1 Introduction

Mental health services in Australia 2006–07 is the latest in the Australian Institute of Health and Welfare's (AIHW) series of annual mental health reports describing the activity and characteristics of Australia's mental health care services. In addition to providing information on a wide range of mental health care services in Australia in a centralised and accessible form, 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. These NMDSs cover specialised community and residential mental health care, specialised mental health care for patients admitted to public and private hospitals and establishment-level data on the facilities providing these services.

The latest year reported for most information in this report is 2006–07, with more recent data provided if available. Where appropriate and possible, time series data are also provided. More detailed data on mental health services in the years prior to 2006–07 are available in previous reports in this series.

1.1 Report structure

This 2006–07 report is very similar in structure to the 2005–06 report. It covers the following broad areas:

- This introductory chapter provides a definition of mental health-related services, presents background information on the prevalence of mental illness in Australia and outlines the major features of the current policy framework and government initiatives in relation to mental health service provision.
- The main body of the report consists of four sections, as shown in Figure 1.1. The first section (chapters 2 to 10) describes the activities and characteristics of the wide range of health care and treatment services provided for people with mental health problems in Australia. This includes services provided by specialist mental health services and mental health-related services provided by general health services, in both residential and ambulatory settings. Many are government service providers, but private hospitals, non-government organisations and private medical practitioners are also included in the range of service providers covered.
- The second section (Chapter 11) provides information on Pharmaceutical Benefits Scheme-subsidised prescriptions dispensed for mental health-related conditions.
- The third section (chapters 12 to 14) looks at the resources used and/or involved in the provision of mental health services—namely, facilities, the specialist mental health workforce and expenditure.
- The summary tables provide state/territory and national profiles (Chapter 15).

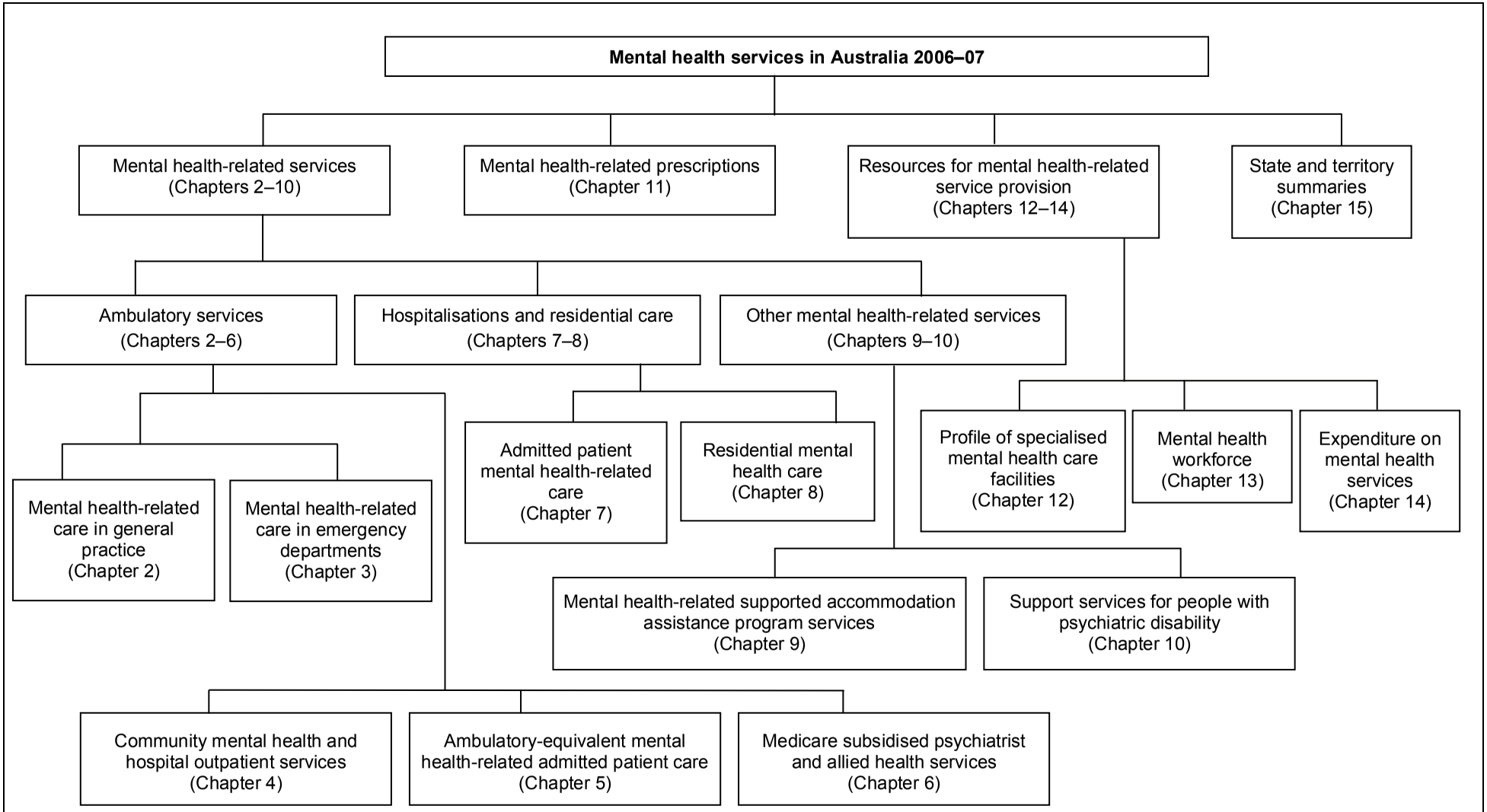


Figure 1.1: Report outline

- The appendixes provide information on the data sources used (Appendix 1); technical notes on data presentation and the calculation of rates (Appendix 2); information on the classifications used (Appendix 3); and the specific codes used to define 'mental health-related' encounters and separations in particular chapters of this report (Appendix 4).
- A comprehensive index follows the appendixes.

In addition to the information published in this report, detailed data on some mental health-related services are provided by the AIHW in the form of internet tables and data cubes. These can be found on the AIHW website. See Section 1.5 for further details.

Note that while the aim of this report is to provide a view of the broad range of mental health-related services provided in Australia, the ability to achieve this aim is driven to a large extent by the availability of quality, comparable national data. Consequently, there are some overlaps and gaps in the information on services provided in this report.

1.2 Definition of mental health-related services

Mental health-related services are provided in Australia in a variety of ways—from hospitalisation and other residential care, hospital-based outpatient services and community mental health care services, through to consultations with both specialists and general practitioners (GPs). The Australian Government assists in this service provision by subsidising consultations, other medical and certain allied health services and prescribed medications through the *Medicare Benefits Schedule* (MBS) and the *Pharmaceutical Benefits Scheme* (PBS). State and territory governments also provide funding and are responsible for the delivery of services. Government assistance is also provided for broader needs such as accommodation support. This report presents data on this diverse range of services and support.

There is no standard way of defining 'mental health-related services'. In order to compile information on mental health services for this report, it was necessary to develop definitions of 'mental health-related services' that were applicable to each individual data source. For data sources relating to specialised mental health facilities—community mental health care services, hospital outpatient services dedicated to mental health patients and residential mental health services—all establishments are counted that satisfy the definitions of the relevant National Minimum Data Sets (Community Mental Health Care National Minimum Data Set and Residential Mental Health Care National Minimum Data Set—see Appendix 1 for details). For data sources that are not mental-health specific, the classification of the diagnosis or the treatment provided, or the characteristics of the clients receiving the services are used to define the mental health-related component. Examples of the former are the general practice data extracted from the Bettering the Evaluation and Care of Health (BEACH) survey and the Medicare system (Chapter 2) and the hospital sourced data covered in chapters 3, 5 and 7. An example of the latter is the subset of Supported Accommodation Assistance Program (SAAP) clients who are the subject of Chapter 9. The specifics of how 'mental health-related services' are defined in relation to each data source are detailed in the respective chapters and in the appendixes.

1.3 Background on mental health in Australia

Mental health is one of Australia's national health priority areas and there has been concerted government action in recent years to reduce the burden and to improve the lives of people with mental disorders.

According to *The burden of disease and injury in Australia 2003* (Begg et al. 2007), mental disorders were estimated to be responsible for 13% of the total burden of disease in Australia in 2003. The impact of mental disorders on morbidity and mortality resulted in their being ranked third among the major disease groups in the burden of disease rankings, behind cancer and cardiovascular diseases.

The total burden of disease and injury is derived from adding fatal burden (years of life lost due to premature mortality), to non-fatal burden (years of 'healthy' life lost due to non-fatal health conditions—estimated by combining the average duration of new incident cases of a condition with a severity weight quantifying the impact of the condition). Non-fatal burden accounted for 51% of the total burden and mental illnesses were the leading cause (24%). The distribution of the mental disorders burden was 93% non-fatal and 7% fatal, most of the latter caused by substance abuse. Anxiety and depression, alcohol abuse and personality disorders accounted for almost three-quarters of the total burden attributable to mental illnesses.

Prevalence

Prevalence is a measure of how commonly a condition or illness occurs within a population. It can be measured as a 'lifetime prevalence', that is where the condition has occurred at any time in the life of the individual, or a 'period (or point) prevalence' where the condition occurred during a specific period or at a specific point in time such as in a 12-month period prior to a survey.

The second National Survey of Mental Health and Wellbeing (SMHWB) was conducted by the ABS in 2007 (ABS 2008a) to provide information on the prevalence of lifetime and 12-month mental disorders within the Australian population. The survey focused on three major disorder groups—anxiety disorders (for example, social phobia), affective disorders (for example, depression) and substance use disorders (for example, harmful use of alcohol).

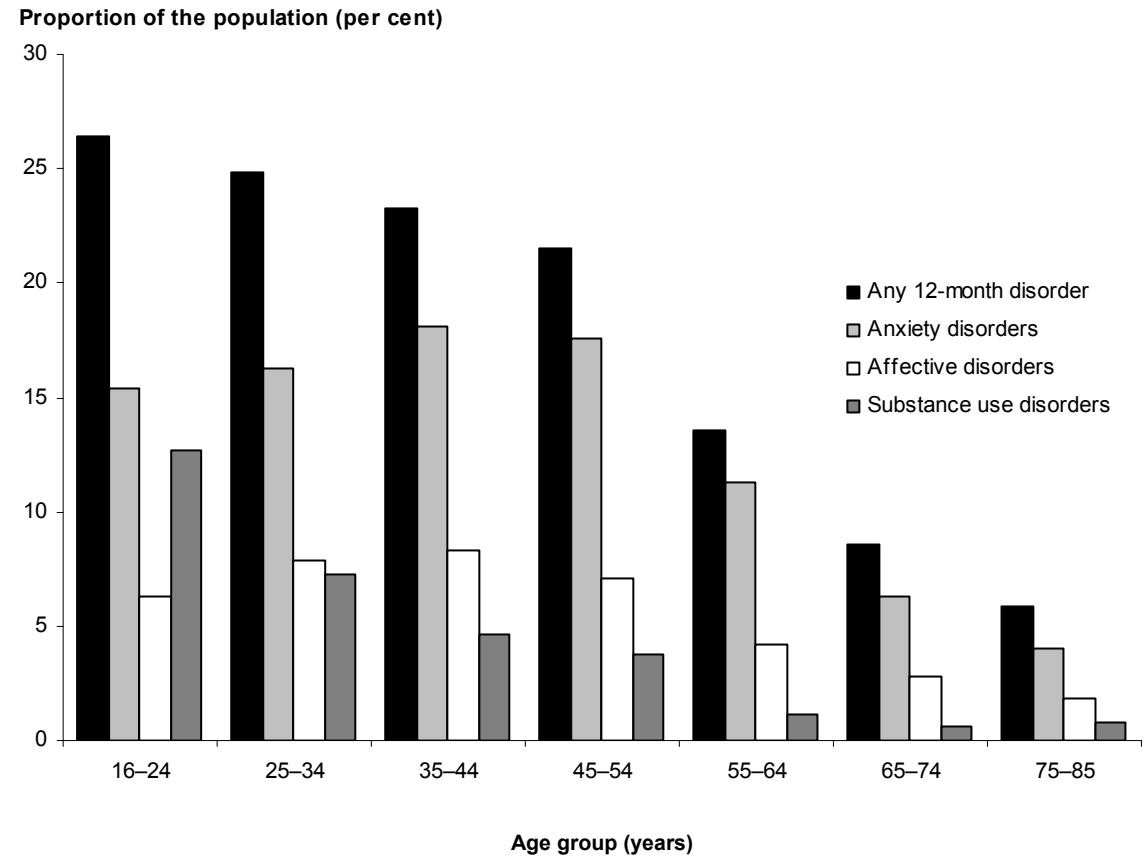
In order to determine whether survey respondents had experienced a mental disorder, the ABS interviewers used the *World Mental Health Survey Initiative* version of the World Health Organization's (WHO) *Composite International Diagnostic Interview, version 3.0* (WMH-CIDI 3.0). The findings were classified according to the WHO *International Classification of Diseases, 10th revision* (ICD-10).

According to the survey, an estimated 7.3 million, or almost 45% of Australians aged between 16 and 85 years, had experienced a mental disorder at some time in their life. An estimated 3.2 million, or 20%, of the population had experienced symptoms of a mental disorder in the 12 months prior to the survey. This was similar to the estimate for 1997.

Anxiety disorders were experienced by 14.4% of the Australian population aged between 16 and 85 years in the year prior to the survey, affective disorders by 6.2% and substance use disorders by 5.1%.

Women had higher 12-month mental disorder prevalence than men (22% compared with 18%), having higher prevalence of both anxiety and affective disorders, though men had a higher prevalence of substance use disorders (7% compared to 3.3% for women).

More than a quarter (26%) of the youngest age group (16–24 years) had experienced mental illness in the 12 months preceding the survey. Prevalence rates were lower the older the age groups (Figure 1.2). Anxiety disorders were the most prevalent in all age groups, and substance use disorders the least prevalent, except in the 16–24 years age group.



Source: ABS 2008a.

Figure 1.2: The prevalence of 12-month mental disorders by age group and by mental disorder group, Australia, 2007

Higher prevalence of 12-month mental disorders was associated with being in a one parent family with children, not being in a married or de facto relationship, being unemployed, ever being homeless, ever being incarcerated, having no contact with friends, having no family members to rely on or confide in, smoking, misusing drugs, having high levels of psychological distress, having serious thoughts about suicide, having profound or severe core-activity disability or being unable to carry out usual activities (ABS 2008a). The direction of cause and effect in these associations is not ascertainable from the data collected.

People often experience more than one class of mental disorder with one quarter (25.4% or 800,000 people) of people with mental disorders experiencing two of more classes of mental disorder in the 12 months prior to the interview.

Mental disorders were more common among the population with chronic physical conditions than for those without chronic physical conditions (28% compared to 18%).

The use of mental health services

As well as measuring prevalence, the 2007 SMHWB collected data on the use of health services for mental health problems in the 12 months prior to the survey.

Of the 3.2 million people in the Australian population aged 16 to 85 years estimated to have a 12-month mental disorder, just over a third (34.9%) accessed services for mental health problems (Table 1.1). GPs were the most commonly consulted professional group. Women were more likely than men to have used any health service. People aged 35 and over were more likely to use a service than younger people and people residing in major cities were more likely to use a service than people residing in all other areas.

People with affective disorders were more likely to use health services (49.7%) than those with an anxiety or substance use disorder (22.0% and 11.1%, respectively). Those respondents experiencing multiple disorders were more likely to use health services than those with one disorder.

Table 1.1: People with mental disorders[(a)] by health services[(b)] used for mental health problems, 2007

	General practitioner (per cent)	Psychologist (per cent)	Other[(c)] (per cent)	Total who used services (per cent)
Age				
16–34 years	20.3	11.8	14.7	28.6
35–54 years	27.7	16.2	21.0	40.5
55–85 years	28.9	8.7	17.6	37.3
Sex				
Male	18.0	13.1	15.1	27.5
Female	29.9	13.2	19.9	40.7
Remoteness area				
Major cities	25.5	15.5	18.6	36.9
Other areas	22.9	8.3	16.0	30.8
Number and type of mental disorders				
Affective disorder only	41.9	*21.0	23.0	49.7
Anxiety disorder only	12.2	6.5	10.4	22.0
Substance-use disorder only	*6.9	**4.5	*5.6	*11.1
One mental disorder only	15.8	8.4	11.3	24.0
Two or more mental disorders	39.3	21.0	28.3	52.7
Mental disorders with physical conditions	27.1	12.7	17.8	37.4
Total aged 16–85 years	**24.7**	**13.2**	**17.8**	**34.9**

(a) People aged 16–85 years with mental disorders within the previous 12 months.

(b) Health services used within the previous 12 months.

(c) Includes consultations with psychiatrist, mental health nurse, social worker, counsellor, medical specialist and complementary/alternative therapist.

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

** estimate has a relative standard error of greater than 50% and is considered to be unreliable for general use.

Source: ABS 2009.

Mortality

A mental or behavioural disorder was recorded as the underlying cause for 580 deaths in Australia in calendar year 2006, at a rate of 2.7 deaths per 100,000 persons (AIHW 2008c). Most of the deaths with a mental or behavioural disorder as the underlying cause were due to abuse of psychoactive substances such as alcohol and heroin. Suicides are not included in these figures.

1.4 National policies for mental health

State and territory governments and the Australian Government have committed to improving the mental health of the Australian population through the *National Mental Health Strategy* and the Council of Australian Governments' (COAG) *National Action Plan on Mental Health*. These two major initiatives set the broad agenda for mental health service provision in Australia. A brief outline of the main aims and objectives of these initiatives is given below.

National Mental Health Strategy

The *National Mental Health Strategy* was established to provide a framework to guide the reform agenda for mental health in Australia in a coordinated manner across the whole of government. The strategy consists of the *National Mental Health Policy* and the *National Mental Health Plan*, and is underpinned by the *Mental Health Statement of Rights and Responsibilities*. It was endorsed by the Australian and state and territory governments in 1992 (DoHA 2006) and has been reaffirmed by the Health Ministers several times since.

The broad aims of the *National Mental Health Strategy* are to:

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

The National Mental Health Policy was most recently revised in 2008 (DoHA 2009b). The Policy provides a strategic vision for further whole-of-government mental health reform in Australia. The vision of the Policy is for a mental health system that:

- enables recovery
- prevents and detects mental illness early and
- ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The Policy will be operationalised and implemented through the development of the fourth *National Mental Health Plan* and plans developed by individual jurisdictions.

The current *National Mental Health Plan* (2003–2008) was endorsed by all Australian Health Ministers in July 2003 (AHMC 2003). The Plan 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
- fostering research, innovation and sustainability.

COAG National Action Plan on Mental Health

In early 2006, the COAG agreed to the *National Action Plan on Mental Health 2006–2011* (COAG 2006). This Plan involves a joint package of measures and new investment by all governments over a 5-year period that is aimed at promoting better mental health and providing additional support to people with mental illness, their families and their carers. In particular, the Plan is directed at achieving four outcomes:

- reducing the prevalence and severity of mental illness in Australia
- reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer-term recovery
- increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention
- increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation.

Through the National Action Plan, the Australian and state and territory governments have committed to undertaking actions that emphasise coordination and collaboration between government, private and non-government providers to achieve the stated outcomes. The *Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule* initiative, introduced in November 2006 as part of the Australian government's contribution to the Plan, was designed to improve access to, and better teamwork between psychiatrists, clinical psychologists, GPs and other allied health professionals.

State and territory-based COAG mental health groups have been established to implement this Plan. These groups involve the Australian Government and the states and territories working together to coordinate the implementation of their commitments. Progress on the Plan is being monitored against nationally-agreed progress measures over the 5-year period and will be subject to an independent review at the end of the period.

1.5 Additional information

An electronic version of this report is available from the AIHW's website at <www.aihw.gov.au/mentalhealth/> (follow the link to *Mental health services in Australia 2006–07*). Additional tables, containing more detailed data from the National Hospital Morbidity Database, the National Community Mental Health Care Database and the National Residential Mental Health Care Database, are also available on the website. As well, data from the National Hospital Morbidity Database are available in interactive data cubes on the AIHW website <www.aihw.gov.au/mentalhealth/datacubes/index.cfm>. These data cubes allow users to choose and manipulate variables in order to create tables of data to suit their needs.

More detailed data from the 2007 SMHWB are presented in the publication *The mental health of Australians 2* (DoHA 2009c).

The *National Mental Health Report* (DoHA 2008c) provides a statistical report on progress made under the *National Mental Health Strategy* to 2004–05. Statistical indicators to provide comparisons of the performance of government mental health services by jurisdiction are provided in the *Report on Government Services* (SCRGSP 2009). The Australian Health Ministers' Conference prepares an annual progress report on the *Council of Australian Governments' National Action Plan for Mental Health* (COAG 2008).