3.09 Access to mental health services

Access to mental-health-care services such as hospitals, community mental health care, doctors and Aboriginal and Torres Strait Islander Primary heath-care services by Aboriginal and Torres Strait Islander peoples

Data sources

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians of all ages. This sample was considerably larger than the supplementary Indigenous samples in the 1995 and 2001 NHS. The survey was conducted in remote and non-remote areas of Australia and collected a range of information from Indigenous Australians about health-related issues, including health-related actions, health risk factors, health status, socioeconomic circumstances and women's health. It is planned to repeat the NATSIHS at 6-yearly intervals, with the next NATSIHS to be conducted in 2010–11. Selected non-Indigenous comparisons are available through the 2004–05 NHS.

Bettering the Evaluation and Care of Health (BEACH) survey

Information about encounters in general practice is available from the BEACH survey, which is conducted by the AIHW Australian GP Statistics and Classification Centre, University of Sydney. Information is collected from a random sample of approximately 1,000 general practitioners (GPs) from across Australia each year. A sample of 100 consecutive encounters is collected from each GP.

The number of Indigenous patients identified in the BEACH survey is likely to be an underestimate. This is because some GPs might not ask about Indigenous status, or the patient may choose not to identify (AIHW 2002). The estimates presented here are also derived from a relatively small sample of GP encounters involving Indigenous Australians.

Due to a late inclusion of a 'not stated' category of Indigenous status in 2001–02, (before which 'not stated' responses were included with non-Indigenous encounters), GP encounters for which Indigenous status was not reported have been included with encounters for non-Indigenous people under the 'other' category.

Data are presented for the 5-year period 2000–01 to 2004–05, during which there were 7,296 GP encounters with Indigenous patients recorded in the survey, representing 1.6% of total GP encounters in the survey.

Hospitalisations

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW by state and territory health departments.

The AIHW National Public Hospitals Establishment Database holds establishment-level data for public hospitals within the jurisdiction of the state and territory health authorities.

Private hospitals and public hospitals not administered by the state and territory health authorities are not included.

Data are presented for the six jurisdictions that have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2004–05—New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (AIHW unpublished). These six jurisdictions represent approximately 96% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions as public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the 2-year period from July 2004 to June 2006. An aggregate of 2 years of data has been used because the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation which is the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending a change in a type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

Mental health services can be provided in ambulatory or non-ambulatory settings. Ambulatory mental health care ranges from care provided in the primary care setting to care in hospital-based outpatient services, community-based mental health care and same day admitted patient mental health care in specialised psychiatric and general hospitals. Non-ambulatory mental-health-care settings include admitted patient mental health care in specialised psychiatric and general hospitals and residential mental health care. Mental health services are provided by a range of health professionals such as psychiatrists, GPs, psychologists, counsellors and Aboriginal mental health workers.

Community mental health care

Information on the use of community mental health services by Indigenous people is available from the AIHW National Community Mental Health Care Database (NCMHCD). The information collected in the database is a nationally agreed set of common data elements collected by service providers based on the National Minimum Data Set for Community Mental Health Care.

The quality of Indigenous identification in this database varies by jurisdiction. In 2005–06, Queensland, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory reported that the quality of their data was suitable for analysis.

As with hospitalisation data, service contacts for which the Indigenous status of the client was not reported have been included with hospitalisations for non-Indigenous people under the 'other' category.

Residential mental health care

Information on the use of residential mental health services by Indigenous people is available from the AIHW National Residential Mental Health Care Database (NRMHCD). The information collected in the database is a nationally agreed set of common data elements collected by service providers and based on the National Minimum Data Set for Residential Mental Health Care.

The quality of Indigenous identification in this database varies by jurisdiction. In 2005–06 there were no residential mental-health-care services in Queensland and the Northern Territory and only Western Australia, Tasmania and the Australian Capital Territory reported that the quality of their data was suitable for analysis.

As with hospitalisation data, service contacts for which the Indigenous status of the client was not reported have been included with hospitalisations for non-Indigenous people under the 'other' category.

AIHW Medical Labour Force Survey

The AIHW Medical Labour Force Survey is conducted by the state and territory departments of health with the cooperation of the medical and nursing registration boards in each jurisdiction, and in consultation with the AIHW. The AIHW is the data custodian for this collection. The Medical Labour Force Survey is a census of all registered medical practitioners in each state and territory in Australia. The Medical Labour Force Survey has been conducted annually since 1993. Information on demographic details, main areas and specialty of work, qualifications and hours worked are collected from registered professionals. The data collected generally relate to the 4 weeks prior to the survey.

Service Activity Reporting (SAR) database

The SAR database collects data from approximately 150 Australian Government-funded Indigenous primary heath-care services and is held at the DoHA. It is estimated that these services provide GP services to around 40% of the Indigenous population. Service-level data on health care and health-related activities are collected by survey questionnaire over a 12-month period.

Response rates to the SAR by Indigenous primary heath-care services in 2005–06 were around 99%.

Note that the SAR only includes Indigenous health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

Analyses

Age-standardised rates and ratios have been used for this indicator as a measure of the Indigenous population relative to other Australians. Ratios of this type illustrate differences between the rates among Indigenous people and those of other Australians, taking into account differences in age distributions.

Self-reported data

Self-reported data from the 2004–05 NATSIHS on visiting a health professional for mental-health-related reasons are presented in Tables 3.09.1, 3.09.2a and 3.09.2b below.

- In 2004–05, approximately 12% of Indigenous Australians reported visiting a health professional about their feelings in the 4 weeks prior to survey (Table 3.09.1).
- The Northern Territory had the highest proportion of Indigenous Australians reporting they visited a health professional about their feelings (17%) followed by Victoria (16%); New South Wales and Queensland had the lowest (both 10%).
- The highest proportion of Indigenous Australians who reported visiting a professional about their feelings were in Very Remote areas (14%) followed by Inner Regional areas (13%) (Table 3.09.2a).
- A higher proportion of Indigenous Australians (20%) reported visiting an 'other health professional' than non-Indigenous Australians (13%) (Table 3.09.2b).

Table 3.09.1: Whether saw a doctor or health professional about feelings in last 4 weeks, Indigenous Australians, by state/territory, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Per cent				
Yes	10	16	10	11	13	13	13	17	12
No	89	83	90	88	86	87	87	82	88
Don't know/not stated/refusal	1[(a)]	1[(a)]	—	1[(a)]	—[(a)]	—[(a)]	—	1[(a)]	1[(b)]
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Total number[(c)]	63,317	13,405	58,068	28,676	11,793	8,345	1,966	23,073	208,643

(a) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(b) Persons who were asked whether they saw a doctor or other health professional about feelings.

(c) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

Source: AIHW analysis of 2004–05 NATSIHS.

Table 3.09.2a: Whether saw a doctor or health professional about feelings in last 4 weeks, Indigenous Australians,[(a)] by remoteness, 2004–05

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia
			Per cent			
Yes	11	13	10	12	14	12
No	88	86	90	87	86	88
Don't know/not stated/refused	—[(b)]	—[(b)]	n.p.	n.p.	n.p.	—[(c)]
Total[(d)]	**100**	**100**	**100**	**100**	**100**	**100**
Total number[(d)]	65,915	43,047	46,086	17,160	35,177	207,384

(a) Persons aged 18 years and over who scored greater than 1 on at least one of the K5 (Kesslor Psychological Distress Scale) items.

(b) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(c) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

(d) Includes refusal.

Source: AIHW analysis of 2004–05 NATSIHS

Table 3.09.2b: Type of other health professional consulted (selected), by Indigenous status and remoteness, 2004–05

	Non-remote		Remote[(a)]		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous[(b)]	Indigenous	Non-Indigenous
			Per cent			
Accredited counsellor[(c)]	1	—	—[(d)]	n.a.	1	—
Psychologist	1	—	—[(d)]	n.a.	1	—
Other health professional[(e)]	15	13	30[(d)]	n.a.	18	13
Total who saw other health professional[(f)(g)]	**16**	**13**	**32[(d)]**	**n.a.**	**20**	**13**
Total number	348,315	19,061,481	125,995	n.a.	474,310	19,292,387

(a) Respondents in non-remote areas were provided with a prompt card, which contained 'other health professional' categories whereas the question in remote areas was open-ended. Subsequently there may have been some under-reporting by remote respondents.

(b) Non-Indigenous data were not collected in Very Remote areas of Australia in the 2004–05 NHS.

(c) Persons in remote areas who saw a mental health worker were coded as having seen an accredited counsellor.

(d) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

(e) Persons who saw an 'other health professional' other than an accredited counsellor and/or psychologist.

(f) Includes 'not stated' and 'not known if consulted other health professional'.

(g) Sum of components may add up to more than total as persons may have reported seeing more than one type of other health professional.

Note: Data are age-standardised.

Source: AIHW analysis of 2004–05 NATSIHS and 2004–05 NHS.

Psychologists and psychiatrists employed in Australia

The AIHW Medical labour Force Survey collected information on the number of psychiatrists in Australia.

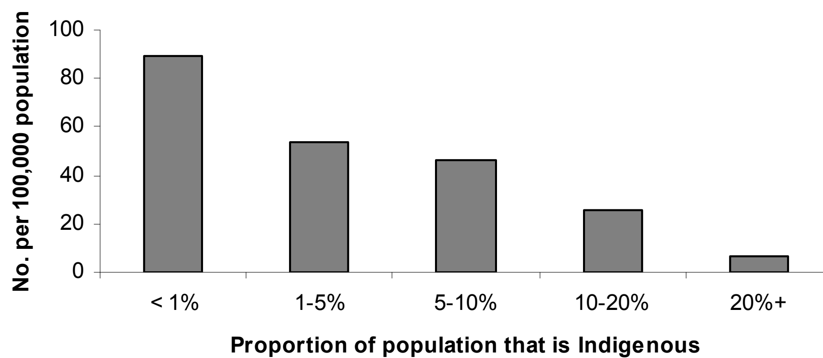
- In 2004, there were 2,535 full-time equivalent (FTE) employed psychiatrists and 856 FTE employed psychiatrists in training in Australia. Psychiatrists (including psychiatrists-in-training) made up 5.4% of all employed medical practitioners in Australia (AIHW 2007b).
- There were 17 FTE psychiatrists per 100,000 population in Australia. The rate ranged from 10 FTE per 100,000 in the Northern Territory to 22 per 100,000 in Victoria and South Australia. Queensland and Western Australia had relatively low rates of 12 FTE psychiatrists per 100,000 population.
- The rate of FTE psychiatrists per 100,000 population was much higher in Major Cities (22 per 100,000) than in Remote and Very Remote areas (3 per 100,000). In 2004, 90.1% of FTE psychiatrists (for whom region was reported) worked mainly in the Major Cities, although less than half of a per cent worked mainly in Remote and Very Remote regions (AIHW 2007b).

Information on psychologists in Australia is available from the AIHW Psychologist Labour Force Survey, the latest of which was conducted in 2002.

The 2002 survey was conducted in five jurisdictions (New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory). The number of registered psychologists in these jurisdictions comprised around 86% of psychologists registered nationally. Coverage excludes those psychologists whose initial registration occurred during the 12 months preceding the survey. The overall response rate for the five jurisdictions was 56%.

In 2002 there were 14,073 employed psychologists in the five jurisdictions included in the AIHW survey. The full-time equivalent (FTE) rates of psychologists per 100,000 population for each jurisdiction were estimated to be: New South Wales, 88; Victoria, 95; Queensland, 64; South Australia, 54; and the Australian Capital Territory, 170 (AIHW 2006b).

- The FTE rate of employed psychologists was highest in areas where less than 1% of the population was Indigenous (89 per 100,000) and lowest in areas where 20% or more of the population was Indigenous (7 per 100,000) (Figure 3.09.1).



Notes

1. In 2002, 492 employed psychologists did not report the postcode they worked in. Hence the number of employed psychologists stated by region is an underestimate.
2. Data for New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory only.
3. FTE is based on 35 hours per week.

Source: AIHW analysis of Psychologist Labour Force Survey, 2002.

Figure 3.09.1: FTE employed psychologists per 100,000 population, by proportion of Indigenous population living in an area, 2002

Public psychiatric hospitals

Information on the number of public psychiatric hospitals in Australia is available from the National Public Hospital Establishment Database.

- In 2004–05, there were 20 public psychiatric hospitals in Australia with 2,487 available beds. The majority of these were located in Major Cities (55% or 11 hospitals) and Inner Regional areas (35% or 7 hospitals). There were no public psychiatric hospitals located in Remote or Very Remote areas (Table 3.09.3).
- Among jurisdictions, New South Wales reported the highest number of available beds in public psychiatric hospitals (1,161), although South Australia had the highest number of available beds per 100,000 population (30.1). The rate of available beds was highest in Inner Regional areas (15 per 100,000 population).
- In 2004–05, there were 122 public acute hospitals with a specialised psychiatric unit or ward. New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (42 and 31, respectively) (Table 3.09.4). The majority of public acute hospitals with specialised psychiatric units or wards were located in Major Cities (68.0% or 83 hospitals).
- In these hospitals, there were on average 3,450 available beds in the specialised psychiatric units and wards (17.2 available beds per 100,000 population).

Table 3.09.3: Public psychiatric hospitals[a] and available beds, by remoteness area and state[b], 2004–05

	NSW	Vic[c]	Qld	WA	SA	Tas	Total
Public psychiatric hospitals							
Major Cities	7	1	1	1	1	. .	11
Inner Regional	3	0	1	0	0	3	7
Outer Regional	0	0	2	0	0	0	2
Remote and Very Remote	0	0	0	0	0	0	0
Total all regions	**10**	**1**	**4**	**1**	**1**	**3**	**20**
Available beds							
Major Cities	807	115	192	205	461	. .	1,780
Inner Regional	354	0	204	0	0	69	627
Outer Regional	0	0	80	0	0	0	80
Remote and Very Remote	0	0	0	0	0	0	0
Total all regions	**1,161**	**115**	**476**	**205**	**461**	**69**	**2,487**
Available beds per 100,000 population							
Major Cities	16.8	3.2	9.4	14.7	41.9	. .	13.4
Inner Regional	25.6	0	20.1	0	0	22.4	14.9
Outer Regional	0	0	11.8	0	0	0	3.9
Remote and Very Remote	0	0	0	0	0	0	0
Total all regions	**17.3**	**2.3**	**12.2**	**10.4**	**30.1**	**14.3**	**12.4**

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) There were no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(c) The count of hospitals in Victoria is a count of the campuses, which report data separately to the National Hospital Morbidity Database.

. . Not applicable.

Source: AIHW 2007a..

Table 3.09.4: Public acute hospitals with psychiatric units or wards[(a)] and available beds, by Remoteness Area, states and territories, 2004–05

	NSW	Vic[(b)]	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals with psychiatric units or wards									
Major Cities	29	22	9	13	8	. .	2	. .	83
Inner Regional	12	8	6	1	0	2	0	. .	29
Outer Regional	1	1	3	2	0	1	. .	1	9
Remote and Very remote	0	0	0	0	0	0	. .	1	1
Total all regions	**42**	**31**	**18**	**16**	**8**	**3**	**2**	**2**	**122**
Available psychiatric beds									
Major Cities	714	763	567	383	172	. .	44	. .	2,643
Inner Regional	179	124	230	15	0	62	0	. .	610
Outer Regional	2	12	111	16	0	24	. .	26	191
Remote and Very Remote	0	0	0	0	0	0	. .	6	6
Total all regions	**895**	**899**	**908**	**414**	**172**	**86**	**44**	**32**	**3,450**
Available psychiatric beds per 100,000 population									
Major Cities	14.9	21.0	27.6	27.4	15.6	. .	13.6	. .	19.8
Inner Regional	12.9	11.7	22.7	5.8	0	20.1	0	. .	14.4
Outer Regional	0.4	4.7	16.4	8.6	0	14.7	. .	23.8	9.3
Remote and Very Remote	0	0	0	0	0	0	. .	6.6	1.2
Total all regions	**13.3**	**18.1**	**23.4**	**20.9**	**11.2**	**17.8**	**13.6**	**16.0**	**17.2**

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) The count of hospitals in Victoria is a count of the campuses, which report data separately to the National Hospital Morbidity Database.

. . Not applicable.

Source: AIHW 2007b (National Public Hospital Establishments Database).

Hospitalisations

- For the 2-year period from July 2004 to June 2006, there were 587,180 hospitalisations from mental-health-related conditions in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, of which 20,463 (3.5%) were hospitalisations of Aboriginal and Torres Strait Islander peoples.
- Mental-health-related conditions were responsible for 4.4% of all hospitalisations of Indigenous Australians.

Hospitalisations by state/territory

Table 3.09.5 presents hospitalisations for a principal diagnosis of mental-health-related conditions in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory, for the 2-year period from July 2004 to June 2006. As well as rates and ratios for the six jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations in 2004–05, Table 3.09.5 presents unadjusted and adjusted national level data. The Australia data is adjusted by applying a completeness factor of

89.4%, which is an estimate of the level of Indigenous under-identification in hospital separations data.

- Over the period from July 2004 to June 2006, in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous males were hospitalised for mental-health-related conditions at twice the rate of other males and Indigenous females were hospitalised for mental-health-related conditions at 1.4 times the rate of other females.
- When hospital rates are adjusted at the national level for Indigenous under-identification, Indigenous persons were hospitalised for mental-health-related conditions at 1.9 times the rate of other Australians.
- In South Australia, Indigenous Australians were hospitalised for mental-health-related conditions at around 4 times the rate of other Australians, and in New South Wales, Western Australia and the Northern Territory Indigenous Australians were hospitalised at around twice the rate of other Australians. In Queensland and Victoria the rate ratios were 1.3.
- In the Northern Territory, both Indigenous and other Australians were hospitalised for mental-health-related conditions at low rates in comparison to hospitalisation rates in New South Wales, Victoria, Queensland, Western Australia and South Australia.

Table 3.09.5: Hospitalisations for principal diagnosis of mental-health-related conditions, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006[(a)(b)(c)]

	Indigenous				Other[(d)]				
	Number	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Number	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]
NSW									
Males	4,392	38.2	36.8	39.6	92,746	14.1	14.0	14.2	2.7*
Females	3,357	26.8	25.7	27.8	91,694	13.5	13.5	13.6	2.0*
Persons	7,749	32.2	31.3	33.0	184,442	13.8	13.7	13.8	2.3*
Vic									
Males	521	18.9	17.2	20.6	68,791	13.8	13.7	13.9	1.4*
Females	686	27.3	25.1	29.6	113,619	21.9	21.7	22.0	1.3*
Persons	1,207	23.0	21.6	24.4	182,410	17.9	17.8	18.0	1.3*
Qld									
Males	2,253	21.1	20.1	22.2	47,753	12.2	12.1	12.4	1.7*
Females	1,976	17.0	16.1	17.9	62,074	15.8	15.7	16.0	1.1*
Persons	4,229	19.0	18.3	19.6	109,827	14.1	14.0	14.1	1.3*
WA									
Males	1,847	32.0	30.3	33.7	22,217	11.4	11.2	11.5	2.8*
Females	1,934	29.0	27.6	30.5	31,200	16.0	15.8	16.2	1.8*
Persons	3,781	30.3	29.2	31.4	53,417	13.6	13.5	13.8	2.2*
SA									
Males	926	40.5	37.5	43.5	16,512	10.9	10.7	11.1	3.7*
Females	1,145	45.0	42.1	47.9	18,425	11.5	11.3	11.7	3.9*
Persons	2,071	42.7	40.6	44.8	34,937	11.2	11.1	11.3	3.8*
NT									
Males	821	14.4	13.3	15.6	1,041	7.1	6.6	7.6	2.0*
Females	605	10.4	9.5	11.4	643	4.8	4.3	5.2	2.2*
Persons	1,426	12.4	11.7	13.1	1,684	6.0	5.7	6.3	2.1*
NSW, Vic, Qld, WA, SA, NT[(i)]									
Males	**10,760**	**28.0**	**27.4**	**28.7**	**249,060**	**13.1**	**13.0**	**13.1**	**2.1***
Females	**9,703**	**23.2**	**22.6**	**23.7**	**317,655**	**16.2**	**16.2**	**16.3**	**1.4***
Persons	**20,463**	**25.5**	**25.1**	**25.9**	**566,717**	**14.6**	**14.6**	**14.7**	**1.7***
Australia unadjusted[(j)]									
Males	11,310	28.1	27.5	28.7	264,076	13.3	13.3	13.4	2.1*
Females	10,106	23.1	22.6	23.6	333,997	16.4	16.3	16.4	1.4*
Persons	21,416	25.5	25.1	25.9	598,095	14.8	14.8	14.9	1.7*
Australia adjusted[(j)(k)]									
Males	12,639	31.4	30.8	32.1	262,747	13.2	13.2	13.3	2.4*
Females	11,293	25.8	25.3	26.3	332,810	16.3	16.3	16.4	1.6*
Persons	23,932	28.5	28.0	28.9	595,579	14.8	14.7	14.8	1.9*

(continued)

Table 3.09.5 (continued): Hospitalisations for principal diagnosis of mental-health-related conditions, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006(a)(b)(c)

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes F00–F99, G30, G47.0, G47.1, G47.2, G47.8, G47,9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Financial year reporting.

(d) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

(e) Directly age-standardised using the Australian 2001 standard population.

(f) LCL = lower confidence limit.

(g) UCL = upper confidence limit.

(h) Rate ratio—Indigenous: other.

(i) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(j) Includes all eight states and territories, including the Australian Capital Territory and Tasmania; Other Territories and Residence State not applicable (e.g. overseas, at sea, no fixed address).

(k) Australian hospitalisation numbers and rates have been adjusted for Indigenous under-identification using a national adjustment factor of 0.89. This factor was derived from a study undertaken by the AIHW in 2007 which assessed the level of Indigenous under-identification in hospital data in all states and territories by comparing information gathered from face-to face interviews in public hospitals with results from hospital records. By applying this factor, the number of Indigenous hospitalisations was increased by 11% and these additional hospitalisations then subtracted from the number of hospitalisations for Other Australians.

Note: Person numbers and rates include hospitalisations for which sex was not stated.

Source: AIHW analysis of National Hospital Morbidity Database.

Hospitalisations by ambulatory and non-ambulatory-equivalent

Mental health services can be provided in ambulatory or non-ambulatory settings. Ambulatory mental-health-care settings range from care provided in the primary care setting through to ambulatory care in hospital-based outpatient services, community-based mental health care and same day admitted patient mental health care in specialised psychiatric and general hospitals. Non-ambulatory mental-health-care settings include admitted patient mental health care in specialised psychiatric and general hospitals and residential mental health care.

Table 3.09.6 and Figure 3.09.2 present ambulatory-equivalent and non-ambulatory-equivalent mental-health-related hospitalisations for Indigenous and non-Indigenous Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory over the 2-year period from July 2004 to June 2006.

- Between July 2004 and June 2006, there were 2,721 ambulatory-equivalent mental-health-related hospitalisations among Indigenous Australians (993 with specialised psychiatric care and 1,728 without specialised psychiatric care).
- Over the same period there were 17,742 non-ambulatory-equivalent mental health-related separations among Indigenous Australians (8,084 with specialised psychiatric care and 9,658 without specialised psychiatric care).
- Rates of ambulatory-equivalent mental-health-related hospitalisations were lower for Indigenous Australians than other Australians (rate ratio of 0.6). This was particularly the case for ambulatory-equivalent separations with specialised psychiatric care. The rate of these hospitalisations per 1,000 Aboriginal and Torres Strait Islander peoples was almost one-third the rate for other Australians (rate ratio of 0.3). In contrast, the rate of ambulatory-equivalent separations without specialised psychiatric care per 1,000 Indigenous peoples was almost double that for other Australians (rate ratio of 1.9).
- Rates of non-ambulatory-equivalent mental-health-related hospitalisations per 1,000 Aboriginal and Torres Strait Islander peoples were more than double that for other Australians (rate ratio of 2.4). The rate of such hospitalisations with specialised psychiatric care among Indigenous Australians was around 1.8 times that of other Australians. The rate of non-ambulatory-equivalent separations among Indigenous Australians without specialised psychiatric care was over 3 times that of other Australians.

Table 3.09.6: Ambulatory-equivalent and non-ambulatory-equivalent mental-health-related hospitalisations, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006[(a)(b)(c)(d)]

	Males					Females					Persons				
	No.	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]	No.	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]	No.	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]
Ambulatory-equivalent															
With specialised psychiatric care															
Indigenous	529	1.2	1.1	1.3	0.4*	464	1.0	0.9	1.1	0.2*	993	1.1	1.0	1.2	0.3*
Other[(i)]	63,216	3.3	3.2	3.3		107,788	5.5	5.5	5.6		171,004	4.4	4.4	4.4	
Without specialised psychiatric care															
Indigenous	889	2.3	2.1	2.5	2.2*	839	1.9	1.8	2.1	1.6*	1,728	2.1	2.0	2.2	1.9*
Other[(i)]	19,800	1.0	1.0	1.0		22,920	1.2	1.2	1.2		42,720	1.1	1.1	1.1	
Total Indigenous	**1,418**	**3.5**	**3.3**	**3.7**	**0.8***	**1,303**	**3.0**	**2.8**	**3.1**	**0.4***	**2,721**	**3.2**	**3.1**	**3.4**	**0.6***
Total Other[(i)]	**83,016**	**4.3**	**4.3**	**4.3**		**130,708**	**6.7**	**6.7**	**6.8**		**213,724**	**5.5**	**5.5**	**5.5**	
Non-ambulatory-equivalent															
With specialised psychiatric care															
Indigenous	4,311	10.1	9.8	10.5	2.0*	3,773	8.8	8.4	9.1	1.6*	8,084	9.4	9.2	9.7	1.8*
Other[(i)]	95,735	5.0	5.0	5.1		106,493	5.5	5.4	5.5		202,228	5.2	5.2	5.3	
Without specialised psychiatric care															
Indigenous	5,031	14.4	13.9	14.9	3.8*	4,627	11.4	11.1	11.8	2.8*	9,658	12.8	12.5	13.1	3.3*
Other[(i)]	70,305	3.8	3.7	3.8		80,408	4.0	4.0	4.1		150,715	3.9	3.9	3.9	
Total Indigenous	**9,342**	**24.5**	**23.9**	**25.1**	**2.8***	**8,400**	**20.2**	**19.7**	**20.7**	**2.1***	**17,742**	**22.2**	**21.9**	**22.6**	**2.4***
Total Other[(i)]	**166,040**	**8.8**	**8.7**	**8.8**		**186,901**	**9.5**	**9.5**	**9.5**		**352,943**	**9.1**	**9.1**	**9.2**	

(continued)

Table 3.09.6 (continued): Ambulatory-equivalent and non-ambulatory-equivalent mental-health-related hospitalisations, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT combined, July 2004 to June 2006(a)(b)(c)(d)

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental-health-related conditions: ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) Directly age-standardised using the Australian 2001 standard population.

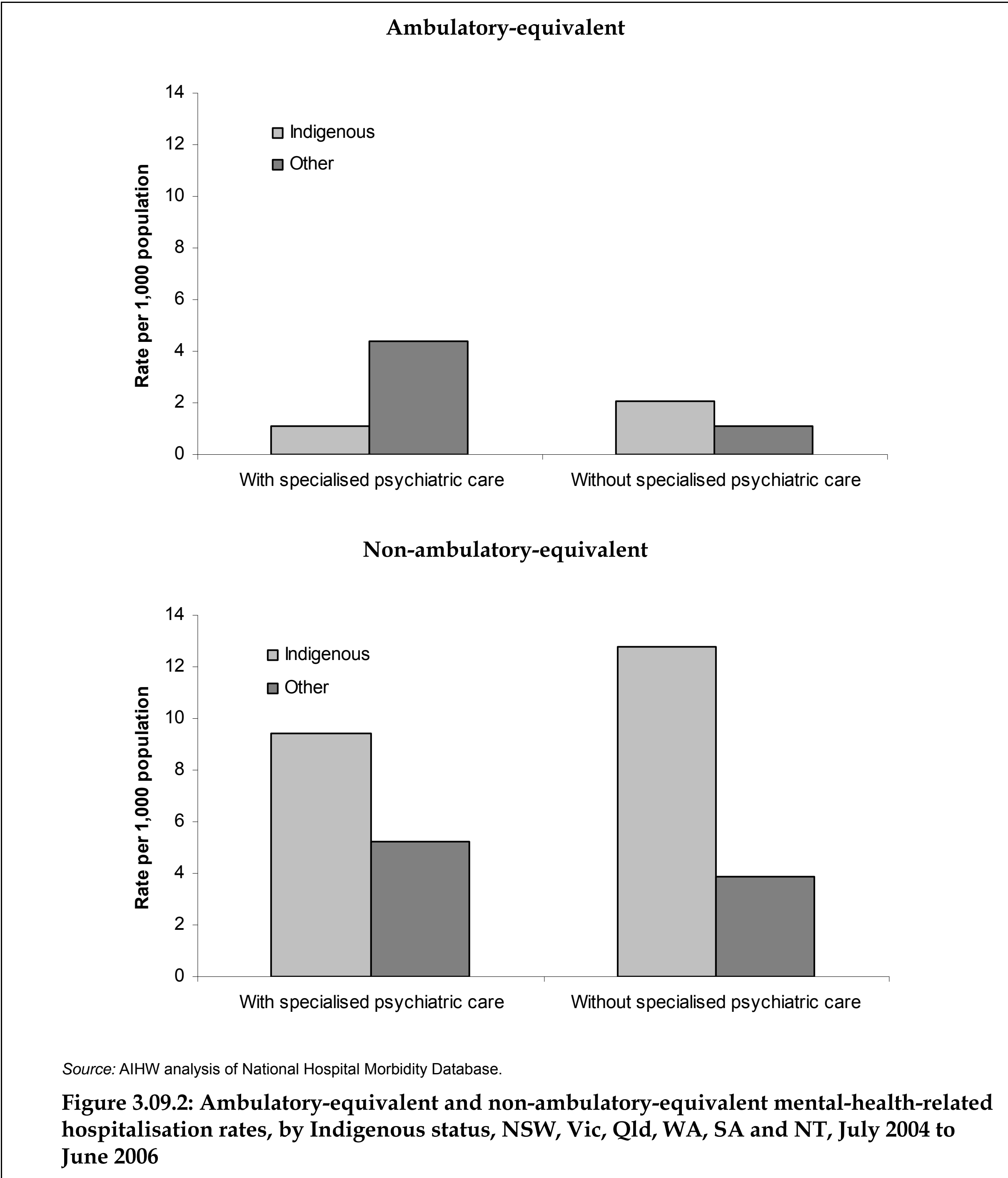
(f) LCL = lower confidence limit.

(g) UCL = upper confidence limit.

(h) Rate ratio—Indigenous: other.

(i) ‘Other’ includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 3.09.2: Ambulatory-equivalent and non-ambulatory-equivalent mental-health-related hospitalisation rates, by Indigenous status, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006

Average length of stay

Table 3.09.7 presents the average length of stay and total number of bed days for non-ambulatory-equivalent mental-health-related hospitalisations for Indigenous and other Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.

- In the period from July 2004 to June 2006, the average length of stay in hospital for non-ambulatory-equivalent mental health-related hospitalisations was lower for Indigenous Australians and other Australians (8.6 days compared with 11.1 days).
- The average length of stay for non-ambulatory-equivalent mental health-related hospitalisations with specialised psychiatric care was similar for Indigenous and other Australians (15.8 days compared with 16.1 days). The average length of stay for non-ambulatory-equivalent mental health-related hospitalisations without specialised psychiatric care psychiatric care was 2.6 days for Indigenous Australians and 4.4 days for other Australians.
- For both Indigenous and other Australians, the total number of bed days was higher for non-ambulatory-equivalent separations with specialised psychiatric care than without specialised psychiatric care.

Table 3.09.7: Average length of stay for non-ambulatory-equivalent mental health-related hospitalisations, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006[(a)(b)(c)(d)]

	Indigenous			Other[(e)]			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
					Patient days				
With specialised psychiatric care	76,229	51,441	127,670	1,620,268	1,633,079	3,253,347	1,696,497	1,684,520	3,381,017
Without specialised psychiatric care	12,262	12,817	25,079	289,928	366,031	655,966	302,190	378,848	681,045
Total	**88,491**	**64,258**	**152,749**	**1,910,196**	**1,999,110**	**3,909,313**	**1,998,687**	**2,063,368**	**4,062,062**
					Average length of stay (overnight)				
With specialised psychiatric care	17.7	13.6	15.8	16.9	15.3	16.1	17.0	15.3	16.1
Without specialised psychiatric care	2.4	2.8	2.6	4.1	4.6	4.4	4.0	4.5	4.2
Total	**9.5**	**7.6**	**8.6**	**11.5**	**10.7**	**11.1**	**11.4**	**10.6**	**11.0**

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental health-related conditions; ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of National Hospital Morbidity Database.

Time series analyses

Time series data is presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations for all years from 1998–99 to 2005–06—Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous Australian population. New South Wales and Victoria were identified as having adequate identification of Indigenous hospitalisations from 2004–05 onwards, and so they were included as part of the current period analysis (2004–05 to 2005–06), but not as part of the time series analyses.

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for mental health-related conditions over the 7-year period 1998–99 to 2005–06 are presented in Table 3.09.8 and Figure 3.09.3.

- In Queensland, Western Australia, South Australia and the Northern Territory, there were significant increases in hospitalisation rates for mental health-related conditions among Indigenous females during the period 1998–99 to 2005–06. The fitted trend implies an average yearly increase in the rate of around 0.4 per 1,000 which is equivalent to a 16% increase in the rate over the period.
- There were significant declines in hospitalisation rates for mental health-related conditions among other Australians over the same period, with an average yearly decline in the rate of around 0.1 per 1,000. This is equivalent to a 7% decline in the rate over the period. The declines in hospitalisation rates were significant for males but not for females.
- There were significant increases in both the hospitalisation rate ratios and rate differences between Indigenous and other Australians over the period 1998–99 to 2005–06 (14% increase in the rate ratio and 30% increase in the rate difference for persons over the period). This reflects both a relative and absolute increase in the gap between hospitalisation rates of Indigenous and other Australians for mental health-related conditions over the period 1998–99 to 2005–06.

Note that changes in the level of accuracy of Indigenous identification in hospital records over this period will result in changes in the level of reported hospital separations for Indigenous Australians. Also, changes in access, hospital policies and practices all have an impact on the level of hospitalisation over time. Caution should be used in interpreting changes over time because it is not possible to ascertain whether a change in reported hospitalisation is due to changes in the accuracy of Indigenous identification or real changes in the rates at which Indigenous people are hospitalised. An increase in hospitalisation rates may reflect better hospital access rather than a worsening of health.

Table 3.09.8: Age-standardised hospitalisation rates, rate ratios and rate differences for mental health-related conditions, Qld, WA, SA and NT combined, 1998–99 to 2005–06[a]

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	Annual change[b]	% change over period[c]
Indigenous number per 1,000										
Males	24.4	24.4	26.0	24.9	24.5	24.1	23.7	24.7	–0.1	–2.8
Females	19.2	17.0	20.5	20.4	21.3	21.2	21.4	20.8	0.4*	15.9
Persons	21.7	20.5	23.1	22.5	22.8	22.6	22.4	22.6	0.2	5.7
Other Australian[d] number per 1,000										
Males	13.6	12.9	13.2	13.0	12.4	12.3	11.8	11.5	–0.3*	−14.7
Females	14.9	14.8	15.0	14.6	15.1	15.1	15.1	14.5	–0.01	0.0
Persons	14.2	13.9	14.1	13.9	13.7	13.7	13.5	13.0	–0.1*	−7.1
Rate ratio[e]										
Males	1.8	1.9	2.0	1.9	2.0	2.0	2.0	2.2	0.04*	14.6
Females	1.3	1.1	1.4	1.4	1.4	1.4	1.4	1.4	0.03*	16.3
Persons	1.5	1.5	1.6	1.6	1.7	1.6	1.7	1.7	0.03*	13.8
Rate difference[f]										
Males	10.8	11.5	12.8	11.9	12.1	11.8	11.9	13.2	0.2	12.4
Females	4.3	2.1	5.5	5.8	6.3	6.1	6.2	6.3	0.4*	72.4
Persons	7.5	6.6	9.0	8.7	9.1	8.8	9.0	9.6	0.3*	30.0

* Represents results with statistically significant increases or decreases at the $p < 0.05$ level over the period 1998–99 to 2005–06.

(g) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(h) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.

(i) Per cent change between 1998–99 and 2005–06 based on the average annual change over the period.

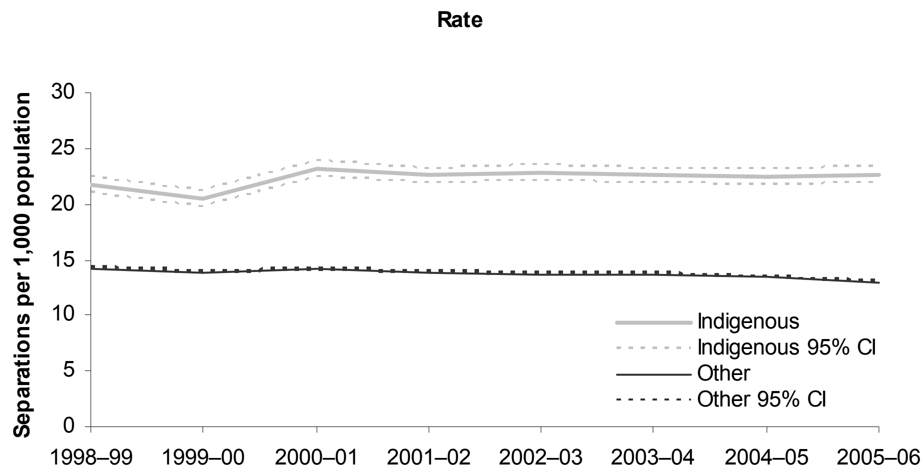
(j) Includes hospitalisations for non-Indigenous Australians and those for whom Indigenous status was not stated.

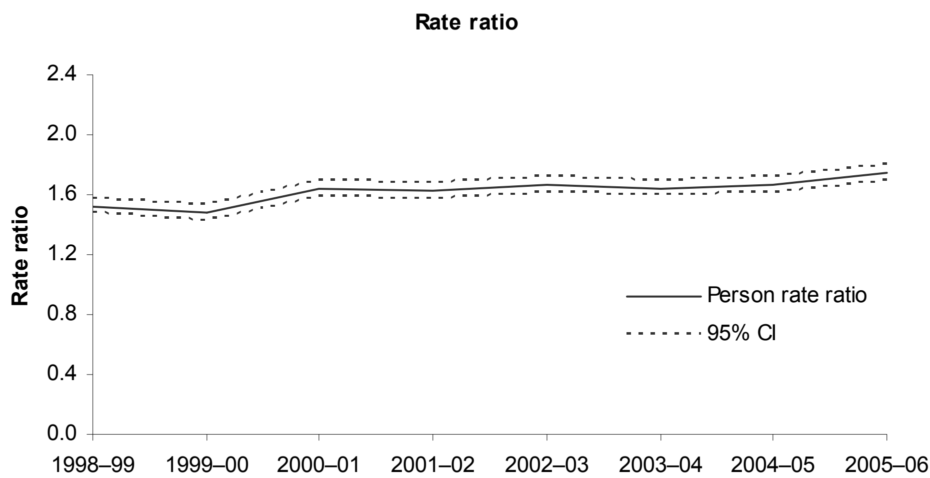
(k) Hospitalisation rates for Indigenous Australians divided by hospitalisation rates for other Australians.

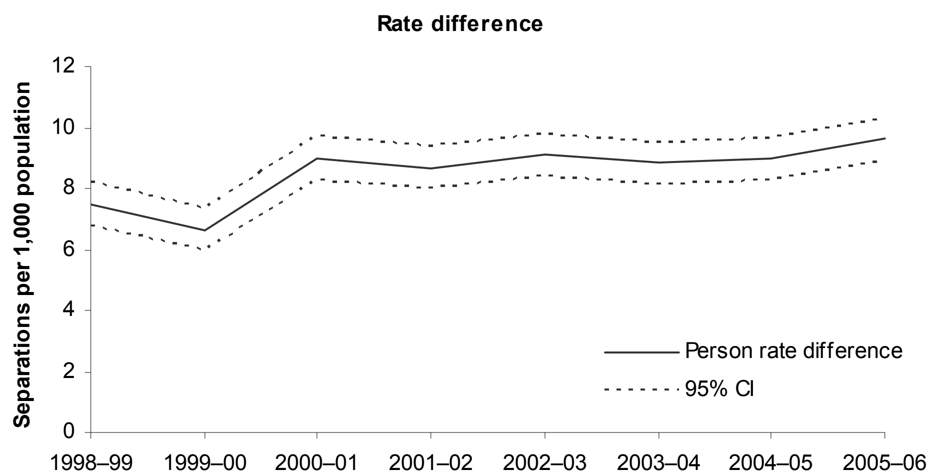
(l) Hospitalisation rates for Indigenous Australians minus hospitalisation rates for other Australians.

Note: Rates have been directly age-standardised using the 2001 Australian standard population.

Source: AIHW analysis of National Hospital Morbidity Database.







Source: AIHW analysis of National Hospital Morbidity Database.

Figure 3.09.3: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians from mental-health-related conditions, Qld, WA, SA and NT combined, 1998–99 to 2005–06

Community mental-health-care services

Community mental-health-care is defined as care that is provided by specialised public mental health services dedicated to the assessment, treatment, rehabilitation and care of non-admitted clients. This excludes specialised mental-health-care services for admitted patients, support services that are not provided by specialised mental-health-care organisations, services provided by non-government organisations, and residential care services.

- In 2005–06, there were 5,665,408 clients of community mental-health-care services, of which 247,263 service contacts (4.4%) were for Aboriginal and/or Torres Strait Islander peoples.

Contacts by age and sex

- In 2005–06, Indigenous people had higher proportions of mental health service contacts for the younger age groups than did other Australians, but lower proportions in the older age groups, reflecting the differences in age distribution in these populations (the mean age of Indigenous Australians is around 21 years compared with 36 years for non-Indigenous Australians). For example, 26% and 23% of service contacts for Indigenous Australian males and females were for clients aged between 15 and 24 years compared with 16% and 18% of service contacts for other Australian males and females of the same age (Table 3.09.9).
- In the older age groups, there were lower proportions of service contacts for Indigenous Australian males and females aged 65 years or more (1% and 2%, respectively) than for other Australian males (8%) and females (15%). This may reflect in part the younger age structure of the Indigenous population—life expectancy of Indigenous males and females is estimated at only 59 years and 65 years, respectively, compared with 77 and 82 years for non-Indigenous males and females (ABS and AIHW 2005).
- In 2005–06, Indigenous males and females had higher rates of community mental-health-care service contacts across the majority of age groups, with the exception of those aged 65 years and over. Differences were most marked in the 25–34 and 35–44 year age groups where Indigenous males and females were between 2 and 3 times as likely to be clients of community mental-health-care services as other Australians in these age groups.

Table 3.09.9: Community mental-health-care service contacts, by Indigenous status, sex and age group, 2005–06[(a)]

	Indigenous			Other[(b)]			
Sex and age group	No.	%	No. per 1,000[(c)]	No.	%	No. per 1,000[(c)]	Ratio[(d)]
Males							
Less than 15 yrs	13,303	8.8	72.7	217,374	8.3	56.6	1.3
15–24	38,946	25.7	396.8	423,932	16.1	155.6	2.5
25–34	53,138	35.0	725.4	686,059	26.1	242.6	3.0
35–44	31,953	21.1	517.0	556,455	21.2	187.2	2.8
45–54	9,568	6.3	231.7	354,312	13.5	128.0	1.8
55–64	4,032	2.7	185.9	184,608	7.0	85.4	2.2
65 and over	843	0.6	62.0	205,752	7.8	78.6	0.8
Total[(e)]	**151,783**	**100.0**	**312.8**	**2,628,492**	**100.0**	**132.9**	**2.4**
Females							
Less than 15 yrs	6,934	7.3	37.9	151,148	6.4	39.3	1.0
15–24	22,046	23.1	224.6	416,801	17.7	153.0	1.5
25–34	27,126	28.4	370.3	429,793	18.3	152.0	2.4
35–44	22,728	23.8	367.7	428,274	18.2	144.1	2.6
45–54	11,106	11.6	269.0	358,572	15.3	129.5	2.1
55–64	3,640	3.8	167.8	212,309	9.0	98.2	1.7
65 and over	1,802	1.9	132.5	351,787	15.0	134.3	1.0
Total[(e)]	**95,382**	**100.0**	**218.9**	**2,348,684**	**100.0**	**117.4**	**1.9**
Total[(e)]	**247,263**	**100.0**	**531.7**	**5,418,145**	**100.0**	**270.3**	**2.0**

(a) These data should be interpreted with caution because of likely under-identification of Indigenous Australians.
(b) 'Other' includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.
(c) Number per 1,000 population based on estimated resident population as at 30 June 2005.
(d) Rate ratio—Indigenous: other.
(e) Includes service contacts for clients for whom age or sex was not stated.
(f) Total rates have been directly age-standardised using the Australian 2001 standard population.

Source: AIHW analysis of National Community Mental Health Care Database.

Contacts by state/territory

- In 2005–06, the proportion of service contacts for clients of community mental health services who identified themselves as being of Aboriginal and/or Torres Strait Islander origin ranged from 1.4% for Victoria to 30.4% for the Northern Territory. As at 30 June 2006, the NT had a higher proportion of Indigenous residents (32%) than other jurisdictions (such as 0.6% in Victoria).
- There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples than for other Australians (531.7 per 1,000 and 270.3 per 1,000, respectively) (Table 3.09.10). This was true in all jurisdictions. These rates should be

interpreted with caution because there is likely to be an under estimate of the actual number of service contacts for Indigenous clients.

The number and rate of service contacts per 1,000 population for Indigenous people vary among the states and territories. This may reflect variations in completeness of Indigenous identification among patients, varying coverage of service contacts for Indigenous people or for the total population, or different patterns of service use by Indigenous and non-Indigenous persons.

Table 3.09.10: Community mental-health-care service contacts per 1,000 population, by Indigenous status and state and territory, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous	108,645	26,302	57,243	25,130	12,175	979	5,726	11,063	247,263
Non-Indigenous	1,040,517	1,800,406	832,841	440,820	271,101	47,412	135,872	24,807	4,593,776
Not stated	683,015	6497	2,309	26,518	19,124	17,185	69,235	486	824,369
Total	**1,832,177**	**1,833,205**	**892,393**	**492,468**	**302,400**	**65,576**	**210,833**	**36,356**	**5,665,408**
					Number per 1,000 population[(a)]				
Indigenous	822.1	936.6	435.5	375.9	446.3	153.5	1138.6	187.2	531.7
Other Australians[(b)]	254.2	356.4	216.6	239.5	191.4	133	612.6	168.4	270.3
Ratio[c)]	3.2	2.6	2.0	1.6	2.3	1.2	1.9	1.1	2.0
Total	**266.5**	**359.7**	**223.7**	**244.7**	**196.2**	**131.2**	**620.9**	**172.9**	**276.8**

(a) Rates were directly age-standardised using the Australian 2001 standard population.

(b) 'Other Australians' includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(c) Rate ratio—Indigenous: other.

Note: Shading indicates that the Indigenous identification in the National Community Mental Health Care Database (NCMHCD) in these jurisdictions is in need of improvement. This is based on information provided by state and territory health authorities on the quality of their data in the NCMHCD. Data from these states and territories should be interpreted with caution because of likely under identification of Indigenous Australians.

Source: AIHW analysis of National Community Mental Health Care Database.

Residential mental-health-care services

Residential mental health care refers to care provided by a specialised mental health service that:

- employs mental-health-care-trained staff on–site
- provides rehabilitation, treatment or extended care to residents for whom the care is intended to be on an overnight basis and in a domestic–like environment
- encourages the resident to take responsibility for their daily living activities.

This excludes non–government-operated services and services that are staffed less than 24 hours a day. There are no residential mental-health-care services in Queensland or the Northern Territory.

- In 2005–06, there were 2,345 clients of residential mental-health-care services, of which 64 service contacts (2.7%) were for Indigenous people.
- The proportion of service contacts for clients of community mental health services who identified themselves as being of Aboriginal and/or Torres Strait Islander origin ranged from 1.4% for Victoria to 5.7% for South Australia.
- There were more service contacts per 10,000 population for Indigenous people than for other Australians (1.9 per 10,000 and 1.1 per 10,000, respectively) (Table 3.09.11). This

was true in all jurisdictions except Western Australia. These rates should be interpreted with caution as there is likely to be an under estimate of the actual number of service contacts for Indigenous clients.

Table 3.09.11: Residential mental-health-care service contacts per 10,000 population, by Indigenous status and state and territory, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous	23	11	. .	5	8	16	1	. .	64
Non-Indigenous	403	778	. .	172	130	565	48	. .	2,096
Not stated	10	2	. .	0	2	160	11	. .	185
Total	**436**	**791**	**. .**	**177**	**140**	**741**	**60**	**. .**	**2,345**
					Number per 10,000 population[a]				
Indigenous	2.0	3.7	. .	0.7	3.6	18.5	2.1	. .	1.9
Other Australians[b]	0.6	1.6	. .	0.9	0.9	15.4	1.8	. .	1.1
Ratio[c]	3.3	2.3	. .	0.8	4.0	1.2	1.2	. .	1.7
Total	**0.6**	**1.6**	**. .**	**0.9**	**0.9**	**15.3**	**1.8**	**. .**	**1.2**

(a) Rates were directly age-standardised using the Australian 2001 standard population.

(b) ‘Other Australians’ includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(c) Rate ratio Indigenous: other.

Notes

1. Queensland and the Northern Territory do not have any residential mental-health-care services.
2. Shading indicates that the Indigenous identification in the National Community Mental Health Care Database (NCMHCD) in these jurisdictions is in need of improvement. This is based on information provided by state and territory health authorities on the quality of their data in the NCMHCD. Data from these states and territories should be interpreted with caution because of likely under identification of Indigenous Australians.

Source: AIHW analysis of National Residential Mental Health Care Database.

General practitioner encounters

Information about general practitioner encounters is available from the BEACH survey. Data for the 5-year period 2002–03 to 2006–07 are presented in Table 3.09.12. Mental health-related problems (psychological problems) were the sixth most common type of problems managed at GP encounters with Indigenous patients during this period. The other five most common types of problems managed at GP encounters with Indigenous patients were respiratory conditions, circulatory conditions, endocrine and metabolic problems, musculoskeletal conditions and skin problems.

- In the period 2002–03 to 2006–07 there were 7,542 GP encounters with Indigenous patients recorded in the survey, at which 11,219 problems were managed. Of these, 9.7% (1,088) were mental health-related problems (Table 3.09.12).
- After adjusting for differences in age distribution, mental health-related problems were managed at GP encounters with Indigenous patients at a similar rate to encounters among other patients.

Table 3.09.12: Mental health-related problems managed by general practitioners, by Indigenous status of the patient, 2002–03 to 2006–07[(a)(b)(c)]

Problem managed	Number		% of total problems		Crude rate (no per 100 encounters)						Age-standardised rate (no. per 100 encounters)[(d)]		
	Indigenous	Other[(e)]	Indigenous	Other[(e)]	Indigenous	95% LCL[(f)]	95% UCL[(g)]	Other[(e)]	95% LCL[(f)]	95% UCL[(g)]	Indigenous	Other[(e)]	Ratio[(h)]
Mental health-related conditions[(i)]	1,088	56,480	9.7	7.8	14.4	11.9	16.9	11.7	11.4	12.0	13.5	11.6	1.2

(k) These survey results are likely to undercount the number of Indigenous Australians visiting doctors.

(l) Combined financial year data for 5 years.

(m) Data for Indigenous and other Australians have not been weighted.

(n) Directly age-standardised rate per 100 encounters.

(o) Includes non-Indigenous patients and patients for whom Indigenous status was 'not stated'.

(p) LCL = lower confidence interval.

(q) UCL = upper confidence interval.

(r) Rate ratio—Indigenous: other.

(s) ICPC–2 codes: P01–P13, P15–P20, P22–P25, P27–P29, P70–P82, P85–P86, P98–P99.

Source: AIHW analysis of BEACH survey of general practice, AGPSCC.

Aboriginal and Torres Strait Islander Primary Heath-Care Services

Information on client contacts with emotional and social well-being staff or psychiatrists in Aboriginal and Torres Strait Islander Primary heath-care services is available from the Service Activity Reporting database.

- In 2005–06 there were 124,211 client contacts with emotional and social wellbeing staff or psychiatrists; this was 5.5% of the estimated total contacts made to Indigenous Primary heath-care services.

The SAR also collects information on mental health programs run by Indigenous Primary heath-care services.

- In 2005–06, 89 (59%) of the 150 services that reported data in the SAR provided mental health programs to clients.

Data quality issues

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The NATSIHS uses the standard Indigenous status question. The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians and thus overcomes the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to establish the accuracy of the estimates and differences.

Information recorded in this survey is essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions.

Non-Indigenous comparisons are available through the National Health Survey (NHS). The NHS was conducted in Major Cities, Inner or Outer Regional and Remote areas, but Very Remote areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 NHS.

In remote communities there were some modifications to the NATSIHS content in order to accommodate language and cultural appropriateness in traditional communities and help respondents understand the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built-in edit checks and sequencing.

Further information on NATSIHS data quality issues can be found in the 2004–05 NATSIHS publication (ABS 2006).

General practitioner data (BEACH)

Information about general practitioner encounters is available from the Bettering the Evaluation and Care of Health (BEACH) survey. The BEACH data on Indigenous Australians should be treated with care. First, the sample frame has not been designed to produce statistically significant results for population subgroups such as Indigenous Australians. Second, the identification of Indigenous Australians is not complete. In the BEACH survey 'not stated' responses to the Indigenous identification question are often higher than the 'yes' responses. It can be assumed, therefore, that the survey consistently undercounts the number of Indigenous Australians visiting general practitioners, but the extent of this undercount is not measurable.

Hospital separations data

Separations

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery. In terms of mental health service delivery, there are a number of different service delivery models, ranging from ambulatory care in community mental health services and hospitals and non-ambulatory care in hospitals and residential services.

(continued)

Data quality issues (continued)

Indigenous status question

Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The not stated category is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Aboriginal and Torres Strait Islander people. For several years, Queensland, South Australia, Western Australia and the northern Territory reported that Indigenous status in their hospital separations data was of acceptable quality (AIHW 2007a). The AIHW, however, has recently completed an assessment of the level of Indigenous under-identification in hospital data in all states and territories. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory have adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW unpublished). It has therefore been recommended that reporting of Indigenous hospital separations data be limited to aggregated information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended for analysis of hospitalisation data from selected jurisdictions (ABS & AIHW 2005):

- *Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently a small degree of Indigenous under-identification in data for Western Australia and the Northern Territory and relatively marked Indigenous under-identification in data for South Australia and Victoria data).*
- *Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations.*
- *Hospitalisation data for these six jurisdictions are not necessarily representative of the jurisdictions not included.*

From the AIHW study it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.

Numerator and denominator

Rate and ratio calculations rely on good numerator and denominator data. The changes in the completeness of identification of Indigenous people in hospital records may take place at different rates than changes in the identification of Indigenous people in other administrative collections and population censuses. Denominators used here are sourced from the Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009 *(ABS 2004).*

National Community Mental Health Care Database

The quality of the Indigenous identification in this database varies by jurisdiction.

The number and rate of service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples varies among the states and territories. This may reflect variations in completeness of Indigenous identification among patients or different patterns of service use by Indigenous and non-Indigenous persons.

All states and territories use the standard ABS question of Indigenous status. For a number of jurisdictions, the NCMHCD data reported for the 'both Aboriginal and Torres Strait Islander' category are suspected to be affected by misinterpretation of the category to include non-Aboriginal

(continued)

Data quality issues (continued)

and Torres Strait Islander peoples (for example, Maori and South Sea Islanders) and use of the category as an 'Indigenous, not further specified'.

All state and territory health authorities provided information on the quality of the data for the NCMHCD 2005–06. New South Wales stated that the quality of Indigenous data has not been evaluated; Victoria considered the quality of Indigenous data was not acceptable due to lack of consistency in data entry across its services; Queensland reported that the quality of Indigenous data is acceptable at the broad level – that is, in distinguishing Indigenous Australians and other Australians. However, they believe that there are quality issues regarding the coding of more specific details (that is, 'Aboriginal', 'Torres Strait Islander', 'Both Aboriginal and Torres Strait Islander'). Queensland reported that several strategies have been implemented to improve the quality of Indigenous data and noted that a replacement for the existing collection system with in-built validation checks would further improve the quality of this data. Western Australia reported that the quality of Indigenous status data for 2005–06 was acceptable. However, the data could be improved with the appropriate resources, training and reporting standards. South Australia indicated that there has been limited analysis of the quality of Indigenous status data. Therefore, the quality of the data is uncertain at this stage. Tasmania reported the quality of its data to be acceptable; the Australian Capital Territory considered the quality of its Indigenous status data to be acceptable, noting that there is some room for improvement regarding the reporting of the 'not stated' category; and the Northern Territory indicated its Indigenous status data to be of acceptable quality.

National Residential Mental Health Care Database

The quality of the Indigenous identification in this database varies by jurisdiction.

The number and rate of service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples varies among the states and territories. This may reflect variations in completeness of Indigenous identification among patients or different patterns of service use by Indigenous and non-Indigenous persons.

Data from the NRMHCD on Indigenous status should be interpreted with caution because of the varying quality and completeness of Indigenous identification across all jurisdictions. Only Western Australia, Tasmania and the Australian Capital Territory considered their Indigenous status data of acceptable quality. New South Wales has not evaluated the quality of their Indigenous data. Likewise, limited analysis was done on indigenous data in South Australia. Victoria considered the quality of Indigenous data not acceptable due to the lack of consistency in data entry across their services.

AIHW Medical Labour Force Survey

The AIHW Medical Labour Force Survey is conducted on an annual basis. Survey responses are weighted by state, age and sex to produce state and territory and national estimates of the total medical labour force. Benchmarks for weighting come from registration information provided by state and territory registration boards.

The response rates to this survey can vary from year to year and across jurisdictions, but have stayed fairly stable over the 5 years to 2004. Note that the questionnaires have varied over time and across jurisdictions. Mapping of data items has been undertaken to provide time series data. However, because of this, and the variation in response rates, some caution should be used in interpreting change over time and differences across jurisdictions.

More detailed information about how these surveys were conducted is available from the Medical labour force 2004 *(AIHW 2006).*

(continued)

Service Activity Reporting data

Response rates to the SAR by Aboriginal and Torres Strait Islander primary heath-care services in 2005–06 were around 99%. The SAR collects service-level data on health care and health-related activities by survey questionnaire over a 12-month period. Although this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:

- *The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.*
- *The SAR questionnaire collects a broad set of indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.*
- *These data provide a rough guide to service activity in this area but do not attempt to measure quantity or quality.*
- *These data also do not differentiate between services provided by the service and those facilitated by the service.*

References

ABS (Australian Bureau of Statistics) 2004. Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009. ABS cat. no. 3238.0. Canberra: ABS.

ABS 2006. National Aboriginal and Torres Strait Islander Health Survey 2004–05. ABS cat. no. 4715.0. Canberra: ABS.

ABS and AIHW (Australian Institute of Health and Welfare) 2005. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, 2005. ABS cat. no. 4704.0, AIHW cat. no. IHW 14. Canberra: ABS & AIHW.

AIHW 2002. Australia's children: their health and wellbeing 2002. Cat. no. PHE 36. Canberra: AIHW.

AIHW 2005. Improving the quality of Indigenous identification in hospitals separations data. Cat. no. HSE 101. Canberra: AIHW.

AIHW 2006. Medical labour force 2004. National health labour force series no. 38. Cat. no. HWL 39. Canberra: AIHW.

AIHW 2007a. Australian Hospital Statistics 2005–06. Health Services Series no. 30. Cat. no. HSE 50. Canberra: AIHW.

AIHW 2007b. Mental health services in Australia 2004–05. Mental Health Series no. 7. Cat. no. HSE 47. Canberra: AIHW.

National Centre for Classification in Health 2006. International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification. 5th Edition. National Centre for Classification in Health.