1 Introduction

Mental Health Services in Australia 2000–01 is the fourth in the Australian Institute of Health and Welfare's (AIHW) 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 public community mental health services and specialised psychiatric care for patients admitted to public and private hospitals (see Appendix 1 for descriptions). Alongside the NMDS data, these reports also include a range of other data to describe mental health-related service delivery in Australia.

A wide range of service types is 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 provision of mental health-related care. This report gives an overview of this range of services. Most data relate to 2000–01, although data for 2001–02 have been included as available for some types of services.

This report and accompanying additional tables are available on the Internet at www.aihw.gov.au. Some of the national data on admitted patient care are also available in an interactive data cube format at that site. 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 2000–01.

Report structure

Chapter 1 presents information on this report's structure and background information on the prevalence of mental disorders in the community and on the objectives of the National Mental Health Strategy.

Chapter 2 presents overview information on mental health-related service activity over recent years and mental health-related service utilisation by selected population groups.

Chapter 3 summarises the available data on ambulatory care provided by specialised mental health care services and other service providers that are not specialised mental health care services but 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 psychiatric outpatient services. The non-specialised services reported include general practitioners, and ambulatory disability support services that were funded under the Commonwealth/State Disability Agreement (CSDA). Some specialist mental health care services provided by non-government organisations were reported with the non-specialised CSDA-funded services. There are other areas where there are few reliable national data for 2000–01. These include client characteristic and service activity data for public hospital outpatient and community mental health services (see Appendix 2).

Chapter 4 summarises the available data on community residential and admitted patient mental health care and CSDA-funded residential disability support services. The information presented on patients admitted to hospitals includes data on those who were treated by specialised psychiatric admitted patient services, and those who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care.

Chapter 5 presents information on the public and private psychiatrist and mental health nurse labour force, Medicare expenditure on private psychiatrists and Pharmaceutical Benefits Scheme (PBS) expenditure on mental health-related medications. This chapter also presents data on the staffing and expenditure of public community mental health care establishments and public and private hospitals that provide specialised psychiatric care.

The appendixes provide more detailed technical notes on the data and analyses that are included in the chapters. Appendix 1 outlines the data sources used for this report and their respective strengths and weaknesses, and details the data elements specified in the NMDSs for Mental Health Care. Appendix 2 presents summary statistics for 2000–01 on public community mental health care ambulatory service contacts. This was the first year of collection for these data and the appendix presents information on the quality and provision of these data. Appendix 3 provides information on the codes used to define mental health-related care and medications. Appendix 4 provides State- and Territory-specific data on admitted patients. Appendix 5 includes the population estimates used for separation rate calculations. Appendix 6 provides a list of the public hospitals and community mental health establishments that contributed data to this report. Appendix 7 presents information on the National Survey of Mental Health Services (NSMHS) and how it compares with the establishment-level data collections used in this report.

Background

This publication focuses on the data collected about specialised mental health and related services. However, this section provides some background information, including those data recently released from the 2001 Australian Bureau of Statistics National Health Survey on the prevalence of mental disorders, psychological distress and the use of medications for mental wellbeing in Australia. It also presents background information on the National Mental Health Strategy and its objectives (Box 1.1).

Prevalence of mental disorders in adults

In 1997, the Australia Bureau of Statistics conducted the adult component of the National Survey of Mental Health and Wellbeing. Approximately 10,600 people aged 18 years and over participated in the survey; a range of major mental disorders were diagnosed using a computerised version of the Composite International Diagnostic Interview.

The survey found that an estimated 18% of Australian adults had experienced a mental disorder in the 12 months prior to interview (ABS 1998a) (Table 1.1). 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. 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%).

Box 1.1: National Mental Health Strategy

In 1992, the Commonwealth, State and Territory governments in Australia endorsed the National Mental Health Strategy as a framework to guide the reform agenda for mental health. A brief outline of the Strategy is given below. For more information on the National Mental Health Strategy, refer to the National Mental Health Report 2002 *(DHA 2002). The stated aims of the 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 disorder.*

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 Commonwealth, State and Territory governments in implementing the aims and objectives of the Policy were described by the First National Mental Health Plan. The First Plan ran from 1992–93 to 1997–98. Near the end of the First Plan, an independent evaluation concluded that significant progress had been achieved but that the reform agenda had yet to be completed (AHMAC 1997).

In order to continue these reforms, the Second National Mental Health Plan (1998–99 to 2002–03) was endorsed by all governments in 1998. The aim of the Second Plan is to consolidate reforms of the First Plan and to extend into additional areas with a particular focus on three new themes. The three themes are promotion and prevention, partnerships in service reform and delivery, and service quality and effectiveness.

The promotion and prevention theme emphasises the importance of mental health promotion, community education, prevention of illness and early intervention. The partnerships in service reform and delivery theme emphasises the need to build strategic alliances with other services based on the recognition that specialised mental health services can meet only some of needs of people with mental disorders. The service quality and effectiveness theme intends to build on existing structural reforms with improvements in both the quality and effectiveness of services. This theme has a particular emphasis on improved outcomes for consumers across their lifespan.

More recently, almost 10% of adult respondents to the 2001 National Health Survey reported they had a long-term mental or behavioural problem (ABS 2002a). These data were based on self-report rather than any formal diagnostic assessment or health professional's diagnosis and are therefore not comparable with the results of the National Survey of Mental Health and Wellbeing.

A study coordinated by the University of Western Australia examined the prevalence of psychotic disorders among Australian adults aged 18–64 years (Jablensky et al. 1999). The survey was based on a census of 3,800 people with psychotic illness who attended a public or private mental health service within defined areas of Brisbane and surrounds, Melbourne, Perth and the Australian Capital Territory. The study estimated that between 3.9 and 6.9 persons per 1,000 adult residents in urban areas (a weighted mean of 4.7) were in contact with mental health services each month due to the symptoms of a psychotic disorder.

Table 1.1: Prevalence of mental disorders in adulthood, Australia, 1997 (per cent)

	18–24	25–34	35–44	45–54	55–64	65 and over	Total
				Males			
Anxiety disorders	8.6	7.1	8.3	8.0	6.1	3.5	7.1
Affective disorders	2.9	4.9	6.0	5.4	3.2	[(a)]0.8	4.2
Substance use disorders	21.5	15.6	12.0	7.4	5.2	2.1	11.1
Total mental disorders	*27.3*	*21.4*	*19.6*	*15.6.*	*11.3*	*5.5*	*17.4*
				Females			
Anxiety disorders	13.8	12.4	14.5	15.9	9.5	5.4	12.1
Affective disorders	10.7	8.4	8.5	7.3	6.9	2.4	7.4
Substance use disorders	10.6	7.0	4.5	3.2	[(a)]1.2	n.p.	4.5
Total mental disorders	*25.9*	*21.2*	*20.2*	*19.5*	*13.4*	*6.7*	*18.0*
				Total			
Anxiety disorders	11.2	9.8	11.4	11.9	7.8	4.5	9.7
Affective disorders	6.7	6.6	7.2	6.4	5.0	1.7	5.8
Substance use disorders	16.1	11.3	8.2	5.3	3.2	1.1	7.7
Total mental disorders	**26.6**	**21.3**	**19.9**	**17.5**	**12.3**	**6.1**	**17.7**

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

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

Source: ABS 1998a.

Table 1.2a: Estimated monthly treated prevalence of psychotic disorders in public and private treatment services, Australia, 1999 (rate per 1,000 population)

	18–24	25–34	35–44	45–54	55–64	Total (18–64)
State or Territory of urban area			**Males**			
Vic	4.09	6.11	8.67	5.44	5.63	6.03
Qld	3.98	5.81	5.24	5.50	3.48	4.99
WA	5.31	8.22	8.22	8.50	5.21	7.39
ACT	3.26	5.09	5.64	2.89	2.66	4.14
			Females			
Vic	1.70	5.51	7.21	8.72	5.32	5.80
Qld	1.63	2.99	3.68	4.22	4.26	3.32
WA	3.05	4.80	7.09	9.99	7.98	6.33
ACT	2.50	2.36	5.31	3.67	4.90	3.68
			Total			
Vic	n.a.	n.a.	n.a.	n.a.	n.a.	5.91
Qld	n.a.	n.a.	n.a.	n.a.	n.a.	4.15
WA	n.a.	n.a.	n.a.	n.a.	n.a.	6.87
ACT	n.a.	n.a.	n.a.	n.a.	n.a.	3.91

n.a. not available.

Source: Jablensky et al. 1999.

Table 1.2b: Estimated yearly treated prevalence of psychotic disorders in public and private treatment services, Australia, 1999 (rate per 1,000 population)

State or Territory of urban area	Males	Females	Total
Vic	5.53	3.52	4.49
Qld	4.08	2.55	3.31
WA	6.74	4.78	5.78
ACT	4.49	3.71	4.10

Source: Jablensky et al. 1999.

Table 1.2a shows the estimated monthly treated prevalence rate for each of the four catchment areas by sex and age group, and Table 1.2b the estimated yearly treated prevalence rate by sex. Male monthly rates were consistently higher than female rates in all age groups from 18 to 44 years. In each State or Territory urban area, the yearly prevalence rate for males was slightly higher than that for females.

Prevalence of mental disorders in children and adolescents

The child and adolescent component of the National Survey of Mental Health and Wellbeing was conducted by the University of Adelaide in 1998 (Sawyer et al. 2000). The study examined the prevalence of clinically significant depressive disorder, conduct disorder and attention-deficit hyperactivity disorders (ADHD) among Australians aged 6–17 years using the Diagnostic Interview Schedule for Children (Version IV).

Table 1.3: Prevalence of mental disorders in children and adolescents, Australia, 1998 (per cent)

	6–12 years	13–17 years	Total
Disorder		**Males**	
Depressive disorder	3.7	4.8	4.2
Conduct disorder	4.8	3.8	4.4
ADHD	19.3	10.0	15.4
		Females	
Depressive disorder	2.1	4.9	3.2
Conduct disorder	1.9	1.0	1.6
ADHD	8.8	3.8	6.8
		All children	
Depressive disorder	n.a.	n.a.	3.7
Conduct disorder	n.a.	n.a.	3.0
ADHD	n.a.	n.a.	11.2

n.a. not available.

Source: Sawyer et al. 2000.

The most frequently reported disorder for children and adolescents was ADHD, accounting for 11% (an estimated 355,000 children and adolescents) of those in the age group (Table 1.3). Less prevalent were conduct disorders (3% or 95,000) and depressive disorders (4% or 117,000).

Psychological distress

Both the National Survey of Mental Health and Wellbeing of Adults conducted in 1997 and National Health Survey conducted in 2001 collected information on the prevalence of current psychological distress using the 10-item Kessler 10 Scale (K10) measure (ABS 1998a, 2002a). The instrument is used to ask about negative emotional states in the 4 weeks prior to interview. 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 (scores of 30–50). Studies have found that K10 scores in the very high psychological distress category can indicate a need for professional help (ABS 2002a).

In 1997, an estimated 2.2% of Australians aged 18 and over had very high levels of psychological distress. About 6% had high levels of psychological distress, 18.1% had medium levels and 73.8% low levels. In 2001 the estimated proportion of persons with very high levels of psychological stress was 3.6%. The proportion of persons 18 years and over with high psychological distress had also risen, to 9.0%, and 23.0% of people had medium levels and 64.3% low levels.

In both 1997 and 2001, males and females in the age group 45–54 years most frequently had very high levels of psychological distress (Table 1.4). Between 1997 and 2001, the proportion of people who had very high levels of distress increased for all age groups and both sexes except males 65 years and over. The increase was greatest for people aged 18–24 and females aged 35 and over.

Table 1.4: Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler 10 Scale, Australia, 1997 and 2001 (per cent)

	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Year				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
				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
				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

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: ABS 1998a, 2002a.

Use of medication for mental wellbeing

Additional information about mental health problems in the population is available as the proportion of people using medication for mental wellbeing. The 2001 National Health Survey asked adults whether they had used any medication for their mental wellbeing in the previous 2 weeks (ABS 2002a).

Of the respondents, 18% had taken some form of medication; 9.5% of respondents had taken a pharmaceutical medication, 7.8% had used vitamin or mineral supplements and 5.4% had used herbal or natural treatments (Table 1.5). More females than males reported using medication of all types. The most frequently taken pharmaceutical medications were anti-depressants and sleeping tablets. This predominance of anti-depressants and sleeping tablets is consistent with the fact that depression and sleeping disturbance are the leading mental health-related problems for which general practitioners prescribed medication in 2001–02 (see chapter 3).

Table 1.5: Medications used by adults for mental wellbeing in the 2 weeks prior to interview, Australia, 2001

	Males		Females		Total	
Medication type	**('000)**	**Per cent**	**('000)**	**Per cent**	**('000)**	**Per cent**
Pharmaceutical medications						
Sleeping tablets	222.8	3.2	356.3	4.9	579.1	4.1
Tablet/capsules for anxiety or nerves	99.0	1.4	174.7	2.4	273.7	1.9
Tranquillisers	46.2	0.7	52.6	0.7	98.8	0.7
Anti-depressants	232.8	3.4	430.4	5.9	663.2	4.7
Mood stabilisers	39.4	0.6	41.2	0.6	80.6	0.6
Other medications for mental health	20.5	0.3	31.1	0.4	51.6	0.4
Total[(a)]	491.6	7.1	864.2	11.9	1,355.8	9.5
Vitamin/ mineral supplements	425.4	6.1	685.8	9.5	1,111.2	7.8
Herbal/ natural medications	247.8	3.6	524.0	7.2	771.8	5.4
Total[(b)]	945.1	13.6	1,618.4	22.4	2,563.5	18.0
Did not use medication	6,001.3	86.4	5,619.9	77.6	11,621.2	82.0
Total	**6,946.4**	**100.0**	**7,238.3**	**100.0**	**14,184.7**	**100.0**

(a) Total includes all medications other than vitamin or mineral supplements, herbal or natural medications.

(b) Persons may have reported more than one type of medication and therefore components may not add to totals.

Source: ABS 2002a.