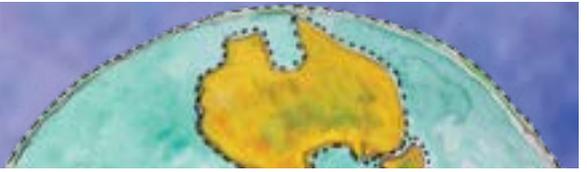
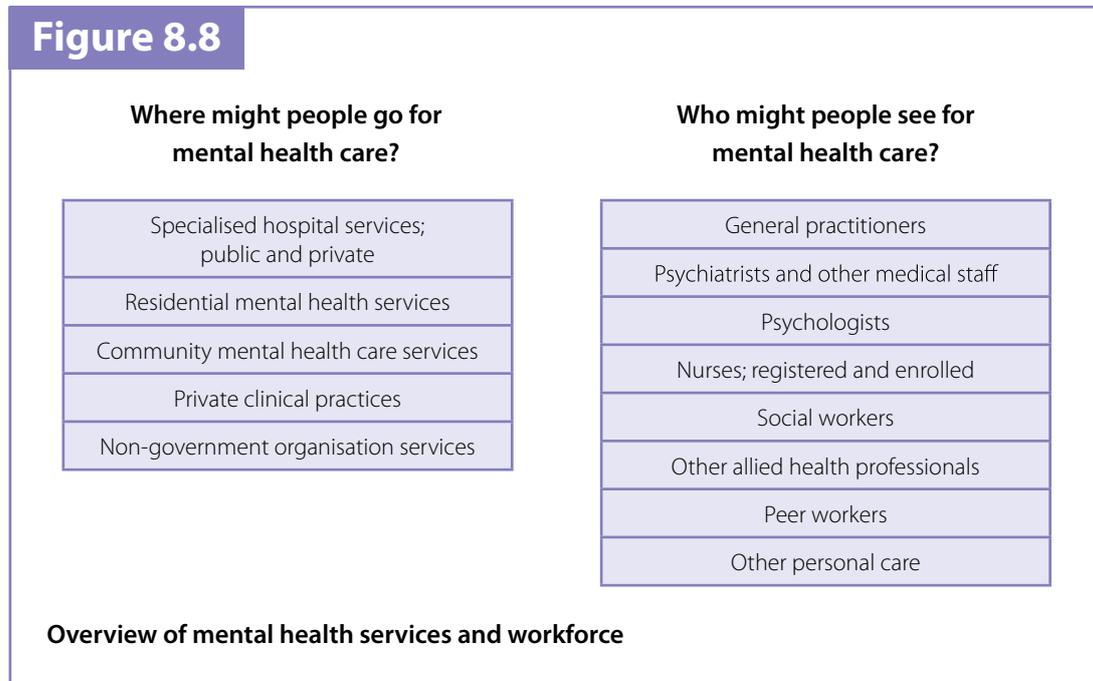


8.5 Mental health services at a glance



Mental illness contributes substantially to the burden of disease in the community (see Chapter 4 'Mental health in Australia'). In Australia, people with mental illness have access to a variety of support services provided by a range of health-care professionals in a number of care settings (Figure 8.8).

Figure 8.8



Service use

A large number of support services are provided to people with a mental illness each year. For example, community mental health care services provided more than 7 million contacts in 2011–12 (Table 8.1).

Medicare-subsidised mental health-related services

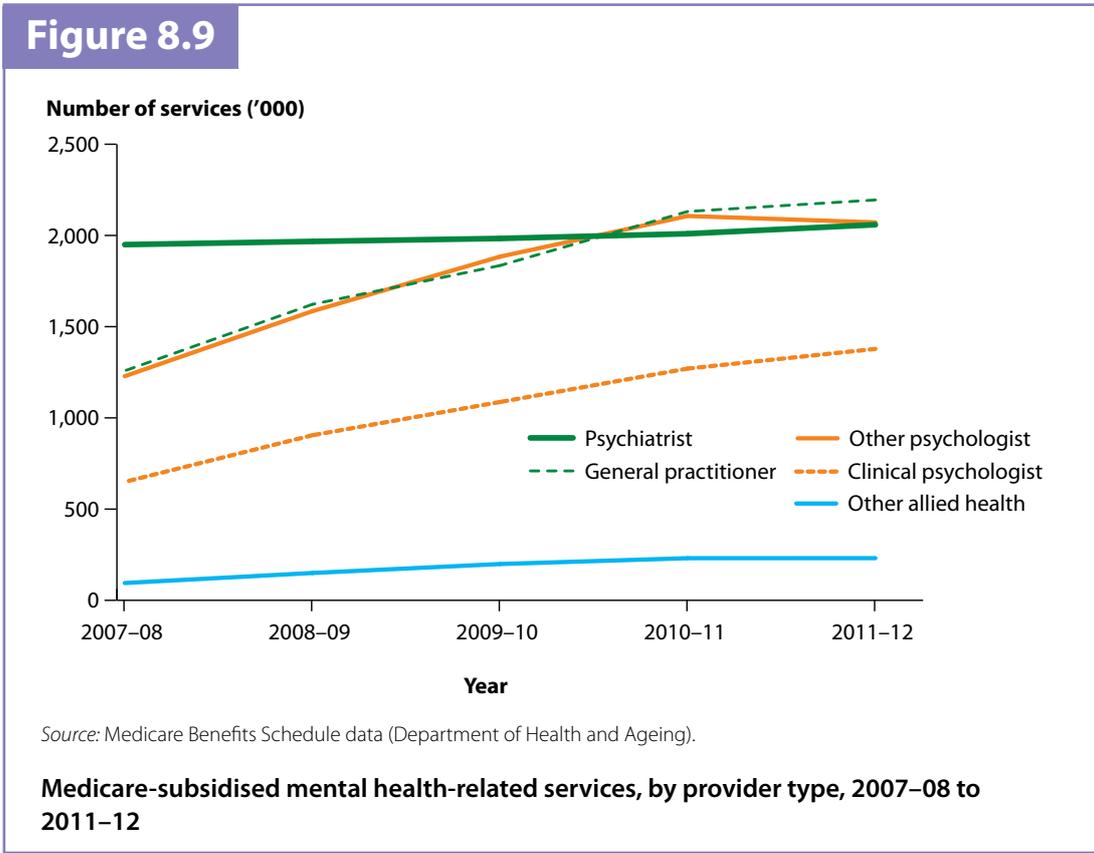
Medicare-subsidised services are provided by psychiatrists, general practitioners (GPs), psychologists, and other allied health professionals (social workers, mental health nurses and occupational therapists). The services are provided in a range of settings—in hospitals, consulting rooms, home visits and over the phone.

Table 8.1: Selected mental health-related services provided (latest available data ranging from 2010–11 to 2011–12)

Service type	Volume	Interesting fact
Medicare-subsidised mental health-related services ^(a)	7.9 million services	Psychologists (43.5%) provided the majority of these services.
People accessing Medicare-subsidised mental health-related services ^(a)	1.6 million people	More females (980,000) than males (620,000) used these services.
PBS/RPBS subsidised prescriptions	23 million prescriptions	Antidepressant medication accounted for over 60% of all subsidised mental health-related prescriptions.
Patients dispensed with mental health-related prescriptions ^(b)	2.5 million people	General practitioners (86%) provided the majority of the subsidised prescriptions.
Community mental health care service contacts	7.1 million contacts	About one-quarter of all contacts were provided to patients with a principal diagnosis of schizophrenia.
Emergency department services	240,000 services	2 in 5 visits were for people aged 15–34.
Admitted patient hospitalisations	200,000 separations	Rates of seclusion ^(c) (in acute public hospital services) decreased from 15.6 events per 1,000 beds days to 9.6 between 2008–09 and 2012–13.

- (a) Includes only those services billed as mental health-related items, which underestimates the total mental health-related activity, especially for services provided by general practitioners.
- (b) The higher number of people receiving Pharmaceutical Benefits Scheme/Repatriation Pharmaceutical Benefits Scheme (PBS/RPBS) subsidised prescriptions than Medicare-subsidised services relates to several factors, including that people prescribed with mental health medications during a Medicare-subsidised service may not be billed using a mental health item number and that a component of mental health medications are dispensed for conditions other than mental disorders.
- (c) Seclusion is defined as the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented.

There was an average annual increase of 11.2% in the number of Medicare-subsidised mental health-related services over the 5-year period to 2011–12 (Figure 8.9). This can be mainly attributed to the uptake of the Better Access initiative (implemented in November 2006) which gave patients Medicare-subsidised access to psychologists and other allied health providers after the preparation of a Mental Health Treatment Plan by a GP.



Mental health-related prescriptions

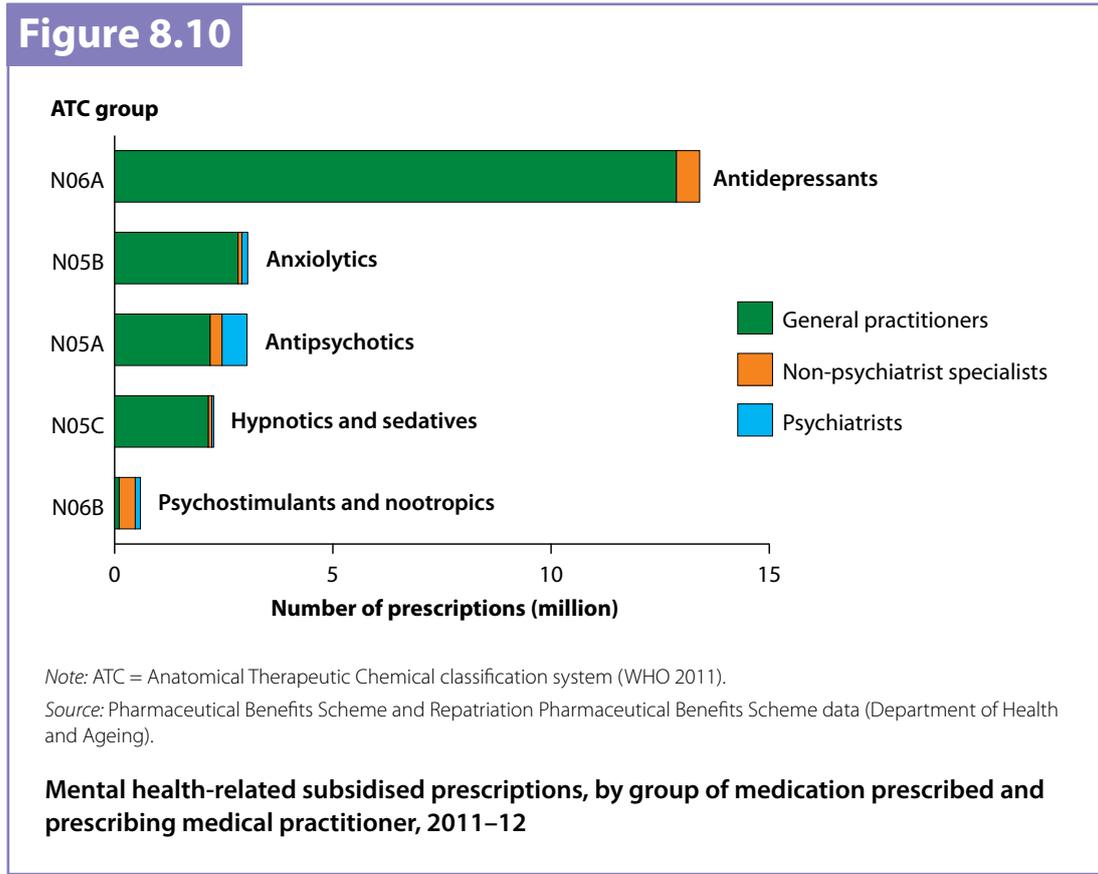
There were an estimated 32.7 million prescriptions for mental health-related medications dispensed in 2011-12, of which 72.3% (23.4 million) were subsidised by the Australian Government under the Pharmaceutical Benefits Scheme (PBS). Of these, the majority (86.1%) were prescribed by GPs, with another 8.1% prescribed by psychiatrists and 5.8% by non-psychiatrist specialists. Most of the prescriptions were for antidepressant medications (61.7%, or 14.4 million), followed by anxiolytics (13.1%), antipsychotics (13.0%) and hypnotics and sedatives (9.7%) (Figure 8.10).

Workforce

It is not possible to definitively count the total number of people delivering care and support to those with a mental illness; however, we do know that:

- Nearly 3,000 full-time-equivalent (FTE) psychiatrists, about 20,000 FTE mental health nurses and 20,000 FTE psychologists were employed in 2011 across the range of services described in Figure 8.8.

- About 3,000 FTE mental health professionals, excluding GPs, provided services through Australian Government-funded primary mental health-care initiatives (for example, Medicare-subsidised services) (DoHA 2013).
- State and territory specialised mental health services employed more than 24,000 direct care FTE staff in 2010–11 in the staffing categories described in Figure 8.8 (excluding GPs).
- Private hospitals employed about 2,300 staff in specialised mental health services in 2010–11.



Spending

- \$6.9 billion, or \$309 per Australian, was spent on mental health-related services in 2010–11. This increased by almost 6% per Australian per year in the 5 years to 2010–11.
- \$4.2 billion, or \$190 per Australian, was spent on state and territory specialised mental health services in 2010–11, including \$1.8 billion on public hospital services and \$1.6 billion on community mental health care.
- \$851 million, or \$38 per Australian, was spent on Medicare-subsidised services in 2011–12. This spending increased by 9% per Australian over the 5 years to 2011–12.
- \$854 million, or \$38 per Australian was spent on mental health-related PBS/RPBS-subsidised prescriptions in 2011–12, mostly for subsidy of antipsychotic (55%) and antidepressant (39%) drugs.

What is missing from the picture?

Outcome measures for consumers, such as changes in symptoms, and experiences of care, are essential to quality improvement for mental health services. National level data for a set of measures for public services is already collected through the Mental Health National Outcomes and Casemix Collection, and services in both the public and private sectors are investing in an expanded range of measures as a priority.

It is anticipated that the National Disability Insurance Scheme (NDIS) will change the way some services are delivered, including those described here and specialised community support services provided by non-government organisations. The latter are not well described in current data collections.

Where do I go for more information?

More information on mental health and mental health services is available at mhsa.aihw.gov.au/home/.

References

- DoHA (Department of Health and Ageing) 2013. National mental health report 2013: tracking progress of mental health reform in Australian 1993–2011. Canberra: Commonwealth of Australia.
- WHO (World Health Organization) 2011. ATC: structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed March 2013, < http://www.whocc.no/atc/structure_and_principles/>.