

3 Ambulatory mental health care

This chapter describes the activity of health care services that provide ambulatory mental health care and the characteristics of their clients and patients. It presents the available data on ambulatory mental health-related care provided by:

- general practitioners (see page 24)
- private psychiatrists (see page 43)
- hospital-based outpatient services and community-based mental health care services (see page 48)
- Commonwealth/State Disability Agreement (CSDA)-funded non-residential disability support services (see page 57)
- admitted patient services in public and private hospitals that could be considered equivalent to ambulatory mental health care (see page 58).

The term 'ambulatory' in this report refers to services that are delivered to clients or patients in non-residential and non-admitted patient care settings. However, also included are some same day admissions to hospitals that could be considered to be equivalent to ambulatory, non-admitted care, for example a same day admission to hospital to receive group psychotherapy, individual counselling, or other care which could be provided in an ambulatory, non-admitted setting. The definition of this care is detailed in Appendix 3. In table and figure titles and in some text references, it has been abbreviated to 'ambulatory-equivalent'.

Overview

A summary on the number of services and the services per 1,000 population for each ambulatory service provider type is presented in Table 3.1 by state and territory for 2001–02. Data for 2002–03 available at the time of publishing this report are presented in Table 3.2. National statistics on the number of general practice encounters for mental health problems, Medicare-funded psychiatrist attendances and ambulatory-equivalent mental health-related hospital patient separations are presented for the years 1997–98 to 2002–03 (Table 3.3).

The data collections for different health service providers use different definitions of what constitutes a service contact or event. For this reason, interpretation of these data must be undertaken with caution. Appendix 1 includes more detailed presentation of the definitions used for each data source and notes on interpretation. Box 4.2 in Chapter 4 also provides relevant information relating to variations in admission practices that can affect reports of non-admitted and admitted patient services.

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently used by people for mental health problems (29% of people with mental health problems) (ABS 1998). According to the 2002–03 BEACH survey data, 10.3% of general practice encounters involved the management of at least one mental health-related problem. A simple extrapolation based on the 99.9 million non-specialist attendances claimed from Medicare for 2001–02 suggests

that there were about 10.1 million attendances in which general practitioners managed mental health-related problems (Table 3.1). The same extrapolation based on the 96.9 million non-specialist attendances claimed from Medicare for 2002-03 suggests that there were about 10.0 million attendances in which general practitioners managed mental health-related problems (Table 3.2). This corresponds to 519 attendances per 1,000 population in 2001-02 (Table 3.1) and 511 attendances per 1,000 population in 2002-03 (Table 3.2). The estimated rate of attendances has been comparatively stable since 1998-99, when the BEACH survey began (Table 3.3 and Figure 2.1). These attendances include encounters at the surgery and visits to the patient's residence, including service settings such as residential aged care services.

Specialised ambulatory mental health care was accessed through private psychiatrists at a rate of 106.8 attendances per 1,000 population in 2001-02 and 103.5 in 2002-03 (Tables 3.1 and 3.2). Table 3.3 demonstrates that there has been a gradual decline in the number of private psychiatrist attendances reported per 1,000 population since 1997-98. The decline was accompanied by an 11.4% increase in the number of medical officers employed in public mental health services between 1996-97 and 1999-2000 (DHA 2002).

The AIHW collates data on ambulatory care service contacts provided by public community mental health services. These services include public hospital outpatient services and public community-based ambulatory mental health services. In 2001-02 there were 4.2 million service contacts reported for these services at a rate of 215.3 per 1,000 population.

The role of private hospitals in the provision of ambulatory mental health care for non-admitted patients was relatively small at 2.7 occasions of service per 1,000 population in 2001-02 (Table 3.1).

As noted above, some same day admissions to hospitals can be regarded as functionally equivalent to ambulatory mental health care. For this reason, this chapter includes data on ambulatory-equivalent mental health-related hospital separations based on the definition provided in Appendix 3. In 2001-02 there were 1.4 of these separations per 1,000 population provided by public hospitals and 3.7 per 1,000 population by private hospitals. Table 3.3 demonstrates that there has been a 16% decrease in the number of public hospital ambulatory-equivalent mental health-related separations, and a 31% increase in the number of private hospital ambulatory-equivalent mental health-related separations, from 1998-99 to 2001-02.

Mental health-related disability support services are also a component of the mental health service delivery system. CSDA-funded disability support services provide mental health-related ambulatory care in the form of support services for people with mental health-related disabilities. Disability support services funded under the CSDA can be services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types.

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems^(a)									
Estimated number of encounters	3,375,000	2,714,000	1,807,000	919,000	948,000	246,000	127,000	50,000	10,143,000
Lower 95% confidence limit	3,059,000	2,429,000	1,598,000	759,000	788,000	153,000	76,000	29,000	9,612,000
Upper 95% confidence limit	3,691,000	2,999,000	2,016,000	1,080,000	1,108,000	340,000	177,000	71,000	10,674,000
Estimated number of encounters per 1,000 population ^(b)	511	561	493	480	625	522	396	253	519
Lower 95% confidence limit	463	502	436	397	520	324	239	147	492
Upper 95% confidence limit	559	620	550	564	731	720	553	359	546
Medicare-funded psychiatrist services^(c)									
Services	689,152	669,655	345,024	114,145	200,163	42,941	19,462	4,553	2,085,095
Services per 1,000 population ^(b)	104.3	138.5	94.2	59.6	132.1	91.0	60.8	23.0	106.8
Public hospital outpatient and community-based ambulatory services^(d)									
Service contacts	942,307	1,645,974	705,895	395,513	280,056	48,286	156,108	29,592	4,203,731
Service contacts per 1,000 population ^(b)	142.6	340.3	192.6	206.7	184.8	102.3	487.4	149.7	215.3
Ambulatory-equivalent mental health-related hospital separations^(e)									
Public hospitals									
Separations	12,456	6,118	4,706	1,265	1,500	260	91	102	26,498
Separations per 1,000 population ^(b)	1.9	1.3	1.3	0.7	1.0	0.6	0.3	0.5	1.4
Private hospitals									
Separations	19,221	23,171	18,887	7,264	156	2,599	0	n.a.	71,298
Separations per 1,000 population ^(b)	2.9	4.8	5.2	3.8	0.1	5.5	0	n.a.	3.7
Private hospital non-admitted patient occasions of service^(f)									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	52,856
Individual occasions of service/group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2.7

(a) Source—Bettering the Evaluation and Care of Health Database.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2001.

(c) Medicare data from Health Insurance Commission (www.hic.gov.au). Items included are detailed in Table 3.14.

(d) Source—National Community Mental Health Care Database.

(e) See Appendix 3 for definition. Source—National Hospital Morbidity Database.

(f) Private Health Establishments Collection (PHEC) data provided by ABS. PHEC occasions of service data could not be broken down into individual occasions of service and group sessions by state and territory.

n.a. Not available.

Table 3.2: Summary of available data for ambulatory mental health care provided by general practitioners and private psychiatrists, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems^(a)									
Estimated number of encounters	3,405,000	3,088,000	1,787,000	812,000	1,030,000	279,000	153,000	64,000	9,986,000
Lower 95% confidence limit	3,204,000	2,761,000	1,653,000	727,000	882,000	235,000	100,000	46,000	9,607,000
Upper 95% confidence limit	3,606,000	3,414,000	1,922,000	897,000	1,178,000	321,000	205,000	82,000	10,366,000
Estimated number of encounters per 1,000 population ^(b)	515	638	488	424	679	588	477	324	511
Lower 95% confidence limit	485	571	451	380	582	497	314	234	492
Upper 95% confidence limit	546	706	524	469	777	680	640	414	531
Medicare-funded psychiatrist services^(c)									
Services	662,173	663,105	339,173	110,384	201,571	46,244	21,245	4,706	2,048,601
Services per 1,000 population ^(b)	99.3	135.2	90.4	56.9	132.3	97.5	65.8	23.8	103.5

(a) *Source*—Bettering the Evaluation and Care of Health.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

(c) Medicare data from HIC (www.hic.gov.au). Items included are detailed in Table 3.14.

Table 3.3: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists and ambulatory-equivalent mental health-related admitted patient care in hospitals, Australia, 1997–98 to 2002–03

	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
General practice encounters for mental health problems^(a)						
Estimated number of encounters	n.a.	10,733,000	9,999,000	10,834,000	10,143,000	9,986,000
Lower 95% confidence limit	n.a.	10,339,000	9,431,000	10,433,000	9,612,000	9,607,000
Upper 95% confidence limit	n.a.	11,127,000	10,578,000	11,234,000	10,674,000	10,366,000
Estimated number of encounters per 1,000 population ^(b)	n.a.	569	528	560	519	511
Lower 95% confidence limit	n.a.	548	498	539	492	492
Upper 95% confidence limit	n.a.	589	559	580	546	531
Medicare-funded psychiatrist services^(c)						
Services	2,167,392	2,133,414	2,104,544	2,112,550	2,085,095	2,048,601
Services per 1,000 population ^(b)	116.3	113.0	112.0	109.8	106.8	103.5
Ambulatory-equivalent mental health-related hospital separations^(d)						
Public hospitals						
Separations	n.a.	30,404	31,496	28,437	26,498	n.a.
Separations per 1,000 population ^(e)	n.a.	1.61	1.65	1.47	1.36	n.a.
Private hospitals						
Separations	n.a.	51,922	51,946	62,455	71,298	n.a.
Separations per 1,000 population ^(e)	n.a.	2.81	2.77	3.28	3.68	n.a.

(a) Source—Bettering the Evaluation and Care of Health Database.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December of the reference year.

(c) Medicare data from HIC (www.hic.gov.au). Items included are detailed in Table 3.14.

(d) See Appendix 3 for definition. Source—National Hospital Morbidity Database.

(e) Rates are directly age standardised to the Australian population at 30 June 2001.

n.a. Not available.

There are national snapshot data available from the Commonwealth/State Disability Agreement Minimum Data Set (CSDA MDS) collection on the characteristics of these services and their clients (Figure 3.4). Unfortunately, there is no agreed process for translating the snapshot data into information on annual service provision.

Mental health care in general practice

The ABS National Survey of Mental Health and Wellbeing reported that over 29% of adults with mental disorders had visited a general practitioner for a mental health-related problem in the previous 12 months (ABS 1998). This section presents data from the BEACH survey on the mental health-related care and medication provided by general practitioners and the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) data collection on PBS subsidised medications for mental health problems.

Bettering the Evaluation and Care of Health (BEACH) survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 general practitioner–patient encounters each year. The data for 2002–03, used in this report, included a total of 100,987 encounters weighted to reflect national general practice activity patterns.

For this report, mental health-related problems and mental health-related reasons for encounter (RFEs) were defined as those classified in the psychological chapter of the *International Classification of Primary Care* (2nd edition) (ICPC-2), which includes alcohol and other drug-related problems/RFEs. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 2002–03* (Britt et al. 2003).

Overview

Figure 3.1 shows data on general practitioner encounters in which a mental health-related problem was managed and how this relates to other data collected for the encounter. Mental health problems were managed at 10.3% of encounters and accounted for 7.1% of all problems managed. Mental health problems were most common for patients of the middle age groups, with those between 25 and 44 years and 45 and 64 years accounting for 33.2% and 31.6% of these problems respectively. The patients were predominantly female (60.9%).

The most commonly described patient reason for these encounters was a prescription request, reported at a rate of 22.2 per 100 encounters for which a mental health-related problem was managed. Depression was also a common reason, recorded at 18.6 per 100 of these encounters.

Temazepam and diazepam were the medications most frequently prescribed for mental health-related problems, at rates of 9.3 and 6.6 per 100 mental health-related problems respectively. Psychological counselling was the most common clinical treatment, at 26.6 per 100 depression problems. Referrals to psychiatrists were the most frequent referral type, made at a rate of 2.4 per 100 mental health-related problems managed.

Reasons for encounter

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

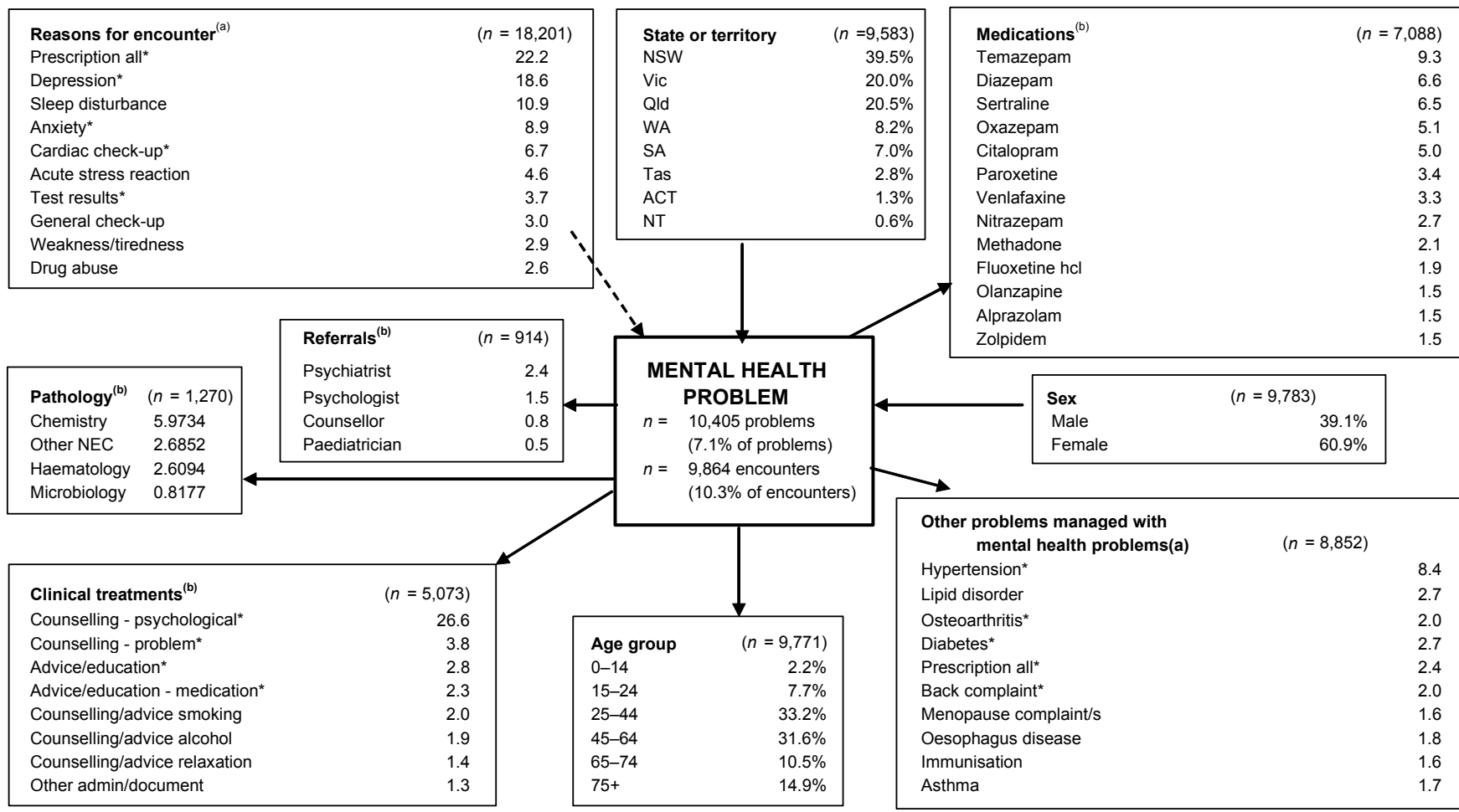
Overall, there were 152,341 RFEs reported at a rate of 150.9 per 100 encounters (Britt et al. 2003). Of these, 7,382 RFEs (5% of all RFEs) were mental health-related, reported at a rate of 7.3 per 100 encounters (Table 3.4). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.6% of all RFEs) were also mental health-related RFEs frequently cited by patients.

In 2002–03, there were fewer mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Figure 3.2). Patients aged 25–44 years accounted for 36.7% of mental health-related RFEs. The next largest group were patients aged 45–64 (30.9%).

Problems managed

The problem managed is a formal statement of the general practitioner's understanding of a health problem presented by the patient, which may at times be limited to the level of presenting symptoms. For each patient encounter, up to four problems could be recorded by the general practitioner.

Overall, there were 146,336 problems managed in the 2002–03 BEACH survey, at a rate of 144.9 per 100 encounters (Britt et al. 2003). General practitioners in the survey managed 10,405 mental health-related problems (7.1% of all problems managed) at a rate of 10.3 per 100 encounters (Figure 3.1). Depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem, accounting for 34.2% of all mental health-related problems managed and 2.4% of all problems managed. Sleep disturbance (P06, 15.2% of all mental health-related problems managed) and anxiety (P01, P74, 15.0% of all mental health-related problems managed) were the next most frequently managed mental health-related problems (Table 3.5).



(a) Expressed as rates per 100 encounters at which mental health problems were managed (n = 9,864).

(b) Expressed as rates per 100 mental health problems managed (n = 10,405).

* Includes multiple ICPC-2 or ICPC-2 PLUS codes.

Source: BEACH

Figure 3.1: Data reported for encounters at which a mental health problem was managed, BEACH, 2002-03

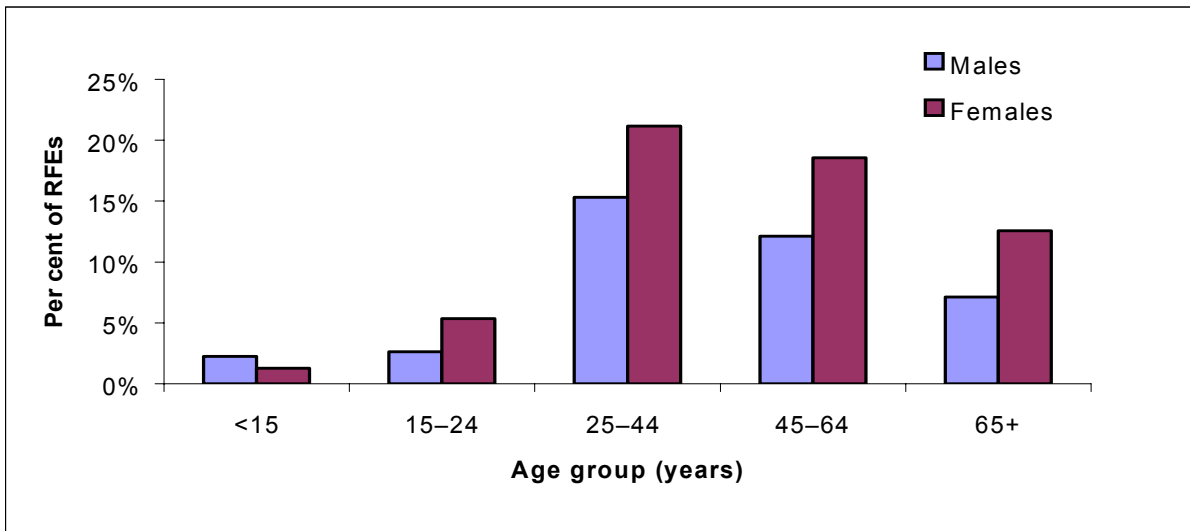


Figure 3.2: Encounters with one or more mental health-related reasons for encounter by sex and age group of patient, BEACH, 2002-03

Table 3.4: Most frequently reported mental health-related patient reasons for encounter, by patient sex, BEACH, 2002–03

Reason for encounter		Number	% total RFEs (n = 152,341)	Rate per 100	95% LCL	95% UCL
				encounters (n = 100,987)		
Males						
P03, P76	Depression	617	1.0	1.5	1.3	1.6
P06	Sleep disturbance	528	0.8	1.3	1.1	1.4
P01, P74	Anxiety	320	0.5	0.8	0.7	0.8
P50	Prescription request/renewal	278	0.4	0.7	0.5	0.8
P02	Acute stress reaction	144	0.2	0.3	0.3	0.4
P19	Drug abuse	139	0.2	0.3	0.2	0.5
P15, P16	Alcohol abuse	111	0.2	0.3	0.2	0.3
P20	Memory disturbance	76	0.1	0.2	0.2	0.2
	Other	732	1.2	1.7	1.6	1.8
	<i>Total</i>	2,945	4.7	7.0	6.7	7.3
Females						
P03, P76	Depression	1,273	1.4	2.2	2.0	2.4
P06	Sleep disturbance	632	0.7	1.1	1.0	1.2
P01, P74	Anxiety	611	0.7	1.1	1.0	1.1
P50	Prescription request/renewal	398	0.4	0.7	0.6	0.8
P02	Acute stress reaction	372	0.4	0.6	0.6	0.7
P29	Unspecified psychological complaint	126	0.1	0.2	0.2	0.3
P19	Drug abuse	96	0.1	0.2	0.1	0.2
P20	Memory disturbance	75	0.1	0.1	0.1	0.2
	Other	802	0.9	1.4	1.3	1.5
	<i>Total</i>	4,386	4.9	7.6	7.3	7.9
Total^(a)						
P03, P76	Depression	1,902	1.2	1.9	1.7	2.0
P06	Sleep disturbance	1,170	0.8	1.2	1.0	1.3
P01, P74	Anxiety	937	0.6	0.9	0.9	1.0
P50	Prescription request/renewal	679	0.4	0.7	0.5	0.8
P02	Acute stress reaction	516	0.3	0.5	0.5	0.6
P19	Drug abuse	237	0.2	0.2	0.1	0.3
P20	Memory disturbance	194	0.1	0.2	0.2	0.2
P29	Unspecified psychological complaint	154	0.1	0.2	0.1	0.2
	Other	1,593	1.0	1.6	1.5	1.7
	Total	7,382	4.8	7.3	7.0	7.6

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

Table 3.5: Most frequently reported mental health problems managed, by patient sex, BEACH, 2002–03

Mental health-related problem		Number	% total problems (n = 146,336)	Rate per 100	95% LCL	95% UCL
				encounters (n = 100,987)		
Males						
P03, P76	Depression	1,137	1.9	2.7	2.5	2.9
P06	Sleep disturbance	665	1.1	1.6	1.4	1.7
P01, P74	Anxiety	519	0.9	1.2	1.1	1.3
P19	Drug abuse	283	0.5	0.7	0.4	0.9
P72	Schizophrenia	228	0.4	0.5	0.5	0.6
P15, P16	Alcohol abuse	222	0.4	0.5	0.5	0.6
P02	Acute stress reaction	147	0.2	0.3	0.3	0.4
P17	Tobacco abuse	126	0.2	0.3	0.3	0.3
	Other	741	1.3	1.8	1.6	1.9
	<i>Total</i>	<i>4,069</i>	<i>6.9</i>	<i>9.6</i>	<i>9.2</i>	<i>10.1</i>
Females						
P03, P76	Depression	2,397	2.8	4.1	3.9	4.4
P01, P74	Anxiety	1,034	1.2	1.8	1.7	1.9
P06	Sleep disturbance	898	1.0	1.6	1.4	1.7
P02	Acute stress reaction	363	0.4	0.6	0.6	0.7
P70	Dementia	276	0.3	0.5	0.4	0.6
P19	Drug abuse	207	0.2	0.4	0.2	0.5
P72	Schizophrenia	192	0.2	0.3	0.3	0.4
P17	Tobacco abuse	127	0.1	0.2	0.2	0.2
	Other	758	0.9	1.3	1.2	1.4
	<i>Total</i>	<i>6,254</i>	<i>7.3</i>	<i>10.8</i>	<i>10.4</i>	<i>11.2</i>
Total^(a)						
P03, P76	Depression	3,560	2.4	3.5	3.3	3.8
P06	Sleep disturbance	1,580	1.1	1.6	1.4	1.7
P01, P74	Anxiety	1,562	1.1	1.5	1.4	1.6
P02	Acute stress reaction	513	0.4	0.5	0.5	0.6
P19	Drug abuse	495	0.3	0.5	0.3	0.7
P72	Schizophrenia	425	0.3	0.4	0.4	0.5
P70	Dementia	400	0.3	0.4	0.3	0.5
P17	Alcohol abuse	326	0.2	0.3	0.3	0.4
	Other	1,544	1.1	1.5	1.4	1.6
	Total	10,405	7.1	10.3	9.9	10.7

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

Referrals

In addition to providing primary health care for people with mental health-related problems, general practice also plays a role in referral to specialised mental health care. For every problem managed, general practitioners could record up to two referrals, including referrals to medical specialists, allied health professionals, and hospitals. The total number of referrals recorded was 11,254, or 11.1 per 100 encounters (Britt et al. 2003).

There were 939 referrals made for patients with a mental health-related problem, made at a rate of 9.0 per 100 mental health-related problems (Table 3.6). This represented 8.3% of all referrals recorded. Most of the referrals were to a psychiatrist (2.4 per 100 mental health-related problems), or a psychologist (1.6 per 100 mental health-related problems).

Table 3.7 presents the number of referrals by sex made for the most frequently managed mental health-related problems. Overall, problems relating to hyperkinetic disorder (P81) had the highest rate of referral to other professionals (59.0 referrals per 100 hyperkinetic disorder problems) followed by child/adolescent behaviour (P22, P23) (55.7 referrals per 100 child/adolescent behaviour problems). Most referrals for child/adolescent behaviour were for males (85.7%), compared with 14.3% for females (66.1 referrals per 100 child/adolescent behaviour problems for males and 28.5 referrals for females).

Referrals to psychiatrists

The majority of mental health-related problems referred to psychiatrists were depression (52.4% of all mental health-related problems referred to a psychiatrist)(Table 3.8).

Clinical treatments for mental health-related problems

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

A total of 52,292 non-pharmacological treatments were recorded for all encounters. Of these, 37,543 or 71.8% were clinical treatments (Britt et al. 2003). Table 3.9 presents the number and type of clinical treatments administered by general practitioners for mental health-related problems. A total of 4,927 treatments, 13.1% of all clinical treatments, were reported as treatment for mental health-related problems (47.4 per 100 mental health-related problems).

Table 3.10 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided in the management of acute stress reaction (P02) were recorded at a rate of 86.8 per 100 acute stress reaction problems managed. The clinical treatment of tobacco abuse (P17) was recorded at a rate of 79.6 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey, a total of 101,350 medications were prescribed, recommended or supplied by general practitioners at a rate of 100.4 per 100 encounters (Britt et al. 2003). There were 7,279 medications for mental health-related problems at a rate of 70.0 medications per 100 mental health-related problems (Table 3.11). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (28.0 medications per 100 mental health-related problems), followed by sedative hypnotics (13.9) and anti-anxiety medications (13.6). Temazepam and diazepam

were the most frequently reported generic medications for mental health-related problems, being prescribed at a rate of 9.3 and 6.6 per 100 mental health-related problems respectively.

Medication, treatment procedure (P50) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by general practitioners (109.4 medications per 100 treatment procedure problems) (Table 3.12).

Medication was next most frequently prescribed, recommended or supplied for affective psychoses (P73, at a rate of 103.1 medications per 100 affective psychosis problems) and schizophrenia (P72, at a rate of 92.7 medications per 100 schizophrenia problems). Males in the 25–44 years age group had the highest rate of medications prescribed (1.75 medications per 100 total problems managed), followed by females in the 45–64 years age group (1.70 medications per 100 respectively) (Figure 3.3).

Table 3.13 presents data from the Pharmaceutical Benefits Scheme (PBS) on the number of prescriptions for mental health-related medications by general practitioners and non-psychiatrist specialists. PBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications for non-psychiatrists were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A).

According to the PBS data for 2002–03, general practitioners prescribed a total of 15.8 million mental health-related medications. The majority of the PBS-reimbursed scripts were for antidepressant medication (9.3 million or 58.9%). Tasmania (1,199.2) and South Australia (1,109.3) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 313.2 scripts per 1,000 population.

Non-psychiatrist specialists who prescribed mental health-related medications include cardiologists, pathologists, anaesthetists, obstetricians and gynaecologists. These specialists prescribed a total of 0.6 million mental-health related medications, at a rate of 28.7 per 1,000 population for 2002–03. These made up 3.1% of all mental health-related prescriptions.

General practitioners, private psychiatrists and other specialists together prescribed a total of 18.1 million mental health-related medications, at a rate of 917.2 scripts per 1,000.

Table 3.6: Referrals for mental health-related problems, BEACH, 2002–03

Type of referral		Number of referrals	Referrals per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
P67002	Referral to psychiatrist	254	2.4	2.2	2.7
P66003	Referral to psychologist	162	1.6	1.4	1.7
P66004	Referral to counsellor	81	0.8	0.7	0.9
A67004	Referral to paediatrician	51	0.5	0.4	0.6
P66006	Referral to drug and alcohol	44	0.4	0.3	0.5
A67006	Referral to sleep clinic	31	0.3	0.2	0.4
A68011	Referral, n.e.c.	31	0.3	0.2	0.4
P66005	Referral to mental health team	29	0.3	0.2	0.3
A67010	Referral to hospital	22	0.2	0.2	0.3
R67002	Referral to respiratory physician	20	0.2	0.2	0.2
A68005	Referral; aged care assessment	19	0.2	0.1	0.2
A67006	Referral to geriatrician	18	0.2	0.1	0.2
N67002	Referral to neurologist	17	0.2	0.1	0.2
A67012	Referral to clinic/centre	16	0.2	0.1	0.2
	Other	143	1.4	1.2	1.5
	Total	939	9.0	8.6	9.5

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit; n.e.c.—not elsewhere classified.

Table 3.7: The most frequently referred mental health-related problems, by patient sex, BEACH, 2002-03

Problem		Number of referrals	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	117	10.3	8.8	11.9
P06	Sleep disturbance	53	7.9	6.7	9.2
P01, P74	Anxiety	46	8.9	7.5	10.3
P81	Hyperkinetic disorder	40	66.7	55.3	78.0
P15, P16	Alcohol abuse	30	13.7	10.0	17.3
P22, P23	Child/adolescent behaviour complaint	24	66.1	50.8	81.4
P70	Dementia	23	19.0	10.4	27.6
P19	Drug abuse	18	6.5	4.7	8.4
P72	Schizophrenia	14	6.4	4.2	8.5
P29	Unspecified psychological complaint	13	30.6	14.8	46.4
	Other	82	10.8	9.4	12.3
	<i>Total</i>	462	11.4	10.6	12.1
Females					
P03, P76	Depression	190	7.9	7.0	8.9
P01, P74	Anxiety	56	5.5	4.4	6.5
P70	Dementia	26	9.4	7.1	11.7
P02	Acute stress reaction	26	7.1	5.6	8.5
P06	Sleep disturbance	23	2.6	2.0	3.2
P15, P16	Alcohol abuse	23	22.1	15.3	28.8
P72	Schizophrenia	17	8.8	6.1	11.5
P19	Drug abuse	15	7.0	4.8	9.3
P73	Affective psychosis	10	13.9	8.4	19.4
P79	Phobia, compulsive disorder	8	19.4	8.2	30.5
	Other	78	11.6	10.2	12.9
	<i>Total</i>	471	7.5	7.0	11.3
Total^(a)					
P03, P76	Depression	309	8.7	7.7	9.7
P01, P74	Anxiety	103	6.6	5.7	7.5
P06	Sleep disturbance	76	4.8	4.2	5.4
P70	Dementia	49	12.3	9.3	15.2
P15, P16	Alcohol abuse	49	15.1	12.1	18.0
P81	Hyperkinetic disorder	43	59.0	49.1	68.8
P02	Acute stress reaction	38	7.4	9.7	13.7
P72	Schizophrenia	33	7.8	6.2	9.4
P19	Drug abuse	33	6.7	5.2	8.1
P22, P23	Child/adolescent behaviour complaint	28	55.7	4.3	6.6
	Other	177	12.0	10.9	13.2
	Total	939	9.0	8.6	9.5

(a) Includes sex not stated.

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit.

Table 3.8: Mental health-related problems most frequently referred by general practitioners to psychiatrists, by patient sex, BEACH, 2002–03

Problem		Number of problems referred	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	61	5.4	4.3	6.5
P01, P74	Anxiety	14	2.6	1.9	3.4
P72	Schizophrenia	7	3.3	1.8	4.7
P82	Post-traumatic stress disorder	6	11.0	4.2	17.7
P73	Affective psychosis	5	9.2	3.7	14.7
	Other	35	1.7	1.3	2.0
	<i>Total</i>	<i>128</i>	<i>3.1</i>	<i>2.8</i>	<i>3.5</i>
Females					
P03, P76	Depression	72	3.0	2.6	3.4
P72	Schizophrenia	11	5.9	4.2	7.6
P01, P74	Anxiety	9	0.9	<0.1	1.9
P73	Affective psychosis	5	7.2	3.2	11.2
P86	Anorexia nervosa, bulimia	3	13.5	<0.1	35.4
	Other	26	1.0	0.8	1.2
	<i>Total</i>	<i>126</i>	<i>2.0</i>	<i>1.8</i>	<i>2.2</i>
Total^(a)					
P03, P76	Depression	133	3.7	3.3	4.2
P01, P74	Anxiety	23	1.5	0.9	2.1
P72	Schizophrenia	19	4.4	3.3	5.6
P73	Affective psychosis	10	8.1	4.5	11.7
P82	Post-traumatic stress disorder	8	9.0	5.2	12.9
	Other	61	1.3	1.1	1.5
	Total	254	2.4	2.2	2.6

(a) Includes sex not stated.

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit.

Table 3.9: Clinical treatments provided by general practitioners for mental health-related problems, BEACH, 2002–03

Clinical treatment		Number	Per cent of total clinical treatments (n = 37,698)	Clinical treatments per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
P58001, P58004, P58005, P58006, P58013, P58014, P58015, P58018	Counselling—psychological	2,550	6.8	24.5	23.1	26.0
A58003	Counselling—individual	369	1.0	3.5	2.8	4.3
P45001, P45002	Advice/education/observe/wait—psychological	241	0.6	2.3	2.1	2.5
P45004, P58008	Counselling/advice/education—smoking	207	0.5	2.0	1.7	2.2
P45005, P58009	Counselling/advice/education—alcohol	200	0.5	1.9	1.6	2.2
A62	Administration	171	0.5	1.6	1.5	1.8
P45007, P58011, P58017	Counselling/advice/education—relaxation	150	0.4	1.4	1.2	1.7
P45006, P58010	Counselling/advice/education—drugs	113	0.3	1.1	0.7	1.5
A45015	Advice/education—medication	104	0.3	1.0	0.9	1.1
A58010	Reassurance/support	101	0.3	1.0	0.8	1.1
P58007	Counselling—bereavement	72	0.2	0.7	0.6	0.8
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	62	0.2	0.6	0.5	0.7
A45002	Advice/education—diet	43	0.1	0.4	0.3	0.5
P58002	Psychotherapy	41	0.1	0.4	0.3	0.5
	Other	504	1.3	4.8	4.5	5.2
	Total	4,927	13.1	47.4	46.3	51.4

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit

Table 3.10: Mental health-related problems most frequently managed by general practitioners using clinical treatments, by patient sex, BEACH, 2002–03

Problem	Number of treatments	Per cent of total clinical treatments (n = 37,698)	Clinical treatments per 100 mental health-related problems (n = 10,405)			
			95% LCL	95% UCL		
			Males			
P03, P76	Depression	588	4.0	51.7	46.9	56.5
P01, P74	Anxiety	264	1.8	50.9	45.3	56.6
P02	Acute stress reaction	127	0.9	45.0	45.9	69.1
P06	Sleep disturbance	161	1.1	24.3	49.4	64.5
P19	Drug abuse	113	0.8	77.1	57.2	97.0
P17	Tobacco abuse	104	0.7	82.1	69.1	95.2
P15, P16	Alcohol abuse	154	1.0	69.4	19.3	27.0
P72	Schizophrenia	52	0.4	23.1	18.9	27.3
P70	Dementia	36	0.2	67.0	57.0	76.9
P82	Post-traumatic stress disorder	36	0.2	29.8	18.3	41.3
	Other	220	1.5	38.9	33.7	44.1
	<i>Total</i>	<i>1,857</i>	<i>12.5</i>	<i>45.6</i>	<i>43.4</i>	<i>47.8</i>
			Females			
P03, P76	Depression	1,316	5.8	54.9	49.9	59.9
P01, P74	Anxiety	504	2.2	48.8	44.6	53.0
P02	Acute stress reaction	316	1.4	87.1	77.1	97.1
P06	Sleep disturbance	213	0.9	23.7	21.0	26.3
P19	Drug abuse	76	0.3	59.9	27.1	46.8
P17	Tobacco abuse	99	0.4	47.9	67.2	88.3
P15, P16	Alcohol abuse	70	0.3	68.5	29.5	43.3
P72	Schizophrenia	60	0.3	21.7	48.1	69.1
P70	Dementia	71	0.3	37.1	18.5	33.2
P73	Affective psychosis	29	0.1	41.3	34.2	48.4
	Other	288	1.3	49.1	43.0	55.3
	<i>Total</i>	<i>3,043</i>	<i>13.5</i>	<i>48.7</i>	<i>46.2</i>	<i>51.1</i>
			Total^(a)			
P03, P76	Depression	1,915	5.1	53.8	49.2	58.4
P01, P74	Anxiety	773	2.1	49.5	45.3	53.8
P02	Acute stress reaction	446	1.2	86.8	76.0	97.6
P06	Sleep disturbance	375	1.0	23.7	21.4	26.0
P19	Drug abuse	194	0.5	39.3	28.9	49.7
P17	Tobacco abuse	203	0.5	79.6	68.3	90.9
P15, P16	Alcohol abuse	224	0.6	68.9	59.0	78.8
P72	Schizophrenia	112	0.3	26.4	22.4	30.4
P70	Dementia	107	0.3	26.8	20.3	33.2
P82	Post-traumatic stress disorder	60	0.2	68.2	50.6	85.7
	Other	516	1.4	43.0	37.8	48.2
	Total	4,927	13.1	47.4	46.3	51.4

(a) Includes sex not stated.

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit.

Table 3.11: Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2002–03

Drug group and generic drugs	Number	Per cent of medications (n = 101,350)	Medications	95% LCL	95% UCL
			per 100 mental health- related problems (n = 10,405)		
Males					
<i>P4 Antidepressants</i>	982	2.3	24.1	22.5	25.7
P418 Sertraline	235	0.6	5.8	5.2	6.3
P423 Citalopram	154	0.4	3.8	3.4	4.2
P420 Venlafaxine	114	0.3	2.8	2.4	3.2
P419 Paroxetine	94	0.2	2.3	2.0	2.7
P416 Fluoxetine HCl	62	0.1	1.5	1.3	1.8
P414 Dothiepin	54	0.1	1.3	1.1	1.6
<i>P1 Sedative hypnotics</i>	570	1.3	14.0	12.7	15.3
P116 Temazepam	367	0.9	9.0	8.1	9.9
P104 Nitrazepam	111	0.3	2.7	2.3	3.1
<i>P2 Anti-anxiety</i>	528	1.2	13.0	12.1	13.8
P201 Diazepam	289	0.7	7.1	6.5	7.7
P202 Oxazepam	176	0.4	4.3	3.9	4.8
<i>P3 Antipsychotic</i>	264	0.6	6.5	5.4	7.6
Other	478	1.1	11.8	9.3	14.2
N201 Methadone	118	0.3	2.9	1.4	4.4
Total	2,822	6.6	69.4	65.4	73.3
Females					
<i>P4 Antidepressants</i>	1,909	3.3	30.5	28.5	32.6
P418 Sertraline	442	0.8	7.1	6.2	7.9
P423 Citalopram	366	0.6	5.9	5.3	6.4
P419 Paroxetine	255	0.4	4.1	3.7	4.5
P420 Venlafaxine	225	0.4	3.6	3.2	4.0
P416 Fluoxetine HCl	130	0.2	2.1	1.8	2.4
P414 Dothiepin	89	0.2	1.4	1.2	1.6
<i>P2 Anti-anxiety</i>	878	1.5	14.0	13.2	14.9
P201 Diazepam	390	0.7	6.2	5.8	6.7
P202 Oxazepam	351	0.6	5.6	5.2	6.0
<i>P1 Sedative hypnotics</i>	862	1.5	13.8	12.8	14.8
P116 Temazepam	587	1.0	9.4	8.6	10.1
P104 Nitrazepam	165	0.3	2.6	2.4	2.9
<i>P3 Antipsychotic</i>	252	0.4	4.0	3.6	4.4
Other	489	0.8	7.8	6.3	9.3
N201 Methadone	94	0.2	1.5	0.6	2.4
Total	4,389	7.6	70.2	66.8	73.6

(continued)

Table 3.11 (continued): Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2002–03

Drug group and generic drugs	Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems (n = 10,405)		
			Total ^(a)	95% LCL	95% UCL
<i>P4 Antidepressants</i>	2,909	2.9	28.0	26.2	29.7
P418 Sertraline	680	0.7	6.5	5.8	7.3
P423 Citalopram	524	0.5	5.0	4.7	5.4
P419 Paroxetine	350	0.3	3.4	3.1	3.7
P420 Venlafaxine	344	0.3	3.3	3.0	3.6
P416 Fluoxetine HCl	194	0.2	1.9	1.7	2.1
P414 Dothiepin	143	0.1	1.4	1.2	1.5
<i>P1 Sedative hypnotics</i>	1,447	1.4	13.9	12.9	15.0
P116 Temazepam	964	1.0	9.3	8.5	10.0
P104 Nitrazepam	277	0.3	2.7	2.4	3.0
<i>P2 Anti-anxiety</i>	1,418	1.4	13.6	12.9	14.4
P201 Diazepam	687	0.7	6.6	6.2	7.1
P202 Oxazepam	530	0.5	5.1	4.7	5.4
<i>P3 Antipsychotic</i>	527	0.5	5.1	4.5	5.6
Other	977	1.0	9.4	7.5	11.3
N201 Methadone	215	0.2	2.1	0.9	3.3
Total	7,279	7.2	70.0	66.6	73.3

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

Table 3.12: Number of medications provided for mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2002-03

Problem		Number of medications	Medications per 100 of these problems	95% LCL	95% UCL
			Males		
P03, P76	Depression	936	82.3	75.7	88.9
P06	Sleep disturbance	551	82.9	73.5	92.3
P01, P74	Anxiety	352	67.8	60.5	75.2
P19	Drug abuse	215	75.8	42.7	109.0
P72	Schizophrenia	216	94.8	71.2	118.4
P15, P16	Alcohol abuse	77	34.7	27.3	42.2
P17	Tobacco abuse	49	38.5	30.3	46.8
P73	Affective psychosis	59	103.6	66.3	140.8
P50	Medication, treatment procedure	44	107.7	88.2	127.1
P31	Medical exam/health evaluation	43	94.6	37.6	151.7
	Other	282	37.8	33.5	42.1
	<i>Total</i>	2,822	69.4	65.4	73.3
			Females		
P03, P76	Depression	1,864	77.8	71.7	83.8
P06	Sleep disturbance	844	93.9	86.2	101.6
P01, P74	Anxiety	738	71.4	65.7	77.0
P72	Schizophrenia	171	88.9	73.7	104.1
P19	Drug abuse	154	74.8	24.7	124.8
P17	Tobacco abuse	45	35.3	29.6	41.0
P73	Affective psychosis	71	103.4	19.5	32.2
P70	Dementia	79	28.6	81.7	147.5
P02	Acute stress reaction	97	26.7	20.9	32.5
P50	Medication, treatment procedure	80	107.0	84.5	129.6
	Other	245	39.9	35.5	44.3
	<i>Total</i>	4,389	70.2	66.8	73.6
			Total ^(a)		
P03, P76	Depression	2,818	79.2	73.5	84.8
P06	Sleep disturbance	1,412	89.3	81.7	97.0
P01, P74	Anxiety	1,096	70.2	64.7	75.7
P19	Drug abuse	373	75.4	35.0	115.8
P72	Schizophrenia	394	92.7	76.8	108.5
P50	Medication, treatment procedure	127	109.4	90.8	128.1
P73	Affective psychosis	130	103.1	81.3	125.0
P70	Dementia	118	29.4	22.7	36.1
P02	Acute stress reaction	137	26.6	21.8	31.5
P15, P16	Alcohol abuse	125	38.4	31.8	45.0
	Other	550	42.2	37.3	47.1
	Total	7,279	70.0	66.6	73.3

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

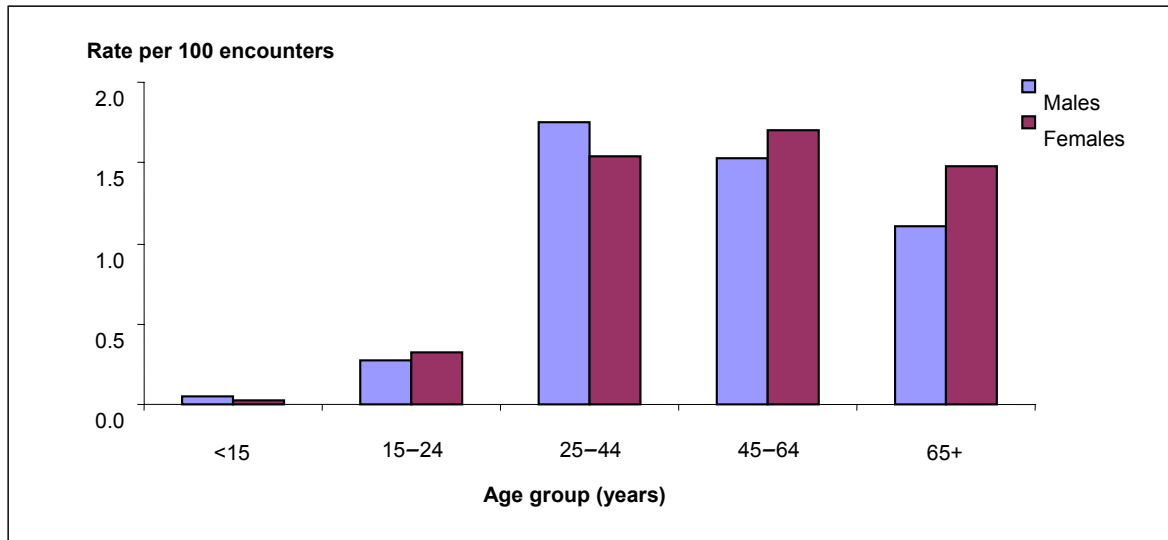


Figure 3.3: Number of medications per 100 mental health-related problems managed, by sex and age group of patient, BEACH, 2002-03

Table 3.13: Pharmaceutical Benefits Scheme-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	338,933	292,051	180,675	79,906	113,294	22,375	12,818	3,578	1,043,630
N05B Anxiolytics	844,314	794,893	565,632	227,345	265,827	123,322	25,222	7,081	2,853,636
N05C Hypnotics & sedatives	808,097	685,242	462,707	267,661	248,837	88,352	22,232	6,621	2,589,749
N06A Antidepressants	2,827,598	2,251,773	1,929,889	968,879	843,210	281,711	169,064	36,512	9,308,636
<i>Total</i>	<i>4,818,942</i>	<i>4,023,959</i>	<i>3,138,903</i>	<i>1,543,791</i>	<i>1,471,168</i>	<i>515,760</i>	<i>229,336</i>	<i>53,792</i>	<i>15,795,651</i>
Per 1,000 population ^(b)	722.3	820.7	836.9	795.6	965.2	1,087.2	710.7	272.5	798.3
Non-psychiatrist specialists									
N05A Antipsychotics	20,542	33,763	13,126	5,879	3,761	864	1,359	839	80,133
N05B Anxiolytics	18,266	19,141	12,645	7,075	6,933	1,463	487	174	66,184
N05C Hypnotics & sedatives	21,721	23,066	13,170	9,251	6,079	1,191	651	293	75,422
N06A Antidepressants	101,557	92,561	67,657	43,861	25,151	6,846	6,051	2,090	345,774
<i>Total</i>	<i>162,086</i>	<i>168,531</i>	<i>106,598</i>	<i>66,066</i>	<i>41,924</i>	<i>10,364</i>	<i>8,548</i>	<i>3,396</i>	<i>567,513</i>
Per 1,000 population ^(b)	24.3	34.4	28.4	34.0	27.5	21.8	26.5	17.2	28.7
General practitioners, non-psychiatrist specialists and psychiatrists^(c)									
Total mental health-related prescriptions	5,541,177	4,722,674	3,544,734	1,754,260	1,690,703	568,901	264,727	61,813	18,148,989
Per 1,000 population ^(b)	830.6	963.2	945.1	904.0	1,109.3	1,199.2	820.4	313.2	917.2

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

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

(c) Data for psychiatrists are presented in Table 3.16.

Source: DHA.

Private psychiatrist services

During 2002–03, private psychiatrists provided over 2 million services that were funded through Medicare (Table 3.14). This represented 0.9% of total Medicare-funded services (221.4 million) and 10.2% of specialist services (20.1 million). There were 103.5 services per 1,000 population, an 11.0% decrease since 1997–98 (Figure 2.2). This decline was accompanied by an 11.4% increase in the number of medical officers employed in public mental health services between 1996–97 and 1999–2000 (DHA 2002).

Of private psychiatrist services, 87.0% were patient attendance items specifying the location as the psychiatrist's consulting room. The number of private psychiatrist services per 1,000 population was highest in Victoria and South Australia and lowest for the Northern Territory. The number of services provided for female patients per 1,000 population was generally greater than that for male patients, particularly in the 65 years and over and the 15–24 years age groups (Table 3.15 and Figure 2.8).

While this chapter describes the activity of health care services providing ambulatory mental health care, Tables 3.14 and 3.15 include data for private psychiatrist services subsidised by Medicare delivered in a hospital setting (10.0% of private psychiatrist services), some of which may be considered to be non-ambulatory. Analysis of mental health-related hospital separations, where the funding source was reported as private health insurance or self-funded, shows that approximately 64% were considered to be ambulatory-equivalent. This could indicate that, similarly, about 64% of these Medicare-subsidised in-hospital services relate to ambulatory-equivalent separations. However, admitted patients may have received more than one Medicare subsidised service per hospital separation, and the proportion of these services that could be regarded as relating to ambulatory-equivalent care may not be the same as the proportion of private patient separations that could be considered to be ambulatory-equivalent.

For the 36% privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 67% received specialised psychiatric care. Hence, about 24% of these in-hospital Medicare-subsidised services could be related to admitted patient care (not considered to be ambulatory equivalent) with specialised psychiatric care. Further information of non-ambulatory mental health-related hospital separations with specialised psychiatric care can be found in Chapter 5.

For privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 33% received non-specialised care. Hence, about 12% of these in-hospital Medicare-subsidised services could be related to admitted patient care (not considered to be ambulatory equivalent) without specialised psychiatric care. Information on non-ambulatory equivalent mental health-related hospital separations without specialised psychiatric care can be found in Chapter 6.

Some of the 'Other services' in Tables 3.14 and 3.15 (such as group psychotherapy) could also relate to non-ambulatory care. However, there are no data available that could provide an indication of how many would be in that category. Services for electroconvulsive therapy (ECT) have not been included in these tables, as they are usually provided to non-ambulatory-equivalent admitted patients and would be included in the data presented in Chapters 5 and 6. There were 16,412 ECT services subsidised through Medicare in 2002–03.

Table 3.16 presents data from the PBS on the number of prescriptions for medication provided by private psychiatrists. Private psychiatrists prescribed almost 1.8 million PBS-reimbursed medications during 2002–03. Most of these were for antidepressant (0.97 million or 54.2%) and antipsychotic (0.29 million or 16.3%) medication. South Australia (116.5) and Victoria (108.1) were the jurisdictions with the highest number of mental health-related prescriptions per 1,000 population. The Northern Territory had the lowest, with 23.4 prescriptions per 1,000 population.

Table 3.14: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2002-03

Service		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances in consulting room										
300, 310	15 minutes or less	24,347	9,606	4,450	3,057	2,775	1,623	1,348	733	47,939
302, 312	16 to 30 minutes	105,242	78,027	55,800	19,738	22,720	9,472	4,727	930	296,656
304, 314	31 to 45 minutes	138,657	152,729	98,616	27,075	49,591	15,753	4,010	1,225	487,656
306, 316	46 to 75 minutes	277,359	291,134	104,984	33,380	91,252	10,041	7,180	1,150	816,480
308, 318	Over 75 minutes	14,743	11,833	6,655	2,502	5,942	1,664	1,354	95	44,788
319	Selected cases (>45 mins)	33,151	32,560	9,775	1,617	8,987	405	1,323	0	87,818
	<i>Total</i>	<i>593,499</i>	<i>575,889</i>	<i>280,280</i>	<i>87,369</i>	<i>181,267</i>	<i>38,958</i>	<i>19,942</i>	<i>4,133</i>	<i>1,781,337</i>
Patient attendances in hospital^(a)										
320	15 minutes or less	1,503	6,802	3,582	3,123	1,399	893	198	10	17,510
322	16 to 30 minutes	14,257	22,045	32,131	9,338	7,450	2,776	432	114	88,543
324	31 to 45 minutes	16,884	15,688	11,450	4,786	4,890	1,991	267	88	56,044
326	46 to 75 minutes	13,677	10,968	6,007	3,106	2,876	841	195	95	37,765
328	Over 75 minutes	2,118	1,117	765	514	417	149	78	25	5,183
	<i>Total</i>	<i>48,439</i>	<i>56,620</i>	<i>53,935</i>	<i>20,867</i>	<i>17,032</i>	<i>6,650</i>	<i>1,170</i>	<i>332</i>	<i>205,045</i>
Patient attendances in other locations										
330	15 minutes or less	661	201	11	190	10	3	0	0	1,076
332	16 to 30 minutes	1,343	998	112	128	86	10	1	1	2,679
334	31 to 45 minutes	1,733	1,022	115	61	149	20	2	4	3,106
336	46 to 75 minutes	1,899	1,483	412	56	300	20	5	4	4,179
338	Over 75 minutes	1,168	174	51	102	286	5	2	0	1,788
	<i>Total</i>	<i>6,804</i>	<i>3,878</i>	<i>701</i>	<i>537</i>	<i>831</i>	<i>58</i>	<i>10</i>	<i>9</i>	<i>12,828</i>
Other services^(b)										
342, 344, 346	Group psychotherapy	12,411	25,633	3,308	1,015	1,944	492	47	228	45,078
348, 350, 352	Interview with non-patient	1,014	1,083	943	594	496	86	74	4	4,294
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	6	2	6	2	1	0	2	0	19
	<i>Total</i>	<i>13,431</i>	<i>26,718</i>	<i>4,257</i>	<i>1,611</i>	<i>2,441</i>	<i>578</i>	<i>123</i>	<i>232</i>	<i>49,391</i>
Total		662,173	663,105	339,173	110,384	201,571	46,244	21,245	4,706	2,048,601
Per 1,000 population ^(c)		99.3	135.2	90.4	56.9	132.3	97.5	65.8	23.8	103.5

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6. Services for electroconvulsive therapy (ECT) have not been included in this table, as they are usually provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

Source: < www.hic.gov.au >.

Table 3.15: Private psychiatrist services subsidised through Medicare by schedule item, by patient sex and age group, Australia, 2002-03

Service		Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 and over	Total
		Males							
Patient attendances in consulting room									
300, 310	15 minutes or less	662	2,443	5,859	7,382	5,788	3,031	1,293	26,458
302, 312	16 to 30 minutes	3,435	13,109	28,187	34,711	33,169	21,076	9,702	143,389
304, 314	31 to 45 minutes	6,486	21,970	39,152	47,391	49,305	29,867	12,222	206,393
306, 316	46 to 75 minutes	14,495	34,365	58,245	78,984	76,192	37,232	11,060	310,573
308, 318	Over 75 minutes	1,822	2,497	3,139	3,825	4,411	2,103	783	18,580
319	Selected cases (> 45 mins)	150	1,068	4,631	5,479	4,526	1,420	202	17,476
	<i>Total</i>	<i>27,050</i>	<i>75,452</i>	<i>139,213</i>	<i>177,772</i>	<i>173,391</i>	<i>94,729</i>	<i>35,262</i>	<i>722,869</i>
Patient attendances in hospital ^(a)									
320	15 minutes or less	3	562	483	685	862	628	878	4,101
322	16 to 30 minutes	34	2,990	3,121	4,323	5,596	3,595	3,524	23,183
324	31 to 45 minutes	83	2,099	1,950	2,954	3,833	2,091	2,154	15,164
326	46 to 75 minutes	81	1,499	1,508	1,988	2,332	1,150	1,020	9,578
328	Over 75 minutes	8	214	224	265	235	186	131	1,263
	<i>Total</i>	<i>209</i>	<i>7,364</i>	<i>7,286</i>	<i>10,215</i>	<i>12,858</i>	<i>7,650</i>	<i>7,707</i>	<i>53,289</i>
Patient attendances in other locations									
330	15 minutes or less	1	9	13	58	46	116	269	512
332	16 to 30 minutes	5	52	85	110	212	179	492	1,135
334	31 to 45 minutes	4	74	99	118	210	197	523	1,225
336	46 to 75 minutes	41	232	321	343	260	165	383	1,745
338	Over 75 minutes	28	160	64	118	170	68	135	743
	<i>Total</i>	<i>79</i>	<i>527</i>	<i>582</i>	<i>747</i>	<i>898</i>	<i>725</i>	<i>1,802</i>	<i>5,360</i>
Other services ^(b)									
342, 344, 346	Group psychotherapy	1,682	1,092	2,596	5,355	6,101	2,851	621	20,298
348, 350, 352	Interview with non-patient	208	512	289	293	266	163	248	1,979
353, 355, 356, 357,358, 364, 366, 367, 369, 370	Telepsychiatry	0	1	1	3	1	3	0	9
	<i>Total</i>	<i>1,890</i>	<i>1,605</i>	<i>2,886</i>	<i>5,651</i>	<i>6,368</i>	<i>3,017</i>	<i>869</i>	<i>22,286</i>
Total		29,228	84,947	149,966	194,382	193,515	106,121	45,640	803,804
Per 1,000 population ^(c)		14.3	60.8	104.6	131.0	144.5	106.2	40.8	81.9

(continued)

Table 3.15 (continued): Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2002-03

		Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 and over	Total
Service		Females							
Patient attendances in consulting room									
300, 310	15 minutes or less	272	1,830	3,969	5,173	4,958	3,044	2,235	21,481
302, 312	16 to 30 minutes	1,794	12,170	25,444	35,327	36,012	23,825	18,695	153,267
304, 314	31 to 45 minutes	3,424	29,026	51,994	67,414	67,053	38,383	23,969	281,263
306, 316	46 to 75 minutes	8,125	54,509	104,884	135,540	124,629	57,229	20,991	505,907
308, 318	Over 75 minutes	780	3,037	4,920	6,552	6,555	2,890	1,474	26,208
319	Selected cases (> 45 mins)	205	5,011	15,154	20,821	21,644	7,123	384	70,342
	<i>Total</i>	<i>14,600</i>	<i>105,583</i>	<i>206,365</i>	<i>270,827</i>	<i>260,851</i>	<i>132,494</i>	<i>67,748</i>	<i>1,058,468</i>
Patient attendances in hospital ^(a)									
320	15 minutes or less	112	2,224	1,570	2,399	2,263	2,064	2,777	13,409
322	16 to 30 minutes	125	10,515	10,830	12,116	12,897	8,372	10,505	65,360
324	31 to 45 minutes	109	5,405	6,955	8,828	8,653	5,056	5,874	40,880
326	46 to 75 minutes	117	4,168	4,918	7,036	5,787	2,890	3,271	28,187
328	Over 75 minutes	17	515	819	887	935	362	385	3,920
	<i>Total</i>	<i>480</i>	<i>22,827</i>	<i>25,092</i>	<i>31,266</i>	<i>30,535</i>	<i>18,744</i>	<i>22,812</i>	<i>151,756</i>
Patient attendances in other locations									
330	15 minutes or less	2	3	9	28	113	76	333	564
332	16 to 30 minutes	11	18	100	164	165	182	904	1,544
334	31 to 45 minutes	9	56	144	220	261	148	1,043	1,881
336	46 to 75 minutes	21	176	206	283	506	380	862	2,434
338	Over 75 minutes	12	44	116	217	280	121	255	1,045
	<i>Total</i>	<i>55</i>	<i>297</i>	<i>575</i>	<i>912</i>	<i>1,325</i>	<i>907</i>	<i>3,397</i>	<i>7,468</i>
Other services ^(b)									
342, 344, 346	Group psychotherapy	1,074	2,174	3,677	7,808	6,971	2,731	345	24,780
348, 350, 352	Interview with non-patient	115	444	321	373	399	237	426	2,315
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	3	2	4	1	0	0	10
	<i>Total</i>	<i>1,189</i>	<i>2,621</i>	<i>4,000</i>	<i>8,185</i>	<i>7,371</i>	<i>2,968</i>	<i>771</i>	<i>27,105</i>
Total		16,324	131,328	236,032	311,190	300,082	155,113	94,728	1,244,797
Per 1,000 population ^(c)		8.4	97.2	162.7	207.1	221.9	158.6	67.9	124.8

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6. Services for ECT have not been included in this table, as they are usually provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

Source: <www.hic.gov.au>.

Table 3.16: Pharmaceutical Benefit Scheme-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2002–03

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	8,893	8,700	6,118	1,526	2,075	672	281	31	28,296
B	Blood and blood-forming organs	776	901	741	450	180	121	23	7	3,199
C	Cardiovascular system	15,027	10,978	7,274	3,034	3,931	1,196	538	161	42,139
D	Dermatologicals	842	722	337	147	164	34	15	5	2,266
G	Genitourinary system and sex hormones	2,037	1,813	1,504	469	733	210	67	6	6,839
H	Systemic hormonal preparations, excluding sex hormones	1,184	1,286	1,180	383	452	132	n.a.	n.a.	4,654
J	General anti-infectives for systematic use	2,926	2,851	1,768	536	619	117	166	21	9,004
L	Antineoplastic and immunomodulating agents	210	125	118	20	72	13	14	6	578
M	Musculoskeletal system	4,401	4,822	2,484	920	1,089	456	170	54	14,396
N	Central nervous system									
N05A	Antipsychotics	105,470	87,395	42,621	13,766	29,839	4,706	5,819	814	290,430
N05B	Anxiolytics	39,517	50,160	24,869	5,810	13,482	6,090	890	276	141,094
N05C	Hypnotics and sedatives	14,656	20,064	11,107	3,410	6,557	2,378	392	86	58,650
N06A	Antidepressants	304,416	291,313	169,176	67,817	97,829	20,457	15,282	2,487	968,777
	Other	55,027	44,332	27,044	45,336	18,818	5,938	2,972	643	200,110
	<i>Total</i>	<i>519,086</i>	<i>493,264</i>	<i>274,817</i>	<i>136,139</i>	<i>166,525</i>	<i>39,569</i>	<i>25,355</i>	<i>4,306</i>	<i>1,659,061</i>
P	Antiparasitic products	203	156	108	36	33	41	n.a.	n.a.	585
R	Respiratory system	2,965	3,283	1,949	470	904	157	153	17	9,898
S	Sensory organs	1,356	1,029	683	238	818	54	18	7	4,203
	Total prescriptions^(b)	560,149	530,184	299,233	144,403	177,611	42,777	26,843	4,625	1,785,825
	Per 1,000 population ^(c)	84.0	108.1	79.8	74.4	116.5	90.2	83.2	23.4	90.3

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

(b) Includes ATC classified as unknown or various (Chapter V and Z).

(c) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

n.a. Not available.

Source: DHA.

Hospital outpatient services and community mental health care services

The National Community Mental Health Care Database (NCMHCD) is a collation of data on specialised mental health services provided to non-admitted patients, in both public community-based and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Each record in the database is for a service contact, defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which resulted in a dated entry being made in the individual's record.

Further information on the NCMHCD, including definitional issues and additional tables, covering principal diagnosis and client demographics by state and territory can be found in Appendix 4 of this publication and the working paper *Community Mental Health Care 2000–2001: Review of Data Collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004b).

Coverage

The NCMHCD was agreed for collection from 1 July 2000 and collated for the first year during 2002. Review of data provided by the states and territories indicated that the coverage of the collection was not complete for 2000–01. Data were summarised in an appendix in *Mental Health Services in Australia 2000–01* (AIHW 2003a), and have been described in more detail in the working paper on community mental health care (AIHW 2004b).

Coverage for 2001–02 is again incomplete, but has improved. Evidence for this includes the number of establishments reporting to the NCMHCD; and the proportion of expenditure on community mental health establishments that the data relate to. In addition, the relatively large increase in the number of service contacts reported (16% see below) may also reflect improved coverage. As a result of these improvements the data are presented more comprehensively in this report than in the *Mental Health Services in Australia 2000–01* report (AIHW 2003a).

Number of establishments

The number of establishments contributing data to the National Community Mental Health Care Database (NCMHCD) rose from 125 in 2000–01 to 139 in 2001–02. During 2000–01 there were 26 mental health care establishments that provided ambulatory care services but did not contribute data to the NCMHCD. For 2001–02, this figure dropped to 15 establishments who did not contribute data. These comprised two services in Queensland, eight services in South Australia, 4 services in Tasmania and one in the Australian Capital Territory. South Australia collected and reported data for 13 country establishments for the first time in 2001–02, but was unable to provide data for the first half of the collection period (July to December) for these establishments. In addition, there were six establishments in Victoria and four establishments in Tasmania that did not report data for several of the months during the collection period. For 2000–01, 83% of establishments providing ambulatory services reported to the NCMHCD. The corresponding proportion for 2001–02 was 90%. However, the counts of establishments may not be meaningful because they differ in size and not all establishments reported all service contacts, as indicated above.

Proportion of expenditure

An alternative measure of coverage is the ratio of the expenditure of establishments that reported service contacts to NCMHCD to the expenditure of all establishments in NCMHED that provided ambulatory care services. Using this ratio, coverage for the NCMHCD for 2000–01 was 96.9% nationally, with complete coverage achieved for Victoria, Western Australia and the Northern Territory. The lowest coverage estimate was for South Australia (83.7%) then Tasmania (87.6%) and the Australian Capital Territory (96.5%).

In 2001–02, national coverage was 99.0%, with complete coverage achieved for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. Three jurisdictions lacked complete coverage: South Australia (86.9% coverage), Tasmania (94.2%) and the Australian Capital Territory (97.0%). Based on this analysis, coverage improved from 2000–01 for New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory.

This estimate also has limitations, however, since community mental health establishment expenditure data are currently reported without delineating which components of expenditure relate to ambulatory service provision and which relate to residential service provision. Therefore there is some residential care expenditure included in the calculation of these ratios for establishments which provide both ambulatory and residential care. In addition, incomplete reporting of service contacts by services is not taken into consideration.

Service contacts in 2001–02

For 2001–02, the number of service contacts reported to the NCMHCD was 4,203,731. The increase over the 3,635,873 reported for 2000–01 is likely to reflect the increased coverage of the database as described above.

Although there was an increase in the number of service contacts for 2001–02, there was still some under-reporting of service contacts from those establishments that did report. For example, there were 13 establishments in South Australia that were unable to report service activity for the first six months of the collection period. There were six establishments in Victoria and four establishments in Tasmania that did not report data for several of the months during the collection period.

Table 3.17 presents data on the number of service contacts and service contacts per 1,000 population by the patient's sex and age group. In 2001–02 there were 4.2 million service contacts reported for public hospital-based outpatient services and community-based ambulatory mental health care services, at a rate of 214.8 contacts per 1,000 population.

As noted above, service contacts were not reported by every establishment for every month of the collection period. As a result, an unknown amount of under-reporting has occurred. An attempt has been made to quantify the level of under-reporting in 2001–02.

Nationally, there were 1,108,505 service contacts reported in the last and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 4.43 million service contacts reported compared with the 4.20 million actually reported. Although the last quarter had the highest number of service contacts for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. If the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 4.49 million. If the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of

service contacts increases to 4.87 million. This estimate does not include an estimate for non-reporting establishments.

Sex and age group

There were more service contacts per capita for male patients than for female patients (Table 3.17). There were also more service contacts per capita for patients in the 25–34 and 35–44 years age groups. This is consistent with the high proportion of separations from hospital with specialised psychiatric care in the 25–34 age group (Figure 2.11).

Aboriginal and Torres Strait Islander patients

Table 3.18 presents the number of service contacts by Aboriginal and Torres Strait Islander status by jurisdiction. Overall the proportion of service contacts that were reported for Aboriginal and Torres Strait Islander patients was 2.7% and ranged from 1.3% for Victoria to 26.8% for the Northern Territory. There were more service contacts per 1,000 population for Indigenous patients than for non-Indigenous patients (283.8 and 195.4 respectively).

Quality of data on Indigenous status

Variation in the number and rate per 1,000 population of Aboriginal and Torres Strait Islander service contacts among the states and territories could reflect variations in completeness of Indigenous identification among patients or varying coverage of service contacts in total or service contacts for Indigenous people.

The NCMHCD data reported for the 'Both Aboriginal and Torres Strait Islander' category is suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander persons (e.g. Maoris and South Sea Islanders) and use of the category as an Indigenous, not further specified category. Therefore the number of service contacts for clients in this category may be overstated for some jurisdictions, with the possible exceptions of Tasmania and the Northern Territory. The number of mental health care service contacts for each Indigenous status category in these jurisdictions reflects the proportions of Indigenous persons in the population for each category, although there may not be a direct link between population distribution of Indigenous persons and their need for mental health service contacts.

This assumption of overstatement of these numbers, at least for Queensland, is supported by a recent audit undertaken by Queensland Health of Community Mental Health clients with an Indigenous status of 'Both Aboriginal and Torres Strait Islander' for 2002–03. This data quality audit found that over half of the clients were reclassified to a different Indigenous status category due to the above-mentioned issues. The extent of the problem in other jurisdictions is unknown, but the distribution of service contacts in the 'Both Aboriginal and Torres Strait Islander' category and the Torres Strait Islander category provides some support for the assumption of overstatement.

Four state and territory health authorities provided information on the quality of their Aboriginal and Torres Strait Islander status data for the NCMHCD 2001–02 (Queensland, South Australia, Tasmania and the Northern Territory). Information on the quality of Aboriginal and Torres Strait Islander status data for 2001–02 was not available for New South Wales, Victoria, Western Australia and the Australian Capital Territory.

Queensland Health reported that in 2001–02 the quality of Indigenous status data improved compared with 2000–01 through removal of the default system, whereby some establishments coded all new patients to neither Aboriginal nor Torres Strait Islander. Removal of the default system occurred as a result of coder education strategies and discussions with the Queensland Indigenous Information Strategy Team. Overall, the data are considered to be in need of further improvement.

The Department of Human Services South Australia indicated that while processes have been established to collect Indigenous status, there are no mechanisms in place to ensure that information collected is validated appropriately. Therefore, the quality of the data is uncertain at this stage.

The Department of Health and Human Services Tasmania indicated that the proportion of patients who are identified as being of Indigenous origin is equivalent to the proportion of identified Indigenous people in the population. However, anecdotal evidence indicates that there may be some undercounting due to clinicians not asking the appropriate questions and patient concerns about identifying as Indigenous. Overall, the data are considered to be of reasonable quality.

The Department of Health Northern Territory reported that, in general, the identification of Indigenous persons is considered reliable. The number of mental health care service contacts in the Northern Territory reflects the proportions of Indigenous persons in the population, although this may not be indicative of the quality of coverage of the data.

Mental health legal status

Table 3.19 presents data on the number of service contacts by mental health legal status and jurisdiction. Nationally, of those service contacts reporting mental health legal status, 10.4% were involuntary. However, there were different patterns across jurisdictions, with higher proportions of involuntary service contacts for the Australian Capital Territory (29.9%) and Victoria (16.8%). This may reflect differences in legislative arrangements for each jurisdiction or variation in the quality of the data reported.

Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital, or attendance at a health care facility.

State and territory health authorities have expressed concern about the ability of small community facilities to accurately code principal diagnosis, the availability of appropriate clinicians to assign principal diagnoses and the application of diagnosis to a period of care rather than to an individual service contact. It is known that New South Wales reported current diagnosis for each service contact rather than the principal diagnosis for a longer period of care. Queensland was unable to report principal diagnosis for 2001–02. All other jurisdictions used ICD-10-AM, with New South Wales using a combination of ICD-10-AM and ICD-10-PC. The Australian Capital Territory and Northern Territory reported principal diagnosis using the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification only.

Table 3.20 presents the number of service contacts for selected principal diagnosis groups for 2001–02. Over 33% of all service contacts had an unspecified principal diagnosis, comprising records coded to F99 *Mental disorder not otherwise specified*, or not stated/not reported. The

states and territories reporting service contacts with an unspecified principal diagnosis were Queensland (50.1% of all unspecified principal diagnoses), New South Wales (27.5%), Victoria (15.2%), the Australian Capital Territory (2.1%), the Northern Territory (1.3%) and Tasmania (0.7%) (Table A4.2).

Of those service contacts specifying a principal diagnosis, 36.5% had a principal diagnosis of *Schizophrenia* (F20). The next most common principal diagnosis was *Depressive episode* (F32) accounting for 11.9% of the service contacts, followed by *Bipolar affective disorders* (F31, 8.6%) and *Schizoaffective disorders* (F25, 5.7%).

Table 3.17: Community mental health care service contacts and per 1,000 population^(a) by sex and age group, 2001–02^(b)

	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total ^(c)
Sex	Number							
Males	232,616	352,513	517,280	436,206	282,294	131,848	169,580	2,123,439
Females	131,006	316,888	372,419	399,257	292,227	174,141	306,484	1,993,625
Total^(c)	374,411	680,655	906,153	849,713	582,925	310,430	490,260	4,203,731
	Per 1,000 population							
Males	113.9	258.4	361.8	294.9	212.2	138.5	155.6	219.7 ^(d)
Females	67.5	240.5	257.2	266.4	218.5	187.4	223.6	201.1 ^(d)
Total^(c)	94.0	253.8	314.9	285.3	218.5	165.0	199.3	214.8^(d)

(a) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2001.

(b) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

(c) Includes service contacts for which sex and/or age group was not reported.

(d) Total rates were indirectly age-standardised to the Estimated Resident Population at 31 December 2001.

Table 3.18: Community mental health care service contacts and per 1,000 population rates by Indigenous status, states and territories, 2001-02^(a) ^(b)

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal	18,784	17,932	24,056	16,145	1,980	985	2,945	7,468	90,295
Torres Strait Islander	765	681	2,650	413	17	48	96	54	4,724
Both Aboriginal and Torres Strait Islander	3,885	2,172	6,017	3,065	4,634	6	270	415	20,464
Not Aboriginal nor Torres Strait Islander	619,423	1,625,189	663,465	375,735	252,084	39,963	118,016	20,879	3,714,754
Not reported	299,450	0	9,707	155	21,341	7,284	34,781	776	373,494
Total	942,307	1,645,974	705,895	395,513	280,056	48,286	156,108	29,592	4,203,731
Per 1,000 population^(c)									
Indigenous ^(d)	214.7	789.9	272.1	351.9	291.3	76.4	1,091.3	142.2	283.8
Not Indigenous	96.0	338.1	189.4	204.4	168.9	89.1	354.6	139.8	195.4
Total^(e)	142.6	340.6	194.7	208.6	185.4	104.0	467.9	143.2	216.1

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

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

(c) Rates were indirectly age-standardised to the Aboriginal and Torres Strait Islander Estimated Resident Population as at 30 June 2001.

(d) Includes 'Aboriginal', 'Torres Strait Islander' and 'Both Aboriginal and Torres Strait Islander'.

(e) Includes Indigenous status 'not reported'.

Table 3.19: Community mental health care service contacts by mental health legal status, states and territories, 2001–02^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Voluntary	403,937	1,370,028	237,838	..	35,581	47,205	109,436	28,374	2,232,399
Involuntary	101,904	275,946	10,068	..	851	1,081	46,672	3	436,525
Not permitted to be reported due to legislative arrangements	..	..	..	395,513	..	..	..	..	395,513
Not reported	436,466	0	457,989	0	243,624	0	0	1,215	1,139,294
Total	942,307	1,645,974	705,895	395,513	280,056	48,286	156,108	29,592	4,203,731
Per cent									
Voluntary	42.9	83.2	33.7	..	12.7	97.8	70.1	95.9	53.1
Involuntary	10.8	16.8	1.4	..	0.3	2.2	29.9	0	10.4
Not permitted to be reported due to legislative arrangements	..	..	..	100.0	..	..	..	..	9.4
Not reported	46.3	0.0	64.9	0.0	87.0	0.0	0.0	4.1	27.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

.. Not applicable.

Table 3.20: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, 2001–02^{(a)(b)}

Code	Description	Number	Per cent of specified principal diagnosis
F00–F03	Dementia	78,159	2.8
F04–F09	Other organic mental disorders	21,634	0.8
F10	Mental and behavioural disorders due to use of alcohol	25,535	0.9
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	49,908	1.8
F20	Schizophrenia	1,019,519	36.5
F21, F24, F28–F29	Schizotypal and other delusional disorders	43,528	1.6
F22	Persistent delusional disorders	33,597	1.2
F23	Acute and transient psychotic disorders	89,169	3.2
F25	Schizoaffective disorders	158,147	5.7
F30	Manic episode	17,312	0.6
F31	Bipolar affective disorders	240,193	8.6
F32	Depressive episode	333,032	11.9
F33	Recurrent depressive disorders	63,416	2.3
F34	Persistent mood (affective) disorders	28,057	1.0
F38, F39	Other and unspecified mood (affective) disorders	8,536	0.3
F40	Phobic anxiety disorders	12,048	0.4
F41	Other anxiety disorders	83,052	3.0
F42	Obsessive–compulsive disorders	16,631	0.6
F43	Reaction to severe stress and adjustment disorders	147,292	5.3
F44	Dissociative (conversion) disorders	2,654	0.1
F45, F48	Somatoform and other neurotic disorders	6,779	0.2
F50	Eating disorders	15,301	0.5
F51–F59	Other behavioural syndromes associated with physiological disturbance and physical factors	5,201	0.2
F60	Specific personality disorders	103,473	3.7
F61–F69	Disorders of adult personality and behaviour	8,056	0.3
F70–F79	Mental retardation	10,324	0.4
F80–F89	Disorders of psychological development	19,345	0.7
F90	Hyperkinetic disorders	18,677	0.7
F91	Conduct disorders	33,311	1.2
F92–F98	Other and unspecified disorders with onset during childhood adolescence	47,745	1.7
Other		53,862	1.9
<i>Total with specified principal diagnosis</i>		2,793,493	100.0
F99	Mental disorder not otherwise specified	283,245	..
	Not reported ^(c)	1,126,993	..
<i>Total with unspecified principal diagnosis</i>		1,410,238	..
Total service contacts		4,203,731	..

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1 and AIHW (2004b).

(b) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions for reporting principal diagnosis.

(c) Includes all service contacts reported by Queensland (705,895). Queensland was unable to report principal diagnosis for 2001–02.

.. Not applicable.

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

The data presented below are on services received by clients with a psychiatric disability. The psychiatric disability can be the client's primary psychiatric disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting their everyday life. A number of 'other significant' disabilities may be identified by the client. See Box 3.1 for further information on disability groups.

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

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

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

Data are available from the CSDA MDS collection on the clients of these service types on a snapshot day each year. In this report, data have been presented for clients with any significant psychiatric disability. Therefore data are presented for clients with a primary psychiatric disability or where the client has indicated an 'other significant' psychiatric disability. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting their everyday life. A number of 'other significant' disabilities may be identified by the client. Refer to Box 3.1 for further information on CSDA MDS collection disability groups.

Figure 3.4 illustrates the relationship between non-residential services provided and other CSDA MDS data elements for clients with a psychiatric disability. On the snapshot day in 2001-02 there were 9,112 non-residential care services provided to an estimated 7,259 clients with a primary or other psychiatric disability (a statistical linkage key collected by all jurisdictions permits estimates to be made of the number of people receiving services). The major primary disability groups were psychiatric disability (54.1% of services received by clients with a primary or other psychiatric disability) and intellectual disability (35.3%). The majority of services were provided to male clients (57.3%) and the largest number of services to the 35-44 years age group. The non-residential care service types most frequently received were *Community access* (34.4%) and *Employment services* (30.1%). Victorian disability support

services reported the largest number of services for clients with a psychiatric disability (48.2%).

The majority of services were for clients who were Australian-born (86.4%). Non-residential care services for clients born in other English-speaking and non-English-speaking countries made up 10.5% of the total services for clients with any psychiatric disability. On the snapshot day, 240 CSDA-funded non-residential services were delivered to clients identified as being of Aboriginal or Torres Strait Islander origin or both. This was 2.6% of all services for clients with a psychiatric disability.

The majority of services for clients aged over 16 years of age (82.1%) were for those whose main income source is *Disability support pension*. For clients aged less than 16 years, 50.8% of the consumers' parents or guardians received the Carer allowance.

The location of clients receiving services was classified as *Major city, Inner regional, Outer regional, Remote, Very remote* or *Not reported* based on the client's postcode – 65.7% of services were received by clients in Major cities. The most commonly reported living arrangement was *Lives with others* (38.6%), and the most commonly reported accommodation type was *Private residence* (56.7%).

Box 3.1: Disability groups

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

Comparison between the data presented using the psychiatric CSDA MDS disability group and ICD-10-AM needs to be approached with caution given the differences in the underlying concepts and grouping used. Refer to the National Community Services Data Dictionary for additional detail on the CSDA MDS disability groups (AIHW 2004c).

Ambulatory-equivalent mental health-related separations

This section presents data on same day mental health-related hospital separations that could be considered equivalent to ambulatory mental health care (see Appendix 3 for further information). Briefly, for the purpose of this report, a separation was classified as ambulatory-equivalent if:

- it was a same day separation (that is, admission and separation occurred on the same day), and
- no procedure or other intervention was recorded, or any procedure recorded was a procedure identified as probably provided in ambulatory mental health care (a list of these procedures is included in Appendix 3), and
- the mode of admission did not include care type change or transfer, or the mode of separation did not include a transfer (to another facility), a care type change, left against medical advice or death.

This is the first year that ambulatory-equivalent separations have been identified in this way and reported in the ambulatory mental health care chapter. Previously these separations were included in the residential and admitted patient mental health care chapter.

Definition of mental health-related separations

Mental health-related separations from hospital include separations with a mental health-related principal diagnosis and separations that include any specialised psychiatric care. Separations are defined as having specialised psychiatric care if the patient is reported as having one or more days in a psychiatric hospital or in a specialised psychiatric unit of an acute care hospital (also referred to as a designated psychiatric unit). A mental health-related principal diagnosis in this publication is defined as any separation which has a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses (see Appendix 3 and *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

Overview

During 2001–02, there were 97,796 ambulatory-equivalent mental health-related separations. Of these, 77,189 separations included specialised psychiatric care. These separations accounted for 34.3% of all mental health-related separations and 41.0% of mental health-related separations with specialised psychiatric care. Ambulatory-equivalent mental health-related hospital separations accounted for 1.5% of total hospital separations during 2001–02 and 0.4% of total hospital patient days.

Table 3.21 shows the number of ambulatory-equivalent mental health-related separations per 1,000 population by hospital type for each state and territory.

For Australia as a whole, there were 5.0 ambulatory-equivalent mental health-related separations per 1,000 population and 78.9% of ambulatory-equivalent mental health-related separations received specialised psychiatric care. The separation rate per 1,000 population was higher for private hospitals (3.7) than for public acute hospitals (1.3) and there was also a higher proportion of specialised psychiatric care for private hospital separations (87.8%) than for public acute hospitals (52.0%).

Queensland was the jurisdiction with the highest rate for ambulatory-equivalent separations (6.5 separations per 1,000 population), followed by Victoria and Tasmania (both 6.1 separations per 1,000 population). Western Australia had the largest proportion of separations with specialised psychiatric care, with 88.0% of ambulatory-equivalent mental health-related separations including specialised psychiatric care.

Mental health legal status

Table 3.22 summarises the mental health legal status reported for ambulatory-equivalent mental health-related separations with specialised psychiatric care during 2001–02. The data on mental health legal status are collected to indicate whether a patient has been involuntarily detained (see Chapter 5 for more information).

Overall 1.5% of ambulatory-equivalent mental health-related separations recorded a mental health legal status of involuntary. However, 7.4% of ambulatory-equivalent mental health-related separations from public acute hospitals were involuntary, compared with 0.2% from private hospitals.

Age and sex

Table 3.23 presents the age and sex distribution of the ambulatory-equivalent mental health-related separations. There were 43,349 separations reported for male patients and 54,447 for female patients. Patients who received ambulatory-equivalent care were most likely to be in the 45–54 years age group for both sexes, which accounted for 22.6% of separations for both males and females. Patients who did not receive specialised psychiatric care were most likely to be in the 35–44 years age group.

Area of usual residence and Aboriginal and Torres Strait Islander status

Table 3.24 shows the number of separations by the patient's Indigenous status and area of usual residence. In total, 81.5% of ambulatory-equivalent mental health-related separations were for patients who usually resided in a Major city, while 0.9% resided in Remote or Very remote areas. There were 3.1 separations per 1,000 population for Aboriginal and Torres Strait Islander patients compared with 4.9 for other Australian patients. For information on the quality of Indigenous data for all hospital separations refer to *Australian Hospital Statistics 2001–02* (AIHW 2003c). It is likely that the number of separations relating to Indigenous patients are under-stated.

Principal diagnosis

Table 3.25 shows the distribution of ambulatory-equivalent mental health-related separations with specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2001–02, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of separations with specialised psychiatric care (16,725 or 21.7%), followed by *Reaction to severe stress and adjustment disorders* (F43, 11,378 or 14.7%) and *Recurrent depressive disorders* (F33, 9,947 or 12.9%).

Table 3.26 shows the distribution of ambulatory-equivalent mental health-related separations without specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2001–02, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (6,552 or 31.8%) followed by *Other anxiety disorders* (F41) (2,258 or 11.0%) and *Reaction to severe stress and adjustment disorders* (F43, 2,202 or 10.7%).

Table 3.25 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 90% of separations with *Schizoaffective disorders* (F25), *Bipolar affective disorders* (F31), *Depressive episode* (F32), *Recurrent depressive disorders* (F33), *Phobic anxiety disorders* (F40), *Obsessive-compulsive disorders* (F42), *Eating disorders* (F50), *Hyperkinetic disorders* (F90) and *Conduct disorders* (F91) were separations with specialised psychiatric care, whereas for principal diagnoses such as *Sleep disorders* (G47), *Mental disorders and diseases of the nervous system complicating pregnancy, childhood and the puerperium* (O99.3) and *Other symptoms and signs involving general sensations and perceptions* (R44) the proportion of separations with specialised psychiatric care was relatively low (0.2%, 2.1% and 2.9% respectively).

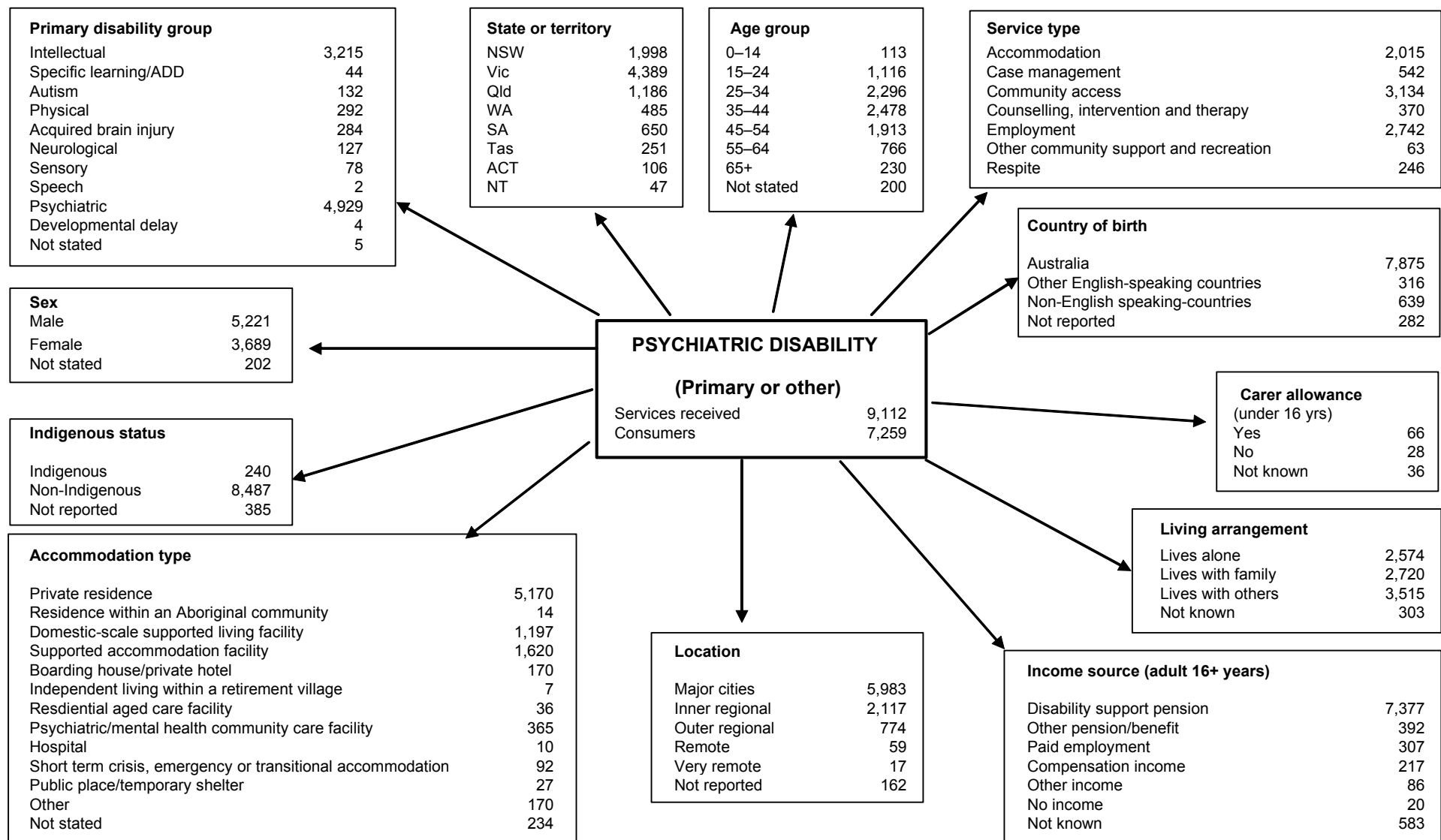
Procedures

Table 3.27 details the number of separations relating to the 30 procedures or interventions most frequently reported for ambulatory-equivalent mental health-related hospital separations with and without specialised psychiatric care. The most frequently reported procedures for ambulatory-equivalent separations with specialised psychiatric care were *Psychological skills training* (6,722 separations), *Cognitive behaviour therapy* (6,666 separations), *Other counselling or education* (2,932 separations) and *Psychotherapy* (2,580 separations). For ambulatory-equivalent separations without specialised psychiatric care, the most frequently reported procedures were *Other psychological therapies* (2,028 separations), *Alcohol rehabilitation* (1,967 separations), *Cognitive behaviour therapy* (1,028 separations) and *Alcohol rehabilitation and detoxification* (504 separations).

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements (see Chapter 5 for more information). Version 4.2 AR-DRGs are used in this report.

The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations are presented in Table 3.28. The most commonly reported AR-DRG was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 75,713 separations or 82.4%), followed by *Alcohol use disorder and dependence, same day* (V62B, 5,980 separations or 6.5%) and *Alcohol intoxication and withdrawal* (V60Z, 4,311 separations or 4.7%).



Note: All figures (except 'Consumers') are based on services received.

Figure 3.4: Interrelationships of psychiatric disability with other data elements, all CSDA-funded ambulatory disability support services (non-residential), on a snapshot day, 2002

Table 3.21: Summary of ambulatory-equivalent mental health-related separations, states and territories,^(a) 2001–02

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Separations with specialised psychiatric care									
Public acute hospitals	6,948	1,068	3,571	411	623	76	53	41	12,791
Public psychiatric hospitals	1,801	0	0	5	23	0	0	0	1,829
<i>Public hospitals</i>	<i>8,749</i>	<i>1,068</i>	<i>3,571</i>	<i>416</i>	<i>646</i>	<i>76</i>	<i>53</i>	<i>41</i>	<i>14,620</i>
Private hospitals	16,779	21,372	15,564	7,088	142	1,624	0	0	62,569
All hospitals	25,528	22,440	19,135	7,504	788	1,700	53	41	77,189
Separations without specialised psychiatric care									
Public acute hospitals	3,654	5,050	1,135	849	854	184	38	61	11,825
Public psychiatric hospitals	53	0	0	0	0	0	0	0	53
<i>Public hospitals</i>	<i>3,707</i>	<i>5,050</i>	<i>1,135</i>	<i>849</i>	<i>854</i>	<i>184</i>	<i>38</i>	<i>61</i>	<i>11,878</i>
Private hospitals	2,442	1,799	3,323	176	14	975	0	0	8,729
All hospitals	6,149	6,849	4,458	1,025	868	1,159	38	61	20,607
All separations									
Public acute hospitals	10,602	6,118	4,706	1,260	1,477	260	91	102	24,616
Public psychiatric hospitals	1,854	0	0	5	23	0	..	..	1,882
<i>Public hospitals</i>	<i>12,456</i>	<i>6,118</i>	<i>4,706</i>	<i>1,265</i>	<i>1,500</i>	<i>260</i>	<i>91</i>	<i>102</i>	<i>26,498</i>
Private hospitals	19,221	23,171	18,887	7,264	156	2,599	0	n.a.	71,298
All hospitals	31,677	29,289	23,593	8,529	1,656	2,859	91	102	97,796
% of separations with specialised psychiatric care									
Public acute hospitals	65.5	17.5	75.9	32.6	42.2	29.2	58.2	40.2	52.0
Public psychiatric hospitals	97.1	..	..	100.0	100.0	..	..	..	97.2
Public hospitals	70.2	17.5	75.9	32.9	43.1	29.2	58.2	40.2	55.2
Private hospitals	87.3	92.2	82.4	97.6	91.0	62.5	..	n.a.	87.8
All hospitals	80.6	76.6	81.1	88.0	47.6	59.5	58.2	40.2	78.9
Separations per 1,000 population^(c)									
Public acute hospitals	1.61	1.27	1.30	0.67	0.97	0.56	0.29	0.52	1.27
Public psychiatric hospitals	0.28	0.00	0.00	0.00	0.02	0.00	..	..	0.10
<i>Public hospitals</i>	<i>1.89</i>	<i>1.27</i>	<i>1.30</i>	<i>0.67</i>	<i>0.99</i>	<i>0.56</i>	<i>0.29</i>	<i>0.52</i>	<i>1.37</i>
Private hospitals	2.93	4.82	5.22	3.80	0.10	5.53	0.00	n.a.	3.71
All hospitals	4.83	6.09	6.51	4.48	1.09	6.09	0.28	0.53	5.04
95% confidence intervals for all hospitals	4.8–4.9	6.0–6.2	6.4–6.6	4.4–4.6	1.0–1.1	5.9–6.3	0.2–0.3	0.4–0.6	5.0–5.1

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(c) All rates are indirectly age standardised to the estimated resident population of Australia on 30 June 2001.

n.a. Not available.

.. Not applicable.

Table 3.22: Ambulatory-equivalent mental health-related separations, by mental health legal status^(a) and hospital type, states and territories,^(b) 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Involuntary	105	160	629	21	22	10	4	0	951
Voluntary	6,843	908	2,942	390	601	66	49	0	11,799
Not reported	0	0	0	0	0	0	0	41	41
Total	6,948	1,068	3,571	411	623	76	53	41	12,791
Private hospitals									
Involuntary	0	0	152	0	0	0	0	n.a.	152
Voluntary	16,779	0	15,334	7,088	142	0	0	n.a.	39,343
Not reported	0	21,372	78	0	0	1,624	0	n.a.	23,074
Total	16,779	21,372	15,564	7,088	142	1,624	0	n.a.	62,569
Public psychiatric hospitals^(c)									
Involuntary	41	0	0	3	17	0	..	..	61
Voluntary	1,760	0	0	2	6	0	..	..	1,768
Not reported	0	0	0	0	0	0	..	..	0
Total	1,801	0	0	5	23	0	..	..	1,829
All hospitals									
Involuntary	146	160	781	24	39	10	4	0	1,164
Voluntary	25,382	908	18,276	7,480	749	66	49	0	52,910
Not reported	0	21,372	78	0	0	1,624	0	41	23,115
Total	25,528	22,440	19,135	7,504	788	1,700	53	41	77,189

(a) Mental health legal status was collected for separations with specialised psychiatric care only.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(c) Victoria has only one public psychiatric hospital which is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

n.a. Not available.

.. Not applicable.

Table 3.23: Ambulatory-equivalent mental health-related separations, by sex and age group, Australia 2001-02

	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 or older	Total ^(a)
Males								
With psychiatric care	3,387	3,699	3,767	4,304	8,386	5,188	4,580	33,311
Without psychiatric care	1,153	1,461	1,646	1,867	1,841	1,420	649	10,038
Total	4,540	5,160	5,413	6,171	10,227	6,608	5,229	43,349
Females								
With psychiatric care	713	8,134	8,810	8,920	9,898	4,395	3,008	43,878
Without psychiatric care	945	1,493	2,102	2,123	1,993	1,078	834	10,569
Total	1,658	9,627	10,912	11,043	11,891	5,473	3,842	54,447
Total^(b)								
With psychiatric care	4,100	11,833	12,577	13,224	18,284	9,583	7,588	77,189
Without psychiatric care	2,098	2,954	3,748	3,990	3,834	2,498	1,483	20,607
Total	6,198	14,787	16,325	17,214	22,118	12,081	9,071	97,796

(a) Includes separations for which the age was not reported.

(b) Includes separations for which sex was not reported as male or female.

Table 3.24: Ambulatory-equivalent mental health-related separations, by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02

Remoteness Area ^(a) of usual residence	Aboriginal and/or Torres Strait Islander ^(b)			Not Aboriginal or Torres Strait Islander ^(c)			Total		
	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total
	Major cities	357	198	555	63,927	13,059	76,986	65,153	14,545	79,698
Inner regional	74	106	180	8,087	3,571	11,658	8,227	3,955	12,182
Outer regional	44	183	227	2,203	965	3,168	2,260	1,190	3,450
Remote	7	107	114	264	155	419	274	288	562
Very remote	3	125	128	97	81	178	101	216	317
Not reported	13	17	30	1,080	391	1,471	1,174	413	1,587
<i>Total</i>	<i>498</i>	<i>736</i>	<i>1,234</i>	<i>75,658</i>	<i>18,222</i>	<i>93,880</i>	<i>77,189</i>	<i>20,607</i>	<i>97,796</i>
<i>Per 1,000 population^(d)</i>	<i>1.3</i>	<i>1.8</i>	<i>3.1</i>	<i>4.0</i>	<i>1.0</i>	<i>4.9</i>	<i>4.0</i>	<i>1.1</i>	<i>5.0</i>

(a) Defined according to the ABS's the Australian Standard Geographical Classification Remoteness Structure, 2001 Census edition. See Glossary for more information.

(b) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin without further specification.

(c) Does not include separations for which Indigenous status was not reported.

(d) Separations per 1,000 population are indirectly age-standardised rates based on estimated Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001.

.. Not applicable.

Table 3.25: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Public acute	Public	Private	Total	% total ^(a)
		hospitals	psychiatric hospitals	hospitals		
F00–F03	Dementia	101	1	70	172	59.1
F04–F09	Other organic mental disorders	23	2	201	226	72.7
F10	Mental and behavioural disorders due to use of alcohol	588	26	4,472	5,086	43.7
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	302	13	1,394	1,709	58.4
F20	Schizophrenia	913	25	2,214	3,152	84.8
F21, F24, F28–F29	Schizotypal and other delusional disorders	122	19	76	217	59.6
F22	Persistent delusional disorders	115	1	64	180	67.4
F23	Acute and transient psychotic disorders	177	5	123	305	70.3
F25	Schizoaffective disorders	351	2	1,767	2,120	94.1
F30	Manic episode	14	3	64	81	63.8
F31	Bipolar affective disorders	251	3	3,102	3,356	91.4
F32	Depressive episode	2,063	256	14,406	16,725	90.8
F33	Recurrent depressive disorders	495	2	9,450	9,947	90.4
F34	Persistent mood (affective) disorders	306	2	1,379	1,687	84.5
F38, F39	Other and unspecified mood (affective) disorders	29	0	174	203	75.5
F40	Phobic anxiety disorders	144	17	880	1,041	93.9
F41	Other anxiety disorders	957	47	4,449	5,453	70.7
F42	Obsessive–compulsive disorders	75	102	727	904	95.6
F43	Reaction to severe stress and adjustment disorders	1,492	37	9,849	11,378	83.8
F44	Dissociative (conversion) disorders	19	1	678	698	80.5
F45, F48	Somatoform and other neurotic disorders	145	0	257	402	73.8
F50	Eating disorders	745	0	3,237	3,982	96.9
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	62	0	628	690	81.9
F60	Specific personality disorders	566	32	1,716	2,314	85.9
F61–F69	Disorders of adult personality and behaviour	21	0	200	221	88.4
F70–F79	Mental retardation	17	0	6	23	54.8
F80–F89	Disorders of psychological development	47	31	99	177	85.9
F90	Hyperkinetic disorders	398	107	15	520	97.4
F91	Conduct disorders	1,240	711	295	2,246	95.7
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	255	51	82	388	84.9
F99	Mental disorder not otherwise specified	12	0	2	14	31.1
G30	Alzheimers disease	4	0	19	23	40.4
G47	Sleep disorders	3	0	0	3	0.2
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and puerperium	3	0	2	5	2.1
R44	Other symptoms and signs involving general sensations and perceptions	2	0	0	2	2.9
R45	Symptoms and signs involving emotional state	50	0	0	50	33.8
	Other factors related to mental and behavioural disorders ^(c)	176	311	21	508	81.4
	Other factors related to substance use ^(b)	0	0	0	0	0.0
	Other ^(d)	508	22	451	981	100.0
Total		12,791	1,829	62,569	77,189	78.9

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.

(b) The proportion of mental health-related patient days with these diagnoses that were psychiatric care days.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(e) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

Table 3.26: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Public acute	Public	Private	Total	% total ^(a)
		hospitals	psychiatric hospitals	hospitals		
F00–F03	Dementia	112	0	7	119	40.9
F04–F09	Other organic mental disorders	76	0	9	85	27.3
F10	Mental and behavioural disorders due to use of alcohol	3,309	9	3,234	6,552	56.3
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	780	6	433	1,219	41.6
F20	Schizophrenia	375	1	187	563	15.2
F21, F24,	Schizotypal and other delusional disorders	140	4	3	147	40.4
F22	Persistent delusional disorders	87	0	0	87	32.6
F23	Acute and transient psychotic disorders	127	2	0	129	29.7
F25	Schizoaffective disorders	58	0	75	133	5.9
F30	Manic episode	35	0	11	46	36.2
F31	Bipolar affective disorders	132	4	181	317	8.6
F32	Depressive episode	928	4	759	1,691	9.2
F33	Recurrent depressive disorders	84	0	976	1,060	9.6
F34	Persistent mood (affective) disorders	41	2	266	309	15.5
F38, F39	Other and unspecified mood (affective) disorders	6	1	59	66	24.5
F40	Phobic anxiety disorders	4	1	63	68	6.1
F41	Other anxiety disorders	1,569	0	689	2,258	29.3
F42	Obsessive–compulsive disorders	6	1	35	42	4.4
F43	Reaction to severe stress and adjustment disorders	846	17	1,339	2,202	16.2
F44	Dissociative (conversion) disorders	128	0	41	169	19.5
F45, F48	Somatoform and other neurotic disorders	105	0	38	143	26.2
F50	Eating disorders	82	0	47	129	3.1
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	127	0	25	152	18.1
F60	Specific personality disorders	264	3	113	380	14.1
F61–F69	Disorders of adult personality and behaviour	18	0	11	29	11.6
F70–F79	Mental retardation	17	0	2	19	45.2
F80–F89	Disorders of psychological development	28	0	1	29	14.1
F90	Hyperkinetic disorders	13	0	1	14	2.6
F91	Conduct disorders	100	0	0	100	4.3
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	68	0	1	69	15.1
F99	Mental disorder not otherwise specified	31	0	0	31	68.9
G30	Alzheimer's disease	30	0	4	34	59.6
G47	Sleep disorders	1,603	0	90	1,693	99.8
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and puerperium	221	0	16	237	97.9
R44	Other symptoms and signs involving general sensations and perceptions	67	0	0	67	97.1
R45	Symptoms and signs involving emotional state	89	0	9	98	66.2
	Other factors related to mental and behavioural disorders ^(b)	115	0	1	116	18.6
	Other factors related to substance use ^(c)	4	1	0	5	100.0
Total		11,825	56	8,726	20,607	21.1

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Table 3.27: The 30 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2001–02

With specialised psychiatric care		Without specialised psychiatric care			
Procedure		Procedure	Separations		
96001–00	Psychological skills training	6,722	96174–00	Other psychological therapies	2,028
96101–00	Cognitive behaviour therapy	6,666	92002–00	Alcohol rehabilitation	1,967
96090–00	Other counselling or education	2,932	96101–00	Cognitive behaviour therapy	1,028
96099–00	Psychotherapy	2,580	92004–00	Alcohol rehabilitation and detoxification	504
96174–00	Other psychological therapies	2,364	96099–00	Psychotherapy	494
95550–10	Allied health intervention, psychology	1,963	95550–01	Allied health intervention, social work	407
96073–00	Substance addiction counselling or education	996	95550–10	Allied health intervention, psychology	380
95550–02	Allied health intervention, occupational therapy	493	96001–00	Psychological skills training	343
92002–00	Alcohol rehabilitation	487	96073–00	Substance addiction counselling or education	322
92004–00	Alcohol rehabilitation and detoxification	181	93300–00	Psychiatric assessment	306
93300–00	Psychiatric assessment	167	92008–00	Combined alcohol and drug rehabilitation	289
96027–00	Prescribed medication assessment	124	92005–00	Drug rehabilitation	252
95550–01	Allied health intervention, social work	89	92006–00	Drug detoxification	67
92005–00	Drug rehabilitation	83	92010–00	Combined alcohol and drug rehabilitation and detoxification	42
96066–00	Preventative counselling or education	82	92003–00	Alcohol detoxification	26
92007–00	Drug rehabilitation and detoxification	56	95550–02	Allied health intervention, occupational therapy	14
96030–00	Situational/occupational/environmental assessment	35	96000–02	Neuropsychological assessment	13
96032–00	Psychosocial assessment	35	92007–00	Drug rehabilitation and detoxification	10
92010–00	Combined alcohol and drug rehabilitation and detoxification	22	96032–00	Psychosocial assessment	7
96080–00	Counselling/education for parenthood, parenting skills or family planning	21	96075–00	Self care/self maintenance counselling or education	7
92003–00	Alcohol detoxification	20	96107–00	Service coordination	5
92008–00	Combined alcohol and drug rehabilitation	17	96067–00	Nutritional/dietary counselling or education	5
96105–00	Relaxation therapy, not elsewhere classified	16	92009–00	Combined alcohol and drug detoxification	5
96081–00	Relationship counselling	15	96090–00	Other counselling or education	3
96100–00	Psychodynamic therapy	13	96105–00	Relaxation therapy, not elsewhere classified	3
96148–00	Play/leisure/recreation therapy	10	96034–00	Alcohol and other drug assessment	3
96000–02	Neuropsychological assessment	4	96082–00	Crisis situation/event counselling	2
92006–00	Drug detoxification	3	96106–00	Resourcing intervention	2
96078–00	Financial management counselling or education	1	96080–00	Counselling/education for parenthood, parenting skills or family planning	2
96000–03	Complex psychological assessment	1	96081–00	Relationship counselling	1
	Other	0		Other	6
	No procedure or not reported	53,305		No procedure or not reported	12,821
Total(a)		77,189			20,607

(a) Total of the rows is not necessarily equivalent to the total as multiple procedures can be reported for each separation.

Table 3.28: The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations, Australia, 2001–02

AR-DRG Description	Separations	Per 1,000 population^(b)
U60Z Mental Health Treatment, Sameday, W/O ECT	75,713	3.90
V62B Alcohol Use Disorder and Dependence, Sameday	5,980	0.31
V60Z Alcohol Intoxication and Withdrawal	4,311	0.22
V64Z Other Drug Use Disorder and Dependence	1,394	0.07
Z64B Other Factors Influencing Health Status Age<80	878	0.05
O61Z Postpartum and Post Abortion W/O O.R. Procedure	749	0.04
V61B Drug Intoxication and Withdrawal W/O CC	612	0.03
V63Z Opioid Use Disorder and Dependence	529	0.03
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	465	0.02
I68B Non-surgical Neck and Back Cond W/O Pain Management Proc/Myelogram Age<75 W/O CC	233	0.01
O65A Other Antenatal Admission W Severe Complicating Diagnosis	215	0.01
B64Z Delirium	173	<0.01
I68A Non-Surg Neck and Back Cond W/O Pain Management Proc/Myelogram (Age<75 W CC) or Age>74	105	<0.01
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age<60 W/O CC	77	<0.01
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	64	<0.01
V61A Drug Intoxication and Withdrawal W CC	64	<0.01
I71C Musculotendinous Disorders Age<70 W/O CC	47	<0.01
X60C Injuries Age< 65	30	<0.01
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	27	<0.01
B76B Seizure Age>2 or W/O Catastrophic or Severe CC	24	<0.01
K62C Miscellaneous Metabolic Disorders W/O Catastrophic or Severe CC Age < 75	21	<0.01
B77Z Headache	17	<0.01
E75C Other Respiratory System Diagnosis Age<65 W/O CC	16	<0.01
X62A Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	15	<0.01
960Z Ungroupable	14	<0.01
P67D Neonate, AdmWt>2,499 g W/O Significant O.R. Procedure W/O Problem	13	<0.01
F74Z Chest Pain	12	<0.01
O60B Vaginal Delivery W Severe Complicating Diagnosis	11	<0.01
C63B Other Disorders of the Eye W/O CC	9	<0.01
G67B Oesophagitis, Gastroent and Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9	<0.01
B60B Non-acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastrophic CC	8	<0.01
All other AR-DRGs	81	<0.01
Total	91,902	4.73

(a) Separations with a care type of *Acute*, *Newborn with qualified days* and *Not reported* only.

(b) Rates are crude rates based on the total Australian estimated resident population of 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, O.R.—operating room, Proc—procedure, Surg—surgical.