2 Introduction

Mental Health Services in Australia 2003–04 is the seventh in the Australian Institute of Health and Welfare's series of annual reports describing the activity and characteristics of Australia's mental health care services. A key role of these reports is to make publicly available the data collected as specified in the National Minimum Data Sets (NMDSs) for Mental Health Care, which cover government-operated residential and community mental health services and specialised psychiatric care for patients admitted to public and private hospitals (see Appendix 1 for descriptions).

A wide range of service types are involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and services outside the health sector, provided in both residential and ambulatory care settings. Many are government services, but private hospitals, non-government organisations and private medical practitioners are also responsible for providing mental health care. This report gives an overview of this range of services.

This report and accompanying additional tables are available on the Internet at <www.aihw.gov.au/publications/hse/mhsa03-04/>. Some of the national data on admitted patient care are also available in an interactive data cube format on the Internet at <www.aihw.gov.au/hospitaldata/datacubes/index.html>. Users can access these data cubes to create customised tables based on the age group, sex, principal diagnosis and mental health legal status of admitted patients who received specialised psychiatric care between 1998–99 and 2003–04.

2.1 Report structure

Chapter 1 presents overview information on mental health-related service activity over recent years and mental health-related service use by selected population groups.

Chapter 2 presents information on this report's structure and background information on the prevalence and impact of mental disorders and on the objectives of the National Mental Health Strategy.

Chapter 3 summarises the available data on ambulatory care provided by specialised mental health care services and other non-specialised service providers that play a role in providing services for people with mental disorders. Reported specialised mental health care services include those provided by private psychiatrists and specialist mental health outpatient and community mental health care services. The non-specialised services reported include general practitioners, using data from Bettering the Evaluation and Care of Health (BEACH survey of general practice activity) data collection, as well as ambulatory disability support services funded under the Commonwealth State/Territory Disability Agreement (CSTDA). This chapter also presents Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data on mental health-related medications.

Chapters 4, 5 and 6 summarise the available data on residential and admitted patient mental health care and CSTDA-funded residential disability support services. The information presented on patients admitted to hospitals includes data on those who received specialised psychiatric care (Chapter 5) and those who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care (Chapter 6).

Chapter 7 presents information on the public and private psychiatrist and mental health nurse labour forces, including new information on full-time-equivalent psychiatrists and mental health nurses. This chapter also presents data on the staffing and expenditure of government-operated residential and community mental health services and public and private hospitals that provide specialised psychiatric care.

The appendixes provide detailed technical notes on the data and analyses that are included in the chapters, as well as some supplementary information. Appendix 1 outlines the data sources used for this report and their respective strengths and weaknesses and technical notes on data presentation, including population rates. Appendix 2 provides information on the codes used to define mental health-related care and medications and on the definition of hospital separations that could be considered equivalent to ambulatory mental health care. Appendix 3 provides state- and territory-specific data on government-operated community mental health care and on admitted patient care, including ambulatory-equivalent mental health care. Appendix 4 provides information on mental health-related supported accommodation services provided through the Supported Accommodation Assistance Program. Appendix 5 presents information on the National Survey of Mental Health Services and how it compares with the data collections used in this report.

The data in this report are mainly for 2003–04. In the interest of presenting the most up-to-date data, data for 2004–05 are presented for Medicare, the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Readers requiring 2003–04 data from the Medicare, PBS or RPBS collections can refer to *Mental Health Services in Australia 2002–03* (AIHW 2005f).

2.2 Background

This section provides background information on the prevalence of mental disorders and psychiatric disability from the 1997 National Survey of Mental Health and Wellbeing of Adults, the 1998 National Survey of Mental Health and Wellbeing of Children and Adolescents, the 2001 National Health Survey, the 2003 Survey of Disability, Ageing and Carers and the 2004 National Drug Strategy Household Survey. It also includes background information on the National Mental Health Strategy and its objectives (Box 2.1).

Prevalence of mental disorders

The most commonly quoted figure for mental disorders in Australia is that approximately one in five adults will experience a mental illness at some time in their life. This figure is from the adult component of the National Survey of Mental Health and Wellbeing (NSMHW) conducted in 1997 by the Australia Bureau of Statistics (ABS 1998). Approximately 10,600 people aged 18 years and over participated in the survey; a range of mental disorders was diagnosed using a computerised version of the Composite International Diagnostic Interview. These disorders included anxiety or affective disorders and substance use disorders.

The survey found that an estimated 18% of Australian adults had experienced a mental disorder in the 12 months before the interview (ABS 1998). The prevalence of mental disorders decreased with age, with the highest prevalence reported for adults aged 18–24 years (27%), reflecting a relatively high rate of substance use disorders in that age group. The prevalence was lowest, at 6%, for those aged 65 and over.

Women were more likely than men to have had an anxiety or affective disorder and men were more than twice as likely as women to have had a substance use disorder. Anxiety disorders were most common for women aged 45–54 years (16%). Affective disorders, which include depression, were most common for women aged 18–24 years (11%). Substance use disorders were most common for men aged 18–24 years (22%). More information on the results of this study can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003).

The child and adolescent component of the National Survey of Mental Health and Wellbeing found the most frequently reported disorder for children aged 6–17 years was attention-deficit hyperactivity disorder (ADHD) (11%, or an estimated 355,000 children and adolescents). Less prevalent were depressive disorders (4%, or 117,000) and conduct disorders (3%, or 95,000) (Sawyer et al. 2000).

Box 2.1: National Mental Health Strategy

In 1992 the Australian, state and territory governments endorsed the National Mental Health Strategy as a framework to guide the reform agenda for mental health. A brief outline of the Strategy follows. For more information on the Strategy, refer to the National Mental Health Report 2004 *(DHA 2004). The aims of the Strategy are to:*

- *promote the mental health of the Australian community and, where possible, prevent the development of mental disorder*
- *reduce the impact of mental disorders on individuals, families and the community; and*
- *assure the rights of people with mental disorders.*

The broad aims and objectives of the Strategy are described in the National Mental Health Policy. The policy has 38 objectives, including objectives relating to the shift from institutional to community care and the delivery of services in mainstream settings. The approach to be taken by the Australian, state and territory governments in implementing the aims and objectives of the policy were described by the First National Mental Health Plan, which ran from 1992–93 to 1997–98.

The Second National Mental Health Plan (1998–99 to 2002–03) was endorsed by all governments in 1998. The aim of the second plan was to consolidate reforms of the first plan and to extend into additional areas, with a particular focus on promotion and prevention, partnerships in service reform and delivery, and service quality and effectiveness.

The National Mental Health Plan 2003–08 consolidates reforms begun under the first two plans and has four priority themes: promoting mental health and preventing mental health problems, increasing service responsiveness, strengthening quality and fostering research, and innovation and sustainability.

This plan is supported by the development of national mental health information as outlined in the National Mental Health Information Priorities 2nd Edition *(DHA 2005). This document identifies three key challenges: moving from information collection to information use; moving from projects to sustainable systems; and responding to new policy drivers. Ten priority areas have been identified and encompass 42 action items. These will be the focus of mental health information development during the life of the current National Mental Health Plan.*

Prevalence of psychological distress

The National Survey of Mental Health and Wellbeing of Adults conducted in 1997, the National Health Survey conducted in 2001, and the 2004 National Drug Strategy Household Survey collected information on the prevalence of current psychological distress using the 10-item Kessler 10 Scale of Psychological Distress (K10) measure (ABS 1998, 2002; AIHW 2005h). This instrument is used to ask about negative emotional states in the four weeks prior to interview and relates to levels of anxiety and depressive symptoms experienced by

the person. It consists of 10 non-specific questions. For example, respondents are asked how often they felt nervous, hopeless and restless. They can respond: all of the time, most of the time, some of the time, a little of the time, or none of the time.

The results from the K10 were grouped into four categories: low (score of 10–15, indicating little or no psychological distress), moderate (16–21), high (22–29) and very high levels of psychological distress (score of 30–50). K10 scores in the very high psychological distress category can indicate a need for professional help (ABS 2002).

Table 2.1 reports the estimated proportion of adults with very high (30–50) psychological distress scores in 1997, 2001 and 2004. In 1997 an estimated 2.2% of Australians aged 18 and over had very high levels of psychological distress. In 2001 the estimated proportion was 3.6% and in 2004 it was 2.3% (Table 2.1).

In both 1997 and 2001 males and females in the age group 45–54 years most frequently had very high levels of psychological distress. In 2004 the highest estimated proportion of males with very high levels of psychological distress was reported for the age group 25–34 years. The highest estimated level of psychological distress was reported in the 18–24 years age group for females.

In 2004 approximately two in three people aged 18 years or more reported low levels of psychological distress (68.4%) (Table 2.2).

Table 2.1: Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler 10 Scale of Psychological Distress, Australia, 1997, 2001 and 2004 (per cent)

Year	18–24	25–34	35–44	45–54	55–64	65 and over	Total
				Males			
1997	[(a)]0.6	[(a)]1.3	2.2	3.0	2.7	[(a)]1.9	1.9
2001	2.7	2.1	2.5	3.7	3.6	1.9	2.7
2004	2.5	2.9	1.5	2.0	1.9	1.0	2.0
				Females			
1997	[(a)]2.1	2.8	2.4	3.8	[(a)]1.5	[(a)]1.3	2.4
2001	5.4	4.6	4.2	5.5	3.6	3.2	4.4
2004	4.5	3.2	2.9	2.0	1.7	1.4	2.6
				Total			
1997	1.3	2.1	2.3	3.4	2.1	1.6	2.2
2001	4.0	3.4	3.4	4.6	3.6	2.6	3.6
2004	3.5	3.0	2.2	2.0	1.8	1.2	2.3

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.
Source: ABS (1998, 2002), AIHW (2005h).

The 2004 National Drug Strategy Household Survey used the K10 score to compare levels of psychological distress among users and non-users of alcohol and other drugs. Daily smokers were more likely than non-smokers to report high to very high levels of psychological distress (17.0% and 8.2% respectively). Similar to tobacco use, high-risk drinkers were more likely than low-risk drinkers to experience high to very high levels of psychological distress (15.6% and 8.6% respectively).

The use of illicit drugs was associated with increased levels of psychological distress, with almost two in five people (19.6%) who had used an illicit drug in the preceding month

reporting high to very high levels of psychological distress. This was particularly the case with heroin, for which approximately two in three people (64.9%) who had used heroin in the past month reported high to very high levels of psychological distress.

Table 2.2: Population level of psychological distress[a] and selected drug use patterns, persons aged 18 years and over, 2004 (per cent)

	Level of psychological distress[b]			
Substance/behaviour	**Low**	**Moderate**	**High**	**Very high**
All persons (18+)	68.4	21.8	7.6	2.3
Tobacco smoking status				
Daily	58.4	24.7	12.0	5.0
Other recent smokers	60.5	27.3	10.5	1.7
Non-smokers[c]	71.0	20.9	6.4	1.7
Risk of alcohol-related harm in the short term				
High risk	54.3	30.1	11.8	3.8
Risky	64.5	24.2	9.0	2.4
Low risk	71.0	20.4	6.7	1.9
Abstainer	69.8	20.3	7.4	2.5
Any illicit[d]				
Used in the last month	50.0	30.4	14.0	5.6
Not used in the last month	70.4	20.9	6.9	1.9
Marijuana/cannabis				
Used in the last month	49.8	31.0	13.4	5.8
Not used in the last month	69.8	21.1	7.1	2.0
Heroin				
Used in the last month	9.9	25.2	32.2	32.7
Not used in the last month	68.5	21.7	7.5	2.2
Meth/amphetamines				
Used in the last month	36.1	32.8	21.0	10.1
Not used in the last month	68.8	21.6	7.4	2.2
Ecstasy				
Used in the last month	44.5	33.9	15.8	5.8
Not used in the last month	68.8	21.6	7.4	2.2
Inhalants				
Used in the last month	45.9	31.7	12.5	9.8
Not used in the last month	68.5	21.7	7.5	2.2
Cocaine				
Used in the last month	45.2	31.0	17.2	6.7
Not used in the last month	68.5	21.8	7.5	2.2

(a) Using the Kessler 10 Scale of Psychological Distress.
(b) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.
(c) 'Ex-smokers' and persons who have 'never smoked'.
(d) Does not include 'other opiates' or 'injecting drug use'.
Source: AIHW (2005h).

Prevalence of psychiatric disability

Having a mental health condition such as depression or anxiety can be disabling in its impact on day-to-day life and/or long-term functioning. The Australian Bureau of Statistics 2003 Survey of Disability, Ageing and Carers (SDAC) estimated the prevalence of psychiatric disability at 5.2% of the Australian population (Table 2.3), representing around 1.0 million people. This includes persons for whom a psychiatric disability was reported as their main disabling condition and persons for whom a psychiatric disability was reported as a disability other than their main disabling condition.

Table 2.3: Persons with a psychiatric disability[(a)] ('000), by age group, sex and core activity limitation, Australia, 2003[(b)]

	Males		Females		Total	
Type of disability	**No.**	**%**	**No.**	**%**	**No.**	**%**
			0–14 years			
Profound core activity limitation	20.7	1.1	11.8	0.6	32.5	0.8
Severe core activity limitation	16.2	0.8	4.8	0.3	20.9	0.5
Moderate core activity limitation	4.3[(d)]	0.2	0.0[(e)]	0.0	4.3[(d)]	0.1
Mild core activity limitation	6.8[(d)]	0.3	4.1	0.2	10.8	0.3
Total with a disability[(c)]	*53.8*	*2.7*	*27.1*	*1.4*	*81.0*	*2.1*
All persons	**1,969.8**	**100.0**	**1,880.8**	**100.0**	**3,850.6**	**100.0**
			15–64 years			
Profound core activity limitation	43.4	0.6	50.0	0.8	93.4	0.7
Severe core activity limitation	52.1	0.8	78.8	1.2	130.9	1.0
Moderate core activity limitation	45.7	0.7	69.2	1.0	114.9	0.9
Mild core activity limitation	68.7	1.0	72.1	1.1	140.8	1.1
Total with a disability[(c)]	*293.1*	*4.4*	*348.0*	*5.2*	*641.1*	*4.8*
All persons	**6,727.9**	**100.0**	**6,643.9**	**100.0**	**13,371.8**	**100.0**
			65 years and over			
Profound core activity limitation	45.6	4.1	125.6	9.0	171.1	6.9
Severe core activity limitation	21.3	1.9	22.7	1.6	43.9	1.8
Moderate core activity limitation	15.5	1.4	21.9	1.6	37.4	1.5
Mild core activity limitation	12.4	1.1	20.8	1.5	33.2	1.3
Total with a disability[(c)]	*100.5*	*9.0*	*195.3*	*14.1*	*295.8*	*11.8*
All persons	**1,110.6**	**100.0**	**1,386.2**	**100.0**	**2,496.8**	**100.0**
			Total			
Profound core activity limitation	109.6	1.1	187.4	1.9	297.0	1.5
Severe core activity limitation	89.6	0.9	106.2	1.1	195.8	1.0
Moderate core activity limitation	65.6	0.7	91.1	0.9	156.6	0.8
Mild core activity limitation	87.9	0.9	96.9	1.0	184.8	0.9
Total with a disability[(c)]	*447.4*	*4.6*	*570.5*	*5.8*	*1,017.9*	*5.2*
All persons	**9,808.4**	**100.0**	**9,910.9**	**100.0**	**19,719.3**	**100.0**

(a) Persons with a psychiatric disability based on all disabling conditions.

(b) For this table data are sourced from the confidentialised unit record file of the ABS 2003 Survey of Disability, Ageing and Carers. Data for the corresponding table in the *2002–03 Mental Health Services in Australia* report were sourced directly from the ABS 2003 Survey of Disability, Ageing and Carers. As a result, there are small differences in the data between the two tables.

(c) Includes people with no core-activity limitation but who are restricted in schooling or employment only, and people without specific limitations or restrictions.

(d) Estimate has an associated relative standard error (RSE) of between 25% and 50% and should be interpreted accordingly.

(e) Estimate has an associated relative standard error (RSE) of greater than 50% and should be interpreted accordingly.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

There was an estimated 432,200 persons for whom a psychiatric disability was reported as the person's main disabling condition (Table 2.4), equivalent to a prevalence of 2.2% (derived from Tables 2.3 and 2.4). The prevalence for persons aged less than 15 years was estimated at 1.2%, for persons aged 15–64 years it was estimated at 2.1% and for persons aged 65 years and over it was estimated at 3.9%.

Prevalence of psychiatric disability was higher for those aged 65 years and older (11.8%) compared with that for persons aged less than 15 years (2.1%) and for persons aged 15–65 years (4.8%). It was higher among older females overall (14.1%) than males (9.0%) (Table 2.3).

The proportion of the Australian population who had a psychiatric disability with a severe or profound core activity limitation—that is, they sometimes or always needed help with self-care, mobility or communication activities—was 2.5% overall. Severe or profound core activity limitation was more common in older people (8.7% of those 65 years and older compared with 1.7% of those aged 15–64 years and 1.3% of those aged less than 15 years), and more common in females (3.0%) compared with males (2.0%).

Psychiatric disability was commonly reported with other disabling conditions. For those for whom psychiatric disability was reported as the main disabling condition, physical and/or diverse disabilities were also reported by 55% and intellectual disability was reported by 42.4% (Table 2.4), corresponding to estimates of 183,300 and 239,900 persons respectively. Prevalence of intellectual disability within this group was highest for those aged less than 15 years (79.7%). For sensory/speech, acquired brain injury and physical/diverse disabilities, prevalence was highest for those aged 65 years and over (62.4%, 17.7% and 83.5%, respectively).

For those for whom psychiatric disability was reported as the main or another disabling condition, physical and/or diverse disabilities were reported by 36.2% (an estimated 368,400 persons) and sensory/speech disability was reported for 36.7% (an estimated 373,300 persons) (Table 2.4). Prevalence of intellectual disability within this group was highest for those aged less than 15 years (83.9%). For sensory/speech and physical/diverse disabilities, prevalence was highest for those aged 65 years and over (58.9% and 92.8%, respectively). For acquired brain injury, prevalence was highest for those aged 15–64 years (19.4%).

Table 2.4: Persons with a psychiatric disability ('000), by age group and other reported disabilities, Australia, 2003

	0–14 years		15–64 years		65 years and over		Total	
Other disability reported	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
	Psychiatric disability as the main disabling condition							
Intellectual	37.8	79.7	80.4	28.9	65.1	61.3	183.3	42.4
Sensory/speech	21.1	44.5	52.0	18.7	66.2	62.4	139.3	32.2
Acquired brain injury	2.6[(b)]	5.6	48.3	17.3	18.7	17.7	69.7	16.1
Physical/diverse	10.1	21.3	141.2	50.7	88.6	83.5	239.9	55.5
Total[(a)]	**47.5**	**100.0**	**278.6**	**100.0**	**106.2**	**100.0**	**432.2**	**100.0**
	Psychiatric disability as the main or other disabling condition							
Intellectual	67.9	83.9	181.2	28.3	119.2	40.3	368.4	36.2
Sensory/speech	39.1	48.3	159.9	24.9	174.3	58.9	373.3	36.7
Acquired brain injury	6.7	8.3	124.4	19.4	42.1	14.2	173.2	17.0
Physical/diverse	28.3	34.9	462.0	72.1	274.5	92.8	764.8	75.1
Total[(a)]	**81.0**	**100.0**	**641.1**	**100.0**	**295.8**	**100.0**	**1,017.9**	**100.0**

(a) Includes all other types of disability.

(b) Estimate has an associated relative standard error (RSE) of between 25% and 50% and should be interpreted accordingly.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

The prevalence of disability, as defined in the NSMHW, was estimated at 7.8% of persons aged 18 years and over. There are a number of differences between the two surveys which may account for the difference in the disability prevalence rates and which show that the data from these surveys are not able to be compared. For example, the NSMHWB was specifically designed to measure, through a structured questionnaire, the prevalence of mental disorders, whereas the SDAC was designed, among other things, to measure levels of disability. The population surveyed for the NSMHWB was persons aged 18 years and over, whereas the SDAC surveyed the Australian population of all ages. In addition, the definitions used in each survey for mental disorders differ.

2.3 Health service expenditure for mental health disorders

A detailed analysis of health service expenditure by disease and injury categories, including mental health, has been undertaken for 1993–94 and 2000–01 (AIHW 2005c). This analysis distributed total health expenditure in Australia by disease category, estimated using information such as diagnoses reported for patients admitted to hospital, and by problems managed for patients attending general practitioners. The data reported here revise and update the similar data presented in *Mental Health Services in Australia 2002–03* (AIHW 2005f).

Table 2.5: Health system costs of mental disorders and Alzheimer's disease and other dementias in Australia, 1993–94[a] and 2000–01 ($ million)

Year	Hospitals[b]	Aged care homes	Out-of-hospital medical[c]	Pharma-ceuticals	Other health professional services[d]	Research	Community mental health services	Total
	Mental disorders excluding dementias[e]							
2000–01	1,196	366	499	616	134	109	821	3,741
1993–94 [a]	1,091	316	512	237	99	34	408	2,697
	Alzheimer's disease and other dementias[f]							
2000–01	160	1,902	18	27	9	94	21	2,230
1993–94 [a]	132	647	13	2	5	14	n.a.	814

(a) Expenditures for 1993–94 have been converted to 2000–01 prices by adjusting for health price inflation between 1993–94 and 2000–01.

(b) Includes admitted and non-admitted patients and in-hospital private medical services.

(c) Includes unreferred attendances, imaging, pathology and other medical.

(d) Includes services delivered by physiotherapists, chiropractors, occupational therapists, audiologists, speech therapists, hydropaths, podiatrists, therapeutic and clinical massage therapists, clinical psychologists, dieticians and osteopaths.

(e) Includes ICD-10-AM codes F04–F99 (all mental and behavioural disorders excluding dementia in Alzheimer's disease, vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia) and G31.2 (degeneration of nervous system due to alcohol) for 2000–01; ICD-9 chapter V (mental disorders), excluding 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–94.

(f) Includes ICD-10-AM codes F01–F03 (vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia) and G30–G31 (Alzheimer's disease and other degenerative disease of the nervous system not elsewhere classified), excluding G31.2 (degeneration of nervous system due to alcohol) for 2000–01; ICD-9 CM codes 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–04.

n.a. Not available.

Source: AIHW (2005c).

In this report expenditure costs of dementias have been included as well as mental disorders because dementias are included in the definition of mental health-related separations used

here. This reflects mental health-related care provided to patients with dementias who have been admitted to hospital.

The expenditure on dementias in other settings (e.g. aged care homes) may not necessarily be regarded as mental health-related care to the same

extent. Data for hospital services expenditure have been adjusted to take into account the impact of long-stay patients on annual expenditure figures.

For 2000–01 it was estimated that health care expenditure for mental health disorders, including expenditure on community mental health, was $3,741 million (Table 2.5), or 7.5% of recurrent health care expenditure. The majority of this expenditure was for hospital services (31.9% of mental health care expenditure, or $1,196 million), community mental health services (21.9%, or $821 million) and pharmaceuticals (16.5%, or $616 million).

In 2000–01 expenditure on Alzheimer's disease and other dementias totalled $2,230 million and the majority of this expenditure occurred in aged care homes (85.3%, or $1,902 million).

In comparison, the health care expenditure for mental health disorders (including community health expenditure of $408 million) for 1993–94 (converted to 2000–01 prices) was estimated at $2,697 million, or 6.6% of recurrent health care expenditure. The expenditure was mostly for hospital services (40.5%, or $1,091 million) and out-of-hospital medical services (19.0%, or $512 million). Expenditure on Alzheimer's disease and other dementias totalled $814 million in 1993–94 (2.0% of recurrent health care expenditure), and $2,679 million in 2000–01 (4.7%).

2.4 Further information

For further information on recent estimates of the prevalence of self-reported long-term mental health conditions, psychological distress, use of medication for mental wellbeing, and consultations with health professionals, see *Mental Health Services in Australia 2001–02* (AIHW 2004c). For further information on mental health in relation to the use of alcohol and other drugs, see *2004 National Drug Strategy Household Survey* (AIHW 2005h).