7.20 Mental health services

Mental illness contributes substantially to the burden of disease in the community (see Chapter 3.12 'Mental health'). In Australia, people with mental disorders can access a variety of support services, delivered by the Australian Government and state and territory governments and by the private and not-for-profit sectors. A range of health care professionals provide these services in a number of care settings.

This snapshot provides a brief overview of the volume of mental health service activity, the associated workforce, and ongoing efforts to improve the safety and quality of mental health care in Australia.

Where might people go for mental health care?
Specialised hospital services—public and private
Residential mental health services
Community mental health care services
Private clinical practices
Non-government organisation services

Who might people see for mental health care?
General practitioners
Psychiatrists and other medical staff
Psychologists
Nurses—registered and enrolled
Social workers
Other allied health professionals
Peer workers
Other personal care staff

Service use

A considerable number of support services are provided to people with a mental illness each year. For example, state and territory community mental health care services provided more than 9.4 million contacts in 2015–16 (Table 7.20.1).

Australian Institute of Health and Welfare 2018. *Australia's health 2018*. Australia's health series no. 16. AUS 221. Canberra: AIHW.

Table 7.20.1: Selected mental health-related services provided, 2015–16/2016–17[a]

Service type	Volume	Selected findings
Medicare-subsidised mental health-related services[b]	11.1 million services	General practitioners (GPs) (31%) were the largest providers of these services.
People accessing Medicare-subsidised mental health-related services[b]	2.4 million people	Females accessed these services at a rate of about 1.5 times that of males.
Mental health-related prescriptions[c]	36 million prescriptions	Antidepressant medication accounted for about 69% of all mental health-related prescriptions[c].
Community mental health care service contacts	9.4 million contacts	More than 1 in 5 contacts were provided to patients with a principal diagnosis of schizophrenia.
Emergency department services	273,000 presentations	Aboriginal and Torres Strait Islander people accounted for 10% of mental health-related presentations.
Overnight admitted patient hospitalisations	244,900 hospitalisations	Overnight admitted patient hospitalisations with specialised mental health care made up about 64% of all overnight mental health-related hospitalisations.

(a) Medicare and prescription data shown are for 2016–17.

(b) Includes psychiatrists, GPs, clinical psychiatrists, other psychologists and other allied health services. These services are billed as mental health-related items, which underestimates the total mental health-related activity, especially for services provided by GPs.

(c) Prescriptions subsidised and under co-payment under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme.

Spending

About $9 billion, or $373 per person, was spent on mental health-related services in Australia during 2015–16—representing 7.7% of total government health expenditure. This spend had increased by an annual average of 1.4% per person from 2011–12 to 2015–16. The total expenditure in 2015–16 includes:

- about $5.4 billion, or $227 per person, spent on state and territory specialised mental health services (including $2.4 billion on public hospital services for admitted patients and $2.0 billion on community mental health care)
- about $1.1 billion, or $47 per person, spent on Medicare-subsidised services. This spending increased by an annual average of 3.9% per person over the 5 years to 2015–16
- about $564 million, or $24 per person, spent on mental health-related prescriptions subsidised under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme, mostly to subsidise antipsychotic (50%) and antidepressant (37%) drugs.

Workforce

A variety of professionals deliver care and support to people with mental illness, including psychologists, psychiatrists, mental health nurses, GPs, social workers, counsellors and peer workers. Available workforce data for some of these professions, show that in 2015:

- there were about 24,500 registered psychologists, 21,000 mental health nurses and 3,100 psychiatrists in Australia
- about 31% of mental health nurses were men, while around 10% of the general nursing workforce were men
- about 62% of psychiatrists were men, while around 70% of all medical specialists were men. About 22% of psychologists were men
- about 32% of mental health nurses and 44% of psychiatrists were aged 55 and over. The age profile of registered psychologists was younger, with 72% aged under 55.

In 2015–16, there were about 32,000 full-time equivalent (FTE) staff employed in state and territory specialised mental health care services. Nationally, this equates to 133 FTE staff per 100,000 population. In the same period, there were about 3,300 FTE staff employed in private hospital specialised mental health services, equating to 14 FTE staff employed per 100,000 population.

Safety and quality of mental health services

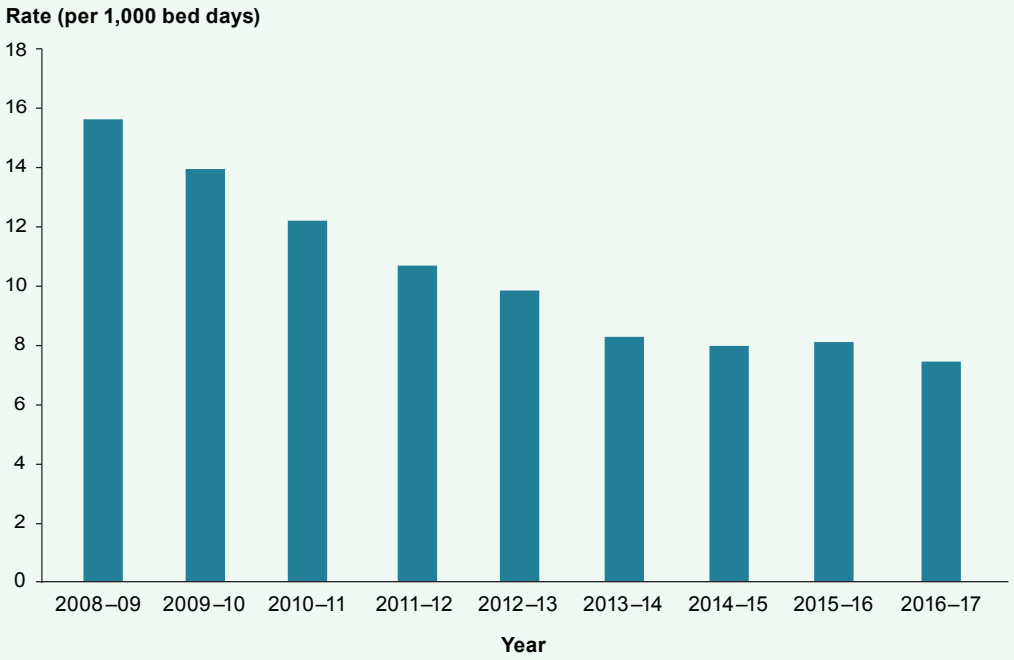
In Australia, there has been a sustained effort to minimise the use of restrictive practices in mental health care settings, such as seclusion and restraint. The National Mental Health Commission's Position Statement on seclusion and restraint in mental health calls for leadership across a range of priorities, including 'national monitoring and reporting on seclusion and restraint across jurisdictions and services' (NMHC 2015).

Seclusion events in mental health care settings

Seclusion is defined as the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. Reducing and, where possible, eliminating the use of seclusion is a policy priority in Australian mental health care and has been supported by changes to legislation, policy and clinical practice.

Public reporting enables services to review their individual results against state and territory and national rates and like services, thereby supporting service reform and quality improvement agendas. The national data show a substantial reduction in the use of seclusion within specialised acute public hospital mental health services since the AIHW's first reported restrictive practice data in 2008–09. There was an average annual decrease of 8.9% from 2008–09 to 2016–17 (Figure 7.20.1).

Figure 7.20.1: Rate of seclusion events, public sector acute mental health hospital services, 2008–09 to 2016–17



Source: National Seclusion and Restraint Database; Table S7.20.1.

What is missing from the picture?

From 1 July 2016, the role of Primary Health Networks has included responsibility for leading mental health planning and integration with states and territories; non-government organisations; National Disability Insurance Scheme (NDIS) providers; the private sector; and Indigenous, drug and alcohol and other related services and organisations. Data on the activity of Primary Health Networks—collected under the Department of Health's Primary Mental Health Care Minimum Data Set—are anticipated to be available for reporting in 2018–19.

People with psychiatric disability who have substantial and permanent functional impairment are eligible to access funding through the NDIS. As well, for people with disability other than psychiatric disability, funding may also be provided for mental health-related services and support if required. Data on the supports accessed under the NDIS by people with psychiatric disability are not currently available for reporting.

The Bettering the Evaluation and Care of Health (BEACH) surveys provided data for the AIHW to report on mental health-related services provided by GPs. The 2015–16 BEACH data collection was the last to be conducted (see Chapter 7.5 'Primary health care'). This leaves the Medicare Benefits Schedule (MBS) items as the only source of data on mental health-related services provided by GPs. Not all mental health-related GP encounters are billed using mental health-specific MBS items—so these items are an underestimate of total mental health-related GP activity.

There are no nationally consistent data on the workforce or activities of mental health non-government organisations (NGOs) to inform policy, practice and planning of their activities. This is a notable data gap as NGOs play an important role in providing non-clinical mental health-related services to people living with mental illness, their families and carers.

Where do I go for more information?

More information on mental health services and on restrictive practices in mental heath services is available in the *Mental Health Services in Australia* report.

If you or someone you know needs help please call:

Lifeline **13 11 14** **beyondblue** **1300 22 4636** **Kids Helpline** **1800 55 1800**

Reference

NMHC (National Mental Health Commission) 2015. Position statement on seclusion and restraint in mental health. Sydney: NMHC.