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Foreword

Mental health services in Australia 2006–07 is the eleventh in the series of mental health reports produced by the Australian Institute of Health and Welfare. It provides a detailed picture of the national response to the mental health care needs of Australians. The report assembles a diverse range of 2006–07 data, and where available 2007–08 data, on Australian mental health consumers; their use of mental health services and the resources allocated by the Australian and state and territory governments to care for them.

The cooperation and advice of state and territory health authorities, the Australian Government and other stakeholders is vital to the production of this report. However, while based on jurisdictional data, the report reflects the AIHW's expertise in applying impartial analysis to the raw data, to produce information and analysis that informs the community and policy makers.

This year, the report includes scene-setting summary data from the second National Survey of Mental Health and Wellbeing which was conducted in 2007 by the Australian Bureau of Statistics. Data from the survey have been used to estimate that 3.2 million, or 20%, of Australians experienced symptoms of a mental disorder in the 12 months prior to the survey, confirming the importance of mental health as a health issue in Australian society.

The report provides data from the Institute's National Mental Health Establishments Database, providing detailed information on specialised mental health expenditure, beds and staffing. The report also includes data on mental health-related service provision from other Institute databases: the National Hospital Morbidity Database, the National Community Mental Health Care Database, the National Residential Mental Health Care Database, the Commonwealth, State/Territory Disability Agreement Database and the Supported Accommodation Assistance Program data collection. Mental health-related data are also provided on emergency department occasions of service, pharmaceuticals and Medicare services.

At this stage of data development, the information we can provide is limited to the number of services, or visits, or prescriptions delivered across Australia. We still have very little information about the number of people involved, or the services used per person. This remains an important data gap that can only be addressed by connecting information for mental health consumers within and across various data sets. This might be achieved by a range of strategies including data linkage as well as the information that might flow from the implementation of e-health.

Timeliness is another area where improvement is needed. Mental health data flows in a complex pathway from the recording of the data by mental health service providers to the analysis of the validated information for this report. This whole process is currently under review within all areas of the health and welfare system as a result of the desire of the Council of Australian Governments for speedier information. It is my objective that next year's information will be reported earlier to reflect the various needs at all levels of government and community.

Penny Allbon

Director

August 2009

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Summary

The latest National Survey of Mental Health and Wellbeing conducted in 2007 by the Australian Bureau of Statistics (ABS 2008a) estimates that 3.2 million, or 20%, of the population had experienced symptoms of a mental disorder in the 12 months prior to the survey. This report on Australian mental health services provides detailed information on the national response to the mental health care needs of Australians using a range of AIHW and other data sources.

Service provision

- General practitioners (GPs) are often a first contact point for mental health concerns. In 2007–08, the BEACH survey estimated that over 11.9 million GP-patient encounters involved management of a mental health issue. These GP encounters increased by an annual average of 4.4% from 2003–04 to 2007–08.
- Medicare provides specific payments for some GP mental health-related encounters, such as the preparation or review of GP mental health care plans. These *Medicare Benefits Schedule* (MBS)-subsidised mental health items were introduced in November 2006. In 2006–07 there were nearly 550,000 claims against these items and in 2007–08 there were almost 1.2 million claims.
- In November 2006, the MBS was also extended to cover specific allied mental health services. In 2006–07 there were approximately 2.6 million claims for subsidised psychiatrist, psychologist and other allied health professional services and in 2007–08 there were 3.9 million claims.
- Community mental health services and hospital outpatient services also provide care for mental health consumers, with close to 6 million mental health-related service contacts in 2006–07, a 5.3% increase from 2005–06.
- Mental health care is provided to admitted patients in public acute, public psychiatric and private hospitals. In 2006–07, there were over 209,000 mental health-related separations for admitted patients. Over the 5 years to 2006–07, the average annual rate of increase for admitted patient mental health-related separations was 2.2%.
- In 2007–08, there were 20 million mental health-related prescriptions subsidised by the *Pharmaceutical Benefits Scheme* (and for veterans), accounting for just over one in ten of all prescription claims, costing over \$700 million. Prescriptions for antipsychotics (49%) and antidepressants (43%) accounted for the majority of the spending.

Expenditure and resources

- Expenditure on state and territory mental health services increased by an annual average of 5.6% (adjusted for inflation) between 2002–03 and 2006–07, to \$3,040 million. Specialised psychiatric wards in public acute hospitals and community mental health care services experienced annual average increases in expenditure of 7.2% and 5.9%, respectively, while stand alone public psychiatric hospital expenditure remained relatively stable.

- In 2006–07, there were 16 stand alone public psychiatric hospitals, 25 private psychiatric hospitals, and 139 public acute hospitals with a specialised psychiatric unit or ward. The number of beds in specialised psychiatric wards of public acute hospitals increased on average by 3.1% from 2002–03 to 2006–07 to 4,196 beds, while over the same period, stand alone public psychiatric hospitals beds decreased by 1.6% to 2,211 beds.
- In 2007–08, \$549 million was paid in benefits for Medicare-subsidised mental health services provided by psychiatrists, GPs, psychologists and other allied health professionals. Nationally, Medicare benefits paid for these services averaged \$25.91 per head of population. Between 2003–04 and 2007–08, the total expenditure on MBS mental health-related items increased by an annual average of 22.4% reflecting, in part, the introduction of items for psychologists and other allied health professionals during that period.