3.09 Access to mental health services

Access to mental health care services such as hospitals, community mental health care, doctors and Aboriginal and Torres Strait Islander Primary health-care services by Aboriginal and Torres Strait Islander people.

Data sources

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians of all ages. This sample was considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. The survey was conducted in remote and non-remote areas of Australia and collected a range of information from Indigenous Australians. This included issues of health-related actions, health risk factors, health status, socioeconomic circumstances and women's health. The survey provides comparisons over time in the health of Indigenous Australians. It is planned to repeat the NATSIHS at six yearly intervals, with the next NATSIHS to be conducted in 2010–11. Selected non-Indigenous comparisons are available through the 2004–05 National Health Survey (NHS).

Bettering the Evaluation and Care of Health (BEACH) Survey

Information about encounters in general practice is available from the BEACH survey, which is conducted by the Australian General Practice Statistics and Classification Centre at the University of Sydney. Information is collected from a random sample of approximately 1,000 general practitioners (GPs) from across Australia each year. A sample of 100 consecutive GP-patient encounters is collected from each GP. A more detailed explanation of the BEACH methods can be found in General practice activity in Australia 2008–09, (Britt et al 2009).

The number of Indigenous patients identified in the BEACH survey is likely to be underestimated because some GPs might not ask the question on Indigenous status, or the patient may choose not to identify themselves (AIHW 2002). Further detailed analyses of this issue are covered in General practice in Australia, heath priorities and policies 1998–2008, (Britt H & Miller GC (eds) 2009, p101).

> "The findings of a BEACH substudy confirmed this suspected under-identification. In the data period reported here, 1.4% of patients encountered identified themselves as Indigenous. In contrast, in a BEACH substudy that asked 9,245 patients a complete set of questions about their cultural background (including Indigenous status) 2.2% (95% CI: 1.6–2.9) of respondents identified themselves as Indigenous (Britt H et al 2007). This rate is similar to the ABS estimates of Indigenous Australians as a proportion of the total population (ABS 2006).
>
> However, the BEACH substudy included Indigenous Australians seen at Community Controlled Health Services funded through Medicare claims, and the estimate of 2.2% could have been an overestimate for the proportion of encounters that are with Indigenous patients in general practice as a whole. Deeble et al. (2008) conducted further investigations on this data and estimated that the BEACH encounter identification was

an underestimate of about 10%, and that a more reliable estimate of the Indigenous population would be about 1.6% of all encounters (Deeble et al 2008).

The findings of these studies are that some GPs are not routinely asking patients at the encounter about their Indigenous status, even when this is a variable specifically collected for each patient encountered, as it is in BEACH encounter data."

Before the late inclusion of a 'not stated' category of Indigenous status in 2001–02, 'not stated' responses were included with non-Indigenous encounters. Since then, GP encounters for which Indigenous status was not reported have been included with encounters for non-Indigenous people under the 'other' category.

Data are presented for the 5-year period 2004–05 to 2008–09, during which there were 6,137 GP encounters with Aboriginal and Torres Strait Islander patients recorded in the survey, representing 1.3% of total GP encounters in the survey.

National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the Australian Institute of Health and Welfare (AIHW) by state and territory health departments.

Data are presented for the six jurisdictions that have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2006–08—New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. These six jurisdictions represent approximately 96% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

In the period 2007–08, there were 276,000 hospital separations (episodes of care for admitted patients) for Aboriginal and Torres Strait Islander patients, around 3.5% of all separations. The proportion of separations of Aboriginal and Torres Strait Islander persons was higher in public hospitals (5.4% or 256,425 separations) compared with private hospitals (0.6% or 20,015 separations). Of all Aboriginal and Torres Strait Islander separations, nearly 93% occurred in public hospitals (AIHW 2009b).

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions, because public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the two year period from July 2006 to June 2008. An aggregate of two years of data has been used, because the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation, which is the episode of admitted patient care. This can include a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in the change in the type of care (for example, from acute to rehabilitation). 'Separation' also means the

process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

Community mental health care

Information on the use of community mental health services by Indigenous people is available from the AIHW National Community Mental Health Care Database (NCMHCD). The NCMHCD is a collation of data on specialised mental health services provided to non-admitted patients, in both government-operated community and hospital-based ambulatory care services. For example, community mental health services, outpatient clinics and day clinics. Information collected in the database is a nationally agreed set of common data elements collected by service providers based on the National Minimum Data Set for Community Mental Health Care.

In 2006-2007, 4.9% of service contacts of community mental health care services were for Aboriginal and Torres Strait Islander people.

The quality of Indigenous identification in this database varies by jurisdiction. In 2006–07, Queensland, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory reported that the quality of their data was suitable for analysis.

As with hospitalisation data, service contacts for which the Indigenous status of the client was not reported have been included with hospitalisations for non-Indigenous people under the 'other' category.

Residential mental health care

Information on the use of residential mental health services by Indigenous people is available from the AIHW National Residential Mental Health Care Database (NRMHCD). The information collected in the database is a nationally agreed set of common data elements collected by service providers and based on the National Minimum Data Set for Residential Mental Health Care.

The quality of Indigenous identification in this database varies by jurisdiction. In 2006–07, there were no residential mental health care services in Queensland.

As with hospitalisation data, service contacts for which the Indigenous status of the client was not reported have been included with hospitalisations for non-Indigenous people under the 'other' category.

AIHW Medical Labour Force Survey

The AIHW Medical Labour Force Survey is conducted by the state and territory health authorities. The questionnaire is administered by the medical boards (or councils) in each jurisdiction, in conjunction with the registration renewal process. The AIHW is the data custodian for this collection. The Medical Labour Force Survey is a census of all registered medical practitioners in each state and territory in Australia. The Medical Labour Force Survey has been conducted annually since 1993. Information on demographic details, main areas and specialty of work, qualifications and hours worked are collected from registered professionals. The data collected generally relate to the four weeks prior to the survey.

OATSIH Services Reporting (OSR) data collection

In 2008–09, the AIHW collected data from the Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). OATSIH-funded services include both Indigenous Community Controlled Health Organisations and non-community controlled health organisations. Note that the OSR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

This collection, referred to as the OSR data collection, replaces the Service Activity Reporting (SAR), Drug and Alcohol Services Reporting (DASR), and Bringing Them Home and Link Up counselling data collections previously collected by the OATSIH. The OSR data collection which was established in 2008–09 uses a new set of counting rules that treat all auspice services as individual services which yields a larger numerator and denominator on which the rates are based. Although this change only marginally affects the aggregate rates, caution should be exercised when comparing rates based on earlier data collection periods.

The OSR data collection included 211 Australian Government-funded Aboriginal and Torres Strait Islander primary health-care services. Service-level data on health care and health-related activities were collected by survey questionnaire for the 2008–09 financial year reporting period and provided data on episodes of care, service population, clients and staffing. Response rates to the OSR questionnaire by Aboriginal and Torres Strait Islander primary health-care services in 2008–09 were around 97%.

Of the 86 Bringing Them Home and Link Up counselling services 81 (94%) responded to the OSR questionnaire, as well as five auspiced services. Many services providing Bringing Them Home and Link Up counselling are part of existing primary health-care or substance use service.

Forty five (90%) out of 50 stand-alone substance use services as well as three auspiced services responded to the OSR questionnaire.3

Supported Accommodation Assistance Program National Data Collection

Indicator Introduction Section

The Supported Accommodation Assistance Program (SAAP) is a national program that provides temporary accommodation and support services to assist people who are homeless or at risk of being homeless, including women and children escaping domestic violence. SAAP funds non-government, community or local government agencies ranging from small stand-alone agencies with single outlets to agencies with multiple outlets.

The SAAP National Data Collection is a nationally consistent information system combining information from SAAP agencies and State/Territory and Commonwealth funding departments. The Australian Institute of Health and Welfare manages the SAAP National Data Collection. All non-government organisations funded under the program are required to participate in the SAAP National Data Collection.

Analyses

Age-standardised rates and ratios have been used for this indicator as a measure of the Indigenous population relative to other Australians. Ratios of this type illustrate differences between the rates among Indigenous people and those of other Australians, taking into account differences in age distributions.

Self-reported data

Self-reported data from the 2004–05 NATSIHS on visiting a health professional for mental-health-related reasons are presented in Tables 3.09.1, 3.09.2a and 3.09.2b below.

- In 2004–05, approximately 12% of Indigenous Australians reported visiting a health professional about their feelings in the four weeks prior to survey (Table 3.09.1).
- The Northern Territory had the highest proportion of Indigenous Australians reporting they visited a health professional about their feelings (17%) followed by Victoria (16%); New South Wales and Queensland had the lowest (both 10%).
- The highest proportion of Indigenous Australians who reported visiting a professional about their feelings were in *Very remote* areas (14%) followed by *Inner regional* areas (13%) (Table 3.09.2a).
- A higher proportion of Indigenous Australians (20%) reported visiting an 'other health professional' than non-Indigenous Australians (13%) (Table 3.09.2b).

Table 3.09.1: Whether saw a doctor or health professional about feelings in last four weeks, Indigenous Australians, by state/territory, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust[(a)]
					Per cent				
Yes	10	16	10	11	13	13	13	17	12
No	89	83	90	88	86	87	87	82	88
Don't know/not stated/refusal	1[(a)]	1[(a)]	—	1[(a)]	—[(a)]	—[(a)]	—	1[(a)]	1[(b)]
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Total number[(c)(d)]	63,317	13,405	58,068	28,676	11,793	8,345	1,966	23,073	208,643

(a) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(b) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

(c) Persons who were asked whether they saw a doctor or other health professional about feelings.

(d) Total excludes persons whose state of origin is unknown.

Source: AIHW analysis of 2004–05 NATSIHS.

Table 3.09.2a: Whether saw a doctor or health professional about feelings in last four weeks, Indigenous Australians,[a] by remoteness, 2004–05

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia[a]
			Per cent			
Yes	11	13	10	12	14	12
No	88	86	90	87	86	88
Don't know/not stated/refused	—[b]	—[b]	n.p.	n.p.	n.p.	—[c]
Total[d]	**100**	**100**	**100**	**100**	**100**	**100**
Total number[d][e]	65,915	43,047	46,086	17,160	35,177	207,384

(a) Persons aged 18 years and over who scored greater than one on at least one of the K5 (Kessler Psychological Distress Scale) items.
(b) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.
(c) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.
(d) Includes refusal.
(e) Total excludes persons whose ASGC area is unknown.

Source: AIHW analysis of 2004–05 NATSIHS

Table 3.09.2b: Type of other health professional consulted (selected), by Indigenous status and remoteness, 2004–05

	Non-remote		Remote[a]		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous[b]	Indigenous	Non-Indigenous
			Per cent			
Accredited counsellor[c]	1	—	—[d]	n.a.	1	—
Psychologist	1	—	—[d]	n.a.	1	—
Other health professional[e]	15	13	30[d]	n.a.	18	13
Total who saw other health professional[f][g]	16	13	32[d]	n.a.	20	13
Total number	348,315	19,061,481	125,995	n.a.	474,310	19,292,387

(a) Respondents in non-remote areas were provided with a prompt card, which contained 'other health professional' categories whereas the question in remote areas was open-ended. Subsequently there may have been some under-reporting by remote respondents.
(b) Non-Indigenous data were not collected in *Very remote* areas of Australia in the 2004–05 NHS.
(c) Persons in remote areas who saw a mental health worker were coded as having seen an accredited counsellor.
(d) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.
(e) Persons who saw an 'other health professional' other than an accredited counsellor and/or psychologist.
(f) Includes 'not stated' and 'not known if consulted other health professional'.
(g) Sum of components may add up to more than total as persons may have reported seeing more than one type of other health professional.

Note: Data are age-standardised.

Source: AIHW analysis of 2004–05 NATSIHS and 2004–05 NHS.

Psychiatrists and psychologists employed in Australia

The AIHW Medical Labour Force Survey collected information on the number of psychiatrists in Australia.

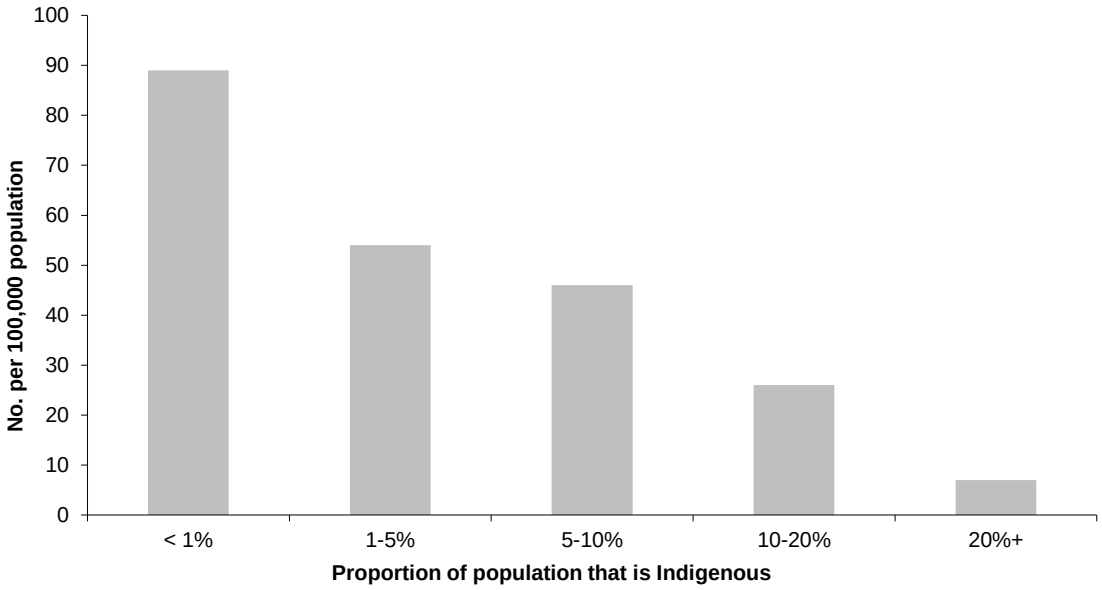
- In 2007, there were 2,803 full-time equivalent (FTE) employed psychiatrists and 1,005 FTE employed psychiatrists in training in Australia. Psychiatrists (including psychiatrists-in-training) made up 5.4% of all employed medical practitioners in Australia (AIHW 2010).
- There were 18 FTE psychiatrists per 100,000 population in Australia. The rate ranged from 13 FTE per 100,000 in the Western Australia to 23 per 100,000 in Victoria. Tasmania had a relatively low rate of FTE psychiatrists (15 per 100,000 population).
- The rate of FTE psychiatrists per 100,000 population was much higher in *Major cities* (23 per 100,000) than in *Remote* and *Very remote* areas (4 per 100,000). In 2007, 88.1% of FTE psychiatrists (for whom region was reported) worked mainly in the *Major cities*. Once population sizes were taken into account, the FTE psychiatrists per 100,000 population was highest in *Major cities* (23) followed by *Inner regional* (7) and *Outer regional* (5) areas (AIHW 2010).

Information on psychologists in Australia is available from the AIHW Psychologist Labour Force Survey, the latest of which was conducted in 2002.

The 2002 survey was conducted in five jurisdictions (New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory). The number of registered psychologists in these jurisdictions comprised around 86% of psychologists registered nationally. Coverage excludes those psychologists whose initial registration occurred during the 12 months preceding the survey. The overall response rate for the five jurisdictions was 56%.

In 2002, there were 14,073 employed psychologists in the five jurisdictions included in the AIHW survey. The FTE rates of psychologists per 100,000 population for each jurisdiction were estimated to be: New South Wales, 88; Victoria, 95; Queensland, 64; South Australia, 54; and the Australian Capital Territory, 170 (AIHW 2006b).

- The FTE rate of employed psychologists was highest in areas where less than 1% of the population was Indigenous (89 per 100,000) and lowest in areas where 20% or more of the population was Indigenous (7 per 100,000) (Figure 3.09.1).



Notes

1. In 2002, 492 employed psychologists did not report the postcode they worked in. Hence the number of employed psychologists stated by region is an underestimate.
2. Data for New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory only.
3. FTE is based on 35 hours per week.

Source: AIHW analysis of Psychologist Labour Force Survey, 2002.

Figure 3.09.1: FTE employed psychologists per 100,000 population, by proportion of Indigenous population living in an area, 2002

Table 3.09.3: FTE employed psychologists per 100,000 population, by proportion of Indigenous population living in an area, 2002

Proportion of the population that is Indigenous	FTE per 100,000 population
< 1%	89
1-5%	54
5-10%	46
10-20%	26
20%+	7

Notes

1. In 2002, 492 employed psychologists did not report the postcode they worked in. Hence the number of employed psychologists stated by region is an underestimate.
2. Data for New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory only.
3. FTE is based on 35 hours per week.

Source: AIHW analysis of Psychologist Labour Force Survey, 2002

Public psychiatric hospitals

Information on the number of public psychiatric hospitals in Australia is available from the National Public Hospital Establishment Database.

- In 2007–08, there were 16 public psychiatric hospitals in Australia with 2,156 available beds. The majority of these were located in *Major cities* (75% or 12 hospitals) *and Inner regional* areas (19% or 3 hospitals). There were no public psychiatric hospitals located in *Remote* or *Very remote* areas (Table 3.09.4).
- Among jurisdictions, New South Wales reported the highest number of available beds in public psychiatric hospitals (1,024), although South Australia had the highest number of available beds per 100,000 population (22.5).
- In 2007–08, there were 141 public acute hospitals with a specialised psychiatric unit or ward. New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (51 and 30, respectively) (Table 3.09.5). The majority of public acute hospitals with specialised psychiatric units or wards were located in *Major cities* (66.7% or 94 hospitals).

Table 3.09.4: Public psychiatric hospitals[a] and available beds, by remoteness area and state[b], 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals									
Major cities	6	2	1	1	2	. .	. .	. .	12
Inner regional	2	. .	1	. .	. .	. .	. .	. .	3
Outer regional	. .	. .	1	. .	. .	. .	. .	. .	1
Remote and Very remote	. .	. .	. .	. .	. .	. .	. .	. .	. .
Total all regions	**8**	**2**	**3**	**1**	**2**	**. .**	**. .**	**. .**	**16**
Available psychiatric beds									
Major cities	769	154	192	245	357	. .	. .	. .	1,717
Inner regional	255	. .	157	. .	. .	. .	. .	. .	412
Outer regional	. .	. .	27	. .	. .	. .	. .	. .	27
Remote and Very remote	. .	. .	. .	. .	. .	. .	. .	. .	. .
Total all regions	**1,024**	**154**	**376**	**245**	**357**	**. .**	**. .**	**. .**	**2,156**
Available beds per 100,000 population									
Major cities	15.3	3.9	7.7	16.3	31.0	. .	. .	. .	11.9
Inner regional	18.2	. .	17.1	. .	. .	. .	. .	. .	9.9
Outer regional	. .	. .	4.2	. .	. .	. .	. .		1.4
Remote and Very remote	. .	. .	. .	. .	. .	. .	. .	. .	. .
Total all regions	**14.8**	**2.9**	**9.0**	**11.6**	**22.5**	**. .**	**. .**	**. .**	**10.2**

(a) These figures differ from Australian hospital statistics 2007-08 (AIHW 2009b) due to differences in definitions and jurisdictional reporting.

(b) Crude rate based on the preliminary Australian estimated resident population of the remoteness area (RA) as at June 2007, based on the location of the hospital. Some hospitals were split between two or more RAs. Where this was the case, the data were weighted according to the proportion of the population in each RA.

Source: AIHW analysis of the National Mental Health Establishments Database.

Table 3.09.5: Public acute hospitals with psychiatric units or wards[(a)] and available beds, by Remoteness Area, states and territories, 2007-08

	NSW	Vic	Qld	WA[(b)]	SA	Tas	ACT	NT	Total
Public acute hospitals with psychiatric units or wards									
Major Cities	35	23	15	11	8	. .	2	. .	94
Inner Regional	15	6	7	2	. .	5	. .	. .	35
Outer Regional	2	1	3	2	. .	1	. .	1	10
Remote and Very remote	. .	. .	2	. .	. .	. .	. .	1	3
Total all regions	**51**	**30**	**27**	**15**	**8**	**6**	**2**	**2**	**141**
Available psychiatric beds									
Major Cities	1,077	863	701	350	243	. .	70	. .	3,304
Inner Regional	311	187	194	59	. .	108	. .	. .	859
Outer Regional	12	12	126	16	. .	20	. .	26	212
Remote and Very Remote	. .	. .	12	. .	. .	. .	. .	8	20
Total all regions	**1,400**	**1,062**	**1,033**	**425**	**243**	**128**	**70**	**34**	**4,395**
Available psychiatric beds per 100,000 population									
Major Cities	21.5	22.1	28.0	23.2	21.1	. .	20.6	. .	22.9
Inner Regional	22.2	17.8	21.1	21.9	. .	33.9	. .	. .	20.7
Outer Regional	2.6	4.7	19.9	8.2	. .	12.1	. .	22.0	10.6
Remote and Very Remote	. .	. .	8.7	. .	. .	. .	. .	8.3	4.1
Total all regions	**20.3**	**20.3**	**24.6**	**20.1**	**15.3**	**26.0**	**20.5**	**15.8**	**20.9**

. . Not applicable.

(a) These figures differ from Australian hospital statistics 2007-08 (AIHW 2009b) due to differences in definitions and jurisdictional reporting.

(b) Includes three publicly funded private hospitals in Western Australia.

(c) Crude rate based on the preliminary Australian estimated resident population of the remoteness area (RA) as at June 2007, based on the location of the hospital. Some hospitals were split between two or more RAs. Where this was the case, the data were weighted according to the proportion of the population in each RA.

Source: AIHW 2009b.

Hospitalisations

- For the two year period July 2006 to June 2008, there were 608,690 hospitalisations from mental health-related conditions in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, 22,594 (3.7%) of which were hospitalisations of Aboriginal and Torres Strait Islander people.
- Mental health-related conditions were responsible for 4.3% of all hospitalisations of Aboriginal and Torres Strait Islander Australians (see indicator 1.16).

Hospitalisations by state/territory

Table 3.09.6 presents hospitalisations for a principal diagnosis of mental health-related conditions in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory, for the two year period from July 2006 to June 2008.

- Over the period from July 2006 to June 2008, in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous males were hospitalised for mental health-related conditions at over twice the rate of

other males and Indigenous females were hospitalised for mental health-related conditions at 1.5 times the rate of other females.

- In South Australia, Indigenous Australians were hospitalised for mental health-related conditions at around four times the rate of other Australians, and in New South Wales, Western Australia and the Northern Territory Indigenous Australians were hospitalised at around twice the rate of other Australians. In Queensland and Victoria the rate ratios were around 1.5.
- In the Northern Territory, both Indigenous and other Australians were hospitalised for mental health-related conditions at low rates in comparison to hospitalisation rates in New South Wales, Victoria, Queensland, Western Australia and South Australia.

Table 3.09.6: Hospitalisations for principal diagnosis of mental health-related conditions, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA and NT, Tas and ACT, July 2006 to June 2008[a][b][c]

	Indigenous				Other[d]				
	Number	No. per 1,000[e]	LCL 95%[f]	UCL 95%[g]	Number	No. per 1,000[e]	LCL 95%[f]	UCL 95%[g]	Ratio[h]
NSW									
Males	4,925	38.8	37.6	40.0	98,861	14.7	14.6	14.8	2.6*
Females	3,771	27.4	26.5	28.3	99,591	14.4	14.3	14.4	1.9*
Persons	8,696	32.8	32.0	33.5	198,458	14.5	14.4	14.6	2.3*
Vic									
Males	645	21.6	19.8	23.4	65,903	12.8	12.7	12.9	1.7*
Females	947	33.4	31.2	35.7	115,079	21.4	21.2	21.5	1.6*
Persons	1,592	27.7	26.3	29.1	180,982	17.1	17.0	17.2	1.6*
Qld									
Males	2,561	21.3	20.4	22.3	53,276	12.8	12.7	13.0	1.7*
Females	2,072	16.3	15.5	17.1	59,061	14.4	14.2	14.5	1.1*
Persons	4,633	18.7	18.1	19.4	112,337	13.6	13.5	13.7	1.4*
WA									
Males	2,002	31.7	30.1	33.3	23,947	11.6	11.5	11.8	2.7*
Females	1,907	29.3	27.9	30.7	32,028	15.7	15.5	15.8	1.9*
Persons	3,909	30.4	29.3	31.5	55,975	13.6	13.5	13.7	2.2*
SA									
Males	1,069	44.1	41.3	47.0	17,299	11.2	11.0	11.3	3.9*
Females	1,126	43.0	40.4	45.6	19,430	11.7	11.5	11.9	3.7*
Persons	2,195	43.6	41.7	45.5	36,729	11.5	11.4	11.6	3.8*
NT									
Males	888	15.8	14.6	17.1	1,001	6.4	6.0	6.9	2.5*
Females	681	10.7	9.8	11.6	614	4.5	4.1	4.9	2.4*
Persons	1,569	13.1	12.4	13.9	1,615	5.5	5.2	5.8	2.4*
NSW, Vic, Qld, WA, SA, NT[i]									
Males	**12,090**	**28.7**	**28.1**	**29.3**	**260,287**	**13.2**	**13.1**	**13.2**	**2.2***
Females	**10,504**	**23.5**	**23.0**	**23.9**	**325,803**	**16.1**	**16.0**	**16.1**	**1.5***
Persons	**22,594**	**26.0**	**25.6**	**26.3**	**586,096**	**14.6**	**14.6**	**14.6**	**1.8***
Tas									
Males	108	6.8	5.5	8.2	4,395	9.8	9.5	10.1	0.7*
Females	146	8.6	7.1	10.1	4,871	10.0	9.7	10.3	0.9
Persons	254	7.7	6.7	8.7	9,266	9.9	9.7	10.1	0.8*
ACT									
Males	42	12.3	7.1	17.6	1,744	5.2	4.9	5.4	2.4*
Females	53	13.3	8.7	17.9	1,891	5.5	5.3	5.8	2.4*
Persons	95	12.6	9.2	16.0	3,635	5.4	5.2	5.5	2.4*

(continued)

Table 3.09.6 (continued): Hospitalisations for principal diagnosis of mental health-related conditions, by Indigenous status, sex and state/territory, NSW, Vic, Qld, WA, SA and NT, Tas and ACT, July 2006 to June 2008[(a)(b)(c)]

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

(a) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes F00–F99, G30, G47.0, G47.1, G47.2, G47.8, G47,9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z5.

(b) Financial year reporting.

(c) Data are from public and most private hospitals. Jurisdictional data excludes private hospitals in the Northern Territory, Tasmania and the Australian Capital Territory.

(d) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

(e) Directly age-standardised using the Australian 2001 standard population in five year age groups to 75+ for NSW, Vic, Qld, WA, SA and NT, Tas and ACT,. Directly age-standardised using the Australian 2001 standard population in five year age groups to 65+ for Tasmania and the ACT.

(f) LCL = lower confidence limit.

(g) UCL = upper confidence limit.

(h) Rate ratio—Indigenous: other.

(i) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

Note: Person numbers and rates include hospitalisations for which sex was not stated.

Source: AIHW analysis of National Hospital Morbidity Database.

Hospitalisations by ambulatory and non-ambulatory-equivalent

Mental health services can be provided in ambulatory or non-ambulatory settings. Ambulatory mental health care settings range from care provided in the primary care setting through to ambulatory care in hospital-based outpatient services, community-based mental health care and same day admitted patient mental health care in specialised psychiatric and general hospitals. Non-ambulatory mental health care settings include admitted patient mental health care in specialised psychiatric and general hospitals and residential mental health care.

Data for ambulatory-equivalent and non-ambulatory-equivalent mental health-related hospitalisations for Indigenous and non-Indigenous Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory over the two year period from July 2006 to June 2008 are presented in Table 3.09.7 and Figure 3.09.2.

- Between July 2006 and June 2008, there were 3,207 ambulatory-equivalent mental health-related hospitalisations among Indigenous Australians (919 with specialised psychiatric care and 2,288 without specialised psychiatric care).
- Over the same period there were 19,385 non-ambulatory-equivalent mental health-related separations among Indigenous Australians (8,785 with specialised psychiatric care and 10,600 without specialised psychiatric care).
- Rates of ambulatory-equivalent mental health-related hospitalisations were lower for Indigenous Australians than other Australians (rate ratio of 0.7). This was particularly the case for ambulatory-equivalent separations with specialised psychiatric care. The rate of these hospitalisations per 1,000 Aboriginal and Torres Strait Islander people was 0.2 times the rate for other Australians. In contrast, the rate of ambulatory-equivalent separations without specialised psychiatric care per 1,000 Indigenous people was almost double that for other Australians (rate ratio of 1.9).
- Rates of non-ambulatory-equivalent mental health-related hospitalisations per 1,000 Aboriginal and Torres Strait Islander people were more than double that for other Australians (rate ratio of 2.4). The rate of such hospitalisations with specialised psychiatric care among Indigenous Australians was around 1.8 times that of other Australians. The rate of non-ambulatory-equivalent separations among Indigenous Australians without specialised psychiatric care was over three times that of other Australians.

Table 3.09.7: Ambulatory-equivalent and non-ambulatory-equivalent mental health-related hospitalisations, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2006 to June 2008[(a)(b)(c)(d)]

	Males					Females					Persons				
	No.	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]	No.	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]	No.	No. per 1,000[(e)]	LCL 95%[(f)]	UCL 95%[(g)]	Ratio[(h)]
Ambulatory-equivalent															
With specialised psychiatric care															
Indigenous	506	0.9	0.8	1.0	0.3*	413	1.0	0.9	1.1	0.2*	919	1.0	0.9	1.0	0.2*
Other[(i)]	61,928	3.0	3.0	3.1		102,681	5.1	5.1	5.1		164,609	4.1	4.0	4.1	
Without specialised psychiatric care															
Indigenous	1,169	2.8	2.7	3.0	2*	1,119	2.4	2.3	2.6	1.8*	2,288	2.6	2.5	2.7	1.9*
Other[(i)]	27,586	1.4	1.4	1.4		27,112	1.4	1.3	1.4		54,698	1.4	1.4	1.4	
Total Indigenous	**1,675**	**3.7**	**3.5**	**3.9**	**0.8***	**1,532**	**3.4**	**3.2**	**3.6**	**0.5***	**3,207**	**3.6**	**3.4**	**3.7**	**0.7***
Total other[(i)]	**89,514**	**4.4**	**4.4**	**4.5**		**129,793**	**6.4**	**6.4**	**6.5**		**219,307**	**5.4**	**5.4**	**5.4**	
Non-ambulatory-equivalent															
With specialised psychiatric care															
Indigenous	4,801	10.6	10.2	10.9	2.1*	3,984	8.5	8.2	8.8	1.5*	8,785	9.5	9.3	9.7	1.8*
Other[(i)]	97,786	5.0	4.9	5.0		111,486	5.5	5.5	5.6		209,273	5.3	5.2	5.3	
Without specialised psychiatric care															
Indigenous	5,614	14.4	14.0	14.8	3.8*	4,986	11.5	11.1	11.8	2.8*	10,600	12.9	12.6	13.1	3.3*
Other[(i)]	72,985	3.8	3.7	3.8		84,463	4.1	4.1	4.1		157,453	3.9	3.9	3.9	
Total Indigenous	**10,415**	**25.0**	**24.4**	**25.5**	**2.9***	**8,970**	**20.0**	**19.6**	**20.5**	**2.1***	**19,385**	**22.4**	**22.0**	**22.7**	**2.4***
Total other[(i)]	**170,771**	**8.7**	**8.7**	**8.8**		**195,949**	**9.6**	**9.6**	**9.7**		**366,726**	**9.2**	**9.2**	**9.2**	

(continued)

Table 3.09.7 (continued): Ambulatory-equivalent and non-ambulatory-equivalent mental health-related hospitalisations, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)(c)(d)]

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

(a) Data exclude record with missing mental health flag and private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental health-related conditions: ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) Directly age-standardised using the Australian 2001 standard population.

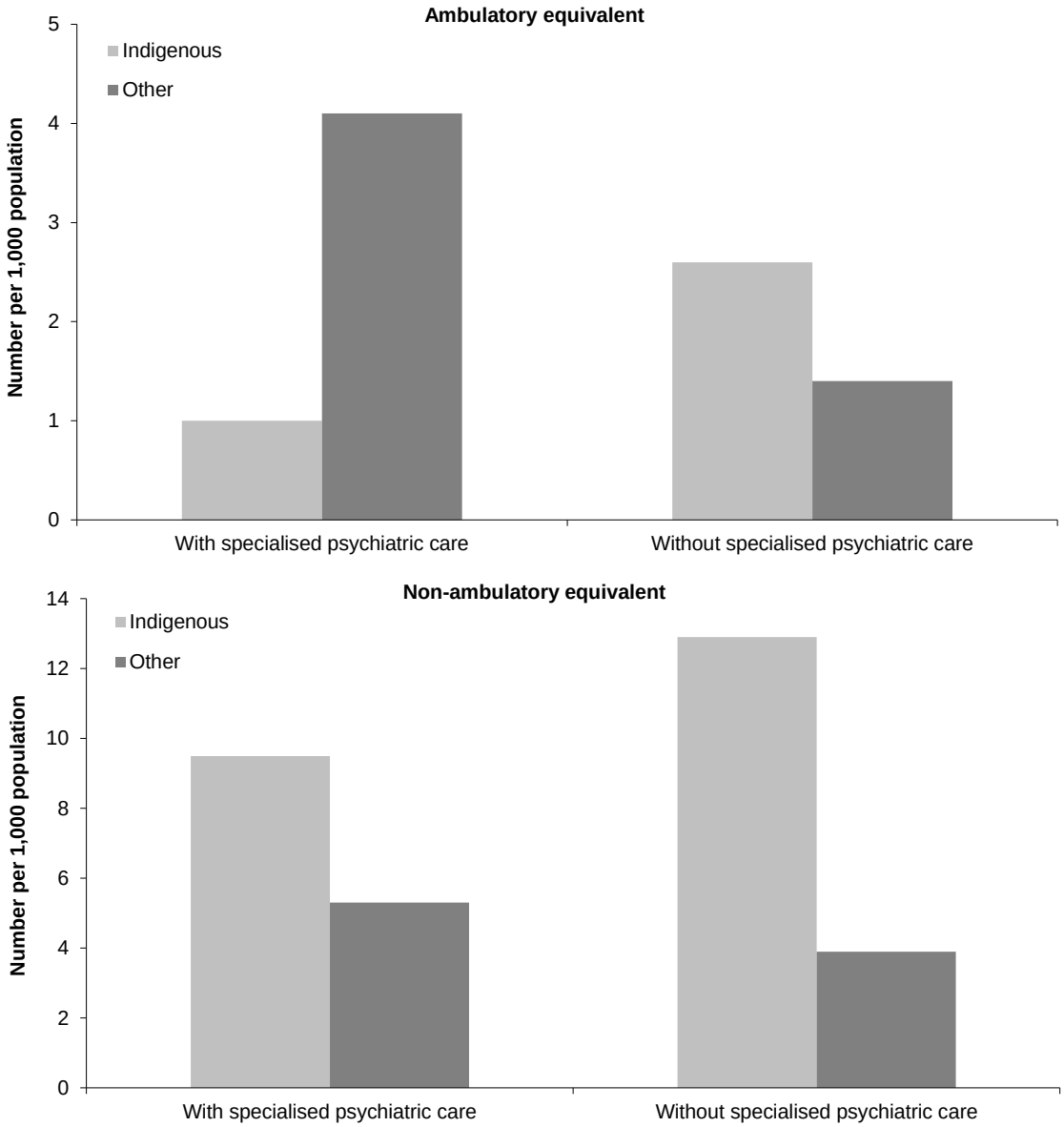
(f) LCL = lower confidence limit.

(g) UCL = upper confidence limit.

(h) Rate ratio—Indigenous: other.

(i) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 3.09.2: Ambulatory-equivalent and non-ambulatory-equivalent mental health-related hospitalisation rates, by Indigenous status, NSW, Vic, Qld, WA, SA and NT, July 2006 to June 2008

Average length of stay

Table 3.09.8 presents the average length of stay and total number of bed days for non-ambulatory-equivalent mental health-related hospitalisations for Indigenous and other Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.

- In the period from July 2006 to June 2008, the average length of stay in hospital for non-ambulatory-equivalent mental health-related hospitalisations was lower for Indigenous Australians than other Australians (11.2 days compared with 13.2 days).
- The average length of stay for non-ambulatory-equivalent mental health-related hospitalisations with specialised psychiatric care was longer for Indigenous than other Australians (20.9 days compared with 18.6 days). The average length of stay for non-ambulatory-equivalent mental health-related hospitalisations without specialised psychiatric care psychiatric care was 3.2 days for Indigenous Australians and 6.1 days for other Australians.
- For both Indigenous and other Australians, the total number of bed days was higher for non-ambulatory-equivalent separations with specialised psychiatric care than without specialised psychiatric care.

Table 3.09.8: Average length of stay for non-ambulatory-equivalent mental health-related hospitalisations, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2006 to June 2008[(a)(b)(c)(d)]

	Indigenous			Other[(e)]			Total		
	Males	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
					Patient days				
With specialised psychiatric care	122,489	61,150	183,639	1,962,749	1,922,722	3,885,527	2,085,238	1,983,872	4,069,166
Without specialised psychiatric care	19,109	14,786	33,895	416,295	541,889	958,231	435,404	556,675	992,126
Total	**141,598**	**75,936**	**217,534**	**2,379,044**	**2,464,611**	**4,843,758**	**2,520,642**	**2,540,547**	**5,061,292**
					Average length of stay (overnight)				
With specialised psychiatric care	25.5	15.3	20.9	20.1	17.2	18.6	20.3	17.2	18.7
Without specialised psychiatric care	3.4	3	3.2	5.7	6.4	6.1	5.5	6.2	5.9
Total	**13.6**	**8.5**	**11.2**	**13.9**	**12.6**	**13.2**	**13.9**	**12.4**	**13.1**

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental health-related conditions; ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of National Hospital Morbidity Database.

Time series analyses

Time series data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations for all years from 2001–02 to 2007–08—Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous Australian population. New South Wales and Victoria were identified as having adequate identification of Indigenous hospitalisations from 2004–05 onwards, and so they were included as part of the current period analysis (2004–05 to 2007–08), and a separate time series analyses.

Note that changes in the level of accuracy of Indigenous identification in hospital records over this period will result in changes in the level of reported hospital separations for Indigenous Australians. Also, changes in access, hospital policies and practices all have an impact on the level of hospitalisation over time. Caution should be used in interpreting changes over time because it is not possible to ascertain whether a change in reported hospitalisation is due to changes in the accuracy of Indigenous identification or real changes in the rates at which Indigenous people are hospitalised. An increase in hospitalisation rates may reflect better hospital access rather than a worsening of health.

Hospitalisations of mental health-related conditions (2001–02 to 2007–08)

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for mental health-related conditions over the seven year period 2001–02 to 2007–08 are presented in Table 3.09.9a and Figure 3.09.3a.

- In Queensland, Western Australia, South Australia and the Northern Territory, there were significant increases in hospitalisation rates for mental health-related conditions among Indigenous males during the period 2001–02 to 2007–08. The fitted trend implies a 16% increase in the rate over the period.
- There were significant declines in hospitalisation rates for mental health-related conditions among other Australians over the same period, with an average yearly decline in the rate of around 0.2 per 1,000. This is equivalent to an 8.7% decline in the rate over the period.
- There were significant increases in both the hospitalisation rate ratios and rate differences between Indigenous and other Australians over the period 2001–02 to 2007–08 (8.5% increase in the rate ratio and 11% increase in the rate difference for persons over the period). This reflects both a relative and absolute increase in the gap between hospitalisation rates of Indigenous and other Australians for mental health-related conditions over the period 2001–02 to 2007–08.

Table 3.09.9a: Age-standardised hospitalisation rates, rate ratios and rate differences for mental health-related conditions, Qld, WA, SA and NT combined, 2001–02 to 2007–08[a]

	2001–02	2002–03	2003–04	2004–05	2005–06	2006-07	2007-08	Annual change[b]	% change over period[c]
Indigenous separations									
Males	2,835	2,844	2,838	2,819	2,944	3,144	3,306	76*	16.0*
Females	2,424	2,581	2,615	2,699	2,654	2,618	2,818	46*	11.4*
Persons	5,259	5,426	5,453	5,518	5,598	5,762	6,124	122*	13.9*
Other Australian separations									
Males	44,320	42,695	42,641	42,040	41,943	46,051	45,927	387	5.2
Females	50,127	52,444	53,252	54,063	52,700	52,560	52,556	249	3.0
Persons	94,447	95,141	95,893	96,103	94,643	98,611	98,483	636*	4.0*
Indigenous number per 1,000									
Males	24.5	23.9	23.3	22.8	23.6	24.0	24.7	0.0	1.0
Females	19.7	20.5	20.3	20.3	19.8	18.7	20.1	–0.1	–3.2
Persons	22.0	22.1	21.7	21.5	21.6	21.3	22.3	0.0	–0.9
Other Australian[d] number per 1,000									
Males	12.6	12.0	11.7	11.3	11.0	11.8	11.4	–0.2*	–8.3*
Females	14.1	14.5	14.4	14.4	13.7	13.4	13.1	–0.2*	–8.8*
Persons	13.4	13.2	13.1	12.9	12.4	12.6	12.3	–0.2*	–8.7*
Rate ratio[e]									
Males	1.9	2.0	2.0	2.0	2.1	2.0	2.2	0.03*	10.3*
Females	1.4	1.4	1.4	1.4	1.4	1.4	1.5	0.0	6.0
Persons	1.6	1.7	1.7	1.7	1.7	1.7	1.8	0.02*	8.5*

(continued)

Table 3.09.9a: (continued) Age-standardised hospitalisation rates, rate ratios and rate differences for mental health-related conditions, Qld, WA, SA and NT combined, 2001–02 to 2007–08[(a)]

	2001–02	2002–03	2003–04	2004–05	2005–06	2006-07	2007-08	Annual change[(b)]	% change over period[(c)]
Rate difference[(f)]									
Males	11.9	12.0	11.6	11.5	12.6	12.3	13.3	0.2*	10.8*
Females	5.6	6.0	5.9	5.8	6.0	5.4	7.0	0.1	10.7
Persons	8.6	8.9	8.6	8.6	9.2	8.7	10.0	0.2	11.1

* Represents results with statistically significant increases or decreases at the $p < 0.05$ level over the period 2001–02 to 2007–08.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.

(c) Per cent change between 2001–02 and 2007–08 based on the average annual change over the period.

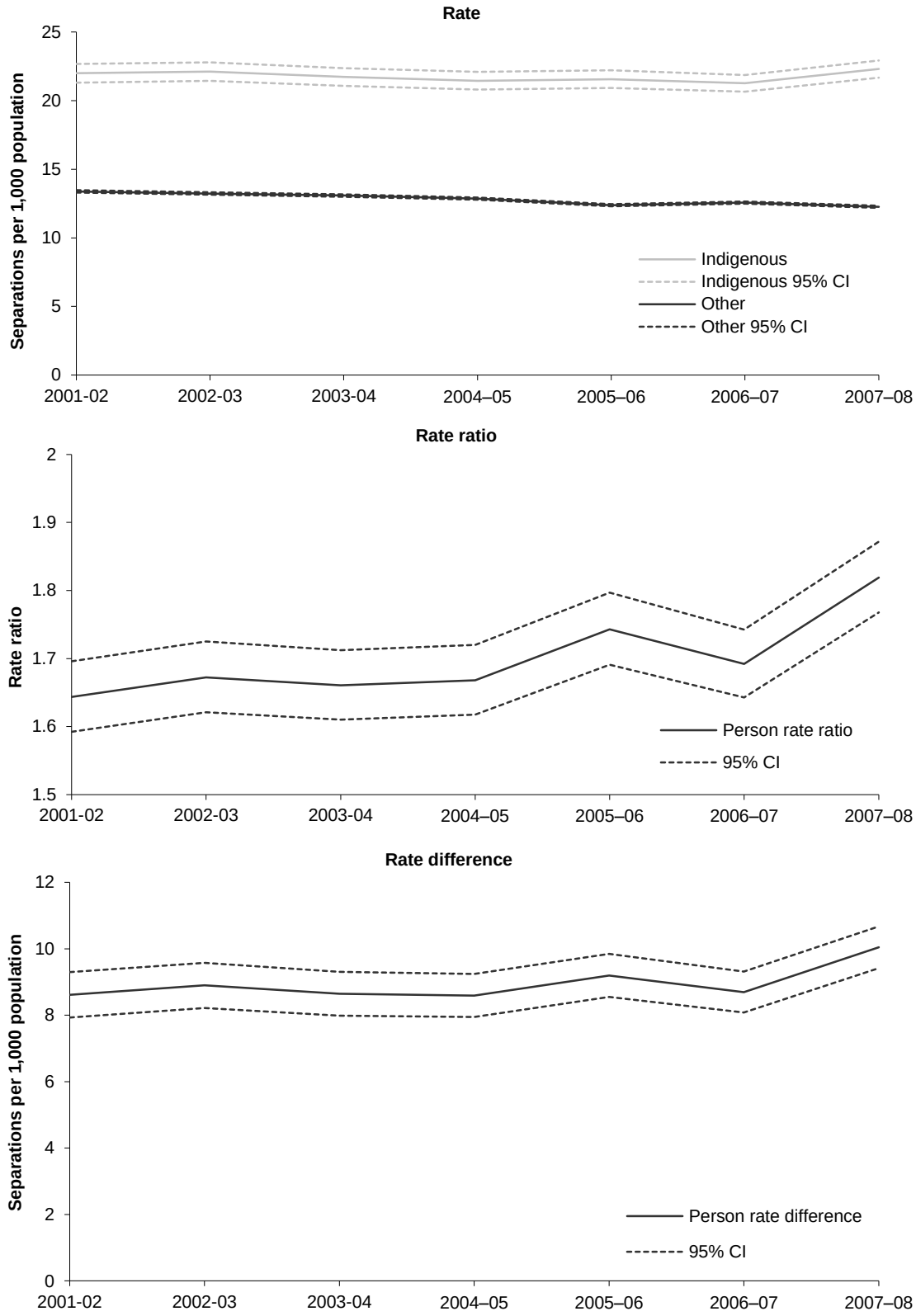
(d) Includes hospitalisations for non-Indigenous Australians and those for whom Indigenous status was not stated.

(e) Hospitalisation rates for Indigenous Australians divided by hospitalisation rates for other Australians.

(f) Hospitalisation rates for Indigenous Australians minus hospitalisation rates for other Australians.

Note: Rates have been directly age-standardised using the 2001 Australian standard population.

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 3.09.3a: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians from mental health-related conditions, Qld, WA, SA and NT combined, 2001–02 to 2007–08

Hospitalisations of mental health-related conditions (2004–05 to 2007–08)

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for mental health-related conditions over the four year period 2001–02 to 2004–05 are presented in Table 3.09.9b and Figure 3.09.3b.

- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory, there were significant increases in hospitalisation rates for mental health-related conditions among Indigenous males during the period 2001–02 to 2004–05. The average yearly increase in the rate was 0.9 per 1,000, which is equivalent to a 10% increase over the period. There were no significant changes in hospitalisation rates for mental health-related conditions among other Australians over the same period.
- There were significant increases in both the hospitalisation rate ratios and rate differences between Indigenous and other Australians males over the period 2004–05 to 2007–08 (9.5% increase in the rate ratio and 19% increase in the rate difference for males over the period). This reflects both a relative and absolute increase in the gap between hospitalisation rates of Indigenous and other Australians males for mental health-related conditions over the period 2004–05 to 2007–08.

Table 3.09.9b: Age-standardised hospitalisation rates, rate ratios and rate differences for mental health-related conditions, NSW, Vic, Qld, WA, SA and NT combined, 2004–05 to 2007–08[a]

	2004–05	2005–06	2006–07	2007–08	Annual change[b]	% change over period[c]
Indigenous separations						
Males	5,055	5,504	5,823	6,089	342*	20.3*
Females	4,571	4,579	4,764	5,102	178*	11.7*
Persons	9,626	10,083	10,587	11,191	520*	16.2*
Other Australian separations						
Males	118,154	118,212	123,404	124,615	2,458*	6.2*
Females	149,285	152,292	153,227	156,202	2,169*	4.4*
Persons	267,440	270,505	276,631	280,820	4,627*	5.2*
Indigenous number per 1,000						
Males	25.9	27.3	28.0	28.5	0.9*	10.0*
Females	22.1	21.1	21.6	22.8	0.2	3.3
Persons	23.9	24.1	24.6	25.6	0.5*	6.8*
Other Australian[d] number per 1,000						
Males	12.5	12.3	12.6	12.5	0.0	0.5
Females	15.4	15.4	15.2	15.3	0.0	–0.9
Persons	13.9	13.9	13.9	13.9	–0.01	–0.3
Rate ratio[e]						
Males	2.1	2.2	2.2	2.3	0.1*	9.5*
Females	1.4	1.4	1.4	1.5	0.0	4.2
Persons	1.7	1.7	1.8	1.8	0.04*	7.1*
Rate difference[f]						
Males	13.4	15.0	15.4	16.0	0.8*	18.9*
Females	6.8	5.7	6.3	7.6	0.3	12.9
Persons	10.0	10.2	10.7	11.7	0.8*	16.7*

* Represents results with statistically significant increases or decreases at the $p < 0.05$ level over the period 2004–05 to 2007–08.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.

(c) Per cent change between 2004–05 and 2007–08 based on the average annual change over the period.

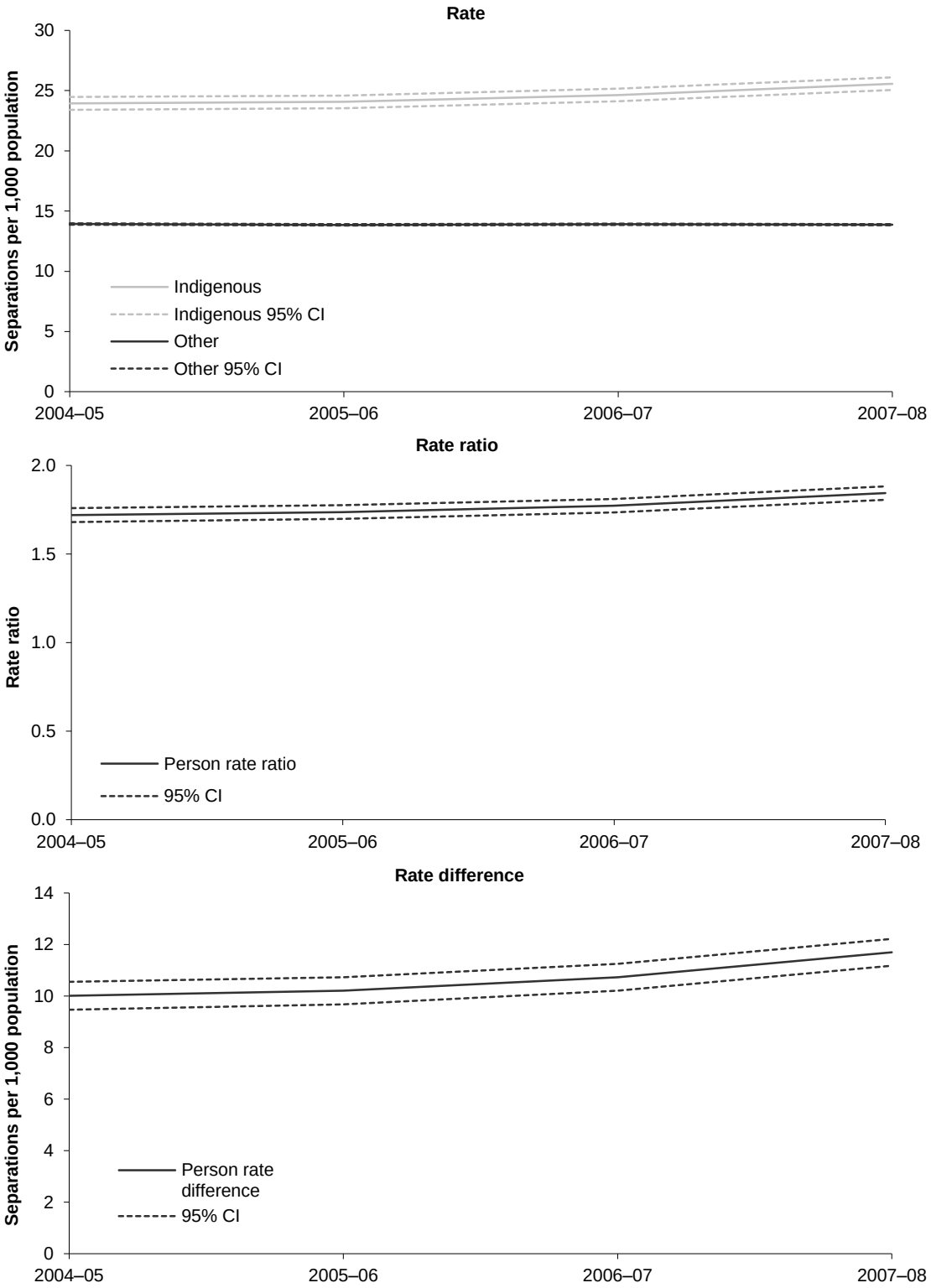
(d) Includes hospitalisations for non-Indigenous Australians and those for whom Indigenous status was not stated.

(e) Hospitalisation rates for Indigenous Australians divided by hospitalisation rates for other Australians.

(f) Hospitalisation rates for Indigenous Australians minus hospitalisation rates for other Australians.

Note: Rates have been directly age-standardised using the 2001 Australian standard population.

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 3.09.3b: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians from mental health-related conditions, NSW, Vic, Qld, WA, SA and NT combined, 2004–05 to 2007–08

Community mental health care services

For the purposes of the National Community Mental Health Care Database, a contact is defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question (AIHW 2010a).

- In 2007–08, there were 6,374,267 clients of community mental health care services, of which 362,429 service contacts (6.0%) were for Aboriginal and/or Torres Strait Islander people (Table 3.09.10).
- There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander people than for other Australians (736 per 1,000 and 272 per 1,000, respectively) (Table 3.09.10).

Contacts by age and sex

- In 2007–08, compared with other Australians, a higher proportion of Indigenous people in younger age groups had contacts with mental health services. The proportions were lower in the older age groups, which is due, in part, to the differences in age distribution in these populations (the mean age of Indigenous Australians is around 21 years compared with 36 years for non-Indigenous Australians). For example, 22% and 24% of service contacts for Indigenous Australian males and females were for clients aged between 15 and 24 years compared with 15% and 17% of service contacts for other Australian males and females of the same age (Table 3.09.10).
- In the older age groups, there were lower proportions of service contacts for Indigenous Australian males and females aged 65 years or more (both 1%) than for other Australian males (7%) and females (14%). This may reflect in part the younger age structure of the Indigenous population—life expectancy of Indigenous males and females at birth is estimated at only 67.2 years and 72.9 years, respectively, compared with 78.7 and 82.6 years for non-Indigenous males and females (ABS 2009).
- In 2007–08, Indigenous males and females had higher rates of community mental health care service contacts across the majority of age groups, with the exception of females aged 65 years and over. Differences were most marked in the 25–34 and 35–44 year age groups where Indigenous males and females were between 2.7 and 3.8 times as likely to be clients of community mental health care services as other Australians in these age groups (Table 3.09.10).

Table 3.09.10: Community mental health care service contacts, by Indigenous status, sex and age group, 2007–08[a]

	Indigenous			Other[b]			
Sex and age group	Number	Per cent	No. per 1,000[c]	Number	Per cent	No. per 1,000[c]	Ratio[d]
Males							
Less than 15 yrs	18,272	8.0	183.3	244,966	7.7	122.1	1.5
15–24	50,032	22.0	939.4	481,655	15.1	327.6	2.9
25–34	77,919	34.2	2,143.4	825,490	26.0	570.6	3.8
35–44	55,000	24.2	1,730.7	698,677	22.0	463.2	3.7
45–54	17,724	7.8	788.2	472,503	14.9	330.0	2.4
55–64	6,392	2.8	525.2	239,169	7.5	204.0	2.6
65 and over	1,904	0.8	271.7	212,115	6.7	168.2	1.6
Total[e][f]	**227,593**	**100.0**	**939.9**	**3,179,809**	**100.0**	**310.8**	**3.0**
Females							
Less than 15 yrs	10,978	8.1	115.3	167,339	6.2	87.9	1.3
15–24	31,808	23.6	624.5	464,150	17.1	332.2	1.9
25–34	37,859	28.1	1,020.0	478,671	17.7	334.0	3.1
35–44	33,285	24.7	958.1	537,780	19.9	352.4	2.7
45–54	13,980	10.4	578.5	436,819	16.1	299.9	1.9
55–64	4,746	3.5	353.5	253,441	9.4	215.5	1.6
65 and over	1,911	1.4	202.1	364,822	13.5	240.0	0.8
Total[e][f]	**134,712**	**100.0**	**544.7**	**2,706,724**	**100.0**	**258.4**	**2.1**
Grand Total[e][f]	**362,429**	**100.0**	**735.7**	**6,011,838**	**100.0**	**271.6**	**2.7**

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

(b) 'Other' includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(c) Number per 1,000 population based on estimated resident population as at 31 December 2007.

(d) Rate ratio—Indigenous: other.

(e) Includes service contacts for clients for whom age or sex was not stated.

(f) Total rates have been directly age-standardised using the Australian 2001 standard population.

Source: AIHW analysis of National Community Mental Health Care Database.

Contacts by state/territory

The number and rate of service contacts per 1,000 population for Indigenous people vary among the states and territories. This may reflect variations in completeness of Indigenous identification among patients, varying coverage of service contacts for Indigenous people or for the total population, or different patterns of service use by Indigenous and non-Indigenous persons. These rates should be interpreted with caution because there is likely to be an under estimate of the actual number of service contacts for Indigenous clients.

- In 2007–08, the proportion of service contacts for clients of community mental health services who identified themselves as being of Aboriginal and/or Torres Strait Islander origin ranged from 1.7% for Victoria to 31% for the Northern Territory (Table 3.09.11).

Table 3.09.11: Community mental health care service contacts per 1,000 population, by Indigenous status and state and territory, 2007-- 08

	NSW[a]	Vic[a]	Qld	WA	SA[a]	Tas	ACT	NT	Australia[a]
Indigenous	170,247	29,410	94,153	28,831	20,681	3,525	4,423	11,159	362,429
Non-Indigenous	1,602,002	1,691,539	1,066,035	508,389	388,682	120,633	179,059	21,081	5,577,420
Not stated	300,191	15,507	2,369	17,338	47,579	23,543	23,985	3,906	434,418
Total	**2,072,440**	**1,736,456**	**1,162,557**	**554,558**	**456,942**	**147,701**	**207,467**	**36,146**	**6,374,267**
				Number per 1,000 population[b]					
Indigenous	1,231	943	679	412	729	194	1,077	172	737
Other Australians[c]	284	327	266	256	287	305	593	157	294
Ratio[d]	4.3	2.9	2.6	1.6	2.5	0.6	1.8	1.1	2.5
Total	**304**	**331**	**280**	**262**	**295**	**300**	**598**	**161**	**304**

(a) Indicates that the Indigenous identification in the National Community Mental Health Care Database (NCMHCD) in these jurisdictions is in need of improvement. This is based on information provided by state and territory health authorities on the quality of their data in the NCMHCD. Data from these states and territories should be interpreted with caution because of likely under-identification of Indigenous Australians.

(b) Rates were directly age-standardised using the Australian 2001 standard population.

(c) 'Other Australians' includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(d) Rate ratio—Indigenous: other.

Source: AIHW analysis of National Community Mental Health Care Database.

Residential mental health care services

Residential mental health care refers to care provided by a specialised mental health service that:

- employs mental health care-trained staff on–site
- provides rehabilitation, treatment or extended care to residents for whom the care is intended to be on an overnight basis and in a domestic–like environment
- encourages the resident to take responsibility for their daily living activities.

These services include those that employ mental health-trained staff on-site 24 hours per day and other services with less intensive staffing. However, all these services employ on-site mental-health-trained staff for some part of the day. There are no residential mental health care services in Queensland.

- In 2007–08, there were 3,222 clients of residential mental health care services. 87 service contacts (2.7%) were for Indigenous people (Table 3.09.12).

Table 3.09.12: Residential mental health care service contacts per 10,000 population, by Indigenous status and state and territory, 2007–08

	NSW	Vic[(a)]	Qld	WA	SA[(a)]	Tas	ACT	NT	Total
Indigenous	27	31	n.a.	7	6	12	n.p.	n.p.	87
Non-Indigenous	278	1448	n.a.	233	179	750	72	n.p.	2,962
Not stated	0	19	n.a.	0	7	145	n.p.	0	173
Total	**305**	**1,498**	**n.a.**	**240**	**192**	**907**	**75**	**5**	**3,222**
				Number per 10,000 population[(b)]					
Indigenous	1.8	10.3	. .	n.p.	n.p.	15.4	n.p.	n.p.	1.8
Other Australians[(c)]	0.6	1.9	. .	0.9	0.8	12.8	2.1	0.5	1.2
Ratio[(d)]	3.0	5.4	. .	n.p.	n.p.	1.2	n.p.	n.p.	1.5
Total	**0.6**	**2.0**	**. .**	**0.9**	**0.8**	**14.7**	**2.3**	**0.5**	**1.2**

(a) Indicates that the Indigenous identification in the National Community Mental Health Care Database (NCMHCD) in these jurisdictions is in need of improvement. This is based on information provided by state and territory health authorities on the quality of their data in the NCMHCD. Data from these states and territories should be interpreted with caution because of likely under-identification of Indigenous Australians.

(b) Rates were directly age-standardised using the Australian 2001 standard population.

(c) 'Other Australians' includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(d) Rate ratio—Indigenous: other.

Source: AIHW analysis of National Residential Mental Health Care Database.

General practitioner encounters

Information about general practitioner encounters is available from the BEACH survey. Data for the five year BEACH reporting period April 2004–March 2005 to April 2008–March 2009 are presented in Table 3.09.13. Mental health-related problems (psychological problems) were the fourth most common type of problems managed at GP encounters with Indigenous patients during this period. The other four most common types of problems managed at GP encounters with Indigenous patients were respiratory conditions, circulatory conditions, endocrine and metabolic problems, and musculoskeletal conditions.

- In the period April 2004–March 2005 to April 2008–March 2009 there were 6,137 GP encounters with Indigenous patients recorded in the survey, at which 9,305 problems were managed. Of these, 9.7% (901) were mental health-related problems (Table 3.09.13).
- After adjusting for differences in age distribution, mental health-related problems were managed at GP encounters with Indigenous patients at a similar rate to encounters among other patients.

Table 3.09.13: Mental health-related problems[a] managed by general practitioners, by Indigenous status of the patient, BEACH years April 2004 March 2005 to April 2008–March 2009[b][c]

	Number		Per cent of total problems		Crude rate (no per 100 encounters)						Age-standardised rate (no. per 100 encounters)[d]		
Problem managed	Indigenous	Other[e]	Indigenous	Other[e]	Indigenous	95% LCL[f]	95% UCL[g]	Other[e]	95% LCL[f]	95% UCL[g]	Indigenous	Other[e]	Ratio[h]
Mental health-related conditions[i]	901	58,291	9.7	8.0	14.7	12.1	17.3	12.1	11.9	12.4	14.1	12.0	1.2

(a) Classified according to ICPC-2 codes (Classification Committee of the World Organization of Family Doctors (WICC) 1998).Combined financial year data for five years.

(b) Data from five combined BEACH years April 2004–March 2005 to April 2008–March 2009 inclusive.

(c) Data for Indigenous and other Australians have not been weighted.

(d) Directly age-standardised rate (no. per 100 encounters). Figures do not add to 100 as more than one problem can be managed at each encounter.

(e) Other includes non-Indigenous patients and patients for whom Indigenous status was not stated.

(f) LCL = lower confidence interval.

(g) UCL = Upper confidence interval.

(h) Rate ratio Indigenous:other.

(i) ICPC–2 codes: P01–P13, P15–P20, P22–P25, P27–P29, P70–P82, P85–P86, P98–P99.

Source: AIHW analysis of BEACH survey of general practice, AGPSCC.

Aboriginal and Torres Strait Islander primary health-care services

Information on client contacts with emotional and social well-being staff or psychiatrists in Aboriginal and Torres Strait Islander primary health care services is available from the OATSIH Services Reporting database (AIHW, 2010b).

- In 2008–09, there were 109,000 client contacts with emotional and social wellbeing staff or psychiatrists. Of the 197 Aboriginal and Torres Strait Islander primary health care services reporting, 97% (192) of the 197 reported that social and emotional wellbeing issues were experienced by their clients.

The OSR also collects information on mental health programs run by Indigenous primary health care services.

- In 2008–09, 188 (97%) of the 205 services that reported data in the OSR provided mental health or social and emotional wellbeing programs to clients.

Additional information

In 2007–08, 1.2% of clients of the Supported Accommodation Assistance Program with mental health-related closed support periods were identified as Aboriginal or Torres Strait Islander Australians. After adjusting for differences in age, this was nearly five times the rate for non-Indigenous Australians (Table 3.09.14) (AIHW 2010a).

Table 3.09.14: Supported Accommodation Assistance Program clients with mental health-related closed support periods by Indigenous status, 2007–08

	Clients			Closed support periods		
	Number[a][b]	Per cent of clients [b]	Rate[b][c] (per 100,000 population)	Number[a][b]	Per cent of support periods [b]	Rate[b][c] (per 100,000 population)
Indigenous status						
Indigenous Australians	1,621	11.2	312.4	2,131	10.6	416.3
Non-Indigenous Australians	12,887	88.8	63.1	18,002	89.4	88
Total number	**15,215**	**100**	**72.7**	**22,509**	**100**	**107.3**

(a) The number of clients for Indigenous status, and number of closed support periods for Indigenous status, were missing and/or not reported for nearly 5% of the total.

(b) The numbers, percentages and rates shown do not include those clients or closed support periods for which Indigenous identification was missing

(c) Rates are directly age-standardised

Source: Supported Accommodation Assistance Program Client Collection.

Data quality issues

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The NATSIHS uses the standard Indigenous status question. The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians. It has therefore overcomes the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.

Information recorded in this survey is essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions.

Non-Indigenous comparisons are available through the National Health Survey (NHS). The NHS was conducted in *Major cities*, *Inner and outer regional* areas and *Remote and very remote* areas, but *Very remote* areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 NHS.

In *Remote and very remote* communities there were some modifications to the NATSIHS content in order to accommodate language and cultural appropriateness in traditional communities and help respondents understand the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built-in edit checks and sequencing.

Further information on NATSIHS data quality issues can be found in the NATSIHS 2004–05 publication (ABS 2006).

General Practitioner Data (BEACH)

Information about general practitioner encounters is available from the Bettering the Evaluation and Care of Health (BEACH) survey. The BEACH data on Indigenous Australians should be treated with care. First, the sample frame has not been designed to produce statistically significant results for population subgroups such as Indigenous Australians. Second, the identification of Indigenous Australians is not complete. In the BEACH survey, 'not stated' responses to the Indigenous identification question are often higher than the 'yes' responses. It can be assumed, therefore, that the survey consistently undercounts the number of Indigenous Australians visiting general practitioners, but the extent of this undercount is not measurable.

National Hospital Morbidity Data

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

In all states and territories, the proportion of Aboriginal and Torres Strait Islander separations in public hospitals increased over the 11-year period 1996–97 to 2007–08, from 3.7% to 5.4%. In private hospitals, it stayed around 0.2% to 0.3% until 2003–04, when there was a modest increase to 0.5%.

Indigenous status question

Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The 'not stated' category is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).

'Not stated' responses to the Indigenous status question were around 1% in public hospitals and 4% in private hospitals in 2007–08. This is a reduction from 1998–99 when 2% of responses in public hospitals and 8% of responses in private hospitals had a 'not stated' Indigenous status (AIHW 2009).

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Aboriginal and Torres Strait Islander people. Based on an analysis of a sample of data conducted in 2010, an estimated 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08 (AIHW 2010c). In other words, 11% of Indigenous patients were not identified, and the 'true' number of hospital admissions for Indigenous persons was about 12% higher than reported.

For several years, Queensland, South Australia, Western Australia and the Northern Territory reported that Indigenous status in their hospital separations data were of acceptable quality (AIHW 2010c). The AIHW, however, has recently completed an assessment of the level of Indigenous under-identification in hospital data in all states and territories. Results from this assessment indicate that all hospitals in New South Wales, Victoria, Queensland, Western Australia and South Australia and public hospitals in the Northern Territory have adequate Indigenous identification (80% or higher overall levels of Indigenous identification in public hospitals only) in their separations data. For Tasmania and the Australian Capital Territory, the levels of Indigenous identification were not considered acceptable for analysis purposes. It has therefore been recommended that reporting of Indigenous hospital separations data be limited to information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory, individually or in aggregate. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended for analysis of hospitalisation data from selected jurisdictions (AIHW 2010):

- Interpretation of results should take into account the relative quality of the data from the jurisdictions included.
- Interpretation of time series analysis should take into account the possible contribution of changes over time in ascertainment of Indigenous status to changes in hospitalisation rates for Indigenous people.
- Bias may have been introduced due to the sampling method of hospitals used in the study. Hospitals with high proportions of Indigenous separations were used in the study to ensure sufficient numbers of Indigenous people were included in the study. Proportions of Indigenous separations should therefore not be taken to represent the NHMD overall.
- Hospitalisation data for these six jurisdictions are not necessarily representative of other jurisdictions.

From the AIHW study, it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.

Remoteness areas

There were acceptable levels of Indigenous identification for all remoteness areas, ranging from 80% in *Major cities* to 97% in *Remote* and *Very remote* areas. The quality of data supports analyses by remoteness areas, in aggregate, across states and territories. However, the sample size was insufficient to allow assessment of the quality of Indigenous identification by remoteness area within jurisdictions.

Numerator and denominator

Rate and ratio calculations rely on good numerator and denominator data. There are changes in the completeness of identification of Indigenous people in hospital records. These may take place at different rates from changes in the identification of Indigenous people in other administrative collections and population censuses. Denominators used in this analysis are sourced from Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2010 (ABS 2009).

Data sources for injury emergency episodes

The National Non-admitted Patient Emergency Department Care Database is a national collection of de-identified data on emergency department episodes based on the Non-admitted Emergency Department Care National Minimum Data Set. This data set includes the standard Indigenous status question but does not include injury coding (for example, ICD-10). The Injury Surveillance National Minimum Data Set includes injury coding (components of ICD-10) but does not include demographic details such as Indigenous status. Therefore, there is currently no national minimum data set containing both Indigenous status and injury coding.

National Community Mental Health Care Database

The quality of the Indigenous identification in this database varies by jurisdiction and should be interpreted with caution.

The number of service contacts per 1,000 population for Aboriginal and Torres Strait Islander people varies among the states and territories.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 7% of all contacts). All states and territories use the standard ABS question of Indigenous status. For a number of jurisdictions, the NCMHCD data reported for the 'both Aboriginal and Torres Strait Islander' category are suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander people (for example, Maori and South Sea Islanders) and use of the category as an 'Indigenous, not further specified'.

However, they believe that there are quality issues regarding the coding of more specific details (that is, 'Aboriginal', 'Torres Strait Islander', 'Both Aboriginal and Torres Strait Islander'). Queensland, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory reported that the quality of their data was suitable for analysis. South Australia indicated that there has been limited analysis of the quality of Indigenous status data. Therefore, the quality of the data is uncertain at this stage.

All state and territory health authorities provided information on the quality of the data for the NCMHCD 2006–2007. The Northern Territory estimates that there could be a deficit of between 25 and 35% of service contact records. Coverage for most other jurisdictions is estimated to be between 95–100%.

The numerator includes people who receive a service in one jurisdiction but normally reside in another. There will be some mismatch between numerator and denominator in areas with cross-border flows.

Residential Mental Health Care

The quality of the Indigenous identification in this database varies by jurisdiction.

The number of service contacts per 1,000 population for Aboriginal and Torres Strait Islander people varies among the states and territories. This may reflect variations in

completeness of Indigenous identification among patients or different patterns of service use by Indigenous and non-Indigenous persons.

Data from the NRMHCD on Indigenous status should be interpreted with caution because of the varying quality and completeness of Indigenous identification across all jurisdictions. Only Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory considered their Indigenous status data of acceptable quality.

AIHW Medical Labour Force Survey

The AIHW Medical Labour Force Survey is conducted on an annual basis. Survey responses are weighted by state, age and sex to produce state and territory and national estimates of the total medical labour force. Benchmarks for weighting come from registration information provided by state and territory registration boards.

The response rates to this survey can vary from year to year and across jurisdictions, but have stayed fairly stable over the five years to 2004. Note that the questionnaires have varied over time and across jurisdictions. Mapping of data items has been undertaken to provide time series data. However, because of this, and the variation in response rates, some caution should be used in interpreting change over time and differences across jurisdictions.

More detailed information about how these surveys were conducted is available from the Medical labour force 2007 (AIHW 2009a).

OATSIH Service Reporting (OSR) data collection

The data were collected using the OSR questionnaire, (surveying all auspice services) which combined previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services.

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW examined all completed questionnaires received to identify any missing data and data quality issues. Where needed, AIHW staff contacted the relevant services to follow up and obtain additional or corrected data. After manually entering the data on the data repository system, staff conducted further data quality checks.

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question, and divergence of data from two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

Further information can be found in the data quality statement in the *Aboriginal and Torres Strait Islander Health Services Report, 2008–09* (AIHW 2010b).

Supported Accommodation Assistance Program (SAAP)

The SAAP collection is an administrative data collection and therefore cannot be used as an indicator for the Australian population. Due to the definition of homelessness for SAAP, there is no way to distinguish whether a person who receives SAAP support was at imminent risk of homelessness or was actually homeless. Therefore, SAAP cannot be used as an indicator for the Australian homeless population.

SAAP also requires valid consent to be given each time a client is supported (support period) in order to collect all the client level and support period level information. However, if consent is not given then only a limited about of information can be collected about the particular client and their support period and this client cannot be linked with any other support periods they may have had.

The Indigenous status question for SAAP requires consent to collect information and is answered by the client and must be recorded as stated by the client, irrespective of the workers perception based on appearance or other factors. This may lead to an undercount of Indigenous SAAP clients if the client does not give consent or does not identify as being of Aboriginal or Torres Strait Islander origin.

A weighting model has been developed to adjust for agency non-participation, client non-consent and client mixed consent in SAAP data. These weights are applied to the majority of SAAP tables and help reflect the true usage of SAAP services across Australia.

Midway through the 2008-2009 reporting period, SAAP was discontinued and replaced by the National Affordable Housing Agreement (NAHA). This resulted in some changes in the way the jurisdictions administer the agencies. The number of funded agencies and the number of agencies that were required to participate in the collection decreased. This was a contributing factor in the decrease in the number of support periods in 2008-2009. As a result of these changes, the number of support periods and the estimated number of clients in 2008-2009 cannot be directly compared with the number of support periods and clients in 2007-2008

List of symbols used in tables

n.a.	not available
–	rounded to zero (including null cells)
0	zero
. .	not applicable
n.e.c.	not elsewhere classified
n.f.d.	not further defined
n.p.	not available for publication but included in totals where applicable, unless otherwise indicated

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List of tables

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