services.

(b) Total includes sex not stated/unknown.

Source: CSDA MDS collection.

Table 2.19: Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day, by service type, States and Territories, 2000

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accommodation support ^(a)	11	889	177	35	1	3	0	0	1,116
Community support	24	785	90	103	23	3	3	1	1,032
Community access	40	1,218	100	15	6	7	1	0	1,387
Respite	4	104	15	0	0	1	1	1	126
Employment	609	460	199	125	138	39	52	8	1,630
Total non-residential services	688	3,456	581	278	168	53	57	10	5,291

(a) Includes attendant care, outreach/other in-home support and alternative family placement.

Source: CSDA MDS collection.

Table 2.20: Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day by country of birth and service type, Australia, 2000

Service type	Australia	Other English-speaking countries^(a)	Non-English-speaking countries	Not reported	Total
Accommodation support ^(b)	929	43	125	19	1,116
Community access	1,155	66	135	31	1,387
Community support	697	47	68	220	1,032
Employment	1,387	72	122	46	1,627
Respite	108	4	9	5	126
Total non-residential services	4,276	232	462	321	5,291

(a) Other English-speaking countries include United Kingdom, Ireland, New Zealand, United States of America and Canada.

(b) Includes attendant care, outreach/other in-home support and alternative family placement.

Source: CSDA MDS collection.

Table 2.21: Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day by Indigenous status and service type, Australia, 2000

Service type	Indigenous	Non-Indigenous	Not reported	Total
Accommodation support ^(a)	63	1,035	18	1,116
Community support	27	768	237	1,032
Community access	20	1,318	49	1,387
Respite	5	118	3	126
Employment	29	1,554	47	1,630
Total non-residential services	144	4,793	354	5,291

(a) Includes attendant care, outreach/other in-home support and alternative family placement.

Source: CSDA MDS collection.