

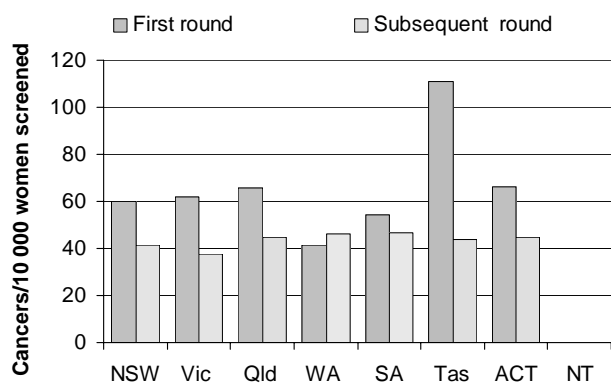
HEALTH MANAGEMENT (CHAPTER 11)

- The focus of this chapter is on the performance of governments in managing two key health issues: breast cancer and mental health.
- The breast cancer detection rate is reported for the first time this year. It is an indicator of the effectiveness of screening services in detecting breast cancers. The BreastScreen Australia Program aims to reduce mortality from breast cancer by detecting cancers while they are still small and localised to the breast. In the first round in 2001, BreastScreen Tasmania had the highest detection rates, while BreastScreen WA had the lowest. In the subsequent round in 2001, BreastScreen SA and BreastScreen WA, had the highest detection rates while BreastScreen Victoria had the lowest. Data for BreastScreen NT were not available for 2001 (pp. 11.20).
- Public real recurrent spending of around \$2.6 billion was allocated to mental health services in 2000-01. State and Territory governments made the largest contribution (\$1.6 billion or 62.5 per cent) although this includes some Commonwealth funds under the Australian Health Care Agreements. The Commonwealth Government spent \$981.3 million. Real Commonwealth spending per person in 1999-2000 was \$46, increasing to \$51 in 2000-01. In 2000-01, WA spent the most (\$99 per person) and the ACT spent the least (\$74) (p. 11.40).

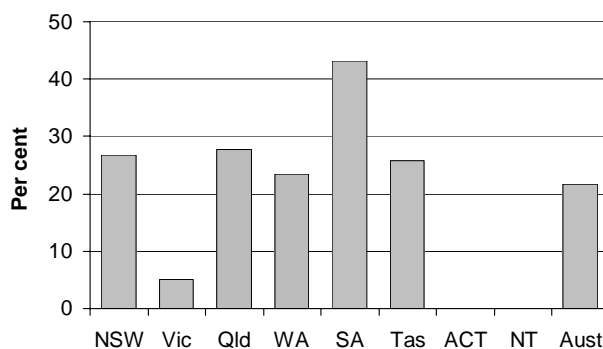
Selection of results

Breast cancer detection rate, invasive cancers, for women aged 50–69 years, 2001 (p. 11.21)

Recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services, 2000-01 (p. 11.58)



See over for data and footnotes.



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- 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’. By encouraging treatment of patients in community settings and public (non-psychiatric) hospitals rather than in stand-alone psychiatric hospitals — that is, to substitute the service settings — more appropriate treatment options can be provided. In 2000-01, the proportion was highest in SA and lowest in Victoria. (The ACT and the NT have no psychiatric hospitals.) (p. 11.58).

[MORE]

- Progress has been made in the reporting of breast cancer detection and management this year including replacing the indicator, 'ratio of benign to malignant diagnostic open biopsies' with a new indicator 'rate of cancers detected without the need for open biopsies' (p. 11.29). The change reflects technical improvements in the effectiveness of pre-operative diagnosis at the assessment stage. Diagnoses are increasingly determined by less invasive means.

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, 2001 (cancers per 10 000 women screened)^{a, b}</i>									
First round	60.1	61.9	65.5	41.4	54.5	111.0	66.0	na	na
Subsequent round	41.2	37.8	45	46.3	46.9	44.0	45.0	na	na
<i>Recurrent expenditure on stand-alone psychiatric hospitals as a proportion of total spending on mental health services^{c, d}</i>									
2000-01	26.8	5.1	27.8	23.5	43.1	25.9	21.6

^a Crude rates. ^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 2000-01 data are preliminary only; final validation is ongoing prior to publication in the *National Mental Health Report 2003*. ^d The ACT and the NT do not have public psychiatric hospitals. na Not available .. Not applicable.

Sources: State and Territory governments (unpublished) figure 11.9 table 11A.12; Department of Health and Ageing National Survey of Mental Health Services Database (unpublished) figure 11.27 and table 11A.41.

[END]

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Please do not approach other parties for comment before Thursday, 6 February 2003.

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