

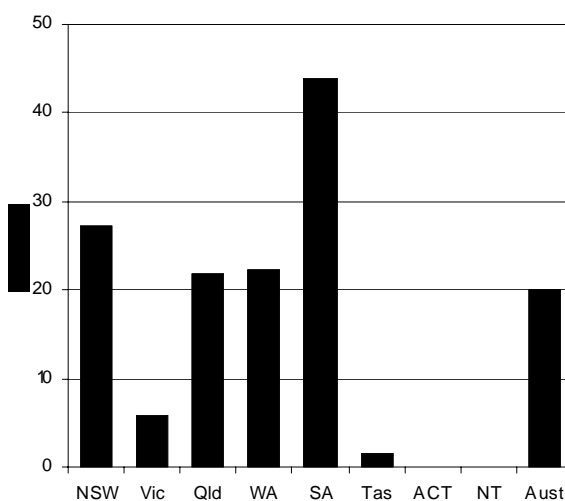
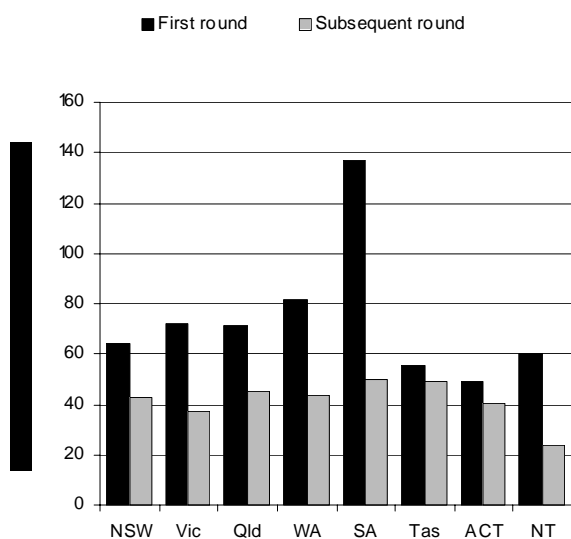
HEALTH MANAGEMENT (CHAPTER 11)

- The focus of this chapter is on the performance of governments in managing two key health issues: breast cancer and mental health.
- A fundamental component of breast cancer control is the use of screening mammography to enable early detection of breast cancer. The BreastScreen Australia Program aims to reduce mortality from breast cancer by detecting cancers while they are still small and localised to the breast. The Program targets women aged 50-69 years for screening once every two years.
- The breast cancer detection rate is an indicator of the effectiveness of screening mammography services in detecting breast cancers. For women aged 50–69 years, in the first round in 2002, BreastScreen SA had the highest detection rates while the BreastScreen ACT had the lowest. In the subsequent round in 2002, BreastScreen SA had the highest detection rates while BreastScreen NT had the lowest (p. 11.24).
- Mental disorders are a major cause of chronic disability. In 1996, mental disorders were the leading cause of years of healthy life lost as a result of disability.
- Public real recurrent spending of around \$2.9 billion was allocated to mental health services in 2001-02. State and Territory governments made the largest contribution (\$1.7 billion, or 61.0 per cent), although this included some Australian Government funds under the Australian Health Care Agreements. The Australian Government spent \$1.1 billion. Real Australian Government spending per person in 2000-01 was \$54, increasing to \$57 in 2001-02. In 2001-02, WA spent the most (\$108 per person) and NSW and Queensland each spent the least (\$83 per person) (pp. 11.38-11.40).

Selection of results

Breast cancer detection rate, invasive cancers, for women aged 50–69 years, 2002 (p. 11.26)

Recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services, 2001-02 (p. 11.57)



See over for data and footnotes.

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[MORE]

- Mental health policy aims to encourage the treatment of patients in community settings and public (non-psychiatric) hospitals rather than stand alone psychiatric hospitals. The indicator 'recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services' is a broad measure of progress towards establishing an 'appropriate service mix'. In 2001-02, the proportion was highest in SA and lowest in Tasmania. (The ACT and the NT have no psychiatric hospitals.) (p. 11.57).

Progress since the 2003 Report

- Presenting breast cancer incidence and mortality data averaged over five year periods to smooth volatility in year-on-year movements, particularly for smaller jurisdictions.
- Reporting on a comparable basis the breast cancer indicators: rate of cancers detected without the need for open biopsies; the ratio of breast conserving surgery to mastectomy; the detection rate; and the size of detected cancers.
- Reporting age standardised data for a number of breast cancer indicators for more jurisdictions.

Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Breast cancer detection rate, invasive cancers, for women aged 50–69 years, 2002 (cancers per 10 000 women screened)^{a, b}</i>									
First round	64.4	71.7	71.2	81.6	136.7	55.1	49.4	60.4	na
Subsequent round	43.1	36.9	45.0	43.9	49.8	49.3	40.6	23.7	na
<i>Recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services^{c, d, e}</i>									
2001-02	27.1	5.9	21.9	22.2	43.9	1.5	20.1

^a Rates are age standardised to the Australian population of women attending a BreastScreen service in 1998. ^b The first screening round is a woman's first visit to a BreastScreen Australia mammography screening service. The subsequent screening round is a woman's visit to a BreastScreen Australia mammography screening service when she has attended such a service before. ^c 2001-02 data are preliminary only; final validation is ongoing prior to publication in the *National Mental Health Report 2004*. ^d Tasmania advised that beds reported under 'public psychiatric hospitals' are located within an adult correctional service. ^e The ACT and the NT do not have public psychiatric hospitals. **na** Not available .. Not applicable.

Sources: State and Territory governments (unpublished) figure 11.13 table 11A.16; Department of Health and Ageing National Survey of Mental Health Services Database (unpublished) figure 11.27 and table 11A.37.

[END]

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Please do not approach other parties for comment before Thursday, 29 January 2004.

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