



The use of health services among Australians with disability

Summary

Australians with severe or profound disability are extensive users of professional health services. This high use is associated with a high prevalence of multiple long-term health conditions, and comorbidity of mental disorders and physical conditions (AIHW 2010). Severe or profound disability is strongly related to the use of health services, even after taking into account multiple health conditions and comorbidity of mental and physical conditions. This may be partly related to the level of functional impairments that increase the likelihood of needing and seeking assistance from the health-care system.

This analysis is based on the data from the 2007–08 National Health Survey and the 2007 National Survey of Mental Health and Wellbeing conducted by the Australian Bureau of Statistics (ABS). Because of the data limitations (Box 1), the focus of this analysis is on people aged 15–64 years with severe or profound disability, defined by the ABS surveys as ‘sometimes or always requiring personal help or supervision with the core activities of self-care, mobility and communication’.

Contents

Summary.....	1
Introduction	3
The use of health services for various health problems.....	5
The use of health services by those with mental disorders.....	10
References.....	16
Appendix tables.....	17
Abbreviations.....	25
Acknowledgments	25

The use of health services

Compared with people without disability, people aged 15–64 years with severe or profound disability were:

- 10 times more likely to have check-ups with general practitioners (GPs) at least once a month (29% versus 3%)
- 3.5 times more likely to consult specialist doctors in the 12 months before the survey period 2007–08 (56% versus 16%)
- 5 times more likely to consult both specialist doctors and other health professionals in the 12 months before the survey period 2007–08 (41% versus 8%).

The high use of health professional services was particularly related to services provided by specialist doctors, occupational therapists, and social workers or welfare workers.

When comorbidity of significant long-term health conditions was controlled for, among people aged 15–64 years with three or more conditions, 63% of those with severe or profound disability consulted both specialist doctors and other health professionals, compared with 27% of those without disability. Of people with comorbidity of mental disorders and physical conditions, 58% of those with severe or profound disability consulted both specialist doctors and other professionals, compared with 26% of those without disability.

The use of health services by those with mental disorders

The 2007 National Survey of Mental Health and Wellbeing covers people aged 16 to 85 years. During the 12 months before the 2007 survey, among all people aged 16–64 years with mental disorders, people with severe or profound disability were more likely than those without disability to:

- access health services (including hospital admissions) for mental health (59% versus 24%)
- consult health professionals (including GPs) for mental health (56% versus 24%)
- consult health professionals (including GPs) 5 or more times for mental health (31% versus 12%)
- consult mental health professionals (41% versus 15%)
- consult GPs for mental health (32% versus 15%).

Of all people aged 16–64 years who had comorbidity of mental disorders and any physical conditions, people with severe or profound disability were more likely than those without disability to:

- access health services (including hospital admissions) for mental health (59% versus 21%)

- consult health professionals (including GPs) for mental health (56% versus 21%)
- consult mental health professionals for mental health (42% versus 12%).

Introduction

This analysis of the use of health services among Australians with disability is the second in a series on the health of Australians with disability based on national population health survey data. The first bulletin examined the health status of Australians with disability and related health risk factors. It showed that even though there has been an overall improvement in population health, the gap between Australians with disability and those without disability remains large (AIHW 2010).

High use of health services is often considered to be associated with complications of comorbidity of chronic conditions. It has been found in an overseas study that the impact of disability on use of health services is an addition to the effect of chronic conditions. Many high users use services because of needs associated with disability, not choice (McCull & Shortt 2006).

The 2007–08 National Health Survey (NHS) and the 2007 National Survey of Mental Health and Wellbeing (SMHWB) conducted by the Australian Bureau of Statistics (ABS) were the first to include the short disability identification module (ABS 2008, 2009). This provides opportunities for examining the use of health services among Australians with disability at the national population level. The existing literature on the use of health services among Australians with disability is largely limited to small geographical areas or specific disability groups such as intellectual disability (for example, Goddard et al. 2008; Lennox et al. 2007; Pradhan et al. 2009).

This analysis aims to contribute to a better understanding of the following questions:

- What are the differences in the use of health services between people with disability and people without disability?
- Among people with mental health problems, what are the differences in the use of health services for mental disorders between people with disability and people without disability?
- Does severe or profound disability have an impact on the use of health services in addition to the effect of comorbidity of long-term health conditions?

The first part of this bulletin examines the use of health services for various health problems. The second part focuses on the use of mental health services.

Box 1: Main data sources and their limitations

The main data sources are the ABS's 2007–08 National Health Survey (NHS) and the 2007 National Survey of Mental Health and Wellbeing (SMHWB). The usefulness of these data sources depends on their ability to accurately identify the prevalence of disability. The ABS Survey of Disability, Ageing and Carers (SDAC) is the best source of population disability data, and provides the most comprehensive information on disability prevalence. However, the disability module used in the 2007–08 NHS and the 2007 SMHWB is a valuable tool for comparing the population characteristics of people with and without disability in the particular survey (ABS 2010).

As discussed in the first bulletin of this series, analyses of the 2007–08 NHS data indicated a substantial underestimation of disability prevalence among older Australians. However, the estimated age-specific prevalence rates of severe or profound core activity limitation for people aged under 65 years are fairly consistent with estimates of the SDAC. The estimated age-specific rates of other disability status from the 2007–08 NHS and the 2007 SMHWB, such as moderate and mild core activity limitation, are inconsistent with those of SDAC. The rates are higher for people aged under 65 years, but lower for those aged 65 years and over, than the rates of the 2003 SDAC (AIHW 2010).

The 2007–08 NHS and 2007 SMHWB exclude people in institutions. Most people living in institutions are older and more likely to have severe or multiple disabilities. The exclusion of this group of people in the survey may affect any analysis of older people with severe or profound disability.

The 2007 SMHWB covers people aged 16 to 85 years only. Most data on the use of health services were collected among people aged 15 years or over in the 2007–08 NHS, and among those aged 16 years or over in the 2007 SMHWB.

Scope of this analysis

Because of the data limitations detailed in Box 1, the focus of this bulletin is on people aged 15 or 16 to 64 years with severe or profound core activity limitation, defined by the ABS surveys as 'sometimes or always requiring personal help or supervision with the core activities of self-care, mobility and communication' (ABS 2009).

In this bulletin, 'severe or profound core activity limitation' is sometimes shortened to 'severe or profound disability'. 'Without disability or restrictive long-term health conditions' is sometimes shortened to 'without disability'. A 'restrictive long-term health condition' is a condition that restricts the everyday activities of individuals with the condition. 'Restricted in everyday activities' means 'less able, or unable, to engage in the everyday activities that a healthy individual of the same age is able to' (ABS 2009).

In 2003, around 3.9% of Australians aged under 65 years had severe or profound disability. Physical disability was the most commonly reported disability (1.6%), followed by psychiatric (1.6%), sensory/speech (1.5%) and intellectual (1.2%) disabilities, and disabilities related to acquired brain injury (0.6%) (AIHW 2007).

Based on self-reported health information collected in the 2007–08 NHS, mental and behavioural problems are the most frequently reported long-term health conditions among people with severe or profound disability (AIHW 2010).

The use of health services for various health problems

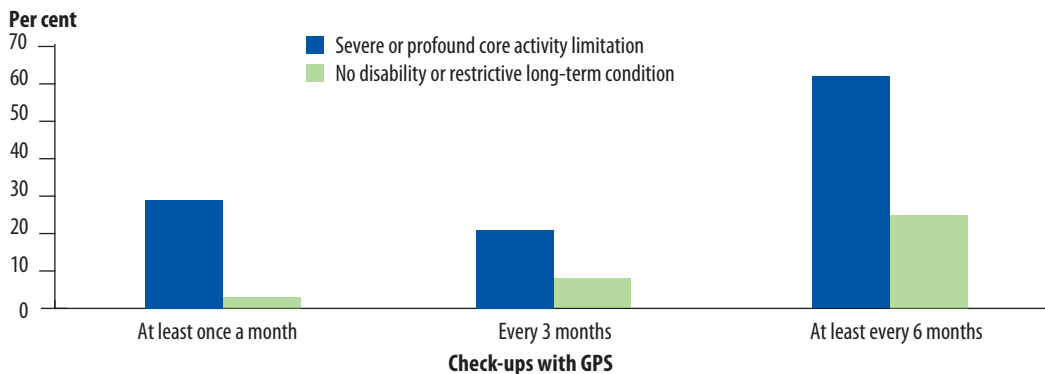
This section presents an overview of the use of health services for various health problems among Australians with disability, based on analysis of the 2007–08 NHS data.

Check-ups with general practitioners

The 2007–08 NHS data about general practitioner (GP) consultations do not allow a precise general measure about whether a person did visit a GP for any health concerns in the 12 months before the survey. However, information about the use of GP services collected in the survey included ‘check-ups’ with general practitioners. A GP’s check-up may include collecting family, medical and lifestyle history; physical examinations such as blood pressure; tests such as pap smears, blood tests, urine tests and cancer screening; and giving advice on how to improve the patient’s health, such as actions to take and referrals to other professionals (ABS 2009).

Compared with people without disability aged 15–64 years, those with severe or profound disability were:

- more likely to have check-ups with GPs (81% versus 54%) (Table A1)
- 2.5 times more likely to do this at least every 6 months (62% versus 25%)
- 10 times more likely to do this at least once a month (29% versus 3%) (Figure 1).



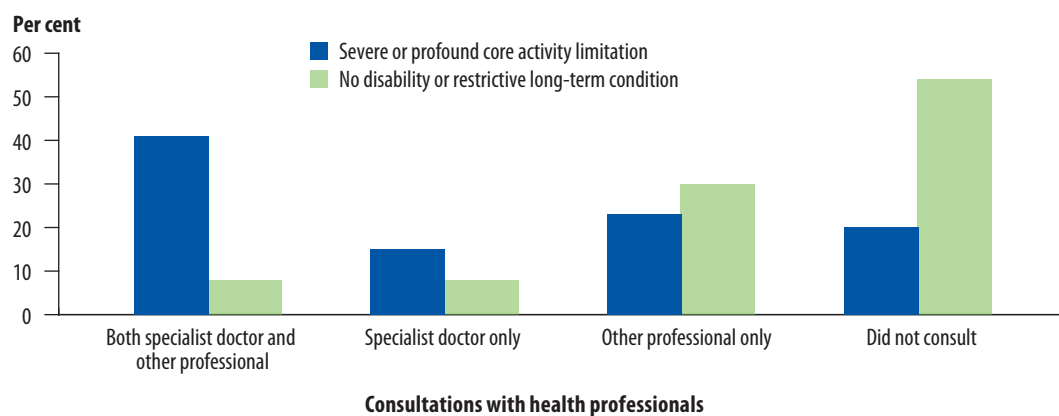
Source: Table A1: AIHW analysis of ABS 2007–08 NHS.

Figure 1: People aged 15–64 years: frequency of check-ups with GPs, by disability status, 2007–08

Consultations with specialist doctors and other health professionals

The 2007–08 NHS also collected information about consultations with health professionals other than GPs in the 12 months before the survey. These health professionals include specialist doctors, allied health professionals, complementary therapists, pharmacists, nurses, and social workers or welfare workers (ABS 2009). It should be noted that this self-reported information does not necessarily reflect all the types and amount of services provided by health professionals.

People aged 15–64 years with severe or profound disability were particularly high users of specialist doctor services: more than half (56%) consulted specialist doctors compared with 16% of those without disability (Table A2). About 41% of people with severe or profound disability consulted both specialist doctors and other professionals, compared with 8% of those without disability (Figure 2).

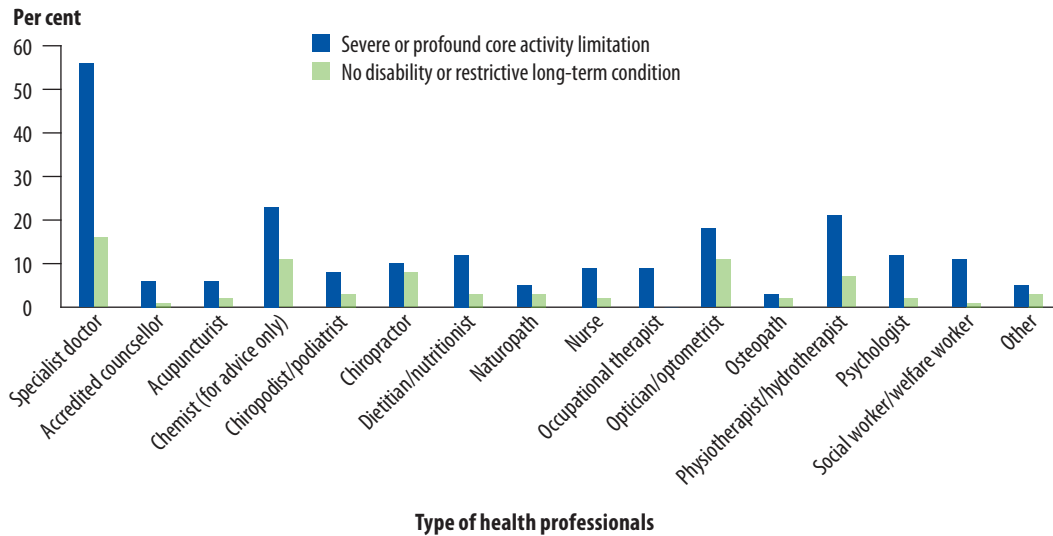


Source: Table A2: AIHW analysis of ABS 2007–08 NHS.

Figure 2: People aged 15–64 years: consultations with health professionals in the last 12 months, by broad type of health professional, by disability status, 2007–08

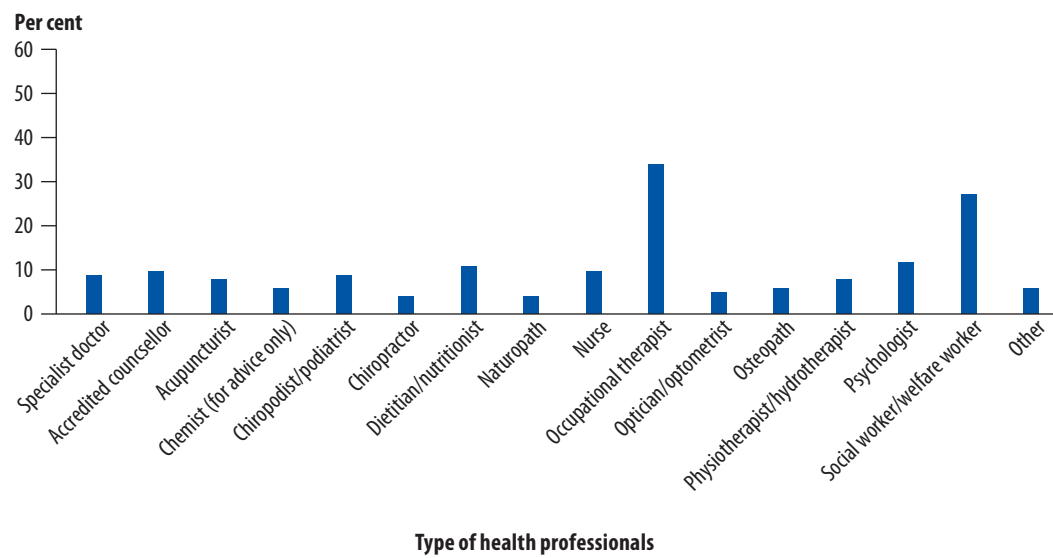
Compared with those without disability, people with severe or profound disability were also higher user of services provided by other types of health professional (Figure 3).

The high use of other health professional services by people with severe or profound disability was particularly evident in the reported high use of occupational therapists, and social workers or welfare workers (Figure 4). Among people aged 15–64 years, people with severe or profound disability made up 35% of the total reported number of people who consulted occupational therapists and 28% of those who consulted social workers or welfare workers, although only 3.5% of people of that age had severe or profound disability.



Source: Table A3: AIHW analysis of ABS 2007–08 NHS.

Figure 3: People aged 15–64 years: specific type of health professional consulted in the last 12 months, by disability status, 2007–08



Source: Table A4: AIHW analysis of ABS 2007–08 NHS.

Figure 4: People aged 15–64 years with severe or profound core activity limitation: specific type of health professional consulted in the last 12 months, as a percentage of the total number of people who consulted specific types of health professionals, 2007–08

Disability, comorbidity and the use of health services

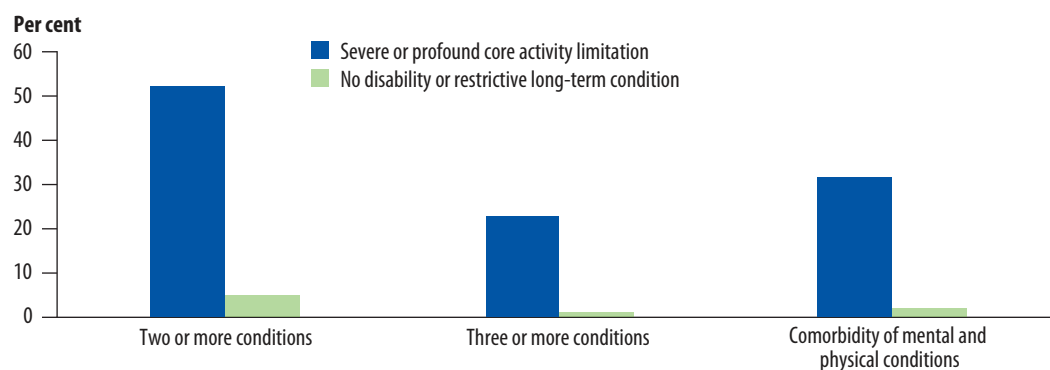
The 2007–08 NHS collected self-reported information about long-term health conditions; that is, a medical condition (illness or injury) that had lasted, or was expected to last, 6 months or more (ABS 2009). The range of the conditions collected in the 2007–08 NHS reflects its health focus and is constrained by its scope, in that it excludes people in institutions. Hence the 2007–08 NHS does not provide information about some disability-related long-term conditions in the Australian population, such as dementia for older people, and autism, Down syndrome, attention deficit hyperactivity disorder and cerebral palsy for younger people.

The 2007–08 NHS information about long-term conditions focuses particularly on the National Health Priority Areas (NHPAs). The NHPAs initiative was Australia’s response to the World Health Organization’s (WHO) global strategy Health for All by the year 2000 and its subsequent revision. The conditions included in this analysis include cancer, cardiovascular disease, diabetes, arthritis, osteoporosis, asthma, injury and mental disorders.

The analysis shows that the high use of health services among people with severe or profound disability was associated with a high prevalence of multiple conditions of the NHPAs, and comorbidity of mental and physical conditions of the NHPAs.

Of people aged 15–64 years with severe or profound disability, over half (53%) had two or more long-term health conditions of the NHPAs, and almost a quarter (23%) had three or more conditions, compared with 5% and 1% for people without disability, respectively (Figure 5).

Around one-third (32%) of people aged 15–64 years with severe or profound disability had comorbidity of mental and physical conditions of the NHPAs, compared with 2% of those without disability.



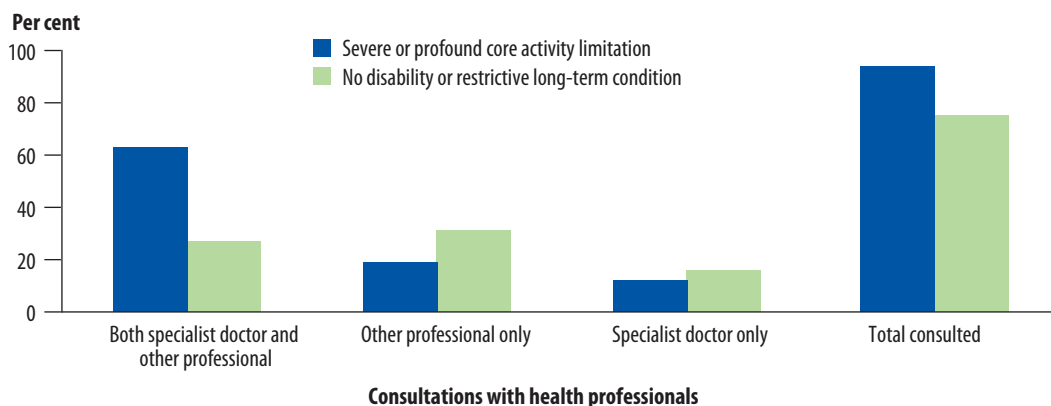
Source: Table A5: AIHW analysis of ABS 2007–08 NHS.

Figure 5: People aged 15–64 years: comorbidity of conditions of the National Health Priority Areas, by disability status, 2007–08

When comorbidity of the NHPAs was controlled for, that is, if we look at people with the same patterns of comorbidity, people with severe or profound disability were still more likely than those without disability to use more health services. Among all people aged 15–64 years with three or more NHPA conditions, 94% of those with severe or profound disability consulted health professionals. This included 63% who consulted both specialist doctors and other professionals, compared with 75% and 27%, respectively, for those without disability (Figure 6).

Of people aged 15–64 years who had comorbidity of any NHPA mental disorders and physical conditions, those with severe or profound disability were more likely than those without disability to consult health professionals (96% versus 73%). This includes a higher proportion of people who consulted both specialist doctors and other professionals (58% versus 26%) (Figure 7).

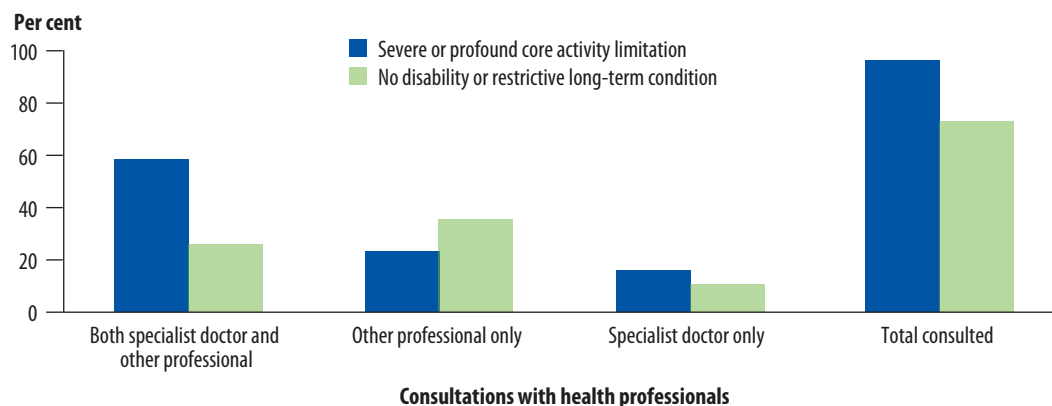
The analyses suggest that the patterns of health service use among people with severe or profound disability may relate to the complex interactions between multiple health conditions and associated functional impairments that generate complex support needs for this population group (see, for example, Goddard et al. 2008).



Source: Table A6: AIHW analysis of ABS 2007–08 NHS.

Figure 6: People aged 15–64 years who had three or more conditions of the National Health Priority Areas: consultations with health professionals (by broad type) in the last 12 months, by disability status, 2007–08

Source: Table A7: AIHW analysis of ABS 2007–08 NHS.



Source: Table A7: AIHW analysis of ABS 2007–08 NHS.

Figure 7: People aged 15–64 years who had comorbidity of mental and physical conditions of National Health Priority Areas: consultations with health professionals (by broad type) in the last 12 months, by disability status, 2007–08

The use of health services by those with mental disorders

Based on self-reported health information collected in the 2007–08 NHS, mental and behavioural problems are the most frequently reported long-term health conditions among people with severe or profound disability (AIHW 2010).

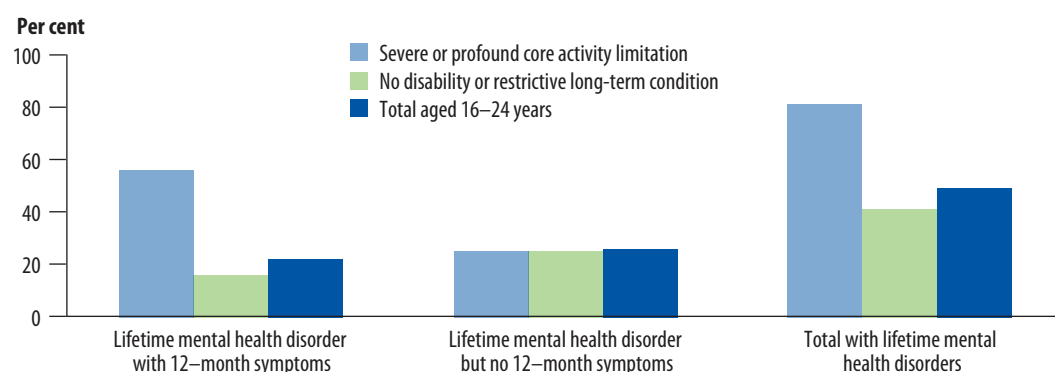
The remainder of the analyses in this bulletin are based on the data from the ABS’s 2007 SMHWP. The main measure of mental disorders used in the SMHWP is based on the World Mental Health Survey Initiative’s version of the WHO’s Composite International Diagnostic Interview. This diagnostic interview is designed to determine whether or not the person has symptoms, either during their lifetime or in the last 12 months, of selected major disorders: anxiety disorders, affective disorders and substance use disorders (ABS 2008).

As discussed in the introduction, the 2007 SMHWP also included questions about functioning and disability using the short disability module. These disability data can be used to examine the use of health services among people with severe or profound disability that is identified by the disability short module and mental disorders identified by the WHO diagnostic interview measure, and to compare these people with people who have mental disorders but no disability or restrictive long-term health condition. A ‘restrictive long-term health condition’ is defined by the disability module as ‘a condition restricting everyday activities of individuals with the condition’. ‘Restricted in everyday activities’ means ‘less able, or unable, to engage in everyday activities that a healthy individual of the same age is able to’ (ABS 2009).

The 2007 SMHWP covers people aged 16 to 85 years only. The focus of the remainder of the analysis is on people aged 16–64 years.

In 2007, among people aged 16–64 years with severe or profound disability, 81% reported a lifetime mental disorder, that is, a mental disorder at some point in their life. Around 56% reported both a lifetime mental disorder and symptoms of a mental disorder in the 12 months before the survey. This figure (56%) was 3.5 times the proportion (16%) of people without disability and 2.5 times the proportion (22%) of the general population of that age (Figure 8).

The following analysis focuses on those people who reported both a lifetime mental disorder and symptoms of a mental disorder within the previous 12 months. This focus is important because these people are often those who currently need intervention and specific assistance. In this discussion, ‘lifetime mental disorders and 12-month symptoms’ is sometimes shortened to ‘12-month mental disorders’.



Source: Table A8: AIHW analysis of ABS 2007 SMHWB.

Figure 8: People aged 16–64 years: proportion who had a lifetime mental disorder and with or without 12-month symptoms, by disability status, 2007

The use of health services for mental disorders

In 2007, around 101,100 people aged 16–64 years with severe or profound disability who had 12-month mental disorders (59% of total group) accessed health services (including hospital admissions) for mental health problems in the year before the survey; of these, 71,100 (41%) consulted mental health professionals for mental disorders (Table 1).

Of people aged 16–64 years with 12-month mental disorders, people with severe or profound disability were more likely than those without disability to (Table 1):

- + access health services (including hospital admissions) for mental health (59% versus 24%)
- + consult health professionals (including GPs) for mental health (56% versus 24%)
- + consult health professionals (including GPs) 5 or more times for mental health (31% versus 12%)
- + consult mental health professionals (41% versus 15%)

- consult GPs for mental health (32% versus 15%)
- consult GPs 12 or more times for physical or mental health (34% versus 7%)
- consult GPs 4 or more times for mental health (22% versus 4%).

The top three types of services received from health professionals for mental disorders by people with severe or profound disability were medicine or tablets (39%), information about mental illness (29%) and counselling (28%), compared with 13%, 12% and 16% for people without disability, respectively (Figure 9).

Table 1: People aged 16–64 years with lifetime mental disorders and 12-month symptoms: use of health services in the last 12 months, by disability status, 2007

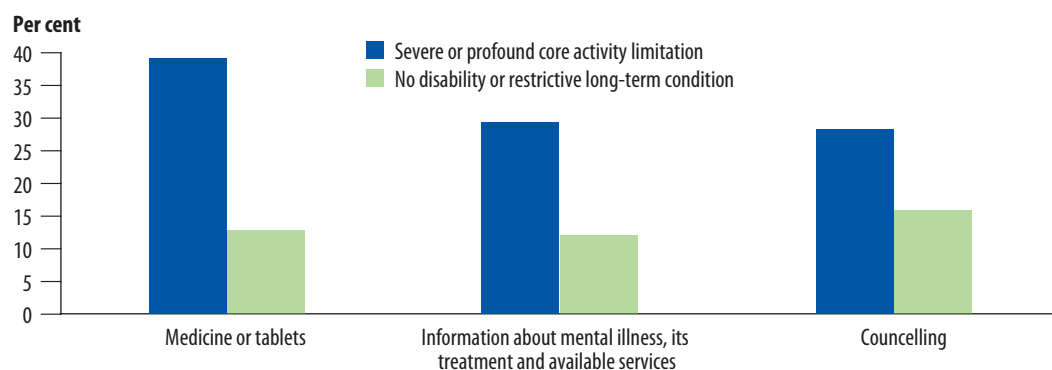
Use of health services for mental disorders	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
	Per cent	Per cent	Per cent	Number ('000)	Number ('000)	Number ('000)
Accessed any services for mental health ^(a)	58.9	24.0	35.0	101.1	353.3	1,055.2
Consulted any professional (including GPs) for mental health	55.8	23.9	34.6	95.7	351.2	1,044.8
Consulted any professional (including GPs) 5 or more times for mental health	30.5	11.7	19.3	52.4	171.9	582.4
Consulted any mental health professional for mental health	*41.4	14.7	22.6	*71.1	215.6	680.5
Consulted other health professional for mental health ^(b)	*13.5	4.2	6.9	*23.2	61.6	207.3
Consulted GPs for mental health	31.8	15.3	24.6	54.6	225.1	741.4
Consulted GPs 12 or more times for physical or mental health	33.9	*6.5	12.6	58.1	*96.0	380.0
Consulted GPs 4 or more times for mental health	*22.3	*3.8	10.4	*38.2	*56.4	313.1
Total with lifetime mental health disorder and 12-month symptoms				171.7	1,471.7	3,016.3

* Estimate has a relative standard error of 25–50% and should be used with caution.

(a) Including hospital admissions.

(b) Excluding mental health professionals and GPs.

Source: AIHW analysis of ABS 2007 SMHWB.



Source: Table A9: AIHW analysis of ABS 2007 SMHWB.

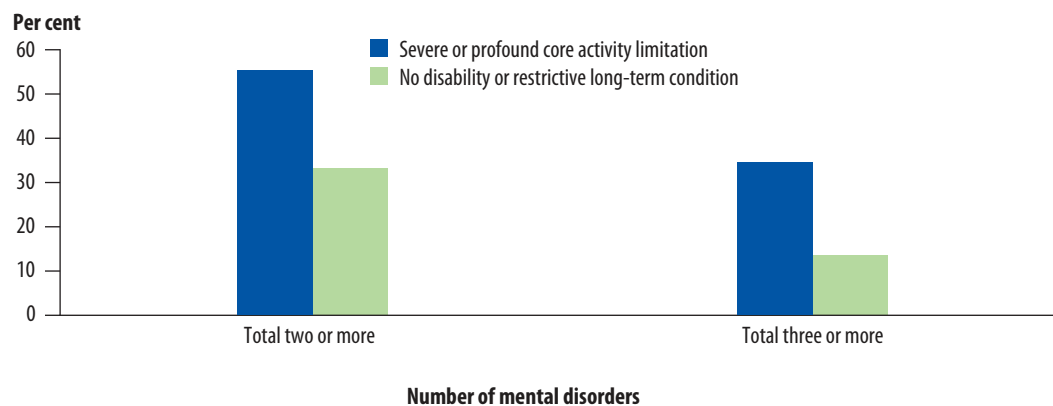
Figure 9: People aged 16–64 years with lifetime mental disorders and 12-month symptoms, top three types of services used for mental disorders, by disability status, 2007

Comorbidity and the use of health services for mental disorders

This analysis shows that for people with severe or profound disability, the high use of health services for mental disorders may be associated with a high prevalence of multiple mental disorders, and comorbidity of mental disorders and physical conditions.

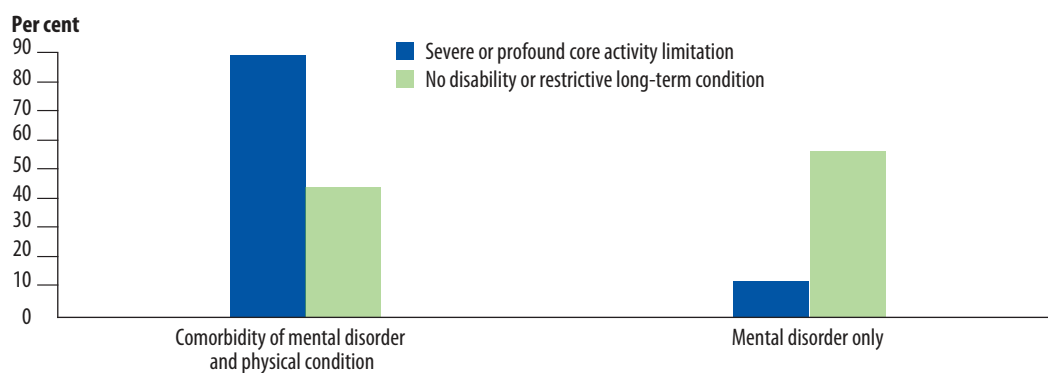
Of all people aged 16–64 years with 12-month mental disorders, those with severe or profound disability were more likely than those without disability to have:

- + two or more mental disorders (55% versus 33%) (Figure 10)
- + comorbidity of mental disorders and physical conditions (89% versus 44%) (Figure 11)
- + both multiple mental disorders and comorbidity of mental and physical conditions (54% versus 34%) (Figure 12).



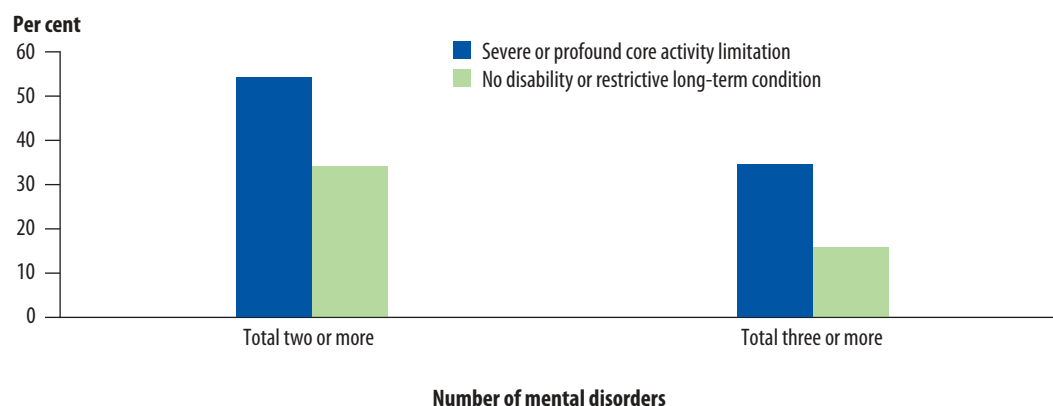
Source: Table A10: AIHW analysis of ABS 2007 SMHWB.

Figure 10: People aged 16–64 years with lifetime mental disorders and 12-month symptoms: proportion of multiple mental disorders, by disability status, 2007



Source: Table A11: AIHW analysis of ABS 2007 SMHWB.

Figure 11: People aged 16–64 years with lifetime mental disorders and 12-month symptoms: comorbidity of mental and physical conditions, by disability status, 2007



Source: Table A12: AIHW analysis of ABS 2007 SMHWB.

Figure 12: People aged 16–64 years with lifetime mental disorders and 12-month symptoms who had comorbidity of mental and physical conditions: number of mental disorders, by disability status, 2007

Disability, comorbidity and the use of health services for mental disorders

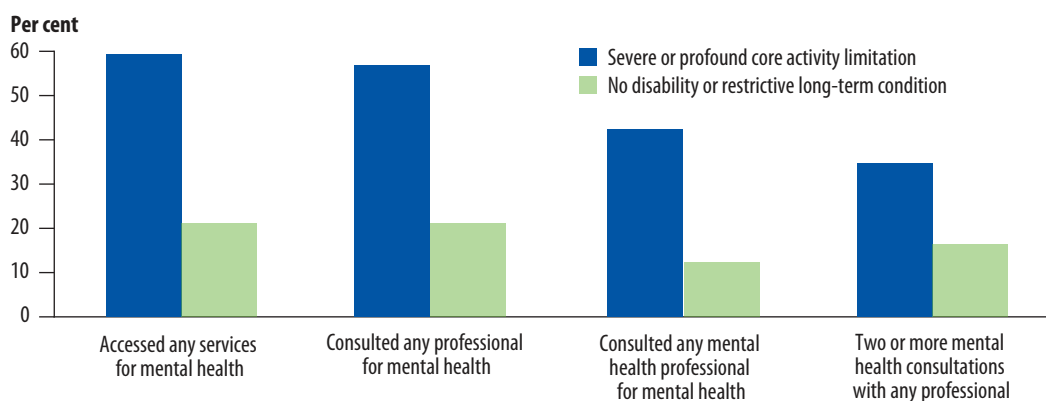
After comorbidity of mental and physical conditions was taken into account, people with severe or profound disability were still more likely than those without disability to use health services for mental disorders.

Of all people aged 16–64 years who had comorbidity of mental and physical conditions, people with severe or profound disability were more likely than those without disability to:

- ✦ access health services for mental health (59% versus 21%)
- ✦ consult health professionals for mental health (56% versus 21%)
- ✦ consult mental health professionals for mental health (42% versus 12%)
- ✦ have two or more mental health consultations with health professionals (34% versus 16%) (Figure 13).

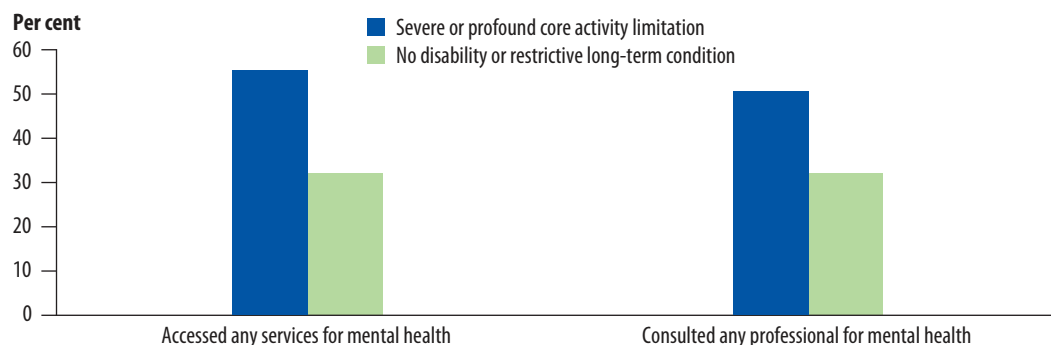
Among people aged 16–64 years who had comorbidity of NHPA mental and physical conditions, those with severe or profound disability were more likely than those without disability to:

- ✦ access services for mental health (56% versus 21%)
- ✦ consult health professionals for mental health (51% versus 20%) (Figure 14).



Source: Table A13: AIHW analysis of ABS 2007 SMHWB.

Figure 13: People aged 16–64 years who had comorbidity of mental and physical conditions: the use of health services for mental disorders in the last 12 months, by disability status, 2007



Source: Table A14: AIHW analysis of ABS 2007 SMHWB.

Figure 14: People aged 16–64 years who had comorbidity of mental and physical conditions of National Health Priority Areas: the use of health services for mental disorders in the last 12 months, by disability status, 2007

The analyses in this bulletin have shown that severe or profound disability is strongly associated with high use of health services, including services for mental health, even after multiple conditions and comorbidity of mental disorders and physical conditions were taken into account. This may be partly related to the level of functional impairments that increases the likelihood of needing and seeking assistance with the health-care system.

References

- ABS (Australian Bureau of Statistics) 2008. National Survey of Mental Health and Wellbeing: summary of results 2007. ABS cat. no. 4326.0. Canberra: ABS.
- ABS 2009. National Health Survey: users' guide—electronic 2007–08. ABS cat. no. 4363.0.55.001. Canberra: ABS.
- ABS 2010. ABS sources of disability information, Australian 2003–2008. Information paper. ABS cat. no. 4431.0.55.002. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2007. Australia's welfare 2007. Cat. no. AUS 93. Canberra: AIHW.
- AIHW 2010. Health of Australians with disability: health status and risk factors. Bulletin no. 83. Cat. no. AUS 132. Canberra: AIHW.
- Goddard L, Davidson P, Daly J & Mackey S 2008. People with an intellectual disability in the discourse of chronic and complex conditions: an invisible group? *Australian Health Review* 32(3):405–13.
- Lennox N, Bain C, Rey-Conde T, Purdie D, Bush R & Pandeya N 2007. Effects of a comprehensive health assessment programme for Australian adults with intellectual disability: a cluster randomized trial. *International Journal of Epidemiology* 36(1):139–46.
- McColl M & Shortt S 2006. Another way to look at high service utilization: the contribution of disability. *Journal of Health Service Research Policy* 11(2):74–80.
- Pradhan A, Slade GD & Spencer AJ 2009. Access to dental care among adults with physical and intellectual disabilities: residence factors. *Australian Dental Journal* 54:204–11.

Appendix tables

Table A1: People aged 15–64 years: whether had check-ups with GP and frequency of check-ups, by disability status, 2007–08

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
	Per cent of total		
Whether have check-ups with GPs			
Has check-ups	81.0	54.0	59.8
Does not have check-ups	18.1	44.8	39.1
Does not have a GP	**0.9	1.2	1.1
Don't know	—	—	—
Frequency of GP check-ups			
Not applicable	19.0	46.0	40.2
At least once a month	29.0	2.9	6.5
Every 3 months	21.0	7.7	11.2
Every 6 months	11.9	14.5	15.2
Annually	11.2	18.7	17.3
Less frequently	**2.7	4.8	4.5
Not regularly	**2.0	5.2	4.8
Other	**3.2	**0.2	**0.3
<i>At least every 6 months</i>	61.9	25.2	32.9
Total number ('000)	489.6	8,973.2	13,999.5

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

— Nil or rounded to zero.

Source: AIHW analysis of ABS 2007–08 NHS.

Table A2: People aged 15–64 years: whether had consultations with health professionals (excluding GPs) in the last 12 months, by disability status, 2007–08

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
	Number ('000)		
Both specialist doctor and other professional	200.7	737.7	1,926.1
Specialist doctor only	73.1	687.7	1,279.4
Other professional only	114.5	2,705.0	4,408.3
Total consulted specialist doctor	273.8	1,425.4	3,205.5
Total consulted health professional	388.4	4,130.4	7,613.8
Did not consult	99.7	4,836.8	6,372.9
Not known	**1.5	**6.0	**12.8
Total	489.6	8,973.2	13,999.5
	Per cent		
Both specialist doctor and other professional	41.0	8.2	13.8
Specialist doctor only	14.9	7.7	9.1
Other professional only	23.4	30.1	31.5
Total consulted specialist doctor	55.9	15.9	22.9
Total consulted health professional	79.3	46.0	54.4
Did not consult	20.4	53.9	45.5
Not known	**0.3	**0.1	**0.1
Total	100.0	100.0	100.0

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.
Source: AIHW analysis of ABS 2007–08 NHS.

Table A3: People aged 15–64 years: type of health professional (excluding GPs) consulted in the last 12 months, by disability status, 2007–08

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
	Number ('000)		
Specialist doctor	273.8	1,425.4	3,205.5
Accredited counsellor	30.1	107.3	292.4
Acupuncturist	*30.2	181.8	396.2
Chemist (for advice only)	113.9	981.1	1,872.7
Chiropodist/podiatrist	40.7	233.0	479.1
Chiropractor	48.7	698.4	1,370.1
Dietitian/nutritionist	60.3	230.0	537.5
Naturopath	*23.9	288.4	540.2
Nurse	45.0	214.3	450.6
Occupational therapist	*43.8	24.2	123.8
Optician/optometrist	88.7	972.8	1,763.5
Osteopath	*16.0	148.8	274.5
Physiotherapist/hydrotherapist	103.3	661.4	1,350.9
Psychologist	56.5	165.0	482.3
Social worker/welfare worker	55.2	45.8	200.3
Other	*26.3	244.1	447.5
Total	489.6	8,973.2	13,999.5
	Per cent		
Specialist doctor	55.9	15.9	22.9
Accredited counsellor	6.2	1.2	2.1
Acupuncturist	*6.2	2.0	2.8
Chemist (for advice only)	23.3	10.9	13.4
Chiropodist/podiatrist	8.3	2.6	3.4
Chiropractor	9.9	7.8	9.8
Dietitian/nutritionist	12.3	2.6	3.8
Naturopath	*4.9	3.2	3.9
Nurse	9.2	2.4	3.2
Occupational therapist	*9.0	0.3	0.9
Optician/optometrist	18.1	10.8	12.6
Osteopath	*3.3	1.7	2.0
Physiotherapist/hydrotherapist	21.1	7.4	9.6
Psychologist	11.5	1.8	3.4
Social worker/welfare worker	11.3	0.5	1.4
Other	*5.4	2.7	3.2

* Estimate has a relative standard error of 25–50% and should be used with caution.
Source: AIHW analysis of ABS 2007–08 NHS.

Table A4: People aged 15–64 years: type of health professional (excluding GPs) consulted in the last 12 months, as a percentage of total people who consulted specific types of health professionals, by disability status, 2007–08

	Proportion of total persons who consulted a specific type of health professionals			Total aged 15–64 years
	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years ^(a)	Number ('000)
Specialist doctor	8.5	44.5	100.0	3,205.5
Accredited counsellor	10.3	36.7	100.0	292.4
Acupuncturist	*7.6	45.9	100.0	396.2
Chemist (for advice only)	6.1	52.4	100.0	1,872.7
Chiropodist/podiatrist	8.5	48.6	100.0	479.1
Chiropractor	3.6	51.0	100.0	1,370.1
Dietitian/nutritionist	11.2	42.8	100.0	537.5
Naturopath	*4.4	53.4	100.0	540.2
Nurse	10.0	47.6	100.0	450.6
Occupational therapist	*35.4	19.5	100.0	123.8
Optician/optometrist	5.0	55.2	100.0	1,763.5
Osteopath	*5.8	54.2	100.0	274.5
Physiotherapist/hydrotherapist	7.7	49.0	100.0	1,350.9
Psychologist	11.7	34.2	100.0	482.3
Social worker/welfare worker	27.5	22.9	100.0	200.3
Other	*5.9	54.6	100.0	447.5
Total	3.5	64.1	100.0	13,999.5

* Estimate has a relative standard error of 25–50% and should be used with caution.

(a) The sum of components is less than the total as the total includes people with all categories of disability status.

Source: AIHW analysis of ABS 2007–08 NHS.

Table A5: People aged 15–64 years: comorbidity of conditions of the National Health Priority Areas, by disability status, 2007–08

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
	Number ('000)		
Two or more conditions	258.2	463.0	1,920.8
Three or more conditions	110.8	78.4	619.5
Comorbidity of mental and physical conditions	158.2	171.6	919.4
Total	489.6	8,973.2	13,999.5
Per cent			
Two or more conditions	52.7	5.2	13.7
Three or more conditions	22.6	0.9	4.4
Comorbidity of mental and physical conditions	32.3	1.9	6.6

Source: AIHW analysis of ABS 2007–08 NHS.

Table A6: People aged 15–64 years who had three or more conditions of the National Health Priority Areas, consultations with health professionals (excluding GPs) in the last 12 months, by disability status, 2007–08

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
Number ('000)			
Both specialist doctor and other professional	69.3	21.2	230.1
Other professional only	*21.4	24.7	183.5
Specialist doctor only	*13.2	*12.7	98.6
Did not consult	*6.8	*19.9	107.3
<i>Total consulted</i>	<i>104.0</i>	<i>58.5</i>	<i>512.2</i>
Total	110.8	78.4	619.5
Per cent			
Both specialist doctor and other professional	62.6	27.0	37.1
Other professional only	*19.4	31.4	29.6
Specialist doctor only	*12.0	*16.2	15.9
Did not consult	*6.1	*25.4	17.3
<i>Total consulted</i>	<i>93.9</i>	<i>74.6</i>	<i>82.7</i>
Total	100.0	100.0	100.0

* Estimate has a relative standard error of 25–50% and should be used with caution.
Source: AIHW analysis of ABS 2007–08 NHS.

Table A7: People aged 15–64 years who had comorbidity of mental and physical conditions of the National Health Priority Areas, consultations with health professionals (excluding GPs) in the last 12 months, by disability status, 2007–08

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
Number ('000)			
Both specialist doctor and other professional	91.4	45.2	230.1
Other professional only	35.9	61.8	183.5
Specialist doctor only	*25.0	18.7	98.6
Did not consult	*5.9	45.9	107.3
<i>Total consulted</i>	<i>152.3</i>	<i>125.7</i>	<i>512.2</i>
Total	158.2	171.6	619.5
Per cent			
Both specialist doctor and other professional	57.8	26.4	35.2
Other professional only	22.7	36.0	34.4
Specialist doctor only	*15.8	10.9	13.2
Did not consult	*3.7	26.7	17.2
<i>Total consulted</i>	<i>96.3</i>	<i>73.3</i>	<i>82.8</i>
Total	100.0	100.0	100.0

* Estimate has a relative standard error of 25% to 50% and should be used with caution.
Source: AIHW analysis of ABS 2007–08 NHS.

Table A8: People aged 16–64 years: whether have lifetime mental disorders and 12-month symptoms, by disability status, 2007

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 15–64 years
Number ('000)			
Both specialist doctor and other professional	171.7	45.2	324.0
Other professional only	76.8	61.8	316.2
Specialist doctor only	22.9	18.7	121.1
Did not consult	35.0	45.9	158.0
<i>Total consulted</i>	<i>248.4</i>	<i>125.7</i>	<i>761.3</i>
Total	306.4	9,334.9	13,609.9
Per cent			
Both specialist doctor and other professional	56	15.8	22.2
Other professional only	25.1	24.8	26.5
Specialist doctor only	*7.5	4.3	4.4
Did not consult	*11.4	55.1	47.0
<i>Total consulted</i>	<i>81.1</i>	<i>40.5</i>	<i>48.6</i>
Total	100.0	100.0	100.0

* Estimate has a relative standard error of 25–50% and should be used with caution.
Source: AIHW analysis of ABS 2007 SMHWB.

Table A9: People aged 16–64 years with lifetime mental disorders and 12-month symptoms: type of health services used for mental disorders, by disability status, 2007

Use of health services for mental disorders	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
Per cent			Number ('000)			
Medicine or tablets	38.8	13.0	22.8	66.7	191.2	687.6
Information about mental illness, its treatment, and available services	*29.1	11.5	18.5	*49.9	169.3	558.4
Counselling	27.5	15.8	22.1	47.3	232.3	667.6
Cognitive behaviour therapy	*16.3	8.6	12.8	*28.1	127.0	387.3
Psychotherapy	*14.1	7.7	11.9	*24.3	112.8	359.1
Help to improve ability to look after self or home	*8.1	*0.9	3.5	*13.8	*12.9	104.3
Help to improve ability to work, or use time in other ways	*6.2	*3.2	5.8	*10.6	*47.3	174.9
Help to sort out housing or money problems	*5.2	*0.4	2.4	*8.9	*6.2	71.9
Help to meet other people for support or company	*5.0	*1.4	3.4	*8.5	*20.8	104.0
Total				171.7	1,471.7	3,016.3

* Estimate has a relative standard error of 25–50% and should be used with caution.
Source: AIHW analysis of ABS 2007 SMHWB.

Table A10: People aged 16–64 years with lifetime mental disorders and 12-month symptoms: number of mental disorder in the last 12 months, by disability status, 2007

Number of mental disorders	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
	Number ('000)		
One disorder	77.6	991.0	1,705.3
Two disorders	*35.0	286.8	654.4
Three or more disorders	59.1	193.8	656.7
<i>Total two or more disorders</i>	94.1	480.6	1,311.1
Total	171.7	1,471.7	3,016.3
	Per cent		
One disorder	45.2	67.3	56.5
Two disorders	*20.4	19.5	21.7
Three or more disorders	34.4	13.2	21.8
<i>Total two or more disorders</i>	54.8	32.7	43.5
Total	100.0	100.0	100.0

* Estimate has a relative standard error of 25–50% and should be used with caution.
 Source: AIHW analysis of ABS 2007 SMHWB.

Table A11: People aged 16–64 years with lifetime mental disorders and 12-month symptoms: comorbidity of mental and physical conditions, by disability status, 2007

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
	Number ('000)		
Mental disorder only	*19.0	829.8	1,299.6
Mental disorder and physical condition	152.7	641.8	1,716.7
Total with lifetime mental disorders and 12-month symptoms	171.7	1,471.7	3,016.3
	Per cent		
Mental disorder only	*11.1	56.4	43.1
Mental disorder and physical condition	88.9	43.6	56.9
Total with lifetime mental disorders and 12-month symptoms	100.0	100.0	100.0

Source: AIHW analysis of ABS 2007 SMHWB.

Table A12: People aged 16–64 years with lifetime mental disorders and 12-month symptoms who had comorbidity of mental and physical conditions, number of mental disorders, by disability status, 2007

Number of mental disorders	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
One disorder	70.0	425.7	905.5
Two disorders	*30.4	120.0	390.0
Three or more disorders	52.3	96.1	421.2
<i>Total two or more disorders</i>	82.7	216.1	811.2
Total with mental disorders and physical condition	152.7	641.8	1716.7
		Per cent	
One disorder	45.9	66.3	52.7
Two disorders	*19.9	18.7	22.7
Three or more disorders	34.2	15.0	24.5
<i>Total two or more disorders</i>	54.1	33.7	47.3
Total with mental disorders and physical condition	100.0	100.0	100.0

* Estimate has a relative standard error of 25–50% and should be used with caution.
Source: AIHW analysis of ABS 2007 SMHWB.

Table A13: People aged 16–64 years with lifetime mental disorders and 12-month symptoms who had comorbidity of mental and physical conditions: the use of health services for mental disorders in the last 12 months, by disability status, 2007

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
Accessed any services for mental health ^(a)	90.1	135.7	648.0
Consulted any professional for mental health	84.7	133.6	640.5
Consulted any mental health professional for mental health	*64.4	*76.3	404.1
Two or more mental health consultations with any professional	*52.5	105.0	516.0
Total with comorbidity of mental and physical conditions	152.7	641.8	1,716.7
		Per cent	
Accessed any services for mental health ^(a)	59.0	21.1	37.7
Consulted any professional for mental health	55.5	20.8	37.3
Consulted any mental health professional for mental health	*42.2	*11.9	23.5
Two or more mental health consultations with any professional	*34.4	16.4	30.1

* Estimate has a relative standard error of 25–50% and should be used with caution.
(a) Includes hospital admissions.
Source: AIHW analysis of ABS 2007 NHS.

Table A14: People aged 16–64 years with lifetime mental disorders and 12-month symptoms who had comorbidity of mental and physical conditions of the National Health Priority Areas: the use of health services for mental disorders in the last 12 months, by disability status, 2007

	Severe or profound core activity limitation	No disability or restrictive long-term condition	Total aged 16–64 years
	Number ('000)		
Accessed any services for mental health ^(a)	*60.7	60.3	350.0
Consulted any professional for mental health	*55.3	58.2	342.6
Total with comorbidity of mental and physical conditions of NHPAs	109.3	285.2	937.2
	Per cent		
Accessed any services for mental health ^(a)	*55.5	21.2	37.3
Consulted any professional for mental health	*50.6	20.4	36.5

* Estimate has a relative standard error of 25–50% and should be used with caution.

(a) Includes hospital admissions.

Source: AIHW analysis of ABS 2007 SMHWB.

Abbreviations

ABS	Australian Bureau of Statistics
GP	general practitioner
NHPA	National Health Priority Area
NHS	2007–08 National Health Survey
SDAC	Survey of Disability, Ageing and Carers
SMHWB	2007 National Survey of Mental Health and Wellbeing
WHO	World Health Organization

Acknowledgments

The author of this report was Dr Xingyan Wen.

Thanks to David Kalisch, Brent Diverty, Teresa Dickinson, Lisa McGlynn, Sean Ackland, Ilona Brockway, Gary Hanson, Lyle Baker, Jennifer Wheeler and Dr Merryl Uebel-Yan for reviewing the draft report.

© Australian Institute of Health and Welfare 2011



This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Bulletin series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 1446-9820

ISBN 978-1-74249-206-3

Suggested citation

Australian Institute of Health and Welfare 2011. The use of health services among Australians with disability. Bulletin no. 91. Cat. no. AUS 140. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Dr Andrew Refshauge

Director

David Kalisch

Any enquiries about or comments on this publication should be directed to:

Communications, Media and Marketing Unit

Australian Institute of Health Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1031

Email: info@aihw.gov.au9191

Published by the Australian Institute of Health and Welfare

Printed by PMP Limited