

3 Ambulatory mental health care

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

- general practitioners (see Section 3.2)
- private psychiatrists (see Section 3.3)
- hospital-based outpatient services and community-based mental health care services (see Section 3.4)
- non-residential disability support services funded by the Commonwealth State/Territory Disability Agreement (CSTDA) (see Section 3.5)
- admitted patient services in public and private hospitals that could be considered equivalent to ambulatory mental health care (see Section 3.6).

In this report the term ‘ambulatory’ 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 care, for example same day admissions to hospital to receive group psychotherapy, individual counselling, or other care which could be provided in an ambulatory setting. The definition of ‘ambulatory-equivalent admitted patient care’ is detailed in Appendix 2. In table and figure titles and in some text references in this report, this term has been abbreviated to ‘ambulatory-equivalent’.

3.1 Overview

National statistics on the number of general practice encounters for mental health-related problems, Medicare-funded psychiatrist attendances and ambulatory-equivalent mental health hospital separations are presented for the years 1999–00 to 2003–04 or 2004–05 (Table 3.1).

A summary of the number of services and the services per 1,000 population for each type of ambulatory service provider is presented in Table 3.2 by state and territory for 2003–04. Data for 2004–05 available at the time of publishing this report are presented by state and territory in Table 3.3.

The data collections for different health service providers use different definitions for a ‘service contact or event’. For this reason, comparison 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 with mental health-related problems (29% of these people) (ABS 1998). According to the 2004–05 Bettering the Evaluation and Care of Health (BEACH) survey of general practice

activity, 10.8% of general practice encounters involved the management of at least one mental health-related problem (Figure 3.1) (Britt et al. 2005). A simple extrapolation based on the 96.3 million non-specialist attendances claimed from Medicare for 2003–04 suggests that there were about 9.8 million attendances in which general practitioners managed mental health-related problems for the BEACH data for 2003–04. This corresponded to 492 attendances per 1,000 population in 2003–04 (Table 3.2). The estimated number of encounters per 1,000 population has been comparatively stable since 1999–00, with a 0.6% average annual decrease from 1999–00 to 2004–05 (Table 3.1). 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 101.5 attendances per 1,000 population in 2003–04 and 99.3 attendances per 1,000 population in 2004–05 (Tables 3.2 and 3.3). Table 3.1 shows that there has been a gradual decline in the number of private psychiatrist attendances reported per 1,000 population since 1999–00.

The AIHW collates data on ambulatory care service contacts provided by government-operated community mental health services. These services include public hospital outpatient services and community-based mental health services. In 2003–04 there were 4.9 million service contacts reported for these services, at a rate of 246.5 per 1,000 population (Table 3.2).

The role of private hospitals in the provision of ambulatory mental health care for non-admitted patients was relatively small, at 2.3 occasions of service per 1,000 population in 2003–04 (Table 3.2).

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 2. In 2003–04, there were 1.3 of these separations per 1,000 population provided by public hospitals and 4.1 per 1,000 population by private hospitals (Table 3.2). There was an average annual 6.5% decrease from 1999–00 to 2003–04 in the number of public hospital ambulatory-equivalent mental health-related separations per 1,000 population and a 10.7% average annual increase in the number of similar private hospital separations per 1,000 population (Table 3.1).

Mental health-related disability support services are also a component of the mental health service delivery system. Disability support services funded under the Commonwealth State/Territory Disability Agreement (CSTDA) can be services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types. CSTDA data differ from the other data presented in this report as they provide measures of service users, not episodes of treatment or care. Data relating to the number of services provided in 2003–04 are only available in the form of the number of hours of service provided for selected service types in a reference week. CSTDA data are presented in Figure 3.5.

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and ambulatory-equivalent mental health-related hospital separations, Australia, 1999–00 to 2004–05

	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%) ^(a)
General practice encounters for mental health-related problems^(b)							
Estimated number of encounters	9,912,000	10,111,000	10,004,000	9,335,000	9,828,000	10,221,000	0.6
Lower 95% confidence limit	9,730,000	9,937,000	9,843,000	9,175,000	9,689,000	9,995,000	0.5
Upper 95% confidence limit	10,081,000	10,273,000	10,154,000	9,484,000	9,957,000	10,431,000	0.7
Per cent of total GP encounters	9.9	10.1	10.2	9.8	10.4	10.8	1.8
Estimated number of encounters per 1,000 population ^(c)	521	525	512	473	492	505	–0.6
Lower 95% confidence limit	511	516	504	464	485	494	–0.7
Upper 95% confidence limit	530	533	520	480	498	516	–0.5
Medicare-funded psychiatrist services^(d)							
Services	2,116,674	2,126,549	2,100,032	2,065,013	2,028,468	2,007,218	–1.1
Services per 1,000 population ^(c)	111.2	110.3	107.5	104.5	101.5	99.3	–2.2
Ambulatory-equivalent mental health-related hospital separations^(e)							
Public hospitals							
Separations	31,496	28,568	26,498	26,188	26,598	n.a.	–4.1
Separations per 1,000 population ^(f)	1.7	1.5	1.4	1.3	1.3	n.a.	–6.5
Private hospitals							
Separations	51,946	62,455	71,298	82,758	84,983	n.a.	13.1
Separations per 1,000 population ^(f)	2.8	3.3	3.7	4.2	4.2	n.a.	10.7
Private hospitals non-admitted patient occasions of service^(g)							
Individual occasions of service/group sessions	15,921	67,883	52,856	48,800	46,100	n.a.	30.4
Individual occasions of service/group sessions per 1,000 population ^(c)	0.6	3.5	2.7	2.5	2.3	n.a.	39.9

(a) Average annual % change to 2004–05 for General practice encounters for mental health-related problems and Medicare-funded psychiatrist services, and to 2003–04 for Ambulatory-equivalent mental health-related hospital separations and Private hospitals non-admitted patient occasions of service.

(b) The estimated number of encounters is based on the proportion of encounters in which a mental health-related problem was managed in the BEACH survey of general practice activity, multiplied by the total number of GP Medicare services reported by DHA. *Source:* Britt et al. 2005.

(c) Crude rate based on the Australian estimated resident population as at 31 December of the reference year.

(d) Medicare data from DHA.

(e) See Appendix 2 for definition. *Source:* National Hospital Morbidity Database.

(f) The rates were directly age-standardised as detailed in Appendix 1.

(g) Private Health Establishments Collection (PHEC) data provided by ABS.

.. Not applicable. n.a. Not available.

Table 3.2: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health-related problems^(a)									
Estimated number of encounters	3,013,000	2,627,000	1,925,000	872,000	1,078,000	329,000	86,000	38,000	9,828,000
Lower 95% confidence limit	2,975,000	2,580,000	1,860,000	845,000	1,040,000	281,000	86,000	35,000	9,689,000
Upper 95% confidence limit	3,043,000	2,663,000	1,971,000	889,000	1,102,000	346,000	86,000	38,000	9,956,000
Per cent of total GP encounters	8.8	11.2	10.9	11.5	13.1	15.6	7.5	7.5	10.4
Estimated number of encounters per 1,000 population ^(b)	450	532	500	444	705	684	267	190	492
Lower 95% confidence limit	444	523	484	430	680	584	268	176	485
Upper 95% confidence limit	454	539	512	453	720	720	267	191	498
Medicare-funded psychiatrist services^(c)									
Services	633,624	658,777	347,618	121,352	192,084	47,356	23,348	4,289	2,028,468
Services per 1,000 population ^(b)	94.6	133.4	90.4	61.8	125.5	98.6	72.2	21.6	101.5
Public hospital outpatient and community-based services^(d)									
Service contacts	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
Service contacts per 1,000 population ^(e)	215.1	322.4	232.0	213.7	205.7	139.9	504.7	122.6	246.5
Ambulatory-equivalent mental health-related hospital separations^(f)									
Public hospitals									
Separations	12,140	6,382	5,275	983	1,316	298	106	98	26,598
Separations per 1,000 population ^(e)	1.8	1.3	1.4	0.5	0.9	0.6	0.3	0.5	1.3
Private hospitals									
Separations	19,886	34,868	18,538	6,454	433	n.p.	n.p.	n.p.	84,983
Separations per 1,000 population ^(e)	2.9	7.0	4.7	3.3	0.3	n.p.	n.p.	n.p.	4.2
Private hospital non-admitted patient occasions of service^(g)									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	46,100
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.	2.3

(a) The estimated number of encounters is based on the proportion of encounters in which a mental health-related problem was managed in the BEACH survey of general practice activity, multiplied by the total number of GP Medicare services reported by DHA.

(b) Crude rate based on the Australian estimated resident population at 31 December 2003.

(c) Medicare data from DHA.

(d) *Source*: National Community Mental Health Care Database.

(e) The rates were directly age-standardised as detailed in Appendix 1.

(f) See Appendix 2 for definition. *Source*: National Hospital Morbidity Database.

(g) Private Health Establishments Collection (PHEC) data provided by ABS. PHEC occasions of service data were not available by state and territory.

n.a. Not available.

n.p. Not published.

Table 3.3: Summary of available data for ambulatory mental health care provided by private psychiatrists, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Medicare-funded psychiatrist services^(a)									
Services	627,105	650,085	352,377	121,072	182,953	46,189	22,395	5,024	2,007,218 ^(c)
Services per 1,000 population ^(b)	92.9	130.2	89.7	60.7	119.1	95.5	69.1	25.0	99.3 ^(c)

(a) Medicare data from DHA.

(b) Crude rate based on the Australian estimated resident population at 31 December 2004.

(c) Includes Medicare-funded psychiatrists services for which state was not reported.

3.2 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 (GPs). It also presents the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data on mental health-related PBS and RPBS-subsidised medications prescribed by general practitioners.

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 GP-patient encounters each year. The data for 2003–04, used in this report, included a total of 98,877 encounters after post-stratification weighting to ensure the data reflected national general practice activity patterns.

For this report, mental health-related problems and 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 2003–04* (Britt et al. 2004).

Overview

Mental health-related encounters have been defined as those at which a mental health-related problem was managed. However, some information is also presented on encounters for which mental health-related RFEs were reported.

There were 10,827 encounters in the data set with a mental health-related problem and/or RFE. Of those, there were 10,238 encounters with a mental health-related problem managed. Of those, 5,866 (57.3%) had both a mental health-related problem and a mental health-related RFE. For 4,372 encounters (42.7%) there was a mental-health related problem reported without a mental health-related RFE. A total of 589 encounters had a mental health-related RFE reported but did not have a mental health-related problem managed.

Figure 3.1 shows data on the 10,238 general practitioner encounters in which a mental health-related problem was managed and how this relates to other data collected for the encounters. Mental health-related problems were managed at 10.4% of encounters and accounted for 7.4% of all problems managed. Mental health-related problems were most commonly managed for patients of the middle age groups, with those between 25–44 years and 45–64 years accounting for 31.0% and 31.5% of these encounters respectively. The patients were predominantly female (60.5%).

The most common patient reason for these encounters was a prescription request, reported at a rate of 25.2 per 100 encounters. Depression was also a common reason, recorded at 16.7 per 100 of these encounters.

Temazepam and diazepam were the medications most frequently prescribed for mental health-related problems, at rates of 9.0 and 6.8 per 100 problems managed respectively. Psychological counselling was the most common clinical treatment, provided at a rate of 25.2 per 100 problems. Referrals to psychiatrists were the most frequent referral type (2.2 per 100 problems managed).

Encounters with mental health-related reasons for encounter

There were 6,455 encounters in the data set with a mental health-related RFE. Of those, 5,866 also had a mental health-related problem and are included in the mental health-related encounters for this report. The other 589 did not have a mental health-related problem so are not included as mental health-related encounters for this report.

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

Overall in 2003–04, there were 148,521 RFEs reported in BEACH survey data at a rate of 150 per 100 encounters (Britt et al. 2004). Of these, 7,407 RFEs (5.0% of all RFEs) were mental health-related, reported at a rate of 6.5 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, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

Age group and sex

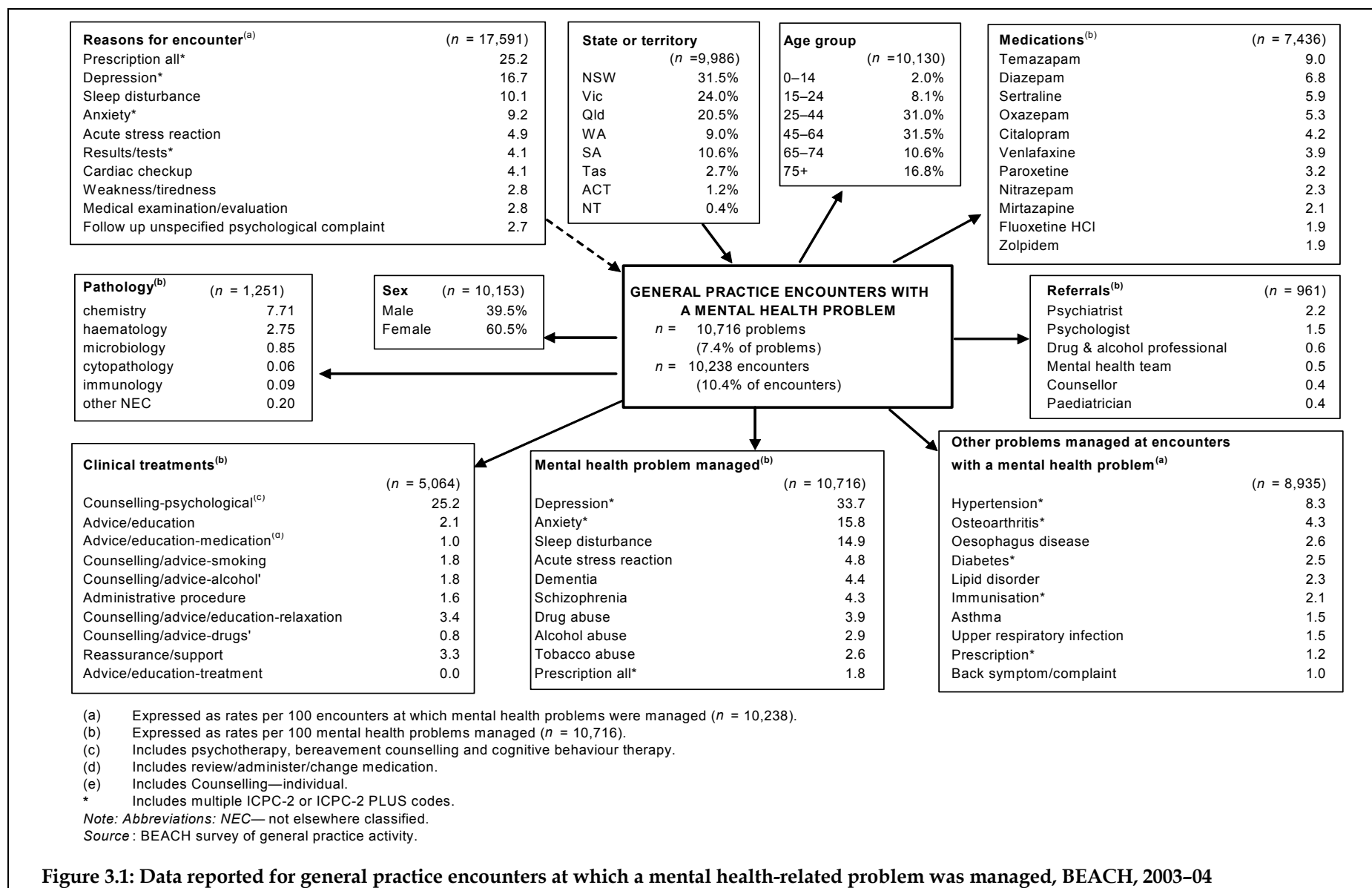
In 2003–04, there were fewer mental health-related encounters recorded for male patients than there were for female patients. The highest number of mental health-related encounters were for females aged 25 to 44 years (Figure 3.2). For males, the highest number of mental health-related encounters was for those aged 45 to 64 years. The highest proportion of total general practice encounters that were mental health-related was for males aged 25 to 44 years (14.3% of total general practice encounters), followed by females aged 25 to 44 years (12.7%) (Figure 3.3).

Problems managed

The problem managed is a formal statement of the GP's understanding of a health problem presented by the patient, which may at times be limited to the level of symptoms. For each patient encounter, up to four problems could be recorded by the GP. Overall, there were 144,674 problems managed in the 2003–04 BEACH survey, at a rate of 146 per 100 encounters (Britt et al. 2004). There were 10,716 psychological problems managed at a rate of 10.4 per 100 encounters.

Table 3.5 presents data on the 10 most frequently reported mental health-related problems managed, by patient sex, from 1999–00 to 2003–04. In 1999–00, mental health-related problems accounted for 6.7% of all problems managed by GPs and at least one was managed at 9.9% of all GP encounters. In 2003–04, mental health-related problems accounted for 7.1% of all problems managed by GPs and at least one was managed at 10.4% of all GP encounters. The most frequently reported problems managed over this period were depression, anxiety, sleep disturbances and acute stress reaction. The rate per 100 encounters for each of these problems remained fairly stable between 1999–00 and 2003–04.

Depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem in 2003–04, accounting for 33.7% of all mental health-related problems managed and 2.5% of all problems managed (Figure 3.1 and Table 3.6). Anxiety (P01, P74, 15.8% of all mental health-related problems managed and 1.2% of all problems managed) and sleep disturbance (P06, 14.9% of all mental health-related problems managed and 1.1% of all problems managed) were the next most frequently managed mental health-related problems.



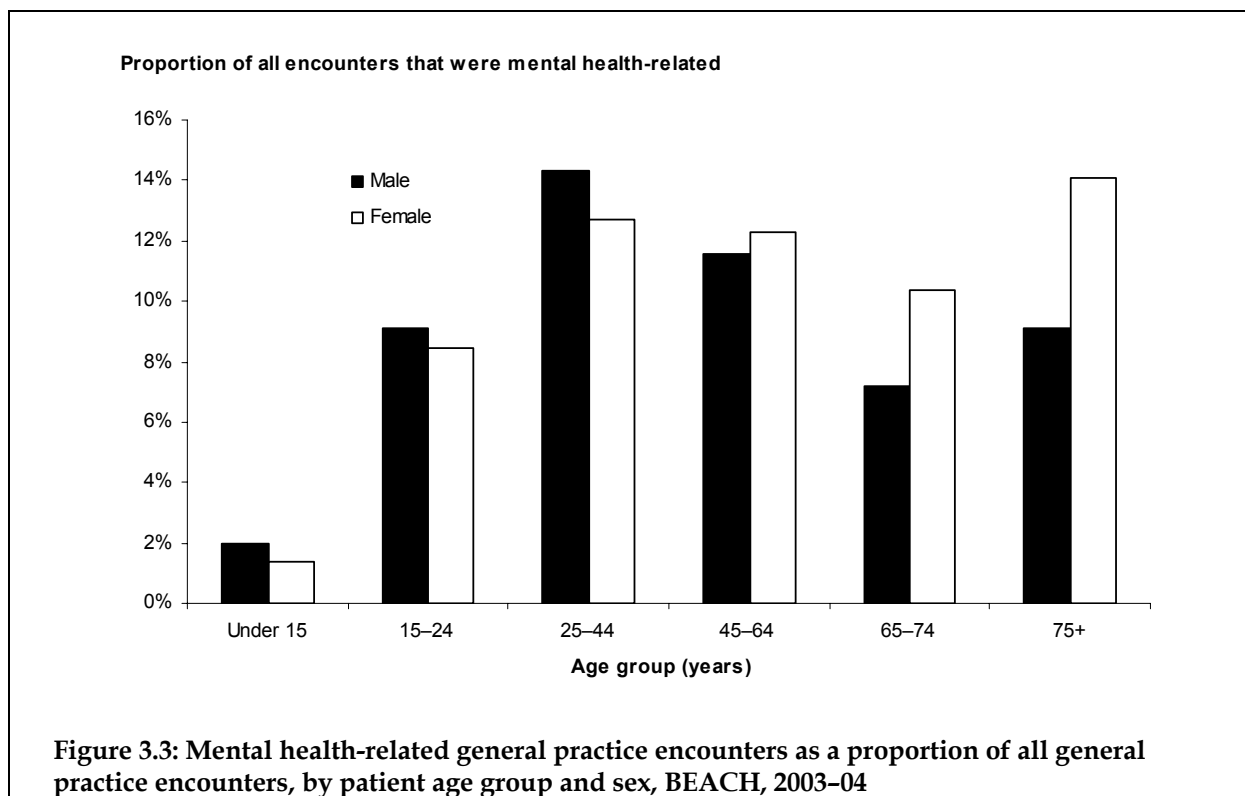
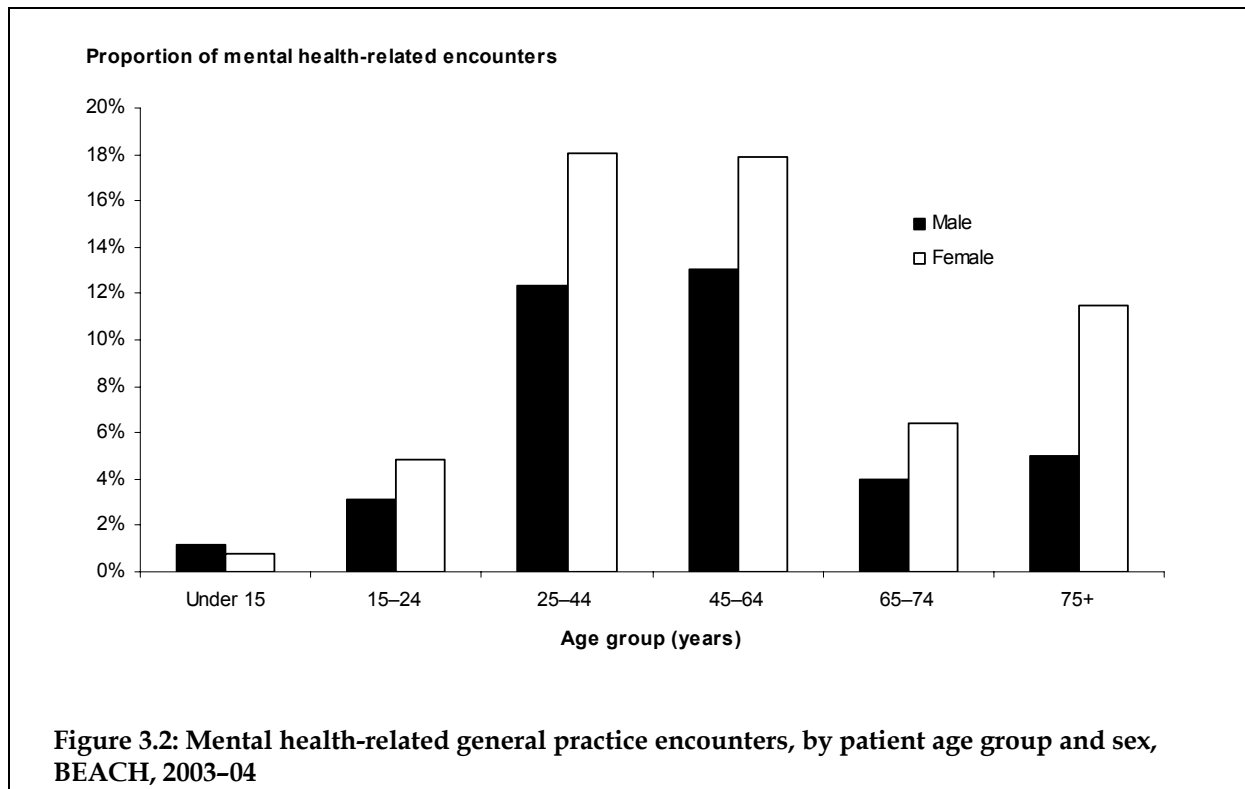


Table 3.4: Most frequent reported mental health-related reasons for encounter, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Reason for encounter	Rate per 100			
		% total RFEs	encounters	95% LCL	95% UCL
Males					
P03, P76	Depression	1.0	1.4	1.2	1.6
P06	Sleep disturbance	0.8	1.1	1.0	1.3
P01, P74	Anxiety	0.6	0.9	0.8	1.0
P50	Prescription request/renewal	0.4	0.6	0.5	0.8
P02	Acute stress reaction	0.3	0.5	0.4	0.6
P63	Follow-up, unspecified psychological complaint	0.2	0.3	0.2	0.4
P19	Drug abuse	0.1	0.2	0.1	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.1	0.2
P72	Schizophrenia	0.1	0.2	0.1	0.2
P15, P16	Alcohol abuse	<0.1	<0.1	<0.1	0.1
	Other	1.0	1.4	1.3	1.6
	<i>Total</i>	4.2	6.1	5.7	6.6
Females					
P03, P76	Depression	1.4	2.1	1.9	2.3
P01, P74	Anxiety	0.7	1.1	1.0	1.2
P06	Sleep disturbance	0.8	1.2	1.0	1.3
P50	Prescription request/renewal	0.5	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.5	0.7
P63	Follow-up, unspecified psychological complaint	0.2	0.3	0.2	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.1	0.2
P70	Dementia	0.1	0.2	0.1	0.3
P04	Feeling/behaving irritable/angry	0.1	0.2	0.1	0.2
	Other	0.6	0.9	0.8	1.0
	<i>Total</i>	4.5	6.8	6.4	7.2
Total^(a)					
P03, P76	Depression	1.2	1.8	1.7	1.9
P06	Sleep disturbance	0.8	1.1	1.0	1.3
P01, P74	Anxiety	0.7	1.0	0.9	1.1
P50	Prescription request/renewal	0.4	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.5	0.6
P63	Follow-up, unspecified psychological complaint	0.2	0.3	0.2	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.1	0.2
P70	Dementia	<0.1	0.1	<0.1	0.2
P19	Drug abuse	<0.1	0.1	<0.1	0.2
	Other	0.8	1.2	1.1	1.3
	Total	4.3	6.5	6.2	6.9

(a) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

Table 3.5: Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1999-00 to 2003-04

Mental health-related problem	1999-00		2000-01		2001-02		2002-03		2003-04		Average annual % change		
	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	
Males													
P03, P76	Depression	1.8	2.6	2.0	2.8	1.9	2.7	1.9	2.7	2.0	2.8	2.2	2.0
P06	Sleep disturbance	1.0	1.5	1.0	1.4	1.1	1.6	1.1	1.6	1.1	1.6	1.4	1.2
P01, P74	Anxiety	0.9	1.4	1.0	1.3	0.9	1.3	0.9	1.2	1.0	1.4	1.3	1.1
P19	Drug abuse	0.6	0.9	0.6	0.8	0.6	0.8	0.5	0.7	0.4	0.6	-10.1	-10.3
P72	Schizophrenia	0.3	0.4	0.4	0.5	0.4	0.5	0.4	0.5	0.4	0.6	8.2	8.0
P15, P16	Alcohol abuse	0.4	0.5	0.4	0.6	0.4	0.5	0.4	0.5	0.4	0.5	0.4	0.2
P02	Acute stress reaction	0.3	0.4	0.3	0.4	0.3	0.4	0.2	0.3	0.3	0.4	-0.3	-0.5
P17	Tobacco abuse	0.2	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3	9.5	9.3
P70	Dementia	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.3	0.2	0.3	5.3	5.1
P81	Hyperkinetic disorder	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	-3.7	-3.9
	Other	1.0	1.4	1.1	1.5	1.0	1.4	0.9	1.3	1.0	1.4	0.5	0.3
Total^(a)		6.4	9.2	6.7	9.4	6.8	9.4	6.5	9.1	6.7	9.6	1.4	1.2
Females													
P03, P76	Depression	2.7	4.0	2.9	4.3	2.7	4.0	2.8	4.1	2.9	4.3	1.5	1.5
P01, P74	Anxiety	1.4	2.0	1.3	1.9	1.3	1.9	1.2	1.8	1.3	1.9	-0.9	-0.9
P06	Sleep disturbance	1.1	1.6	1.1	1.6	1.1	1.7	1.0	1.6	1.1	1.7	0.9	0.9
P02	Acute stress reaction	0.5	0.7	0.5	0.7	0.5	0.7	0.4	0.6	0.4	0.6	-3.1	-3.1
P70	Dementia	0.3	0.5	0.3	0.4	0.3	0.5	0.3	0.5	0.4	0.6	4.3	4.3
P72	Schizophrenia	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.4	5.9	5.9
P17	Tobacco abuse	0.1	0.2	0.2	0.3	0.3	0.4	0.1	0.2	0.2	0.2	8.8	8.8
P19	Drug abuse	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.4	0.2	0.3	-9.3	-9.3
P15, P16	Alcohol abuse	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2	-2.1	-2.1
P73	Affective psychosis	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	13.9	13.9
	Other	0.7	1.0	0.7	1.0	0.7	1.0	0.7	1.0	0.7	1.1	1.7	1.7
Total^(a)		6.9	10.3	7.3	10.7	7.3	10.7	6.9	10.3	7.3	10.9	1.4	1.4

(continued)

Table 3.5 (continued): Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1999–00 to 2003–04

Mental health-related problem	1999–00		2000–01		2001–02		2002–03		2003–04		Average annual % change	
	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters
	Total ^(b)											
P03, P76 Depression	2.3	3.4	2.5	3.6	2.4	3.4	2.4	3.5	2.5	3.6	1.6	1.6
P01, P74 Anxiety	1.2	1.7	1.1	1.7	1.1	1.6	1.1	1.5	1.2	1.7	-0.3	-0.4
P06 Sleep disturbance	1.1	1.5	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.1
P02 Acute stress reaction	0.4	0.6	0.4	0.6	0.4	0.6	0.4	0.5	0.4	0.5	-2.3	-2.3
P72 Schizophrenia	0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.5	7.1	7.0
P19 Drug abuse	0.4	0.6	0.4	0.6	0.4	0.5	0.3	0.5	0.3	0.4	-9.7	-9.8
P70 Dementia	0.3	0.4	0.2	0.3	0.3	0.4	0.3	0.4	0.3	0.5	4.7	4.7
P17 Tobacco abuse	0.1	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3	9.4	9.4
P15, P16 Alcohol abuse	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	-0.5	-0.6
P73 Affective psychosis	<0.1	0.1	0.1	0.1	0.1	0.1	<0.1	0.1	0.1	0.1	6.5	13.3
Other	0.9	1.3	0.9	1.3	0.8	1.2	0.8	1.2	0.9	1.3	0.6	0.6
Total^(a)	6.7	9.9	7.0	10.1	7.1	10.2	6.7	9.8	7.1	10.4	1.3	1.2

(a) Total represents the number of encounters at which at least one mental health problem was managed. As more than one mental health problem may be reported for each encounter, figures do not add to total.

(b) Includes sex not stated.

Notes: 1. Per cent of total problems represents the number of each mental health problem managed as a percentage of all problems managed.

2. Rate per 100 encounters represents the number of each mental health problem managed reported per 100 of all encounters.

Source: BEACH survey of general practice activity.

Table 3.6: Most frequently reported mental health-related problems managed, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Mental health problem	% total problems ^(c)	Rate per 100 encounters ^(d)	95% LCL	95% UCL
Males					
P03, P76	Depression	2.0	2.8	2.6	3.1
P01, P74	Anxiety	1.0	1.4	1.3	1.6
P06	Sleep disturbance	1.1	1.6	1.4	1.7
P19	Drug abuse	0.3	0.4	0.3	0.5
P72	Schizophrenia	0.2	0.3	0.2	0.4
P15, P16	Alcohol abuse	0.4	0.6	0.5	0.7
P02	Acute stress reaction	0.4	0.6	0.4	0.8
P17	Tobacco abuse	0.2	0.3	0.3	0.4
P70	Dementia	0.1	0.2	0.1	0.2
P82	Post-traumatic stress disorder	0.4	0.5	0.4	0.6
	Other	1.0	1.4	1.2	1.5
	Total	7.1	10.1	9.4	10.9
Females					
P03, P76	Depression	2.9	4.3	4.0	4.5
P01, P74	Anxiety	1.3	1.9	1.8	2.1
P06	Sleep disturbance	1.1	1.7	1.5	1.8
P02	Acute stress reaction	0.4	0.6	0.5	0.7
P70	Dementia	0.4	0.6	0.5	0.7
P72	Schizophrenia	0.2	0.3	0.1	0.4
P19	Drug abuse	0.2	0.4	0.3	0.4
P17	Tobacco abuse	0.1	0.2	0.1	0.2
P50	Prescription request/renewal	0.2	0.2	0.2	0.3
P15, P16	Alcohol abuse	0.1	0.2	0.2	0.3
	Other	0.7	1.1	0.9	1.2
	Total	7.6	11.4	10.8	12.0
Total^{(a)(b)}					
P03, P76	Depression	2.5	3.6	3.4	3.9
P01, P74	Anxiety	1.2	1.7	1.6	1.9
P06	Sleep disturbance	1.1	1.6	1.5	1.7
P02	Acute stress reaction	0.3	0.4	0.3	0.6
P70	Dementia	0.3	0.5	0.4	0.5
P19	Drug abuse	0.2	0.3	0.3	0.4
P72	Schizophrenia	0.4	0.5	0.5	0.6
P15, P16	Alcohol abuse	0.2	0.3	0.2	0.3
P17	Tobacco abuse	0.3	0.5	0.4	0.6
P50	Prescription request/renewal	0.1	0.1	0.1	0.2
	Other	0.9	1.2	1.1	1.4
	Total	7.4	10.8	10.3	11.4

(a) The total includes encounters in which the sex of the patient was not identified.

(b) As more than one mental health-related problem may be managed for each encounter, the totals are not the sums of the columns in this table.

(c) Per cent of total problems represents the number of each mental health problem managed as a percentage of all problems managed.

(d) Rate per 100 encounters represents the number of each mental health problem managed reported per 100 of all encounters.

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

Source: BEACH survey of general practice activity.

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, GPs could record up to two referrals, including referrals to medical specialists, allied health professionals and hospitals. The total number of referrals recorded was 11,495, or 11.6 per 100 encounters (Britt et al. 2004).

In the 2003–04 BEACH survey, there were 961 referrals for patients with a mental health-related problem, made at a rate of 10.2 per 100 mental health-related problems (Table 3.7). This represented 8.4% of all referrals recorded. Most of the referrals were to private psychiatrists (2.3 per 100 mental health-related problems), or psychologists (1.6 per 100 mental health-related problems).

Table 3.8 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 (54.8 referrals per 100 hyperkinetic disorder problems) followed by *Post-traumatic stress disorder (P82)* (21.4 referrals per 100 post-traumatic stress disorder problems).

Referrals to psychiatrists

The majority of mental health-related problems referred to psychiatrists were for *Depression* (49.4% of all mental health-related problems referred to a psychiatrist). *Post-traumatic stress disorder* had the highest problem-specific rate of referral (12.7 referrals per 100 post-traumatic stress disorder problems) (Table 3.9).

Clinical treatments for mental health-related problems

For each problem managed, GPs 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 50,775 non-pharmacological treatments were recorded in BEACH survey data for all encounters. Of these, 36,211 or 71.3% were clinical treatments (Britt et al. 2004). Table 3.10 presents the number and type of clinical treatments provided by GPs for mental health-related problems. A total of 5,064 treatments (10.0% of all clinical treatments) were reported as treatment for mental health-related problems (47.3 per 100 mental health-related problems).

Table 3.11 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided for *Acute stress reaction (P02)* were recorded at a rate of 85.3 per 100 acute stress reaction problems managed. Clinical treatment given for *Tobacco abuse (P17)* was recorded at a rate of 75.8 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey a total of 103,210 medications were prescribed, recommended or supplied by GPs, at a rate of 71 per hundred problems managed (Britt et al. 2004). Of these, 7,436 medications were for mental health-related problems at a rate of 69.4 medications per 100 mental health-related problems (Table 3.12). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (27.8 medications per 100 mental health-related problems), followed by anti-anxiety medications (14.2 medications per 100 mental health-related problems) and sedative hypnotics (13.7 medications per 100 mental health-related problems). At the generic level,

temazepam and diazepam were the most frequently reported for mental health-related problems, being prescribed at a rate of 9.0 and 6.8 per 100 problems respectively.

Prescription request/renewal/treatment (P50) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by GPs (101.1 medications per prescription problems) (Table 3.13). Medication was relatively frequently prescribed, recommended or supplied for *Schizophrenia* (P72), at a rate of 90.6 medications per 100 schizophrenia problems, and *Sleep disturbance* (P06), at a rate of 89.8 medications per 100 sleep disturbance problems (Table 3.13). Persons in the 65–74 years age group had the highest rate of medications prescribed (76.7 medications per 100 total problems managed) (Figure 3.4).

Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions and expenditure

Tables 3.14 and 3.15 present data from the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) on the number of prescriptions for mental health-related medications by GPs and non-psychiatrist specialists. Non-psychiatrist specialists are those prescribers who do not fall into the GP or psychiatrist categories. PBS and RPBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications prescribed by non-psychiatrists were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A). Previous reports have only included RPBS for some tables and analysis concentrating mainly on PBS data, whereas this report combines PBS and RPBS data for all tables and analysis; the numbers in some tables in this section may therefore appear to have increased relative to earlier reports.

Between 1999–00 and 2004–05, the rate of PBS and RPBS-subsidised mental health-related prescriptions per 1,000 population by GPs rose by 15.2% (from 795.2 to 912.6 per 1,000 population). This was largely due to increases in antidepressant and antipsychotic prescriptions, for which there have been annual average increases of 8.5% and 5.9%, respectively since 1999–00 (Table 3.14). Similarly, PBS/RPBS-subsidised mental health-related prescriptions per 1,000 population by non-psychiatrist specialists showed an overall increase of 31.2%, rising from 26.0 to 34.1 prescriptions per 1,000 population from 1999–00 to 2004–05. This was also largely due to increases in the number of prescriptions for antipsychotics and antidepressants, for which there have been average annual increases of 16.0% and 8.4% respectively since 1999–00.

According to the PBS and RPBS data for 2004–05, GPs prescribed a total of 18.4 million mental health-related medications (Table 3.15). The majority of the PBS/RPBS-reimbursed prescriptions were for antidepressant medication (11.2 million or 61.0%). Tasmania (1,247.3) and South Australia (1,087.5) were the jurisdictions with the highest number of mental health-related prescriptions by GPs per 1,000 population. The Northern Territory had the lowest, with 323.6 prescriptions per 1,000 population. Non-psychiatrist specialists prescribed a total of 0.7 million mental health-related medications at a rate of 34.1 per 1,000 population for 2004–05. These made up 3.3% of all mental health-related prescriptions, of which there were just over 20 million.

PBS and RPBS expenditure data for mental health-related medications prescribed by GPs and non-psychiatrist medical specialists are presented in Tables 3.16 and 3.17. Between 1999–00 and 2004–05, expenditure on PBS/RPBS-subsidised mental health-related medications prescribed by general practitioners rose 74.6% from \$276.1 million to \$482.1 million (Table 3.16). This was largely due to average annual increases in expenditure on antipsychotics and antidepressants of 20.2% and 9.8%, respectively, since 1999–00. A similar pattern was seen with non-psychiatric specialists, where mental health-related expenditure increased by 144.2% (from 12.1 million to 29.7 million). This also appeared to be due to large increases in

expenditure on antipsychotics and antidepressants (27.1% and 10.5% annual average increase since 1999–00 respectively).

In 2004–05, there was more PBS/RPBS expenditure on mental health-related medications prescribed by GPs (\$482.1 million) (Table 3.17) than on those prescribed by private psychiatrists (\$122.9 million) (Table 3.25). PBS/RPBS expenditure on mental health-related medications prescribed by non-psychiatrist specialists accounted for \$29.7 million.

Of all PBS/RPBS funds relating to GP mental health-related prescriptions, 59.3% were for antidepressant medication. For non-psychiatrist medical specialist prescriptions, antipsychotic medications accounted for the majority of PBS/RPBS funds paid (68.0%), followed by antidepressants (29.8%).

The Northern Territory had the lowest rate of PBS/RPBS expenditure for mental health-related medications prescribed by GPs, non-psychiatrist specialists and psychiatrists, at \$11,000 per 1,000 population. South Australia (\$35,300 per 1,000 population) and Victoria (\$34,400 per 1,000 population) had the highest rates of PBS/RPBS expenditure for these medications (Table 3.17).

Table 3.7: The 15 most frequent referrals for mental health-related problems, BEACH, 2003–04

ICPC-2 plus descriptor	Type of referral	Referrals per 100 mental health- related problems		
			95% LCL	95% UCL
P67002	Referral to psychiatrist (private)	2.3	2.0	2.7
P66003	Referral to psychologist	1.6	1.3	2.0
P66006	Referral to drug and alcohol professional	0.7	0.4	0.9
P66005	Referral to mental health team	0.6	0.4	0.8
P66004	Referral to counsellor	0.5	0.3	0.6
A67004	Referral to paediatrician	0.4	0.3	0.6
A67010	Referral to hospital	0.4	0.2	0.5
P67006	Referral to sleep clinic	0.3	0.2	0.5
A68011	Referral (not specified)	0.3	0.2	0.4
A67006	Referral to geriatrician	0.3	0.1	0.5
A67012	Referral to clinic/centre	0.3	<0.1	0.5
R67002	Referral to respiratory physician	0.2	0.1	0.4
A67020	Referral to general practitioner	0.2	<0.1	0.3
N67002	Referral to neurologist	0.1	<0.1	0.2
A67002	Referral to physician	0.1	<0.1	0.2
	Other	1.7	1.4	2.1
	Total	10.2	9.1	11.3

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

Source: BEACH survey of general practice activity.

Table 3.8: The most frequently referred mental health-related problems, by patient sex, BEACH, 2003-04

ICPC-2 plus descriptor	Mental health-related problem	% of all referrals	Problems referred per 100 of these problems		
			95% LCL	95% UCL	
Males					
P03, P76	Depression	2.3	10.1	8.2	12.1
P01, P74	Anxiety	1.0	8.9	6.1	11.8
P06	Sleep disturbance	1.0	7.9	5.1	10.7
P19	Drug abuse	0.6	13.4	5.3	21.6
P15, P16	Alcohol abuse	0.4	10.5	2.4	18.6
P81	Hyperkinetic disorder	0.6	55.2	33.8	76.6
P70	Dementia	0.5	18.1	7.3	28.9
P82	Post-traumatic stress disorder	0.3	23.0	9.8	36.1
P72	Schizophrenia	0.3	5.6	2.5	8.6
P22	Child behaviour complaint	0.3	49.7	18.2	81.3
	Other	2.2	15.0	11.2	18.7
	<i>Total</i>	9.5	11.8	10.4	13.3
Females					
P03, P76	Depression	2.9	8.0	6.3	9.6
P01, P74	Anxiety	1.3	7.6	5.7	9.5
P06	Sleep disturbance	0.5	3.6	2.0	5.1
P02	Acute stress reaction	0.5	9.1	5.6	12.6
P70	Dementia	0.3	7.0	4.0	9.9
P19	Drug abuse	0.4	15.2	7.3	23.1
P15, P16	Alcohol abuse	0.3	19.2	6.8	31.6
P72	Schizophrenia	0.2	5.5	2.2	8.9
P73	Affective psychosis	0.2	11.9	3.6	20.2
P82	Post-traumatic stress disorder	0.1	19.4	5.7	33.1
	Other	1.5	13.7	9.2	18.3
	<i>Total</i>	8.1	8.3	7.3	9.4
Total^(a)					
P03, P76	Depression	2.6	8.7	7.3	10.0
P01, P74	Anxiety	1.1	8.1	6.4	9.7
P06	Sleep disturbance	0.7	5.3	3.8	6.8
P19	Drug abuse	0.5	14.1	7.4	20.8
P15, P16	Alcohol abuse	0.3	13.0	4.8	21.2
P02	Acute stress reaction	0.4	8.8	5.8	11.8
P70	Dementia	0.4	10.1	6.1	14.0
P72	Schizophrenia	0.2	5.5	3.3	7.8
P81	Hyperkinetic disorder	0.3	54.8	34.5	75.2
P82	Post-traumatic stress disorder	0.2	21.4	11.8	30.9
	Other	1.9	15.4	12.2	18.6
	Total	8.7	9.7	8.7	10.7

(a) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

Table 3.9: Mental health-related problems most frequently referred by GPs to psychiatrists, by patient sex, BEACH, 2003-04

ICPC-2 plus descriptor	Mental health-related problem	Problems referred per 100 of these problems		
			95% LCL	95% UCL
Males				
P03, P76	Depression	3.7	2.6	4.7
P01, P74	Anxiety	2.6	1.1	4.1
P82	Post-traumatic stress disorder	14.7	4.9	24.6
P81	Hyperkinetic disorder	12.9	3.5	22.4
P29	Unspecified psychological complaint	7.4	<0.1	16.6
	Other	1.4	0.9	2.0
	<i>Total</i>	2.7	2.3	3.1
Females				
P03, P76	Depression	3.1	2.2	4.0
P01, P74	Anxiety	1.8	0.9	2.7
P72	Schizophrenia	2.8	0.4	5.2
P73	Affective psychosis	8.3	1.1	15.6
P82	Post-traumatic stress disorder	9.7	<0.1	20.1
	Other	0.5	0.3	0.8
	<i>Total</i>	2.0	1.6	2.3
Total^(a)				
P03, P76	Depression	3.3	2.6	4.0
P01, P74	Anxiety	2.1	1.3	2.8
P82	Post-traumatic stress disorder	12.7	5.6	19.9
P72	Schizophrenia	2.1	0.8	3.4
P73	Affective psychosis	7.6	2.6	12.5
	Other	1.0	0.7	1.4
	Total	2.2	2.0	2.5

(a) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

Table 3.10: Clinical treatments provided by GPs for mental health-related problems, BEACH, 2003–04

ICPC-2 plus descriptor	Clinical treatment	Per cent of total clinical treatments	Clinical treatments per 100 mental health related problems		
			95% LCL	95% UCL	
P58001, P58002, P58004, P58005, P58006, P58007, P58013, P58014, P58015, P58018, P58019	Counselling—psychological	5.3	25.2	23.2	27.1
P45001, P45002	Advice/education/observe/wait—psychological	0.6	3.0	2.5	3.5
A45015, A48003, A48005, A48006, A48007, A48008, A48009, A48010, A48011	Review/change/administer—medication	0.7	3.4	2.8	3.9
P45004, P58008	Counselling/advice/education—smoking	0.4	2.1	1.6	2.5
P45005, P58009	Counselling/advice/education— alcohol	0.4	1.8	1.5	2.2
A62	Administration	0.4	1.8	1.4	2.1
P45007, P58011, P58017	Counselling/advice/education—relaxation	0.3	1.6	1.2	2.1
P45006, P58010	Counselling/advice/education— drugs	0.2	1.0	0.6	1.3
A58010	Reassurance/support	0.2	1.1	0.8	1.3
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	0.2	0.8	0.5	1.1
45002, D45001, W45004	Advice/education	<0.1	0.4	0.2	0.5
A58002, A58003, B58001, D58001, F58001, H58001, K58001, L58001, N58001, R58001, S58001, T58001	Counselling—health problem	0.3	1.4	1.0	1.7
	Other	0.8	3.8	3.3	4.4
	Total	10.0	47.3	44.1	50.4

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

Source: BEACH survey of general practice activity.

Table 3.11: Mental health-related problems for which GPs most frequently used clinical treatments, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Mental health-related problem	Per cent of total clinical treatments	Clinical treatments per 100 of these problems		
			95% LCL	95% UCL	
Males					
P03, P76	Depression	2.8	50.1	44.6	55.6
P01, P74	Anxiety	1.4	50.4	42.0	58.7
P15, P16	Alcohol abuse	0.7	58.2	45.1	71.2
P06	Sleep disturbance	0.7	70.7	55.6	85.7
P02	Acute stress reaction	0.6	21.3	16.0	26.6
P19	Drug abuse	0.4	67.2	45.2	89.1
P17	Tobacco abuse	0.5	61.5	46.4	76.6
P72	Schizophrenia	0.4	36.6	26.9	46.3
P82	Post-traumatic stress disorder	0.2	26.6	15.2	38.0
P70	Dementia	0.2	42.3	22.8	61.8
	Other	1.0	40.3	32.5	48.2
	<i>Total</i>	8.9	45.3	41.7	48.9
Females					
P03, P76	Depression	4.3	54.3	49.5	59.1
P01, P74	Anxiety	2.0	54.6	47.9	61.4
P02	Acute stress reaction	1.0	87.6	73.3	101.9
P06	Sleep disturbance	0.7	22.4	18.0	26.7
P17	Tobacco abuse	0.4	79.0	60.3	97.6
P70	Dementia	0.3	50.6	32.1	69.1
P72	Schizophrenia	0.2	28.9	14.4	43.4
P19	Drug abuse	0.2	22.6	16.5	28.6
P15, P16	Alcohol abuse	0.2	66.9	45.9	87.9
P73	Affective psychosis	0.2	51.0	30.8	71.3
	Other	0.9	45.2	37.7	52.8
	<i>Total</i>	10.2	48.7	45.4	52.0
Total^(a)					
P03, P76	Depression	3.6	52.7	48.5	56.9
P01, P74	Anxiety	1.7	53.2	47.3	59.1
P02	Acute stress reaction	0.8	85.3	72.3	98.4
P06	Sleep disturbance	0.7	23.0	19.4	26.6
P17	Tobacco abuse	0.4	75.8	61.5	90.1
P15, P16	Alcohol abuse	0.4	48.9	39.7	58.1
P19	Drug abuse	0.3	50.9	32.8	69.1
P72	Schizophrenia	0.3	35.8	28.5	43.0
P70	Dementia	0.2	25.6	17.5	33.7
P73	Affective psychosis	0.1	52.9	34.1	71.7
	Other	1.0	42.5	36.4	48.5
	Total	9.7	47.3	44.1	50.4

(a) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

Table 3.12: Medications most commonly prescribed, supplied or recommended^(a) by GPs for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drug	Per cent of medications	Medications per 100 mental health-related problems		
		95% LCL	95% UCL	
Males				
NO6A Antidepressants	2.3	23.6	21.6	25.6
P418 Sertraline	0.4	4.3	3.6	5.0
P420 Venlafaxine	0.4	4.1	3.3	4.9
P423 Citalopram	0.3	3.3	2.6	4.0
P424 Mirtazapine	0.2	2.2	1.7	2.7
P426 Escitalopram	0.1	0.6	0.3	0.9
P419 Paroxetine	0.3	3.0	2.4	3.5
P416 Fluoxetine HCl	0.1	1.5	1.0	1.9
P414 Dothiepin	0.1	0.9	0.6	1.3
NO5C Sedative hypnotics	1.3	13.6	12.1	15.1
P116 Temazepam	0.9	8.9	7.8	10.1
P126 Zolpidem	0.2	2.0	1.4	2.6
P104 Nitrazepam	0.2	2.2	1.6	2.7
N05B Anti-anxiety	1.4	14.4	12.5	16.3
P201 Diazepam	0.7	7.4	6.2	8.6
P202 Oxazepam	0.5	5.2	4.2	6.2
N05A Antipsychotic	0.7	6.8	5.7	7.9
Other	1.0	9.8	7.5	12.1
N201 Methadone	0.1	1.5	0.6	2.4
<i>Total</i>	6.6	68.2	63.1	73.3
Females				
NO6A Antidepressants	3.3	30.4	28.2	32.6
P418 Sertraline	0.7	7.0	6.1	7.8
P420 Venlafaxine	0.4	3.6	3.0	4.3
P423 Citalopram	0.5	4.8	4.1	5.5
P424 Mirtazapine	0.2	2.0	1.6	2.5
P426 Escitalopram	0.1	0.6	0.3	1.0
P419 Paroxetine	0.4	3.4	2.8	3.9
P416 Fluoxetine HCl	0.2	2.3	1.8	2.7
P414 Dothiepin	0.1	1.3	1.0	1.6
NO5C Sedative hypnotics	1.5	13.9	12.6	15.2
P116 Temazepam	1.0	9.1	8.1	10.1
P126 Zolpidem	0.2	1.9	1.5	2.3
P104 Nitrazepam	0.3	2.5	2.0	2.9
N05B Anti-anxiety	1.5	14.0	12.6	15.4
P201 Diazepam	0.7	6.4	5.5	7.2
P202 Oxazepam	0.6	5.4	4.6	6.1
N05A Antipsychotic	0.5	4.5	3.8	5.2
Other	0.8	7.3	5.9	8.6
N201 Methadone	0.1	0.8	0.3	1.4
<i>Total</i>	7.5	70.0	65.9	74.1

(continued)

Table 3.12 (continued): Medications most commonly prescribed, supplied or recommended^(a) by GPs for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drug	Per cent of medications	Medications per 100 mental health-related problems		
		Total ^(b)	95% LCL	95% UCL
NO6A Antidepressants	2.9	27.8	26.0	29.6
P418 Sertraline	0.6	5.9	5.3	6.6
P420 Venlafaxine	0.4	3.9	3.3	4.4
P423 Citalopram	0.4	4.2	3.7	4.7
P424 Mirtazapine	0.2	2.1	1.7	2.4
P426 Escitalopram	0.2	1.9	0.4	0.9
P419 Paroxetine	0.3	3.2	2.8	3.6
P416 Fluoxetine HCl	0.2	1.9	1.6	2.3
P414 Dothiepin	0.1	1.2	0.9	1.4
NO5C Sedative hypnotics	1.4	13.7	12.6	14.9
P116 Temazepam	0.9	9.0	8.1	9.9
P126 Zolpidem	0.2	1.9	1.6	2.3
P104 Nitrazepam	0.2	2.3	1.9	2.7
N05B Anti-anxiety	1.5	14.2	12.8	15.5
P201 Diazepam	0.7	6.8	6.0	7.6
P202 Oxazepam	0.5	5.3	4.6	6.0
N05A Antipsychotic	0.6	5.4	4.8	6.1
Other	0.9	8.3	6.7	9.8
N201 Methadone	0.1	1.1	0.4	1.7
Total	7.2	69.4	65.2	73.5

(a) Pharmaceuticals prescribed or provided and over-the-counter medications advised by the GP are coded and classified into drug groups according to an in-house classification, the Coding Atlas for Pharmaceutical Substances (CAPS) which can be grouped into ATC codes.

(b) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

Table 3.13: Mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Mental health-related problem	Per cent of total medications	Medications per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	2.1	77.1	69.8	84.4
P06	Sleep disturbance	1.3	85.5	75.0	95.9
P01, P74	Anxiety	1.0	70.5	60.1	80.8
P72	Schizophrenia	0.4	72.4	42.4	102.3
P19	Drug abuse	0.5	94.9	76.4	113.4
P15, P16	Alcohol abuse	0.2	41.5	28.1	54.9
P50	Prescription request/renewal	0.1	93.7	51.6	135.8
P73	Affective psychosis	0.1	98.5	67.2	129.7
P82	Post-traumatic stress disorder	0.1	70.9	43.0	98.9
P17	Tobacco abuse	0.1	37.8	24.3	51.3
	Other	0.6	35.5	29.1	41.9
	<i>Total</i>	6.6	68.2	63.1	73.3
Females					
P03, P76	Depression	3.2	78.5	72.6	84.4
P06	Sleep disturbance	1.5	92.7	83.3	102.1
P01, P74	Anxiety	1.2	66.3	58.8	73.8
P72	Schizophrenia	0.3	88.5	67.5	109.4
P19	Drug abuse	0.2	80.0	41.0	118.9
P50	Prescription request/renewal	0.2	105.2	75.5	134.9
P70	Dementia	0.1	23.8	17.1	30.6
P73	Affective psychosis	0.1	59.2	40.2	78.1
P02	Acute stress reaction	0.2	29.4	20.5	38.3
P17	Tobacco abuse	0.1	59.5	35.0	84.1
	Other	0.4	43.1	35.6	50.6
	<i>Total</i>	7.5	70.0	65.9	74.1
Total^(a)					
P03, P76	Depression	2.7	78.1	72.8	83.5
P06	Sleep disturbance	1.4	89.8	81.6	98.0
P01, P74	Anxiety	1.1	67.7	60.6	74.8
P72	Schizophrenia	0.4	90.6	76.0	105.2
P19	Drug abuse	0.3	77.6	45.8	109.5
P50	Prescription request/renewal	0.2	101.1	73.5	128.8
P73	Affective psychosis	0.1	75.7	57.9	93.5
P70	Dementia	0.1	33.1	24.8	41.4
P15, P16	Alcohol abuse	0.1	45.8	32.3	59.4
P02	Acute stress reaction	0.1	24.2	18.3	30.0
	Other	0.5	43.3	37.6	49.0
	Total	7.2	69.4	65.2	73.5

(a) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

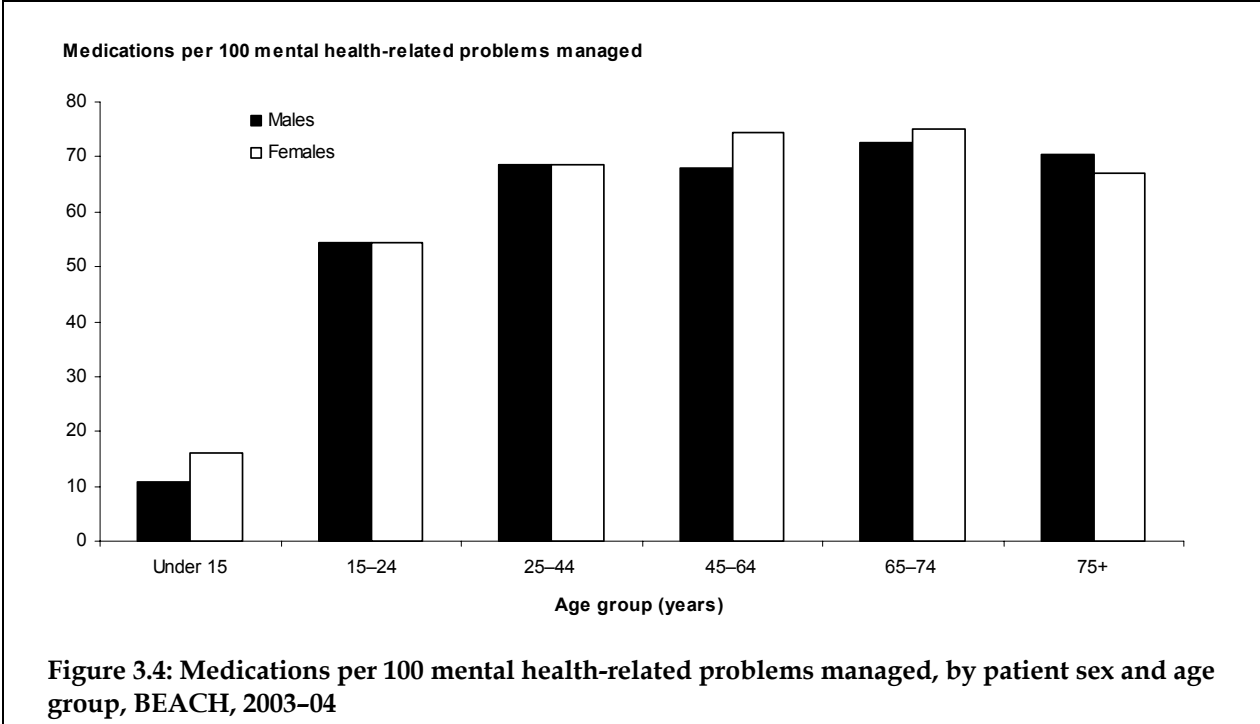


Table 3.14: PBS and RPBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1999–00 to 2004–05

ATC group		1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
General practitioners								
N05A	Antipsychotics	924,212	986,788	1,049,601	1,118,975	1,169,958	1,230,516	5.9
N05B	Anxiolytics	3,208,334	3,217,322	3,133,907	3,107,709	3,110,660	3,117,228	–0.6
N05C	Hypnotics and sedatives	3,488,476	3,484,984	3,275,093	2,993,583	2,888,136	2,847,883	–4.0
N06A	Antidepressants	7,465,919	8,521,657	9,180,857	9,841,851	10,666,973	11,248,200	8.5
	<i>Total</i>	<i>15,086,941</i>	<i>16,210,751</i>	<i>16,639,458</i>	<i>17,062,118</i>	<i>17,835,727</i>	<i>18,443,827</i>	<i>4.1</i>
	Per 1,000 population ^(a)	792.5	841.1	852.0	863.7	892.6	912.6	2.9
Non-psychiatrist specialists								
N05A	Antipsychotics	53,309	62,961	70,292	83,259	101,137	112,054	16.0
N05B	Anxiolytics	71,941	72,831	71,158	73,666	75,768	79,573	2.0
N05C	Hypnotics and sedatives	95,430	97,959	93,498	88,399	88,789	87,944	–1.6
N06A	Antidepressants	273,795	312,197	333,346	366,055	403,171	409,186	8.4
	<i>Total</i>	<i>494,475</i>	<i>545,948</i>	<i>568,294</i>	<i>611,379</i>	<i>668,865</i>	<i>688,757</i>	<i>6.9</i>
	Per 1,000 population ^(a)	26.0	28.3	29.1	30.9	33.5	34.1	5.6
General practitioners, non-psychiatrist specialists and private psychiatrists^(b)								
	Total mental health-related prescriptions	17,081,370	18,325,491	18,790,545	19,299,397	20,258,150	20,807,449	4.0
	Per 1,000 population ^(a)	897.2	950.9	962.2	976.9	1,013.8	1,029.6	2.8

(a) The rate per 1,000 population is a crude rate based on estimated resident population at 31 December of the reference year.

(b) Data for psychiatrists are presented in Table 3.22.

Source: DHA.

Table 3.15: PBS and RPBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	404,902	338,853	219,569	97,698	125,480	27,501	12,393	4,120	1,230,516
N05B Anxiolytics	884,614	866,330	653,307	253,736	292,116	134,474	25,843	6,808	3,117,228
N05C Hypnotics and sedatives	890,301	735,024	542,210	282,707	268,869	98,977	22,768	7,027	2,847,883
N06A Antidepressants	3,374,708	2,748,073	2,437,973	1,144,909	984,240	342,523	168,737	47,037	11,248,200
<i>Total</i>	<i>5,554,525</i>	<i>4,688,280</i>	<i>3,853,059</i>	<i>1,779,050</i>	<i>1,670,705</i>	<i>603,475</i>	<i>229,741</i>	<i>64,992</i>	<i>18,443,827</i>
Per 1,000 population ^(b)	823.0	939.0	981.4	892.2	1,087.5	1,247.3	708.6	323.6	912.6
Non-psychiatrist specialists									
N05A Antipsychotics	26,291	46,912	19,543	11,332	4,936	881	1,077	1,082	112,054
N05B Anxiolytics	19,150	23,185	16,413	10,227	8,024	1,752	580	242	79,573
N05C Hypnotics and sedatives	24,127	26,397	17,160	11,282	6,502	1,369	818	289	87,944
N06A Antidepressants	113,364	109,247	90,530	53,286	27,288	8,182	4,928	2,361	409,186
<i>Total</i>	<i>182,932</i>	<i>205,741</i>	<i>143,646</i>	<i>86,127</i>	<i>46,750</i>	<i>12,184</i>	<i>7,403</i>	<i>3,974</i>	<i>688,757</i>
Per 1,000 population ^(b)	27.1	41.2	36.6	43.2	30.4	25.2	22.8	19.8	34.1
General practitioners, non-psychiatrist specialists and private psychiatrists^(c)									
Total mental health-related prescriptions	6,260,701	5,385,869	4,320,711	1,986,227	1,869,907	651,174	259,348	73,512	20,807,449
Per 1,000 population ^(b)	927.6	1,078.8	1,100.5	996.1	1,217.1	1,345.9	799.9	366.0	1,029.6

(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 2004.

(c) Data for psychiatrists are presented in Table 3.23.

Source: DHA.

Table 3.16: PBS and RPBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1999–00 to 2004–05

ATC group	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
General practitioners							
N05A Antipsychotics	67,824	92,300	120,020	140,044	154,956	170,342	20.2
N05B Anxiolytics	14,896	14,961	15,156	15,199	15,296	14,846	–0.1
N05C Hypnotics and sedatives	13,988	13,794	13,385	12,430	12,001	11,184	–4.4
N06A Antidepressants	179,427	213,489	234,759	253,552	279,738	285,716	9.8
<i>Total in current prices (\$'000)</i>	<i>276,135</i>	<i>334,544</i>	<i>383,320</i>	<i>421,226</i>	<i>461,991</i>	<i>482,090</i>	<i>11.8</i>
<i>Total in constant prices (\$'000)^(a)</i>	<i>275,335</i>	<i>334,047</i>	<i>382,991</i>	<i>421,226</i>	<i>462,379</i>	<i>n.a.</i>	<i>13.8</i>
Per 1,000 population (constant prices) (\$'000) ^(b)	14.5	17.3	19.6	21.3	23.1	n.a.	12.4
Non-psychiatrist specialists							
N05A Antipsychotics	6,075	8,310	10,573	13,287	16,777	20,159	27.1
N05B Anxiolytics	321	322	319	328	332	329	0.5
N05C Hypnotics and sedatives	374	378	369	348	347	320	–3.1
N06A Antidepressants	5,372	6,424	7,024	7,864	8,922	8,840	10.5
<i>Total in current prices (\$'000)</i>	<i>12,142</i>	<i>15,434</i>	<i>18,286</i>	<i>21,827</i>	<i>26,379</i>	<i>29,650</i>	<i>19.5</i>
<i>Total in constant prices (\$'000)^(a)</i>	<i>12,107</i>	<i>15,411</i>	<i>18,270</i>	<i>21,827</i>	<i>26,401</i>	<i>n.a.</i>	<i>21.5</i>
Per 1,000 population (constant prices) (\$'000) ^(b)	0.6	0.8	0.9	1.1	1.3	n.a.	21.8
General practitioners, non-psychiatrist specialists and psychiatrists^(c)							
Total in current prices (\$'000)	364,082	435,923	494,213	541,377	591,471	621,961	11.3
Total in constant prices (\$'000)^(a)	363,027	435,275	493,789	541,377	591,968	n.a.	13.0
Per 1,000 population (constant prices) (\$'000) ^(b)	19.1	22.6	25.3	27.4	29.6	n.a.	11.6

(a) Expenditure data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year. Constant prices are unable to be calculated for 2004–05 as inflation figures were not available at time of publication, therefore the average annual change is calculated between 1999–00 and 2003–04.

(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) Data for psychiatrists are presented in Table 3.24.

n.a. Not available.

Source: DHA

Table 3.17: PBS and RPBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	57,176	47,811	30,179	13,661	15,474	3,527	1,896	615	170,342
N05B Anxiolytics	4,085	4,362	3,048	1,133	1,388	680	115	31	14,846
N05C Hypnotics and sedatives	3,492	2,823	2,190	1,095	1,065	401	86	26	11,184
N06A Antidepressants	82,659	71,905	61,850	30,535	25,064	8,821	3,875	1,005	285,716
<i>Total in current prices (\$'000)</i>	<i>147,414</i>	<i>126,903</i>	<i>97,268</i>	<i>46,426</i>	<i>42,988</i>	<i>13,431</i>	<i>5,974</i>	<i>1,679</i>	<i>482,090</i>
Per 1,000 population (\$'000) ^(b)	21.8	25.4	24.8	23.3	28.0	27.8	18.4	8.4	23.9
Non-psychiatrist specialists									
N05A Antipsychotics	4,387	9,041	3,404	2,063	737	135	169	220	20,159
N05B Anxiolytics	81	97	65	38	36	7	2	1	329
N05C Hypnotics and sedatives	89	94	63	41	23	4	3	1	320
N06A Antidepressants	2,269	2,476	1,975	1,274	545	153	94	50	8,840
<i>Total in current prices (\$'000)</i>	<i>6,826</i>	<i>11,709</i>	<i>5,508</i>	<i>3,417</i>	<i>1,343</i>	<i>301</i>	<i>270</i>	<i>273</i>	<i>29,650</i>
Per 1,000 population (\$'000) ^(b)	1.0	2.3	1.4	1.7	0.9	0.6	0.8	1.4	1.5
General practitioners, non-psychiatrist specialists and psychiatrists^(c)									
Total in current prices (\$'000)	190,100	171,627	122,697	57,492	54,294	15,684	7,863	2,201	621,961
Per 1,000 population (\$'000) ^(b)	28.2	34.4	31.3	28.8	35.3	32.4	24.3	11.0	30.8

(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 2004.

(c) Data for psychiatrists are presented in Table 3.25.

Source: DHA.

3.3 Private psychiatrist services

Medicare services and expenditure

During 2004–05, private psychiatrists provided over 2 million services that were funded through Medicare (Table 3.18). This represented 0.9% of total Medicare-funded services (236.3 million) and 9.7% of specialist services (20.8 million). There were 99.3 services per 1,000 population, a 10.7% decrease since 1999–00 (Figure 1.2).

The number of private psychiatrist services per 1,000 population was highest in Victoria and lowest in the Northern Territory (Table 3.18). The number of services provided for female patients per 1,000 population was greater than that for male patients for all age groups except the under 15 years age group (Table 3.19 and Figure 1.8).

Although this chapter describes health care services providing ambulatory mental health care, Tables 3.18 to 3.21 include data for private psychiatrist services subsidised by Medicare and delivered in a hospital setting (10.4% of private psychiatrist services), only some of which are likely to have been ambulatory-equivalent mental health care services. Some of the 'Other services' in Tables 3.18 to 3.21 could also related to non-ambulatory care. Services for electroconvulsive therapy (ECT) are usually provided to non-ambulatory-equivalent admitted patients and would be included in Chapters 4, 5 and 6.

Privately funded (i.e. funding source is private health insurance or self-funded) mental health-related hospital separations could be considered similar to 'in-hospital' Medicare-subsidised private psychiatrist services. Analysis of the privately-funded mental health-related hospital separations shows that approximately 67.0% were considered to be ambulatory-equivalent. This could indicate that, similarly, about 67.0% of these Medicare-subsidised in-hospital services (including ECT) 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 privately funded patient separations that could be considered to be ambulatory-equivalent.

For the 33.0% of privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 66.2% received specialised psychiatric care. Hence, about 21.8% 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 on 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 33.8% did not receive specialised care. Hence, about 11.1% 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.

The total Medicare funds (constant prices) paid for private psychiatrist services has been between \$9.2 and \$10.5 thousand per 1,000 population since 1999–00 (Table 3.20).

In 2004–05, \$214.1 million of Medicare funds were used to reimburse services provided by private psychiatrists (Table 3.20). The benefits paid for private psychiatrist services represented 2.2% of total Medicare expenditure (\$9,922.7 million) and 17.7% of expenditure on specialist services (\$1,211.9 million) for 2004–05. A total of \$10,594 per 1,000 population was paid during 2004–05. The per capita benefits paid for private psychiatrist services in Victoria and South Australia were above the national average (Table 3.21), consistent with

the distribution of private psychiatrists (Table 7.5) and the number of private psychiatry services provided in each jurisdiction (Table 3.18). Similarly, the per capita benefits paid to private psychiatrists in Western Australia and the Northern Territory were well below the national average (Table 7.5).

Services and expenditure for case conferencing and ECT have also been included in these tables for the first time, so data in these tables will not be directly comparable to data presented in previous reports. Case conferencing was introduced as a Medicare service in November 2002, so is only applicable to data for 2002–03 to 2004–05.

PBS and RPBS prescriptions and expenditure

The purchase costs of many medications prescribed by private psychiatrists, GPs and non-psychiatrist medical specialists are fully or partially reimbursed through the PBS or RPBS. This section presents PBS and RPBS expenditure data for prescriptions by private psychiatrists. PBS and RPBS medication data are classified using the ATC classification. This section of previous reports included only PBS data, so the numbers may appear to have increased this year due to the inclusion of the RPBS data.

Tables 3.22 and 3.23 present data from the PBS and RPBS on the number of prescriptions for medication provided by private psychiatrists. Between 1999–00 and 2004–05 PBS and RPBS-subsidised mental health-related prescriptions by private psychiatrists increased by 297,453 (17.5%) (Table 3.22). This represented an increase of 9.5 prescriptions per 1,000 population (10.6%). Since 1999–00 prescriptions for the musculoskeletal system have had the highest average annual increase (9.8%).

Private psychiatrists prescribed almost 2.0 million PBS/RPBS-subsidised medications during 2004–05 (Table 3.23). Most of these were for antidepressant medication (1.1 million or 54.2%). South Australia (116.9) and Victoria (116.5) had the highest number of mental health-related prescriptions per 1,000 population. The Northern Territory had the lowest, with 24.0 prescriptions per 1,000 population.

Table 3.24 presents expenditure data from the PBS and RPBS and Table 3.25 presents expenditure data from the PBS and RPBS for medication provided by private psychiatrists. Between 1999–00 and 2004–05, there was a 55.3% increase in PBS/RPBS-subsidised expenditure (from \$79.2 million to \$122.9 million) on medications prescribed by private psychiatrists (Table 3.24). This represents an average annual increase of 9.2%. Contributing to this was a 76.4% increase in expenditure on antipsychotics. In 2004–05, antipsychotic medications accounted for the majority of PBS/RPBS expenditure on medications prescribed by private psychiatrists (53.2%), followed by antidepressants (33.8%) (Table 3.25).

The Highly Specialised Drugs Program

In addition to reimbursement under the PBS and RPBS, the Australian Government provides funding under s. 100 of the *National Health Act 1953* for certain drugs for chronic conditions which, because of their clinical use or other special features, are limited to supply through hospitals. This is known as the Highly Specialised Drugs Program. Clozapine, an antipsychotic drug used to treat schizophrenia, is included in the program. In 2004–05, expenditure on clozapine was \$33.0 million, 92.4% of which was through public hospitals (*Source: DHA*).

Table 3.18: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2004-05

MBS item		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(a)
Patient attendances in consulting room										
300, 310	15 minutes or less	19,015	8,418	4,934	4,246	2,851	1,869	1,422	893	43,648
302, 312	16 to 30 minutes	93,202	79,394	55,743	17,588	19,901	8,462	5,121	1,118	280,529
304, 314	31 to 45 minutes	133,780	152,775	104,817	32,918	44,532	13,759	4,866	1,098	488,545
306, 316	46 to 75 minutes	259,049	276,750	106,826	35,342	83,371	9,491	7,814	1,162	779,805
308, 318	Over 75 minutes	14,690	13,029	6,428	2,713	7,486	1,972	417	72	46,807
291, 319	Selected cases (> 45 min)	34,087	30,869	8,548	1,567	7,751	274	1,154	14	84,264
	<i>Total</i>	553,823	561,235	287,296	94,374	165,892	35,827	20,794	4,357	1,723,598
Patient attendances in hospital^(b)										
320	15 minutes or less	1,949	5,116	2,449	3,640	784	426	293	12	14,669
322	16 to 30 minutes	12,795	23,869	33,573	8,335	5,133	2,600	451	154	86,910
324	31 to 45 minutes	17,246	16,093	13,846	6,219	3,936	3,090	326	160	60,916
326	46 to 75 minutes	13,620	12,527	6,012	3,566	2,833	1,266	288	78	40,190
328	Over 75 minutes	2,143	1,595	804	1,258	496	229	66	18	6,609
	<i>Total</i>	47,753	59,200	56,684	23,018	13,182	7,611	1,424	422	209,294
Patient attendances in other locations										
330	15 minutes or less	653	238	36	143	5	5	0	0	1,080
332	16 to 30 minutes	1,277	826	94	171	58	16	4	5	2,451
334	31 to 45 minutes	1,927	870	97	46	119	26	3	8	3,096
336	46 to 75 minutes	2,487	848	271	66	221	34	37	3	3,967
338	Over 75 minutes	1,256	170	75	107	203	7	7	0	1,825
	<i>Total</i>	7,600	2,952	573	533	606	88	51	16	12,419
Other services^(c)										
342, 344, 346	Group psychotherapy	12,273	21,464	2,192	1,263	1,299	1,977	29	114	40,611
348, 350, 352	Interview with non-patient	1,414	999	928	575	513	159	15	67	4,670
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	83	52	74	8	6	1	1	3	228
855, 857, 858, 861, 864, 866	Case conferencing	70	96	20	0	240	101	0	0	545
14224	Electroconvulsive therapy ^(d)	4,089	4,087	4,610	1,301	1,215	425	81	45	15,853
	<i>Total</i>	17,929	26,698	7,824	3,147	3,273	2,663	126	229	61,907
Total		627,105	650,085	352,377	121,072	182,953	46,189	22,395	5,024	2,007,218
Per 1,000 population ^(e)		92.9	130.2	89.7	60.7	119.1	95.5	69.1	25.0	99.3

(a) Includes services for which state was not reported.

(b) 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 4, 5 and 6.

(c) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(d) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(e) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

Table 3.19: Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2004–05

MBS item		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	806	2,553	4,979	6,218	5,129	3,034	1,297	24,016
302, 312	16 to 30 minutes	3,182	12,039	25,163	31,570	31,432	21,867	10,071	135,324
304, 314	31 to 45 minutes	6,190	22,392	36,658	45,662	48,120	31,979	13,231	204,232
306, 316	46 to 75 minutes	13,916	33,726	51,753	73,529	72,812	41,928	12,117	299,781
308, 318	Over 75 minutes	1,750	2,976	2,956	3,866	4,225	2,704	952	19,429
291, 319	Selected cases (> 45 min)	265	1,772	4,285	6,144	5,405	1,599	159	19,629
	<i>Total</i>	<i>26,109</i>	<i>75,458</i>	<i>125,794</i>	<i>166,989</i>	<i>167,123</i>	<i>103,111</i>	<i>37,827</i>	<i>702,411</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	19	463	541	630	800	671	840	3,964
322	16 to 30 minutes	37	2,605	3,380	4,706	5,452	4,465	4,053	24,698
324	31 to 45 minutes	50	2,097	2,008	3,219	4,027	3,028	2,617	17,046
326	46 to 75 minutes	56	1,552	1,300	1,959	2,394	1,921	1,465	10,647
328	Over 75 minutes	11	302	226	336	405	309	190	1,779
	<i>Total</i>	<i>173</i>	<i>7,019</i>	<i>7,455</i>	<i>10,850</i>	<i>13,078</i>	<i>10,394</i>	<i>9,165</i>	<i>58,134</i>
Patient attendances in other locations									
330	15 minutes or less	0	8	8	49	77	98	279	519
332	16 to 30 minutes	6	23	50	58	199	243	477	1,056
334	31 to 45 minutes	7	53	106	118	223	222	637	1,366
336	46 to 75 minutes	25	156	264	150	206	153	605	1,559
338	Over 75 minutes	26	127	91	40	125	95	200	704
	<i>Total</i>	<i>64</i>	<i>359</i>	<i>511</i>	<i>366</i>	<i>753</i>	<i>713</i>	<i>1,919</i>	<i>5,204</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	1,092	719	1,615	4,605	5,877	2,518	472	16,898
348, 350, 352, 353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Interview with non-patient Telepsychiatry	285	510	263	273	242	216	307	2,096
855, 857, 858, 861, 864, 866	Case conferencing	23	34	27	50	37	23	18	212
14224	Electroconvulsive therapy ^(c)	0	246	363	706	1,191	842	1,204	4,552
	<i>Total</i>	<i>1,404</i>	<i>1,514</i>	<i>2,289</i>	<i>5,670</i>	<i>7,366</i>	<i>3,604</i>	<i>2,006</i>	<i>23,853</i>
Total		27,750	84,350	136,049	183,875	188,320	117,822	50,917	789,602
Per 1,000 population ^(d)		13.6	59.1	94.4	122.9	136.5	108.8	43.1	78.6

(continued)

Table 3.19 (continued): Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2004–05

MBS item		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
		Females							
Patient attendances in consulting room									
300, 310	15 minutes or less	303	1,963	3,530	4,655	4,315	2,932	1,934	19,632
302, 312	16 to 30 minutes	1,525	11,489	22,945	32,920	34,291	24,228	17,807	145,205
304, 314	31 to 45 minutes	3,102	30,657	50,659	65,706	68,443	41,517	24,229	284,313
306, 316	46 to 75 minutes	7,765	52,161	92,786	120,830	121,855	62,001	22,626	480,024
308, 318	Over 75 minutes	759	3,349	5,033	6,442	6,608	3,438	1,749	27,378
291, 319	Selected cases (> 45 min)	374	3,513	12,725	18,191	20,797	8,034	1,001	64,635
	<i>Total</i>	<i>13,828</i>	<i>103,132</i>	<i>187,678</i>	<i>248,744</i>	<i>256,309</i>	<i>142,150</i>	<i>69,346</i>	<i>1,021,187</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	295	2,254	1,244	1,765	2,007	1,383	1,757	10,705
322	16 to 30 minutes	326	8,366	9,418	12,144	13,166	9,609	9,183	62,212
324	31 to 45 minutes	174	5,700	6,724	9,188	9,434	5,985	6,665	43,870
326	46 to 75 minutes	204	4,313	5,624	6,285	6,118	3,618	3,381	29,543
328	Over 75 minutes	42	816	1,006	1,035	993	497	441	4,830
	<i>Total</i>	<i>1,041</i>	<i>21,449</i>	<i>24,016</i>	<i>30,417</i>	<i>31,718</i>	<i>21,092</i>	<i>21,427</i>	<i>151,160</i>
Patient attendances in other locations									
330	15 minutes or less	1	3	5	22	86	71	373	561
332	16 to 30 minutes	1	16	59	92	126	121	980	1,395
334	31 to 45 minutes	6	40	90	133	205	131	1,125	1,730
336	46 to 75 minutes	7	78	177	153	345	307	1,341	2,408
338	Over 75 minutes	3	37	86	115	275	128	477	1,121
	<i>Total</i>	<i>18</i>	<i>174</i>	<i>417</i>	<i>515</i>	<i>1,037</i>	<i>758</i>	<i>4,296</i>	<i>7,215</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	933	2,244	3,241	6,752	6,875	3,375	293	23,713
348, 350, 352	Interview with non-patient	150	492	401	352	365	232	582	2,574
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	6	17	40	39	18	13	133
855, 857, 858, 861, 864, 866	Case conferencing	10	44	43	78	67	62	29	333
14224	Electroconvulsive therapy ^(c)	18	867	1,510	2,276	2,658	1,457	2,515	11,301
	<i>Total</i>	<i>1,111</i>	<i>3,653</i>	<i>5,212</i>	<i>9,498</i>	<i>10,004</i>	<i>5,144</i>	<i>3,432</i>	<i>38,054</i>
Total		15,998	128,408	217,323	289,174	299,068	169,144	98,501	1,217,616
Per 1,000 population ^(d)		8.3	94.5	151.3	191.4	214.2	158.5	67.8	119.8

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory found in Chapters 4, 5 and 6.

(b) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(c) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

Table 3.20: Medicare expenditure (\$'000) on services provided by private psychiatrists (current prices), by schedule item, Australia, 1999–00 to 2004–05

MBS item	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)	
Patient attendances in consulting room								
300, 310	15 minutes or less	1,844.14	1,655.94	1,598.20	1,419.47	1,349.31	1,417.21	-5.1
302, 312	16 to 30 minutes	17,797.41	17,818.50	17,805.83	17,545.88	17,159.91	17,963.16	0.2
304, 314	31 to 45 minutes	39,295.71	40,764.93	41,185.58	42,408.80	44,191.43	46,580.27	3.5
306, 316	46 to 75 minutes	101,595.52	101,942.75	100,215.02	99,212.22	100,158.09	107,081.32	1.1
308, 318	Over 75 minutes	6,138.69	6,404.04	6,182.83	6,549.27	6,723.30	7,404.50	3.8
291, 319	Selected cases (> 45 min)	10,859.05	11,071.54	11,684.52	11,732.88	12,287.11	13,367.50	4.2
	<i>Total</i>	<i>177,530.52</i>	<i>179,657.70</i>	<i>178,671.97</i>	<i>178,868.51</i>	<i>181,869.14</i>	<i>193,813.94</i>	<i>1.8</i>
Patient attendances in hospital								
320	15 minutes or less	453.46	514.57	500.54	455.71	439.3	400.15	-2.5
322	16 to 30 minutes	3,610.30	3,966.19	4,239.07	4,605.41	4,646.07	4,737.10	5.6
324	31 to 45 minutes	3,264.77	3,567.58	3,984.61	4,268.62	4,633.49	4,865.71	8.3
326	46 to 75 minutes	3,199.92	3,630.87	3,742.38	3,971.43	4,274.71	4,430.62	6.7
328	Over 75 minutes	562.63	676.12	674.31	663.13	832.74	887.24	9.5
	<i>Total</i>	<i>11,091.07</i>	<i>12,355.34</i>	<i>13,140.92</i>	<i>13,964.29</i>	<i>14,826.31</i>	<i>15,320.82</i>	<i>6.7</i>
Patient attendances in other locations								
330	15 minutes or less	30.62	38.6	56.3	58.45	63.05	61.35	14.9
332	16 to 30 minutes	127.08	152.47	221.69	228.26	188.07	218.95	11.5
334	31 to 45 minutes	279.36	296.37	325.05	366.8	371.35	384.98	6.6
336	46 to 75 minutes	408.44	427.36	539.57	608.23	558.78	599.51	8.0
338	Over 75 minutes	280.32	263.42	344.12	309.25	357.05	335.9	3.7
	<i>Total</i>	<i>1,125.82</i>	<i>1,178.22</i>	<i>1,486.72</i>	<i>1,570.98</i>	<i>1,538.30</i>	<i>1,600.70</i>	<i>7.3</i>
Other services^(a)								
342, 344, 346	Group psychotherapy	2,640.75	2,495.41	2,358.29	2,185.09	2,120.25	2,324.57	-2.5
348, 350, 352	Interview with non-patient	226.72	249.77	199.4	198.6	208.15	250.11	2.0
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0.0	0.0	0.0	1.9	19.32	23.86	254.4
855, 857, 858, 861, 864, 866	Case conferencing	..	..	..	9.49	38.91	61.62	154.8
14224	Electroconvulsive therapy ^(b)	491.96	575.38	620.57	694.94	670.96	704.24	7.4
	<i>Total</i>	<i>3,359.44</i>	<i>3,320.56</i>	<i>3,178.26</i>	<i>3,090.02</i>	<i>3,057.59</i>	<i>3,364.40</i>	<i>0.0</i>
Total expenditure in current prices (\$'000)		193,106.85	196,511.82	196,477.87	197,493.80	201,291.34	214,099.86	2.1
Total expenditure in constant prices (\$'000)^(c)		175,545.27	183,679.05	191,018.01	197,493.80	209,602.16	n.a.	4.5
Per 1,000 population (constant prices) (\$) ^(d)		9.2	9.5	9.8	10.0	10.5	n.a.	3.3

(a) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(b) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(c) Expenditure data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year. Constant prices are unable to be calculated for 2004–05 as inflation figures were not available at time of publication, therefore average annual change is calculated between 1999–00 and 2003–04.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December in the reference year.

.. Not applicable. n.a. Not available. Source: DHA.

Table 3.21: Medicare expenditure (\$'000) on services provided by private psychiatrists, by schedule item, states and territories, 2004–05

MBS item		NSW	Vic	Qld	SA	Tas	ACT	WA and NT^(a)	Total
Patient attendances in consulting room									
300, 310	15 minutes or less	608.80	275.38	161.64	89.02	57.21	54.35	170.80	1,417.21
302, 312	16 to 30 minutes	5,887.42	5,069.33	3,634.51	1,240.07	525.78	384.37	1,221.68	17,963.16
304, 314	31 to 45 minutes	12,715.07	14,420.58	10,085.88	4,092.12	1,261.16	603.00	3,402.47	46,580.27
306, 316	46 to 75 minutes	36,476.72	38,195.58	14,326.48	10,694.20	1,164.98	1,228.96	4,994.40	107,081.32
308, 318	Over 75 minutes	2,331.80	3,081.78	1,010.06	1,168.62	296.38	72.89	442.96	7,404.50
319	Selected cases (> 45 min)	5,628.98	4,908.07	1,291.79	1,108.16	34.53	174.11	221.85	13,367.50
	<i>Total</i>	63,648.79	64,950.71	30,510.36	18,392.20	3,340.03	2,517.68	10,454.16	193,813.94
Patient attendances in hospital									
320	15 minutes or less	50.97	139.18	67.45	20.35	11.65	10.81	99.74	400.15
322	16 to 30 minutes	652.62	1,306.50	1,891.77	272.85	134.54	24.51	454.29	4,737.10
324	31 to 45 minutes	1,341.00	1,284.67	1,165.84	312.17	240.25	22.93	498.84	4,865.71
326	46 to 75 minutes	1,485.13	1,396.72	678.54	308.70	140.31	26.11	395.11	4,430.62
328	Over 75 minutes	288.66	214.42	109.51	61.57	31.57	10.61	170.90	887.24
	<i>Total</i>	3,818.38	4,341.49	3,916.11	975.65	558.34	94.97	1,618.88	15,320.82
Patient attendances in other locations									
330	15 minutes or less	36.96	13.50	2.20	0.28	0.28	0.00	8.13	61.35
332	16 to 30 minutes	114.40	74.17	8.11	5.06	1.42	0.09	15.69	218.95
334	31 to 45 minutes	241.00	110.50	9.22	14.38	2.86	0.63	6.37	384.98
336	46 to 75 minutes	391.74	128.66	37.25	32.73	4.65	4.38	10.10	599.51
338	Over 75 minutes	234.20	30.30	13.02	36.29	1.28	2.05	18.76	335.90
	<i>Total</i>	1,008.30	357.14	69.81	88.76	10.50	7.15	59.05	1,600.70
Other services^(b)									
342, 344, 346	Group psychotherapy	742.70	1,253.26	124.40	70.98	66.26	0.57	66.41	2,324.57
348, 350, 352	Interview with non-patient	76.82	50.78	49.50	28.06	7.33	5.17	32.46	250.11
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	10.41	2.84	7.57	0.80	0.03	1.80	0.41	23.86
855, 857, 858, 861, 864, 866	Case conferencing	11.14	13.15	3.15	22.68	8.83	0.00	0.00	3,364.39
14224	Electroconvulsive therapy ^(c)	181.36	181.95	204.58	53.89	18.92	3.59	59.94	704.24
	<i>Total</i>	1,022.43	1,501.98	389.20	176.4	101.38	11.12	159.21	3,364.39
Total expenditure (\$'000)		69,497.91	71,151.33	34,882.47	19,633.01	4,010.24	2,630.92	12,291.30	214,099.86
Per 1,000 population (\$) ^(d)		10,297.06	14,251.17	8,884.52	12,779.14	8,288.83	8,114.40	5,600.27	10,593.76

(a) Figures for Western Australia and the Northern Territory have been combined for confidentiality reasons.

(b) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(c) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2004.

Source: DHA.

Table 3.22: PBS and RPBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1999–00 to 2004–05

ATC code		1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
A	Alimentary tract and metabolism	31,135	28,922	30,299	32,799	35,599	36,997	3.5
B	Blood and blood-forming organs	3,254	3,149	3,343	3,945	4,373	4,137	4.9
C	Cardiovascular system	45,691	46,593	47,761	46,616	48,218	47,912	1.0
D	Dermatologicals	3,365	3,147	3,033	2,855	2,629	2,490	–5.8
G	Genitourinary system and sex hormones	11,572	13,213	12,995	10,760	9,903	9,887	–3.1
H	Systemic hormonal preparations, excluding sex hormones	4,749	4,977	4,779	4,916	4,878	4,780	0.1
J	General anti-infectives for systematic use	11,251	9,692	9,795	9,610	9,301	9,499	–3.3
L	Antineoplastic and immunomodulating agents	618	688	687	664	728	703	2.6
M	Musculoskeletal system	8,644	12,608	15,516	16,011	16,609	13,794	9.8
N	Central nervous system							
N05A	Antipsychotics	244,713	275,030	292,317	303,211	309,430	334,296	6.4
N05B	Anxiolytics	138,860	142,856	143,440	149,202	149,124	147,527	1.2
N05C	Hypnotics and sedatives	79,163	79,481	72,345	68,267	64,380	61,543	–4.9
N06A	Antidepressants	942,337	990,139	1,005,830	1,038,631	1,070,005	1,081,247	2.8
	Other	149,922	172,165	194,296	210,264	225,030	224,244	8.4
	<i>Total</i>	<i>1,554,995</i>	<i>1,659,671</i>	<i>1,708,228</i>	<i>1,769,575</i>	<i>1,817,969</i>	<i>1,848,857</i>	<i>3.5</i>
P	Antiparasitic products	741	775	693	667	582	496	–7.7
R	Respiratory system	14,297	12,714	11,503	11,203	10,833	10,352	–6.3
S	Sensory organs	6,290	5,572	5,044	4,814	4,288	3,977	–8.8
	Other	2,578	1,757	2,108	871	688	2,812	1.8
	Total prescriptions^{(a)(b)}	1,699,180	1,803,478	1,855,784	1,915,306	1,966,598	1,996,633	3.3
	Per 1,000 population ^(c)	89.3	93.6	95.0	97.0	98.4	98.8	2.1

(a) Data may include some public psychiatrist prescriptions.

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

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December of the reference year.

Source: DHA.

Table 3.23: PBS and RPBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC code		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	10,710	10,847	8,801	2,572	2,872	797	348	50	36,997
B	Blood and blood-forming organs	958	1,090	1,048	429	480	58	66	8	4,137
C	Cardiovascular system	16,184	12,145	9,744	3,694	4,170	1,023	673	279	47,912
D	Dermatologicals	718	791	461	247	200	40	29	4	2,490
G	Genitourinary system and sex hormones	2,912	2,038	2,872	1,029	693	155	178	10	9,887
H	Systemic hormonal preparations, excluding sex hormones	1,083	1,369	1,185	477	486	121	55	4	4,780
J	General anti-infectives for systematic use	3,072	2,864	2,140	578	548	116	162	19	9,499
L	Antineoplastic and immunomodulating agents	272	122	142	46	98	8	12	3	703
M	Musculoskeletal system	3,914	4,495	2,936	956	852	349	227	65	13,794
N	Central nervous system									
N05A	Antipsychotics	116,948	102,450	53,399	17,682	31,545	5,358	6,126	788	334,296
N05B	Anxiolytics	37,942	52,237	29,378	6,872	13,994	5,938	947	219	147,527
N05C	Hypnotics and sedatives	15,081	19,161	13,548	4,298	6,763	1,909	657	126	61,543
N06A	Antidepressants	329,585	314,622	216,139	85,799	97,903	21,695	12,716	2,788	1,081,247
	Other	60,547	52,735	35,003	49,085	17,525	5,430	3,491	428	224,244
	<i>Total</i>	<i>560,103</i>	<i>541,205</i>	<i>347,467</i>	<i>163,736</i>	<i>167,730</i>	<i>40,330</i>	<i>23937</i>	<i>4,349</i>	<i>1,848,857</i>
P	Antiparasitic products	145	130	98	18	69	24	12	0	496
R	Respiratory system	3,308	3,088	2,321	568	779	124	141	23	10,352
S	Sensory organs	1,317	1,052	759	331	409	54	50	5	3,977
	Other	627	473	1,192	198	268	50	3	1	2,812
	Total prescriptions^{(b)(c)}	605,323	581,709	381,166	174,879	179,654	43,249	25,893	4,820	1,996,633
	Per 1,000 population ^(d)	89.7	116.5	97.1	87.7	116.9	89.4	79.9	24.0	98.8

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

(b) Data may include some public psychiatrist prescriptions.

(c) Includes ATC classified as unknown or various (Chapters V and Z).

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

Table 3.24: PBS and RPBS-funded expenditure (\$'000) on selected medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, 1999–00 to 2004–05

ATC code		1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
A	Alimentary tract and metabolism	755	698	778	896	1,037	1,083	7.5
B	Blood and blood-forming organs	31	42	61	78	96	99	26.1
C	Cardiovascular system	1,056	1,102	1,183	1,200	1,305	1,363	5.2
D	Dermatologicals	47	46	43	38	33	32	-7.4
G	Genitourinary system and sex hormones	355	472	530	522	503	516	7.8
H	Systemic hormonal preparations, excluding sex hormones	43	53	51	56	60	63	7.9
J	General anti-infectives for systematic use	234	199	207	242	232	230	-0.3
L	Antineoplastic and immunomodulating agents	113	154	174	158	182	199	12.0
M	Musculoskeletal system	137	365	384	400	419	324	18.8
N	Central nervous system							
N05A	Antipsychotics	37,049	44,544	50,216	54,313	57,327	65,367	12.0
N05B	Anxiolytics	1,198	1,186	1,199	1,247	1,229	1,204	0.1
N05C	Hypnotics and sedatives	320	322	310	308	311	289	-2.0
N06A	Antidepressants	33,461	36,753	38,249	40,047	42,082	41,530	4.4
	Other	3,875	5,825	7,869	8,839	9,637	10,114	21.2
	<i>Total</i>	75,903	88,630	97,844	104,754	110,586	118,507	9.3
P	Antiparasitic products	6	6	5	5	4	3	-12.9
R	Respiratory system	290	277	289	318	319	321	2.1
S	Sensory organs	71	68	62	59	52	49	-7.1
	Other	116	68	82	39	29	135	3.1
	Total expenditure in current prices (\$'000)	79,156	92,181	101,692	108,764	114,858	122,931	9.2
	Total expenditure in constant prices (\$'000)^(a)	78,927	92,044	101,605	108,764	114,955	n.a.	9.9
	Per 1,000 population (constant prices) (\$'000) ^(b)	4.1	4.8	5.2	5.5	5.8	n.a.	8.5

(a) Expenditure data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year. Constant prices are unable to be calculated for 2004–05 as inflation figures were not available at the time of publication.

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

Source: DHA.

Table 3.25: PBS and RPBS-funded expenditure (\$'000) on medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC code		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	315	312	259	70	88	24	14	2	1,083
B	Blood and blood-forming organs	28	20	24	9	13	1	2	1	99
C	Cardiovascular system	464	342	293	102	113	26	21	2	1,363
D	Dermatologicals	11	10	5	3	3	0	1	0	32
G	Genitourinary system and sex hormones	173	94	156	49	27	4	12	1	516
H	Systemic hormonal preparations, excluding sex hormones	12	23	14	7	7	1	0	0	63
J	General anti-infectives for systematic use	70	58	62	26	9	2	4	0	230
L	Antineoplastic and immunomodulating agents	97	20	37	16	28	0	1	0	199
M	Musculoskeletal system	90	112	69	21	18	9	1	4	324
N	Central nervous system									
N05A	Antipsychotics	22,883	20,172	10,581	3,575	5,925	1,001	1,091	139	65,367
N05B	Anxiolytics	292	463	229	59	110	43	7	1	1,204
N05C	Hypnotics and sedatives	66	72	73	28	38	7	4	1	289
N06A	Antidepressants	11,857	12,123	8,565	3,764	3,809	880	444	88	41,530
	Other	2,930	2,924	1,845	1,377	729	175	115	19	10,114
	<i>Total</i>	38,029	35,755	21,293	8,802	10,611	2,106	1,660	250	118,507
P	Antiparasitic products	1	1	1	0	1	0	0	0	3
R	Respiratory system	102	96	74	18	22	4	4	1	321
S	Sensory organs	16	13	9	4	6	0	1	0	49
	Other	24	21	48	27	11	3	4	0	135
	Total (\$'000)^(b)	39,432	36,877	22,346	9,155	10,957	2,180	1,726	257	122,931
	Per 1,000 population ^(c)	5.8	7.4	5.7	4.6	7.1	4.5	5.3	1.3	6.1

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

(b) Includes ATC unknown or various (Chapters V and Z).

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

3.4 Hospital outpatient services and community mental health 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 government-operated community 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 data quality issues relating to NCHMCD can be found in Appendix 2. Additional tables covering principal diagnosis and client demographics by state and territory are available in Appendix 3 of this publication.

Coverage

The NCMHCD was agreed to be collected from 1 July 2000 and collated for the first year during 2002. Data for 2000–01 were incomplete, but apparently improved for 2001–02 and 2002–03. There have been further improvements in coverage for the 2003–04 data. Evidence of this includes the number of services reporting to the NCMHCD and the proportion of expenditure on community mental health services that the data relate to. Further, the increase in the number of service contacts reported in 2003–04 (4,911,735 compared with 4,672,423 in 2002–03) may also reflect improved coverage.

Most states and territories provided estimates of their coverage for 2003–04 as a proportion of full-coverage:

- New South Wales estimated its coverage for 2003–04 to be 65%. The expected number of contacts was estimated from the number of clinical full-time equivalent staff employed over that year. For 2002–03 they estimated 54% coverage;
- Victoria estimated their coverage to be 83–85% and noted that it would be higher if unregistered clients (that is, clients for whom personal details are unknown) were included in their data as for some states and territories (see Appendix 1 for more information);
- Queensland stated that all in-scope services are recording contact data, however they do not believe that the coverage is complete within these services. Queensland believes that the coverage for 2003–04 is greater than 2002–03 based on feedback from local mental health information management resources who monitor the collection of mental health data;
- Western Australia estimated around 95% coverage for 2003–04 and 2002–03 based on compliance from services within the jurisdiction;
- South Australia estimated their coverage to be from 75.8% to 89.0%, depending on methods used when estimating;
- The Australian Capital Territory report their coverage to be 98.3% taking into account the number of service contacts that were not supplied in the data; and
- The Northern Territory estimated 100% coverage based on in-scope services reporting, but 80–85% based on estimates of missing data and non-compliance of some clinicians.

Tasmania did not provide an estimate for their coverage for 2003–04.

Number of facilities

The number of facilities contributing data to the NCMHCD rose from 212 in 2002–03 to 216 in 2003–04. During 2002–03 there were 14 mental health care facilities that provided ambulatory care services but did not contribute data to the NCMHCD. This figure dropped to 13 facilities in 2003–04, comprising 8 facilities in South Australia, 4 facilities in Tasmania, and 1 facility in the Australian Capital Territory.

There were 5 facilities in Queensland, 3 facilities in South Australia, 2 facilities in Tasmania and 1 facility in New South Wales that did not report data for one or several of the months during the collection period. In 2002–03 there were 4 facilities that did not report data for one or several months (2 facilities in South Australia, 1 in Tasmania and 1 in New South Wales). For 2001–02, 90.0% of facilities providing ambulatory services that had reported to the National Community Mental Health Establishments (NCMHED) NMDS, reported to the NCMHCD. The corresponding proportion for 2002–03 was 91.5%. In 2003–04 the proportion has further increased to 94.3%. However, the counts of facilities may not be meaningful because they differ in size, and not all facilities reported all service contacts, as indicated above.

Proportion of expenditure

An alternative measure of coverage is the ratio of the expenditure of facilities that reported service contacts to NCMHCD to the expenditure of all facilities in NCMHED that provided ambulatory care services. Using this ratio, coverage for the NCMHCD in 2000–01 was 96.9% nationally, and 99.0% in 2001–02 and 2002–03. In 2003–04, national coverage increased to 99.9% with three jurisdictions lacking complete coverage: Tasmania (83.9% coverage), South Australia (88.5%) and the Australian Capital Territory (96.6%).

This measure also has limitations, however, since community mental health facility 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 facilities which provide both ambulatory and residential care. In addition, incomplete reporting of service contacts by services is not taken into consideration.

Service contacts in 2003–04

The number of service contacts reported to the NCMHCD increased from 3,635,873 in 2000–01, 4,203,731 in 2001–02 and 4,672,423 in 2002–03 to 4,911,735 in 2003–04. This increase is likely to reflect an increased coverage of the database as described above.

Table 3.26 presents data on the number of service contacts and service contacts per 1,000 population by patient sex and age group. In 2003–04 the 4.9 million service contacts reported for public hospital-based outpatient services and community-based ambulatory mental health services represented a rate of 245.8 contacts per 1,000 population.

As noted, service contacts were not reported by every facility for every month of the collection period. An attempt has been made to quantify the level of under-reporting possibly resulting as a consequence in 2003–04. Nationally, there were 1,258,999 service contacts reported in the first and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 5.0 million service contacts reported compared with the 4.9 million actually reported. Although the first quarter had the highest number of service contacts for Australia as a whole, the first 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 5.3 million. If the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of service contacts increases to 5.6 million. This estimate does not include an estimate for non-reporting establishments. Using this calculation, 87.5% coverage was achieved in 2003–04, compared with 90.5% in 2002–03 and 86.2% in 2001–02.

Sex and age group

In 2003–04, there were more service contacts per 1,000 population for male patients than for female patients (Table 3.26). There were more service contacts per 1,000 population for patients in the 25–34 and 35–44 years age groups than for other age groups. This is consistent with the high proportion of separations from hospital with specialised psychiatric care in the 25–34 years age group (Figures 1.10 and 1.11).

The Australian Capital Territory had the highest rate of service contacts per 1,000 population (504.7 per 1,000 population) and for both males and females (480.6 and 524.4) (Table 3.27). For males, each state and territory reported more service contacts per 1,000 population in the 25–34 age group except for Tasmania which reported the most for those 65 years and over. For females, Queensland, the Australian Capital Territory and the Northern Territory reported the highest number of service contacts per capita in the 15–24 age group; New South Wales, Western Australia and South Australia the 25–34 age group; while for Victoria and Tasmania the most service contacts per 1,000 population were in the 65 years and over age group.

Aboriginal and Torres Strait Islander peoples

Table 3.28 presents the number of service contacts by Indigenous status and state and territory. Overall, the proportion of service contacts that were reported for Aboriginal and Torres Strait Islander peoples was 3.7% (181,706 service contacts) and ranged from 1.3% for Victoria to 26.4% for the Northern Territory. There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples than for other Australians (413.9 and 243.6 respectively). This was true in all jurisdictions with the exception of the Northern Territory.

Quality of data on Indigenous status

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

For a number of jurisdictions, the NCMHCD data reported for the 'Both Aboriginal and Torres Strait Islander' category are suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander peoples (e.g. Maoris and South Sea Islanders) and use of the category as an 'Indigenous, not further specified'.

All state and territory health authorities provided information on the quality of the data for the NCMHCD 2003–04. Only Western Australia, Tasmania and the Northern Territory reported that the quality of their data was acceptable.

The New South Wales Health Department stated that the quality of Indigenous status data undoubtedly required improvement and that no work has been done to determine its accuracy.

The Victorian Department of Human Services considered that the quality of Indigenous status data was not acceptable due to lack of consistency in data entry across its services. Queensland Health reported that several strategies have been implemented to improve the quality of Indigenous data. These initiatives included: dissemination of information materials to services explaining the importance of the data element and how to collect the data; an audit of all 'Both Aboriginal and Torres Strait Islander' codes which found that over half of the clients were reclassified to a different Indigenous status category due to the above mentioned issues; and validation by Queensland Health of all 'not stated' codes, all codes where the client was reported as Indigenous but not born in Australia, and clients with more than one Indigenous status code in the collection period. Queensland Health also reported that a replacement for the existing collection system with in-built validation checks would also assist with the improving the quality of this data.

The Western Australian Department of Health reported that the quality of the Indigenous status data for 2003–04 was considered acceptable, however the data could be improved with the appropriate resources, training and reporting standards.

The South Australian Department of Health indicated that although processes have been established to collect Indigenous status, it is uncertain what mechanisms are in place to ensure that information collected is validated appropriately. Therefore, the quality of the data is uncertain at this stage.

The Tasmanian Department of Health and Human Services reported that the quality of Indigenous status data was acceptable, but that it was unable to determine whether the quality of the data varied across services.

Australian Capital Territory Health considered the quality of its Indigenous status data to be in need of improvement. In addition, only one service reported these data for the 2003–04 collection period.

The Northern Territory Department of Health and Community Services indicated that the quality of its Indigenous status data was acceptable and that the quality of the data did not vary across services.

Mental health legal status

Table 3.29 presents data on the number of service contacts by mental health legal status and jurisdiction. Nationally, 15.9% of service contacts were involuntary. However, for 18.3% of service contacts, mental health legal status was not reported. There were different patterns across jurisdictions, with higher proportions of involuntary service contacts for the Australian Capital Territory (29.7%) and Victoria (23.6%) than nationally. This may reflect differences in legislative arrangements for each jurisdiction or variation in the quality of the data reported.

Marital status

Table 3.30 presents data on the number of service contacts by marital status and jurisdiction. In 2003–04 the most frequently reported marital status was 'never married' (57.4%). Some jurisdictions had high proportions of service contacts for which marital status was not reported. Marital status was not able to be provided for any service contacts in New South

Wales and was not reported for almost one quarter of service contacts for the Northern Territory and Tasmania (24.7% and 24.1% respectively).

Country of birth

In 2003–04, country of birth details coded to the ABS's Standard Australian Classification of Countries, as specified in the *National Health Data Dictionary, Version 12 Supplement* (AIHW 2004e), were supplied by states and territories (Table 3.31).

Australian-born patients accounted for 79.0% (3,878,562) of total community mental health care service contacts at a rate of 261.3 service contacts per 1,000 population.

The country/region of birth with the highest number of service contacts per 1,000 population was *Hungary* (288.8). The countries/regions of birth with the lowest number of service contacts per 1,000 population were *China* (67.1) and *Japan* (81.0).

The age-standardised service contact rate for Australian-born patients was higher (261.3 per 1,000 population) than that for the overseas-born population (144.8 per 1,000 population).

Area of usual residence

Table 3.32 presents data on service contacts by Remoteness area of usual residence. In 2003–04 the highest rate of service contacts was for major cities (240.3 per 1,000 population). This rate decreased with remoteness, with the lowest rate for 'very remote' areas (103.0 per 1,000 population).

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.

The following caveats concerning variability in data collection and coding practices which may affect data quality need to be taken into account when using principal diagnosis data:

- differences among states and territories in the type of classification used:
 - most state and territory health authorities used the complete ICD-10-AM classification to code principal diagnosis;
 - New South Wales used a combination of ICD-10-AM and ICD-10-PC; and
 - the Australian Capital Territory and the Northern Territory used only the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification;
- the ability of small community facilities to accurately code principal diagnosis,
- the availability of appropriate clinicians to assign principal diagnoses;
- whether the principal diagnosis is applied to an individual service contact, or to a period of care; New South Wales and the Australian Capital Territory mainly report current diagnosis for each service contact rather than a principal diagnosis for a longer period of care. Queensland, Victoria, South Australia, Tasmania, and the Northern Territory mainly report principal diagnosis as applying to a longer period of care.

Table 3.33 presents the number of service contacts for selected principal diagnosis groups for 2003–04. Over 32% of all service contacts did not have a specified principal diagnosis, comprising records coded to F99 *Mental disorder not otherwise specified*, or not stated/not reported. The majority of service contacts that did not have a specified principal diagnosis were supplied by Queensland (39.0%) and New South Wales (38.8%). Queensland had the

highest proportion of total service contacts without a specified principal diagnosis (70.6%) followed by the Northern Territory (54.8%), New South Wales (43.6%), the Australian Capital Territory (24.0%) and Tasmania (22.5%). Queensland recommenced the collection of principal diagnosis data late in the reporting year following a sustained period where this item was unable to be collected due to system based issues. South Australia (13.8%), Victoria (12.4%) and Western Australia (10.6%) had the lowest proportions of service contacts without a specified principal diagnosis (Table A3.6).

Of those service contacts specifying a principal diagnosis, 34.8% had a principal diagnosis of *Schizophrenia* (F20). The next most common principal diagnosis was *Depressive episode* (F32) accounting for 12.7% of the service contacts, followed by *Bipolar affective disorder* (F31, 7.9%).

Table 3.26: Community mental health service contacts and per 1,000 population^(a), by sex and age group, Australia, 2003–04

Sex	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
Number								
Males	248,759	423,174	658,883	528,523	327,993	158,726	179,842	2,537,637
Females	151,892	384,685	438,328	431,918	340,627	194,905	330,482	2,280,389
Total	406,145	819,798	1,109,397	973,053	677,445	357,435	513,574	4,911,735
Per 1,000 population^(b)								
Males	121.8	301.5	457.6	354.1	241.1	152.1	156.5	255.5
Females	78.3	287.4	303.8	286.5	247.7	190.5	232.0	226.9
Total	102.0	299.0	384.8	324.3	247.6	172.9	199.5	245.8

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

(b) Crude rate based on the Australian estimated resident population as at 31 December 2003.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definitions of service contacts used between jurisdictions. For more information, see Appendix 1.

Source: NCMHCD.

Table 3.27: Community mental health service contacts and per 1,000 population, by sex and age group, states and territories, 2003–04^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Number								
Males									
Less than 15 years	46,502	66,935	76,972	24,268	25,719	2,045	4,356	1,962	248,759
15–24	128,314	135,834	82,132	27,789	24,092	2,462	19,454	3,097	423,174
25–34	213,906	225,124	111,336	43,444	34,692	4,942	21,077	4,362	658,883
35–44	177,101	162,447	86,810	38,820	36,981	4,626	18,244	3,494	528,523
45–54	104,586	101,227	54,802	31,631	19,990	4,698	9,634	1,425	327,993
55–64	45,849	54,498	29,152	15,294	8,434	1,439	3,549	511	158,726
65+	27,206	84,246	25,878	19,304	13,554	5,817	3,572	265	179,842
<i>Total males^(c)</i>	<i>743,464</i>	<i>830,311</i>	<i>467,082</i>	<i>200,550</i>	<i>163,462</i>	<i>26,029</i>	<i>79,886</i>	<i>15,116</i>	<i>2,525,900</i>
Females									
Less than 15 years	30,085	36,528	48,862	15,037	13,815	1,552	5,316	697	151,892
15–24	104,238	117,517	82,413	30,479	21,207	3,348	22,729	2,754	384,685
25–34	130,303	140,804	78,324	40,733	23,762	4,288	17,327	2,787	438,328
35–44	124,356	140,776	78,396	39,777	26,401	4,928	14,824	2,460	431,918
45–54	97,557	109,217	59,196	37,770	19,834	4,926	10,469	1,658	340,627
55–64	56,223	64,237	32,326	18,508	13,609	2,460	7,235	307	194,905
65+	53,433	147,989	42,275	35,630	28,995	12,461	9,566	133	330,482
<i>Total females^(c)</i>	<i>596,195</i>	<i>757,068</i>	<i>421,792</i>	<i>217,934</i>	<i>147,623</i>	<i>33,963</i>	<i>87,466</i>	<i>10,796</i>	<i>2,272,837</i>
Total persons^(d)									
Less than 15 years	82,022	103,463	125,837	39,305	39,570	3,597	9,687	2,664	406,145
15–24	244,290	253,351	164,545	58,268	45,410	5,810	42,260	5,864	819,798
25–34	356,213	365,928	189,661	84,177	58,488	9,230	38,438	7,262	1,109,397
35–44	313,978	303,260	165,206	78,597	63,389	9,555	33,113	5,955	973,053
45–54	210,904	210,444	113,998	69,401	39,852	9,655	20,107	3,084	677,445
55–64	105,871	118,735	61,478	33,802	22,046	3,899	10,786	818	357,435
65+	83,854	232,235	68,153	54,934	42,572	18,278	13,150	398	513,574
Total^(c)	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735

(continued)

Table 3.27 (continued): Community mental health service contacts and per 1,000 population, by sex and age group, states and territories, 2003–04^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per 1,000 population ^(b)								
Males									
Less than 15 years	68.2	136.2	188.5	119.0	174.7	40.9	134.2	75.4	121.8
15–24	278.4	397.4	295.8	193.6	230.7	75.1	740.9	191.6	301.5
25–34	440.2	622.8	404.7	305.2	338.0	173.3	822.7	239.7	457.6
35–44	353.6	439.9	306.4	258.2	325.7	136.8	756.7	201.8	354.1
45–54	231.0	306.8	209.6	227.2	187.6	137.7	429.1	103.3	241.1
55–64	131.1	216.6	141.8	149.9	101.6	52.8	225.5	59.3	152.1
65+	68.2	291.1	123.1	188.7	135.4	191.3	271.3	58.2	156.5
<i>Total males^{(c)(d)}</i>	<i>225.0</i>	<i>343.9</i>	<i>243.5</i>	<i>204.7</i>	<i>219.6</i>	<i>114.7</i>	<i>480.6</i>	<i>135.2</i>	<i>256.4</i>
Females									
Less than 15 years	46.5	78.0	126.2	77.4	98.6	32.8	171.1	28.8	78.3
15–24	237.5	355.7	312.8	223.5	215.1	107.4	902.4	193.9	287.4
25–34	267.2	382.8	283.9	292.5	239.6	143.3	673.8	162.0	303.8
35–44	248.7	372.7	270.5	264.3	233.3	138.8	589.6	159.7	286.5
45–54	214.8	322.5	224.9	271.8	182.2	142.3	436.8	133.9	247.7
55–64	164.1	254.5	163.7	190.7	161.9	90.9	456.7	46.2	190.5
65+	107.1	403.3	170.6	287.4	225.6	330.1	581.7	33.5	232.0
<i>Total females^{(c)(d)}</i>	<i>178.7</i>	<i>299.1</i>	<i>219.8</i>	<i>221.6</i>	<i>189.4</i>	<i>133.4</i>	<i>524.4</i>	<i>107.8</i>	<i>226.0</i>
Total persons^(c)									
Less than 15 years	61.7	107.8	158.2	98.7	137.8	36.9	152.5	53.0	102.0
15–24	271.5	376.9	304.1	208.2	223.7	90.9	821.5	193.1	299.0
25–34	365.9	501.8	344.2	298.9	289.8	157.9	748.8	205.1	384.8
35–44	313.7	406.0	288.3	261.2	279.6	137.8	672.3	182.0	324.3
45–54	232.5	314.8	217.3	249.5	185.0	140.5	433.1	117.8	247.6
55–64	152.9	235.6	152.5	169.8	131.9	71.8	341.5	53.6	172.9
65+	93.4	353.8	148.8	242.8	186.2	268.2	444.1	46.7	199.5
Total^{(c)(d)}	215.1	322.4	232.0	213.7	205.7	139.9	504.7	122.6	246.5

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

(b) Crude rate based on the Australian estimated resident population as at 31 December 2003.

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

(d) The rates were directly age-standardised as detailed in Appendix 1.

Source: NCMHCD.

Table 3.28: Community mental health service contacts and per 1,000 population, by Indigenous status, states and territories, 2003–04^(a)

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal	59,991	17,976	43,443	20,428	8,134	1,134	3,087	6,523	160,716
Torres Strait Islander	1,386	873	5,723	167	95	14	80	51	8,389
Both Aboriginal and Torres Strait Islander	6,473	1,487	1,533	2,561	84	16	147	300	12,601
<i>Indigenous^(b)</i>	<i>67,850</i>	<i>20,336</i>	<i>50,699</i>	<i>23,156</i>	<i>8,313</i>	<i>1,164</i>	<i>3,314</i>	<i>6,874</i>	<i>181,706</i>
Neither Aboriginal nor Torres Strait Islander	1,001,817	1,579,464	833,808	389,221	274,797	50,905	121,772	18,535	4,270,319
Not reported	362,062	0	4,504	6,107	28,425	15,512	42,455	645	459,710
Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
	Per 1,000 population^(e)								
Indigenous Australians ^(b)	545.6	788.3	382.9	388.7	316.4	262.7	810.5	114.3	413.9
Other Australians ^(c)	209.1	320.8	228.8	209.7	203.1	142.1	502.1	128.7	243.6
Rate ratio ^(d)	2.6	2.5	1.7	1.9	1.6	1.8	1.6	0.9	1.7
Total	215.3	323.3	234.3	215.0	205.2	140.2	506.0	122.6	247.3

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

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

(c) Includes Indigenous status 'not reported'.

(d) The rate ratio is equal to the service contact rate for Indigenous persons divided by the service contact rate for other persons.

(e) The rates were directly age-standardised as detailed in Appendix 1.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definitions of service contacts used between jurisdictions. For more information refer to Appendix 1.

Source: NCMHCD.

Table 3.29: Community mental health service contacts, by mental health legal status, states and territories, 2003-04

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
Voluntary patient	757,482	1,223,012	750,003	13,491	284,681	59,217	117,851	25,137	3,230,874
Involuntary patient	192,576	376,788	139,008	38	22,023	1,204	49,690	917	782,244
Not reported	481,671	0	0	404,955	4,831	7,160	0	0	898,617
Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
	Per cent								
Voluntary patient	52.9	76.4	84.4	3.2	91.4	87.6	70.3	96.5	65.8
Involuntary patient	13.5	23.6	15.6	0.0	7.1	1.8	29.7	3.5	15.9
Not reported	33.6	0.0	0.0	96.8	1.6	10.6	0.0	0.0	18.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: 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.

Source: NCMHCD.

Table 3.30: Community mental health service contacts, by marital status, states and territories, 2003–04

Marital status	NSW^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(b)
	Number								
Never married	n.a.	876,670	555,280	230,600	183,539	21,879	114,014	14,396	1,996,378
Widowed	n.a.	86,624	28,678	22,506	20,567	11,383	6,099	176	176,033
Divorced	n.a.	181,076	73,006	38,162	28,736	3,070	13,273	498	337,821
Separated	n.a.	94,903	59,742	26,642	16,474	3,679	5,658	576	207,674
Married (including de facto)	n.a.	278,655	168,684	91,911	44,338	11,309	21,509	3,981	620,387
Not reported	1,431,729	81,872	3,621	8,663	17,881	16,261	6,988	6,427	141,713
Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	3,480,006
	Per cent								
Never married	n.a.	54.8	62.5	55.1	58.9	32.4	68.1	55.3	57.4
Widowed	n.a.	5.4	3.2	5.4	6.6	16.8	3.6	0.7	5.1
Divorced	n.a.	11.3	8.2	9.1	9.2	4.5	7.9	1.9	9.7
Separated	n.a.	5.9	6.7	6.4	5.3	5.4	3.4	2.2	6.0
Married (including de facto)	n.a.	17.4	19.0	22.0	14.2	16.7	12.8	15.3	17.9
Not reported	100.0	5.1	0.4	2.1	5.7	24.1	4.2	24.7	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) NSW was unable to provide marital status data for 2003–04, therefore national figures are not comparable with 2002–03 data.

(b) Excluding NSW.

Note: 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.

n.a. Not available.

Source: NCMHCD.

Table 3.31: Community mental health service contacts and per 1,000 population, by selected country/region of birth, Australia, 2003–04

Country/region	Number of service contacts	Rate per 1,000 population ^(a)	Country/region	Number of service contacts	Rate per 1,000 population ^(a)
Australia	3,878,562	261.3	Cambodia	5,464	152.7
New Zealand	62,460	125.9	Malaysia and Brunei	8,788	82.5
Papua New Guinea	5,656	161.5	Philippines	13,915	96.1
Fiji	6,501	96.3	Singapore	5,107	125.3
Other Oceania	10,677	279.0	Vietnam	38,518	159.1
<i>Oceania including Australia (total)</i>	<i>3,963,856</i>	<i>256.0</i>	China	13,628	67.1
United Kingdom and Ireland	178,475	142.4	Hong Kong and Macau	7,393	92.7
Greece	27,598	241.5	Japan	2,232	81.0
Italy	48,270	211.8	India	13,163	96.8
Malta	12,013	262.0	Sri Lanka	9,984	134.5
Former Yugoslavia	44,638	173.0	Other Asia	17,560	85.0
Former USSR and Baltic States	14,856	251.9	<i>Asia (total)</i>	<i>140,799</i>	<i>100.8</i>
Hungary	7,164	288.8	Canada	3,381	95.7
Poland	19,850	250.4	USA	8,316	124.1
Romania	4,405	249.8	Other North America	241	510.8
France	4,257	165.4	<i>North America (total)</i>	<i>11,938</i>	<i>118.7</i>
Germany	23,267	169.2	Argentina	1,873	152.0
Netherlands	13,074	105.3	Chile	4,586	175.1
Cyprus	2,888	135.5	The Caribbean	1,254	271.1
Other Europe and the former USSR	28,616	184.2	Other South America, Central America and the Caribbean	9,811	180.2
<i>Europe (total)</i>	<i>429,371</i>	<i>163.6</i>	<i>South America, Central America and The Caribbean (total)</i>	<i>17,524</i>	<i>177.0</i>
Lebanon	14,129	137.1	Mauritius	3,255	145.3
Turkey	10,177	210.1	South Africa	11,363	102.4
Iran	4,748	180.5	Other Africa excluding North Africa	17,534	252.6
Iraq	5,415	136.3	<i>Africa excluding North Africa (total)</i>	<i>32,152</i>	<i>157.1</i>
Egypt	7,340	179.9	Overseas (total)	768,550	144.8
Other Middle East and North Africa	9,663	191.0	Not reported	264,623	..
<i>Middle East and North Africa (total)</i>	<i>51,472</i>	<i>172.1</i>			
Indonesia	5,047	84.9	Total	4,911,735	247.3

(a) The rates were directly age-standardised as detailed in Appendix 1.

.. Not applicable.

Source: NCMHCD.

Table 3.32: Community mental health service contacts and per 1,000 population, by Remoteness area of usual residence, Australia, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	Total ^(a)
Number of service contacts	3,207,139	948,686	451,599	58,380	18,781	227,150	4,911,735
Rate per 1,000 population ^(b)	240.3	237.9	229.0	182.7	103.0	..	247.3

(a) Includes Other territories and excludes non-Australian residents.

(b) The rates were directly age-standardised as detailed in Appendix 1.

Note: 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.

Source: NCMHCD.

Table 3.33: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04^(a)

Code	Description	Number	Proportion of specified principal diagnosis (%)
F00–F03	Dementia	102,776	3.1
F04–F09	Other organic mental disorders	27,570	0.8
F10	Mental and behavioural disorders due to use of alcohol	27,078	0.8
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	48,757	1.5
F20	Schizophrenia	1,148,770	34.8
F21, F24, F28, F29	Schizotypal and other delusional disorders	146,747	4.4
F22	Persistent delusional disorders	32,101	1.0
F23	Acute and transient psychotic disorders	78,302	2.4
F25	Schizoaffective disorders	206,849	6.3
F30	Manic episode	18,071	0.5
F31	Bipolar affective disorders	259,345	7.9
F32	Depressive episode	420,050	12.7
F33	Recurrent depressive disorders	74,043	2.2
F34	Persistent mood (affective) disorders	29,956	0.9
F38, F39	Other and unspecified mood (affective) disorders	5,708	0.2
F40	Phobic anxiety disorders	19,454	0.6
F41	Other anxiety disorders	98,718	3.0
F42	Obsessive–compulsive disorders	23,919	0.7
F43	Reaction to severe stress and adjustment disorders	163,362	4.9
F44	Dissociative (conversion) disorders	3,934	0.1
F45, F48	Somatoform and other neurotic disorders	5,593	0.2
F50	Eating disorders	21,540	0.7
F51–F59	Other behavioural syndromes associated with physiol dist & phys factors	6,017	0.2
F60	Specific personality disorders	113,168	3.4
F61–F69	Disorders of adult personality and behaviour	16,026	0.5
F70–F79	Mental retardation	11,781	0.4
F80–F89	Disorders of psychological development	24,524	0.7
F90	Hyperkinetic disorders	21,014	0.6
F91	Conduct disorders	33,624	1.0
F92–F98	Other & unspecified disorders with onset childhood adolescence	48,191	1.5
	Other	66,751	2.0
<i>Total with specified principal diagnosis</i>		3,303,739	100.0
F99	Mental disorder not otherwise specified ^(b)	744,422	
	Not reported ^(b)	863,574	
<i>Total with unspecified principal diagnosis^(b)</i>		1,607,996	
Total service contacts		4,911,735	

(a) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions for reporting principal diagnosis. Some jurisdictions report principal diagnosis at each service contact while some report the principal diagnosis as it applies to the duration of the patient's treatment.

(b) The majority of service contacts in these categories were supplied by Queensland (39.0%) and New South Wales (38.8%).

Abbreviations: phys—physical, physiol—physiological, dist—disturbances.

Note: 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 2004c.

Source: NCMHCD.

3.5 Commonwealth State/Territory Disability Agreement-funded mental health-related non-residential care

The data presented in this section relate to CSTDA-funded support services provided for clients (service users) with a psychiatric disability. The psychiatric disability can be the client's primary 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 the client's everyday life. A number of 'other significant' disabilities may be identified by the client. See Appendix 1 for further information on disability groups.

Service users have generally gone through some form of clinical assessment and are often referred by public mental health services, private psychiatrists and general practitioners, and usually undergo a clinical assessment prior to acceptance by the service.

Data on non-residential disability support services are included in this report because 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 non-residential mental health care.

CSTDA-funded disability support services provide a broad range of non-residential services for people with mental health-related disabilities. These services include accommodation support, community support (including case management, counselling, intervention and therapy), community access (including learning and life skills development 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 provide in-home support.

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

Prior to 2003, data were available from the CSTDA NMDS collection on these services and their clients on a snapshot day each year. From 2003, unit record data on all service users and the disability support services they receive were collected on an ongoing basis. Data for 2002–03 were available for the period from 1 January to 30 June 2003. From 1 July 2003, service user data have been collected on a full financial year basis; the 2003–04 collection is therefore the first time full financial year data have been available.

Data are collected largely on the number and characteristics of service users. Data relating to the number of services provided in 2003–04 are only available in the form of the number of hours of service provided for selected service types in a reference week (Figure 3.5). During 2003–04, there were 24,108 non-residential users of CSTDA-funded disability support services who had a primary or other psychiatric disability. The proportion of service users who have a psychiatric disability as their primary disability may vary by jurisdictions or client characteristics such as age group. Among these service users, the major primary disability groups were psychiatric disability (63.9% of service users) and intellectual disability (22.5%). The majority of service users were male (60.4%) and the most common age

group was 35–44 years (27.1%). The non-residential care service types most frequently received were *Employment* (66.7%) and *Community access* (21.5%) services. Victorian disability support services reported the largest number of service users (39.5%).

The majority of service users were Australian-born (84.2%) and 6.7% were born in non-English-speaking countries. During the reported time period 3.2% of service users identified as being of Aboriginal or Torres Strait Islander origin or both.

The main income source for the majority of service users aged 16 years or over (67.9%) was *Disability support pension*. For service users aged less than 16 years, 30.6% of their parents or guardians received a carer allowance indicating that care was provided to the service user by one or both of their parents or guardians.

The location of service users was classified as *Major city*, *Inner regional*, *Outer regional*, *Remote*, *Very remote* or *Not reported* based on the service user's postcode – 66.1% of service users were located in major cities. The most commonly reported living arrangement was *Lives with family* (43.1%), and the most commonly reported accommodation type was *Private residence* (75.6%).

Figure 3.5 also provides the total hours of service provided by CSTDA-funded service type outlets for users reporting a primary or other psychiatric disability, during a reference week in June 2004. A total of 100,330 hours were recorded. Services providing *Community access* which includes learning and life skills development as well as other community access and day programs recorded the largest number of service hours (47,173 or 47.0% of total hours). The fewest number of service hours were recorded for *Community support* (4,099 or 4.1%) which includes case management, local coordination and development.

3.6 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 2 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 identified as probably able to be provided in ambulatory mental health care (a list of these procedures is included in Appendix 2), and
- the mode of admission did not include a care type change or transfer, and the mode of separation did not include a transfer (to another facility), a care type change, left against medical advice or death.

Ambulatory-equivalent separations were first identified in this way in *Mental Health Services in Australia 2001–02* (AIHW 2004c). 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 specialised psychiatric unit (also referred to as a designated

psychiatric unit) of an acute care hospital or of a public psychiatric hospital. A mental health-related principal diagnosis in this publication is defined as 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 2 and *Mental Health Services in Australia 2000–01* (AIHW 2003)).

Overview

During 2003–04 there were 111,581 ambulatory-equivalent mental health-related separations, which accounted for 36.1% of all mental health-related hospital separations (Tables 3.34 and 4.1). Of these, 86,765 separations included specialised psychiatric care, which accounted for 42.6% of all mental health-related hospital separations with specialised psychiatric care (Tables 3.34 and 4.1). Ambulatory-equivalent mental health-related hospital separations accounted for 1.6% of total hospital separations during 2003–04 and 0.5% of total hospital patient days (AIHW 2005a).

For Australia as a whole, there were 5.5 ambulatory-equivalent mental health-related separations per 1,000 population, and 77.8% of ambulatory-equivalent mental health-related separations received specialised psychiatric care. The separation rate per 1,000 population was higher for private hospitals (4.2) than for public acute hospitals (1.2), and there was also a higher proportion with specialised psychiatric care for private hospital separations (86.4%) than for public acute hospitals (46.5%).

Victoria was the jurisdiction with the highest rate of ambulatory-equivalent separations (8.3 separations per 1,000 population). New South Wales had the largest proportion of separations with specialised psychiatric care, with 83.5% of ambulatory-equivalent mental health-related separations including specialised psychiatric care.

Mental health legal status

Table 3.35 summarises the mental health legal status reported for ambulatory-equivalent mental health-related separations with specialised psychiatric care during 2003–04. 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, 1.7% of ambulatory-equivalent mental health-related separations with specialised psychiatric care recorded a mental health legal status of involuntary. Involuntary mental health legal status was more likely for public acute hospital separations (11.0%) than for private hospital separations (0.2%).

Age and sex

Table 3.36 presents the age and sex distribution of the ambulatory-equivalent mental health-related separations with specialised psychiatric care. There were 32,859 separations with specialised psychiatric care reported for male patients and 53,906 for female patients. Patients who received specialised psychiatric care were most likely to be in the 45–54 age group for males (20.8% of these separations) and in the 35–44 years age group for females (23.0%).

Table 3.37 presents the age and sex distribution of patients with ambulatory-equivalent mental health-related separations without specialised psychiatric care. There were 11,487 separations without specialised psychiatric care reported for male patients and 13,329 for female patients. Patients who did not receive specialised psychiatric care were most likely to

be in the 25–34 years age group for males (17.5% of these separations) and in the 35–44 years age group for females (19.3%).

Aboriginal and Torres Strait Islander status

Table 3.38 shows the number of separations by the patient's Indigenous status. Only Indigenous status data only for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d). Ambulatory-equivalent mental health-related separations for those four jurisdictions are not necessarily representative of those in the other four jurisdictions. A lower proportion of separations with specialised psychiatric care (29.3%) was reported for Indigenous patients compared with other patients (78.4%). This pattern was reflected in all jurisdictions with the exception of Queensland where the proportion of separations with Indigenous patients with and without psychiatric care was similar.

Principal diagnosis

Table 3.39 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 2003–04, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of separations with specialised psychiatric care (19,984 or 23.0%), followed by *Recurrent depressive disorders* (F33; 13,898 or 16.0%) and *Reaction to severe stress and adjustment disorders* (F43; 9,435 or 10.9%).

Table 3.40 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 2003–04, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (8,127 or 32.7%).

Table 3.39 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 95% of separations with *Phobic anxiety disorders* (F40), *Disorders of adult personality and behaviour* (F61–F69), *Hyperkinetic disorders* (F90) and *Conduct disorders* (F91) were separations with specialised psychiatric care, whereas for principal diagnoses such as *Other behavioural syndromes associated with physiological disturbances and physical factors* (F51–F59) and *Mental disorder not otherwise specified* (F99) the proportion of separations with specialised psychiatric care was relatively low (29.0% and 29.3% respectively).

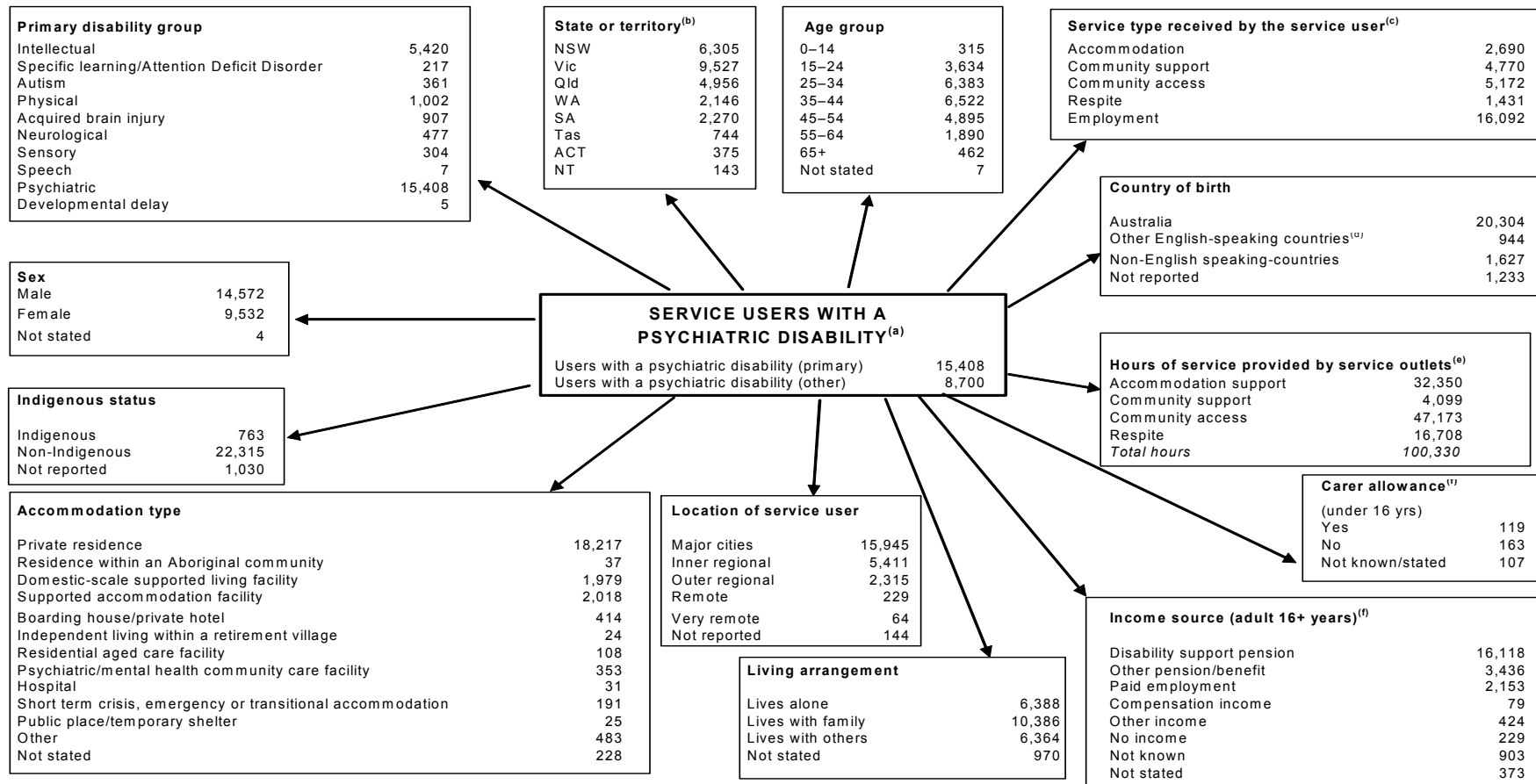
Procedures

Table 3.41 details the number of separations relating to the 20 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 separations with specialised psychiatric care were *Cognitive behaviour therapy* (12,423 separations), *Psychological skills training* (6,316 separations) and *Other psychotherapies or psychosocial therapies* (3,797 separations). For separations without specialised psychiatric care, the most frequently reported procedures were *Alcohol rehabilitation* (2,534 separations), *Allied health intervention, psychology* (1,251 separations), *Other psychotherapies or psychosocial therapies* (871 separations) and *Substance addiction counselling or education* (650 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 5.0 AR-DRGs are used in this report.

The 20 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations with and without specialised psychiatric care are presented in Table 3.42. The most commonly reported AR-DRG for separations with specialised psychiatric care was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z; 69,020 separations or 90.2% of separations with specialised psychiatric care), followed by *Alcohol use disorder and dependence, same day* (V62B; 4,268 separations or 5.6%) and *Other drug use disorder and dependence* (V64Z; 817 separations or 1.1%). For separations without specialised psychiatric care, the most commonly reported AR-DRG was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z; 14,424 separations or 58.8% of separations without specialised psychiatric care), followed by *Alcohol use disorder and dependence, same day* (V62B; 4,436 separations or 18.1%) and *Alcohol intoxication and withdrawal without complications and comorbidities* (V60B; 3,370 separations or 13.7%).



(a) This refers to service users who have a psychiatric disability as either a primary disability or an other disability.
 (b) Totals for state/territory may sum to more than the total service user number because service users may access services in more than one state or territory.
 (c) Totals for service type may sum to more than total service users because service users may access more than one service type over the twelve month period.
 (d) Comprises Canada, Ireland, New Zealand, South Africa, United Kingdom and United States of America.
 (e) This refers to number of hours provided by CSTDA-funded service type outlets during a reference week in June 2004 for service users with a primary or other psychiatric disability.
 (f) Totals for "Carer allowance" and "Income source (adult 16+ years)" categories may not sum to total service user number when combined because of instances where both age and income source are unknown.
 Note: It should be noted that Victorian data are reported to be significantly understated. Error in the recording of 'date of last service received' as well as a lower than expected response rate led to under-counting of service users.

Source: AIHW unpublished data from the 2003-04 CSTDA NMDs collection.

Figure 3.5: Summary of data reported for service users with a psychiatric disability, all CSTDA-funded ambulatory disability support services (non-residential), 2003-04

Table 3.34: Summary of ambulatory-equivalent mental health-related separations^(a), states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Separations with specialised psychiatric care									
Public acute hospitals	6,501	623	3,928	113	238	65	4	27	11,499
Public psychiatric hospitals	1,809	1	2	8	30	0	0	0	1,850
<i>Public hospitals</i>	<i>8,310</i>	<i>624</i>	<i>3,930</i>	<i>121</i>	<i>268</i>	<i>65</i>	<i>4</i>	<i>27</i>	<i>13,349</i>
Private hospitals	18,442	31,944	15,303	5,538	421	n.p.	n.p.	n.p.	73,416
<i>All hospitals</i>	<i>26,752</i>	<i>32,568</i>	<i>19,233</i>	<i>5,659</i>	<i>689</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>86,765</i>
Separations without specialised psychiatric care									
Public acute hospitals	3,825	5,758	1,345	862	1,048	233	102	71	13,244
Public psychiatric hospitals	5	0	0	0	0	0	0	0	5
<i>Public hospitals</i>	<i>3,830</i>	<i>5,758</i>	<i>1,345</i>	<i>862</i>	<i>1,048</i>	<i>233</i>	<i>102</i>	<i>71</i>	<i>13,249</i>
Private hospitals	1,444	2,924	3,235	916	12	n.p.	n.p.	n.p.	11,567
<i>All hospitals</i>	<i>5,274</i>	<i>8,682</i>	<i>4,580</i>	<i>1,778</i>	<i>1,060</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>24,816</i>
All mental health-related same day separations									
Public acute hospitals	10,326	6,381	5,273	975	1,286	298	106	98	24,743
Public psychiatric hospitals	1,814	1	2	8	30	0	0	0	1,855
<i>Public hospitals</i>	<i>12,140</i>	<i>6,382</i>	<i>5,275</i>	<i>983</i>	<i>1,316</i>	<i>298</i>	<i>106</i>	<i>98</i>	<i>26,598</i>
Private hospitals	19,886	34,868	18,538	6,454	433	n.p.	n.p.	n.p.	84,983
<i>All hospitals</i>	<i>32,026</i>	<i>41,250</i>	<i>23,813</i>	<i>7,437</i>	<i>1,749</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>111,581</i>
% of ambulatory-equivalent separations with specialised psychiatric care									
Public acute hospitals	63.0	9.8	74.5	11.6	18.5	21.8	3.8	27.6	46.5
Public psychiatric hospitals	99.7	100.0	100.0	100.0	100.0	0.0	0.0	0.0	99.7
<i>Public hospitals</i>	<i>68.5</i>	<i>9.8</i>	<i>74.5</i>	<i>12.3</i>	<i>20.4</i>	<i>21.8</i>	<i>3.8</i>	<i>27.6</i>	<i>50.2</i>
Private hospitals	92.7	91.6	82.5	85.8	97.2	n.p.	n.p.	n.p.	86.4
<i>All hospitals</i>	<i>83.5</i>	<i>79.0</i>	<i>80.8</i>	<i>76.1</i>	<i>39.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>77.8</i>
Same day separations per 1,000 population^(d)									
Public acute hospitals	1.5	1.3	1.4	0.5	0.9	0.6	0.3	0.5	1.2
Public psychiatric hospitals	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
<i>Public hospitals</i>	<i>1.8</i>	<i>1.3</i>	<i>1.4</i>	<i>0.5</i>	<i>0.9</i>	<i>0.6</i>	<i>0.3</i>	<i>0.5</i>	<i>1.3</i>
Private hospitals	2.9	7.0	4.7	3.3	0.3	n.p.	n.p.	n.p.	4.2
<i>All hospitals</i>	<i>4.7</i>	<i>8.3</i>	<i>6.1</i>	<i>3.8</i>	<i>1.2</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>5.5</i>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(d) All rates are directly age-standardised as detailed in Appendix 1.

n.a. Not available.

.. Not applicable.

Table 3.35: Ambulatory-equivalent mental health-related separations^(a) with specialised psychiatric care, by mental health legal status and hospital type, states and territories,^(b) 2003–04

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Involuntary	272	103	837	28	11	9	1	0	1,261
Voluntary	2,895	467	3,091	85	227	56	3	0	6,824
Not reported	3,334	53	0	0	0	0	0	27	3,414
<i>Total</i>	<i>6,501</i>	<i>623</i>	<i>3,928</i>	<i>113</i>	<i>238</i>	<i>65</i>	<i>4</i>	<i>27</i>	<i>11,499</i>
Private hospitals									
Involuntary	4	0	168	1	1	n.p.	n.p.	n.p.	174
Voluntary	18,434	31,944	15,135	5,537	420	n.p.	n.p.	n.p.	73,238
Not reported	4	0	0	0	0	n.p.	n.p.	n.p.	4
<i>Total</i>	<i>18,442</i>	<i>31,944</i>	<i>15,303</i>	<i>5,538</i>	<i>421</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>73,416</i>
Public psychiatric hospitals^(d)									
Involuntary	30	1	2	6	18	0	..	..	57
Voluntary	1,353	0	0	2	12	0	..	..	1,367
Not reported	426	0	0	0	0	0	..	..	426
<i>Total</i>	<i>1,809</i>	<i>1</i>	<i>2</i>	<i>8</i>	<i>30</i>	<i>0</i>	<i>..</i>	<i>..</i>	<i>1,850</i>
All hospitals									
Involuntary	306	104	1,007	35	30	n.p.	n.p.	n.p.	1,492
Voluntary	22,682	32,411	18,226	5,624	659	n.p.	n.p.	n.p.	81,429
Not reported	3,764	53	0	0	0	n.p.	n.p.	n.p.	3,844
Total	26,752	32,568	19,233	5,659	689	n.p.	n.p.	n.p.	86,765

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

(c) 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.

(d) 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.p. Not published.

.. Not applicable.

Table 3.36: Ambulatory-equivalent mental health-related hospital separations(a) with specialised psychiatric care, by sex and age group, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas ^(d)	ACT ^(d)	NT ^(d)	Total ^(e)
Male									
Under 15 years	2,888	171	29	124	3	0	0	0	3,215
15–24 years	547	1,509	680	445	36	9	0	6	3,259
25–34 years	801	892	1,274	354	80	6	1	6	3,493
35–44 years	1,448	1,725	1,395	405	26	6	0	3	5,157
45–54 years	2,085	2,195	2,030	338	96	4	0	1	6,836
55–64 years	2,309	1,483	2,265	160	26	3	0	1	6,546
65–74 years	674	416	227	49	16	1	0	0	1,402
75 or older	2,376	308	171	4	2	11	0	0	2,951
<i>Total males</i> ^(b)	<i>13,128</i>	<i>8,699</i>	<i>8,071</i>	<i>1,879</i>	<i>285</i>	<i>40</i>	<i>1</i>	<i>17</i>	<i>32,859</i>
Female									
Under 15 years	770	243	48	53	5	0	0	0	1,119
15–24 years	2,855	3,008	1,195	821	95	9	2	1	8,059
25–34 years	2,064	3,413	2,097	686	62	7	0	4	8,459
35–44 years	2,300	5,889	2,771	1,059	92	6	1	3	12,392
45–54 years	2,495	5,535	2,554	868	74	1	0	2	11,844
55–64 years	1,994	3,480	1,882	243	49	0	0	0	7,852
65–74 years	644	1,096	524	38	17	1	0	0	2,334
75 or older	502	1,205	91	12	10	1	0	0	1,847
<i>Total females</i> ^(b)	<i>13,624</i>	<i>23,869</i>	<i>11,162</i>	<i>3,780</i>	<i>404</i>	<i>25</i>	<i>3</i>	<i>10</i>	<i>53,906</i>
Total^(c)									
Under 15 years	3,658	414	77	177	8	0	0	0	4,334
15–24 years	3,402	4,517	1,875	1,266	131	18	2	7	11,318
25–34 years	2,865	4,305	3,371	1,040	142	13	1	10	11,952
35–44 years	3,748	7,614	4,166	1,464	118	12	1	6	17,549
45–54 years	4,580	7,730	4,584	1,206	170	5	0	3	18,680
55–64 years	4,303	4,963	4,147	403	75	3	0	1	14,398
65–74 years	1,318	1,512	751	87	33	2	0	0	3,736
75 or older	2,878	1,513	262	16	12	12	0	0	4,798
Total^(b)	26,752	32,568	19,233	5,659	689	65	4	27	86,765

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) May include separations for which the age was not reported.

(c) May include separations for which sex was not reported as male or female.

(d) Includes separations for public hospitals only due to confidentiality reasons.

(e) Includes separations for private hospitals for Tasmania, the Australian Capital Territory and the Northern Territory.

Table 3.37: Ambulatory-equivalent mental health-related hospital separations without specialised psychiatric care, by sex and age group, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas ^(d)	ACT ^(d)	NT ^(d)	Total ^(e)
Male									
Under 15 years	87	1,231	50	446	18	18	4	2	1,856
15–24 years	475	404	239	157	151	38	21	7	1,499
25–34 years	554	733	200	132	139	28	6	13	2,006
35–44 years	432	489	293	95	101	19	11	9	1,673
45–54 years	403	518	478	71	69	16	9	2	1,807
55–64 years	561	465	416	33	37	3	2	2	1,854
65–74 years	114	199	134	14	13	4	1	2	482
75 or older	152	85	27	16	13	5	1	0	310
<i>Total males</i> ^(b)	<i>2,778</i>	<i>4,124</i>	<i>1,837</i>	<i>964</i>	<i>541</i>	<i>131</i>	<i>55</i>	<i>37</i>	<i>11,487</i>
Female									
Under 15 years	69	1,029	37	363	20	2	3	1	1,524
15–24 years	566	570	286	144	142	30	18	10	1,952
25–34 years	483	881	483	134	118	27	11	12	2,344
35–44 years	414	719	719	85	100	25	7	3	2,579
45–54 years	380	586	778	45	75	15	3	6	2,375
55–64 years	216	474	320	22	22	6	0	2	1,451
65–74 years	92	197	97	6	12	3	1	0	579
75 or older	276	102	23	15	30	77	4	0	525
<i>Total females</i> ^(b)	<i>2,496</i>	<i>4,558</i>	<i>2,743</i>	<i>814</i>	<i>519</i>	<i>185</i>	<i>47</i>	<i>34</i>	<i>13,329</i>
Total^(c)									
Under 15 years	156	2,260	87	809	38	20	7	3	3,380
15–24 years	1,041	974	525	301	293	68	39	17	3,451
25–34 years	1,037	1,614	683	266	257	55	17	25	4,350
35–44 years	846	1,208	1,012	180	201	44	18	12	4,252
45–54 years	783	1,104	1,256	116	144	31	12	8	4,182
55–64 years	777	939	736	55	59	9	2	4	3,305
65–74 years	206	396	231	20	25	7	2	2	1,061
75 or older	428	187	50	31	43	82	5	0	835
Total^(b)	5,274	8,682	4,580	1,778	1,060	316	102	71	24,816

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) May include separations for which the age was not reported.

(c) May include separations for which sex was not reported as male or female.

(d) Includes separations for public hospitals only due to confidentiality reasons.

(e) Includes separations for private hospitals for Tasmania, the Australian Capital Territory and the Northern Territory.

Table 3.38: Ambulatory-equivalent mental health-related separations^(a), by Indigenous status, states and territories^(b), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Separations with specialised psychiatric care									
Aboriginal and/or Torres Strait Islander patients ^(c)	n.p.	n.p.	166	8	12	n.p.	n.p.	13	199
Separation rate ^(d) per 1,000 population	n.p.	n.p.	1.5	0.1	0.4	n.p.	n.p.	0.2	0.8
Non-Aboriginal and/or Torres Strait Islander patients ^(e)	n.p.	n.p.	19,067	5,651	677	n.p.	n.p.	14	25,409
Separation rate ^(d) per 1,000 population	n.p.	n.p.	4.9	2.9	0.4	n.p.	n.p.	0.1	3.4
<i>All patients</i>	<i>n.p.</i>	<i>n.p.</i>	<i>19,233</i>	<i>5,659</i>	<i>689</i>	<i>n.p.</i>	<i>n.p.</i>	<i>27</i>	<i>25,608</i>
Rate ratio ^(f)	n.p.	n.p.	0.3	0.0	0.8	n.p.	n.p.	2.2	0.2
Separations without specialised psychiatric care									
Aboriginal and/or Torres Strait Islander patients ^(c)	n.p.	n.p.	173	179	80	n.p.	n.p.	48	480
Separation rate ^(d) per 1,000 population	n.p.	n.p.	1.5	2.8	3.3	n.p.	n.p.	0.8	1.8
Non-Aboriginal and/or Torres Strait Islander patients ^(e)	n.p.	n.p.	4,407	1,599	980	n.p.	n.p.	26	7,012
Separation rate ^(d) per 1,000 population	n.p.	n.p.	1.1	0.9	0.6	n.p.	n.p.	0.2	0.9
<i>All patients</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,580</i>	<i>1,778</i>	<i>1,060</i>	<i>n.p.</i>	<i>n.p.</i>	<i>74</i>	<i>7,492</i>
Rate ratio ^(f)	n.p.	n.p.	1.3	3.2	5.2	n.p.	n.p.	5.4	2.0
Total separations									
Aboriginal and/or Torres Strait Islander patients ^(c)	n.p.	n.p.	339	187	92	n.p.	n.p.	61	679
Separation rate ^(d) per 1,000 population	n.p.	n.p.	3.0	2.9	3.6	n.p.	n.p.	1.0	2.6
Non-Aboriginal and/or Torres Strait Islander patients ^(e)	n.p.	n.p.	23,474	7,250	1,657	n.p.	n.p.	40	32,421
Separation rate ^(d) per 1,000 population	n.p.	n.p.	6.0	3.8	1.1	n.p.	n.p.	0.2	4.3
All patients	n.p.	n.p.	23,813	7,437	1,749	n.p.	n.p.	101	33,100
Rate ratio ^(f)	n.p.	n.p.	0.5	0.8	3.4	n.p.	n.p.	4.2	0.6

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Indigenous status data only for Queensland, Western Australia, South Australia and the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d). Indigenous identification is likely to be incomplete and to vary among jurisdictions. Ambulatory-equivalent mental health-related separations for those four jurisdictions are not necessarily representative of those in the excluded jurisdictions.

(c) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin or Aboriginal and Torres Strait Islander origin.

(d) Separations per 1,000 population were directly age-standardised as detailed in Appendix 1.

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

(f) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons.

n.p. Not published.

Table 3.39: Ambulatory-equivalent hospital separations^(a) with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Proportion of total separations (%)
F00-F03	Dementia	95	0	17	112	26.7
F04-F09	Other organic mental disorders	76	0	2	78	22.8
F10	Mental and behavioural disorders due to use of alcohol	3,748	3	4,376	8,127	53.7
F11-F19	Mental and behavioural disorders due to other psychoactive substance use	813	2	311	1,126	37.2
F20	Schizophrenia	430	0	279	709	17.8
F21, F24, F28–F29	Schizotypal and other delusional disorders	129	0	9	138	33.0
F22	Persistent delusional disorders	69	0	38	107	38.5
F23	Acute and transient psychotic disorders	128	0	2	130	32.9
F25	Schizoaffective disorders	78	0	90	168	5.6
F30	Manic episode	41	0	18	59	43.1
F31	Bipolar affective disorders	147	0	297	444	9.5
F32	Depressive episode	1,048	0	1,605	2,653	11.7
F33	Recurrent depressive disorders	97	0	952	1,049	7.0
F34	Persistent mood (affective) disorders	37	0	108	145	8.0
F38, F39	Other and unspecified mood (affective) disorders	13	0	39	52	26.7
F40	Phobic anxiety disorders	3	0	24	27	2.9
F41	Other anxiety disorders	1,482	0	977	2,459	26.3
F42	Obsessive-compulsive disorders	20	0	44	64	7.3
F43	Reaction to severe stress and adjustment disorders	1,242	0	994	2,236	19.2
F44	Dissociative (conversion) disorders	124	0	2	126	14.9
F45, F48	Somatoform and other neurotic disorders	77	0	10	87	18.3
F50	Eating disorders	285	0	148	433	11.9
F51–F59	Other behavioural syndromes associated with physiological disturbances & physical factors	107	0	25	132	71.0
F60	Specific personality disorders	227	0	19	246	8.0
F61–F69	Disorders of adult personality and behaviour	13	0	0	13	2.6
F70–F79	Mental retardation	17	0	0	17	36.2
F80–F89	Disorders of psychological development	31	0	1	32	11.5
F90	Hyperkinetic disorders	19	0	0	19	5.0
F91	Conduct disorders	85	0	0	85	3.8
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	85	0	1	86	9.7
F99	Mental disorder not otherwise specified	36	0	5	41	70.7
G30	Alzheimer's disease	36	0	3	39	27.7
	Other factors related to mental and behavioural disorders and substance use ^(b)	125	0	17	142	43.2
	Other specified mental health-related principal diagnosis ^(c)	2,281	0	1,154	3,435	99.8
Total		13,244	5	11,567	24,816	22.2

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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, Z71.4, Z71.5, Z76.0.

(c) Includes separations where the principal diagnosis was a mental health-related principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2001–02*.

Table 3.40: Ambulatory-equivalent mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Proportion of total separations (%)
F00-F03	Dementia	95	0	17	112	26.7
F04-F09	Other organic mental disorders	76	0	2	78	22.8
F10	Mental and behavioural disorders due to use of alcohol	3,748	3	4,376	8,127	53.7
F11-F19	Mental and behavioural disorders due to other psychoactive substance use	813	2	311	1,126	37.2
F20	Schizophrenia	430	0	279	709	17.8
F21, F24, F28–F29	Schizotypal and other delusional disorders	129	0	9	138	33.0
F22	Persistent delusional disorders	69	0	38	107	38.5
F23	Acute and transient psychotic disorders	128	0	2	130	32.9
F25	Schizoaffective disorders	78	0	90	168	5.6
F30	Manic episode	41	0	18	59	43.1
F31	Bipolar affective disorders	147	0	297	444	9.5
F32	Depressive episode	1,048	0	1,605	2,653	11.7
F33	Recurrent depressive disorders	97	0	952	1,049	7.0
F34	Persistent mood (affective) disorders	37	0	108	145	8.0
F38, F39	Other and unspecified mood (affective) disorders	13	0	39	52	26.7
F40	Phobic anxiety disorders	3	0	24	27	2.9
F41	Other anxiety disorders	1,482	0	977	2,459	26.3
F42	Obsessive-compulsive disorders	20	0	44	64	7.3
F43	Reaction to severe stress and adjustment disorders	1,242	0	994	2,236	19.2
F44	Dissociative (conversion) disorders	124	0	2	126	14.9
F45, F48	Somatoform and other neurotic disorders	77	0	10	87	18.3
F50	Eating disorders	285	0	148	433	11.9
F51–F59	Other behavioural syndromes associated with physiological disturbances & physical factors	107	0	25	132	71.0
F60	Specific personality disorders	227	0	19	246	8.0
F61–F69	Disorders of adult personality and behaviour	13	0	0	13	2.6
F70–F79	Mental retardation	17	0	0	17	36.2
F80–F89	Disorders of psychological development	31	0	1	32	11.5
F90	Hyperkinetic disorders	19	0	0	19	5.0
F91	Conduct disorders	85	0	0	85	3.8
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	85	0	1	86	9.7
F99	Mental disorder not otherwise specified	36	0	5	41	70.7
G30	Alzheimer's disease	36	0	3	39	27.7
	Other factors related to mental and behavioural disorders and substance use ^(b)	125	0	17	142	43.2
	Other specified mental health-related principal diagnosis ^(c)	2,281	0	1,154	3,435	99.8
Total		13,244	5	11,567	24,816	22.2

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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, Z71.4, Z71.5, Z76.0.

(c) Includes separations where the principal diagnosis was a mental health-related principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2001–02*.

Table 3.41: The 20 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2003–04

With specialised psychiatric care		Without specialised psychiatric care	
Procedure	Separations	Procedure	Separations
96101–00 Cognitive behaviour therapy	12,423	92002–00 Alcohol rehabilitation	2,534
96001–00 Psychological skills training	6,316	95550–10 Allied health intervention, psychology	1,251
96180–00 Other psychotherapies or psychosocial therapies	3,797	96180–00 Other psychotherapies or psychosocial therapies	871
96090–00 Other counselling or education	3,678	96073–00 Substance addiction counselling or education	650
95550–10 Allied health intervention, psychology	3,135	96101–00 Cognitive behaviour therapy	604
96073–00 Substance addiction counselling or education	2,233	96185–00 Supportive psychotherapy, not elsewhere classified	583
95550–02 Allied health intervention, occupational therapy	1,433	96176–00 Behaviour therapy	524
96177–00 Interpersonal psychotherapy	783	95550–01 Allied health intervention, social work	443
96185–00 Supportive psychotherapy, not elsewhere classified	782	96001–00 Psychological skills training	435
96181–00 Art therapy	482	96175–00 Mental/behavioural assessment	349
96027–00 Prescribed/self-selected medication assessment	461	92005–00 Drug rehabilitation	187
92002–00 Alcohol rehabilitation	406	96075–00 Self-care/self-maintenance counselling or education	179
96175–00 Mental/behavioural assessment	267	92008–00 Combined alcohol and drug rehabilitation	123
96066–00 Preventative counselling or education	252	95550–02 Allied health intervention, occupational therapy	83
92004–00 Alcohol rehabilitation and detoxification	239	92006–00 Drug detoxification	78
95550–01 Allied health intervention, social work	73	96177–00 Interpersonal psychotherapy	57
96072–00 Prescribed/self-selected medication counselling or education	68	96080–00 Counsel/educate for parenthood, parenting skills or family planning	37
92005–00 Drug rehabilitation	53	96181–00 Art therapy	35
96022–00 Health maintenance or recovery assessment	37	96089–00 Resource education	27
96074–00 Gambling or betting addiction counselling or education	35	96067–00 Nutritional/dietary counselling or education	23
Other	145	Other	131
No procedure or not reported	53,195	No procedure or not reported	16,060
Total^(a)	86,765		24,816

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

Table 3.42: The 20 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations^(a), with and without specialised psychiatric care, all hospitals, Australia, 2003–04

With specialised psychiatric care		Without specialised psychiatric care	
AR-DRG Description	Separations	AR-DRG Description	Separations
U60Z Mental Health Treatment, Sameday, without ECT	69,020	U60Z Mental Health Treatment, Sameday, without ECT	14,424
V62B Alcohol Use Disorder and Dependence, Sameday	4,268	V62B Alcohol Use Disorder and Dependence, Sameday	4,436
V64Z Other Drug Use Disorder and Dependence	817	V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	3,370
Z64B Other Factors Influencing Health Status, Sameday	577	V64Z Other Drug Use Disorder and Dependence	482
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	492	V61Z Drug Intoxication and Withdrawal	351
V61Z Drug Intoxication and Withdrawal	238	V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	318
V63A Opioid Use Disorder and Dependence	217	V63A Opioid Use Disorder and Dependence	292
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	197	O66B Antenatal & Other Obstetric Admission, Sameday	258
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 without CC	144	B63Z Dementia and Other Chronic Disturbances of Cerebral Function	171
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	140	O61Z Postpartum and Post Abortion without Operating Room Procedure	116
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	80	Z64B Other Factors Influencing Health Status, Sameday	106
X60C Injuries Age <65	67	P67D Neonate, AdmWt > 2499 g without Significant O.R. Procedure without Problem	38
B64B Delirium without Catastrophic Complications and Comorbidities	52	B64B Delirium without Catastrophic Complications and Comorbidities	34
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or with CC	52	B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	31
O61Z Postpartum and Post Abortion without Operating Room Procedure	47	B76B Seizure W/O Catastrophic or Severe Complications and Comorbidities	23
B76B Seizure without Catastrophic or Severe Complications and Comorbidities	25	O60B Vaginal Delivery without Catastrophic or Severe Complications and Comorbidities	16
B60B Established Paraplegia/Quadriplegia with or without O.R. Procs W/O Catastrophic CC	16	C63B Other Disorders of the Eye without Complications and Comorbidities	14
B67A Degenerative Nervous System Disorders with Catastrophic or Severe CC	11	E75C Other Respiratory System Diagnosis Age <65 without Complications and Comorbidities	10
Z61Z Signs and Symptoms	9	Z62Z Follow Up without Endoscopy	10
F74Z Chest Pain	8	G67B Oesophagitis, Gastroenteritis & Miscellaneous Digestive System Disorders Age>9 W/O Cat/Sev CC	7
All other DRGs	0	All other DRGs	16
Total	76,544	Total	24,523

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

Note: W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Procs—procedures, AdmWt—admitted weight.