

4 Community mental health and hospital outpatient services

4.1 Introduction

In this chapter, information for 2004–05 is presented on specialised ambulatory mental health care provided by community mental health services and hospital outpatient services (which are often referred to simply as *community mental health care* in this publication). The information has been derived from the National Community Mental Health Care Database (NCMHCD), which is a collation of data on specialised mental health services provided to non-admitted patients in both community and hospital-based ambulatory care services that are government-operated. The NCMHCD presents information on *service contacts* between patients (or clients) and specialised mental health service providers; Appendix 1 provides information about the coverage and data quality of this collection.

Key concepts

Community mental health care refers to specialised mental health care provided by community mental health services and hospital-based ambulatory care services, such as outpatient clinics and day clinics, which are government-operated.

Service contacts, in the NCMHCD, are defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patient/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. Any one patient can have one or more service contacts over the relevant period (that is, 2004–05). Service contacts are not restricted to face-to-face communication but can include telephone, video link or other forms of direct communication. Service contacts can also either be with the patient, or with a third party such as a carer or family member, and/or other professional or mental health worker or other service provider.

4.2 Service contacts

In 2004–05, there were 5,108,524 community mental health care service contacts nationally. Victoria reported the highest number of service contacts (1,778,559) (Table 4.1). However, the age-standardised data indicate that, relative to its population size and age structure, the Australian Capital Territory had the highest number of service contacts per 1,000 population (601.2).

Four of the states and territories – namely Victoria, Western Australia, the Australian Capital Territory and the Northern Territory – were able to provide data on the actual number of patients who had had service contacts. Of these four jurisdictions, the Northern Territory reported the highest number of patients per 1,000 population (22.8), while the Australian Capital Territory had the highest number of service contacts per patient (31.3), followed closely by Victoria (30.6).

Table 4.1: Community mental health care service contacts, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Service contacts	1,363,770	1,778,559	901,706	466,670	298,459	64,317	198,666	36,377	5,108,524
Patients ^(a)	n.a.	58,195	n.a.	33,994	n.a.	n.a.	6,338	4,716	n.a.
Average service contacts per patient ^(a)	n.a.	30.6	n.a.	13.7	n.a.	n.a.	31.3	7.7	n.a.
Estimated number of patients ^(b)	236,458	99,680	83,028	41,657	29,406	13,007	13,214	6,444	522,894
Average service contacts per estimated number of patients ^(b)	5.8	17.8	10.9	11.2	10.1	4.9	15.0	5.6	9.8
Rate (per 1,000 population)^(c)									
Service contacts	204.0	353.9	230.8	234.4	195.9	131.4	601.2	176.2	254.6
Patients ^(a)	n.a.	11.6	n.a.	18.1	n.a.	n.a.	19.2	22.8	n.a.
Estimated number of patients ^(b)	35.0	20.0	21.1	20.9	19.1	26.9	40.8	32.1	25.9

(a) This refers to the actual number of patients involved in community mental health care service contacts. Supply of these data was optional for states and territories.

(b) This is an estimated number of patients based on the calculation of the number of unique person identifiers for each establishment. The number of patients may be overestimated as patients registered with more than one establishment are counted separately each time. See Appendix 1 for more information.

(c) Rates were directly age-standardised as detailed in Appendix 2.

n.a. Not available.

Source: National Community Mental Health Care Database.

The remaining four states and territories (that is, New South Wales, Queensland, South Australia and Tasmania) were not able to provide data on the number of patients who had community mental health care service contacts. An estimate of the number of such patients was derived from the number of unique patient identifiers for each individual service provider reporting to the database. Note that because these patient identifier data were related to individual service providers and because there is no means within the database to determine if any one person made use of services from multiple providers, the number of estimated patients may be an overestimate (see Appendix 1 for more information on how the estimated number of patients was derived). Table 4.1 presents data on the estimated number of patients who had service contacts for all states and territories. These data indicate that in 2004–05 the estimated number of patients was 522,894, and there was an average of 9.8 service contacts per patient.

Table 4.2 presents data on the number of service contacts for each jurisdiction and according to mental health legal status and jurisdiction. Nationally, for 14.9% of service contacts, the patient’s mental health legal status was classed as ‘involuntary’. There were different patterns across jurisdictions, with the Australian Capital Territory and Victoria having the higher proportions of service contacts for which mental health legal status was ‘involuntary’ (26.2% and 24.3%, respectively). These jurisdictional differences may reflect differences in legislative arrangements.

Table 4.2: Community mental health care service contacts by mental health legal status, states and territories, 2004–05

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Involuntary	162,063	431,884	71,897	11,917	29,106	987	52,054	2,397	762,305
Voluntary	1,201,707	1,346,675	829,809	454,753	263,493	54,352	146,612	33,977	4,331,378
Total^(a)	1,363,770	1,778,559	901,706	466,670	298,459	64,317	198,666	36,377	5,108,524

(a) Includes service contacts where mental health legal status was not reported.

Source: National Community Mental Health Care Database.

The number of service contacts reported to the NCMHCD has increased over the past few years of collection. In 2002–03, the number of reported service contacts stood at 4,672,423. It increased to 4,911,735 in 2003–04 and then to 5,108,524 in 2004–05. Note that these increases may reflect increases in the actual number of community mental health care services and/or improvements in coverage, as many jurisdictions estimated their coverage to be higher for 2004–05 than for previous years. State and territory estimates of coverage are included in Appendix 1.

4.3 Patient demographics

Table 4.3 presents information on the number of service contacts in 2004–05 according to the demographic characteristics of those receiving care. The number of service contacts does not account for differences in the relative size and age structure of the respective populations; thus, in addition, a rate per 1,000 population is provided. As these are reports of service contacts (rather than persons), the rates cannot be interpreted as the number of people with specific characteristics per 1,000 population who received this type of mental health care. Instead, they provide information on the number of service contacts relative to the size of the population subgroup.

Table 4.3: Community mental health care service contacts by patient demographic characteristics, 2004–05

Patient demographics	Number of service contacts^(a)	Per cent of service contacts^(b)	Rate (per 1,000 population)^(c)
Age			
Less than 15 years	385,845	7.8	96.9
15–24 years	864,736	17.5	310.4
25–34 years	1,140,822	23.0	396.5
35–44 years	977,183	19.7	324.9
45–54 years	678,552	13.7	244.5
55–64 years	369,607	7.5	171.9
65 years and over	537,063	10.8	203.9
Sex			
Male	2,651,514	53.5	265.4
Female	2,306,501	46.5	226.0
Indigenous status^{(d)(e)}			
Indigenous Australians	224,213	4.9	507.2
Other Australians	4,333,399	95.1	220.0
Country of birth^(e)			
Australia	4,022,493	84.3	268.9
Overseas	749,551	15.7	137.6
Remoteness area of usual residence			
Major city	3,169,677	65.3	235.0
Inner regional	1,127,585	23.2	280.6
Outer regional	474,054	9.8	239.8
Remote and Very remote	83,756	1.7	167.9
Marital status^(e)			
Never married	2,757,207	60.3	..
Widowed	214,338	4.7	..
Divorced	442,913	9.7	..
Separated	286,601	6.3	..
Married	871,986	19.1	..
Total	5,108,524	100.0	254.6

(a) The numbers of service contacts for each demographic variable may not sum to the total due to missing and/or not reported data.

(b) The percentages shown do not include those service contacts for which the demographic information was missing and/or not reported.

(c) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(d) These data should be interpreted with caution due to likely underidentification of Indigenous Australians.

(e) Information on this data element was missing or not reported for more than 5 per cent of service contacts.

.. Not applicable.

Source: National Community Mental Health Care Database.

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). Male patients accounted for 53.5% of service contacts while females accounted for 46.5%; relative to their population size and age structure, males still had more service contacts than females (265.4 and 226.0 per 1,000 population, respectively).

The data on service contacts for Indigenous Australians compared with other Australians must be interpreted with caution due to uncertainty about the quality of Indigenous identification among the jurisdictions. Table 4.3 presents national data on Indigenous status but note that data for only Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory were reported by these jurisdictions to be of acceptable quality (see Appendix 1 for more information). As a consequence, it is likely that the number of service contacts for Indigenous Australians is underestimated. Indigenous Australians accounted for a smaller number of service contacts than other Australians but, when the size and age structure of the two populations were taken into account, there was a higher number of service contacts per 1,000 population for Indigenous Australians than for other Australians (507.2 and 220.0 respectively).

The number of service contacts per 1,000 population for Australian-born persons was almost double the rate for those born overseas (268.9 and 137.6 respectively).

The highest number of service contacts per 1,000 population were for patients living in Inner regional areas (280.6), followed by Outer regional areas (239.8) and Major cities (235.0).

The most frequently reported marital status was 'never married' (60.3%), followed by 'married' (19.1%) and 'divorced' (9.7%).

4.4 Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the service contact. Table 4.4 presents the number of service contacts for principal diagnosis groups for 2004–05. Diagnoses are classified according to the *International Classification of Diseases, 10th revision, Australian Modification* (ICD-10-AM). Further information on this classification is included in Appendix 3. Note that these data should be interpreted with caution due to variability in the data collection and coding practices in relation to principal diagnosis across Australia (for more information, see Appendix 1).

The most common principal diagnosis reported was *Schizophrenia* (F20), reported for over one in three service contacts (35.9%). The next most common principal diagnoses were *Depressive episode* (F32, reported for 12.6% of the service contacts), followed by *Bipolar affective disorder* (F31, 7.7%) and *Schizoaffective disorder* (F25, 6.5%). All of the remaining principal diagnoses each represented less than 5% of service contacts.

Almost one in four of all service contacts did not have a specified diagnosis; that is, 17.0% of service contacts had a principal diagnosis of F99 *Mental disorder not otherwise specified*, while the principal diagnosis was not stated or not reported for 7.6% of service contacts. The majority of service contacts that did not have a specified principal diagnosis were reported by New South Wales (44.1% of these service contacts) and Queensland (28.7%).

4.5 Additional data

Additional tables containing data on community mental health care service contacts are available from the AIHW's website (see Section 1.5 for details).

Table 4.4: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, 2004–05

Principal diagnosis		Number of service contacts	Per cent of specified principal diagnoses
F00–F03	Dementia	91,773	2.4
F04–F09	Other organic mental disorders	29,148	0.8
F10	Mental and behavioural disorders due to use of alcohol	43,251	1.1
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	93,943	2.4
F20	Schizophrenia	1,381,780	35.9
F21, F24, F28, F29	Schizotypal and other delusional disorders	58,416	1.5
F22	Persistent delusional disorders	34,195	0.9
F23	Acute and transient psychotic disorders	65,386	1.7
F25	Schizoaffective disorders	251,460	6.5
F30	Manic episode	16,827	0.4
F31	Bipolar affective disorders	295,513	7.7
F32	Depressive episode	483,587	12.6
F33	Recurrent depressive disorders	88,936	2.3
F34	Persistent mood (affective) disorders	39,695	1.0
F38, F39	Other and unspecified mood (affective) disorders	6,009	0.2
F40	Phobic anxiety disorders	23,774	0.6
F41	Other anxiety disorders	118,134	3.1
F42	Obsessive-compulsive disorders	28,983	0.8
F43	Reaction to severe stress and adjustment disorders	188,066	4.9
F44	Dissociative (conversion) disorders	5,048	0.1
F45, F48	Somatoform and other neurotic disorders	6,117	0.2
F50	Eating disorders	27,972	0.7
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	7,288	0.2
F60	Specific personality disorders	141,994	3.7
F61–F69	Disorders of adult personality and behaviour	19,614	0.5
F70–F79	Mental retardation	18,311	0.5
F80–F89	Disorders of psychological development	31,060	0.8
F90	Hyperkinetic disorders	24,101	0.6
F91	Conduct disorders	35,039	0.9
F92–F98	Other and unspecified disorders with onset in childhood and adolescence	55,691	1.4
	Other ^(a)	141,188	3.7
<i>Total with specified principal diagnosis</i>		3,852,299	100.0
F99	Mental disorder not otherwise specified	868,346	
	Not reported	387,879	
<i>Total with unspecified principal diagnosis</i>		1,256,225	
Total		5,108,524	

(a) Includes all reported diagnoses that are not in the 'Mental and behavioural disorders' chapter of ICD-10-AM (codes F00 to F99).
Source: National Community Mental Health Care Database.