

3 Ambulatory mental health care

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

- general practitioners (see page 28)
- private psychiatrists (see page 45)
- public and private hospital-based non-admitted patient mental health services (see page 50)
- Commonwealth/State Disability Agreement (CSDA)-funded non-residential disability support services (see page 50).

The term 'ambulatory' in this report refers to services that are delivered to clients or patients in non-residential and non-admitted patient care settings. Information on same day separations for patients admitted to hospital (which can be considered as ambulatory) is presented in Chapter 4 with information on community residential and admitted patient care.

This report presents more data on private medical practitioner services and the hospital care provided to admitted patients than on the ambulatory mental health care provided by hospitals and community-based mental health care services. This reflects data availability, with comparatively little data available on patients receiving public ambulatory mental health care services. This is not an indication of the relative importance or utilisation of this service type. In fact, ambulatory mental health care provided by hospitals and community-based mental health care services accounted for 37.1% of State and Territory expenditure on mental health services for 1999-00 (DHA 2002). The AIHW has collated the available data on ambulatory care service contacts with public community mental health services for 2000-01. Concerns with the quality and comparability of the data mean that these data have not been presented in this chapter. Information about this data set and some summary data are presented in Appendixes 1 and 2 respectively.

Overview

A summary of the available data on the number of services and the services per 1,000 population for each ambulatory service provider type is presented in Table 3.1 by State and Territory. National statistics on the number of general practice encounters for mental health problems and medicare-funded psychiatrist attendances are presented for the years 1997-98 to 2001-02 (Table 3.2).

Note that the data collections for different health service providers use different definitions of what constitutes a service contact or event. For the National Public Hospital Establishments Database (NPHED) data, jurisdictions use differing definitions of what constitutes a non-admitted patient occasion of service. For this reason, interpretation of these data must be undertaken with caution. Box 3.1 and Appendix 1 include more detailed presentation of the definitions used for each data source and notes on interpretation. Box 4.3

in Chapter 4 also provides relevant information relating to variations in admission practices that can affect reports of non-admitted patient services.

Box 3.1: Non-admitted patient occasions of service

There is variation among States and Territories in the way in which occasions of service are defined, classified (as mental health or other types of services) and counted for NPHEd. There are also differences in admission practices and the provision of community-based mental health care for non-admitted patients among States and Territories, and therefore the types and volume of care provided by hospital-based non-admitted patient services. Jurisdiction organisational arrangements can also affect these data. In some jurisdictions the mental health-related occasions of services reported for hospitals may include community-based service contacts that are reported by hospitals on behalf of the community-based services operating under their management. In addition, data were provided for public psychiatric hospitals only by New South Wales, Queensland and Western Australia.

More detail on the data collection issues for the non-admitted patient occasions of service data for public acute care and public psychiatric hospitals can be found in Australian Hospital Statistics 2000–01 (AIHW 2002c). The implementation and refinement of the NMDS for Community Mental Health Care will eventually replace the NPHEd as a source of data on hospital-based mental health care for non-admitted patients (see Appendix 2).

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently used by people for mental health problems (29% of people with mental health problems) (ABS 1998a). According to the 2001–02 BEACH survey data, 10.6% of general practice encounters involved the management of at least one mental health-related problem. A simple extrapolation based on the 99.9 million non-specialist attendances claimed from Medicare for 2001–02 suggests that there were about 10.2 million attendances in which general practitioners managed mental health-related problems. This corresponds to 520 attendances per 1,000 population (Table 3.1). The estimated rate of attendances per population has been comparatively stable since 1998–99, when the BEACH survey began (Table 3.2). These attendances include encounters at the surgery and visits to the patient's residence, including service settings such as residential aged care services.

Specialised mental health care in ambulatory care settings is accessed through private psychiatrists (106.4 attendances per 1,000 population) and public acute care hospitals (106.8 occasions of service per 1,000 population) (Table 3.1). Table 3.2 demonstrates that there has been a gradual decline in the number of reported private psychiatrist attendances per 100,000 population since 1997–98. The role of private hospitals in the provision of ambulatory mental health care was relatively small at 3.5 occasions of service per 1,000 population (Table 3.1).

Mental health-related disability support services are increasingly regarded as an important and expanding component of the mental health service delivery system. CSDA-funded disability support services provide mental health-related ambulatory care in the form of support services for people with mental health-related disabilities. Disability support services funded under the CSDA can be specialist services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types. There are national snapshot data available from the Commonwealth/State Disability Agreement Minimum Data Set (CSDA MDS) collection on the characteristics of these services and their clients (Figure 3.4). Unfortunately, there is no agreed process for translating the snapshot data into information on annual service provision.

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems^(a)									
Estimated number of attendances	3,375,000	2,721,000	1,803,000	919,000	946,000	247,000	127,000	50,000	10,192,000
Lower 95% confidence limit	3,059,000	2,421,000	1,601,000	763,000	787,000	153,000	77,000	29,000	9,592,000
Upper 95% confidence limit	3,691,000	2,996,000	2,024,000	1,084,000	1,105,000	339,000	178,000	71,000	10,692,000
Estimated number or attendances per 1,000 population ^(b)	508.0	560.6	491.2	478.9	622.6	522.1	394.3	250.9	519.9
Lower 95% confidence limit	460.5	498.8	436.1	397.6	518.0	323.9	237.4	144.8	489.3
Upper 95% confidence limit	555.6	617.1	551.4	564.7	727.3	715.5	551.2	354.3	545.4
Medicare-funded psychiatrist attendances^(c)									
Attendances	689,223	669,684	345,028	114,159	200,157	42,941	19,463	4,553	2,085,208
Attendances per 1,000 population ^(b)	103.8	138.0	94.0	59.5	131.8	90.7	60.3	22.8	106.4
Hospital-based non-admitted patient mental health care									
Public acute hospitals ^(d)									
Individual occasions of service	933,335	824,972	86,352	137,628	16,343	1,474	5,472	..	2,005,576
Group sessions	29,291	n.a.	1,734	27,288	967	n.a.	2,379	..	61,659
Individual occasions of service per 1,000 population ^(b)	142.1	172.2	24.0	72.7	10.8	3.1	17.1	..	103.6
Group sessions per 1,000 population ^(b)	4.5	n.a.	0.5	14.4	0.6	n.a.	7.5	..	3.2
Public psychiatric hospitals ^(d)									
Individual occasions of service	297,834	n.a.	53,153	9,568	n.a.	n.a.	..	..	360,555
Group sessions	9,051	n.a.	5,003	27,592	n.a.	n.a.	..	..	41,646
Individual occasions of service per 1,000 population ^(b)	45.3	n.a.	14.8	5.05	n.a.	n.a.	..	..	18.6
Group sessions per 1,000 population ^(b)	1.4	n.a.	1.4	14.6	n.a.	n.a.	..	..	2.2

(continued)

Table 3.1 (continued): Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals^(e)									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	67,883
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.	3.5
Public community mental health care^(f)									
Individual occasions of services	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(a) Based on BEACH data 2001–02.

(b) Rates are crude rates based on 31 December 2001 estimated resident population.

(c) Medicare data 2001–02 from HIC (www.hic.gov.au).

(d) Data drawn from NPHED. These data are likely to be affected by variation among the States and Territories in the definition of occasions of service, and the extent to which ambulatory mental health care services are provided by non-hospital establishments. A proportion of the occasions of service may be community-based service contacts, but are reported by the hospital on behalf of the community-based services operating under their management. Refer to Box 3.1 for further information.

(e) PHEC data provided by ABS. PHEC occasions of service data could not be broken down into individual occasions of service and group sessions.

(f) Data on public community-based mental health care are not included in this table. Summary data for 2000–01 (first year of data collection) are presented in Appendix 2.

n.a. not available.

. . . not applicable.

Sources: BEACH, HIC, NPHED, PHEC.

Table 3.2: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists, Australia, 1997–98 to 2001–02

	1997–98	1998–99	1999–00	2000–01	2001–02
General practice encounters for mental health problems^(a)					
Estimated number of attendances	n.a.	10,733,000	9,999,000	10,834,000	10,192,000
Lower 95% confidence limit	n.a.	10,339,000	9,431,000	10,433,000	9,592,000
Upper 95% confidence limit	n.a.	11,127,000	10,578,000	11,234,000	10,692,000
Estimated number or attendances per 1,000 population ^(b)	n.a.	569	528	560	520
Lower 95% confidence limit	n.a.	548	498	539	489
Upper 95% confidence limit	n.a.	589	559	580	545
Medicare-funded psychiatrist attendances^(c)					
Attendances	2,167,392	2,133,414	2,104,544	2,112,550	2,085,208
Attendances per 1,000 population ^(b)	116.3	113.0	112.0	109.8	106.4

(a) Based on BEACH data.

(b) Rates are crude rates based on the estimated resident population at 31 December of the reference year.

(c) Medicare data 2001–02 from HIC (www.hic.gov.au).

n.a. not available.

Sources: BEACH, HIC.

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 1998a). This section presents data from the BEACH survey and the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) data collections on the mental health-related care and medication provided by general practitioners.

Bettering the Evaluation and Care of Health survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 general practitioner-patient encounters each year. The data for 2001-02, used in this report, included a total of 96,973 encounters weighted to reflect national general practice activity patterns.

For this report, mental health-related problems and mental health-related reasons for encounter (RFEs) were defined as those coded in the psychological chapter of International Classification of Primary Care (Version 2) (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 2001-02* (Britt et al. 2002).

Box 3.2 Data reported for depression as a problem managed in encounters with general practitioners

Figure 3.1 shows data on encounters where depression was managed and how this relates to other data collected for the encounter. Depression (ICPC-2 codes P03, P76) was managed at 3.4% of encounters and accounted for 2.4% of all problems managed. Depression was most common for patients of the middle age groups, with those between 25 and 64 years accounting for almost 75.0% of depression problems managed. The patients were predominantly female (66.5% compared with 57.4% female patients in the total sample).

The most commonly described patient reason for these encounters was depression, reported at a rate of 49.3 per 100 encounters for which depression was managed. A prescription request was also a common reason, recorded at 15.4 per 100 of these encounters. Hypertension was the most common other problem managed along with depression during an encounter, at a rate of 8.5 per 100 depression problems.

Medications were prescribed or supplied for depression at a rate of 78 per 100 depression problem contacts. Sertraline and citalopram were the medications most frequently prescribed for depression, at rates of 15.4 and 12.6 respectively. Other treatments were used at a much higher rate than in the total data set (56.3 per 100 depression problems managed, compared with 36.2 per 100 total problems). Psychological counselling was the most common, at 42.9 per 100 depression problems. The patient was referred to other health professionals at a rate of 7.8 per 100 depression problems managed, most commonly to a psychiatrist.

Reasons for encounter

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

Overall, there were 144,654 RFEs reported at a rate of 149.2 per 100 encounters (Britt et al. 2002). Of these, 7,551 RFEs (5.2% of all RFEs) were mental health-related, reported at a rate of 7.8 per 100 encounters (Table 3.3). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.3% of all RFEs). Sleep disturbance (P06, 0.9% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

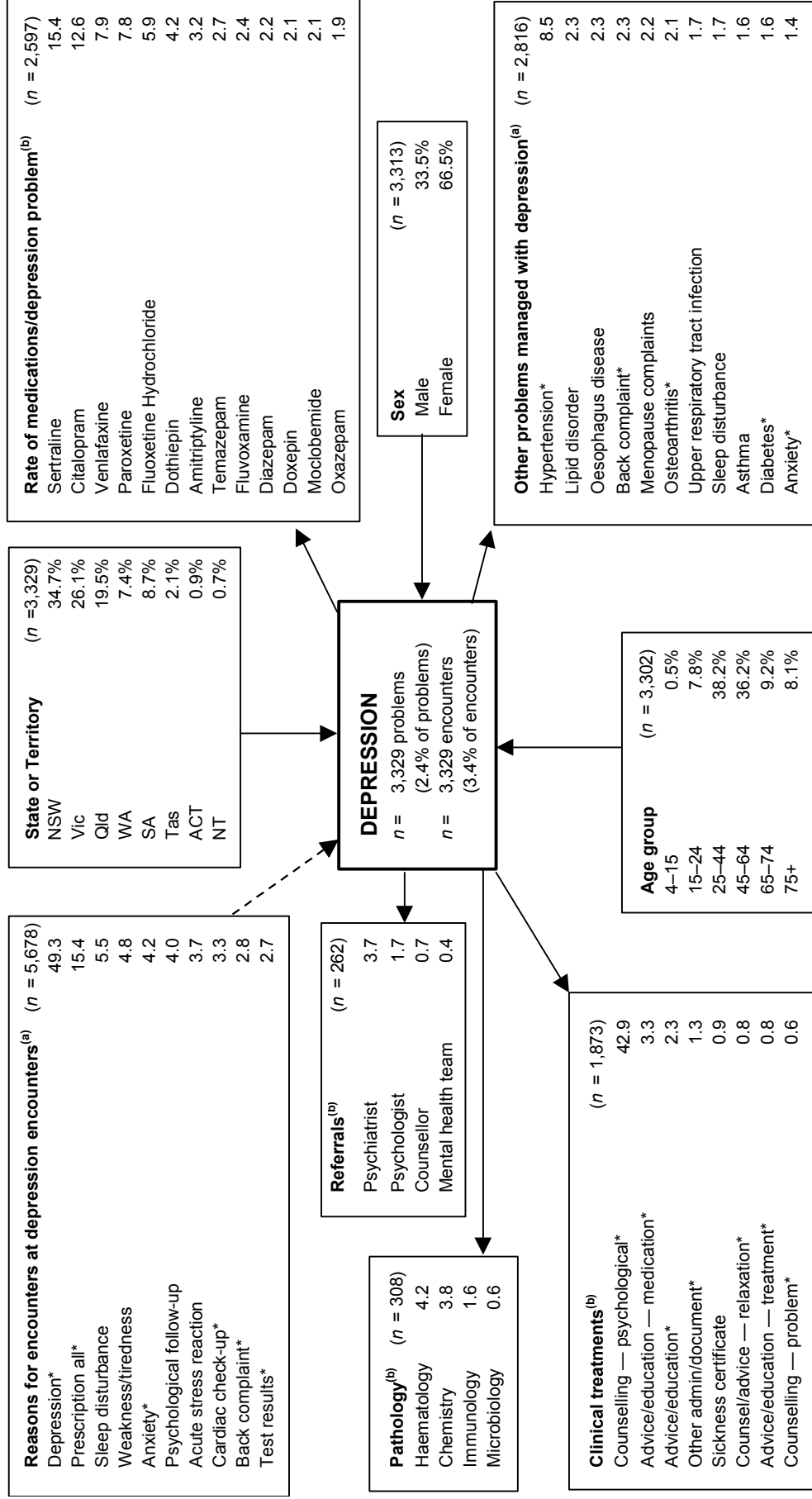
In 2001–02, there were fewer mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Figure 3.2). Patients aged 25–44 years accounted for 37.8% of mental health-related RFEs.

Problems managed

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

Overall, there were 139,092 problems managed in the 2001–02 BEACH survey, at a rate of 143.4 per 100 encounters (Britt et al. 2002). General practitioners in the survey managed 10,316 mental health-related problems (7.4% of all problems managed) at a rate of 10.6 per 100 encounters (Table 3.4). Table 3.4 indicates that depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem, accounting for 32.3% of all mental health-related problems managed and 2.4% of all problems managed. Anxiety (P01, P74, 15.4% of all mental health-related problems managed) and sleep disturbance (P06, 15.3% of all mental health-related problems managed) were the next most frequently managed mental health-related problems.

There were more mental health-related problems for female patients for all age groups, except patients under the age of 15 years (Figure 2.1, page 9). These problems were most frequent for patients aged 35–44 years and 45–54 years.



(a) Expressed as rates per 100 encounters at which depression was managed (n = 3,329).

(b) Expressed as rates per 100 depression problems managed (n = 3,329).

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

Source : BEACH

Figure 3.1: Data reported for encounters at which depression was managed, BEACH, 2001–02

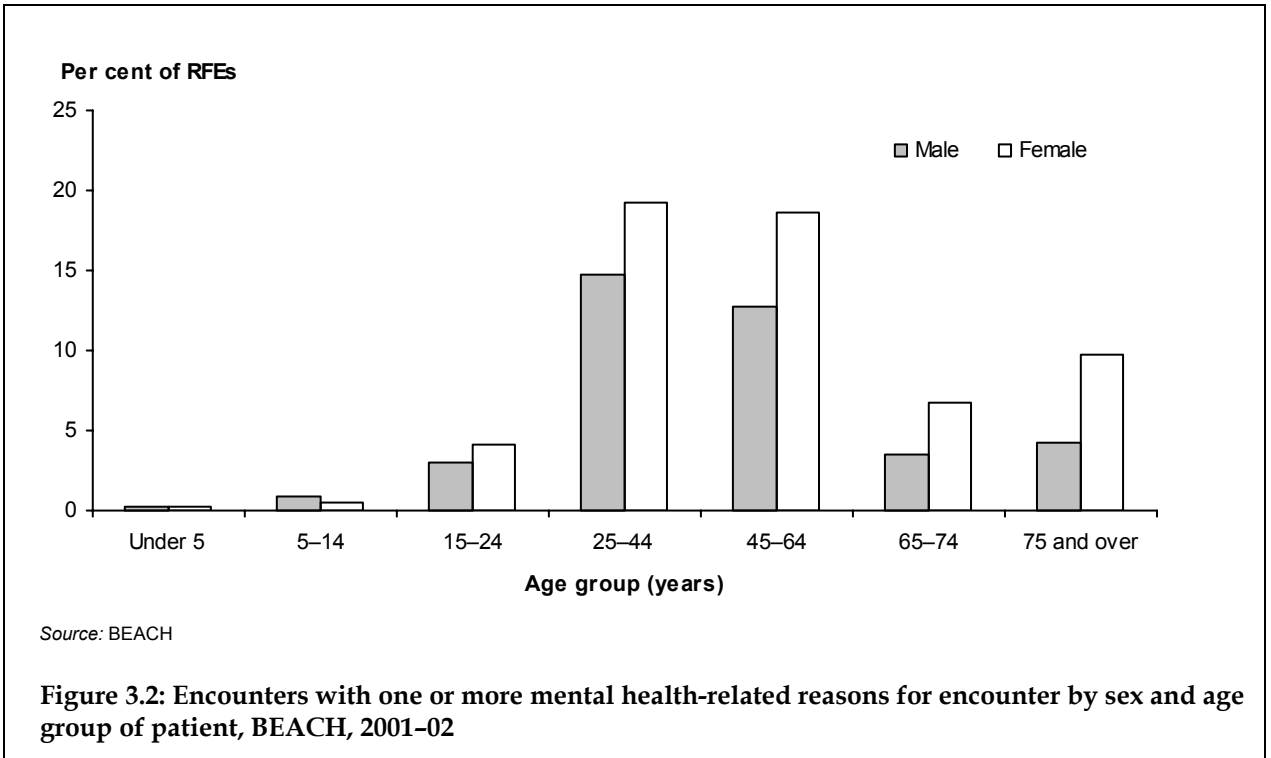


Table 3.3: Most frequently reported mental health-related patient reasons for encounter, by patient sex, BEACH, 2001–02

Reason for encounter		Number	% total RFEs (n = 144,654)	Rate per 100 encounters (n = 96,973)		
				95% LCL	95% UCL	
		Male				
P03, P76	Depression	624	1.0	1.6	1.4	1.7
P06	Sleep disturbance	535	0.9	1.3	1.2	1.5
P01, P74	Anxiety	391	0.7	1.0	0.9	1.1
P50	Prescription request/renewal	229	0.4	0.6	0.5	0.7
P19	Drug abuse	177	0.3	0.4	0.3	0.6
P02	Acute stress reaction	167	0.3	0.4	0.4	0.5
P17	Tobacco abuse	105	0.2	0.3	0.2	0.3
P15, P16	Alcohol abuse	98	0.2	0.2	0.2	0.3
	Other	701	1.2	1.8	1.5	2.0
	Total	3,028	5.1	7.6	7.2	8.0
		Female				
P03, P76	Depression	1,202	1.4	2.2	2.1	2.4
P06	Sleep disturbance	697	0.8	1.3	1.2	1.4
P01, P74	Anxiety	668	0.8	1.2	1.1	1.3
P02	Acute stress reaction	380	0.5	0.7	0.6	0.8
P50	Prescription request/renewal	333	0.4	0.6	0.5	0.7
P17	Tobacco abuse	118	0.1	0.2	0.2	0.2
P29	Unspecified psychological complaint	99	0.1	0.2	0.2	0.2
P19	Drug abuse	85	0.1	0.2	0.1	0.2
	Other	881	1.1	1.6	1.5	1.8
	Total	4,463	5.3	8.3	8.0	8.6
		Total^(a)				
P03, P76	Depression	1,836	1.3	1.9	1.8	2.0
P06	Sleep disturbance	1,243	0.9	1.3	1.2	1.4
P01, P74	Anxiety	1,067	0.7	1.1	1.0	1.2
P50	Prescription request/renewal	566	0.4	0.6	0.5	0.7
P02	Acute stress reaction	551	0.4	0.6	0.5	0.6
P19	Drug abuse	263	0.2	0.3	0.2	0.4
P17	Tobacco abuse	225	0.2	0.2	0.2	0.3
P30, P31	Screening & preventative procedures	165	0.1	0.2	0.0	0.3
	Other	1,634	1.1	1.7	1.6	1.8
	Total	7,551	5.2	7.8	7.5	8.1

(a) Includes sex not stated.

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

Table 3.4: Most frequently reported mental health problems managed, by patient sex, BEACH, 2001–02

Mental health-related problem		Number	% total problems (n = 139,092)	Rate per 100	95% LCL	95% UCL
				encounters (n = 96,973)		
Male						
P03, P76	Depression	1,111	1.9	2.8	2.6	3.0
P06	Sleep disturbance	639	1.1	1.6	1.4	1.8
P01, P74	Anxiety	541	0.9	1.4	1.2	1.5
P19	Drug abuse	317	0.6	0.8	0.5	1.1
P72	Schizophrenia	205	0.4	0.5	0.4	0.6
P15, P16	Alcohol abuse	203	0.4	0.5	0.4	0.6
P17	Tobacco abuse	174	0.3	0.4	0.4	0.5
P02	Acute stress reaction	148	0.3	0.4	0.3	0.4
	Other	748	1.3	1.9	1.7	2.0
	Total	4,084	7.2	10.2	9.8	10.7
Female						
P03, P76	Depression	2,202	2.7	4.1	3.8	4.3
P01, P74	Anxiety	1,034	1.3	1.9	1.8	2.1
P06	Sleep disturbance	925	1.1	1.7	1.6	1.9
P02	Acute stress reaction	389	0.5	0.7	0.6	0.8
P70	Dementia	274	0.3	0.5	0.4	0.6
P17	Tobacco abuse	214	0.3	0.4	0.4	0.4
P19	Drug abuse	189	0.2	0.4	0.2	0.5
P72	Schizophrenia	189	0.2	0.4	0.3	0.4
	Other	730	0.9	1.4	1.3	1.4
	Total	6,146	7.6	11.4	11.0	11.8
Total^(a)						
P03, P76	Depression	3,329	2.4	3.4	3.2	3.6
P01, P74	Anxiety	1,587	1.1	1.6	1.5	1.8
P06	Sleep disturbance	1,579	1.1	1.6	1.5	1.8
P02	Acute stress reaction	542	0.4	0.6	0.5	0.6
P19	Drug abuse	507	0.4	0.5	0.3	0.7
P70	Dementia	420	0.3	0.4	0.4	0.5
P72	Schizophrenia	403	0.3	0.4	0.4	0.5
P17	Tobacco abuse	392	0.3	0.4	0.4	0.4
	Other	1,556	1.1	1.6	1.5	1.7
	Total	10,316	7.4	10.6	10.3	11.0

(a) Includes sex not stated.

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

Referrals

In addition to providing primary health care for people with mental problems, general practice also plays a role in referral to specialised mental health care. For every problem managed, general practitioners could record up to two referrals, including referrals to medical specialists, allied health professionals, and hospitals. The total number of referrals recorded was 11,047, or 11.4 per 100 encounters (Britt et al. 2002).

There were 804 referrals made for patients with a mental health-related problem, made at a rate of 7.8 per 100 mental health-related problems (Table 3.5). This represented 7.3% of all referrals recorded. Most of the referrals were to a psychiatrist (2.2 per 100 mental health-related problems), or a psychologist (1.3 per 100 mental health-related problems).

Table 3.6 presents the number of referrals by sex made for the most frequently managed mental health-related problems. Overall, problems relating to child/adolescent behaviour (P22, P23) had the highest rate of referral to other professionals (55.8 referrals per 100 child/adolescent behaviour problems), followed by hyperkinetic disorder (P81) (29.4 referrals per 100 hyperkinetic disorder problems).

Referrals to private psychiatrists

There were 221 mental health-related problems referred to psychiatrists, at a rate of 2.1 per 100 mental health-related problems (Table 3.7). Of these mental health-related problems referred, the majority had depression recorded as the problem managed (56.6% of all mental health-related problems referred to a psychiatrist). Anxiety was the mental health-related problem most frequently referred to a psychiatrist (7.4 referrals per 100 anxiety problems managed).

Clinical treatments for mental health-related problems

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

A total of 51,130 non-pharmacological treatments were recorded for all encounters. Of these, 36,938 or 72.2% were clinical treatments. Table 3.8 presents the number and type of clinical treatments administered by general practitioners for mental health-related problems. A total of 5,081 treatments, 13.8% of all clinical treatments, were reported as treatment for mental health-related problems (49.3 per 100 mental health-related problems).

Table 3.9 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided in the management of acute stress reaction (P02) were recorded at a rate of 81.6 per 100 acute stress reaction problems managed. The clinical treatment of tobacco abuse (P17) was recorded at a rate of 74.9 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey, a total of 101,350 medications were prescribed, recommended or supplied by general practitioners at a rate of 104.5 per 100 encounters (Britt et al. 2002). There were 7,361 medications for mental health-related problems at a rate of 71.4 medications per 100 mental health-related problems (Table 3.10). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (Anatomical Therapeutic Chemical (ATC) code P4, 26.0 medications per 100 mental health-related problems), followed by sedative hypnotics (P1, 14.5) and anti-anxiety medications (P2, 14.3). Temazepam and diazepam were the most frequently reported generic medications for mental health-related problems, being prescribed at a rate of 10.2 and 6.8 per 100 mental health-related problems respectively.

Affective psychoses (P73) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by general practitioners (105.9 medications per 100 affective psychoses problems) (Table 3.11). Medication was next most frequently prescribed, recommended or supplied for schizophrenia (P72, at a rate of 102.8 medications per 100 schizophrenia problems).

Table 3.12 presents data from the Pharmaceutical Benefits Scheme (PBS) on the number of prescriptions for mental health-related medications by general practitioners. PBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications for the purpose of this report were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A).

According to the PBS data for 2001–02, general practitioners prescribed a total of 15.1 million mental health-related medications. The majority of the PBS-reimbursed scripts were for antidepressant medication (8.0 million or 53.0%). Tasmania (1,010.8) and South Australia (917.9) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 253.5 scripts per 1,000 population for 2000–01.

Table 3.5: Referrals for mental health-related problems, BEACH, 2001–02

Type of referral		Number	Referrals per 100 mental health- related problems (n = 10,316)	95% LCL	95% UCL
P67002	Referral to psychiatrist	225	2.2	2.0	2.4
P66003	Referral to psychologist	136	1.3	1.2	1.5
P66004	Referral to counsellor	52	0.5	0.4	0.6
A67004	Referral to paediatrician	44	0.4	0.4	0.5
P67006	Referral to sleep clinic	31	0.3	0.2	0.4
P66005	Referral to mental health team	29	0.3	0.2	0.3
A68011	Referral	29	0.3	0.2	0.3
A67006	Referral to geriatrician	29	0.3	0.2	0.4
A67012	Referral to clinic/centre	26	0.3	0.2	0.3
P66006	Referral to drug & alcohol treatment	22	0.2	0.2	0.3
A67010	Referral to hospital	19	0.2	0.1	0.2
K42002	Electrocardiogram	15	0.1	0.1	0.2
A68005	Referral; aged care assessment	15	0.1	0.1	0.2
R67002	Referral to respiratory physician	13	0.1	0.1	0.2
H67002	Referral to ENT	12	0.1	0.1	0.2
A68008	Referral; mutual support group	12	0.1	<0.1	0.2
	Other	95	0.9	0.8	1.0
	Total	804	7.8	7.4	8.2

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit; ENT — ear, nose and throat.

Table 3.6: The most frequently referred mental health-related problems, by patient sex, BEACH, 2001–02

Problem		Number of referrals	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	89	8.0	7.1	8.9
P06	Sleep disturbance	52	8.1	6.7	9.5
P19	Drug abuse	26	8.3	6.1	10.6
P01, P74	Anxiety	22	4.0	3.0	5.1
P70	Dementia	20	3.7	2.6	4.7
P02	Acute stress reaction	15	10.1	6.9	13.4
P81	Hyperkinetic disorder	14	2.0	20.5	40.6
P22, P23	Child/adolescent behaviour complaint	13	42.1	26.3	58.0
P72	Schizophrenia	9	4.3	1.7	6.9
P15, P16	Alcohol abuse	9	4.3	2.7	5.8
	Other	66	1.6	8.4	10.5
	<i>Total</i>	334	8.2	7.7	8.7
Females					
P03, P76	Depression	171	7.8	7.0	8.6
P01, P74	Anxiety	74	7.1	5.1	9.1
P70	Dementia	32	11.6	8.7	14.5
P06	Sleep disturbance	29	3.2	2.5	3.9
P02	Acute stress reaction	25	6.4	4.8	7.9
P22, P23	Child/adolescent behaviour complaint	15	77.9	52.6	103.1
P72	Schizophrenia	14	7.5	5.0	9.9
P19	Drug abuse	13	6.8	4.2	9.3
P82	Post-traumatic stress disorder	10	24.2	3.0	45.4
P15, P16	Alcohol abuse	5	5.4	3.5	7.3
	Other	75	9.4	8.1	10.7
	<i>Total</i>	462	7.5	7.0	11.2
Total^(a)					
P03, P76	Depression	262	7.9	7.2	8.6
P01, P74	Anxiety	96	6.1	4.7	7.5
P06	Sleep disturbance	81	5.1	4.4	5.9
P70	Dementia	52	12.5	10.1	14.8
P02	Acute stress reaction	40	7.3	6.0	8.7
P19	Drug abuse	39	7.7	6.1	9.4
P22, P23	Child/adolescent behaviour complaint	27	55.8	42.8	68.7
P72	Schizophrenia	23	5.7	4.1	7.2
P82	Post-traumatic stress disorder	20	16.6	9.5	23.7
P81	Hyperkinetic disorder	17	29.4	20.6	38.1
	Other	146	8.5	7.8	9.3
	Total	804	7.8	7.4	8.2

(a) Includes sex not stated.

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

Table 3.7: Mental health-related problems most frequently referred by general practitioners to psychiatrists, by patient sex, BEACH, 2001-02

Problem		Number of problems referred	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	49	4.4	3.7	5.1
P01, P74	Anxiety	6	3.5	0.5	6.6
P82	Post-traumatic stress disorder	4	1.2	0.9	1.5
P19	Drug abuse	5	18.6	0.3	37.0
P72	Schizophrenia	8	5.1	2.4	7.8
	Other	20	0.9	0.7	1.0
	<i>Total</i>	92	2.2	2.0	2.5
Females					
P03, P76	Depression	74	3.4	2.8	3.9
P01, P74	Anxiety	23	2.2	1.4	3.1
P79	Phobia, compulsive disorder	4	1.9	0.5	3.3
P80	Personality disorder	4	4.3	<0.1	18.8
P82	Post-traumatic stress disorder	5	1.3	0.3	2.3
	Other	17	0.7	0.5	1.0
	<i>Total</i>	126	2.1	1.8	2.3
Total^(a)					
P03, P76	Depression	125	3.7	3.2	4.3
P01, P74	Anxiety	29	7.4	5.0	9.8
P82	Post-traumatic stress disorder	11	0.7	0.4	0.9
P72	Schizophrenia	11	2.0	1.3	2.7
P19	Drug abuse	7	1.4	0.5	2.2
	Other	39	1.0	0.8	1.2
	Total	221	2.1	1.9	2.4

(a) Includes sex not stated.

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

Table 3.8: Clinical treatments provided by general practitioners for mental health-related problems, BEACH, 2001-02

ICPC-2-PLUS code	Clinical treatment	Number	Per cent of total clinical treatments (n = 36,938)	Clinical treatments per 100 mental health-related problems (n = 10,316)		
				95% LCL	95% UCL	
P58001, P58004, P58005, P58006, P58013, P58014, P58015, P58018	Counselling—psychological	2,713	7.3	26.3	24.3	28.3
P45006, P58010	Counselling/advice/education—drugs	152	0.4	1.5	0.9	2.0
P45004, P58008	Counselling/advice/education—smoking	279	0.8	2.7	2.4	3.1
P45001, P45002	Advice/education/observe/wait—psychological	175	0.5	1.7	1.4	2.0
P45007, P58011, P58017	Counselling/advice/education—relaxation	246	0.7	2.4	2.0	2.7
P45005, P58009	Counselling/advice/education—alcohol	164	0.4	1.6	1.4	1.8
A62	Administration	164	0.4	1.6	1.4	1.8
A45015	Advice/education—medication	174	0.5	1.7	1.5	1.9
A58010	Reassurance/support	103	0.3	1.0	0.8	1.2
A58003	Counselling-individual	86	0.2	0.8	0.7	0.9
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	92	0.2	0.9	0.8	1.0
P58002	Psychotherapy	52	0.1	0.5	0.3	0.7
A45002	Advice/education	85	0.2	0.8	0.7	0.9
P58007	Counselling—bereavement	42	0.1	0.4	0.3	0.5
	Other	555	1.5	5.4	5.0	5.8
	Total	5,081	13.8	49.3	46.7	51.8

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

Table 3.9: Mental health-related problems most frequently managed by general practitioners using clinical treatments, by patient sex, BEACH, 2001–02

Problem	Number of treatments	Per cent total clinical treatments (n = 36,938)	Clinical treatments per 100 of these problems			
			95% LCL	95% UCL		
			Male			
P03, P76	Depression	583	3.9	52.4	47.5	57.4
P01, P74	Anxiety	276	1.8	51.0	44.6	57.4
P19	Drug abuse	199	1.3	62.9	29.4	96.5
P06	Sleep disturbance	172	1.1	27.0	97.4	135.7
P02	Acute stress reaction	128	0.8	86.3	52.0	74.0
P17	Tobacco abuse	127	0.8	73.4	61.1	85.7
P15, P16	Alcohol abuse	125	0.8	61.7	16.5	22.7
P72	Schizophrenia	45	0.3	22.1	18.5	25.7
P82	Post-traumatic stress disorder	36	0.2	46.6	37.1	56.1
P70	Dementia	32	0.2	23.0	17.8	28.2
	Other	214	1.4	40.3	36.3	44.3
	<i>Total</i>	<i>1,937</i>	<i>12.8</i>	<i>47.4</i>	<i>44.1</i>	<i>50.8</i>
			Females			
P03, P76	Depression	1,248	5.8	56.7	52.0	61.4
P01, P74	Anxiety	607	2.8	58.7	53.5	64.0
P02	Acute stress reaction	310	1.4	79.6	70.6	88.5
P06	Sleep disturbance	208	1.0	22.4	19.6	25.3
P17	Tobacco abuse	166	0.8	77.6	74.2	101.8
P19	Drug abuse	121	0.6	63.8	24.3	88.3
P15, P16	Alcohol abuse	63	0.3	69.9	19.0	26.9
P70	Dementia	53	0.2	19.2	22.6	33.1
P72	Schizophrenia	49	0.2	25.8	44.5	64.0
P82	Post-traumatic stress disorder	27	0.1	64.9	42.9	86.9
	Other	266	1.2	44.5	41.2	47.7
	<i>Total</i>	<i>3,117</i>	<i>14.4</i>	<i>50.7</i>	<i>48.3</i>	<i>53.2</i>
			Total^(a)			
P03, P76	Depression	1,835	5.0	55.1	50.7	59.5
P01, P74	Anxiety	887	2.4	55.9	50.7	61.0
P02	Acute stress reaction	442	1.2	81.6	73.0	90.1
P06	Sleep disturbance	382	1.0	24.2	21.3	27.0
P19	Drug abuse	320	0.9	63.1	28.4	97.7
P17	Tobacco abuse	294	0.8	74.9	64.3	85.5
P15, P16	Alcohol abuse	193	0.5	64.5	55.2	73.8
P72	Schizophrenia	94	0.3	23.4	20.2	26.7
P70	Dementia	88	0.2	21.0	17.4	24.6
P82	Post-traumatic stress disorder	63	0.2	52.3	42.2	62.4
	Other	484	1.3	42.6	39.8	45.4
	Total	5,081	13.8	49.3	46.7	51.8

(a) Includes sex not stated.

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

Table 3.10: Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2001–02

Drug group and generic drugs	Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems (n = 10,316)	95% LCL	95% UCL
			Male		
<i>P4 Antidepressants</i>	929	2.2	22.7	21.2	24.3
P418 Sertraline	182	0.4	4.5	4.0	4.9
P423 Citalopram	179	0.4	4.4	3.9	4.9
P420 Venlafaxine	123	0.3	3.0	2.7	3.4
P419 Paroxetine	104	0.2	2.6	2.3	2.8
P416 Fluoxetine HCl	77	0.2	1.9	1.5	2.2
P414 Dothiepin	53	0.1	1.3	1.0	1.5
<i>P1 Sedative hypnotics</i>	600	1.4	14.7	13.5	15.9
P116 Temazepam	410	1.0	10.0	9.1	11.0
P104 Nitrazepam	121	0.3	3.0	2.6	3.3
<i>P2 Anti-anxiety</i>	577	1.4	14.1	13.0	15.3
P201 Diazepam	351	0.8	8.6	7.1	8.6
P202 Oxazepam	197	0.5	4.8	4.2	5.4
P3 Antipsychotic	290	0.7	7.1	6.3	7.9
Other	564	1.3	13.8	10.8	16.8
N201 Methadone	141	0.3	3.5	0.7	6.3
<i>Total</i>	2,960	7.0	72.5	68.3	76.6
Female					
<i>P4 Antidepressants</i>	1,739	3.0	28.3	26.6	30.0
P418 Sertraline	398	0.7	6.5	5.9	7.1
P423 Citalopram	302	0.5	4.9	4.4	5.4
P419 Paroxetine	243	0.4	3.9	3.5	9.2
P420 Venlafaxine	175	0.3	2.9	2.5	3.2
P416 Fluoxetine HCl	136	0.2	2.2	1.9	2.5
P414 Dothiepin	128	0.2	2.1	1.9	2.3
<i>P2 Anti-anxiety</i>	889	1.5	14.5	13.5	15.4
P201 Diazepam	373	0.6	6.1	5.5	6.6
P202 Oxazepam	389	0.7	6.3	5.8	6.8
<i>P1 Sedative hypnotics</i>	884	1.5	14.4	13.3	15.4
P116 Temazepam	632	1.1	10.3	9.5	11.1
P104 Nitrazepam	164	0.3	2.7	2.4	3.0
P3 Antipsychotic	301	0.5	4.9	4.3	5.5
Other	536	0.9	8.7	7.5	10.0
N201 Methadone	89	0.2	1.5	0.4	2.5
<i>Total</i>	4,348	7.5	70.8	67.6	73.9

(continued)

Table 3.10 (continued): Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2001–02

Drug group and generic drugs	Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems		
			Total ^(a)	95% LCL	95% UCL
<i>P4 Antidepressants</i>	2,683	2.6	26.0	24.5	27.5
P418 Sertraline	583	0.6	5.7	5.2	6.1
P423 Citalopram	481	0.5	4.7	4.2	5.1
P419 Paroxetine	352	0.3	3.4	3.1	3.7
P420 Venlafaxine	300	0.3	2.9	2.6	3.2
P416 Fluoxetine HCl	216	0.2	2.1	1.8	2.4
P414 Dothiepin	182	0.2	1.8	1.6	1.9
<i>P1 Sedative hypnotics</i>	1,494	1.5	14.5	13.4	15.5
P116 Temazepam	1,049	1.0	10.2	9.4	11.0
P104 Nitrazepam	287	0.3	2.8	2.5	3.0
<i>P2 Anti-anxiety</i>	1,476	1.5	14.3	13.4	15.2
P201 Diazepam	699	0.7	6.8	6.2	7.3
P202 Oxazepam	590	0.6	5.7	5.3	6.2
P3 Antipsychotic	602	0.6	5.8	5.2	6.4
Other	1,105	1.1	10.7	8.8	12.6
N201 Methadone	231	0.2	2.2	0.5	4.0
Total	7,361	7.3	71.4	68.1	74.6

(a) Includes sex not stated.

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

Table 3.11: Number of medications provided for mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2001–02

Problem		Number of medications	Medications per 100 of these problems	95% LCL	95% UCL
			Male		
P03, P76	Depression	875	78.7	72.3	85.2
P06	Sleep disturbance	537	84.0	75.0	93.0
P01, P74	Anxiety	413	76.3	68.0	84.6
P19	Drug abuse	277	87.4	49.7	125.1
P72	Schizophrenia	224	109.5	92.5	126.5
P15, P16	Alcohol abuse	89	44.2	35.6	52.7
P17	Tobacco abuse	87	50.3	43.8	56.9
P73	Affective psychosis	46	102.5	61.4	143.7
P70	Dementia	45	31.9	24.8	39.1
P02	Acute stress reaction	44	29.7	20.4	39.0
	Other	322	57.4	<0.1	<0.1
	Total	2,960	72.5	68.3	76.6
Female					
P03, P76	Depression	1,707	77.5	71.7	83.4
P06	Sleep disturbance	877	94.8	86.5	103.2
P01, P74	Anxiety	687	66.4	60.6	72.3
P72	Schizophrenia	181	95.9	81.1	110.7
P19	Drug abuse	152	80.2	43.7	116.8
P17	Tobacco abuse	117	54.5	47.0	62.0
P70	Dementia	98	35.6	20.2	46.6
P73	Affective psychosis	92	109.5	89.1	129.8
P02	Acute stress reaction	90	23.0	15.0	31.0
P50	Medication, treatment procedure	58	95.4	66.9	123.9
	Other	290	49.6	<0.1	<0.1
	Total	4,348	70.8	67.6	73.9
Total^(a)					
P03, P76	Depression	2597	78.0	72.6	83.5
P06	Sleep disturbance	1427	90.4	82.2	98.5
P01, P74	Anxiety	1106	69.7	63.5	75.8
P19	Drug abuse	428	84.5	47.0	121.9
P72	Schizophrenia	414	102.8	89.4	116.2
P17	Tobacco abuse	207	52.8	46.6	58.9
P73	Affective psychosis	140	105.9	85.6	126.2
P70	Dementia	137	32.5	22.8	42.3
P02	Acute stress reaction	133	24.6	18.2	31.0
P15, P16	Alcohol abuse	133	44.6	36.1	53.1
	Other	638	56.7	<0.1	<0.1
	Total	7,361	71.4	68.1	74.6

(a) Includes sex not stated.

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

Table 3.12: Pharmaceutical Benefits Scheme-funded mental health-related prescriptions by general practitioners by Anatomical Therapeutic Chemical (ATC) group, States and Territories,^(a) 2001–02

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
N05A	Antipsychotics	300,013	267,120	167,186	70,818	103,755	21,214	9,016	2,737	990,070
N05B	Anxiolytics	902,662	816,978	582,764	229,301	267,197	118,610	26,835	7,281	2,965,462
N05C	Hypnotics & sedatives	973,826	847,280	534,324	311,687	280,237	95,147	25,682	8,313	3,089,699
N06A	Antidepressants	2,452,755	1,935,783	1,636,023	821,453	715,785	239,028	121,192	30,950	8,013,927
	Total mental health-related prescriptions	4,641,584	3,874,789	2,937,638	1,441,318	1,374,725	475,461	183,306	49,547	15,117,195
	Per 1,000 population	718.1	813.0	823.7	765.1	917.9	1,010.8	589.7	253.5	789.3

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

(b) Includes State or Territory unknown.

Private psychiatrist services

During 2000–01, private psychiatrists provided over 2.1 million services that were funded through Medicare (Table 3.13). This represented 1.0% of total Medicare-funded services (213.9 million) and 11.0% of the specialist attendances (19.3 million). Of these services, 87.3% were routine attendance items specifying the location as the psychiatrist’s consulting room. The number of private psychiatrist services per 100,000 population was highest in Victoria and South Australia and lowest for the Northern Territory. The number of services provided for female patients per 100,000 population was generally greater than that for male patients, particularly in the 35–44 and the 45–54 age groups (Table 3.14 and Figure 2.2). These data should be considered in the context of the data presented on Medicare expenditure and the estimated number of private psychiatrists in Chapter 5.

Table 3.15 presents data from the PBS on the number of prescriptions for medication provided by private psychiatrists. Private psychiatrists prescribed almost 1.7 million PBS-reimbursed medications during 2000–01. Most of these were for antidepressant (0.9 million or 53.1%) and antipsychotic (0.3 million or 17.7%) medication. South Australia (115.8 scripts) and Victoria (106.8 scripts) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 18.6 scripts per 1,000 population.

Table 3.13: Private psychiatrist services funded through Medicare by schedule item, States and Territories, 2000-01

Type of patient attendances	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Consulting rooms									
300, 310 15 minutes or less	31,839	10,588	6,107	2,870	2,651	850	1,305	1,147	57,357
302, 312 16 to 30 minutes	107,080	83,571	63,119	19,425	24,700	8,839	4,180	1,332	312,246
304, 314 31 to 45 minutes	139,540	152,515	99,078	28,318	45,225	15,641	4,263	1,198	485,778
306, 316 46 to 75 minutes	294,951	303,681	115,182	40,737	97,388	9,262	7,040	1,493	869,734
308, 318 Over 75 minutes	14,485	12,018	7,819	3,377	5,567	1,190	648	82	45,186
319 Selected cases (> 45 mins)	31,669	32,568	9,711	1,079	9,095	785	451	43	85,401
<i>Total</i>	619,564	594,941	301,016	95,806	184,626	36,567	17,887	5,295	1,855,702
Hospital									
320 15 minutes or less	2,725	7,383	4,449	2,530	2,362	753	151	11	20,364
322 16 to 30 minutes	12,887	16,880	27,769	8,841	9,746	1,981	463	126	78,693
324 31 to 45 minutes	13,930	12,280	10,400	4,404	5,068	1,840	287	47	48,256
326 46 to 75 minutes	11,472	10,806	5,666	3,099	3,062	1,046	288	32	35,471
328 Over 75 minutes	2,272	1,089	900	522	409	159	66	4	5,421
<i>Total</i>	43,286	48,438	49,184	19,396	20,647	5,779	1,255	220	188,205
Other location									
330 15 minutes or less	553	75	12	88	8	0	0	0	736
332 16 to 30 minutes	756	680	68	273	55	12	10	0	1,854
334 31 to 45 minutes	869	1,423	90	18	165	23	12	0	2,600
336 46 to 75 minutes	1,172	1,393	88	78	304	25	8	0	3,068
338 Over 75 minutes	1,197	214	49	46	72	4	2	0	1,584
<i>Total</i>	4,547	3,785	307	503	604	64	32	0	9,842
Other services									
342, 344, 346 Group psychotherapy	14,058	30,674	4,001	1,220	2,304	826	123	15	53,221
348, 350, 352 Interview with non-patient	1,593	1,089	932	1,185	361	179	49	6	5,394
14224 Electroconvulsive therapy ^(a)	3,465	3,738	4,243	794	1,218	452	89	0	13,999
<i>Total</i>	19,116	35,501	9,176	3,199	3,883	1,457	261	21	72,614
Total services	686,513	682,665	359,683	118,904	209,760	43,867	19,435	5,536	2,126,363
Per 1,000 population ^(b)	104.5	142.5	99.8	62.8	138.8	92.9	60.9	27.9	109.8

(a) The data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(b) The rate per 1000 population is a crude rate based on the estimated resident population at December 2000.

Source: www.hic.gov.au.

Table 3.14: Private psychiatrist services funded through Medicare by schedule item, by patient sex and age group, Australia, 2000-01

Type of patient attendances	Males						Total
	Under 15 years	15-24	25-34	35-44	45-54	55-64		65 and over
Consulting rooms							
300, 310	652	3,149	8,031	9,744	6,175	3,232	1,232
302, 312	4,546	15,985	30,222	36,557	33,549	19,179	9,239
304, 314	7,608	23,501	39,195	49,096	48,651	26,471	11,363
306, 316	15,987	36,080	65,591	86,205	79,599	32,248	10,502
308, 318	1,857	2,826	3,252	4,400	4,326	1,854	758
319	495	1,382	5,076	5,980	3,650	1,366	104
<i>Total/</i>	<i>31,145</i>	<i>82,923</i>	<i>151,367</i>	<i>191,982</i>	<i>175,950</i>	<i>84,350</i>	<i>33,198</i>
Hospital							
320	11	631	728	845	1,019	835	1,446
322	94	2,918	2,763	3,539	4,821	2,888	3,884
324	48	1,984	1,617	2,257	3,160	1,684	2,167
326	59	1,630	1,418	1,530	2,198	948	1,431
328	7	241	254	240	343	153	221
<i>Total/</i>	<i>219</i>	<i>7,404</i>	<i>6,780</i>	<i>8,411</i>	<i>11,541</i>	<i>6,508</i>	<i>9,149</i>
Other location							
330	0	2	17	55	97	93	117
332	0	26	61	82	102	137	324
334	10	55	120	183	248	151	310
336	41	149	152	139	205	132	241
338	23	80	77	103	184	84	109
<i>Total/</i>	<i>74</i>	<i>312</i>	<i>427</i>	<i>562</i>	<i>836</i>	<i>597</i>	<i>1,101</i>
Other services							
342, 344, 346	2,229	1,518	3,008	6,788	7,418	2,311	500
348, 350, 352	394	757	302	284	331	162	350
14224	1	181	411	938	791	620	1,003
<i>Total/</i>	<i>2,624</i>	<i>2,456</i>	<i>3,721</i>	<i>8,010</i>	<i>8,540</i>	<i>3,093</i>	<i>1,853</i>
Total services	34,062	93,095	162,295	208,965	196,867	94,548	45,301
Per 1,000 population	16.6	69.2	113.0	141.6	149.1	104.1	42.6

(continued)

Table 3.14 (continued): Private psychiatrist services funded through Medicare by schedule item, patient sex and age group, Australia, 2000-01

Type of patient attendances	Under 15 years						Total
	15-24	25-34	35-44	45-54	55-64	65 and over	
Females							
Consulting rooms							
300, 310	278	5,346	6,834	5,568	2,783	2,170	25,142
302, 312	2,022	28,475	39,215	39,127	22,214	18,679	162,969
304, 314	3,467	54,350	70,612	66,664	33,271	22,774	279,893
306, 316	8,815	117,807	154,183	135,269	50,493	19,992	543,522
308, 318	840	4,944	6,561	6,527	2,398	1,372	25,913
319	183	15,322	22,081	20,191	5,514	212	67,348
Total	15,605	226,244	299,486	273,346	116,673	65,199	1,104,787
Hospital							
320	70	1,906	2,482	3,183	2,347	3,391	14,849
322	363	8,275	10,711	11,787	7,005	11,508	57,786
324	173	6,264	7,579	7,464	3,925	5,341	35,339
326	209	5,134	6,319	4,969	2,633	3,288	26,257
328	29	775	916	757	291	454	3,962
Total	844	22,354	28,007	28,160	16,201	23,982	138,193
Other location							
330	0	11	28	66	75	175	355
332	2	71	141	98	200	589	1,122
334	12	144	156	208	149	814	1,523
336	15	204	345	492	231	639	2,009
338	22	116	197	192	115	243	924
Total	51	546	867	1,056	770	2,460	5,933
Other services							
342, 344, 346	1,784	4,497	10,373	7,511	2,032	731	29,449
348, 350, 352	205	339	371	398	197	596	2,814
14224	6	1,363	2,250	2,069	1,324	2,360	10,054
Total	1,995	6,199	12,994	9,978	3,553	3,687	42,317
Total services	18,495	255,343	341,354	312,540	137,197	95,328	1,291,230
Per 1,000 population ^(b)	9.5	175.3	227.6	236.7	153.2	70.8	132.3

(a) The data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(b) The rate per 1000 population is a crude rate based on the estimated resident population at December 2000.

Source: www.hic.gov.au

Table 3.15: Pharmaceutical Benefit Scheme-funded prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, States and Territories, (a) 2000-01

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
A	Alimentary tract & metabolism	7,702	7,595	5,026	1,179	2,117	465	167	31	24,949
B	Blood & blood-forming organs	745	720	477	131	251	64	n.p.	n.p.	2,529
C	Cardiovascular system	14,729	10,853	6,715	2,546	4,144	1,243	393	261	42,735
D	Dermatologicals	852	825	413	86	173	39	n.p.	n.p.	2,511
G	Genitourinary system & sex hormones	2,488	2,493	1,970	511	1,139	256	55	21	9,207
H	Systemic hormonal preparations, excl sex hormones	1,175	1,195	1,099	383	710	96	32	4	4,764
J	General anti-infectives for systematic use	2,772	2,495	1,799	410	748	127	97	47	8,821
L	Antineoplastic & immunomodulating agents	236	152	101	35	55	10	9	4	635
M	Musculoskeletal system	3,245	3,909	1,854	663	929	286	77	26	11,353
N	Central nervous system									
N05A	Antipsychotics	100,794	90,931	47,391	14,773	31,257	3,824	5,679	521	299,932
N05B	Anxiolytics	36,048	49,875	22,959	5,324	13,032	5,586	888	232	135,108
N05C	Hypnotics & sedatives	16,745	24,304	12,861	4,288	7,960	2,653	501	181	70,061
N06A	Antidepressants	270,639	270,700	161,546	65,030	91,941	18,182	12,903	1,534	899,761
	Other	45,717	37,536	23,811	30,635	16,945	5,322	2,003	746	164,557
	Total	469,943	473,346	268,568	120,050	161,135	35,567	21,974	3,214	1,569,419
P	Antiparasitic products	354	227	172	52	74	29	n.p.	n.p.	945
R	Respiratory system	3,560	3,388	2,302	501	946	201	79	22	11,301
S	Sensory organs	1,266	1,422	674	244	970	73	13	6	4,923
	Total prescriptions^(c)	509,373	508,888	291,339	126,820	173,439	38,463	22,939	3,641	1,694,934
	Per 1,000 population	78.8	106.8	81.7	67.3	115.8	81.8	73.8	18.6	88.5

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

(b) Includes State or Territory unknown.

(c) Includes ATC classified as unknown or various (Chapter V).

n.p. not published.

Source: DHA.

Hospital-based mental health care for non-admitted patients

Interpretation of the data on mental health-related non-admitted patient occasions of service supplied to NPHED for public acute care and public psychiatric hospitals should be undertaken with care (see Box 3.1, page 24).

The existing data, however, do provide an indication of the volume and type of services that are provided by public hospitals. According to data supplied to the NPHED for 2000–01, public acute hospitals (and services managed by public acute hospitals) provided 2.0 million mental health-related individual occasions of service (Table 3.1, page 25). In addition to services provided to individuals, public acute hospitals provided 61,659 mental health-related group sessions. This accounted for 5.0% and 10.4% of all public acute hospital individual occasions of service and group sessions, respectively.

A total of 360,555 individual occasions of service and 41,646 group sessions were recorded for public psychiatric hospitals in New South Wales, Queensland and Western Australia. These were the only three jurisdictions for which these data were supplied to the NPHED for 2000–01. These data were not reported for the public psychiatric hospitals in Victoria, South Australia and Tasmania.

During 2000–01, 28 private acute care and psychiatric hospitals in Australia provided non-admitted patient services from designated psychiatric or mental health units such as specialist psychiatric outpatient services (ABS 2002b). Data from the Private Health Establishments Collection (PHEC) indicates that these designated units in private acute care and psychiatric hospitals provided an estimated 67,883 occasions of service (Table 3.1). For 2000–01, the number of occasions of service reported could not be broken down into individual occasions of service and group sessions.

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

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

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

The scope of the CSDA MDS collection includes all psychiatric and mental health-related disability support services that receive CSDA funds. Some psychiatric and mental health-related disability support services have different sources of funding and do not report to the

CSDA MDS collection. For this reason, the information presented in this section must be interpreted with caution, as it does not include all psychiatric and mental health-related disability support services, and the proportion of these services receiving CSDA funding differs among the States and Territories.

Data are available from the CSDA MDS collection on the clients of these service types on a snapshot day each year. The data presented below are on services received by clients with a psychiatric disability. The psychiatric disability can be either 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 or carer as the disability most affecting their everyday life. A number of other significant disabilities may also be identified by the client. Refer to Box 3.3 for further information on CSDA MDS collection disability groups.

Box 3.3: Disability groups

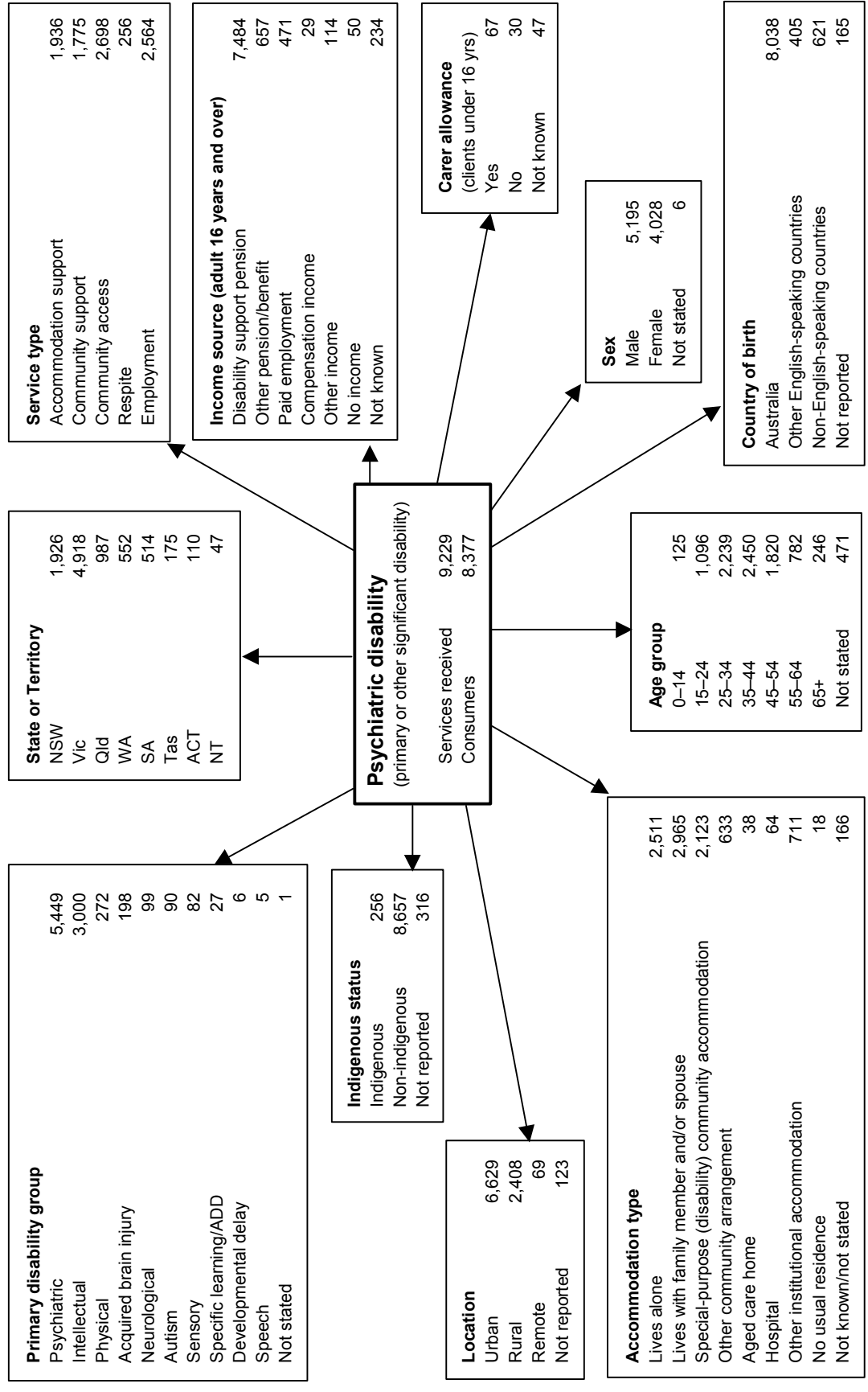
The disability support services data presented in this report relate to the CSDA MDS disability groups. The CSDA MDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation, and reflect those disabilities identified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

Comparison between the data presented using the psychiatric CSDA MDS disability group and ICD-10-AM needs to be approached with caution given the differences in the underlying concepts and groupings used. Refer to the National Community Services Data Dictionary for additional detail on the CSDA MDS disability groups (AIHW 2000a).

Figure 3.3 presents the data on non-residential services provided and other CSDA MDS data elements for clients with a psychiatric disability. On the snapshot day in 2001 there were 9,229 non-residential care services provided to an estimated 8,377 clients with a psychiatric disability (a statistical linkage key collected by all jurisdictions permits estimates to be made of the number of people receiving services). The major primary disability groups were psychiatric disability (59.0%) and intellectual disability (32.5%). The majority of services were provided to male clients (56.3%) and those in the 35–44 years age group. The non-residential care service types most frequently received were Community access (29.2%) and Employment services (27.8%). Respite services to provide short-term breaks from caring activities to carers of people with a disability were the service type least often received (2.7%). Victorian disability support services reported the largest number of services for clients with psychiatric disability (53.3%).

The majority of services were for clients who were Australian-born (87.1%). Non-residential care services for clients born in other English-speaking and non-English-speaking countries made up 11.1% of the total services for clients with a psychiatric disability. On the snapshot day, 256 CSDA-funded non-residential services were delivered to clients identified as being of Aboriginal or Torres Strait Islander origin or both. This was 2.8% of all services for clients with a psychiatric disability.

The location of clients receiving services was classified as Urban, Rural, Remote or Not reported based on the client's postcode. Clients in Urban areas received 71.8% of services. The most common reported accommodation type was Lives with family member and/or spouse (32.1%), followed by Lives alone (27.2%) and Special-purpose community accommodation (23.0%).



Note: All figures (except 'consumers') are counts of services received.

Figure 3.3: Data reported for CSDA-funded ambulatory support services for persons with a psychiatric disability, 2001 snapshot day