

# **Mental health services in Australia 2004–05**

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# **Mental health services in Australia 2004–05**

Australian Institute of Health and Welfare  
Canberra

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# Foreword

*Mental health services in Australia 2004–05* is the eighth in the series of annual mental health reports produced by the Australian Institute of Health and Welfare. This report provides detailed information on mental health services in Australia, as well as information on mental health-related prescriptions and resources (namely, facilities, workforce and expenditure) that underpin the provision of mental health services in Australia.

As previously, the report includes data from the Institute's National Hospital Morbidity Database, National Community Mental Health Care Database, National Community Mental Health Establishments Database and National Public Hospital Establishments Database. These databases are compiled each year with the assistance of the state and territory health authorities.

This year, the report has been structured to increase the accessibility of the information presented, as well as its relevance to decision making and policy. It also includes newly available data sources; in particular, data are incorporated for the first time from the National Residential Mental Health Care Database, as well as information on the psychologist workforce and mental health-related services provided by emergency departments.

Another innovation this year is the inclusion of a new, and final, chapter that provides a statistical summary for each state and territory (as well as for Australia as a whole) of the data covered in the earlier chapters.

In addition, this report provides information on patients' demographics, the number and rate of services used, and the nature of these services. Where appropriate, comparisons of service use are made between jurisdictions, Indigenous and non-Indigenous populations, and areas of usual residence. Time series data are also included.

An electronic version of this report can be found on the Institute's website. It is accompanied by a suite of additional statistical information which includes an interactive cube of data from the National Hospital Morbidity Database on mental health-related hospital separations.

The Institute will continue to work with data providers and other stakeholders to maintain timeliness and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Penny Allbon  
Director  
April 2007



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# Summary

Mental health is a matter of national importance. Previous studies have estimated that one in five Australians will experience mental illness at some stage in their lives and that over 1 million people have a psychiatric disabling condition. Its importance has recently been highlighted through the Council of Australian Governments' mental health initiatives. This report describes the mental health-related services and goods provided in Australia, where they were accessed, and the resources used in their delivery.

## Ambulatory mental health care

Ambulatory services are those that do not involve overnight admission to a hospital or residential mental health facility.

It was estimated that, in 2003–04, there were 10.2 million general practitioner (GP) encounters involving mental health-related problems – an equivalent of 505 encounters per 1,000 population. Most (60.5%) were for females and over one-third (33.7%) were for management of *Depression*. *Anxiety* (15.8%) and *Sleep disturbance* (14.9%) were other common problems managed by GPs.

There were just over 2 million psychiatrist services funded under Medicare in 2005–06 (an average of 98.6 for each 1,000 population). The number of such services decreased over time – from 2.1 million (110.3 services per 1,000 population) in 2000–01. During 2005–06, the Australian Government spent \$221 million in Medicare benefits for psychiatrist services.

Based on available data from public hospitals, the Institute estimated that 190,000 occasions of service related to mental health conditions occurred in Emergency Departments (EDs) during 2004–05; this represents approximately 3.2% of all ED occasions of service. More than one in four ED mental health-related occasions of service were for *Neurotic, stress-related and somatoform disorders* (28.8%), while 20.9% were for *Mental and behavioural disorders due to psychoactive substance use*.

In 2004–05, there were 116,787 'ambulatory-equivalent' mental health-related hospital separations (essentially, day only non-procedural hospitalisations) in Australia. Of these, 22.7% were in public hospitals and 77.2% in private hospitals. More than three quarters (79.1%) of these separations involved specialised psychiatric care. *Depressive episode* was the most common principal diagnosis, accounting for 19.9% in 2004–05.

There were 5.1 million mental health service contacts provided in public community mental health services and hospital outpatient services in 2004–05. More than half (53.5%) were for males. The most common principal diagnosis reported was *Schizophrenia* (35.9%).

## Admitted patient and residential mental health care

During 2004–05 there were an estimated 199,353 mental health-related separations for admitted patients from hospitals in Australia. The majority (80.8%) were from public hospitals and 19.2% from private hospitals. Most separations (58.6%) involved specialised psychiatric care. The most common principal diagnosis for separations involving specialised care was *Schizophrenia* (18.8% of separations). For separations not involving specialised psychiatric care, the most common principal diagnosis was *Mental and behavioural disorders due to use of alcohol* (17.6%).

These separations are essentially for overnight stays in hospitals and do not include the 'ambulatory-equivalent' separations described above.

In 2004–05, there were 2,194 episodes of residential mental health care in Australia. Almost two-thirds (61.2%) of these were for males. *Schizophrenia* was the most common principal diagnosis (60.1%).

## **Mental health-related prescriptions**

In 2005–06, 20.7 million claims processed under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) were for mental health-related medications. This represents 11.3% of all claims processed in that year. Most of the claims were for prescriptions written by GPs (87.2%). Between 2000–01 and 2005–06, the number of scripts processed increased at an average of 2.2% per year. The greatest increase was for antipsychotics and antidepressants (6.8% and 4.6% per year, respectively). Prescriptions for hypnotics and sedatives decreased 4.7% annually over the same period. During 2005–06, the Australian Government spent about \$639 million on PBS/RPBS benefits for mental health-related medications.

## **Mental health resources**

The mental health specific workforce examined in this report comprised three categories: psychiatrists, psychologists, and mental health nurses.

In 2004, an estimated 3,151 psychiatrists were employed in Australia, about a quarter of whom (23.5%) were trainees. Taking into account hours worked, this translates to a full time equivalent (FTE) workforce of 3,392, or 17 FTE psychiatrists per 100,000 population. Almost two-thirds of the psychiatrists (64.1%) were males and they were concentrated in major cities (22 FTE per 100,000 population).

The latest Australian Bureau of Statistics data indicate that there were 13,900 employed psychologists in Australia in 2005 (11,900 FTE psychologists or 58 FTE per 100,000 population). A separate study by the Institute in 2003 found that 70.8% of employed psychologists were female.

There were an estimated 14,123 employed mental health nurses in 2004, and 13,714 FTE nurses (68 FTE per 100,000 population). Most of these were registered nurses (73.7%), with the remainder being enrolled nurses. Just under two-thirds (66.3%) were females, compared with 91.3% for all areas of nursing.

In 2004–05, 20 public psychiatric hospitals provided an average of 2,487 beds per day at an estimated expenditure of \$528 million. There were 122 public acute hospitals with psychiatric wards or units providing an average of 3,450 beds, and 26 private hospitals provided 1,512 beds (estimated expenditure of \$168 million). There were also 234 government community and residential mental health facilities providing a further 1,226 beds at a total expenditure of \$985 million.

# Overview of chapters

The aim of this report is to provide information on a wide range of mental health-related services provided in Australia, as well as the resources associated with those services. The latest year for which information is presented in this report is, for the most part, 2004–05 but, where possible, more recent data are presented.

The key findings of this report are summarised below. Note that specific definitions and other concepts of relevance to these findings can be found in each of the relevant chapters and the appendixes in this report.

## Chapter 2: Mental health-related care in general practice

- In 2004–05, 10.8% of the general practice encounters reported to the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity involved the management of a mental health-related problem. An extrapolation based on the 94.7 million non-specialist attendances claimed from Medicare for 2004–05 suggests that there were an estimated 10.2 million mental health-related general practice encounters for 2004–05. This corresponds to an estimated 505 encounters per 1,000 population.
- The detailed data available for 2003–04 indicate that female patients accounted for 60.5% of mental health-related general practice encounters, consistent with all general practice encounters.
- Of the mental health-related problems managed by general practitioners (GPs) in 2003–04, *Depression* was the most commonly reported (33.7% of reported mental health-related problems managed and 2.5% of all reported problems managed), followed by *Anxiety* (15.8% and 1.2%) and *Sleep disturbance* (14.9% and 1.1%).

## Chapter 3: Mental health-related care in emergency departments

- In 2004–05, emergency departments in public hospitals in Australia reported 133,403 mental health-related occasions of service (based on available diagnosis information). Taking into account under-coverage issues associated with the collection of the data, it is estimated that the actual number of such occasions of service would be closer to 190,000. This estimated number represents 3.2% of the total number of occasions of service in emergency departments in public hospitals in 2004–05 (almost 6 million).
- The most common principal diagnoses associated with these mental health-related occasions of service were *Neurotic, stress-related and somatoform disorders* (28.8%), *Mental and behavioural disorders due to psychoactive substance use* (20.9%), *Mood (affective) disorders* (18.9%) and *Schizophrenia, schizotypal and delusional disorders* (16.9%).

## Chapter 4: Community mental health and hospital outpatient services

- In 2004–05, there were just over 5.1 million mental health service contacts provided by public community mental health services and hospital outpatient services. This equated to 254.6 service contacts per 1,000 population.
- Male patients accounted for 53.5% of mental health service contacts while females accounted for 46.5%; this equated to 265.4 and 226.0 service contacts per 1,000 population, respectively. The largest number of service contacts was for patients aged 25

to 34 years (23.0%; 396.5 per 1,000 population), followed by those aged 35 to 44 years (19.7%; 324.9 per 1,000 population).

- The most common principal diagnosis reported for mental health service contacts was *Schizophrenia* (F20), reported for over one in three service contacts (35.9%). The next most common principal diagnosis was *Depressive episode* (F32, reported for 12.6% of service contacts), followed by *Bipolar affective disorder* (F31, 7.7%) and *Schizoaffective disorder* (F25, 6.5%).

### **Chapter 5: Ambulatory-equivalent mental health-related admitted patient care**

- In 2004–05, there were 116,787 ambulatory-equivalent mental health-related hospital separations. Private hospitals accounted for 77.2% of these separations, with public acute hospitals accounting for 21.2% and public psychiatric hospitals accounting for 1.5%.
- Just over three-quarters (79.1%) of ambulatory-equivalent mental health-related separations during 2004–05 involved specialised psychiatric care. Of these, 86.7% were from private hospitals. For the 24,418 separations that did not involve specialised psychiatric care, the majority (58.3%) were from public acute hospitals.
- The most common principal diagnosis for ambulatory-equivalent mental health-related separations was *Depressive episode* (19.9% of separations), followed by *Mental and behavioural disorders due to use of alcohol* (13.9%) and *Recurrent depressive disorders* (13.7%).

### **Chapter 6: Medicare-subsidised psychiatrist services**

- In 2005–06, there were 2,015,941 Medicare-funded psychiatrist services provided to 272,259 patients, which is equivalent to 7.4 services per patient, or 98.6 services per 1,000 population. There was an average annual decline of 1.1% from the 2,126,363 (or 110.3 services per 1,000 population) Medicare-funded psychiatrist services provided in 2000–01.
- Most (84.8%) of the services provided during 2005–06 were attendances in consulting rooms, with 11.2% being attendances in hospitals. Almost half (47.5%) of all services provided were to patients aged 35 to 54 years.

### **Chapter 7: Admitted patient mental health-related care**

- In 2004–05, there were 199,353 mental health-related separations for admitted patients. Public acute hospitals accounted for 73.8% of these separations, with private hospitals accounting for 19.2% and public psychiatric hospitals accounting for 7.0%.
- More than half (58.6%) of the mental health-related separations for admitted patients included specialised psychiatric care. Of these, 65.2% were from public acute hospitals, 23.8% from private hospitals and 11.0% from public psychiatric hospitals. Of the 82,501 mental health-related separations without specialised psychiatric care, 86.0% were from public acute hospitals, 12.6% from private hospitals and 1.4% from public psychiatric hospitals.
- For those mental health-related separations that included specialised psychiatric care, the most commonly reported principal diagnosis was *Schizophrenia*, accounting for 18.8% of separations with specialised psychiatric care. For those separations that did not include specialised psychiatric care *Mental and behavioural disorders due to use of alcohol* were the most common, accounting for 17.6% of separations without specialised psychiatric care.

## **Chapter 8: Residential mental health care**

- In 2004–05, there were 2,194 episodes of residential mental health care. This equated to 1.1 episodes per 10,000 population.
- Male patients accounted for a greater proportion (61.2%) of episodes of residential mental health care than females (38.8%). The largest number of episodes of residential care was for persons aged 25 to 34 years (31.3%; 2.4 episodes per 10,000 population), followed by those aged 35 to 44 years (23.0%; 1.7 per 10,000 population).
- The most common principal diagnosis was *Schizophrenia*, which was reported for more than half of the episodes (60.2%). The next most common principal diagnosis was *Schizoaffective disorder*, which accounted for 11.1% of the episodes, followed by *Depressive episode* (6.5%) and *Bipolar affective disorder* (5.0%).

## **Chapter 9: Mental health-related supported accommodation services**

- In 2004–05, mental health-related closed support periods were provided to 8,959 people by Supported Accommodation and Assistance Program (SAAP) agencies in Australia. This represents approximately 11.4% of all SAAP clients in that year.
- These clients were provided with a total of 12,227 mental health-related closed support periods. This is equivalent to 60.5 support periods per 100,000 population.
- Over half (55.5%) of the mental health-related closed support periods were provided to clients aged 25 to 44 years.
- Mental health-related SAAP closed support periods were most commonly provided to unaccompanied males aged 25 years and over (39.6% of closed support periods) and to unaccompanied females aged 25 years and over (19.1%).

## **Chapter 10: Support services for people with psychiatric disability**

- A total of 25,922 people with a psychiatric disability were provided with a Commonwealth State/Territory Disability Agreement (CSTDA) funded service in 2004–05. Of these service users, 61.8% had the psychiatric disability as their primary disability.
- The number of non-residential service users (25,156, or 1,245 users per 1,000,000 population) outweighed the number of residential service users (3,007 or 149 per 1,000,000 population).
- Between 2003–04 and 2004–05, there was an overall increase in the number of people with a psychiatric disability using CSTDA services, particularly in relation to those using non-residential services (with the latter increasing by 4.3%).

## **Chapter 11: Mental health-related prescriptions**

- In 2005–06, 182.7 million claims were processed by Medicare Australia for prescriptions dispensed by approved pharmacists and subsidised under the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Of these, 20.7 million (11.3%) were for mental health-related medications. This is equivalent to 1,009.8 mental health-related prescriptions per 1,000 population.
- Of the 20.7 million prescriptions, 87.2% were prescribed by general practitioners, 9.4% by psychiatrists and 3.4% by non-psychiatrist specialists.
- The number of mental health-related prescriptions increased at an annual average rate of 2.2% from 2000–01 to 2005–06. The largest increases were in the number of

antipsychotics and antidepressants prescribed (which increased on average by 6.8% and 4.6% per year, respectively). Prescriptions for hypnotics and sedatives, and for anxiolytics decreased on average by 4.7% and 0.9% per year, respectively.

## **Chapter 12: Mental health facilities**

- In 2004–05, there were 20 public psychiatric hospitals, 122 public acute hospitals with a psychiatric ward or unit, 26 private psychiatric hospitals and 234 government-operated community and residential mental health facilities reported nationally.
- The number of available beds increased between 2000–01 and 2004–05 for public psychiatric hospitals, public acute hospitals and private psychiatric hospitals, but decreased for government-operated residential mental health facilities.
- The majority of full-time-equivalent (FTE) staff in public and private psychiatric hospitals, and government-operated community and residential mental health facilities were nursing staff.

## **Chapter 13: Mental health workforce**

- Information on three groups of health professionals, namely psychiatrists, psychologists and mental health nurses, is provided in this report.

### **Psychiatrists**

- An estimated 3,151 psychiatrists (including psychiatrists-in-training) were employed in Australia in 2004; psychiatrists-in-training made up 23.5% of these psychiatrists. Taking into account average hours worked, there were 3,392 full-time-equivalent (FTE) psychiatrists, or 17 FTE psychiatrists per 100,000 population.
- In 2004, psychiatrists were mainly male (64.1%), had an average age of 47.8 years and were concentrated in Major cities (22 FTE per 100,000 population based on the location of their main job).
- Over the period from 2000 to 2004, the number of FTE psychiatrists increased from 3,089 to 3,392, the average hours worked per week by psychiatrists declined from 43.1 to 40.9 hours, and the proportion of employed psychiatrists who were female increased from 31.2% to 35.9%.

### **Psychologists**

- According to ABS estimates, there were 13,900 employed psychologists in Australia in 2005. Taking average hours worked into account, there were 11,900 FTE psychologists, or 58 FTE psychologists per 100,000 population.
- AIHW survey data for five jurisdictions in 2003 found that employed psychologists had an average age of 44.2 years and were predominantly female (70.8%).

### **Mental health nurses**

- There were an estimated 14,123 mental health nurses employed in Australia in 2004, and 13,714 FTE nurses (68 FTE nurses per 100,000 population).
- Employed mental health nurses were mainly registered (73.7%) rather than enrolled, mainly female (66.3%) and their average age was 44.9 years. The percentage of mental health nurses who were female was lower than for nurses employed across all areas of nursing in Australia (91.3%).

- Over the period from 1999 to 2004, the number of employed FTE mental health nurses increased from 13,010 to 13,714, the average age increased from 42.8 to 44.9 years, the proportion of males increased from 28.4% to 33.7%, and the average hours worked per week by mental health nurses increased from 34.1 to 36.9.

#### **Chapter 14: Expenditure and funding for mental health services**

- From 1993–94 to 2000–01, health system expenditure on mental disorders in Australia rose by 38.7% from \$2,697 million (in 2000–01 dollars) to \$3,741 million. On a per capita basis, expenditure on mental disorders rose by 27.6% over the period.
- In 2004–05, recurrent expenditure by public psychiatric hospitals was estimated at \$527 million. Real growth in expenditure by public psychiatric hospitals averaged 2.5% annually between 2000–01 and 2004–05.
- In 2005–06, the Australian Government paid \$221 million for Medicare-subsidised psychiatrist services, which is equivalent to 2.0% of total Medicare benefits expenditure and 17.4% of expenditure for specialist services provided through Medicare, and \$10.79 on average per person.
- In 2005–06, 10.6% of Australian Government expenditure on PBS/RPBS medications (\$639 million out of \$6,053 million) was spent on mental health-related medications. Prescriptions for antidepressants and antipsychotics accounted for most of the mental health-related PBS/RPBS expenditure (47.3% and 46.3% respectively).

