

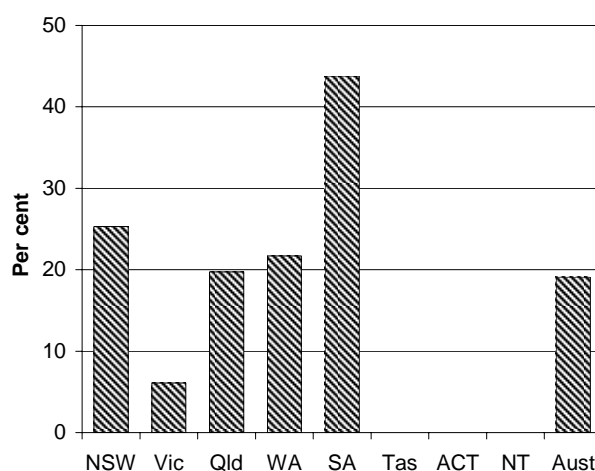
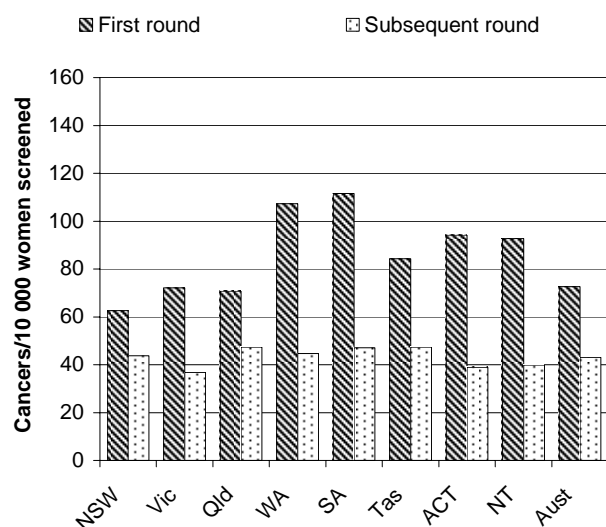
HEALTH MANAGEMENT (CHAPTER 11)

- 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 2003, BreastScreen SA had the highest detection rates while BreastScreen NSW had the lowest. In the subsequent round in 2003, BreastScreen Tasmania had the highest detection rates while BreastScreen Victoria had the lowest (p. 11.26).
- Mental disorders are a major cause of chronic disability. Public real recurrent spending of around \$3.2 billion was allocated to mental health services in 2002-03. State and Territory governments made the largest contribution (\$2.0 billion, or 62.5 per cent), although this included some Australian Government funds under the Australian Health Care Agreements. The Australian Government spent \$1.2 billion. Real Australian Government expenditure per person in 2001-02 and 2002-03 remained steady at around \$60. In 2002-03, WA spent the most (\$119 per person) and Queensland and the NT spent the least on mental health services (\$89 per person) (pp. 11.38-11.40).

Selection of results

Breast cancer detection rate, invasive cancers, for women aged 50–69 years, 2003<sup>a, b</sup>. (p. 11.27)

Recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services, 2002-03<sup>c, d</sup>. (p. 11.53)



See over for data and footnotes.

Tasmania, the ACT and NT do not have stand-alone public psychiatric hospitals. See over for data and footnotes.

[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 2002-03, the proportion was highest in SA (43.8 per cent) and lowest in Victoria (6.1 per cent). (The ACT and the NT do not have public psychiatric hospitals. Tasmania did not have public psychiatric hospitals in 2002-03.) (p. 11.53).

## Progress since the 2004 Report

- Presenting Indigenous suicide deaths data averaged over three year periods to smooth volatility in year-on-year movements, particularly for smaller 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, 2003 (cancers per 10 000 women screened)<sup>a, b</sup></i>									
First round	62.6	72.1	70.8	107.3	111.6	84.3	94.2	92.7	72.6
Subsequent round	43.7	36.8	47.3	44.7	47.2	47.4	38.9	39.9	43.1
<i>Recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services<sup>c, d</sup></i>									
2002-03	25.3	6.1	19.7	21.7	43.8	..	..	..	19.1

<sup>a</sup> Rates are age standardised to the Australian population of women attending a BreastScreen service in 1998. <sup>b</sup> 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.

<sup>c</sup> 2002-03 data are preliminary only; final validation is ongoing prior to publication in the *National Mental Health Report 2005*.

<sup>d</sup> The ACT and the NT do not have public psychiatric hospitals. Tasmania did not have public psychiatric hospitals in 2002-03.

na Not available .. Not applicable.

Sources: State and Territory governments (unpublished) figure 11.13 table 11A.16; State and Territory governments (unpublished) figure 11.26 and table 11A.35.

[END]

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**Please do not approach other parties for comment before Thursday, 27 January 2005.**

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