

# **Mental health services in Australia 1999–00**

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MENTAL HEALTH SERVICES

Number 3

# **Mental health services in Australia 1999–00**

Australian Institute of Health and Welfare  
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# Foreword

The Australian Institute of Health and Welfare is pleased to present *Mental Health Services in Australia 1999–00*, the third in the Institute's mental health series. This report presents available data on mental health-related care delivered by a variety of specialised and general health care services. In comparison with previous reports, this report presents a broader range of data on mental health-related care to provide a more comprehensive and integrated picture of mental health care in Australia.

Detailed data are presented on the specialised psychiatric and other mental health-related services provided by public and private hospitals for admitted patients. The publication includes expenditure, staffing and resource data for private hospitals, public hospitals and public community mental health care services. The mental health-related services provided by general practitioners, private psychiatrists and some disability support services are also reported.

Although the scope of data has been expanded in this report, significant gaps remain. Importantly, data on the client activity of public community mental health care services were not available for inclusion in this report. However, collection of these data is currently under way in States and Territories. These data will be reported in future years and will provide valuable information on those receiving mental health care services in community settings. Similar developments would also be welcomed for mental health-related services provided by non-government organisations.

Production of this publication has been assisted by funding from the Commonwealth Department of Health and Ageing under the National Mental Health Strategy and was developed under the guidance of the National Mental Health Working Group Information Strategy Committee.

The report and the data presented in it are under continuing review and readers are invited to comment.

Richard Madden  
Director  
March 2002

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Table A7.3	Public hospitals reporting separations with psychiatric care days to NHMD for 1999-00

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# Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AR-DRG	Australian Refined Diagnosis Related Group
ATC	Anatomical Therapeutic Chemical classification
BEACH	Bettering the Evaluation And Care of Health
CADE	Confused and disturbed elderly
CI	Confidence interval
CSDA	Commonwealth State Disability Agreement
CSDA MDS	Commonwealth State Disability Agreement Minimum Data Set
DALY	Disability-adjusted life year
DHA	Department of Health and Ageing
FTE	Full-time-equivalent
HIC	Health Insurance Commission
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICPC-2	International Classification of Primary Care (Version 2)
LCL	Lower confidence limit
NCMHED	National Community Mental Health Establishments Database
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NMHWG	National Mental Health Working Group
NPHEd	National Public Hospital Establishments Database
NSMHS	National Survey of Mental Health Services
PBS	Pharmaceutical Benefits Scheme
PHEC	Private Health Establishments Collection
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RFE	Reason for encounter
RRMA	Rural, Remote and Metropolitan Areas
UCL	Upper confidence limit
YLD	Years lost due to disability
YLL	Years of life lost



# Highlights

*Mental Health Services in Australia 1999–00* is the third in the Australian Institute of Health and Welfare's series of annual reports describing the characteristics and activity of Australia's mental health care services. The report presents the available national data on the staffing, resources and activity of specialised mental health care services. The report also presents data on the characteristics of the patients and clients of these services and other services that provide mental health-related care.

## Background

- The National Survey of Mental Health and Wellbeing found that in 1997, 18% of Australian adults (2.4 million) had experienced the symptoms of a mental disorder during the prior 12 months. The survey found that 38% of those had used a health service for a mental health-related problem in the prior 12 months. For adults, the rate of health service utilisation was 31% for those with no disability and ranged to 57% for those with severe disability.
- The National Survey of Disability, Aging and Carers estimated that there were 610,000 people with a disability as a result of a psychiatric disorder in 1998. Of those with a psychiatric disability, 46% or 281,000 experienced a severe or profound core activity restriction as a result.

## Ambulatory mental health-related care

- An estimated 9.9% general practice encounters (10.0 million) involved the management of at least one mental health-related problem. Depression was the most frequently managed mental health problem, accounting for 32.6% of all mental health problems managed.
- During 1999–00, private psychiatrists provided over 2.1 million services that were funded through the Medicare. This represented 1% of total services (209.6 million) and 11% of specialist attendances (18.9 million) funded through Medicare.
- Services operated by public acute hospitals provided 2.15 million individual mental health-related occasions of service and 37,400 group sessions during 1999–00. This accounted for 6.2% and 7.9% of all public acute hospital individual occasions of service and group sessions, respectively. Private hospitals provided approximately 44,600 mental health-related occasions of service during 1999–00 (2.5% of all private hospital occasions of service).
- Disability support services funded under the Commonwealth/State Disability Agreement (CSDA) provided 5,291 non-residential services to clients with primary psychiatric disabilities on a snapshot day in early 2000. This was 8.9% of total non-residential services provided.

## **Community residential and admitted patient mental health-related care**

### **Community residential care**

- Public community mental health establishments reported 1,545 overnight separations during 1999–00. CSDA-funded disability support services provided 243 residential services (1.6% of total residential services) for clients with a primary psychiatric disability on the snapshot day in early 2000.

### **Admitted patient care**

- In 1999–00, there were 266,662 mental health-related hospital separations that accounted for 4.5% of total separations and 14.1% of all patient days (3,180,286 days).
- The majority of mental health-related separations (62.7% or 167,269) were overnight separations. The average length of stay for these separations was 18.4 days.
- Of these separations, 171,548 or 64.3% included a component of specialised psychiatric care (63.8% for males and 64.8% for females).
- In 1999–00, 76.7% of patient days included in mental health-related separations were psychiatric care days (i.e. days spent in a designated psychiatric hospital or unit).
- The separations with specialised psychiatric care accounted for 2.9% of total hospital separations and 11.0% of all patient days (2,494,675 days).
- Overnight separations with specialised psychiatric care had, on average, 24.4 patient days and 23.8 psychiatric care days.
- Separations including involuntary hospital stays accounted for 6.1% of same day separations with specialised psychiatric care and 30.4% of overnight separations with specialised psychiatric care.

### **Hospital type**

- Public acute and private hospitals accounted for 59.9% and 33.3% of mental health-related separations, respectively. Public psychiatric hospitals accounted for the remaining 6.7% of mental health-related separations, but accounted for 36.4% of mental health-related patient days and 45.9% of psychiatric care days.
- The majority of overnight separations with specialised psychiatric care was provided by public acute hospitals (64.1%). For same day separations with specialised psychiatric care, the majority was provided by private hospitals (63.0%). For overnight and same day mental health-related separations without specialised psychiatric care, the majority was provided by public acute hospitals (79.9% and 64.8%, respectively).

### **Patient demographics**

#### *Age and sex*

- There were fewer mental health-related separations recorded for male patients (125,953) than for female patients (140,703). Same day separations accounted for 34.7% of male separations and 39.6% of female separations.

- Males aged 25–34 years and females aged 35–44 years had the highest number of separations with specialised psychiatric care.

#### *Area of usual residence*

- The number of separations with specialised psychiatric care per 1,000 population in metropolitan areas (10.4) was higher than the rate for rural (5.3) and remote areas (2.9). The pattern is reversed for separations without specialised psychiatric care. The population in metropolitan areas (4.3) had a lower separation rate than the rates for rural (6.3) and remote areas (8.7).

#### **Principal diagnoses**

- In 1999–00, principal diagnoses of *Depressive disorders* (F32–F33) accounted for the highest number of same day (31,226 or 31.4%) and overnight mental health-related separations (29,088 or 17.4%).
- Principal diagnoses of *Schizophrenia* (F20) accounted for the greatest number of patient days for mental health-related separations (868,049 or 27.3% of patient days).
- In public acute hospitals, 17.2% of mental health-related separations had principal diagnoses of *Depressive disorders* (F32–F33), which also accounted for 15.0% of patient days. Mental health-related separations with principal diagnoses of *Schizophrenia* (F20) accounted for 11.9% of separations and 21.1% of patient days.
- Principal diagnoses of *Depressive disorders* (F32–F33) accounted for 34.3% of all private hospital separations and 33.1% of private hospital patient days. Separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) were the next largest group, with 21.6% of and 17.8%, respectively.
- In public psychiatric hospitals, almost 23.0% of separations and 46.6% of patient days were reported for principal diagnoses of *Schizophrenia* (F20).

#### **Australian Refined Diagnosis Related Groups**

- For separations with specialised psychiatric care, the largest number of same day separations was reported for U60Z *Mental health treatment, same day, without electroconvulsive therapy* (54,335 separations or 85% of same day separations with specialised psychiatric care). The largest number of overnight separations was reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities*, which accounted for 21.8% (20,208 separations) of overnight separations with specialised psychiatric care.
- *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) was also the most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care (15,164 separations), and had the largest proportion of same day separations without specialised psychiatric care (58.3%). The AR-DRG with the largest number of overnight mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 11,670 separations or 18.2% of overnight mental health-related separations without specialised psychiatric care).

#### **Other**

- Social work and occupational therapy interventions were the most frequently reported procedures for overnight mental health-related separations with specialised psychiatric

care. Group psychotherapy and electroconvulsive therapy were the most frequently recorded procedures for same day separations with specialised psychiatric care.

## **Specialised mental health care labour force and establishments**

- There were an estimated 1,993 specialists practising psychiatry in Australia during 1998.
- In 1999–00, a total of \$193.4 million of Medicare funds were used to reimburse attendances with private psychiatrists. The benefits paid to private psychiatrists represented 2.8% of total Medicare expenditure (\$6,944.9 million) and 19.9% of expenditure on specialist attendances (\$969.2 million).
- Public community-based mental health services had a total recurrent expenditure of \$631.4 million and an average of 8,570 full-time-equivalent staff during 1999–00. There was an average of 1,171 available beds in public community residential mental health establishments that were staffed for 24 hours a day.
- There were 22 public psychiatric hospitals in Australia in 1999–00, with 2,759 available beds in total. Public psychiatric hospitals had a total recurrent expenditure of \$434.9 million and an average of 6,274 full-time-equivalent staff during 1999–00.
- There were 24 hospitals designated as private psychiatric hospitals operating in Australia in 1999–00. They had 1,369 available beds. There was a total of \$122.5 million recurrent expenditure by these hospitals during 1999–00 and they employed an average of 1,572 full-time-equivalent staff.