

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 ambulatory mental health:

- general practitioners (see pages 24–47)
- private psychiatrists (see pages 48–58)
- hospital-based outpatient services and community-based mental health care services (see pages 59–71)
- non-residential disability support services funded by the Commonwealth State/Territory Disability Agreement (CSTDA) (see pages 72–73)
- admitted-patient services in public and private hospitals that could be considered equivalent to ambulatory mental health care (see pages 73–85).

The term ‘ambulatory’ in this report refers to services that are delivered to clients or patients in non-residential and non-admitted-patient care settings. However, also included are some same-day admissions to hospitals that could be considered to be equivalent to ambulatory 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 non-admitted care’ is detailed in Appendix 2. In table and figure titles and in some text references in this report, this definition 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 1998–99 to 2003–04 (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 2002–03. Data for 2003–04 available at the time of publishing this report are presented 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 2003–04 Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, 10.4% of general practice encounters involved the management of at least one mental health-related problem (Figure 3.1). A simple extrapolation based on the 96.9 million non-specialist attendances claimed from Medicare for 2002–03 suggests that there were about 10.0 million attendances in which general practitioners managed mental health-related problems (Table 3.2). The same extrapolation based on the 96.3 million non-specialist attendances claimed from Medicare for 2003–04 suggests that there were about 10.4 million attendances in which general practitioners managed mental health-related problems (Table 3.3). This corresponded to 511 attendances per 1,000 population in 2002–03 (Table 3.2) and 522 attendances per 1,000 population in 2003–04 (Table 3.3). The estimated rate of attendance has been comparatively stable since 1998–99, when the BEACH survey began (Table 3.1 and Figure 1.1). 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 103.5 attendances per 1,000 population in 2002–03 and 100.6 in 2003–04 (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 1998–99. The decline was accompanied by a 36% increase in the number of consultant psychiatrists employed in public mental health services between 1994–95 and 2001–02 and a 50% increase in psychiatry registrars (p.30 DHA 2004).

The AIHW collates data on ambulatory care service contacts provided by public community mental health services. These services include public hospital outpatient services and community-based mental health services. In 2002–03, there were 4.7 million service contacts reported for these services at a rate of 236.5 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 2.5 occasions of service per 1,000 population in 2002–03 (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 2002–03, there were 1.3 of these separations per 1,000 population provided by public hospitals and 4.2 per 1,000 population by private hospitals (Table 3.2). There was a 19% decrease in the rate of public hospital ambulatory-equivalent mental health-related separations per 1,000 population, and a 50% increase in the rate of similar private hospital separations per 1,000 population, from 1998–99 to 2002–03 (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 CSTDA can be services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types.

There are national data available from the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) collection on the characteristics of these services and their clients (Figure 3.4). Unit record data are available for 1 January to 30 June 2003. According to these data, during this period there were 26,120 non-residential users of CSTDA-funded disability support services who had a primary or other psychiatric disability. The majority of these service users had a psychiatric primary disability (72.2%) and were male (58.6%).

The 2002–03 collection was the first time an on-going collection was conducted so data quality considerations need to be taken into account. Additional information on the quality of data from the CSTDA NMDS collection can be obtained from Chapter 3 of the publication *Disability support services 2002–03: the first six months of data from the Commonwealth State/Territory Disability Agreement National Minimum Dataset* (AIHW 2004g).

Table 3.1: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists and ambulatory-equivalent mental health admitted-patient care in hospitals, Australia, 1998–99 to 2003–04

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
General practice encounters for mental health-related problems^(a)						
Estimated number of encounters	10,733,000	9,999,000	10,834,000	10,143,000	9,986,000	10,431,000
Lower 95% confidence limit	10,339,000	9,431,000	10,433,000	9,612,000	9,607,000	10,093,000
Upper 95% confidence limit	11,127,000	10,578,000	11,234,000	10,674,000	10,366,000	10,787,000
Estimated number of encounters per 1,000 population ^(b)	570	525	562	519	506	522
Lower 95% confidence limit	550	495	541	492	486	505
Upper 95% confidence limit	591	556	583	546	525	539
Medicare-funded psychiatrist services^(c)						
Services	2,133,414	2,104,544	2,112,550	2,085,095	2,048,601	2,012,725
Services per 1,000 population ^(b)	113.0	112.0	109.8	106.8	103.5	100.6
Ambulatory-equivalent mental health-related hospital separations^(d)						
Public hospitals						
Separations	30,404	31,496	28,568	26,498	26,188	n.a.
Separations per 1,000 population ^(e)	1.6	1.7	1.5	1.4	1.3	n.a.
Private hospitals						
Separations	51,922	51,946	62,455	71,298	82,758	n.a.
Separations per 1,000 population ^(e)	2.8	2.8	3.3	3.7	4.2	n.a.

(a) *Source*: Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity.

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

(c) Medicare data from DHA. Items included are detailed in Table 3.19.

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

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

n.a. Not available.

Table 3.2: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health-related problems^(a)									
Estimated number of encounters	3,405,000	3,088,000	1,787,000	812,000	1,030,000	279,000	153,000	64,000	9,986,000
Lower 95% confidence limit	3,204,000	2,761,000	1,653,000	727,000	882,000	235,000	100,000	46,000	9,607,000
Upper 95% confidence limit	3,606,000	3,414,000	1,922,000	897,000	1,178,000	321,000	205,000	82,000	10,366,000
Estimated number of encounters per 1,000 population ^(b)	515	638	488	424	679	588	477	324	511
Lower 95% confidence limit	485	571	451	380	582	497	314	234	492
Upper 95% confidence limit	546	706	524	469	777	680	640	414	531
Medicare-funded psychiatrist services^(c)									
Services	662,173	663,105	339,173	110,384	201,571	46,244	21,245	4,706	2,048,601
Services per 1,000 population ^(b)	99.3	135.2	90.4	56.9	132.3	97.5	65.8	23.8	103.5
Public hospital outpatient and community-based services^(d)									
Service contacts	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
Service contacts per 1,000 population ^(b)	195.5	329.8	207.4	214.0	206.3	108.1	554.5	114.3	236.5
Ambulatory-equivalent mental health-related hospital separations^(e)									
Public hospitals									
Separations	12,675	6,228	4,578	1,086	1,184	251	70	116	26,188
Separations per 1,000 population ^(f)	1.9	1.3	1.2	0.6	0.8	0.5	0.2	0.6	1.3
Private hospitals									
Separations	19,904	32,757	18,808	6,705	1,225	n.p.	n.p.	n.p.	82,758
Separations per 1,000 population ^(f)	3.0	6.7	5.1	3.5	0.8	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.	48,800
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.	2.5

(a) Source: BEACH survey of general practice activity.

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

(c) Medicare data from DHA. Items included are detailed in Table 3.19.

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

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

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

(g) Private Health Establishments Collection (PHEC) data provided by ABS. PHEC occasions of service data could not be disaggregated 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 general practitioners and private psychiatrists, 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	3,266,000	2,863,000	2,097,000	948,000	1,171,000	350,000	103,000	40,000	10,431,000
Lower 95% confidence limit	3,106,000	2,673,000	1,900,000	844,000	1,054,000	284,000	88,000	30,000	10,093,000
Upper 95% confidence limit	3,425,000	3,052,000	2,295,000	1,051,000	1,288,000	417,000	119,000	49,000	10,787,000
Estimated number of encounters per 1,000 population ^(b)	487	579	546	482	765	731	322	202	522
Lower 95% confidence limit	463	541	494	430	689	592	274	153	505
Upper 95% confidence limit	511	618	597	535	842	869	369	251	539
Medicare-funded psychiatrist services^(c)									
Services	629,543	655,030	342,686	120,183	190,776	46,950	23,273	4,284	2,012,725
Services per 1,000 population ^(b)	93.8	132.6	89.1	61.1	124.7	97.8	72.0	21.5	100.6

(a) *Source*: BEACH survey of general practice activity.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

(c) Medicare data from DHA. Items included are detailed in Table 3.19.

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) and the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) data collection on PBS-subsidised medications prescribed by general practitioners to patients with a mental health-related problem.

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 98,876 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 on mental health-related RFEs is also presented. This captures those instances where a patient may present with a mental health-related RFE but the general practitioner may assess the problem as not mental health-related. The reverse may also occur, where there are mental health-related problems that do not have a mental health-related RFE. Figure 3.1 shows data on general practitioner encounters in which a mental health-related problem was managed and how this relates to other data collected for the encounter. Mental health-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 problems 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 25.1 per 100 encounters. Depression was also a common reason, recorded at 16.8 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).

Reasons for encounter

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 148,517 RFEs reported in BEACH survey data at a rate of 150.2 per 100 encounters (Britt et al. 2004). Of these, 7,245 RFEs (4.9% of all RFEs) were mental health-related, reported at a rate of 7.3 per 100 encounters (Table 3.4). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

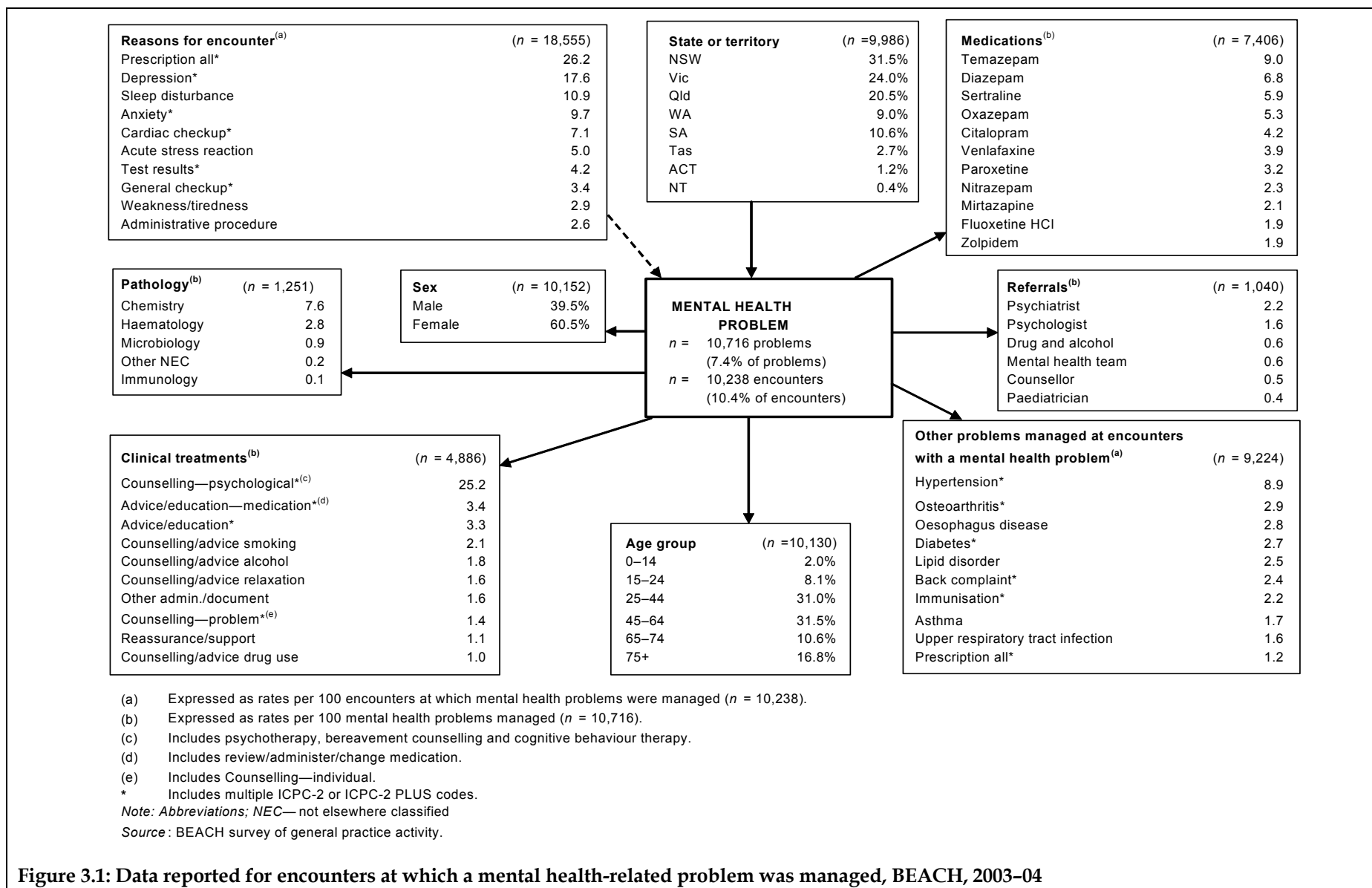
In 2003–04, there were fewer mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Figure 3.2). Patients aged 25–44 years accounted for 34.6% of mental health-related RFEs. The next largest group were patients aged 45–64 (30.1%).

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.

Table 3.5 presents data on the ten most frequently reported mental health-related problems managed, by patient sex, from 1998–99 to 2003–04. In 1998–99, mental health-related problems accounted for 6.7% of all problems managed by GPs and at least one was managed at 9.7% 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 for depression, anxiety, sleep disturbances and acute stress reaction. The rate per 100 encounters for each of these problems remained fairly stable between 1998–99 and 2003–04.

Overall, there were 144,674 problems managed in the 2003–04 BEACH survey, at a rate of 146.3 per 100 encounters (Britt et al. 2004). GPs in the survey managed 10,716 mental health-related problems (7.4% of all problems managed) at a rate of 10.4 per 100 encounters (Figure 3.1). Depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem, accounting for 33.7% of all mental health-related problems managed and 2.5% of all problems managed. Anxiety (P01, P74, 15.8% of all mental health-related problems managed) and sleep disturbance (P06, 14.9% of all mental health-related problems managed) were the next most frequently managed mental health-related problems (Table 3.6).



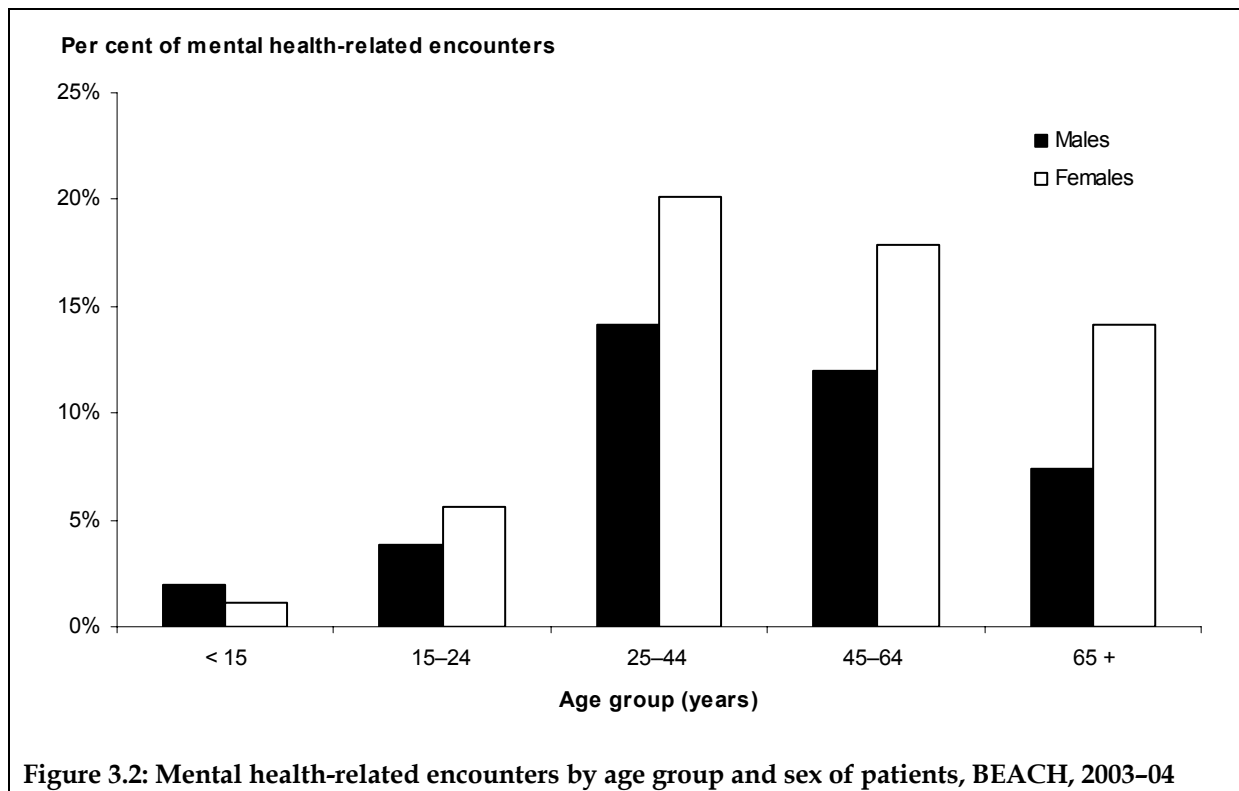


Table 3.4: Most frequent reported mental health-related reasons for encounter, by patient sex, BEACH, 2003–04

ICPC-2 descriptor	Reason for encounter	% total RFEs	Rate per 100 encounters	95% LCL	95% UCL
Males					
P03, P76	Depression	1.0	1.4	1.3	1.5
P06	Sleep disturbance	0.8	1.1	1.0	1.2
P01, P74	Anxiety	0.6	0.9	0.8	1.0
P50	Medication request/renewal/treatment	0.4	0.6	0.5	0.7
P02	Acute stress reaction	0.3	0.5	0.4	0.6
P19	Drug abuse	0.1	0.2	0.1	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P72	Schizophrenia	0.1	0.2	0.2	0.2
P17	Tobacco abuse	0.1	0.2	0.1	0.2
P20	Memory disturbance	0.1	0.1	0.1	0.2
	Other	1.0	1.5	1.4	1.6
	<i>Total</i>	4.7	6.9	6.7	7.4
Females					
P03, P76	Depression	1.4	2.1	2.0	2.2
P06	Sleep disturbance	0.8	1.2	1.1	1.3
P01, P74	Anxiety	0.7	1.1	1.0	1.2
P50	Medication request/renewal/treatment	0.5	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.6	0.7
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.2	0.2
P70	Dementia	0.1	0.2	0.1	0.2
P17	Tobacco abuse	0.1	0.1	0.0	0.0
P19	Drug abuse	0.1	0.1	0.0	0.0
	Other	0.9	1.4	1.3	1.4
	<i>Total</i>	5.0	7.7	7.5	8.1
Total^(a)					
P03, P76	Depression	1.2	1.8	1.7	1.9
P06	Sleep disturbance	0.8	1.1	1.1	1.2
P01, P74	Anxiety	0.7	1.0	0.9	1.1
P50	Medication request/renewal/treatment	0.4	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.5	0.6
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.2	0.2
P70	Dementia	0.1	0.1	0.0	0.0
P19	Drug abuse	0.1	0.1	0.0	0.0
P17	Tobacco abuse	0.1	0.1	0.1	0.2
	Other	0.9	1.3	1.2	1.3
	Total	4.9	7.3	7.1	7.6

(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, 1998-99 to 2003-04

Mental health-related problem	1998-99		1999-00		2000-01		2001-02		2002-03		2003-04	
	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)
Males												
P03, P76 Depression	1.9	2.6	1.8	2.6	2.0	2.8	1.9	2.7	1.9	2.7	2.0	2.8
P06 Sleep disturbance	1.0	1.5	1.0	1.5	1.0	1.4	1.1	1.6	1.1	1.6	1.1	1.6
P01, P74 Anxiety	0.9	1.3	0.9	1.4	1.0	1.3	0.9	1.3	0.9	1.2	1.0	1.4
P72 Schizophrenia	0.3	0.5	0.3	0.4	0.4	0.5	0.4	0.5	0.4	0.5	0.4	0.6
P19 Drug abuse	0.5	0.7	0.6	0.9	0.6	0.8	0.6	0.8	0.5	0.7	0.4	0.6
P15, P16 Alcohol abuse	0.4	0.5	0.4	0.5	0.4	0.6	0.4	0.5	0.4	0.5	0.4	0.5
P02 Acute stress reaction	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.4	0.2	0.3	0.3	0.4
P17 Tobacco abuse	0.3	0.4	0.2	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3
P70 Dementia	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.3	0.2	0.3
P82 Post-traumatic stress disorder	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.2
Other	0.9	1.2	1.0	1.4	1.0	1.4	0.9	1.3	1.0	1.3	0.9	1.3
Total^(d)	6.3	8.9	6.3	9.0	6.6	9.2	6.6	9.3	6.4	8.9	6.6	9.4
Females												
P03, P76 Depression	2.8	4.1	2.7	4.0	2.9	4.3	2.7	4.0	2.8	4.1	2.9	4.3
P01, P74 Anxiety	1.3	2.0	1.4	2.0	1.3	1.9	1.3	1.9	1.2	1.8	1.3	1.9
P06 Sleep disturbance	1.2	1.8	1.1	1.6	1.1	1.6	1.1	1.7	1.0	1.6	1.1	1.7
P02 Acute stress reaction	0.5	0.8	0.5	0.7	0.5	0.7	0.5	0.7	0.4	0.6	0.4	0.6
P70 Dementia	0.3	0.4	0.3	0.5	0.3	0.4	0.3	0.5	0.3	0.5	0.4	0.6
P72 Schizophrenia	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.4
P19 Drug abuse	0.2	0.4	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.4	0.2	0.3
P17 Tobacco abuse	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.4	0.1	0.2	0.2	0.2
P50 Prescription request/renewal	<0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
P73 Affective psychosis	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2
Other	0.7	1.1	0.7	1.1	0.7	1.1	0.7	1.1	0.7	1.1	0.7	1.1
Total^(d)	7.0	10.3	6.8	10.1	7.1	10.5	7.2	10.5	6.8	10.1	7.2	10.7

(continued)

Table 3.5 (continued): Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1998–99 to 2003–04

Mental health-related problem	1998–99		1999–00		2000–01		2001–02		2002–03		2003–04	
	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)
	Total^(c)											
P03, P76 Depression	2.4	3.5	2.3	3.4	2.5	3.6	2.4	3.4	2.4	3.5	2.5	3.6
P01, P74 Anxiety	1.2	1.7	1.2	1.7	1.1	1.7	1.1	1.6	1.1	1.5	1.2	1.7
P06 Sleep disturbance	1.1	1.6	1.1	1.5	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.6
P02 Acute stress reaction	0.4	0.6	0.4	0.6	0.4	0.6	0.4	0.6	0.4	0.5	0.4	0.5
P70 Dementia	0.2	0.4	0.3	0.4	0.2	0.3	0.3	0.4	0.3	0.4	0.3	0.5
P72 Schizophrenia	0.2	0.4	0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.5
P19 Drug abuse	0.4	0.5	0.4	0.6	0.4	0.6	0.4	0.5	0.3	0.5	0.3	0.4
P15, P16 Alcohol abuse	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3
P17 Tobacco abuse	0.2	0.3	0.1	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3
P50 Prescription request/renewal	<0.1	<0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
Other	0.8	1.2	0.8	1.2	0.9	1.3	0.8	1.2	0.8	1.2	0.8	1.2
Total^(d)	6.7	9.7	6.6	9.6	6.9	10.0	6.9	10.0	6.6	9.6	7.1	10.4

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

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

(c) Includes sex not stated.

(d) 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 represented for each encounter, figures do not add to total.

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 descriptor	Mental health-related problem	% total problems ^(c)	Rate per 100 encounters ^(d)	95% LCI	95% UCI
Males					
P03,P76	Depression	2.0	2.8	2.6	3.0
P06	Sleep disturbance	1.1	1.6	1.4	1.7
P01,P74	Anxiety	1.0	1.4	1.3	1.5
P72	Schizophrenia	0.4	0.6	0.5	0.7
P19	Drug abuse	0.4	0.6	0.4	0.8
P15,P16	Alcohol abuse	0.4	0.5	0.5	0.6
P02	Acute stress reaction	0.3	0.4	0.4	0.5
P17	Tobacco abuse	0.2	0.3	0.3	0.4
P70	Dementia	0.2	0.3	0.3	0.4
P82	Post-traumatic stress disorder	0.1	0.2	0.2	0.2
	Other	0.9	1.3	1.2	1.4
	Total^(a)	7.1	9.4	8.8	10.0
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	0.4	0.3	0.4
P19	Drug abuse	0.2	0.3	0.2	0.4
P17	Tobacco abuse	0.2	0.2	0.2	0.3
P50	Prescription request/renewal	0.1	0.2	0.2	0.3
P73	Affective psychosis	0.1	0.2	0.1	0.2
	Other	0.7	1.1	1.0	1.3
	Total^(a)	7.6	10.7	10.2	11.2
Total^(b)					
P03,P76	Depression	2.5	3.6	3.4	3.8
P01,P74	Anxiety	1.2	1.7	1.6	1.8
P06	Sleep disturbance	1.1	1.6	1.5	1.7
P02	Acute stress reaction	0.4	0.5	0.5	0.6
P70	Dementia	0.3	0.5	0.4	0.5
P72	Schizophrenia	0.3	0.5	0.4	0.5
P19	Drug abuse	0.3	0.4	0.3	0.6
P15,P16	Alcohol abuse	0.2	0.3	0.3	0.3
P17	Tobacco abuse	0.2	0.3	0.3	0.3
P50	Prescription request/renewal	0.1	0.2	0.1	0.2
	Other	1.1	1.6	1.5	1.7
	Total^(a)	7.4	10.4	9.6	10.7

(a) 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.

(b) Includes sex not stated.

(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).

There were 1,040 referrals for patients with a mental health-related problem, made at a rate of 9.7 per 100 mental health-related problems (Table 3.7). This represented 9.0% of all referrals recorded. Most of the referrals were to a private psychiatrist (2.2 per 100 mental health-related problems), or a psychologist (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 4,886 treatments, 13.4% of all clinical treatments, were reported as treatment for mental health-related problems (45.6 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 in the management of acute stress reaction (P02) were recorded at a rate of 84.2 per 100 acute stress reaction problems managed. The clinical treatment of tobacco abuse (P17) was recorded at a rate of 73.9 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey, a total of 104,814 medications were prescribed, recommended or supplied by GPs at a rate of 72 per hundred problems managed (Britt et al. 2004). Of these, 7,406 medications were provided for mental health-related problems at a rate of 69.1 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 (14.1) and sedative hypnotics (13.7). 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.

Medication 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 100 treatment procedure problems) (Table 3.13). Medication was next most frequently prescribed, recommended or supplied for affective psychosis (P73), at a rate of 93.3 medications per 100 affective psychosis problems, and schizophrenia (P72), at a rate of 89.4 medications per 100 schizophrenia problems. Males in the 65 and over age group had the highest rate of medications prescribed (75.0 medications per 100 total problems managed), followed by females in the 45–64 age group (74.4 medications per 100 total problems managed) (Figure 3.3).

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

Tables 3.14 to 3.17 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 who prescribed mental health-related medications include cardiologists, pathologists, anaesthetists, obstetricians and gynaecologists. 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 included only PBS data, whereas this report includes RPBS data in the 2003–04 tables; therefore, the numbers in some tables in this section may appear to have increased relative to earlier reports. RPBS data are not included in the time-series tables which are PBS data only.

Between 1998–99 and 2003–04, the rate of PBS-subsidised mental health-related prescriptions by GPs rose by 27.7% (or 139.1 per 1,000 population). This was largely due to increases in antidepressant and antipsychotic prescriptions, which rose by 63.1% (3.9 million) and 40.9% (0.3 million), respectively. Similarly, PBS-subsidised mental health-related prescriptions by non-psychiatrist specialists showed an overall increase of 48.4%, rising from 20.8 to 30.9 prescriptions per 1,000 population (Table 3.14). This was also largely due to increases in the number of prescriptions for antipsychotics and antidepressants (175.8% and 71.5%, respectively).

According to the PBS and RPBS data for 2003–04, GPs prescribed a total of 17.8 million mental health-related medications (Table 3.15). The majority of the PBS and RPBS-reimbursed prescriptions were for antidepressant medication (10.7 million or 59.9%). Tasmania (1,224.3) and South Australia (1,067.6) 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 303.8 prescriptions per 1,000 population. Non-psychiatrist specialists prescribed a total of 0.7 million mental health-related medications at a rate of 33.4 per 1,000 population for 2003–04. These made up 3.3% of all mental health-related prescriptions.

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 1998–99 and 2003–04, expenditure on PBS-subsidised mental health-related medications prescribed by general practitioners rose 109.5% from \$208.6 million to \$437.1 million (Table 3.16). This was largely due to a 258.7% (\$107.6 million) increase in expenditure on antipsychotics and an 85.9% (\$121.9 million) increase on antidepressants. A similar pattern was seen with non-psychiatric specialists, where mental health-related expenditure increased by 229.1% (\$17.5 million). This also appeared to be due to large increases in expenditure on antipsychotics and antidepressants (443.2% or \$13.2 million, and 104.4% or \$4.3 million, respectively).

In 2003–04, there was more PBS/RPBS expenditure on mental health-related medications prescribed by GPs (\$461.6 million) (Table 3.17) than on those prescribed by private psychiatrists (\$112.85 million) (Table 3.25). PBS/RPBS expenditure on mental health-related medications prescribed by non-psychiatrist specialists accounted for \$26.4 million.

Of all PBS/RPBS funds relating to GP mental health-related prescriptions, 60.6% were for antidepressant medication. For non-psychiatrist medical specialist prescriptions, antipsychotic medications accounted for the majority of PBS/RPBS funds paid (63.6%), followed by antidepressants (33.8%).

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 \$10,200 per 1,000 population. South Australia (\$34,200 per 1,000 population) and Victoria (\$32,500 per 1,000 population) had the highest rates of PBS/RPBS expenditure for these medications (Table 3.17).

Table 3.7: Referrals for mental health-related problems, BEACH, 2003–04

ICPC-2 description	Type of referral	Referrals per 100 mental health-related problems	95% LCL	95% UCL
P67002	Referral to psychiatrist (private)	2.2	2.0	2.5
P66003	Referral to psychologist	1.6	1.4	1.7
P66006	Referral to drug & alcohol professional	0.6	0.5	0.8
P66005	Referral to mental health team	0.6	0.5	0.7
P66004	Referral to counsellor	0.5	0.4	0.5
A67004	Referral to paediatrician	0.4	0.4	0.5
P67006	Referral to sleep clinic	0.3	0.2	0.4
A67010	Referral to hospital	0.3	0.3	0.4
A68011	Referral (not specified)	0.3	0.2	0.4
R67002	Referral to respiratory physician	0.2	0.2	0.3
A67012	Referral to clinic/centre	0.3	0.1	0.4
A67006	Referral to geriatrician	0.3	0.2	0.3
Z66008	Referral to social worker	0.1	0.1	0.2
A67020	Referral to general practitioner	0.2	0.1	0.2
N67002	Referral to neurologist	0.1	0.1	0.2
	Other	1.8	1.7	1.9
	Total	9.7	9.1	10.3

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 description	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	9.0	11.3
P01, P74	Anxiety	1.0	8.9	7.1	10.8
P06	Sleep disturbance	1.0	7.9	6.1	9.6
P19	Drug abuse	0.6	13.4	7.0	19.9
P81	Hyperkinetic disorder	0.6	55.2	45.4	65.0
P70	Dementia	0.5	18.1	10.6	25.6
P82	Post-traumatic stress disorder	0.3	23.0	15.5	30.4
P02	Acute stress reaction	0.3	8.5	4.8	12.1
P72	Schizophrenia	0.3	5.6	3.9	7.3
P73	Affective psychosis	0.2	16.2	9.7	22.7
	Other	2.5	16.3	11.7	22.1
	<i>Total</i>	<i>9.4</i>	<i>11.8</i>	<i>11.0</i>	<i>12.6</i>
Females					
P03, P76	Depression	2.7	8.0	6.5	9.4
P01, P74	Anxiety	1.2	7.6	6.4	8.9
P06	Sleep disturbance	0.5	3.6	2.5	4.7
P02	Acute stress reaction	0.4	9.1	6.9	11.2
P19	Drug abuse	0.4	15.2	10.6	19.9
P70	Dementia	0.3	7.0	5.5	8.4
P72	Schizophrenia	0.2	5.5	3.5	7.6
P73	Affective psychosis	0.2	11.9	6.6	17.2
P82	Post-traumatic stress disorder	0.1	19.4	12.7	26.1
P86	Anorexia nervosa, Bulimia	0.1	27.8	<0.1	76.4
	Other	1.5	14.0	9.8	18.7
	<i>Total</i>	<i>7.5</i>	<i>8.3</i>	<i>7.6</i>	<i>13.0</i>
Total^(a)					
P03, P76	Depression	2.5	8.7	7.6	9.8
P01, P74	Anxiety	1.1	8.1	7.0	9.2
P06	Sleep disturbance	0.7	5.3	4.4	6.2
P19	Drug abuse	0.5	14.1	8.9	19.4
P70	Dementia	0.4	10.1	7.5	12.6
P02	Acute stress reaction	0.4	8.8	6.9	10.6
P81	Hyperkinetic disorder	0.3	54.8	45.2	64.4
P82	Post-traumatic stress disorder	0.2	21.4	16.4	26.3
P72	Schizophrenia	0.2	5.5	4.3	6.7
P73	Affective psychosis	0.2	13.4	9.7	17.2
	Other	1.9	15.1	19.9	20.4
	Total	8.3	9.7	9.1	10.3

(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 descriptor	Mental health-related problem	Problems referred per 100 of these problems	95% LCL	95% UCL
Males				
P03, P76	Depression	3.7	3.0	4.3
P01, P74	Anxiety	2.6	1.7	3.5
P82	Post-traumatic stress disorder	14.7	8.7	20.8
P81	Hyperkinetic disorder	12.9	8.0	29.7
P73	Affective psychosis	6.6	7.0	18.1
	Other	1.4	1.2	1.5
	<i>Total</i>	<i>2.7</i>	<i>2.4</i>	<i>3.0</i>
Females				
P03, P76	Depression	3.1	2.3	3.9
P01, P74	Anxiety	1.8	1.3	2.3
P73	Affective psychosis	8.3	3.1	13.5
P72	Schizophrenia	2.8	1.8	5.2
P82	Post-traumatic stress disorder	9.7	4.2	20.8
	Other	0.5	0.4	0.6
	<i>Total</i>	<i>2.0</i>	<i>1.6</i>	<i>2.3</i>
Total^(a)				
P03, P76	Depression	3.3	2.7	3.9
P01, P74	Anxiety	2.1	1.6	2.5
P82	Post-traumatic stress disorder	12.7	9.0	19.2
P73	Affective psychosis	7.6	7.3	14.0
P72	Schizophrenia	2.1	1.5	3.5
	Other	1.0	0.8	1.1
	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 codes	Clinical treatments	Per cent of total clinical treatments	Clinical treatments per 100 mental health-related problems	95% LCL	95% UCL
P58001, P58004, P58005, P58006, P58013, P58014, P58015, P58018	Counselling—psychological	6.8	23.4	22.2	24.5
P45001, P45002	Advice/education/observe/wait—psychological	0.9	3.0	2.7	3.3
P45004, P58008	Counselling/advice/education—smoking	0.6	2.1	1.8	2.3
A55003, A48003, A48005, A48006, A48007, A48008, A48009, A48010	Review/change/administer—medication	0.6	1.9	1.7	2.1
P45005, P58009	Counselling/advice/education—alcohol	0.5	1.8	1.7	2.0
A62	Administration	0.5	1.8	1.6	1.9
P45007, P58011, P58017	Counselling/advice/education—relaxation	0.5	1.6	1.3	1.9
A45015	Advice/education—medication	0.4	1.5	1.3	1.7
A58010	Reassurance/support	0.3	1.1	0.9	1.2
P45006, P58010	Counselling/advice/education—drugs	0.3	1.0	0.8	1.2
P58019	Cognitive behaviour therapy	0.3	0.9	0.8	1.1
A58003	Counselling—individual	0.3	0.9	0.8	1.0
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	0.2	0.8	0.7	0.9
P58007	Counselling—bereavement	0.2	0.7	0.6	0.8
A45006	Advice/education—diet	0.1	0.3	0.2	0.3
A58002, B58001, D58001, F58001, H58001, K58001, L58001, N58001, R58001, S58001, T58001	Counselling—health problem	0.1	0.2	0.2	0.3
A45002	Advice/education	<0.1	0.2	0.1	0.2
P58002	Psychotherapy	<0.1	0.1	0.1	0.2
	Other	0.7	2.3	2.1	2.6
	Total	13.4	45.6	43.8	47.4

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 treatment, by patient sex, BEACH, 2003–04

ICPC-2 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	4.0	49.4	45.3	53.5
P01, P74	Anxiety	2.0	49.0	43.3	54.7
P06	Sleep disturbance	1.1	23.9	20.5	27.3
P02	Acute stress reaction	0.9	80.8	66.9	94.6
P17	Tobacco abuse	0.7	72.6	61.1	84.0
P19	Drug abuse	0.6	38.0	29.1	46.9
P72	Schizophrenia	0.5	26.4	21.9	30.9
P82	Post-traumatic stress disorder	0.2	45.2	33.4	57.0
P70	Dementia	0.2	22.0	15.6	28.3
P73	Affective psychosis	0.1	35.1	25.7	44.5
	Other	2.3	46.3	41.7	50.9
	<i>Total</i>	<i>12.6</i>	<i>43.8</i>	<i>41.9</i>	<i>45.7</i>
Females					
P03, P76	Depression	5.9	53.7	49.7	57.8
P01, P74	Anxiety	2.6	51.9	47.3	56.5
P02	Acute stress reaction	1.3	85.9	75.5	96.2
P06	Sleep disturbance	0.9	21.9	18.7	25.0
P17	Tobacco abuse	0.5	76.8	64.8	88.8
P70	Dementia	0.4	24.3	17.0	31.7
P19	Drug abuse	0.3	36.0	21.3	50.7
P72	Schizophrenia	0.2	24.2	20.3	28.0
P73	Affective psychosis	0.2	48.2	34.7	61.7
P82	Post-traumatic stress disorder	0.1	67.4	52.9	82.0
	Other	1.3	43.0	38.7	47.3
	<i>Total</i>	<i>13.9</i>	<i>47.0</i>	<i>44.9</i>	<i>49.1</i>
Total^(a)					
P03, P76	Depression	5.1	52.1	48.4	55.7
P01, P74	Anxiety	2.4	51.0	46.8	55.2
P02	Acute stress reaction	1.2	84.2	74.3	94.2
P06	Sleep disturbance	1.0	22.7	20.0	25.4
P17	Tobacco abuse	0.6	73.9	63.9	83.9
P19	Drug abuse	0.4	37.4	26.0	48.7
P72	Schizophrenia	0.3	25.2	22.2	28.3
P70	Dementia	0.3	23.6	17.4	29.8
P82	Post-traumatic stress disorder	0.2	54.0	44.3	63.7
P73	Affective psychosis	0.2	42.6	31.3	53.8
	Other	1.7	44.6	40.1	49.1
	Total	13.4	45.6	43.8	47.4

(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 by GPs for mental health-related problems, by drug group^(a) and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drugs	Per cent of medications	Medications	95% LCL	95% UCL
		per 100 mental health-related problems		
Males				
P4 Antidepressants	2.3	23.6	22.2	25.0
P418 Sertraline	0.4	4.3	3.9	4.7
P423 Citalopram	0.3	3.3	2.9	3.7
P420 Venlafaxine	0.3	3.0	2.7	3.2
P419 Paroxetine	0.4	4.1	3.6	4.6
P416 Fluoxetine HCl	0.1	1.5	1.2	1.7
P414 Dothiepin	0.1	0.9	0.8	1.1
P1 Sedative hypnotics	1.3	13.6	12.6	14.6
P116 Temazepam	0.9	8.9	8.2	9.7
P104 Nitrazepam	0.2	2.2	1.9	2.4
P2 Anti-anxiety	1.4	14.4	13.4	15.3
P201 Diazepam	0.7	7.4	6.7	8.1
P202 Oxazepam	0.5	5.2	4.8	5.7
P3 Antipsychotic	0.7	6.7	6.0	7.3
Other	0.9	9.7	8.0	11.3
N201 Methadone	0.1	1.5	0.8	2.2
<i>Total</i>	6.6	67.9	64.9	70.9
Females				
P4 Antidepressants	3.3	30.4	28.6	32.2
P418 Sertraline	0.8	7.0	6.3	7.6
P423 Citalopram	0.5	4.8	4.4	5.2
P419 Paroxetine	0.4	3.4	3.1	3.6
P420 Venlafaxine	0.4	3.6	3.2	4.1
P416 Fluoxetine hcl	0.2	2.3	2.0	2.5
P414 Dothiepin	0.1	1.3	1.1	1.5
P1 Sedative hypnotics	1.5	14.0	13.0	14.8
P116 Temazepam	0.7	6.4	8.5	9.7
P104 Nitrazepam	0.6	5.4	2.2	2.7
P2 Anti-anxiety	1.5	13.9	13.2	14.8
P201 Diazepam	1.0	9.1	5.9	6.8
P202 Oxazepam	0.3	2.5	5.0	5.8
P3 Antipsychotic	0.5	4.4	4.0	4.7
Other	0.8	7.1	6.2	8.1
N201 Methadone	0.1	0.8	0.4	1.3
<i>Total</i>	7.6	69.8	66.9	72.6

(continued)

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

Drug group and generic drugs	Per cent of medications	Medications per 100 mental health-related problems	95% LCL	95% UCL
		Total ^(b)		
P4 Antidepressants	2.9	27.8	26.2	29.3
P418 Sertraline	0.6	5.9	5.5	6.4
P423 Citalopram	0.4	4.2	3.9	4.6
P419 Paroxetine	0.3	3.2	3.0	3.4
P420 Venlafaxine	0.4	3.9	3.5	4.2
P416 Fluoxetine hcl	0.2	1.9	1.7	2.1
P414 Dothiepin	0.1	1.2	1.0	1.3
P1 Sedative hypnotics	1.4	13.7	12.8	14.6
P116 Temazepam	0.9	9.0	8.4	9.6
P104 Nitrazepam	0.2	2.3	2.1	2.5
P2 Anti-anxiety	1.5	14.1	13.4	14.9
P201 Diazepam	0.7	6.8	6.3	7.3
P202 Oxazepam	0.6	5.3	4.9	5.7
P3 Antipsychotic	0.6	5.3	4.9	5.7
Other	0.8	8.2	7.0	9.4
N201 Methadone	0.1	1.1	0.5	1.6
Total	7.2	69.1	66.4	71.8

(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).

(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 and medication rate per 100 problems managed, by patient sex, BEACH, 2003–04

ICPC-2 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	71.2	83.0
P06	Sleep disturbance	1.3	85.1	77.6	92.6
P01, P74	Anxiety	1.0	70.5	63.5	77.5
P72	Schizophrenia	0.5	91.2	79.2	103.1
P19	Drug abuse	0.4	74.4	48.7	100.1
P50	Medication request/renewal/treatment	0.1	93.7	59.9	127.5
P82	Post-traumatic stress disorder	0.1	75.6	53.3	97.9
P17	Tobacco abuse	0.1	41.1	33.6	48.6
P73	Affective psychosis	0.1	94.1	69.2	119.1
P70	Dementia	0.1	36.8	31.0	42.6
	Other	0.7	35.1	31.6	38.6
	<i>Total</i>	6.6	67.9	64.9	70.9
Females					
P03, P76	Depression	3.2	78.4	73.0	83.7
P06	Sleep disturbance	1.5	92.5	85.1	100.0
P01, P74	Anxiety	1.2	66.3	60.8	71.8
P72	Schizophrenia	0.3	87.0	72.4	101.7
P19	Drug abuse	0.2	80.0	46.8	113.1
P50	Medication request/renewal/treatment	0.2	105.2	83.9	126.5
P70	Dementia	0.2	30.4	24.2	36.5
P73	Affective psychosis	0.1	88.9	59.6	118.1
P02	Acute stress reaction	0.1	22.7	18.6	26.9
P17	Tobacco abuse	0.1	39.6	32.0	47.3
	Other	0.4	41.8	37.6	46.0
	<i>Total</i>	7.6	69.8	66.9	72.6
Total^(a)					
P03, P76	Depression	2.7	78.1	73.0	83.1
P06	Sleep disturbance	1.4	89.6	82.7	96.5
P01, P74	Anxiety	1.1	67.7	62.4	73.0
P72	Schizophrenia	0.4	89.4	78.9	99.9
P19	Drug abuse	0.3	77.6	49.2	106.1
P50	Medication request/renewal/treatment	0.2	101.1	79.0	123.2
P70	Dementia	0.1	31.9	26.7	37.1
P73	Affective psychosis	0.1	93.3	72.3	114.3
P02	Acute stress reaction	0.1	24.2	20.3	28.0
P17	Tobacco abuse	0.1	41.0	34.8	47.1
	Other	0.5	41.4	37.3	45.5
	Total	7.2	69.1	66.4	71.8

(a) Includes sex not stated.

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

Source: BEACH survey of general practice activity.

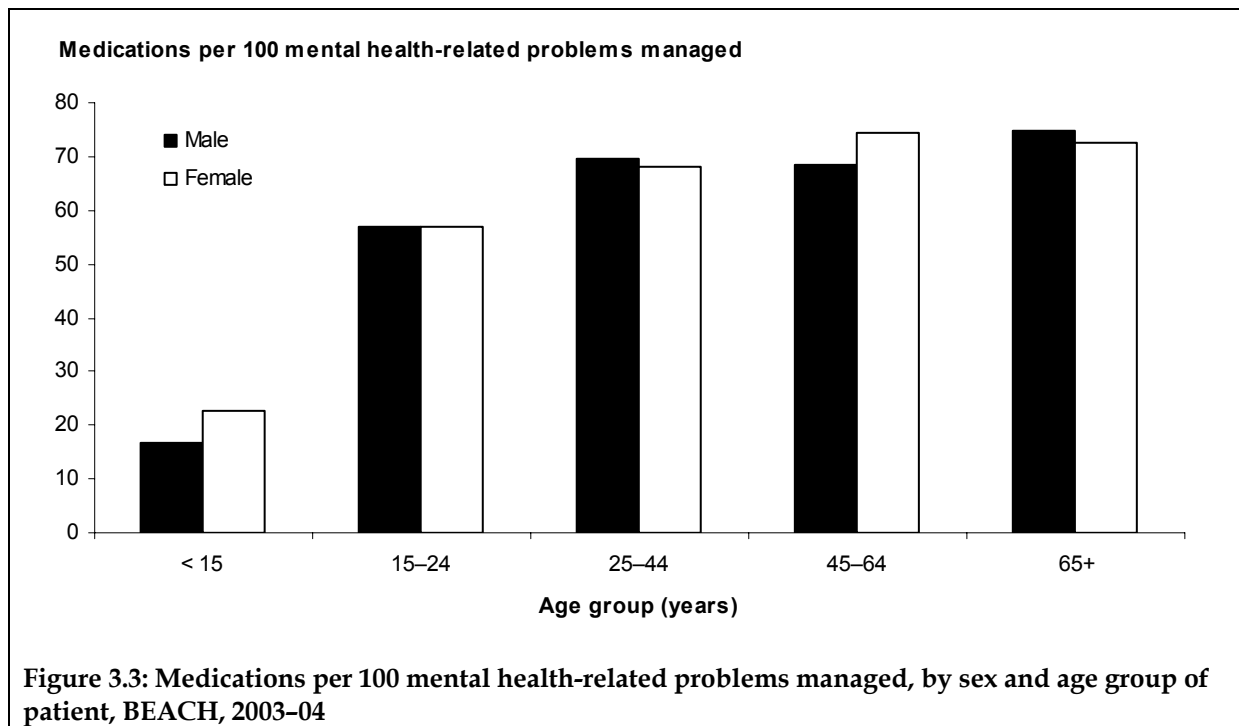


Table 3.14: PBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1998–99 to 2003–04

ATC group	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
General practitioners						
N05A Antipsychotics	775,502	865,276	924,114	981,869	1,042,691	1,092,441
N05B Anxiolytics	2,914,631	2,955,744	2,965,462	2,881,652	2,856,394	2,865,229
N05C Hypnotics & sedatives	3,076,153	3,104,338	3,089,699	2,878,005	2,591,953	2,496,126
N06A Antidepressants	6,198,348	7,073,596	8,079,718	8,691,296	9,305,112	10,108,369
<i>Total</i>	<i>12,964,634</i>	<i>13,998,954</i>	<i>15,058,993</i>	<i>15,432,822</i>	<i>15,796,150</i>	<i>16,562,165</i>
Per 1,000 population ^(a)	689.08	735.30	781.37	790.24	799.61	828.20
Non-psychiatrist specialists						
N05A Antipsychotics	34,649	51,095	60,044	66,699	79,747	95,550
N05B Anxiolytics	58,219	64,602	65,490	64,338	64,388	66,431
N05C Hypnotics & sedatives	76,294	83,014	84,839	80,611	74,047	74,301
N06A Antidepressants	222,490	260,432	297,925	320,027	348,694	381,565
<i>Total</i>	<i>391,652</i>	<i>459,143</i>	<i>508,298</i>	<i>531,675</i>	<i>566,876</i>	<i>617,847</i>
Per 1,000 population ^(a)	20.82	24.12	26.37	27.22	28.70	30.90
General practitioners, non-psychiatrist specialists and private psychiatrists^(b)						
Total mental health-related prescriptions	14,583,143	15,788,184	16,968,908	17,386,875	17,827,477	18,677,725
Per 1,000 population ^(a)	775.11	829.28	880.47	890.30	902.44	933.99

(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), 2003–04

ATC group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	377,754	323,886	206,129	89,653	121,308	26,090	12,253	3,874	1,160,947
N05B Anxiolytics	893,243	855,337	638,143	252,604	288,155	133,743	26,091	6,732	3,094,048
N05C Hypnotics & sedatives	905,328	746,280	540,135	289,951	274,683	101,479	23,417	6,863	2,888,136
N06A Antidepressants	3,240,218	2,581,511	2,265,430	1,097,269	949,689	326,533	163,362	42,960	10,666,972
<i>Total</i>	<i>5,416,543</i>	<i>4,507,014</i>	<i>3,649,837</i>	<i>1,729,477</i>	<i>1,633,835</i>	<i>587,845</i>	<i>225,123</i>	<i>60,429</i>	<i>17,810,103</i>
Per 1,000 population ^(b)	807.2	912.1	949.4	879.5	1,067.6	1,224.3	696.9	303.8	890.6
Non-psychiatrist specialists									
N05A Antipsychotics	24,201	43,390	15,444	10,060	4,799	1,105	1,054	707	100,760
N05B Anxiolytics	18,697	22,683	15,048	7,714	7,921	1,992	498	170	74,723
N05C Hypnotics & sedatives	24,431	27,524	16,908	10,459	6,630	1,779	798	257	88,786
N06A Antidepressants	112,658	109,606	83,983	52,822	28,029	9,022	5,005	2,014	403,139
<i>Total</i>	<i>179,987</i>	<i>203,203</i>	<i>131,383</i>	<i>81,055</i>	<i>47,379</i>	<i>13,898</i>	<i>7,355</i>	<i>3,148</i>	<i>667,408</i>
Per 1,000 population ^(b)	26.8	41.1	34.2	41.2	31.0	28.9	22.8	15.8	33.4
General practitioners, non-psychiatrist specialists and private psychiatrists^(c)									
Total mental health-related prescriptions	6,201,951	5,271,926	4,140,609	1,981,324	1,866,466	649,164	258,454	68,534	20,438,428
Per 1,000 population ^(b)	924.2	1,066.9	1,077.0	1,007.6	1,219.6	1,352.0	800.0	344.6	1,022.0

(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 2003.

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

Source: DHA.

Table 3.16: PBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1998–99 to 2003–04

ATC code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
General practitioners							
N05A	Antipsychotics	41,589	65,786	89,300	115,699	134,508	149,198
N05B	Anxiolytics	12,997	13,562	13,635	13,804	13,854	13,981
N05C	Hypnotics and sedatives	12,067	12,280	12,020	11,562	10,474	10,013
N06A	Antidepressants	141,959	170,144	202,316	221,746	238,821	263,885
	<i>Total (\$'000)</i>	<i>208,613</i>	<i>261,772</i>	<i>317,271</i>	<i>362,810</i>	<i>397,657</i>	<i>437,076</i>
	Per 1,000 population (\$'000) ^(a)	11.09	13.75	16.46	18.58	20.13	21.86
Non-psychiatrist specialists							
N05A	Antipsychotics	2,974	5,993	8,120	10,213	13,021	16,155
N05B	Anxiolytics	252	281	285	285	285	289
N05C	Hypnotics and sedatives	293	324	324	316	289	283
N06A	Antidepressants	4,124	5,129	6,156	6,764	7,510	8,430
	<i>Total (\$'000)</i>	<i>7,644</i>	<i>11,728</i>	<i>14,886</i>	<i>17,579</i>	<i>21,106</i>	<i>25,158</i>
	Per 1,000 population (\$'000) ^(a)	0.41	0.62	0.77	0.90	1.07	1.26
General practitioners, non-psychiatrist specialists and psychiatrists^(b)							
	Total (\$'000)	273,065	342,990	410,988	465,478	509,416	557,553
	Per 1,000 population (\$'000) ^(a)	14.51	18.02	21.32	23.83	25.79	27.88

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

(b) Data for psychiatrists are presented in Table 3.24.

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), 2003–04

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
General practitioners										
N05A	Antipsychotics	51,564	44,034	27,532	11,834	14,172	3,196	1,854	551	154,738
N05B	Anxiolytics	4,227	4,418	3,071	1,163	1,406	697	122	33	15,136
N05C	Hypnotics and sedatives	3,770	3,046	2,291	1,189	1,147	435	96	27	12,001
N06A	Antidepressants	81,582	69,725	59,342	30,617	24,847	8,615	4,026	984	279,738
	<i>Total (\$'000)</i>	<i>141,143</i>	<i>121,223</i>	<i>92,236</i>	<i>44,802</i>	<i>41,572</i>	<i>12,944</i>	<i>6,098</i>	<i>1,595</i>	<i>461,613</i>
	Per 1,000 population (\$'000) ^(b)	21.0	24.5	24.0	22.8	27.2	27.0	18.9	8.0	23.1
Non-psychiatrist specialists										
N05A	Antipsychotics	3,749	7,714	2,474	1,712	643	160	179	141	16,771
N05B	Anxiolytics	81	98	64	31	36	10	2	1	323
N05C	Hypnotics and sedatives	96	105	68	41	26	7	3	1	347
N06A	Antidepressants	2,300	2,527	1,881	1,318	571	174	110	42	8,922
	<i>Total (\$'000)</i>	<i>6,225</i>	<i>10,444</i>	<i>4,486</i>	<i>3,102</i>	<i>1,276</i>	<i>351</i>	<i>294</i>	<i>184</i>	<i>26,362</i>
	Per 1,000 population (\$'000) ^(b)	0.9	2.1	1.2	1.6	0.8	0.7	0.9	0.9	1.3
General practitioners, non-psychiatrist specialists and psychiatrists^(c)										
	Total (\$'000)	180,118	160,806	114,039	54,544	52,309	15,152	7,849	2,020	586,837
	Per 1,000 population (\$'000) ^(b)	26.8	32.5	29.7	27.7	34.2	31.6	24.3	10.2	29.3

(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 2003.

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

Source: DHA

3.3 Private psychiatrist services

During 2003–04, private psychiatrists provided over 2 million services that were funded through Medicare (Table 3.18). This represented 0.9% of total Medicare-funded services (226.4 million) and 9.9% of specialist services (20.3 million). There were 100.6 services per 1,000 population, an 11.0% decrease since 1998–99 (Figure 1.2). This decline was accompanied by a 36% increase in the number of consultant psychiatrists employed in public mental health services between 1994–95 and 2001–02 and a 50% increase in psychiatry registrars (p.30 DHA 2004).

Of private psychiatrist services, 86.7% specified the location as the psychiatrist's consulting room. The number of private psychiatrist services per 1,000 population was highest in Victoria and South Australia and lowest for the Northern Territory (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 age group (Table 3.19 and Figure 1.9).

Although this chapter describes health care services providing ambulatory mental health care, Tables 3.18 and 3.19 include data for private psychiatrist services subsidised by Medicare delivered in a hospital setting (10.4% of private psychiatrist services), only some of which are ambulatory-equivalent mental health care services. Privately funded (i.e. funding source is private health insurance or self-funded) mental health hospital separations could be considered similar to Medicare-subsidised private psychiatrist services. Analysis of the privately-funded mental health hospital separations shows that approximately 67% were considered to be ambulatory-equivalent. This could indicate that, similarly, about 67% of these Medicare-subsidised in-hospital services relate to ambulatory-equivalent separations. However, admitted patients may have received more than one Medicare-subsidised service per hospital separation, and the proportion of these services that could be regarded as relating to ambulatory-equivalent care may not be the same as the proportion of privately funded patient separations that could be considered to be ambulatory-equivalent.

For the 33% privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 68% received specialised psychiatric care. Hence, about 22% 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 32% received non-specialised care. Hence, about 11% of these in-hospital Medicare-subsidised services could be related to admitted-patient care (not considered to be ambulatory-equivalent) without specialised psychiatric care. Information on non-ambulatory-equivalent mental health-related hospital separations without specialised psychiatric care can be found in Chapter 6.

Some of the 'Other services' in Tables 3.18 and 3.19 (such as group psychotherapy) could also relate to non-ambulatory care. However, there are no data available that could provide an indication of how many would be in that category. Services for electroconvulsive therapy (ECT) have not been included in these tables, as they are usually provided to non-ambulatory-equivalent admitted patients and would be included in the data presented in Chapters 5 and 6. There were 15,468 ECT services subsidised through Medicare in 2003–04.

The total Medicare funds (current prices) paid for private psychiatrist services has remained between \$10.0 and \$10.2 thousand per 1,000 population since 1998–99 (Table 3.20).

Medicare expenditure

In 2003–04, a total of \$201.3 million of Medicare funds were used to reimburse services provided by private psychiatrists (Table 3.20). The benefits paid to private psychiatrists represented 2.3% of total Medicare expenditure (\$8,600.0 million) and 18.0% of expenditure on specialist services (\$1,119.5 million) for 2003–04. A total of \$10,064 per 1,000 population was paid during 2003–04. The per capita benefits paid to private psychiatrists 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, the Australian Capital Territory and the Northern Territory were well below the national average (Table 7.5).

PBS and RPBS 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 all prescriptions by private psychiatrists. PBS and RPBS medication data are classified using the ATC classification. This section of previous reports has included only PBS data, so the numbers may appear to have increased this year due to the inclusion of the RPBS data.

Table 3.22 presents data from the PBS and Table 3.23 from the PBS and RPBS on the number of prescriptions for medication provided by private psychiatrists. Between 1998–99 and 2003–04, selected PBS-subsidised mental health-related prescriptions by private psychiatrists increased by 270,856 (22.1%) (Table 3.22). This represented an increase of 14.8% or 9.68 prescriptions per 1,000 population. As for general practitioners and non-psychiatrist specialists (Table 3.14), the largest increases were in antipsychotic (45.1%) and antidepressant (21.5%) medications.

In 2003–04, private psychiatrists prescribed almost 2.0 million PBS/RPBS -subsidised medications during 2003–04 (Table 3.23). Most of these were for antidepressant (1.1 million or 54.6%) and antipsychotic (0.3 million or 15.4%) medication. South Australia (121.0) and Victoria (113.7) had the highest number of mental health-related prescriptions per 1,000 population. The Northern Territory had the lowest, with 24.9 prescriptions per 1,000 population.

Table 3.24 presents expenditure data from the PBS and Table 3.25 presents expenditure data from the PBS and RPBS for medication provided by private psychiatrists. Between 1998–99 and 2003–04, there was a 67.8% increase in PBS-subsidised expenditure (from \$56.8 million to \$95.3 million) on selected medications prescribed by private psychiatrists (Table 3.24). This translates to an increase of 57.9% or \$1,750 per 1,000 population. Contributing to this was a 98.8% increase in expenditure on antipsychotics, and a 40.0% increase in expenditure on antidepressants. In 2003–04, of the selected medications prescribed by private psychiatrists, antipsychotic medications accounted for the majority of PBS/RPBS funds paid (48.9%), followed by antidepressants (37.3%) (Table 3.25).

The Highly Specialised Drugs Program

In addition to reimbursement under the PBS, 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, was included in this program in 1993–94. In 2003–04, expenditure on clozapine was \$30.9 million, 92.7% of which was through public hospitals. (See Chapter 8 for further details on clozapine.)

Table 3.18: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2003-04

Service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Patient attendances in consulting room										
300, 310	15 minutes or less	19,804	9,351	4,871	3,595	2,375	1,851	1,641	863	44,351
302, 312	16 to 30 minutes	93,866	78,429	55,411	19,081	19,950	9,354	5,145	862	282,098
304, 314	31 to 45 minutes	135,722	155,373	100,955	31,677	47,495	15,944	4,672	1,061	492,899
306, 316	46 to 75 minutes	265,508	283,518	103,740	35,165	87,038	9,642	8,068	1,253	793,932
308, 318	Over 75 minutes	14,476	11,802	6,173	2,478	6,888	1,731	1,073	45	44,666
319	Selected cases (> 45 min)	32,493	33,179	10,203	1,493	8,853	237	1,078	0	87,536
	<i>Total</i>	<i>561,869</i>	<i>571,652</i>	<i>281,353</i>	<i>93,489</i>	<i>172,599</i>	<i>38,759</i>	<i>21,677</i>	<i>4,084</i>	<i>1,745,482</i>
Patient attendances in hospital^(a)										
320	15 minutes or less	1,635	5,773	3,762	3,562	877	569	300	2	16,480
322	16 to 30 minutes	12,939	21,721	33,945	9,533	5,732	2,708	564	18	87,160
324	31 to 45 minutes	17,403	15,085	13,020	6,494	4,429	2,543	328	43	59,345
326	46 to 75 minutes	13,683	11,350	5,926	3,944	3,318	1,183	228	30	39,662
328	Over 75 minutes	2,423	1,329	698	1,082	451	276	51	39	6,349
	<i>Total</i>	<i>48,083</i>	<i>55,258</i>	<i>57,351</i>	<i>24,615</i>	<i>14,807</i>	<i>7,279</i>	<i>1,471</i>	<i>132</i>	<i>208,996</i>
Patient attendances in other locations										
330	15 minutes or less	609	276	58	179	14	0	0	0	1,136
332	16 to 30 minutes	931	904	53	177	68	11	12	1	2,157
334	31 to 45 minutes	1,781	943	95	73	142	13	12	3	3,062
336	46 to 75 minutes	2,268	885	279	55	263	22	13	5	3,790
338	Over 75 minutes	1,131	171	122	80	468	6	2	3	1,983
	<i>Total</i>	<i>6,720</i>	<i>3,179</i>	<i>607</i>	<i>564</i>	<i>955</i>	<i>52</i>	<i>39</i>	<i>12</i>	<i>12,128</i>
Other services^(b)										
342, 344, 346	Group psychotherapy	11,826	23,933	2,329	901	1,860	741	9	42	41,641
348, 350, 352	Interview with non-patient	1,005	974	972	614	553	119	50	14	4,301
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	40	34	74	0	2	0	27	0	177
	<i>Total</i>	<i>12,871</i>	<i>24,941</i>	<i>3,375</i>	<i>1,515</i>	<i>2,415</i>	<i>860</i>	<i>86</i>	<i>56</i>	<i>46,119</i>
Total		629,543	655,030	342,686	120,183	190,776	46,950	23,273	4,284	2,012,725
Per 1,000 population ^(c)		93.8	132.6	89.1	61.1	124.7	97.8	72.0	21.5	100.6

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

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

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

Source: DHA.

Table 3.19: Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2003–04

Service	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total	
Males									
Patient attendances in consulting room									
300, 310	15 minutes or less	780	2,387	5,243	6,565	5,148	3,058	1,324	24,505
302, 312	16 to 30 minutes	3,296	12,223	25,941	31,777	31,446	21,098	9,944	135,725
304, 314	31 to 45 minutes	7,128	22,221	38,425	46,537	49,367	31,777	12,829	208,284
306, 316	46 to 75 minutes	14,284	34,449	56,215	75,658	73,734	40,030	11,613	305,983
308, 318	Over 75 minutes	1,836	2,743	2,876	3,711	4,120	2,441	718	18,445
319	Selected cases (> 45 min)	411	1,291	3,701	6,033	5,446	1,591	268	18,741
	<i>Total</i>	<i>27,735</i>	<i>75,314</i>	<i>132,401</i>	<i>170,281</i>	<i>169,261</i>	<i>99,995</i>	<i>36,696</i>	<i>711,683</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	26	656	572	674	960	723	880	4,491
322	16 to 30 minutes	36	3,125	3,384	3,960	5,769	4,141	3,382	23,797
324	31 to 45 minutes	71	2,240	2,187	3,236	4,012	2,475	2,209	16,430
326	46 to 75 minutes	61	1,412	1,348	1,932	2,531	1,299	1,341	9,924
328	Over 75 minutes	3	231	253	315	399	243	222	1,666
	<i>Total</i>	<i>197</i>	<i>7,664</i>	<i>7,744</i>	<i>10,117</i>	<i>13,671</i>	<i>8,881</i>	<i>8,034</i>	<i>56,308</i>
Patient attendances in other locations									
330	15 minutes or less	2	14	12	43	51	90	341	553
332	16 to 30 minutes	7	30	37	54	171	143	429	871
334	31 to 45 minutes	7	44	109	84	179	202	529	1,154
336	46 to 75 minutes	32	203	287	209	192	185	469	1,577
338	Over 75 minutes	23	286	99	77	205	73	155	918
	<i>Total</i>	<i>71</i>	<i>577</i>	<i>544</i>	<i>467</i>	<i>798</i>	<i>693</i>	<i>1,923</i>	<i>5,073</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	1,319	956	2,147	5,227	5,675	2,809	445	18,578
348, 350, 352, 353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Interview with non-patient Telepsychiatry	248	543	287	261	246	177	252	2,014
	<i>Total</i>	<i>1,568</i>	<i>1,505</i>	<i>2,441</i>	<i>5,488</i>	<i>5,930</i>	<i>2,990</i>	<i>697</i>	<i>20,619</i>
Total		29,571	85,060	143,130	186,353	189,660	112,559	47,350	793,683
Per 1,000 population ^(c)		14.5	61.0	99.6	125.0	140.5	110.0	41.7	80.4

(continued)

Table 3.19 (continued): Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2003–04

Service		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	296	1,931	3,503	4,632	4,519	2,906	2,049	19,836
302, 312	16 to 30 minutes	1,664	11,454	23,414	33,028	34,337	23,948	18,528	146,373
304, 314	31 to 45 minutes	3,444	30,175	52,577	65,975	68,269	39,694	24,481	284,615
306, 316	46 to 75 minutes	7,945	52,451	97,883	127,830	120,966	59,216	21,658	487,949
308, 318	Over 75 minutes	802	3,079	4,944	6,094	6,468	3,256	1,578	26,221
319	Selected cases (> 45 min)	403	4,152	14,387	19,356	22,535	7,411	551	68,795
	<i>Total</i>	<i>14,554</i>	<i>103,242</i>	<i>196,708</i>	<i>256,915</i>	<i>257,094</i>	<i>136,431</i>	<i>68,845</i>	<i>1,033,789</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	114	1,993	1,487	2,026	2,034	1,829	2,506	11,989
322	16 to 30 minutes	174	9,438	10,029	11,738	12,356	9,202	10,426	63,363
324	31 to 45 minutes	179	5,794	6,761	8,947	9,099	5,844	6,291	42,915
326	46 to 75 minutes	143	4,486	4,953	6,704	6,527	3,651	3,274	29,738
328	Over 75 minutes	43	762	852	1,054	1,003	556	413	4,683
	<i>Total</i>	<i>653</i>	<i>22,473</i>	<i>24,082</i>	<i>30,469</i>	<i>31,019</i>	<i>21,082</i>	<i>22,910</i>	<i>152,688</i>
Patient attendances in other locations									
330	15 minutes or less	0	8	10	25	114	59	367	583
332	16 to 30 minutes	2	29	58	70	174	101	852	1,286
334	31 to 45 minutes	8	57	149	210	249	140	1,095	1,908
336	46 to 75 minutes	11	102	276	192	331	370	931	2,213
338	Over 75 minutes	24	76	122	139	249	155	300	1,065
	<i>Total</i>	<i>45</i>	<i>272</i>	<i>615</i>	<i>636</i>	<i>1,117</i>	<i>825</i>	<i>3,545</i>	<i>7,055</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	893	1,934	3,515	6,826	7,016	2,641	238	23,063
348, 350, 352	Interview with non-patient	134	467	354	349	320	214	449	2,287
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	7	33	39	56	10	5	150
	<i>Total</i>	<i>1,027</i>	<i>2,408</i>	<i>3,902</i>	<i>7,214</i>	<i>7,392</i>	<i>2,865</i>	<i>692</i>	<i>25,500</i>
Total		16,279	128,395	225,307	295,234	296,622	161,203	95,992	1,219,032
Per 1,000 population ^(c)		8.4	96.3	156.0	196.1	217.5	160.9	68.0	121.9

(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 can be found in Chapters 4, 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 4, 5 and 6. Services for ECT have not been included in this table, as they are usually provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

Source: DHA.

Table 3.20: Medicare expenditure (\$'000) on services provided by private psychiatrists (current prices), by schedule item, Australia, 1998–99 to 2003–04

Code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
Patient attendances							
Consulting rooms							
300, 310	15 minutes or less	2,109.38	1,844.14	1,655.94	1,598.20	1,419.47	1,349.31
302, 312	16 to 30 minutes	17,690.23	17,797.41	17,818.50	17,805.83	17,545.88	17,159.91
304, 314	31 to 45 minutes	38,358.01	39,295.71	40,764.93	41,185.58	42,408.80	44,191.43
306, 316	46 to 75 minutes	100,881.09	101,595.52	101,942.75	100,215.02	99,212.22	100,158.09
308, 318	Over 75 minutes	6,205.96	6,138.69	6,404.04	6,182.83	6,549.27	6,723.30
319	Selected cases (> 45 min)	10,090.37	10,859.05	11,071.54	11,684.52	11,732.88	12,287.11
	<i>Total</i>	<i>175,335.03</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>
Hospital							
320	15 minutes or less	491.53	453.46	514.57	500.54	455.71	439.30
322	16 to 30 minutes	3,773.37	3,610.30	3,966.19	4,239.07	4,605.41	4,646.07
324	31 to 45 minutes	3,309.24	3,264.77	3,567.58	3,984.61	4,268.62	4,633.49
326	46 to 75 minutes	3,141.70	3,199.92	3,630.87	3,742.38	3,971.43	4,274.71
328	Over 75 minutes	596.48	562.63	676.12	674.31	663.13	832.74
	<i>Total</i>	<i>11,312.32</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>
Other location							
330	15 minutes or less	42.03	30.62	38.60	56.30	58.45	63.05
332	16 to 30 minutes	240.35	127.08	152.47	221.69	228.26	188.07
334	31 to 45 minutes	247.16	279.36	296.37	325.05	366.80	371.35
336	46 to 75 minutes	381.52	408.44	427.36	539.57	608.23	558.78
338	Over 75 minutes	300.22	280.32	263.42	344.12	309.25	357.05
	<i>Total</i>	<i>1,211.27</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>
Other services							
342, 344, 346	Group psychotherapy	2,929.65	2,640.75	2,495.41	2,358.29	2,185.09	2,120.25
348, 350, 352	Interview with non-patient	191.25	226.72	249.77	199.40	198.60	208.15
14224	Electroconvulsive therapy ^(a)	513.57	491.96	575.38	620.57	694.94	670.96
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0.00	0.00	0.00	0.00	1.90	19.32
	<i>Total</i>	<i>3,634.47</i>	<i>3,359.42</i>	<i>3,320.56</i>	<i>3,178.25</i>	<i>3,080.52</i>	<i>3,018.68</i>
Total expenditure (\$'000)		191,493.10	193,106.84	196,511.81	196,477.86	197,484.31	201,252.43
Per 1,000 population (\$) ^(b)		10,178.07	10,143.05	10,196.41	10,060.68	9,996.75	10,063.74

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

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2003.

Source: DHA.

Table 3.21: Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item, states and territories, 2003-04

Code	Description	NSW	Vic	Qld	SA	Tas	ACT	WA and NT	Total
Patient attendances									
Consulting rooms									
300, 310	15 minutes or less	601.46	285.15	148.31	71.95	56.08	50.07	136.29	1,349.31
302, 312	16 to 30 minutes	5,705.35	4,764.94	3,381.06	1,209.04	567.97	314.89	1,216.67	17,159.90
304, 314	31 to 45 minutes	12,166.25	13,900.99	9,074.75	4,235.05	1,422.40	433.82	2,958.18	44,191.43
306, 316	46 to 75 minutes	33,748.20	35,854.72	12,986.15	10,738.55	1,199.63	1,028.22	4,602.62	100,158.09
308, 318	Over 75 minutes	2,178.29	1,779.34	919.24	1,036.89	268.44	160.54	380.57	6,723.30
319	Selected cases (> 45 min)	4,639.53	4,646.90	1,421.99	1,205.86	33.48	139.34	200.01	12,287.11
	<i>Total</i>	59,039.08	61,232.04	27,931.49	18,497.35	3,547.99	2,126.87	9,494.34	181,869.14
Hospital									
320	15 minutes or less	43.65	153.88	100.27	23.37	15.12	8.00	95.01	439.30
322	16 to 30 minutes	688.86	1,157.53	1,810.86	305.46	144.40	30.04	508.93	4,646.07
324	31 to 45 minutes	1,357.47	1,177.92	1,016.83	345.90	198.78	25.63	510.96	4,633.49
326	46 to 75 minutes	1,473.70	1,223.17	638.74	357.69	127.75	24.56	429.10	4,274.71
328	Over 75 minutes	317.46	173.99	91.48	59.17	36.13	6.72	147.78	832.74
	<i>Total</i>	3,881.14	3,886.48	3,658.18	1,091.59	522.19	94.94	1,691.79	14,826.31
Other location									
330	15 minutes or less	33.78	15.32	3.23	0.78	0.00	0.00	9.95	63.05
332	16 to 30 minutes	81.18	78.69	4.63	5.90	0.96	1.14	15.57	188.07
334	31 to 45 minutes	215.85	114.22	11.48	17.30	1.57	1.68	9.26	371.35
336	46 to 75 minutes	335.04	129.63	41.41	38.57	3.23	2.11	8.78	558.78
338	Over 75 minutes	206.65	30.91	22.45	81.21	1.05	0.35	14.44	357.05
	<i>Total</i>	872.50	368.76	83.19	143.76	6.81	5.28	57.99	1,538.30
Other services									
342, 344, 346	Group psychotherapy	606.98	1,222.83	119.10	96.58	28.11	0.60	46.06	2,120.25
348, 350, 352	Interview with non-patient	49.31	46.44	45.09	29.82	5.13	2.97	29.39	208.15
14224	Electroconvulsive therapy ^(b)	166.81	161.74	216.06	56.17	14.37	5.19	50.61	670.96
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	5.26	1.63	8.46	0.20	0.00	3.75	0.00	19.32
	<i>Total</i>	828.36	1,432.64	388.71	182.78	47.62	12.51	126.06	3,018.68
Total expenditure (\$'000)		64,621.08	66,919.93	32,061.58	19,915.47	4,124.61	2,239.59	11,370.18	201,252.43
Per 1,000 population (\$) ^(c)		9,629.98	13,542.71	8,339.80	13,013.23	8,590.04	6,932.49	5,251.10	10,063.74

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

(b) The data for the electroconvulsive therapy item may include data for medical practitioners other than psychiatrists.

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2003.

Source: DHA.

Table 3.22: Selected PBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1998–99 to 2003–04

ATC code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
N05A	Antipsychotics	205,384	241,059	267,378	282,387	292,451	298,037
N05B	Anxiolytics	127,310	130,890	135,108	135,758	141,462	141,848
N05C	Hypnotics and sedatives	68,830	70,502	70,061	63,344	58,881	54,910
N06A	Antidepressants	825,333	887,636	929,070	940,889	971,657	1,002,918
	Total prescriptions^(b)	1,226,857	1,330,087	1,401,617	1,422,378	1,464,451	1,497,713
	Per 1,000 population ^(a)	65.21	69.86	72.73	72.83	74.13	74.89

(a) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 1998, 1999, 2000, 2001, 2002 and 2003.

(b) These data may include some public psychiatrist prescriptions.

Source: DHA.

Table 3.23: PBS and RPBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2003–04

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	10,443	10,207	8,574	2,499	2,547	909	355	35	35,569
B	Blood and blood-forming organs	1,084	1,155	1,024	618	340	101	48	0	4,370
C	Cardiovascular system	16,645	12,115	9,401	3,747	4,221	1,208	629	198	48,164
D	Dermatologicals	784	789	494	260	220	45	33	4	2,629
G	Genitourinary system and sex hormones	2,937	2,133	2,748	875	850	188	155	17	9,903
H	Systemic hormonal preparations, excluding sex hormones	1,182	1,431	1,123	452	488	104	67	2	4,849
J	General anti-infectives for systematic use	2,971	2,760	1,951	586	629	127	219	22	9,265
L	Antineoplastic and immunomodulating agents	294	136	108	58	89	11	30	2	728
M	Musculoskeletal system	4,682	5,522	3,273	1,206	1,099	530	225	72	16,609
N	Central nervous system									
N05A	Antipsychotics	108,119	90,377	47,479	14,982	29,777	4,932	5,602	754	302,022
N05B	Anxiolytics	39,636	52,217	28,382	6,478	14,271	6,906	1,006	204	149,100
N05C	Hypnotics and sedatives	15,428	19,945	13,927	4,554	7,185	2,552	622	167	64,380
N06A	Antidepressants	335,110	308,074	203,820	80,795	102,865	22,988	13,410	2,943	1,070,005
	Other	60,633	49,647	32,741	52,505	19,087	6,478	3,383	511	224,985
	<i>Total</i>	558,926	520,260	326,349	159,314	173,185	43,856	24,023	4,579	1,810,492
P	Antiparasitic products	200	140	124	24	55	33	5	1	582
R	Respiratory system	3,338	3,357	2,298	608	844	188	150	21	10,804
S	Sensory organs	1,315	1,209	788	385	477	84	30	0	4,288
	Total prescriptions^{(b) (d)}	605,421	561,709	359,389	170,792	185,252	47,421	25,976	4,957	1,960,917
	Per 1,000 population ^(c)	90.2	113.7	93.5	86.9	121.0	98.8	80.4	24.9	98.1

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

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

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

(d) These data may include some public psychiatrist prescriptions.

Source: DHA.

Table 3.24: PBS-funded expenditure (\$'000) on selected medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories, 1998-99 to 2003-04

ATC code	Description	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04
N05A	Antipsychotics	27,667	36,880	43,354	48,384	52,236	54,995
N05B	Anxiolytics	1,046	1,098	1,090	1,107	1,157	1,146
N05C	Hypnotics and sedatives	262	269	261	244	225	205
N06A	Antidepressants	27,833	31,243	34,126	35,354	37,036	38,973
	Total (\$'000)	56,808	69,491	78,831	85,089	90,654	95,319
	Per 1,000 population (\$'000) ^(a)	3.02	3.65	4.09	4.36	4.59	4.77

(a) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 1998, 1999, 2000, 2001, 2002 and 2003.

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), 2003–04

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	307	285	256	71	78	27	12	1	1,037
B	Blood and blood-forming organs	32	22	22	8	7	2	1	0	94
C	Cardiovascular system	457	320	263	102	107	33	21	2	1,304
D	Dermatologicals	11	9	6	3	2	1	1	0	33
G	Genitourinary system and sex hormones	158	103	155	38	34	4	10	1	503
H	Systemic hormonal preparations, excluding sex hormones	13	24	10	5	7	1	0	0	60
J	General anti-infectives for systematic use	72	68	46	19	15	2	4	1	227
L	Antineoplastic and immunomodulating agents	94	23	30	19	14	1	2	0	182
M	Musculoskeletal system	117	146	83	28	26	11	5	1	419
N	Central nervous system									
N05A	Antipsychotics	20,019	16,464	8,775	2,822	5,203	859	954	144	55,240
N05B	Anxiolytics	302	469	231	52	116	50	7	1	1,229
N05C	Hypnotics and sedatives	72	79	76	29	40	10	4	2	311
N06A	Antidepressants	12,357	12,126	8,235	3,738	4,103	938	491	94	42,082
	Other	2,792	2,679	1,651	1,424	753	203	114	21	9,636
	<i>Total</i>	35,542	31,817	18,967	8,064	10,215	2,060	1,571	262	108,497
P	Antiparasitic products	1	1	1	0	0	0	0	0	4
R	Respiratory system	98	103	68	19	21	5	4	0	319
S	Sensory organs	15	15	10	5	6	1	0	0	52
	Total (\$'000)^(b)	36,943	32,962	19,963	8,389	10,542	2,151	1,631	268	112,850
	Per 1,000 population (\$'000) ^(c)	5.5	6.7	5.2	4.3	6.9	4.5	5.0	1.3	5.6

(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 2003.

Source: DHA.

3.4 Hospital outpatient services and community mental health care services

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

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

Further information on data quality issues relating to NCHMCD can be found in the working paper *Community Mental Health Care 2000–2001 Review of Data Collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004c). 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. Review of 2001–02 data in *Mental Health Services in Australia 2001–02* indicated that coverage was again incomplete, but had improved. There has been further improvement in coverage for the 2002–03 data. Evidence of this includes the number of establishments reporting to the NCMHCD and the proportion of expenditure on community mental health establishments that the data relate to. In addition, the increase in the number of service contacts reported in 2002–03 (4,672,423 compared with 4,203,731 in 2001–02) may also reflect improved coverage. As a result of these improvements, for the first time information on marital status, country of birth and area of usual residence have been included in this report.

Number of establishments

The number of establishments contributing data to the NCMHCD rose from 125 in 2000–01 and 139 in 2001–02 to 151 in 2002–03. During 2000–01 there were 15 mental health care establishments that provided ambulatory care services but did not contribute data to the NCMHCD. This figure remained at 15 establishments in 2001–02, and dropped to 14 establishments in 2002–03. These comprised 7 establishments in South Australia, 4 establishments in Tasmania, 2 establishments in Queensland, and 1 establishment in the Australian Capital Territory that did not contribute data.

There were 2 establishments in South Australia, 1 establishment in Tasmania and 1 establishment in New South Wales that did not report data for one or several of the months during the collection period. For 2001–02, 90% of establishments providing ambulatory services reported to the NCMHCD. The corresponding proportion for 2002–03 was 91.5%. However, the counts of establishments may not be meaningful because they differ in size, and not all establishments reported all service contacts, as indicated above.

Proportion of expenditure

An alternative measure of coverage is the ratio of the expenditure of establishments that reported service contacts to NCMHCD to the expenditure of all establishments in NCMHED that provided ambulatory care services. Using this ratio, coverage for the NCMHCD in 2000–01 was 96.9% nationally, with complete coverage achieved for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. National coverage increased to 99.0% in 2001–02 and 2002–03, with complete coverage achieved for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. In 2002–03, 3 jurisdictions lacked complete coverage: South Australia (90.0% coverage), Tasmania (90.5%) and the Australian Capital Territory (96.9%).

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

Service contacts in 2002–03

The number of service contacts reported to the NCMHCD has increased from 3,635,873 in 2000–01 and 4,203,731 in 2001–02 to 4,672,423 in 2002–03. This increase is likely to reflect the 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 2002–03 there were 4.7 million service contacts reported for public hospital-based outpatient services and community-based ambulatory mental health care services, at a rate of 236.5 contacts per 1,000 population.

As noted above, service contacts were not reported by every establishment for every month of the collection period. As a result, an unknown amount of under-reporting has occurred. An attempt has been made to quantify the level of under-reporting in 2002–03.

Nationally, there were 1,197,762 service contacts reported in the last and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 4.79 million service contacts reported compared with the 4.67 million actually reported. Although the last quarter had the highest number of service contacts for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. If the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 4.90 million. If the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of service contacts increases to 5.29 million. This estimate does not include an estimate for non-reporting establishments.

Sex and age group

There were more service contacts per capita for male patients than for female patients (Table 3.26). There were also more service contacts per capita for patients in the 25–34 and 35–44 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 age group (Figures 1.11 and 1.12).

Aboriginal and Torres Strait Islander peoples

Table 3.27 presents the number of service contacts in the different jurisdictions by Indigenous status. Overall, the proportion of service contacts that were reported for Aboriginal and Torres Strait Islander peoples was 3.2% and ranged from 1.3% for both Tasmania and Victoria to 27.9% for the Northern Territory. There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples than for other Australians (348.5 and 215.2 respectively).

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.

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

Seven state and territory health authorities provided information on the quality of the data for the NCMHCD 2002–03 (New South Wales, Victoria, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory). Information on the quality of data on Indigenous status for 2002–03 was not available for Tasmania.

NSW Health Department has identified data quality problems with its Indigenous status data and has advised that these will be corrected in future submissions.

The Department of Human Services Victoria considered that the quality of Indigenous status data was not acceptable and that improvement was required.

Queensland Health reported that several initiatives were implemented in the collection year 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 Indigenous status is positive where the client was not born in Australia, and clients with more than one different Indigenous status code in the collection period.

Therefore, any change in Indigenous reporting is likely to be a result of improved quality, rather than a change in service delivery. Even with the quality improvements achieved, Queensland has still identified ongoing quality issues at the fine level of reporting that will continue to be addressed.

The Department of Health Western Australia reported that the quality of the Indigenous status data for 2002–03 was in need of improvement, particularly for the 'Both Aboriginal and Torres Strait Islander' code. Further analysis is required to determine whether the quality of this data varies across establishments.

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

Australian Capital Territory Health considered the quality of its Indigenous status data provided to be in need of improvement. In addition, only one establishment reported these data for the 2002–03 collection period.

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

Mental health legal status

Table 3.28 presents data on the number of service contacts by mental health legal status and jurisdiction. Nationally, 15.1% of service contacts were involuntary compared with 10.4% in 2001–02. However, for 11.0% 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 (26.7%) and Victoria (21.5%). This may reflect differences in legislative arrangements for each jurisdiction or variation in the quality of the data reported.

Marital status

Table 3.29 presents data on the number of service contacts by marital status and jurisdiction. In 2002–03 the most frequently reported marital status was ‘never married’ (55.0%) followed by ‘married (including de facto)’ (17.0%). Some jurisdictions had high rates of marital status ‘not reported’. Marital status was not reported for 21.7% of service contacts in New South Wales and 19.1% for the Northern Territory.

Country of birth

In 2002–03 country of birth details coded to the ABS’s Standard Australian Classification of Countries as specified in the *National Health Data Dictionary* Version 11 (AIHW 2001a) were supplied by states and territories (Table 3.30).

Australian-born patients accounted for 79.4% (3,709,595) of total community mental health care service contacts at a rate of 252.2 service contacts per 1,000 population.

The regions of birth with the highest rate of service contacts per 1,000 population were *The Caribbean* (376.3) and *Other Africa excluding North Africa* (311.5). The regions of birth with the lowest rate of service contacts per 1,000 population were *China* (64.6) and *Japan* (76.1).

The age-standardised service contact rate for Australian-born patients was higher (252.2 per 1,000) than that for the overseas-born population (143.3 per 1,000).

Area of usual residence

Table 3.31 presents data on service contacts by Remoteness area of usual residence. In 2002–03, the highest rate of service contacts was in major cities (211.0 per 100,000 population). This rate decreased with the remoteness of classification, with the lowest rate in ‘very remote’ areas (82.3 per 100,000 population). Remoteness Area of usual residence was not reported for 36.2% of service contacts, including all service contacts in Victoria.

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:

- there are differences among states and territories in the type of classification used, i.e.
 - most state and territory health authorities use the complete ICD-10-AM classification to code principal diagnosis; excepting
 - New South Wales which uses a combination of ICD-10-AM and ICD-10-PC; and
 - the Australian Capital Territory and Northern Territory which use 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 reports current diagnosis for each service contact rather than a principal diagnosis for a longer period of care; and
- Queensland did not report principal diagnosis for 2002–03.

Table 3.32 presents the number of service contacts for selected principal diagnosis groups for 2002–03. Over 35% 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. Apart from Queensland who did not report principal diagnosis, the Northern Territory had the highest proportion of service contacts without a specified principal diagnosis code (56.8%) followed by New South Wales (47.8%), Tasmania (31.2%), Australian Capital Territory (20.5%) and South Australia (11.6%). Victoria (7.8%) and Western Australia (5.0%) both had quite low rates of service contacts without a specified principal diagnosis code (Table A3.6).

Of those service contacts specifying a principal diagnosis, 35.9% had a principal diagnosis of *Schizophrenia* (F20). The next most common principal diagnosis was *Depressive episode* (F32) accounting for 11.9% of the service contacts, followed by *Bipolar affective disorders* (F31, 7.7%).

Table 3.26: Community mental health care service contacts and per 1,000 population^(a) by sex and age group, Australia, 2002–03

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	267,439	392,339	577,511	495,089	317,714	150,833	180,594	2,383,815
Females	155,367	371,489	421,613	434,404	341,499	201,380	323,862	2,251,982
Total	427,984	764,715	1,008,393	932,108	661,104	352,485	504,807	4,672,423
Per 1,000 population^(b)								
Males	130.9	284.0	402.2	332.7	236.6	150.7	161.5	243.0
Females	80.0	280.6	291.7	288.8	252.2	205.8	231.9	226.5
Total	107.4	282.7	350.0	311.5	245.1	178.1	200.7	236.5

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

(b) Crude rates based on estimated resident population as at December 2002.

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.

Table 3.27: Community mental health care service contacts and per 1,000 population by Indigenous status, states and territories, 2002-03^(a)

Indigenous status	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal	30,662	19,333	34,736	19,172	8,634	640	2,872	5,955	122,004
Torres Strait Islander	1,696	1,075	3,929	168	56	15	113	24	7,076
Both Aboriginal and Torres Strait Islander	10,344	1,255	3,669	2,522	55	10	260	336	18,451
<i>Indigenous^(d)</i>	<i>42,702</i>	<i>21,663</i>	<i>42,334</i>	<i>21,862</i>	<i>8,745</i>	<i>665</i>	<i>3,245</i>	<i>6,315</i>	<i>147,531</i>
Neither Aboriginal nor Torres Strait Islander	951,945	1,589,011	732,429	391,967	275,859	45,900	135,412	15,667	4,138,190
Not reported	306,586	0	4,764	354	29,481	4,749	40,094	674	386,702
Total	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
	Per 1,000 population^(c)								
Indigenous Australians ^(d)	373.6	806.6	339.5	383.5	343.4	33.0	953.1	108.6	348.5
Other Australians	146.5	326.7	204.4	210.6	185.3	99.2	409.7	104.1	215.2
Total^(e)	193.9	329.5	210.0	215.6	208.4	108.1	537.5	107.2	236.8

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

(b) NSW has identified data quality problems with its Indigenous status data and these will be corrected in future submissions.

(c) Rates were indirectly age-standardised to the Aboriginal and Torres Strait Islander estimated resident population as at 30 June 2002.

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

(e) Includes Indigenous status 'not reported'.

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.

Table 3.28: Community mental health care service contacts by mental health legal status, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
Voluntary patient	570,057	1,264,018	752,067	..	251,246	49,883	131,022	22,030	3,040,323
Involuntary patient	224,471	346,656	27,460	..	58,055	879	47,729	626	705,876
Not permitted to be reported due to legislative arrangements	..	..	..	414,183	..	..	..	..	414,183
Not reported	506,705	0	0	..	4,784	552	0	0	512,041
Total	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
	Per cent								
Voluntary patient	43.8	78.5	96.5	..	80.0	97.2	73.3	97.2	65.1
Involuntary patient	17.3	21.5	3.5	..	18.5	1.7	26.7	2.8	15.1
Not permitted to be reported due to legislative arrangements	..	..	..	100.0	..	..	..	..	8.9
Not reported	38.9	0.0	0.0	..	1.5	1.1	0.0	0.0	11.0
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.

.. Not applicable.

Table 3.29: Community mental health care service contacts by marital status, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
Never married	629,924	882,070	479,662	229,582	196,533	18,232	118,217	13,413	2,567,633
Widowed	38,527	92,104	28,171	21,410	17,353	9,846	6,446	164	214,021
Divorced	86,231	184,604	66,998	38,902	30,655	3,192	19,384	516	430,482
Separated	71,779	94,297	51,699	28,129	17,311	3,036	6,242	482	272,975
Married (including de facto)	192,050	282,908	147,836	90,725	42,467	10,925	21,405	3,751	792,067
Not reported	282,722	74,691	5,161	5,435	9,766	6,083	7,057	4,330	395,245
Total	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
	Per cent								
Never married	48.4	54.8	61.5	55.4	62.6	35.5	66.1	59.2	55.0
Widowed	3.0	5.7	3.6	5.2	5.5	19.2	3.6	0.7	4.6
Divorced	6.6	11.5	8.6	9.4	9.8	6.2	10.8	2.3	9.2
Separated	5.5	5.9	6.6	6.8	5.5	5.9	3.5	2.1	5.8
Married (including de facto)	14.8	17.6	19.0	21.9	13.5	21.3	12.0	16.6	17.0
Not reported	21.7	4.6	0.7	1.3	3.1	11.9	3.9	19.1	8.5
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.

Table 3.30: Community mental health care service contacts and per 1,000 population, by selected country/region of birth, Australia, 2002-03

Country/region	Number of service contacts	Rate per 1,000 population^(a)
Australia	3,709,595	252.2
New Zealand	48,435	101.0
Papua New Guinea	5,313	163.0
Fiji	5,750	111.3
Other Oceania	10,157	261.5
<i>Oceania including Australia (total)</i>	<i>3,779,250</i>	<i>246.7</i>
United Kingdom & Ireland	177,030	140.3
Greece	26,696	213.1
Italy	46,674	230.5
Malta	11,609	248.5
Former Yugoslavia	42,041	161.3
Former USSR and Baltic States	14,513	256.7
Hungary	7,559	280.3
Poland	20,309	236.7
Romania	3,824	230.2
France	3,588	147.5
Germany	22,727	155.1
Netherlands	13,320	106.9
Cyprus	2,939	142.3
Other Europe and the former USSR	28,119	186.8
<i>Europe (total)</i>	<i>420,948</i>	<i>159.9</i>
Lebanon	13,771	136.6
Turkey	10,159	241.4
Iran	4,639	194.9
Iraq	5,642	205.1
Egypt	7,602	185.5
Other Middle East and North Africa	9,734	216.7
<i>Middle East and North Africa (total)</i>	<i>51,547</i>	<i>182.9</i>
Indonesia	5,088	95.0
Cambodia	5,250	180.1
Malaysia & Brunei	9,352	97.4

(continued)

Table 3.30 (continued): Community mental health care service contacts and per 1,000 population, by selected country/region of birth, Australia, 2002–03

Country/region	Number of service contacts	Rate per 1,000 population^(a)
Philippines	13,203	95.6
Singapore	5,253	164.0
Vietnam	34,761	145.4
China	12,473	64.6
Hong Kong & Macau	7,227	84.5
Japan	2,007	76.1
India	13,386	109.6
Sri Lanka	9,977	132.9
Other Asia	19,665	100.1
<i>Asia (total)</i>	<i>137,642</i>	<i>103.5</i>
Canada	3,404	106.2
USA	7,212	115.9
Other North America	764	1529.0
<i>North America (total)</i>	<i>11,380</i>	<i>121.8</i>
Argentina	1,957	150.8
Chile	5,257	213.3
The Caribbean	1,489	376.3
Other South America, Central America and the Caribbean	9,763	194.9
<i>South America, Central America and The Caribbean (total)</i>	<i>18,466</i>	<i>196.5</i>
Mauritius	3,872	161.5
South Africa	9,857	93.2
Other Africa excluding North Africa	19,039	311.5
<i>Africa excluding North Africa (total)</i>	<i>32,768</i>	<i>172.8</i>
Overseas (total)	742,406	143.3
Not stated, inadequately described or unknown	220,422	..
Total	4,672,423	237.9

(a) The rates were directly age-standardised to the Australian population at 30 June 2001.

.. Not applicable.

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.

Table 3.31: Community mental health care service contacts and per 100,000 population, by Remoteness area of usual residence, Australia^(a), 2002-03

	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	Total ^(b)
Number of service contacts	1,996,323	615,964	303,960	51,845	14,728	1,689,603	4,672,423
Rate per 100,000 population ^(c)	211.0	201.6	171.5	162.7	82.3	. .	237.9

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

(b) Excludes Victoria. Victoria was unable to provide area of usual residence for 2002–03.

(c) Rates per 1,000 population were directly age-standardised to the Australian population at 30 June 2001.

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.

Table 3.32: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03^(a)

Code	Description	Number	Per cent of specified principal diagnosis
F00–F03	Dementia	72,729	2.4
F04–F09	Other organic mental disorders	21,913	0.7
F10	Mental and behavioural disorders due to use of alcohol	27,525	0.9
F11–F19	Mental and behav disorders due to other psychoactive substances use	53,117	1.8
F20	Schizophrenia	1,084,779	35.9
F21, F24, F28, F29	Schizotypal and other delusional disorders	44,989	1.5
F22	Persistent delusional disorders	32,307	1.1
F23	Acute and transient psychotic disorders	82,939	2.7
F25	Schizoaffective disorders	170,529	5.6
F30	Manic episode	17,375	0.6
F31	Bipolar affective disorders	234,267	7.7
F32	Depressive episode	358,670	11.9
F33	Recurrent depressive disorders	67,151	2.2
F34	Persistent mood (affective) disorders	27,070	0.9
F38, F39	Other and unspecified mood (affective) disorders	6,232	0.2
F40	Phobic anxiety disorders	17,699	0.6
F41	Other anxiety disorders	89,132	2.9
F42	Obsessive–compulsive disorders	18,677	0.6
F43	Reaction to severe stress and adjustment disorders	149,832	5.0
F44	Dissociative (conversion) disorders	3,083	0.1
F45, F48	Somatoform and other neurotic disorders	6,462	0.2
F50	Eating disorders	15,183	0.5
F51–F59	Other behav syndromes associated w physiol dist & phys factors	5,658	0.2
F60	Specific personality disorders	94,258	3.1
F61–F69	Disorders of adult personality and behaviour	7,645	0.3
F70–F79	Mental retardation	10,885	0.4
F80–F89	Disorders of psychological development	20,608	0.7
F90	Hyperkinetic disorders	17,813	0.6
F91	Conduct disorders	34,867	1.2
F92–F98	Other & unspecified disorders w onset childhood adolescence	46,086	1.5
	Other	183,967	6.1
<i>Total with specified principal diagnosis</i>		<i>3,023,447</i>	<i>100.0</i>
F99	Mental disorder not otherwise specified	460,516	
	Not reported ^(b)	1,188,460	
<i>Total with unspecified principal diagnosis</i>		<i>1,648,976</i>	
Total service contacts		4,672,423	

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

(b) Includes all service contacts reported by Queensland (779,527). Queensland was unable to report principal diagnosis for 2002–03.

Abbreviations: w—with, phys—physical physiol—physiological, dist—disturbances, behav—behavioural.

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 (2004f).

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

The data presented here are on CSTDA-funded support services provided for clients with a psychiatric disability. The psychiatric disability can be the client's primary psychiatric disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting 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.

Data on non-residential disability support services have been included in this report as the mental health-related care provided by these services may, to varying extents, be used to substitute for, or supplement, other forms of community or hospital-based 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), and 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, as 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 for a snapshot day each year. This year, unit record data on clients (known as 'service users') with a psychiatric disability and the disability support services they receive are available for the period from 1 January to 30 June 2003. In this report, data have been presented for service users with a primary psychiatric disability or where the service user has indicated an 'other significant' psychiatric disability.

Figure 3.4 illustrates the data reported for non-residential service users with a psychiatric disability. From 1 January to 30 June 2003 there were 26,120 non-residential users of CSTDA-funded disability support services with a primary or other psychiatric disability. Among these service users, the major primary disability groups were psychiatric disability (72.2% of service users) and intellectual disability (17.5%). The majority of service users were male (58.6%) and the most common age group was 35–44 years (27.1%). The non-residential care service types most frequently received were *Employment* (48.0%) and *Community access* (31.3%) services. Victorian disability support services reported the largest number of service users (52.5%).

The majority of service users were Australian-born (83.7%) and 7.2% were born in non-English-speaking countries. During the reported time period, 2.79% service users were identified as being of Aboriginal or Torres Strait Islander origin or both.

The main income source for the majority of service users aged over 16 years of age (45.7%) was *Disability support pension*. For service users aged less than 16 years, 54.9% of their parents or guardians received a carer allowance indicating that care was provided to the service user from 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 – 66.7% of service users were located in major cities. The most commonly reported living arrangement was *Lives with family* (40.4%), and the most commonly reported accommodation type was *Private residence* (72.6%).

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, or 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*. 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 any separation which has a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses (see Appendix 2 and *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

Overview

During 2002–03, there were 108,946 ambulatory-equivalent mental health-related separations, which accounted for 36.2% of all mental health-related separations (Tables 3.33 and 4.1). Of these, 87,219 separations included specialised psychiatric care, which accounted for 43.6% of all mental health-related separations with specialised psychiatric care (Tables 3.33 and 4.1). Ambulatory-equivalent mental health-related hospital separations accounted for 1.6% of total hospital separations during 2002–03 and 0.5% of total hospital patient-days (AIHW 2004d).

Table 3.33 shows the number of ambulatory-equivalent mental health-related separations per 1,000 population, by hospital type for each state and territory. For Victoria, the establishment in private hospitals of specialised day program clinics for the treatment of depression and anorexia resulted in a marked increase in the number of ambulatory-equivalent mental health-related separations compared with 2001–02.

For Australia as a whole, there were 5.6 ambulatory-equivalent mental health-related separations per 1,000 population, and 80.1% of ambulatory-equivalent mental health-related separations received specialised psychiatric care. The separation rate per 1,000 population was higher for private hospitals (4.3) than for public acute hospitals (1.2), and there was also a higher proportion of specialised psychiatric care for private hospital separations (88.5%) than for public acute hospitals (49.7%).

Victoria was the jurisdiction with the highest rate of ambulatory-equivalent separations (8.1 separations per 1,000 population), followed by Tasmania (7.7 separations per 1,000 population). Western Australia had the largest proportion of separations with specialised psychiatric care, with 86.6% of ambulatory-equivalent mental health-related separations including specialised psychiatric care.

Mental health legal status

Table 3.34 summarises the mental health legal status reported for ambulatory-equivalent mental health-related separations with specialised psychiatric care during 2002–03. 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, 1.3% of ambulatory-equivalent mental health-related separations with specialised psychiatric care recorded a mental health legal status of involuntary. However, 8.0% of these separations from public acute hospitals were involuntary, compared with 0.1% from private hospitals.

Age and sex

Table 3.35 presents the age and sex distribution of the ambulatory-equivalent mental health-related separations. There were 42,630 separations reported for male patients and 66,315 for female patients. Patients who received ambulatory-equivalent care were most likely to be in the 45–54 age group for males (20.7% of male separations) and in the 35–44 age group for females (22.2% of female separations). Patients who did not receive specialised psychiatric care were most likely to be in the 35–44 age group.

Area of usual residence and Aboriginal and Torres Strait Islander status

Table 3.36 shows the number of separations by the patient's Indigenous status and area of usual residence. There were 3.2 separations per 1,000 population for Aboriginal and Torres Strait Islander peoples compared with 5.5 for other Australians. The reported rate for Indigenous separations is likely to be an underestimate due to incomplete Indigenous identification in this data set. For further information on the quality of Indigenous status data for all hospital separations, refer to *Australian Hospital Statistics 2002–03* (AIHW 2004d).

Principal diagnosis

Table 3.37 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 2002–03, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of separations with specialised psychiatric care (20,014 or 22.9%), followed by *Recurrent depressive disorders* (F33, 12,490 or 14.3%) and *Reaction to severe stress and adjustment disorders* (F43, 10,739 or 12.3%).

Table 3.38 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 2002–03, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (7,470 or 34.4%) followed by *Other anxiety disorders* (F41, 2,405 or 11.1%) and *Sleep disorders* (G47, 2,122 or 9.8%).

Table 3.37 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 *Schizotypal and other delusional disorders* (F21, F24, F28–F29), *Phobic anxiety disorders* (F40), *Eating disorders* (F50), *Hyperkinetic disorders* (F90) and *Conduct disorders* (F91) were separations with specialised psychiatric care, whereas for principal diagnoses such as *Sleep disorders* (G47), *Mental disorders and diseases of the nervous system complicating pregnancy, childhood and the puerperium* (O99.3) and *Other symptoms and signs involving general sensations and perceptions* (R44) the proportion of separations with specialised psychiatric care was relatively low (0.4%, 0.4% and 1.5% respectively).

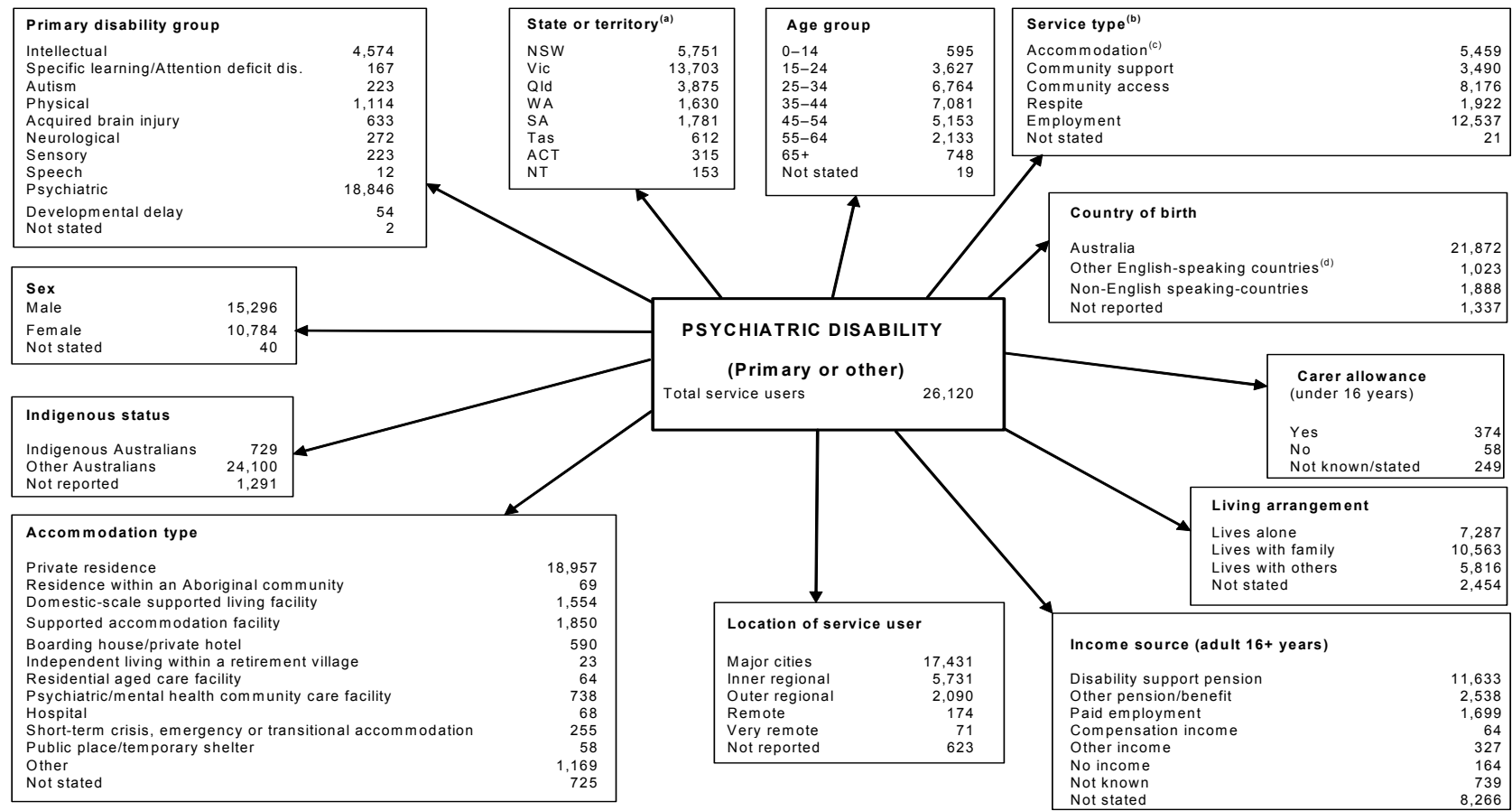
Procedures

Table 3.39 details the number of separations relating to the 30 procedures or interventions most frequently reported for ambulatory-equivalent mental health-related hospital separations with and without specialised psychiatric care. The most frequently reported procedures for separations with specialised psychiatric care were *Cognitive behaviour therapy* (9,113 separations), *Psychological skills training* (6,125 separations) and *Other psychotherapies or psychosocial therapies* (4,206 separations). For separations without specialised psychiatric care, the most frequently reported procedures were *Alcohol rehabilitation* (2,417 separations), *Psychological skills training* (1,771 separations), *Allied health intervention, psychology* (723 separations) and *Cognitive behaviour therapy* (624 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 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations are presented in Table 3.40. The most commonly reported AR-DRG was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 83,485 separations or 84.1%), followed by *Alcohol use disorder and dependence, same day* (V62B, 7,047 separations or 7.1%) and *Alcohol intoxication and withdrawal* (V60B, 3,785 separations or 3.8%).



- (a) Totals for state/territory of service provider may add to more than the total service user number because service users may access services in more than one state or territory.
 (b) Totals for service type may add to more than total service users because service users may access more than one service type over the 6-month period.
 (c) These non-residential accommodation services comprise Attendant Care/Personal Care, In-home accommodation support, alternative family placement, and other accommodation services.
 (d) Comprises Canada, Ireland, New Zealand, South Africa, United Kingdom and United States of America.
 (e) Data quality issues should be considered when interpreting the data in this table; see Chapter 3 of AIHW 2004g for a detailed discussion of these issues.

Figure 3.4: Summary of data reported for psychiatric disability, all CSTDA-funded ambulatory disability support services (non-residential)^(e), 1 January to 30 June, 2003

Table 3.33: Summary of ambulatory-equivalent mental health-related separations, states and territories^(a), 2002–03

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Separations with specialised psychiatric care									
Public acute hospitals	6,979	1,097	3,405	187	207	75	30	28	12,008
Public psychiatric hospitals	1,914	2	0	7	35	0	0	0	1,958
<i>Public hospitals</i>	<i>8,893</i>	<i>1,099</i>	<i>3,405</i>	<i>194</i>	<i>242</i>	<i>75</i>	<i>30</i>	<i>28</i>	<i>13,966</i>
Private hospitals	17,580	30,384	15,851	6,555	1,201	n.p.	n.p.	n.p.	73,253
All hospitals	26,473	31,483	19,256	6,749	1,443	n.p.	n.p.	n.p.	87,219
Separations without specialised psychiatric care									
Public acute hospitals	3,704	5,129	1,173	892	942	176	40	88	12,144
Public psychiatric hospitals	78	0	0	0	0	0	0	0	78
<i>Public hospitals</i>	<i>3,782</i>	<i>5,129</i>	<i>1,173</i>	<i>892</i>	<i>942</i>	<i>176</i>	<i>40</i>	<i>88</i>	<i>12,222</i>
Private hospitals	2,324	2,373	2,957	150	24	n.p.	n.p.	n.p.	9,505
All hospitals	6,106	7,502	4,130	1,042	966	n.p.	n.p.	n.p.	21,727
All mental health-related same-day separations									
Public acute hospitals	10,683	6,226	4,578	1,079	1,149	251	70	116	24,152
Public psychiatric hospitals	1,992	2	0	7	35	0	0	0	2,036
<i>Public hospitals</i>	<i>12,675</i>	<i>6,228</i>	<i>4,578</i>	<i>1,086</i>	<i>1,184</i>	<i>251</i>	<i>70</i>	<i>116</i>	<i>26,188</i>
Private hospitals	19,904	32,757	18,808	6,705	1,225	n.p.	n.p.	n.p.	82,758
All hospitals	32,579	38,985	23,386	7,791	2,409	n.p.	n.p.	n.p.	108,946
% of same-day separations with specialised psychiatric care									
Public acute hospitals	65.3	17.6	74.4	17.3	18.0	29.9	42.9	24.1	49.7
Public psychiatric hospitals	96.1	100.0	..	100.0	100.0	..	..	..	96.2
<i>Public hospitals</i>	<i>70.2</i>	<i>17.6</i>	<i>74.4</i>	<i>17.9</i>	<i>20.4</i>	<i>29.9</i>	<i>42.9</i>	<i>24.1</i>	<i>53.3</i>
Private hospitals	88.3	92.8	84.3	97.8	98.0	n.p.	n.p.	n.p.	88.5
All hospitals	81.3	80.8	82.3	86.6	59.9	n.p.	n.p.	n.p.	80.1
Same-day separations per 1,000 population^(c)									
Public acute hospitals	1.62	1.29	1.27	0.57	0.75	0.54	0.22	0.60	1.24
Public psychiatric hospitals	0.31	0.00	..	0.00	0.02	..	..	..	0.11
<i>Public hospitals</i>	<i>1.93</i>	<i>1.29</i>	<i>1.26</i>	<i>0.57</i>	<i>0.78</i>	<i>0.53</i>	<i>0.22</i>	<i>0.59</i>	<i>1.35</i>
Private hospitals	3.03	6.81	5.20	3.52	0.80	n.p.	n.p.	n.p.	4.26
All hospitals	4.96	8.10	6.46	4.10	1.58	n.p.	n.p.	n.p.	5.61
95% confidence intervals	4.9 – 5.0	8.0 – 8.2	6.4 – 6.5	4.0 – 4.2	1.5 – 1.6	n.p.	n.p.	n.p.	5.6 – 5.6

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

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

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

n.p. Not published.

.. Not applicable.

Table 3.34: Ambulatory-equivalent mental health-related separations, by mental health legal status^(a) and hospital type, states and territories,^(b) 2002-03

Separations	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Involuntary	111	145	614	24	34	14	6	9	957
Voluntary	6,868	952	2,791	163	173	61	24	11	11,043
Not reported	0	0	0	0	0	0	0	8	8
Total	6,979	1,097	3,405	187	207	75	30	28	12,008
Private hospitals									
Involuntary	0	0	88	0	1	n.p.	n.p.	n.p.	89
Voluntary	17,580	0	15,763	6,555	1,200	n.p.	n.p.	n.p.	41,098
Not reported	0	30,384	0	0	0	n.p.	n.p.	n.p.	32,066
Total	17,580	30,384	15,851	6,555	1,201	n.p.	n.p.	n.p.	73,253
Public psychiatric hospitals^(c)									
Involuntary	33	1	0	4	27	0	..	..	65
Voluntary	1,881	1	0	3	8	0	..	..	1,893
Not reported	0	0	0	0	0	0	..	..	0
Total	1,914	2	0	7	35	0	..	..	1,958
All hospitals									
Involuntary	144	146	702	28	62	n.p.	n.p.	n.p.	1,111
Voluntary	26,329	953	18,554	6,721	1,381	n.p.	n.p.	n.p.	54,034
Not reported	0	30,384	0	0	0	n.p.	n.p.	n.p.	32,074
Total	26,473	31,483	19,256	6,749	1,443	n.p.	n.p.	n.p.	87,219

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

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

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

n.p. Not published.

.. Not applicable.

Table 3.35: Ambulatory-equivalent mental health-related separations, by sex and age group, Australia 2002-03

	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 or older	Total ^(a)
Males								
With psychiatric care	2,827	3,173	3,478	4,651	6,894	6,210	5,047	32,280
Without psychiatric care	1,335	1,543	1,752	1,646	1,947	1,385	739	10,350
<i>Total</i>	<i>4,162</i>	<i>4,716</i>	<i>5,230</i>	<i>6,297</i>	<i>8,841</i>	<i>7,595</i>	<i>5,786</i>	<i>42,630</i>
Females								
With psychiatric care	1,157	10,042	9,538	12,372	11,213	6,395	4,222	54,939
Without psychiatric care	1,132	1,639	2,187	2,381	1,937	1,151	948	11,376
<i>Total</i>	<i>2,289</i>	<i>11,681</i>	<i>11,725</i>	<i>14,753</i>	<i>13,150</i>	<i>7,546</i>	<i>5,170</i>	<i>66,315</i>
Total^(b)								
With psychiatric care	3,984	13,215	13,016	17,023	18,107	12,605	9,269	87,219
Without psychiatric care	2,467	3,183	3,939	4,027	3,884	2,536	1,687	21,727
Total	6,451	16,398	16,955	21,050	21,991	15,141	10,956	108,946

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

(b) Includes sex not stated.

Table 3.36: Ambulatory-equivalent mental health-related separations, by Indigenous status and Remoteness area^(a) of usual residence, Australia, 2002–03

Remoteness area of usual residence	Aboriginal and/or Torres Strait Islander patients ^(b)			Non-Aboriginal and/or Torres Strait Islander patients ^(c)			All patients		
	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total
Major cities	403	246	649	75,365	13,045	88,410	76,279	14,603	90,882
Inner regional	55	115	170	7,637	4,558	12,195	7,804	5,022	12,826
Outer regional	21	157	178	1,380	997	2,377	1,413	1,221	2,634
Remote	6	121	127	145	180	325	152	314	466
Very remote	5	109	114	48	46	94	53	164	217
Not reported	6	24	30	1,479	370	1,849	1,518	403	1,921
<i>Total</i>	<i>496</i>	<i>772</i>	<i>1,268</i>	<i>86,054</i>	<i>19,196</i>	<i>105,250</i>	<i>87,219</i>	<i>21,727</i>	<i>108,946</i>
<i>Per 1,000 population^(d)</i>	<i>1.3</i>	<i>1.8</i>	<i>3.2</i>	<i>4.5</i>	<i>1.0</i>	<i>5.5</i>	<i>4.5</i>	<i>1.1</i>	<i>5.6</i>

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

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

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

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

Table 3.37: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis		Public acute	Public	Private	Total	% Total ^(a)
		hospitals	psychiatric hospitals	hospitals		
F00–F03	Dementia	68	0	163	231	65.3
F04–F09	Other organic mental disorders	11	0	159	170	66.9
F10	Mental and behavioural disorders due to use of alcohol	525	21	5,149	5,695	43.3
F11–F19	Mental and behav disorders due to other psychoactive substances use	237	8	1,090	1,335	55.3
F20	Schizophrenia	850	92	2,557	3,499	84.7
F21, F24, F28–F29	Schizotypal and other delusional disorders	195	90	259	544	81.2
F22	Persistent delusional disorders	121	0	56	177	51.2
F23	Acute and transient psychotic disorders	70	11	214	295	77.2
F25	Schizoaffective disorders	414	59	2,414	2,887	94.8
F30	Manic episode	24	0	88	112	76.7
F31	Bipolar affective disorders	170	3	3,982	4,155	92.3
F32	Depressive episode	2,452	155	17,407	20,014	90.5
F33	Recurrent depressive disorders	392	1	12,097	12,490	92.7
F34	Persistent mood (affective) disorders	151	2	1,588	1,741	94.0
F38, F39	Other and unspecified mood (affective) disorders	54	0	155	209	92.1
F40	Phobic anxiety disorders	77	0	702	779	97.1
F41	Other anxiety disorders	923	106	6,322	7,351	75.3
F42	Obsessive–compulsive disorders	19	43	913	975	92.8
F43	Reaction to severe stress and adjustment disorders	1,296	28	9,415	10,739	85.5
F44	Dissociative (conversion) disorders	11	0	699	710	80.7
F45, F48	Somatoform and other neurotic disorders	173	50	226	449	76.2
F50	Eating disorders	883	18	4,176	5,077	97.6
F51–F59	Other behav syndromes associated w physiol dist & phys factors	52	0	170	222	57.8
F60	Specific personality disorders	400	16	2,246	2,662	90.2
F61–F69	Disorders of adult personality and behaviour	24	0	293	317	89.8
F70–F79	Mental retardation	26	0	0	26	54.2
F80–F89	Disorders of pscychological development	25	56	108	189	90.0
F90	Hyperkinetic disorders	110	114	24	248	97.6
F91	Conduct disorders	1,264	709	132	2,105	95.9
F92–F98	Other & unspec disorders w onset childhood adolescence	209	207	216	632	91.2
F99	Mental disorder not otherwise specified	11	0	8	19	32.2
G30	Alzheimer's disease	2	0	51	53	60.2
G47	Sleep disorders	6	0	3	9	0.4
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	1	0	0	1	0.4
R44	Other symptoms & signs involving general sensations and perceptions	1	0	0	1	1.5
R45	Symptoms & signs involving emotional state	14	1	10	25	19.4
	Other factors related to mental and behavioural disorders ^(b)	199	2	9	210	65.4
	Other ^(c)	548	166	152	866	100.0
Total		12,008	1,958	73,253	87,219	80.1

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

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

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

Note: Main abbreviations: W—with, phys—physical, physiol—physiological, dist—disturbances, behav—behavioural, dis—diseases, nerv sys—nervous system, complic—complications, preg—pregnancy, child—child, puerp—puerperium, unspec—unspecified.

Table 3.38: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	% Total ^(a)
F00–F03 Dementia	115	0	8	123	34.7
F04–F09 Other organic mental disorders	81	1	2	84	33.1
F10 Mental and behavioural disorders due to use of alcohol	3,647	13	3,810	7,470	56.7
F11–F19 Mental and behav disorders due to other psychoactive substances use	731	11	339	1,081	44.7
F20 Schizophrenia	406	7	217	630	15.3
F21, F24,					
F28–F29 Schizotypal and other delusional disorders	116	1	9	126	18.8
F22 Persistent delusional disorders	120	0	49	169	48.8
F23 Acute and transient psychotic disorders	87	0	0	87	22.8
F25 Schizoaffective disorders	56	0	103	159	5.2
F30 Manic episode	33	0	1	34	23.3
F31 Bipolar affective disorders	146	3	199	348	7.7
F32 Depressive episode	950	10	1,147	2,107	9.5
F33 Recurrent depressive disorders	105	1	878	984	7.3
F34 Persistent mood (affective) disorders	43	1	68	112	6.0
F38, F39 Other and unspecified mood (affective) disorders	15	1	2	18	7.9
F40 Phobic anxiety disorders	7	0	16	23	2.9
F41 Other anxiety disorders	1,539	1	865	2,405	24.7
F42 Obsessive–compulsive disorders	22	0	54	76	7.2
F43 Reaction to severe stress and adjustment disorders	926	15	873	1,814	14.5
F44 Dissociative (conversion) disorders	124	0	46	170	19.3
F45, F48 Somatoform and other neurotic disorders	85	0	55	140	23.8
F50 Eating disorders	61	0	64	125	2.4
F51–F59 Other behav syndromes associated w physiol dist & phys factors	98	0	64	162	42.2
F60 Specific personality disorders	222	12	56	290	9.8
F61–F69 Disorders of adult personality and behaviour	21	0	15	36	10.2
F70–F79 Mental retardation	22	0	0	22	45.8
F80–F89 Disorders of psychological development	20	0	1	21	10.0
F90 Hyperkinetic disorders	5	0	1	6	2.4
F91 Conduct disorders	89	0	1	90	4.1
F92–F98 Other & unspec disorders w onset childhood adolescence	61	0	0	61	8.8
F99 Mental disorder not otherwise specified	38	0	2	40	67.8
G30 Alzheimer's disease	33	0	2	35	39.8
G47 Sleep disorders	1,614	0	508	2,122	99.6
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	235	0	30	265	99.6
R44 Other symptoms & signs involving general sensations and perceptions	63	0	1	64	98.5
R45 Symptoms & signs involving emotional state	98	0	6	104	80.6
Other factors related to mental and behavioural disorders ^(b)	97	1	13	111	34.6
Other factors related to substance use ^(c)	13	0	0	13	100.0
Total	12,144	78	9,505	21,727	19.9

(a) The proportion of mental health-related ambulatory-equivalent separations with these diagnoses that did not have specialised psychiatric care.

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

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

Note: w—with, phys—physical, physiol—physiological, dist—disturbances, behav—behavioural, dis—diseases, nerv sys—nervous system, complic—complications, preg—pregnancy, child—childbirth, puerp—puerperium, unspec—unspecified.

Table 3.39: The 30 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2002–03

With specialised psychiatric care		Without specialised psychiatric care	
Procedure	Separations	Procedure	Separations
96101–00 Cognitive behaviour therapy [CBT]	9,113	92002–00 Alcohol rehabilitation	2,417
96001–00 Psychological skills training	6,125	96001–00 Psychological skills training	1,771
96180–00 Other psychotherapies or psychosocial therapies	4,206	95550–10 Allied health intervention, psychology	723
96090–00 Other counselling or education	3,704	96101–00 Cognitive behaviour therapy [CBT]	624
95550–10 Allied health intervention, psychology	1,820	95550–01 Allied health intervention, social work	490
96073–00 Substance addiction counselling or education	1,451	96073–00 Substance addiction counselling or education	428
96185–00 Supportive psychotherapy, not elsewhere classified	1,003	96185–00 Supportive psychotherapy, not elsewhere classified	392
92002–00 Alcohol rehabilitation	503	96175–00 Mental/behavioural assessment	322
96181–00 Art therapy	375	92008–00 Combined alcohol and drug rehabilitation	276
95550–02 Allied health intervention, occupational therapy	374	92004–00 Alcohol rehabilitation and detoxification	209
96027–00 Prescribed/self-selected medication assessment	239	96176–00 Behaviour therapy	117
92004–00 Alcohol rehabilitation and detoxification	211	92005–00 Drug rehabilitation	93
96175–00 Mental/behavioural assessment	187	92006–00 Drug detoxification	76
96066–00 Preventative counselling or education	156	96090–00 Other counselling or education	65
		Counselling or education on preparing for parenthood, parenting skills or	
95550–01 Allied health intervention, social work	144	96080–00 family planning	57
92005–00 Drug rehabilitation	113	96075–00 Self-care/self-maintenance counselling or education	54
96177–00 Interpersonal psychotherapy [IPT]	70	96067–00 Nutritional/dietary counselling or education	32
96032–00 Psychosocial assessment	61	96034–00 Alcohol and other drug assessment	30
96030–00 Situational/occupational/environmental assessment	48	92003–00 Alcohol detoxification	20
92003–00 Alcohol detoxification	33	96081–00 Relationship counselling	20
96074–00 Gambling or betting addiction counselling or education	26	96089–00 Resource education	17
96148–00 Play/leisure/recreation therapy	21	96181–00 Art therapy	9
Counselling or education on preparing for parenthood, parenting skills or			
96080–00 family planning	21	92007–00 Drug rehabilitation and detoxification	8
96100–00 Psychodynamic therapy	21	96180–00 Other psychotherapies or psychosocial therapies	7
92010–00 Combined alcohol and drug rehabilitation and detoxification	17	96145–00 Skills training in parenting techniques	5
96102–00 Systems therapy	11	92010–00 Combined alcohol and drug rehabilitation and detoxification	5
96104–00 Music therapy	11	96085–00 Grief/bereavement counselling	4
92007–00 Drug rehabilitation and detoxification	10	96032–00 Psychosocial assessment	4
96178–00 Couples therapy	10	95550–02 Allied health intervention, occupational therapy	4
92008–00 Combined alcohol and drug rehabilitation	7	92009–00 Combined alcohol and drug detoxification	3
Other	10	Other	5
No procedure or not reported	59,321	No procedure or not reported	14,042
Total^(a)	87,219		21,727

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

Table 3.40: The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations^(a), Australia, 2002-03

AR-DRG Description	Separations	Per 1,000 population ^(b)
U60Z Mental Health Treatment, Sameday, W/O ECT	83,485	4.23
V62B Alcohol Use Disorder and Dependence, Sameday	7,047	0.36
V60B Alcohol Intoxication and Withdrawal W/O CC	3,785	0.19
V64Z Other Drug Use Disorder and Dependence	1,026	0.05
Z64B Other Factors Influencing Health Status, Sameday	699	0.04
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	559	0.03
V61Z Drug Intoxication and Withdrawal	525	0.03
V63A Opioid Use Disorder and Dependence	364	0.02
V60A Alcohol Intoxication and Withdrawal W CC	342	0.02
O61Z Postpartum and Post Abortion W/O O.R. Procedure	307	0.02
O66B Antenatal & Other Obstetric Admission, Sameday	242	0.01
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	139	<0.01
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	127	<0.01
B64B Delirium W/O Catastrophic CC	97	<0.01
I68C Non-surgical Spinal Disorders, Sameday	68	<0.01
K62C Miscellaneous Metabolic Disorders Age <75 W/O Catastrophic or Severe CC	53	<0.01
X60C Injuries Age <65	38	<0.01
B76B Seizure W/O Catastrophic or Severe CC	33	<0.01
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	23	<0.01
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	19	<0.01
E75C Other Respiratory System Diagnosis Age <65 W/O CC	17	<0.01
I71C Other Musculotendinous Disorders Age <70 W/O CC	15	<0.01
J65B Trauma to the Skin, Subcutaneous Tissue and Breast Age <70	12	<0.01
O60B Vaginal Delivery W/O Catastrophic or Severe CC	12	<0.01
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	8	<0.01
C63B Other Disorders of the Eye W/O CC	6	<0.01
E75B Other Respiratory System Diagnosis Age >64 or W CC	6	<0.01
B60B Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O Catastrophic CC	5	<0.01
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	5	<0.01
Z61Z Signs and Symptoms	5	<0.01
All other AR-DRGS	147	<0.01
Total	99,216	5.02

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

(b) Rates are crude rates based on the total Australian estimated resident population of 31 December 2002.

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