

4 Community mental health and hospital outpatient services

4.1 Introduction

This chapter presents information on mental health care provided by community mental health services and hospital outpatient services. The data are derived from the National Community Mental Health Care Database (NCMHCD), which is a collation of data on government-operated specialised mental health services provided to non-admitted patients in community-based and hospital-based ambulatory care settings. These types of services are generally referred to as *community mental health care*. The statistical unit for the NCMHCD is a *service contact* between a client and a specialised mental health service provider. Appendix 1 provides information about the coverage and data quality of this collection.

Key concepts

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

Service contacts are defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patient/client, 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, 2005–06). 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 States and territories

In 2005–06, there were 5,665,408 community mental health care service contacts reported nationally. The number of patients accessing community service contacts was estimated to be 594,436. In general, a patient is allocated a unique identifier by the service provider. The estimated figure was derived from counting the number of unique patient identifiers for each individual provider reporting to the database. This means that patients who used services from multiple providers will be counted more than once, which will inflate the overall patient count.

Table 4.1 presents data on the number of service contacts and estimated number of patients for all states and territories. As outlined above, the estimated jurisdiction counts of patients are of limited reliability and cannot be used for comparative purposes to derive estimates of relative access to community mental health care in each jurisdiction. However, six of the jurisdictions – namely Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory – were able to provide an actual count of patients which were also presented in the table. Of these jurisdictions, the Australian Capital Territory had the highest number of service contacts per patient (36.3).

Table 4.1: Community mental health care service contacts, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Service contacts	1,832,177	1,833,205	892,393	492,468	302,400	65,576	210,833	36,356	5,665,408
Patients ^(a)	n.a.	58,063	69,158	35,965	n.a.	5,997	5,812	4,562	n.a.
Average service contacts per patient ^(a)	n.a.	31.6	12.9	13.7	n.a.	10.9	36.3	8.0	n.a.
Estimated number of patients ^(b)	300,603	102,893	84,459	46,215	34,056	5,992	13,441	6,777	594,436
Average service contacts per estimated number of patients ^(b)	6.1	17.8	10.6	10.7	8.9	10.9	15.7	5.4	9.5
	Rate (per 1,000 population)^(c)								
Service contacts	265.1	357.3	221.5	242.2	195.6	130.5	616.3	170.8	274.9
Patients ^(a)	n.a.	11.3	17.2	17.7	n.a.	n.a.	17.2	n.a.	n.a.
Estimated number of patients ^(b)	42.6	20.1	21.0	22.8	22.5	12.7	39.1	31.8	28.7

(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.

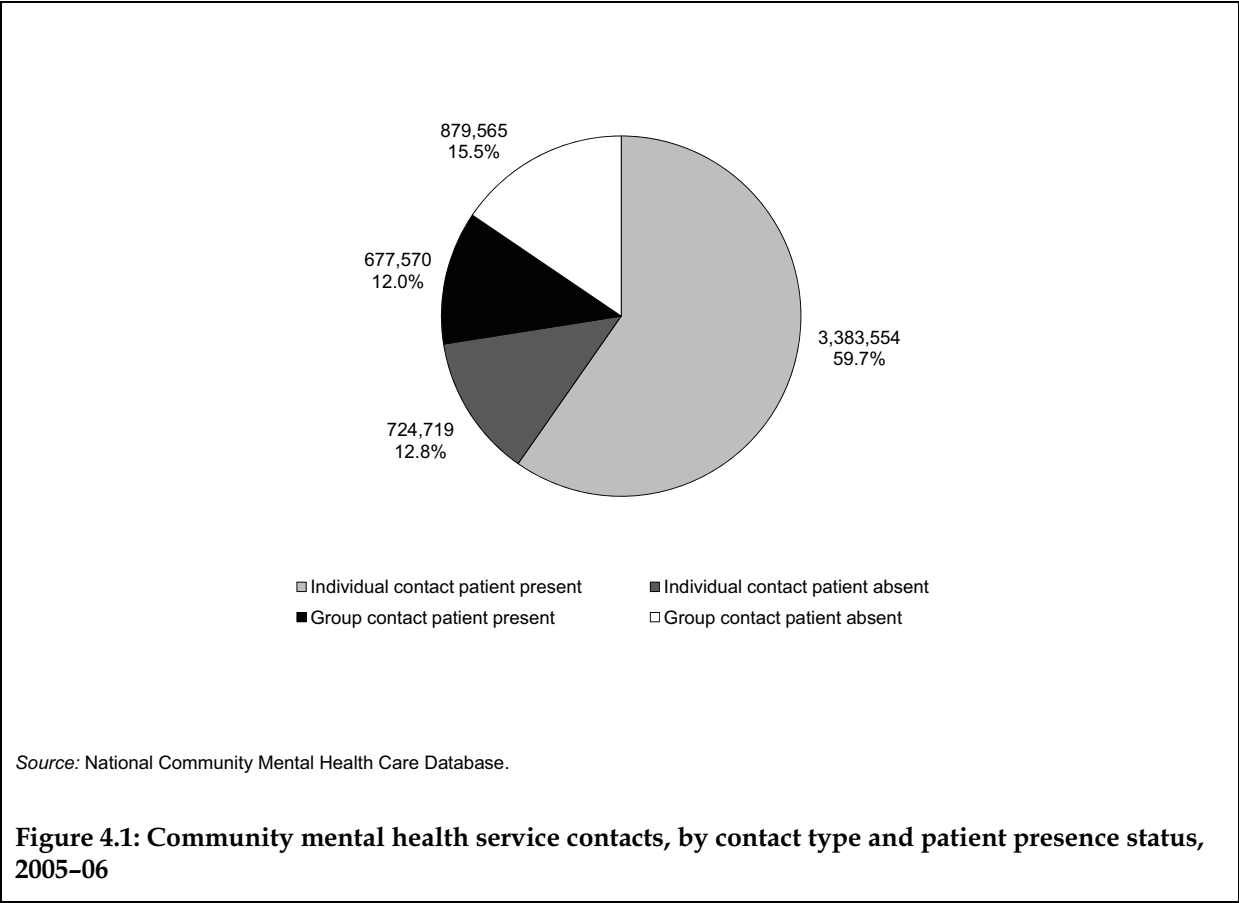
(c) Rates were directly age-standardised as detailed in Appendix 2.

n.a. Not available

Source: National Community Mental Health Care Database.

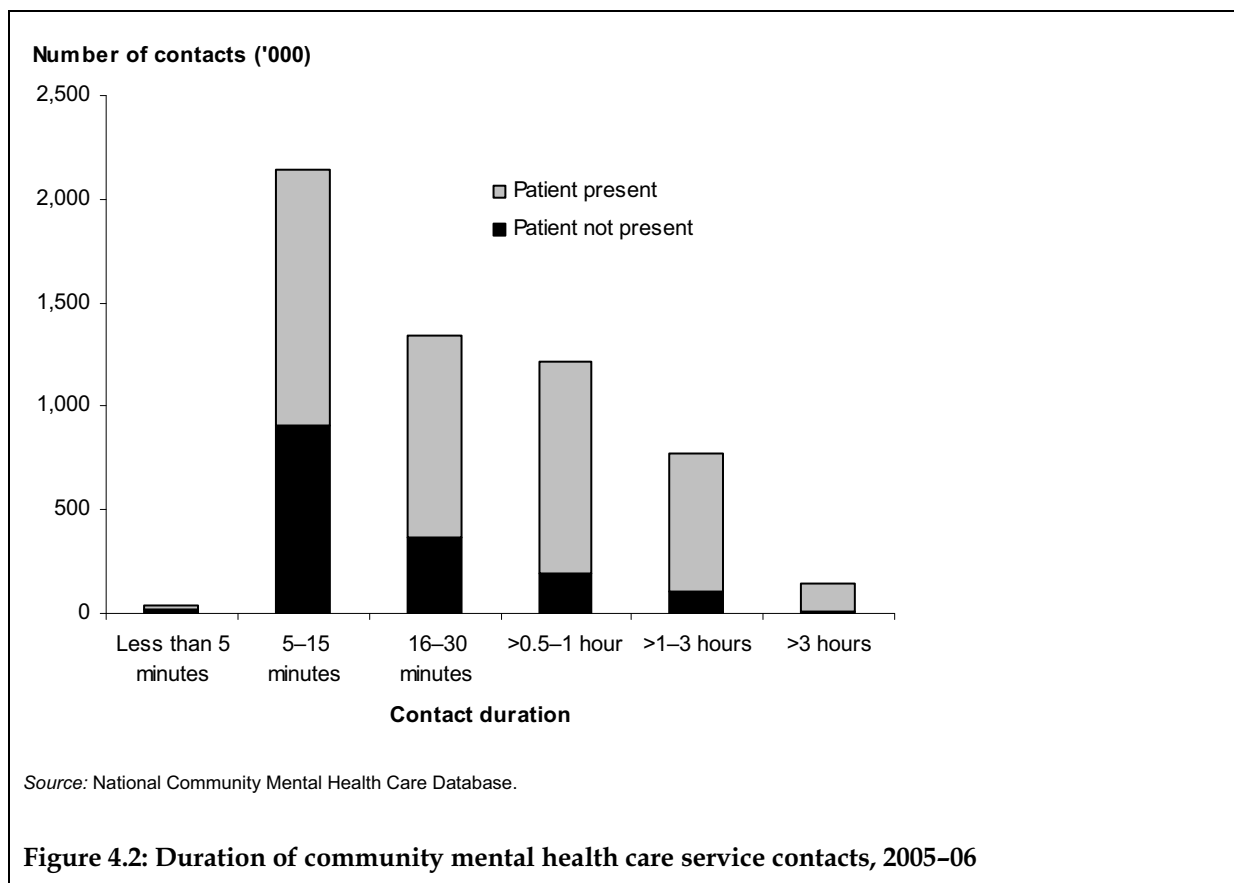
4.3 Type of service contacts

Community mental health care service contacts are not restricted to face-to-face communication but can include telephone, video link or other forms of direct communication. These contacts can be conducted in the presence or the absence of the patient. Figure 4.1 shows the numbers of service contacts by contact type and patient presence status. The majority (72.5%) of contacts reported were individual contacts. Of these, 82.4% were conducted in the presence of the patients. The pattern differed for group contacts where there were more group contacts conducted without the patient being present (56.5%) than those attended by the patients (43.5%).



4.4 Duration of service contacts

The duration of service contacts ranged from less than 5 minutes to more than 8 hours (Figure 4.2). The most common duration of service contacts was 5-15 minutes, with 37.9% of contacts in this category. However, 2,833 contacts (0.1%) were recorded with a duration of 999 minutes, which is the maximum length for the duration of a contact in the NCMHCD, and may simply result from open ended contacts being recorded with no end date. When these open ended contacts are excluded, 147,772 contacts (2.6%) were reported to have lasted more than 3 hours. The majority of these contacts were group sessions attended by the patients (139,784 or 94.6%).



4.5 Mental health legal status

Broadly speaking, the state and territory mental health acts provide the legislative cover that safeguards the rights and governs the treatment of patients with mental illness in hospitals and the community. The legislation varies between the state and territory jurisdictions but all contain provisions for the assessment, admission and treatment of patients on an involuntary basis. A patient’s mental health legal status refers to whether the patient is receiving treatment on a voluntary or involuntary basis. Patients with involuntary mental health legal status are defined as ‘persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care’.

Table 4.2 presents the number of service contacts by jurisdiction and the patient’s mental health legal status. Nationally, 16.5% of all service contacts were classified as involuntary. Different patterns appear across the jurisdictions. The Australian Capital Territory and Victoria both reported higher proportions of service contacts for which mental health legal status was involuntary (30.2% and 25.9%, respectively). The Australian Capital Territory also had the highest proportion of service contacts for which the mental health legal status was not reported (66.3%). Western Australia reported the lowest proportion of involuntary contacts (2.1%). These jurisdictional differences may be a reflection of the different legislative arrangements in place in the jurisdictions.

Table 4.2: Community mental health care service contacts, by mental health legal status, states and territories, 2005–06

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Involuntary	260,704	474,613	79,268	10,245	44,094	2,099	63,633	1,874	936,530
Voluntary	1,571,473	1,358,592	813,125	482,223	254,502	50,649	7,364	34,421	4,572,349
Not reported	0	0	0	0	3,804	12,828	139,836	61	156,529
Total	1,832,177	1,833,205	892,393	492,468	302,400	65,576	210,833	36,356	5,665,408

Source: National Community Mental Health Care Database.

4.6 Patient demographics

Table 4.3 presents information on the number of service contacts in 2005–06 for various demographic groups. A rate (per 1,000 population) has also been provided to account for differences in the relative size and age structure of the respective populations. 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. Rather they provide information on the number of service contacts relative to the size of the population subgroup.

The highest number of contacts per 1,000 population were for patients aged 25–34 years (412.1) followed by those aged 35–44 years (341.1). The youngest age group (less than 15 years) was the least represented in both proportions of contacts (6.9%) and contacts per 1,000 population (96.3).

The data on contacts for Aboriginal and Torres Strait Islander peoples compared with non-Indigenous Australians should be interpreted with caution due to uncertainty about the quality of Indigenous identification in the data. Table 4.3 presents national data on Indigenous status, but note that only data from Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory were reported to be of acceptable quality (see Appendix 1 for more information). As a consequence, it is likely that the number of contacts for Indigenous Australians is underestimated. Although there were fewer contacts reported for Indigenous Australians compared with other Australians, when the size and age structure of the two populations were taken into account, there was a higher number of contacts per 1,000 population for Indigenous Australians than for non-Indigenous Australians (531.7 and 270.3, respectively).

More than half of the service contacts were reported by patients who were never married (71.3%) while those who were widowed were least represented (3.5%).

The data show that the typical service contact involves a patient who is an Australian-born non-Indigenous male aged 20–34 years who has never been married and lives in a major city.

Table 4.3: Community mental health care service contacts, by patient demographic characteristics, 2005–06

Patient demographics	Number of service contacts^(a)	Per cent of service contacts^(b)	Rate (per 1,000 population)^(c)
Age (years)			
Less than 15	388,972	7.5	96.3
15–24	902,030	17.3	316.7
25–34	1,196,758	23.0	412.1
35–44	1,040,166	19.9	341.1
45–54	734,274	14.1	259.0
55–64	404,951	7.8	182.2
65+	547,043	10.5	205.8
Sex			
Male	2,780,275	53.2	274.1
Female	2,444,066	46.8	235.4
Indigenous status^(d)			
Indigenous Australians	247,263	5.1	531.7
Other Australians	4,593,776	94.9	270.3
Country of birth			
Australia	4,670,717	84.9	312.7
Overseas	832,713	15.1	151.6
Remoteness area of usual residence			
Major cities	3,511,071	67.0	256.9
Inner regional	1,188,551	22.7	289.1
Outer regional	466,436	8.9	233.2
Remote and Very remote	78,084	1.5	155.7
Marital status			
Never married	3,686,330	71.3	..
Widowed	178,384	3.5	..
Divorced	380,022	7.3	..
Separated	233,768	4.5	..
Married	691,951	13.4	..
Total	5,665,408	100.0	274.9

(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 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 3.

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

.. Not applicable.

Source: National Community Mental Health Care Database.

4.7 Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for the service contact. Table 4.4 presents the number of service contacts for principal diagnosis groups for 2005–06. Diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 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).

In 2005–06, a principal diagnosis was specified for 89.2% (5,051,999) of community mental health care service contacts. For those contacts:

- The most common principal diagnosis reported was *Schizophrenia* (F20) which was reported for 31.7% of all contacts. This was followed by *Depressive episode* (F32; 10.8%) and *Bipolar affective disorder* (F31; 6.6%).
- There were 45,796 contacts (0.9%) with diagnoses classified as other medical conditions from ICD-10-AM often associated with mental and behavioural disorders.
- A further 826,287 (16.4%) contacts were recorded with diagnoses classified as contextual factors that are considered to contribute significantly to the occurrence, presentation, course, outcome or treatment of a mental disorder.

Figure 4.3 shows the characteristics of community mental health care service contacts for the five most commonly reported principal diagnoses classified as mental and behavioural disorders. The proportion of contacts with duration lasting more than one hour was highest for *Depressive episode* (F32; 21.4%), which also recorded the lowest percentage of contacts lasting less than 15 minutes (32.7%). Over 90% of the contacts for *Schizoaffective disorders* (F25) lasted less than one hour. For *Reaction to severe stress and adjustment disorders* (F43), contacts lasting more than 15 minutes and up to one hour were the most common.

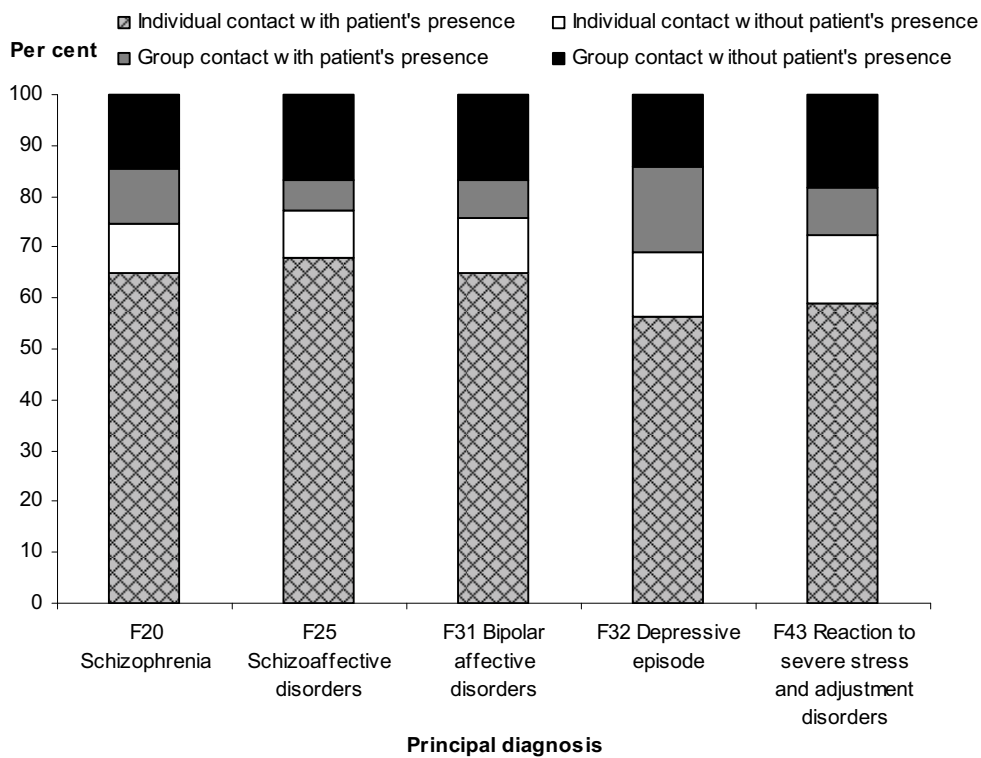
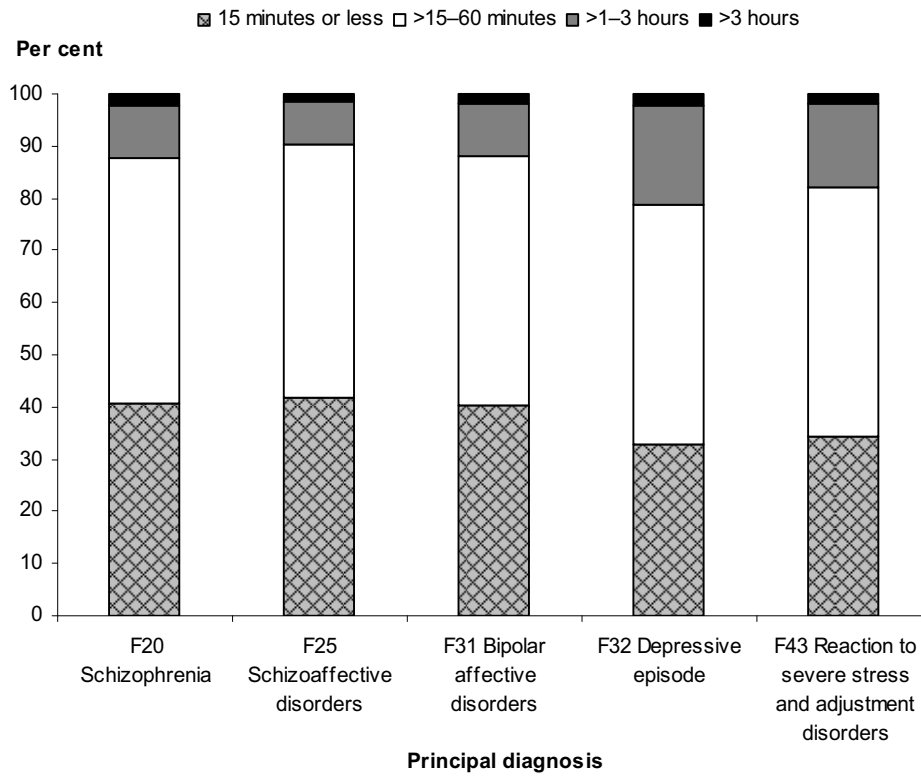
There were more group contacts for the diagnosis of *Depressive episode* (F32; 31.0%) and *Reaction to severe stress and adjustment disorders* (F43; 27.7%). The latter diagnosis was also the one with the highest percentage of service contacts in the absence of the patient (31.4%). The majority (74.7%) of group contacts with the diagnosis of *Schizoaffective disorders* (F25) were conducted in the absence of the patient.

Table 4.4: Community mental health care service contacts, by principal diagnosis in ICD-10-AM groupings, 2005–06

Principal diagnosis		Number of service contacts	Per cent of specified principal diagnoses
F00–F03	Dementia	84,868	1.7
F04–F09	Other organic mental disorders	30,206	0.6
F10	Mental and behavioural disorders due to use of alcohol	41,252	0.8
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	95,582	1.9
F20	Schizophrenia	1,601,984	31.7
F21, F24, F28, F29	Schizotypal and other delusional disorders	68,273	1.4
F22	Persistent delusional disorders	37,492	0.7
F23	Acute and transient psychotic disorders	80,174	1.6
F25	Schizoaffective disorders	276,271	5.5
F30	Manic episode	17,766	0.4
F31	Bipolar affective disorders	332,408	6.6
F32	Depressive episode	546,591	10.8
F33	Recurrent depressive disorders	93,600	1.9
F34	Persistent mood (affective) disorders	41,292	0.8
F38, F39	Other and unspecified mood (affective) disorders	7,145	0.1
F40	Phobic anxiety disorders	26,210	0.5
F41	Other anxiety disorders	137,686	2.7
F42	Obsessive-compulsive disorders	33,726	0.7
F43	Reaction to severe stress and adjustment disorders	206,037	4.1
F44	Dissociative (conversion) disorders	4,512	0.1
F45, F48	Somatoform and other neurotic disorders	6,053	0.1
F50	Eating disorders	40,146	0.8
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	6,973	0.1
F60	Specific personality disorders	164,060	3.2
F61–F69	Disorders of adult personality and behaviour	18,686	0.4
F70–F79	Mental retardation	19,608	0.4
F80–F89	Disorders of psychological development	34,666	0.7
F90	Hyperkinetic disorders	25,293	0.5
F91	Conduct disorders	39,069	0.8
F92–F98	Other and unspecified disorders with onset in childhood and adolescence	62,287	1.2
	Other ^(a)	872,083	17.3
<i>Total with specified principal diagnosis</i>		<i>5,051,999</i>	<i>100.0</i>
F99	Mental disorder, not otherwise specified	285,681	
	Not reported	327,728	
<i>Total with unspecified principal diagnosis</i>		<i>613,409</i>	
Total		5,665,408	

(a) Includes all reported diagnoses that are not in the Mental and behavioural disorders chapter of ICD-10-AM (codes F00–F99).

Source: National Community Mental Health Care Database.



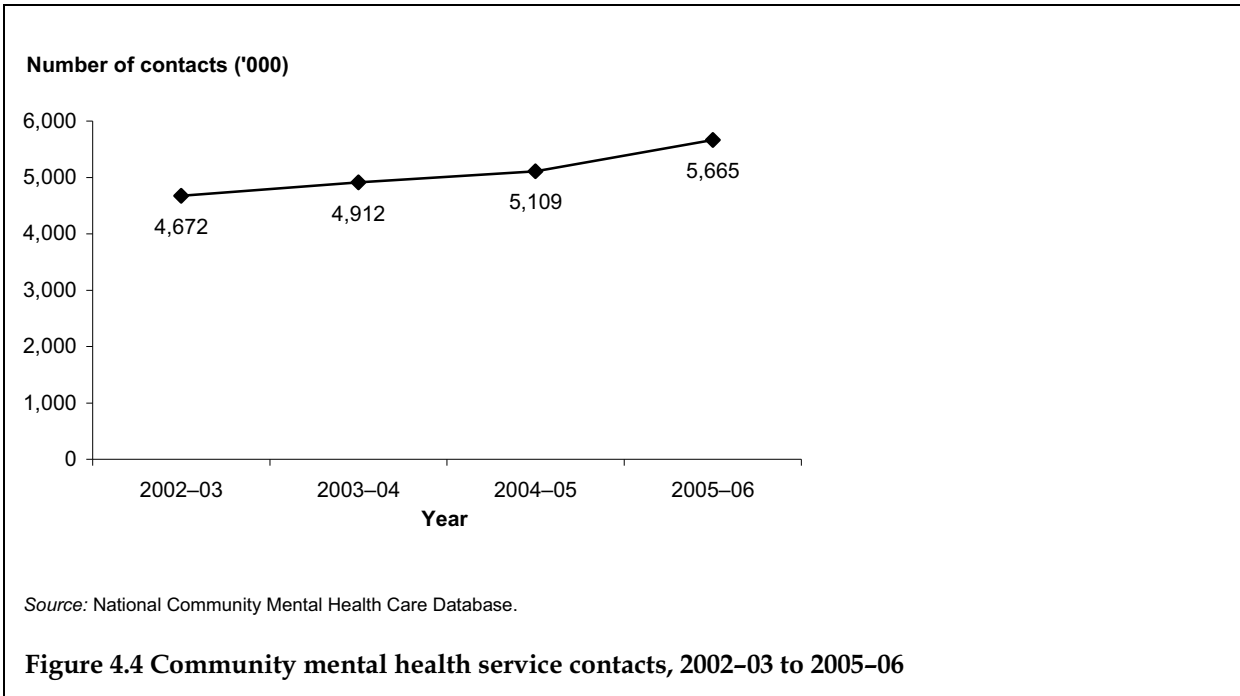
Source: National Community Mental Health Care Database.

Figure 4.3: Characteristics of community mental health service contacts for the five most commonly reported principal diagnoses, 2005-06

4.8 Change over time, 2002–03 to 2005–06

The number of service contacts reported to the NCMHCD has increased over the past few years of collection (Figure 4.4). In 2005–06, there was a 10.9% increase in the number of contacts reported compared with 2004–05. Note that these increases may reflect increases in the actual number of community mental health care services and/or improvements in data coverage. However, not all jurisdictions were able to provide estimates of data coverage for the 2005–06 data. Consequently, it is not possible to determine conclusively what contribution the expanded data coverage may have made to the observed increase in the total number of service contacts being reported. State and territory estimates of coverage for 2005–06 as a proportion of full coverage are listed below:

- New South Wales estimated that their coverage for 2005–06 was similar to 2004–05, which was around 70% of full coverage;
- Victoria did not provide estimates of their coverage for 2005–06. In 2004–05, the estimated data coverage was 83%–85%;
- Queensland estimated their compliance rate to be 50%–60%, which was based on the number of full-time-equivalent staff employed. In 2004–05, the estimated compliance rate was 50%–55%;
- Western Australia did not provide estimates of their data coverage for 2005–06. In 2004–05, it was estimated to be 98%;
- South Australia estimated their coverage to be 91%, with the figure derived as the number of organisations with incomplete or no patient level data for this NMDS divided by the number of organisations reporting community services via the national survey of mental health services for 2005–06. In 2004–05, South Australia estimated their coverage to be 88%;
- Tasmania stated that all service units that were in scope for the collection provided service contact data. However, a significant number of clinicians in some community teams were not providing consistent service contact data. No estimated coverage was provided for 2005–06. In 2004–05, Tasmania estimated that approximately 55% of potential service contacts were recorded;
- the Australian Capital Territory reported their coverage to be 99.2% in 2005–06 compared with 98.9% in 2004–05; and
- the Northern Territory estimated 90% coverage for 2005–06 which was the same as 2004–05. The estimate was based on all in-scope services reporting but there may be some missing data due to non-compliance of some clinicians.



4.9 Additional data

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